



WELCOME TO

The NHS RPA Live Conference



THE TIME FOR CHANGE

Headlined By  Robiquity  Intelligent Automation Done.



9th March 2023 - 08:00am – 16:00pm – Manchester Hall

Conference hosted by Convenzis Group Limited



Event Day Overview



Morning Sessions: 9am – 10:40am

Morning Break: 10:40am – 11:40am

Midday Sessions: 11:40am – 13:15pm

Networking Session: 13:15pm – 14:00pm

Afternoon Sessions: 14:00pm – 15:45pm

Drinks Reception: 15:45pm -

Slido is being used to collect feedback, run polls and gather questions across the day, the next slide will have joining instructions..

The event is CDP accredited and your points will be sent within around 6 weeks of the event date.

A top-down photograph showing several hands of different skin tones cupping dark soil. Some hands are holding small green seedlings. The background is dark, making the hands and soil stand out.

Our Commitment to the Planet

For Each Delegate Attending Our In-Person Event Today, we will be planting 1 tree with our Key Sustainability Partner



PLAY IT GREEN



Slido

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Event Chair – Opening Address



Darren Atkins

Chief Technology Officer - Intelligent
Automation

The Royal Free London NHS Trust



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THE NHS RPA LIVE CONFERENCE 2023



SPEAKING NOW

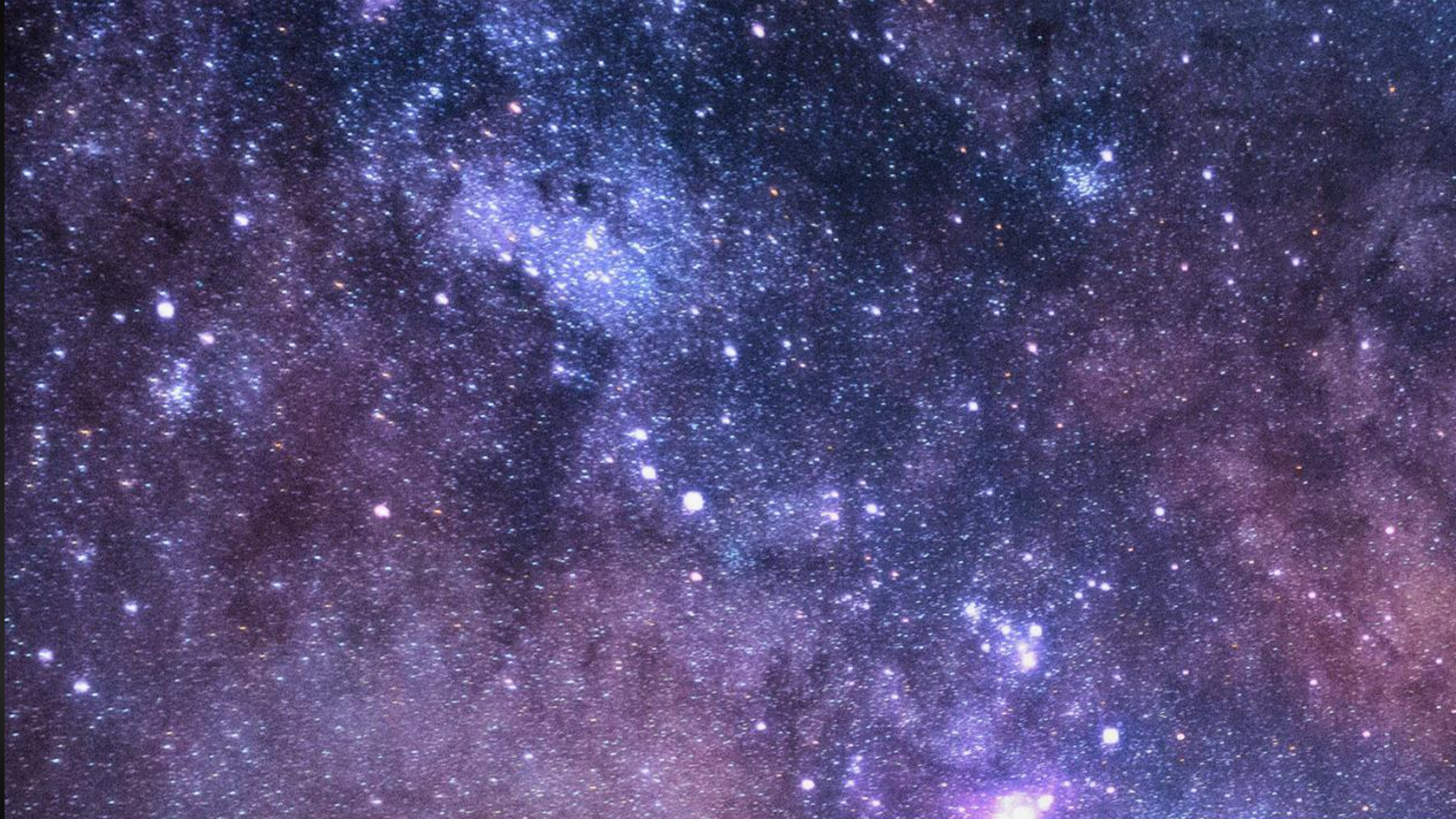


Darren Atkins

Chief Technology Officer - Intelligent Automation
The Royal Free London NHS Trust

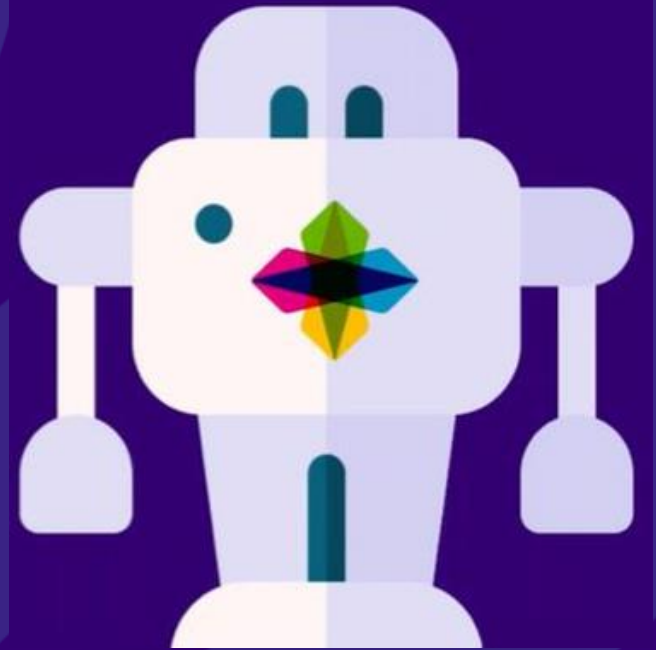
I will be discussing...

“The Future of Automation”



Welcome!

NHS RPA Live!
#NHSRPALIVE



Darren Atkins
Chief Technology Officer



Innovation and
Intelligent Automation

The Future of Automation



Innovation and
Intelligent Automation

NHS RPA Live!

#NHSRPALIVE

The NHS should standardise on a common RPA platform to encourage collaboration and sharing, and accelerate the adoption and scaling of processes using NHS talent.

By the NHS for the NHS



Innovation and
Intelligent Automation

- Darren Atkins 2016

The Automation Reset

- RPA isn't a magic wand to fix all problems
- Take a step back from the UI
- Work in partnership with Digital Strategy
- Create realistic business cases for RPA
- Many bot platforms are not delivering value
- Virtual smartcards for RPA
- Capability gap in the NHS / Citizen Devs



An Evolving Toolset

- Hyperautomation & IA
- IDP, Chatbots, NLP, **do we need these?**
- Conversational AI – **another tech island?**
- AI and machine learning
- Process mining
- The Two Layer Strategy
- Rapid changing market – **best of breed?**



Is There Another Way?



NHS RPA Live!
#NHSRPALIVE



Innovation and
Intelligent Automation

The Royal Free London will **reimagine** automation for the **whole** public sector by offering **innovative outcome-based** ROI driven solutions to **EVERYONE**, regardless of size, financial standing and technical capability.

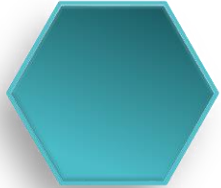
By the NHS for the NHS



Innovation and
Intelligent Automation

- Darren Atkins 2023

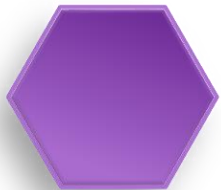
RPA v2.0 The Reset



Black Box processes – no cost of entry, centrally hosted, pay per transaction, common inputs and outputs



A library of integrated APIs with supporting RPA code. Speeds up automation, reduces bot usage by up to 95%, requires less operational support



Pre-built, user triggered automation macros for common tasks and activities across a range of clinical applications



Evaluating process flows, resource usage and efficiency savings linked to patient flows



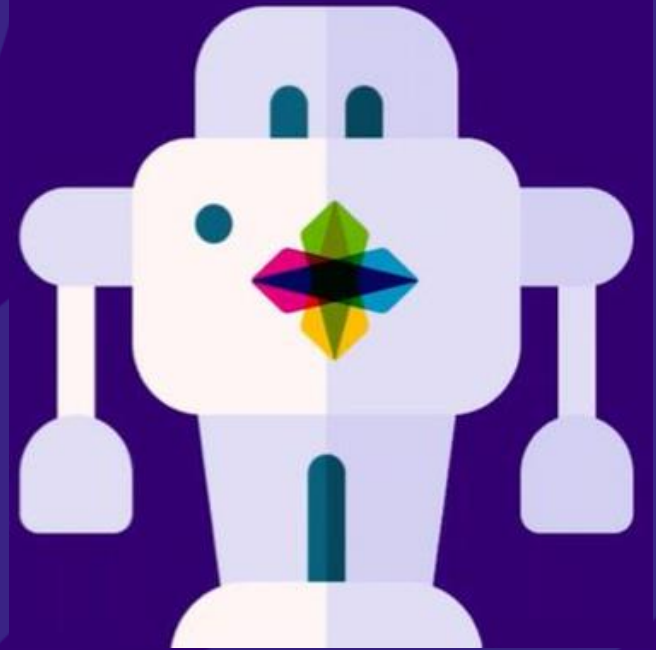
Questions?



Innovation and Intelligent
Automation

Goodbye!

NHS RPA Live!
#NHSRPALIVE



Darren Atkins
Chief Technology Officer



www.somethingincredible.co.uk
Innovation and
Intelligent Automation



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SPEAKING NOW



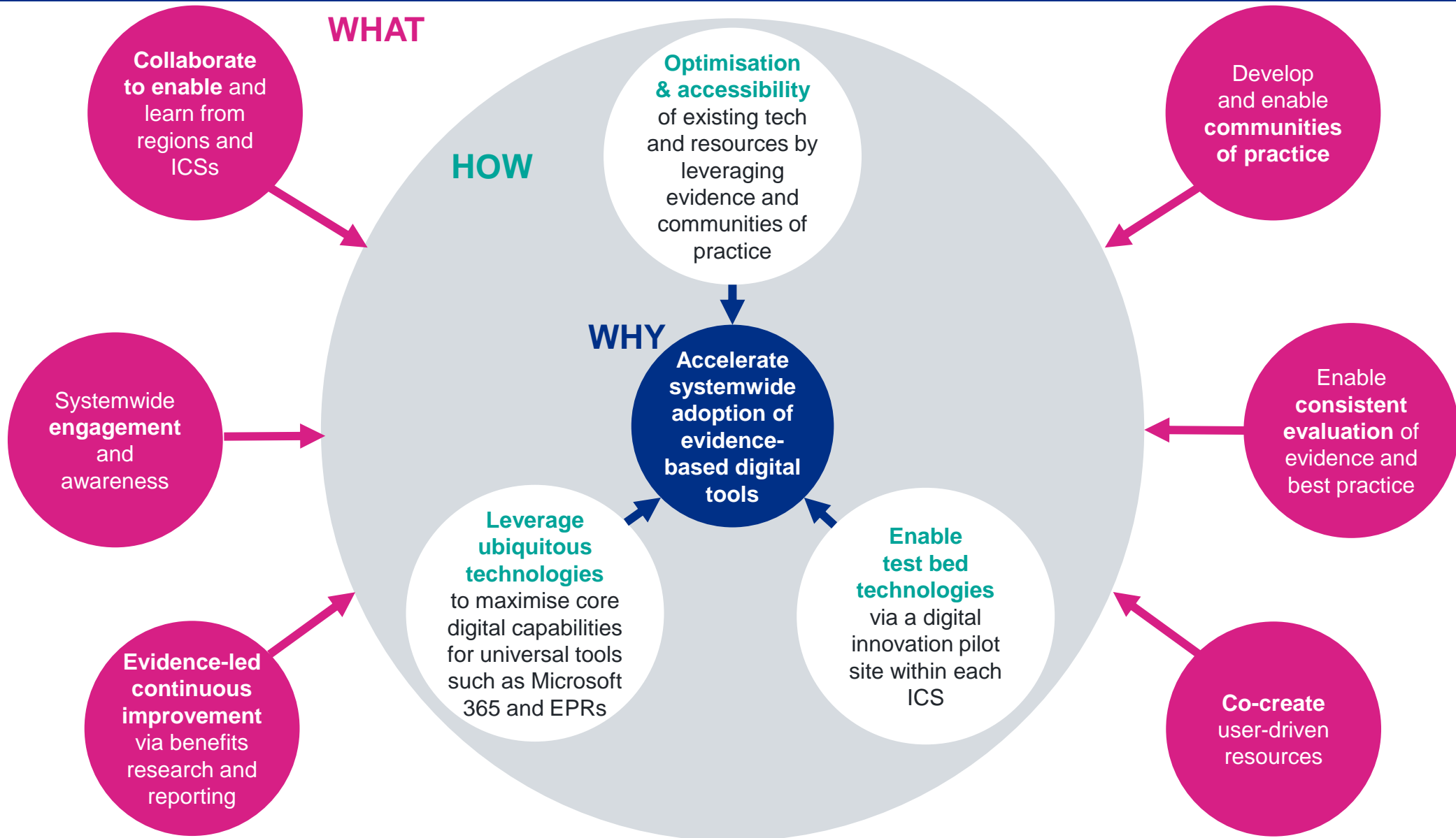
Lucy Rose Hewitt

Senior Programme Manager
NHS Digital Productivity Team

I will be discussing...

“The National Ambition for
RPA”

Digital Productivity programme within Digital Enablement portfolio



WHAT

HOW

WHY

Collaborate to enable and learn from regions and ICSs

Develop and enable communities of practice

Systemwide engagement and awareness

Optimisation & accessibility of existing tech and resources by leveraging evidence and communities of practice

Accelerate systemwide adoption of evidence-based digital tools

Enable consistent evaluation of evidence and best practice

Evidence-led continuous improvement via benefits research and reporting

Leverage ubiquitous technologies to maximise core digital capabilities for universal tools such as Microsoft 365 and EPRs

Enable test bed technologies via a digital innovation pilot site within each ICS

Co-create user-driven resources

Our automation transformation journey



Allocated and tracked benefits of **£7.5m** funding for RPA across **32** sites through the Unified Tech Fund



Global Digital Exemplar RPA Blueprint published, sharing guidance, lessons and recommendations



National Guidance for RPA in the NHS created and published



National RPA Community of Practice now has **325+ active members**

c.1.7m hours have been repurposed via RPA, equivalent to more than **800 additional staff each year**

RPA is live in:
100% of ICSs
61% of Acute Trusts
38% of Community Care / Mental Health Trusts

2020

2021

2022

2023+

Robotic Process Automation (RPA) programme launched, and **National RPA Community of Practice** created

Commissioned two **RPA Centres of Excellence (CoE)**. During 2021, the CoEs built over **47 automations** across **21 NHS organisations** & 5 core business functions within 12 weeks, resulting in **142,547 hours** repurposed, equivalent to **79 FTE** or **£2.7m savings**

National RPA Advisory Board established to guide national RPA strategy, focused on delivering better experience and outcomes for staff and patients

Co-production and launch of national **NHS RPA e-learning programme** with HEE, with over **700 course enrolments**

Our 2023 goals are to enable every local system to:

1. **optimise** productivity realisation of RPA via evidence based tools and resources
2. **leverage** ubiquitous technologies to maximise core digital capabilities
3. **act as a test bed** for innovative technologies, including evolution from RP to Intelligent Automation (IA)

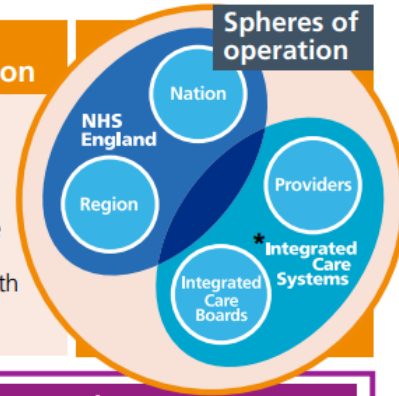


The NHS England operating framework: the foundations

1 Why we are here To lead the NHS in England to deliver high-quality services for all

2 What we do to add value

| Set direction | Allocate resources | Ensure accountability | Support and develop people | Mobilise expert networks | Enable improvement | Deliver services | Drive transformation |
|--|---|---|--|---|--|--|--|
| <ul style="list-style-type: none"> Policy and strategy Relationship with government Agree mandate Set annual planning guidance and priorities Provide leadership. | <ul style="list-style-type: none"> Plan workforce strategy with partners Workforce innovation Financial structures and incentives Financial stewardship of NHS Financial allocation. | <ul style="list-style-type: none"> Accountability Standards Goals and expectations Monitoring and assurance Regulation Health protection. | <ul style="list-style-type: none"> Leadership culture and development Culture and behaviours Inclusion and diversity Training and education. | <ul style="list-style-type: none"> Expert knowledge and consensus Outcomes Benchmarks Best practices New products and services National stakeholders System development. | <ul style="list-style-type: none"> Support improvement Deploy improvement support Intensive support Regulatory intervention. | <ul style="list-style-type: none"> Digital Data and analytics Commercial & procurement support Direct commissioning. | <ul style="list-style-type: none"> Medium-term priorities Transformation enablers Partner with life sciences Population health and prevention. |



3 How we do it

| | | | | | | |
|-----------------------|--------------------------|------------------------------------|---------------------|---------------------|------------------------|------------------------|
| Leadership behaviours | Working to improve lives | We are inclusive - everyone counts | Working as one team | Getting things done | Learning and improving | Compassion and respect |
|-----------------------|--------------------------|------------------------------------|---------------------|---------------------|------------------------|------------------------|

| Accountabilities and responsibilities | Providers | ICBs | NHS England |
|---------------------------------------|--|--|---|
| | <ul style="list-style-type: none"> Statutory responsibilities for safe, effective, efficient, high-quality services Effective system working and delivery of their contribution to ICS strategies and plans Financial performance and requirements set out in NHS planning guidance, including quality and access Compliance with provider licence, Care Quality Commission standards Reducing unwarranted variation, especially through Provider Collaboratives. | <ul style="list-style-type: none"> Effective system leadership which balances immediate and longer term priorities Overseeing NHS delivery of strategies and plans, ensuring progress toward and achievement of objectives for annual planning and Long Term Plan priorities. Overseeing the budget for NHS services in their system Ensuring delivery of the ICB core statutory function of arranging health services for its population and compliance with other statutory duties Work with local authorities to act as the stewards of local population health outcomes and equity. | <ul style="list-style-type: none"> Use input from ICBs, providers and their partners to agree the mandate for the NHS with government and secure required resources National NHS performance and transformation as set out in NHS mandate and constitution Contribution to effective system working and delivery, including statutory intervention if required Foster relationship and alignment with government Stewards of the NHS Set strategy for the future Foster productive relationships with partners and major stakeholders. |

4 What we need to achieve

| | | | | | |
|------------------------|--|--------------------------------|----------------|---|----------------------------|
| Medium term objectives | STOP avoidable illness and intervene early | SHIFT to digital and community | SHARE the best | STRENGTHEN the hands of the people we serve | SUPPORT our local partners |
|------------------------|--|--------------------------------|----------------|---|----------------------------|

| | | |
|--|--|---|
| Outcomes <ul style="list-style-type: none"> Longer healthy life expectancy Excellent quality, safety and outcomes | <ul style="list-style-type: none"> Excellent access and experience Equity of healthy life expectancy, quality, safety, outcomes, access and experience | <ul style="list-style-type: none"> Value for taxpayers' money Support to society, economy and environment |
|--|--|---|

* Partnerships between ICBs, NHS providers, local authorities and other partner agencies are now a core component of the NHS's operating framework and ways of working. NHS England will support NHS leaders to embed partnership working locally, and we will work with partners to support wider ICS development.

The importance of collaboration



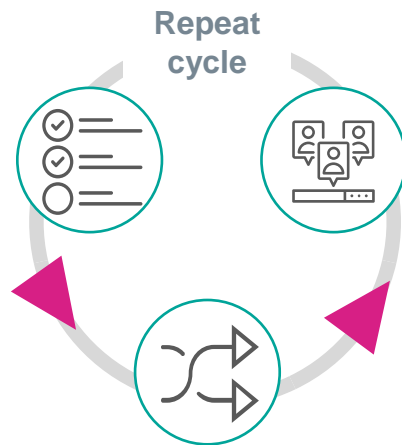
A collaborative approach based on **shared learning and insight** will ensure we **maximise and optimise** our digital transformation across the NHS.

Leveraging experience from the Automation in healthcare community

1. DISCOVER

Has someone done this before within the NHS?

What business areas / functions / use cases have proven potential?



2. ADAPT & ADOPT

Can existing solutions / codes / assets be repurposed or adapted to fit our requirement, making our implementation faster and cheaper?

3. PROMOTE & SHARE

What channels can we leverage to promote, share and publicise our work and solutions to ensure they are easy to find and top of mind?



Accessible and practical guidance, best practices and lessons learnt



Shared infrastructure for faster set up and lower total cost of ownership (TCO) across NHS; NHS is pushing for a SaaS-first approach



Shared license capacity and ability to leverage national scale for best deals on technology



Use case / process / component / reusable assets catalogues, enabling faster set up, delivery and quicker national return on investment



Easily accessible, centralised guidance on regulations, clinical safety assurance and data governance

Key Digital Productivity projects within Digital Enablement portfolio



1: optimisation & accessibility

We are working to:



Enable **standardised measurement & collation of evidence via unified metrics**



Develop **communities of practice and user-driven resources**



Enable **University College London Industry Exchange Network** as a free PoC resource



Catalogue & optimise key national 'productivity improving' artefacts



Enable **systemwide engagement and input** via regions and ICBs



Leverage automation **communities of practice** via strategic collaborative problem solving events i.e. hackathons

2: ubiquitous technologies

We are working to:



Develop a beta **digital levers economic menu** to maximise capabilities of ubiquitous technologies



Build a beta **M365 catalogue** describing functionality & optimisation



Create a beta **EPR catalogue of modalities** with potential to provide productivity benefits including automation opportunities



Work with communities of practice to ensure **collaborative outputs and optimisation of existing automation work**

3: test bed technologies

We are working to:



Identify and evaluate national test bed sites for innovative technologies, including intelligent automation



Explore EPR e-bed management modules and stand-alone e-bed management systems/patient flow solutions, including how automation can support optimisation of e-bed management



Investigate EDMS to support digitisation of paper records

1. Optimisation and accessibility showcase



Existing support and resources: communities of practice

Getting started

Resources to help you start your automation journey

Read our National RPA Guidance

A comprehensive "how to" guide

About RPA

An introduction to RPA

RPA funding updates

Suppliers

Regulation and Guidance

717 regions and 42 ICSSs have RPA live in at least one organisation



Data indicates that around **1.7m hours** have been repurposed via RPA in health and care



That means RPA is augmenting our amazing workforce to provide the equivalent to an additional **c.850 staff** across health and care



RPA training and courses

There are various internal and external training tools online to support you and your team, from novice to expert. Most vendors include access to their training within your RPA licence fee, and some offer a free starter course with no licence required. If you're a LinkedIn Premium member, you can access LinkedIn Learning RPA courses - including vendor specific certifications

Complete our foundation RPA training

Co-created with Health Education England

Discover Northampton General Hospital's RPA training programme

Developed with Automation Anywhere

Automation Anywhere University

Blue Prism University

UiPath RPA Academy

Community and support

Explore our community forums and find out more about the RPA Centres of Excellence

Discover our RPA Centres of Excellence

Learn more about the support on offer from NHS RPA CoEs

Explore POC support from the UCL IXN

Access 800+ UCL Computer Science students to help develop your POC

Are you part of an RPA Network?

Email us to let us know about your RPA Network

Knowledge Hub

Discussion Forums

Discover other useful communities

Evidence and benefits management

Evidence and insights underpin our work, so we've developed resources to help you articulate the value of RPA. You will find this section useful for developing your business case.

RPA Benefits

Case Studies Database

UTF Sites

Templates and tools

These resources will help you follow best practice and support stakeholder engagement.

Templates

Presentations, events, and news

Latest automation news and presentation decks / recordings from automation events

Events & presentations

News

Upcoming Events

NHS RPA Live North Conference 2023: The Time for Change
Thu 9 March 2023 at 09:00

Core resources

Existing tools:



Digital Productivity Evidence Based Library (EBL), with over 800 use cases, case studies etc., and a standardised evidence submission form

Upcoming tools:



Unified metrics for Digital productivity, including technology-specific measures



Templated business cases for key digital productivity technologies



Database of strategic documents, with clear productivity alignment highlighted

2. Ubiquitous technologies: Discovery report overviews



EPR discovery report

Key findings:



By 2025 **all Trusts will have EPRs** with access **key modalities** supporting patient flow, operational efficiency, and workforce support



Organisations will require **guidance and training** to optimise this



We require **evidence** to support long-term strategies and maximise benefit

Recommendations:



Share internal summary report – with future recommendations – with Frontline Digitisation and Digital Enablement central teams, to support ongoing EPR projects

Ubiquitous technologies catalogue

Key findings:



There is currently **no catalogue of the full range of Ubiquitous Technologies available and accessible** to the NHSE ecosystem



Currently, users must explore **multiple sites / pages** for key info



FutureNHS is **safe, easy to use** and **supports a growing community of practice**

Recommendations:



Host the ubiquitous technologies menu on the **Digital Partnering Hub** on FutureNHS



Digital Productivity Programme will **design, develop, implement, and test a prototype catalogue** for ubiquitous technology digital levers

Microsoft discovery report

Key findings:



The N365 bespoke agreement is **due for renewal in April 2023**, and is likely to include **PowerAutomate**



94% of NHS orgs reported increased user efficiency as a result of N365



98% of users anticipate negative impact on operations if current licenced products are removed, with **52%** expecting “catastrophic” impact

Recommendations:



Share internal summary report – with future recommendations – to support existing M365 projects



Develop summary report for external educational use, focused on key current licence information / options, what apps are available, what it does, and case studies

3. Preview: eBed Management Systems



Initial programme vision

The [Urgent and Emergency Care \(UEC\) recovery plan](#) includes an NHSE commitment to **support Trusts without basic bed management capabilities and to implement appropriate solutions by the end of this year**

To support recovery and winter pressures in the NHS, Electronic bed management systems (EBMS) have been identified as a key technology enabler and links into a number of ambitions within the UEC recovery plan

Expected outcomes



Improve patient experience, ensuring they receive the right care, in the right place in a timely manner



Ensure that decision makers have the right information to facilitate patient flow and deliver care



Enable providers to proactively improve care coordination across the Trust and ICS, including predictive analysis of capacity needs

System input required



Based on the EBMS DMA survey, we are seeking **contact details for Trusts who indicated that they have an EBMS control centre** akin to Maidstone in place. We would like your input to inform creation of functional / technical spec



We are **collating evidence systemwide relating to EBMS productivity projects** into the Evidence Based Library (EBL) so that this can be used to support user- and data-driven strategies moving forward

Working collaboratively: what next



1. Optimisation & accessibility

Join communities of practice and provide feedback on content / resources via feedback forms (ongoing)

Take advantage of the UCL Industry Exchange Network: submit PoC project proposals before May 2023

Share any evidence where automation has improved Diagnostics processes, including business / use cases (ASAP)

Within your region, identify potential SMEs (i.e. clinical) to potentially join a Microsoft hackathon taking place 9 June 2023

2. Leverage ubiquitous technologies

When live on FutureNHS, explore and give feedback on the beta technology catalogue (launching April)

When live on FutureNHS, explore Microsoft report and inform us of any resource requirements (launching April)

3. Enable test bed technologies

Share existing evidence of automation projects relating to EBMS, so we can celebrate and learn from your work (ASAP)

Speak to us if you have an EBMS command / control centre, to inform our functional / technical spec (ASAP)

Further info

Key contacts:

Email england.digital.productivity@nhs.net

Communities of Practice:

[Robotic Process Automation \(RPA\) Community of Practice](#)

[Digital productivity and Automated Data Capture \(ADC\) Community of Practice](#)



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SPEAKING NOW



James Davies

RPA Product Manager
The Royal Free London NHS Trust

I will be discussing...

“In the Trenches - Reflections
on Automation in the real-
world”



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UP NEXT...





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SPEAKING NOW



Tom Davies

Chief Executive Officer
Robioquity

I will be discussing...

“Automating at Scale”

Automating at Scale



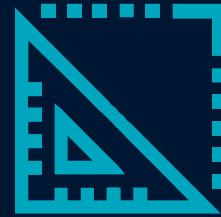
WHY SCAL

IS IMPORTANT

E

85%

85% of programmes are sub-scale



Scale enables end-to-end automation (e.g. patient journeys)



Scale means exponential value

WHAT
DOES

SCAL

MEAN?

E

Looking right across the organisation and separating out:

What skilled NHS workers do best

What they're trained for

What they build careers around

VS

What can and should be automated



What does scale mean >

**TRANSFORM YOUR
BUSINESS WITH
INTELLIGENT
AUTOMATION**



The Robiquity logo features a stylized blue and white chevron symbol above the word "Robiquity" in a white sans-serif font.



HOW DO WE
GET THERE

QUICKLY



?

Look beyond the low hanging fruit

Identify the big benefit opportunities in productivity, patient experience, employee experience

Build with an end to end target in mind - every automation makes the next one faster



WHO

NEEDS TO BE
INVOLVED

The WHOLE business - this is a
mindset shift - AUTOMATION FIRST

Communicate, share, involve
everyone

Create momentum, celebrate success,
accelerate to benefits



A close-up portrait of a woman with long blonde hair and blue eyes, looking slightly to the right of the camera. The background is a blurred red and white pattern.

KAYLEIGH BRADFORD

VIRGIN MEDIA O2 - AUTOMATION PROGRAMME MANAGER

THE E18 PARTNERSHIP

Specialising in delivering digital transformation for public and private sector organisations

“e18 Consulting is focussed on identifying innovative digital solutions that deliver defined outcomes and measurable value to our customers.

Committing to a transformational digital technology roadmap can dramatically enhance the way businesses across both the private and public sector deliver their services.”

Louise Wall - Founder & Managing Director



NHS

THANK YOU

 **Robiquity** | Intelligent
Automation.
Done.



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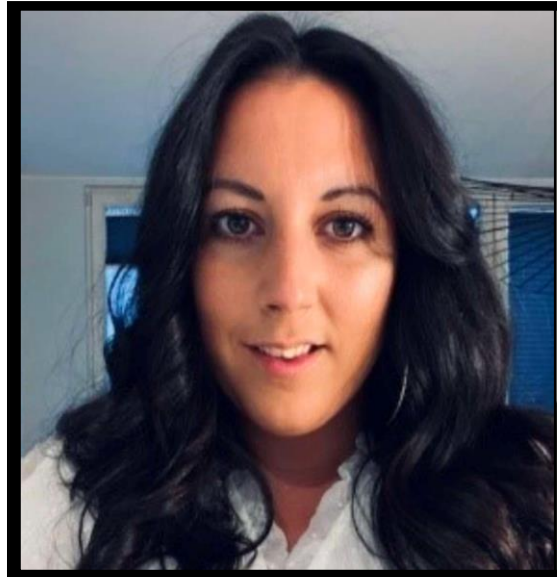


Preassessment Automation - A Service View



Rob Child

Programme Manager
Leeds Teaching Hospitals NHS
Trust



Camilla Gow

RPA Business Manager
LTHT



Lesley Case

RPA Developer
LTHT

Leeds Teaching Hospitals NHS Trust

RPA Live
9th March 2023

Summary

- Platform is Blueprism Cloud
- 5 production & 1 Dev Bots
- Team of 4 members (Programme Lead, Business Manager, Developer & Control Room Operator)
- Agile Delivery Methodology (3-week development sprints)
- Managed & monitored through DevOps & PowerBI
- Governance & Leadership (inc IG & CS)
- Trust-wide Engagement
- 43 processes live covering 23 CSUs/Departments incl. HR, Finance, Elective Recovery, Diagnostics (@Feb 23)
- 16 Years Saved (approx. £345k cost avoidance)
- 23/24 Expansion Plans

Preassessment Automation

Microsoft Teams

RPA Event - Preassessment Automation Discussion

2023-02-28 09:39 UTC

Recorded by

CHILD, Rob (LEEDS
TEACHING HOSPITALS
NHS TRUST)

Organized by

CHILD, Rob (LEEDS
TEACHING HOSPITALS
NHS TRUST)

What's Next at LTHT

Any Questions



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MORNING BREAK, NETWORKING & REFRESHMENTS



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Event Chair – Chair Morning Reflection



Darren Atkins

Chief Technology Officer - Intelligent
Automation

The Royal Free London NHS Trust



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UP NEXT...

CTWO



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SPEAKING NOW



Nikki North

IA Digital Product Owner
NewDay

I will be discussing...

“Accelerating time to value
with a full-service automation
management platform”

C TWO

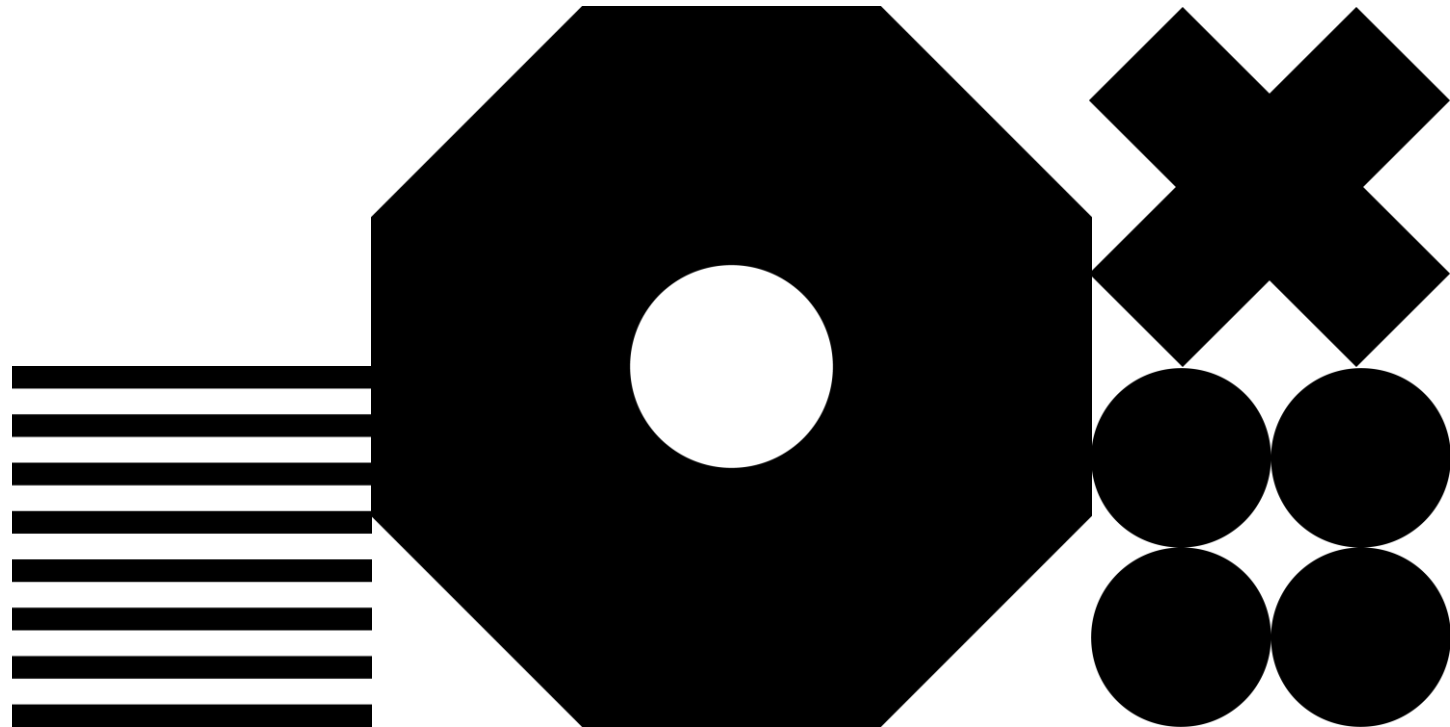
Accelerating time to value with a full-service automation management platform

Nikki North

IA Digital Product Owner

New

Day



Evolution of our RPA Control Room



- Version 1 of Blue Prism

- Version 4 of Blue Prism

- Version 7 of Blue Prism

- Desktop PCs and Switch Boxes

- Virtualisation of Environments

- SQL DB Tables and Queries

- Introduction of Work Queues

- Process = Scheduler

- Introduction of Schedulers

CTWO (formerly RPA Supervisor)

- Intelligent Orchestration
- Automated Operations
- Human in the Loop
- Business Intelligence Dashboards

2006

2012

Today

NewDay & Intelligent Automation

Intelligent Automation Team

- Inhouse COE capability established with partner (ISG)
- Small team of 6 resources
- Over 5 years approx.80 processes have been successfully automated
- Average of 120,000 pieces of automation handled by robots c6,500 Hours each month across the 52 processes
- Very low exception rate of < 5%.
- Now created a Strategic view of Core RPA and decommissioning robots

2022 Problem Statement

Mid 2021 we had 2 controllers full time to manage our processes, one of these left the business at the same time as a developer. The remaining controller was promoted into the developer role leaving no dedicated support resource.

c5_M

customers in the UK

1 in 6

UK Credit Cards issued by NewDay

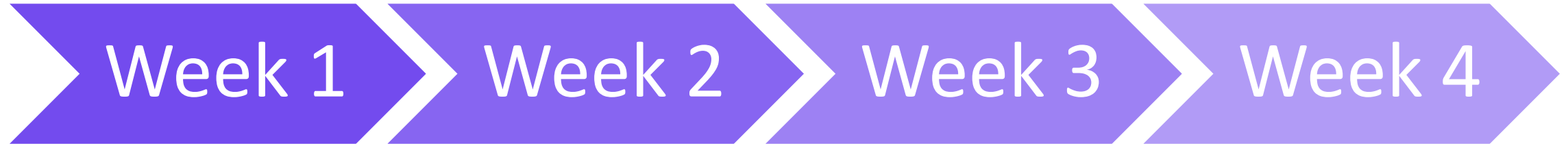
c2_M

customers with improved credit scores

146_M

Transaction processed each year

Implementation and Speed to Value

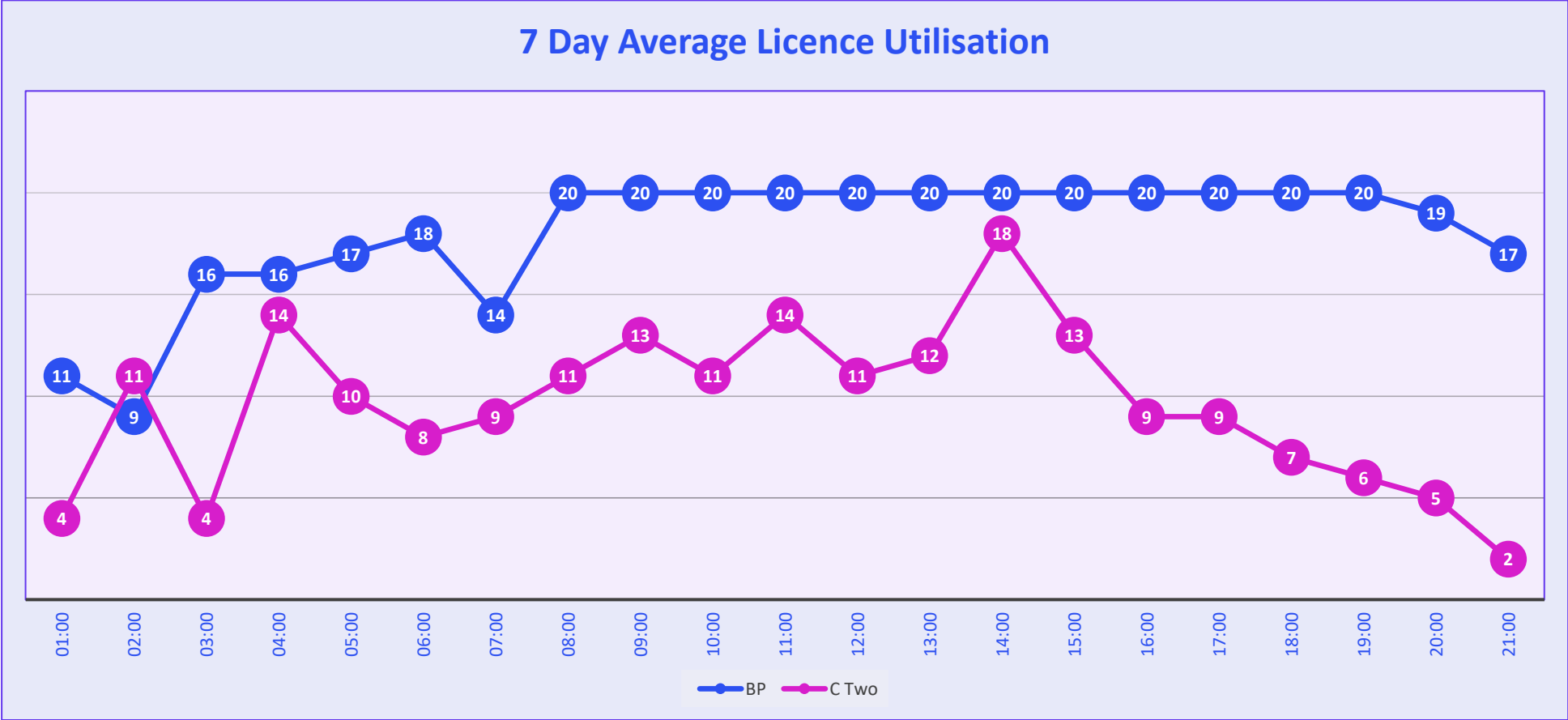


- | | | | | |
|---------|---|--|--|--|
| Day 1 | C TWO software fully implemented | <ul style="list-style-type: none">• Reduced efforts for morning checks• Developers confidence build in the tool | <ul style="list-style-type: none">• Further reduction in manual review | <ul style="list-style-type: none">• Saturday control room checks removed |
| Day 2&3 | A small number of processes onboarded & tested | | | |
| Day 4 | Full suite of processes onboarded and instant benefit realization | | | |

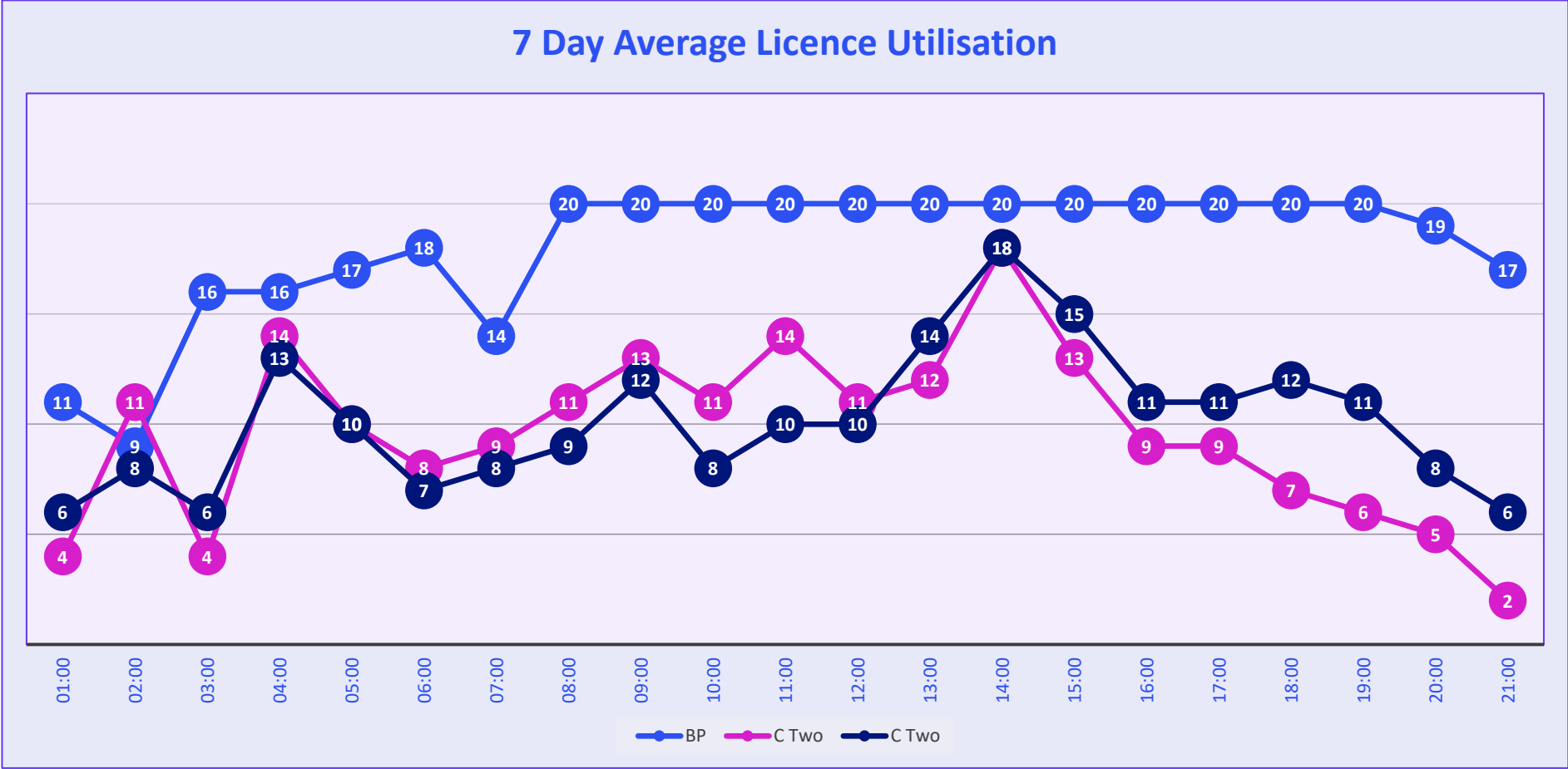
Target System Outage

- Manual Effort usually required – circa 6 hours including out of hours cover and processes caught up within 24hours to protect SLA's.
- C TWO – Zero developer hours required; all processes caught up within 2.5 hours with 100% SLA adherence.

Implementation and Speed to Value



Implementation and Speed to Value



What's Up Next?



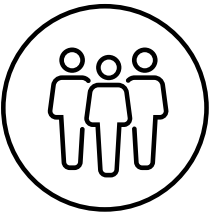
Trust Portal – enhanced offering

Migrate current Trust Portal to new SaaS with Mini-Bots



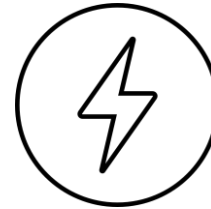
File Triggers

Migrating time scheduled processes to file triggered



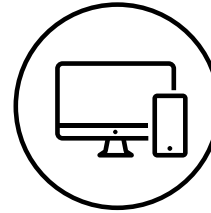
Human in the Loop

Exploring opportunities for better exception management



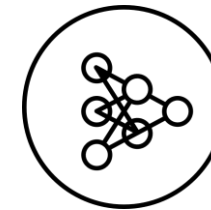
API Integration

Migrating RPA mainframe or UI interaction to API integration



Power Automate

Exploring opportunities for hybrid Power Automate and Blue Prism processes.



Process Re-design

Review of processes to ensure optimal scheduling and run times

Thank you

For any questions or to
discuss further, please contact

Nikki North

Intelligent Automation Product Manager

e nikki.north@newday.co.uk

New
Day



THE TIME FOR CHANGE

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UP NEXT...



Human
Conversations,
Automated



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SPEAKING NOW



Paul Boland

Healthcare Director
EBO.ai

I will be discussing...

“RPA in Patient-facing
Processes and the Digitally
Included Patient”



RPA in Patient-facing Processes and the Digitally Included Patient

Paul Boland, Healthcare Director

EBO

9th March 2023

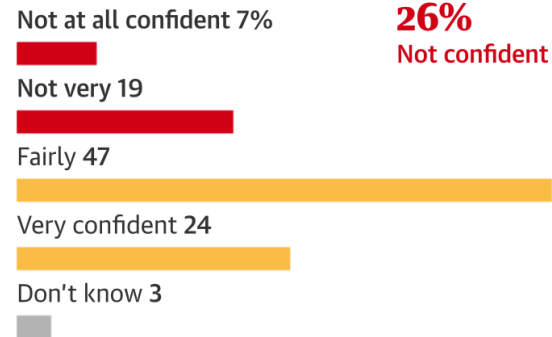
NHS RPA Live North Conference, Manchester

A Challenge: Making the NHS Accessible & Effective

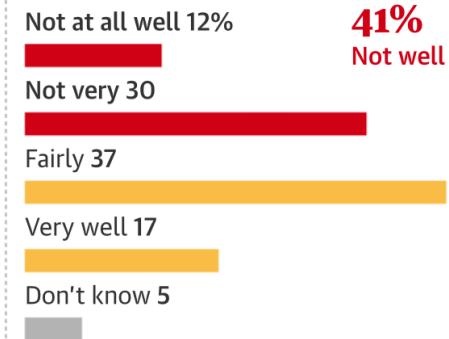


One in four people in Britain are not confident in the NHS's ability to provide the care they need

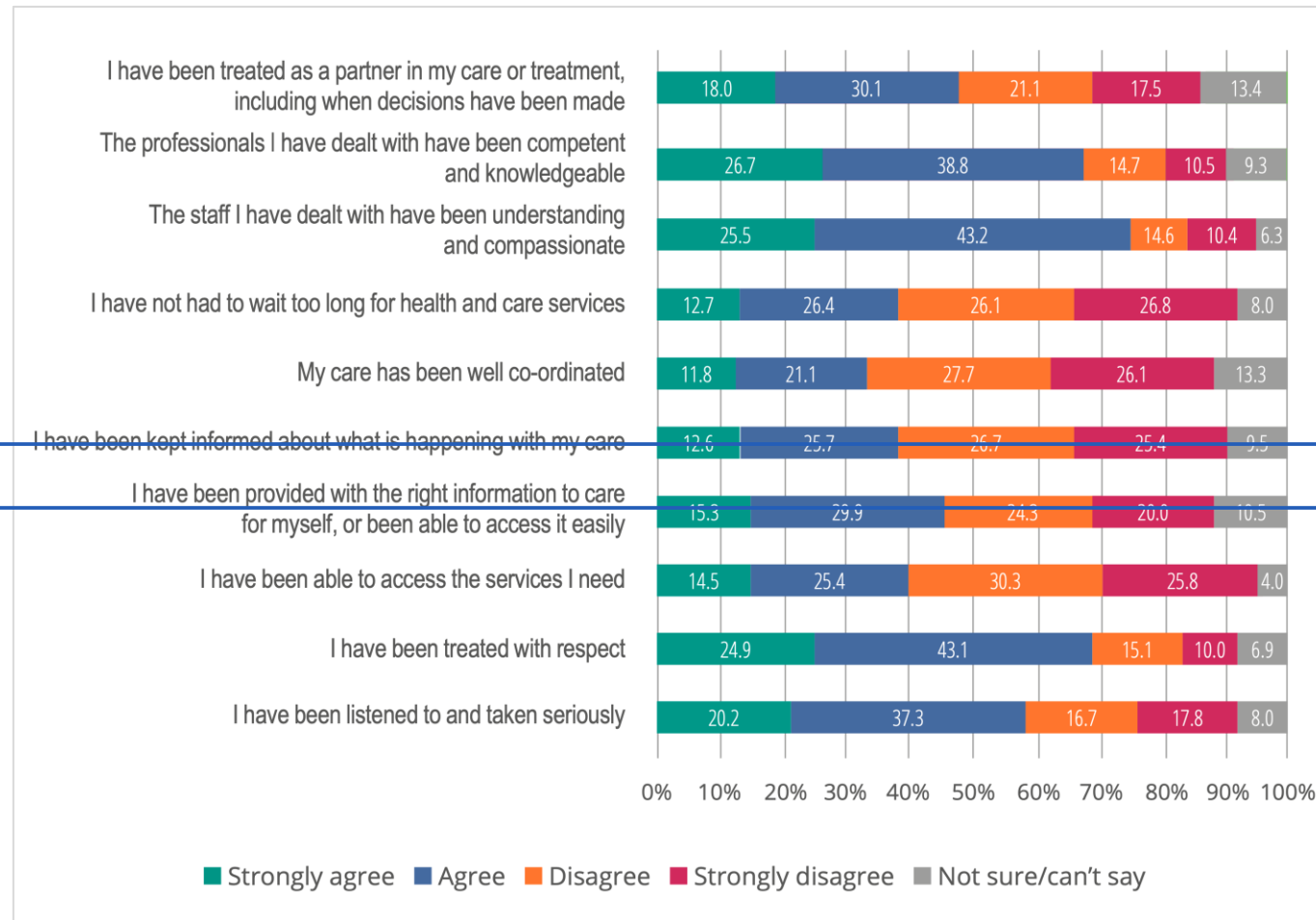
How confident are you in the NHS's ability to give you the care you need?



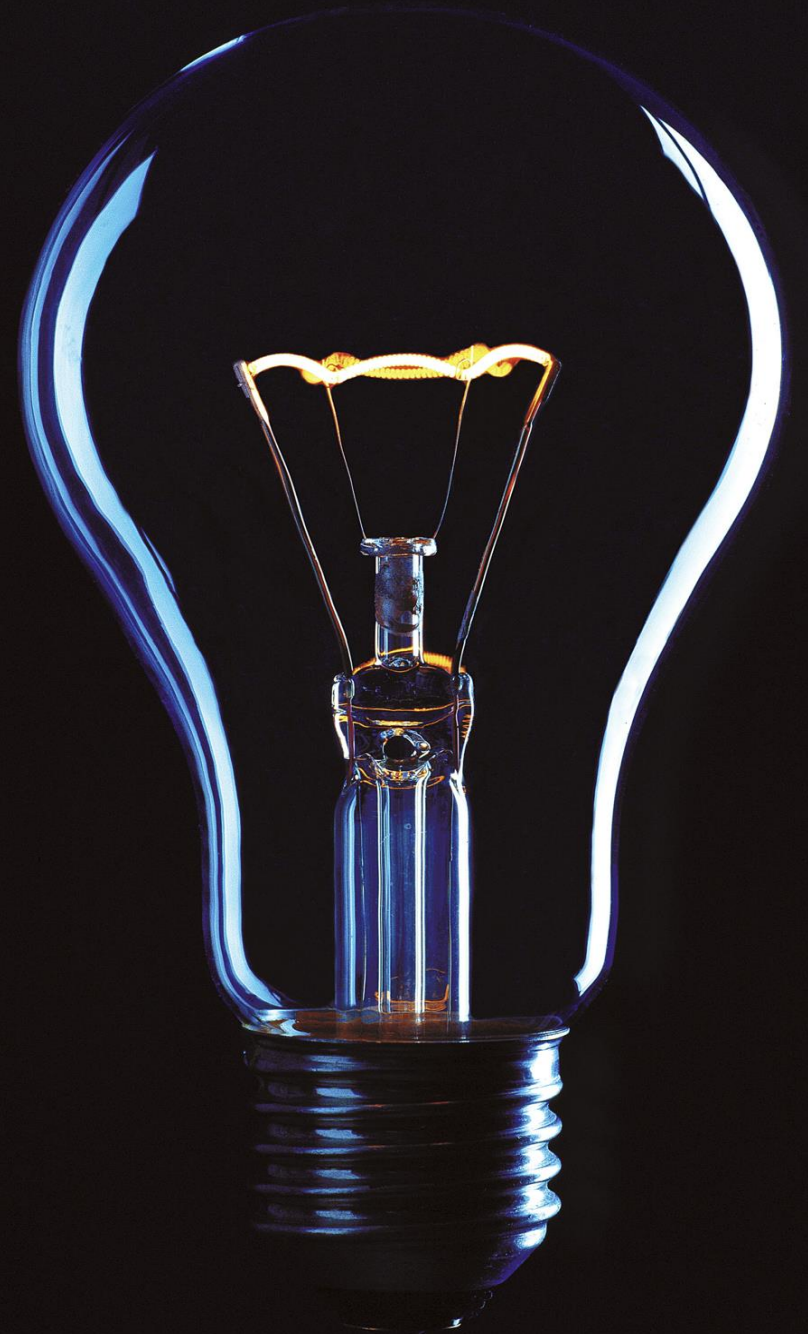
How well do you think the NHS is coping with other services at the moment?



Inclusive Access & Engagement



**What has that
got to do with
RPA?**

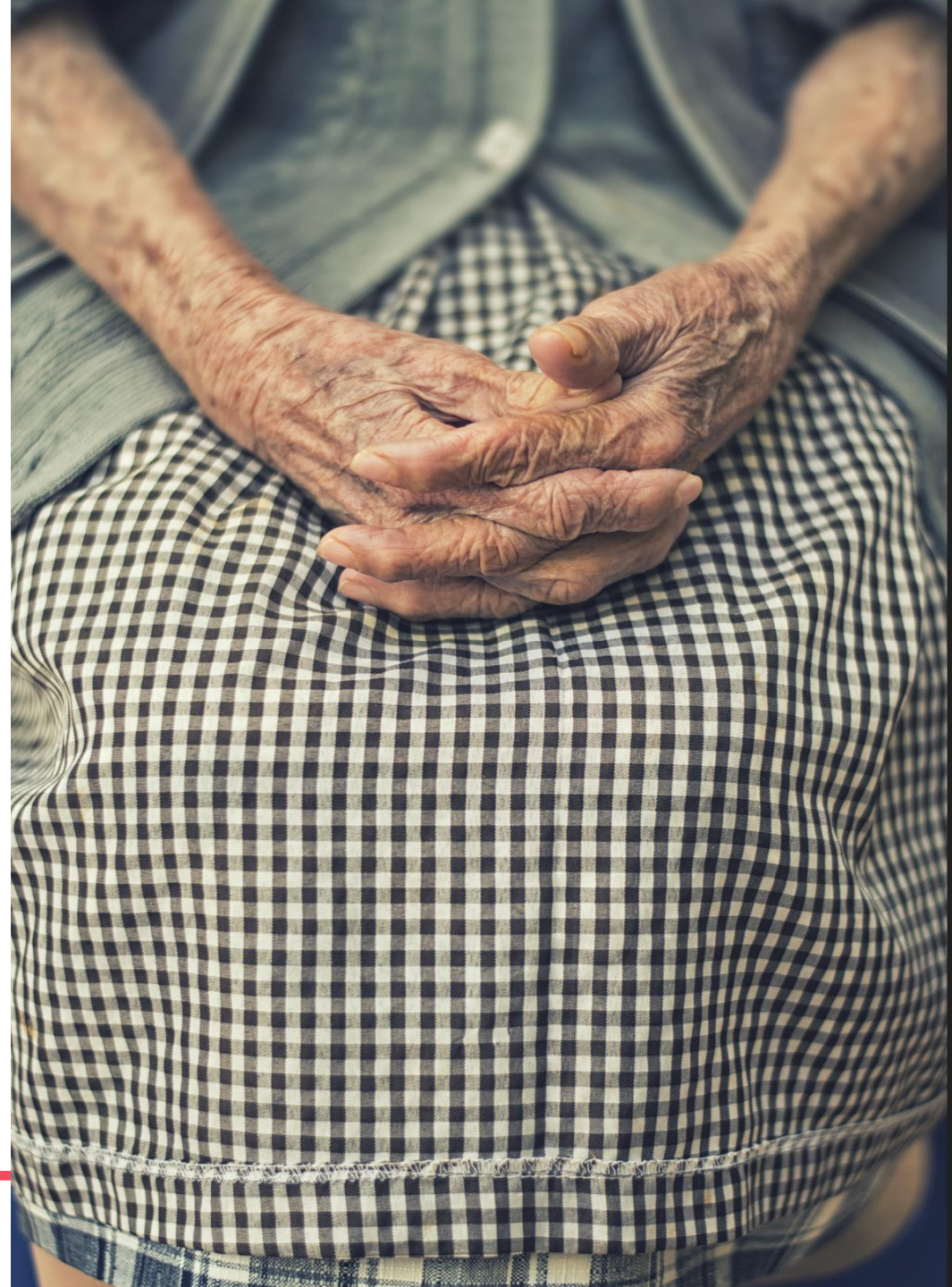
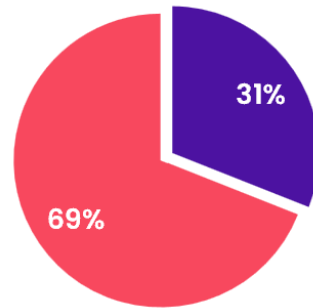


We must not forget...

Inclusive Access

Those most in need of health services are often excluded due to a digital literacy barrier

While healthcare providers have raced to digitise their processes, **only 69% of those aged 55+ have the basic digital skills** necessary for the interaction with such systems¹.



Conversational AI & RPA

Automating the front-end



PATIENTS

Helping them to easily access and navigate their pathways.



WORKFORCE

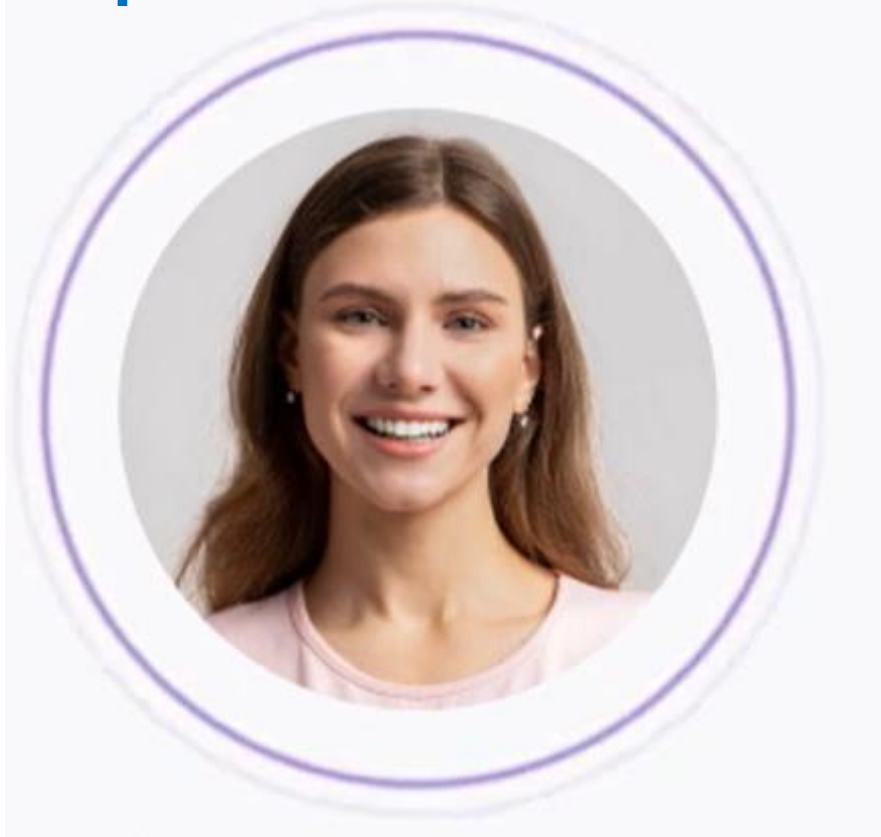
Automating admin, repetitive workload, freeing up capacity, delivering efficiencies.

Transform patient-facing processes.

Make healthcare accessible & effective.

Data Rich & Contextually Aware

Meet Claire, your NHS Trust's
AI-powered Virtual Assistant



Retaining human traits in automation and building data richness:

- ✓ Empathy=> contextual awareness
- ✓ Sensitivity=> data reuse & conditional analysis
- ✓ Intent & Sentiment analysis=> data augmentation & rich actionable insights



**The Digitally
Included
Patient**
**at the centre of
an accessible
and inclusive
NHS**

Engagement is **not**

Portal

Simple

Automatic

Technology

Engagement **is**

Conversations

Collaborative

Adoption

Communication



EBO removes the necessity for patients to have a high level of digital literacy.

We offer a dependable, user-friendly and trustworthy solution that enables interaction of patients with trusts through pre-defined patient pathways.

Conversational AI & RPA in action

Patient Pathway Automation

1. Automating **Appointment Booking**
2. Auto-assignment **of freed-up slots**
3. Automated **Waiting List** Validation
4. Large-Scale Conversational **PIFU**
5. **Forms/Assessments** through Conversations
6. **E-Referral** Pathway automation
7. **Signposting** to self-management resources

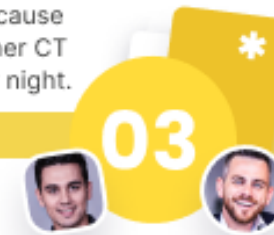
Imogen activates her GP referral on the NHS App. John has been working with the EBO team and is excited by the prospect of being wholly integrated to the NHS App.



Robbie notifies Imogen on her mobile to self-schedule her appointment. She asks several questions about parking before she books her appointment. Imogen remarks to her friends how "human" Robbie was.



Another of John's ideas was to use Robbie to share Imogen's care record with her. Because of this, Imogen can ask Robbie to view her CT scan results as she prepares for an early night.



Robbie guides Imogen through the completion of a pre-assessment form through a natural conversation. The solution has already saved 40% of the time previously spent completing forms.



The Digitally Included Patient



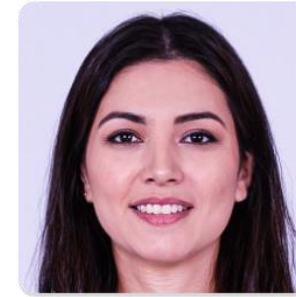
HARRY

Grandfather.
58, Lost his job.



MARK

Psychologist @NHS.
Trust's IAPT is AI-
enabled through EBO.



SALLY

A specialised
IAPT Virtual Assistant

01

Harry receives a message from Sally, the Virtual Assistant, to activate his GP referral on the NHS app. He books a time to suit him and Sally confirms this with him.



Your appointment is confirmed

Thank you!

03

Mark is notified of the assessments which flag worrying symptoms. Sally contacts Harry and confirms a new prioritised appointment by text and email.



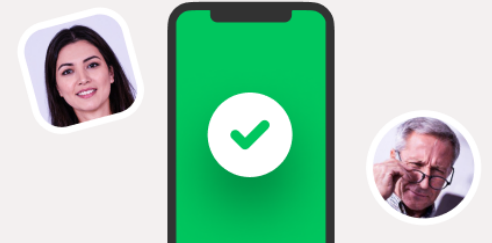
05

Harry attends the IAPT service for 6 weekly sessions with Mark. Before each session Sally guides him in completing the anxiety and depression score to monitor the impact of his therapy.



07

He is discharged by the service and Sally signposts him to information to help him remain well. Sally continues to check how Harry is doing over the next three months.



02

Sally guides Harry to complete three digital pre-assessment questionnaires in a "natural conversation", rather than Harry having to complete paper or digital forms on his own. He gets to instantly ask Sally any questions he has along the way.



Have you had little interest or pleasure in doing things in the last 2 weeks?

More than half the days

Have you been feeling down, depressed or hopeless?

Several days

04

Harry receives a reminder from Sally 48 hours before his appointment and confirms he will attend. He asks Sally about bus travel and is immediately provided with help.



06

After several weeks, Harry is feeling better. He has gained coping skills to manage his mood.



Patient Pathways we're Automating



- Requests for **rescheduling & cancellations**
- Automated **cancellations & notifications**
- **E-Referral** and **PROMs**



- **eConsent** for children's school **immunisations**
- **PROMs & PREMs**
- Patient **demographic** information updates
- Trust-wide automated **appointment management**
- **PIFU**



- Memory assessment & management service **Pre-Assessment Form**
- **Referral** completion



- Automated **appointment management**
- Steroid injection **e-consent** for MSK
- **PIFU**



- **eConsent** for school-age **vaccinations**
- Automated **appointment management**



- Automated **Waiting List Validation**

**Do patients
welcome
automation?**



AI-enabled Appointment Management

99.2%

Of statements understood by
the Virtual Assistant

9,258

Conversations in the last
year

NHS

Somerset

NHS Foundation Trust

20%

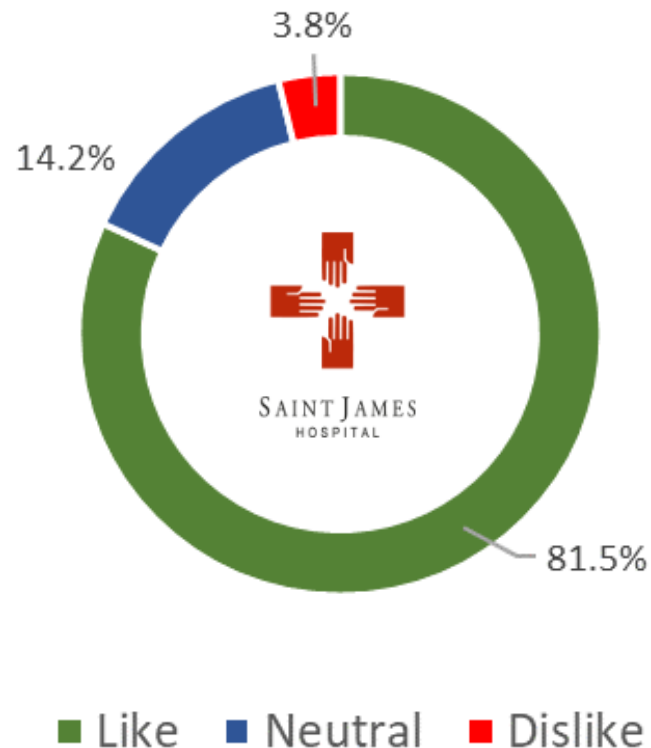
Adoption Rate

89%

Of patients satisfied with the
experience

Automation leads to Transformation

Patient Feedback



- ✓ **Within 6 months: 35%** of all Customer Centre 'calls' managed by Virtual Assistant
- ✓ **Over 12% of bookings** fully automated
- ✓ **10,000+** conversations per month
- ✓ Reduced **28% of all recorded admin time**
- ✓ Helps **manage fluctuations in demand**; adoption increases when call volumes and waits increase
- ✓ **Human handover** activity

"Fast, convenient and amazing service"

"Very efficient"

"All quick and perfect"

"Fabulous. Much appreciated"

**How are we
going to
fund it?**



EBO's Health Fund

'Skunkworks' unlocks £10m in Innovation



- ✓ Co-production of patient pathway automation and true patient-first communications
- ✓ 20 new projects supported with up to 70% project costs covered
- ✓ NHS Trusts & ICSs invited to apply

Thank you



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Human Conversation
Automated



Slido

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9th March 2023 - 08:00am – 16:00pm – Manchester Hall
Conference hosted by Convenzis Group Limited



THE TIME FOR CHANGE
Headlined By Robiquity Intelligent Automation Done.

THE NHS RPA LIVE CONFERENCE 2023



SPEAKING NOW



Gareth Jones

Director of Employment Services
North London Partners Shared Service - NLPSS

I will be discussing...

“Case Study - Automation in
Workforce - North London
Partners Shared Service”



Digitalisation and RPA in corporate services

Gareth Jones
Director of employment services
North London Partners Shared Services

Gareth.jones12@nhs.net

The Vision

- “Nobody joins an HR team to spend the whole day in front of a computer...”
- “There are no more lean efficiencies to be had – it’s time to move the dial...”
- Get rid of paper processes, duplication and boring, repetitive data input
- Reduce variation, error and time taken
- Release staff to value-adding, customer-focused tasks
- Improve staff and customer experience

Digital tools

- Existing systems and technology (TRAC, ESR, One-drive, MS Teams, e-forms...)
- Interfaces
- On-line services
- Automation (STU)
- Workflow tools
- Telephony and CRM systems

How did we do it?

- ✓ **Reviewing** applicant and manager feedback and business needs
- ✓ **Agreeing** suitable processes for automation – **standardised, high volume, low complexity**
- ✓ **Involving** our staff in process mapping and redesigning roles
- ✓ **Designing** and building our processes **in collaboration** with the automation team
- ✓ **Supervising**, maintaining and improving our automations

Partnership – people and machines

- STU stands for “Speed Things Up” and he’s our recruitment robot! (We also have robots in other departments, too.)
- We call our robot STU, but actually it’s a number of robots that can work on multiple processes at the same time – 24/7, 365 days of the year! We schedule it once, then it runs by itself!
- STU’s work is called “robotic process automation” (RPA)
- RPA uses a software programmed to do **basic and repetitive digital tasks** across multiple applications and systems
- RPA works well for **high volume, straightforward processes**, not for complex cases requiring human judgement
- RPA is based on pre-defined logic provided by us to RPA team when developing a new RPA process
- STU helps us with straightforward cases in the process, but any complex cases or those which require human judgement are processed manually by recruitment



RPA in shared services

Recruitment

1. Creating e-files
2. Conditional offer letters
3. Professional registration checks
4. Virtual ID checks links
5. Virtual ID checks downloads and uploads to Trac
6. Chaser emails
7. Customer satisfaction surveys
8. Zipping (Trac application downloads)
9. Sending e-files

Medical staffing

1. Saving TIS spreadsheets
2. Trac uploads
3. Conditional offers / contracts for new starters
4. Rotational change contracts

Payroll and pensions

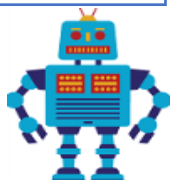
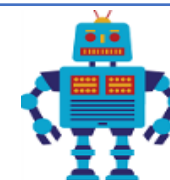
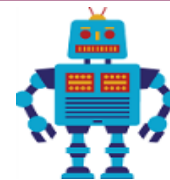
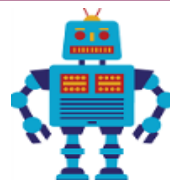
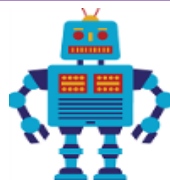
1. Payroll input for rotational changes
2. Payroll hires for new starters (in progress)
3. Termination processes for trainees (in progress)

Management support

1. Absence reporting
2. Employment references
3. Amendment to contract letters
4. Mortgage references (in progress)
5. Appraisal input (in progress)

Occupational Health

1. EPP form submission
2. OH clearance update on Trac
3. Reminders and chasers (in progress)



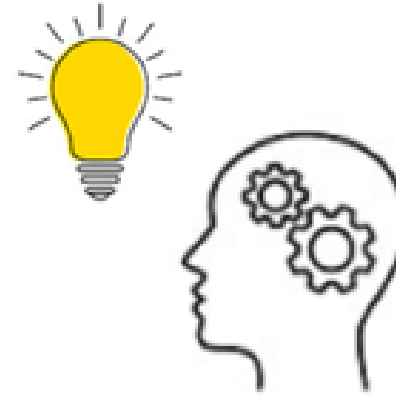
How do the team work with STU?



Reviewing RPA business reports and processing exceptions



Reviewing RPA performance



Spotting updates needed/
problem-solving RPA processes



Developing/updating RPA processes

Benefits



RPA in numbers



North London Partners
Shared Services



Royal Free London
NHS Foundation Trust



Innovation and Intelligent
Automation

Report Name Recruitment Reporting

Reporting Period Start Date 16/02/2023 23:59

Reporting Period End Date 24/02/2023 00:00

Total Processes Ran In Reporting Period 43

Total Processes Ran Year To Date 49

Year To Date Performance

Total Time Worked Year To Date

453.03:23:38

Days (24h), hours, mins, secs

Total Items Worked - Year To Date

203,379

Total Items Complete - Year
To Date

148,017

72.8%

Total Business Exceptions -
Year To Date

48,263

23.7%

Total System Exceptions -
Year To Date

7,099

3.5%

One week's fully completed items on
selected recruitment automations →



| RPA | Completed |
|---|-----------|
| Send e-files to partners | 665 |
| New starter e-form downloads | 412 |
| Virtual ID/RTW checks chasers | 253 |
| Zip Trac application | 228 |
| Create new e-files | 259 |
| Virtual ID/RTW checks PDF downloads | 235 |
| Virtual ID/RTW checks guest links | 89 |
| Send surveys to candidates & managers | 154 |
| Professional registration & HPAN checks | 50 |

Some more numbers

80/20
rule

Time period: January to
October 2022



| Automation (snapshot of 8 out of 18 robotic processes in NLPSS recruitment) | Volumes* | Time saved (approx.) |
|---|----------|----------------------|
| ID/RTW document downloads and uploads to Trac | 26 503 | 984 hours |
| Zippping | 8 969 | 1 008 hours |
| Professional registration checks | 8 030 | 816 hours |
| Virtual ID/RTW links | 7 399 | 384 hours |
| Offer letters | 6 219 | 816 hours |
| HEE rotating trainees contracts | 4 225 | 96 hours |
| HEE rotating trainees ESR changes | 3 483 | 552 hours |

2184 hours of PEC time (2 WTE)

2472 hours of non-PEC time (2.3 WTE)

BUT STU is 30% faster, so actually 6053 hours saved (5.6 WTE)

Robotic Service Developments

The Six Stages of Automation

Stage 1

BUSINESS CASE
The completion of a high-level business case & one-pager justification



One-pager benefits case.

NLPSS

Stage 2

PROCESS DEEP DIVE
Review, recording and analysis of the target process



BluePrint & Video Recording of Process

NLPSS and Automation Team

Stage 3

PROCESS DEFINITION DOCUMENT
The creation of a PDD, with exception management and fully tested in the workplace for accuracy..



Process Definition Document (PDD)

NLPSS and Automation Team

Stage 4a

TECHNICAL SOLUTION DESIGN
The completion of a high-level business case & one-pager justification



Solution Design Schematic

Automation Team

Solution Design Document (SDD)



Stage 4b

BUILD PROCESS & OBJECTS
The development of the process in the development environment.

Automation Team

Test Plans



Stage 5

TESTING & LIVE CASES
Three phases of testing – stepping data tests, speed curve testing and control room validation.

NLPSS and Automation Team

Operational Support Guides



Stage 6

GO LIVE
Full go-live of the process with post go-live stabilisation.

NLPSS and Automation Team

Implementing the digital agenda

1. **Involve** your staff and customers
2. **Maximise** use of existing technology
3. **Streamline** manual processes
4. **Get rid** of unwarranted variation
5. Consider **costs vs benefits**
6. Focus on **high volume, low complexity** processes
7. Create **detailed process flows**
8. Automate for most, not all scenarios (**80/20 rule**)
9. **Allocate resource** for review, further development and maintenance





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SPEAKING NOW



Leon Stafford

Country Manager for
Digital Workforce in the
UK - Digital Workforce



Juha Järvi

Director of Global
Healthcare
Digital Workforce

We will discuss...

“The Time for Change
in Healthcare
Automation”

DIGITAL WORKFORCE SERVICES

The Time for Change in Healthcare Automation

Digital Workforce Services plc is a leading pure play Business Automation specialist

About us



“Global Leader in”

VISION
INNOVATION
ROADMAP
DIGITAL
TRANSFORMATION



RPA SERVICES
FORRESTER WAVE
Q1 2021



9 OFFICES

In Nordics, USA, UK

Global reach



~200

Process automation specialists

Large and competent team



200+

Large customers globally

Strong client base



10 MILLION HOURS

Back to business with 4000+ automated processes

Proven concept



ISO/IEC

20000-1:2018 certification

Certified management system



OWN IP & AI

Own IP combined with Cognitive technologies

Pioneering technologies



300+

Accreditations in leading technologies

Top-class accreditations

Selected references

Healthcare



Manufacturing & logistics



Banking, financial services and insurance



Nordea

Nasdaq



skandia:



Retail & Services



Public sector



Puolustusvoimat
The Finnish Defence Forces

Overview of end-to-end patient flows

we've supported with Intelligent Automation



Pre admission / visit

Day hospital bed planning and distribution

Pregnancy Self-Referral Handling and Care Path Enrolment

Insurance authorization response automation

Sending information letters to patients

Internal Maternity Referrals to Antenatal Clinic

Contract Management automation

Episode of care and scheduling automation

Service voucher automation

Provider attribution



Patient journey from admission to charge

Dictated Letters

Missing laboratory referrals automation

Maternity Digital Care Path enrolment automation

X-ray Scheduling Automation

Laboratory results routing and notification automation

Bio bank consent form automation

Appointment result pre-validation

Digital care path automation

Referrals to Imaging automation

Acting behalf of a minor

Antibody testing automation

Supplier notification and enquiry automation

Automated Referral Routing

Automated ordering process for surgical supplies

Fixed assets management

Bio bank and Deducer consent

Heart & Vascular Appointment Letters

Inpatient dietary request automation

Nephrology clinic laboratory automation

Referral Intake Process

Outpatient medication interaction cross-check

Negative COVID-19 result message notification

ICU flowsheet data validation and import

Patient reported clinical information automation

Day hospital and dialysis visit note automation

ICU flowsheet calculation triggering

Convert free-text outpatient drug prescriptions into an EMR

COVID-19/pre-appointment tests for inpatients



Post admission / visit

Internal Maternity Referrals to Antenatal Clinic

Service voucher automation

Pregnancy Self-Referral Handling and Care Path Enrolment

Day hospital bed planning and distribution

Insurance authorization response automation

Sending information letters to patients

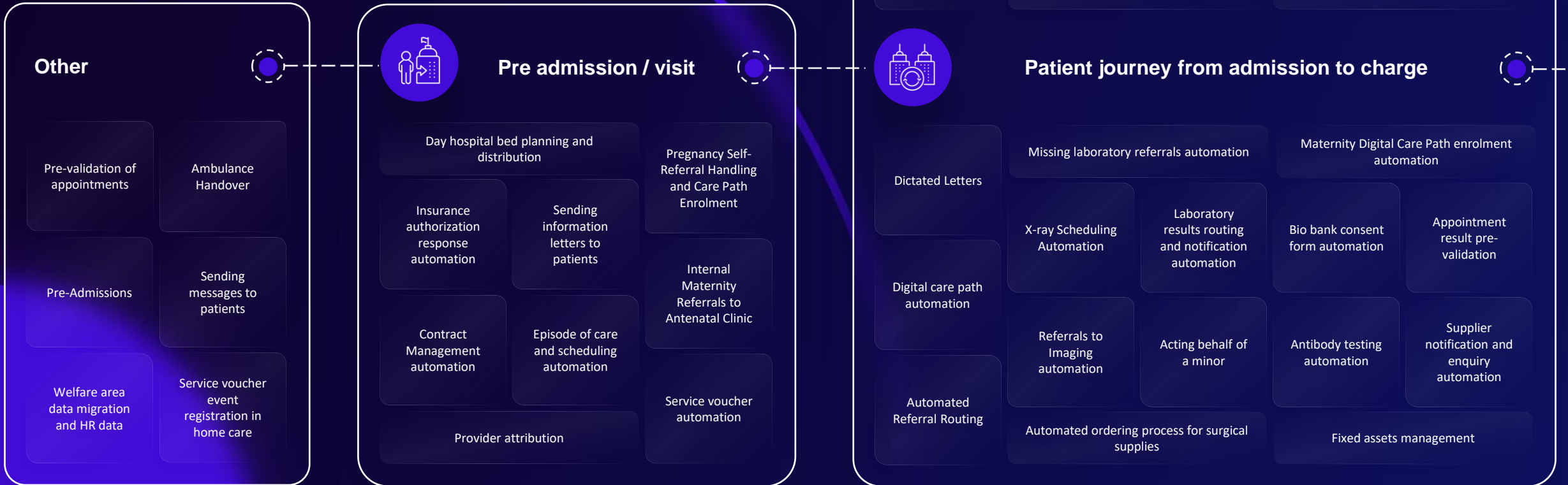
Contract Management automation

Episode of care and scheduling automation

Provider attribution

Overview of end-to-end patient flows

we've supported with Intelligent Automation





Task automation

provided great FTE savings

but task automation has its limitations to transform the way providers are able to treat their patients



<5%

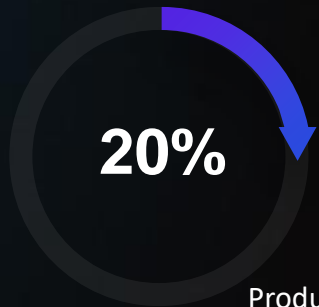
However, less than 5% of job roles
can be directly automated

McKinsey

From task automation to

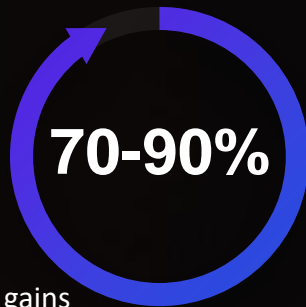
orchestrating longer running processes

TASK AUTOMATION
RPA & AI:



Productivity gains

BPM ORCHESTRATION OF
HUMANS & RPA & AI:



Healthcare

End-to-End automation:
Breast Cancer follow-up



Background

To fully managed, transparent and automated follow-up

- **Breast cancer** is the most common cancer type. Luckily today over 90% of the patients are still alive after five years after the initial diagnosis
- This great achievement doesn't happen naturally, but it's an outcome of **careful follow-up and monitoring throughout the five initial years at least**, on top of the acute post-diagnosis treatment
- Follow-up is a process where an individual is subject to **several sequential activities on a yearly basis including different actors across number of systems**
- Each patient follows the same follow-up protocol:
 - Year 1: Mammography, laboratory tests and nurse's appointment
 - Year 2: Mammography and care feedback letter
 - Year 3: Mammography and nurse's appointment
 - Year 4: Mammography and care feedback letter
 - Year 5: Mammography and doctor's appointment

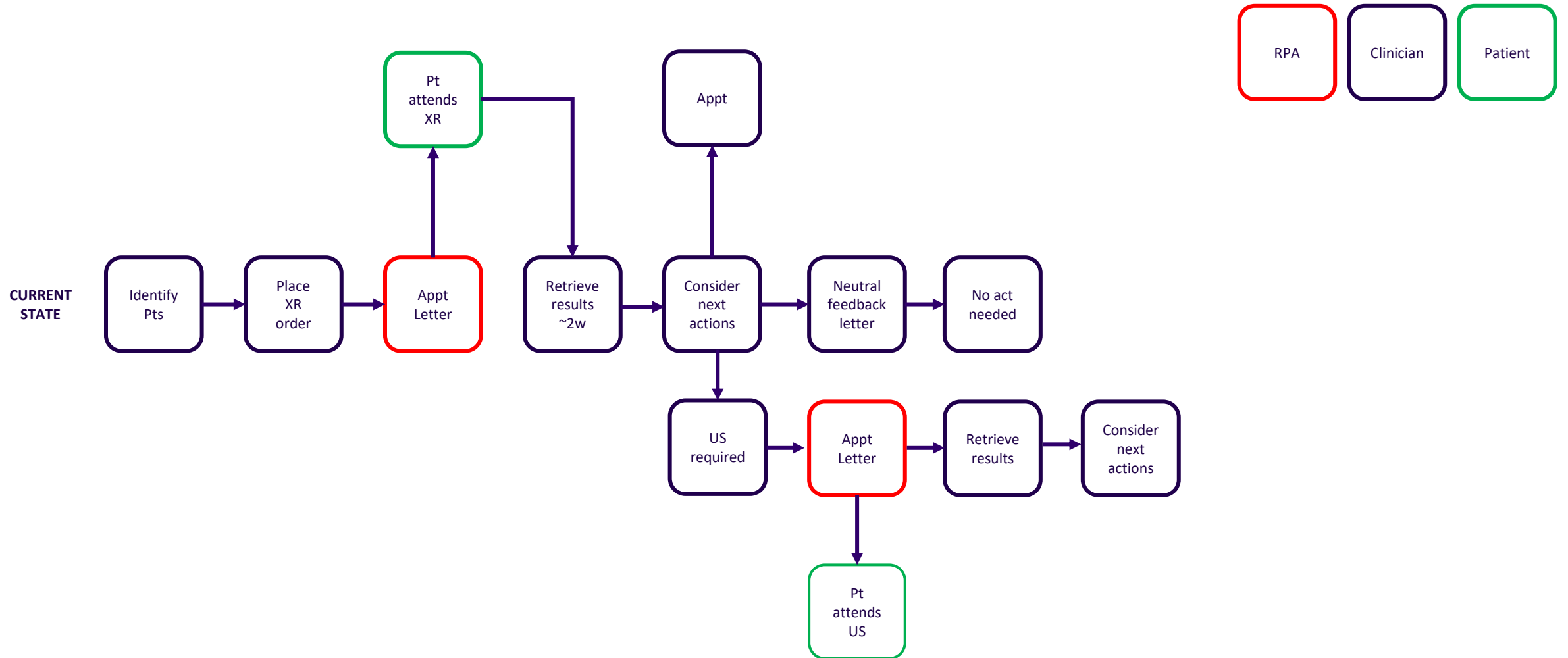
Background

To fully managed, transparent and automated follow-up

- However, still today even HIMMS hospitals level 5-6 (or similar maturity) rely on very manual and error prone black box processes. Even the most modern EMRs are not designed to facilitate this type of case management and follow-up which requires several manual steps **outside the hospital's core EMR**, resulting in
 - Poor lead times
 - Poor patient experience
 - Error prone processes that one or only very few people could be solely responsible for
 - Not very cost effective
 - Zero insights provided to improve the operations or care outcomes or to support research

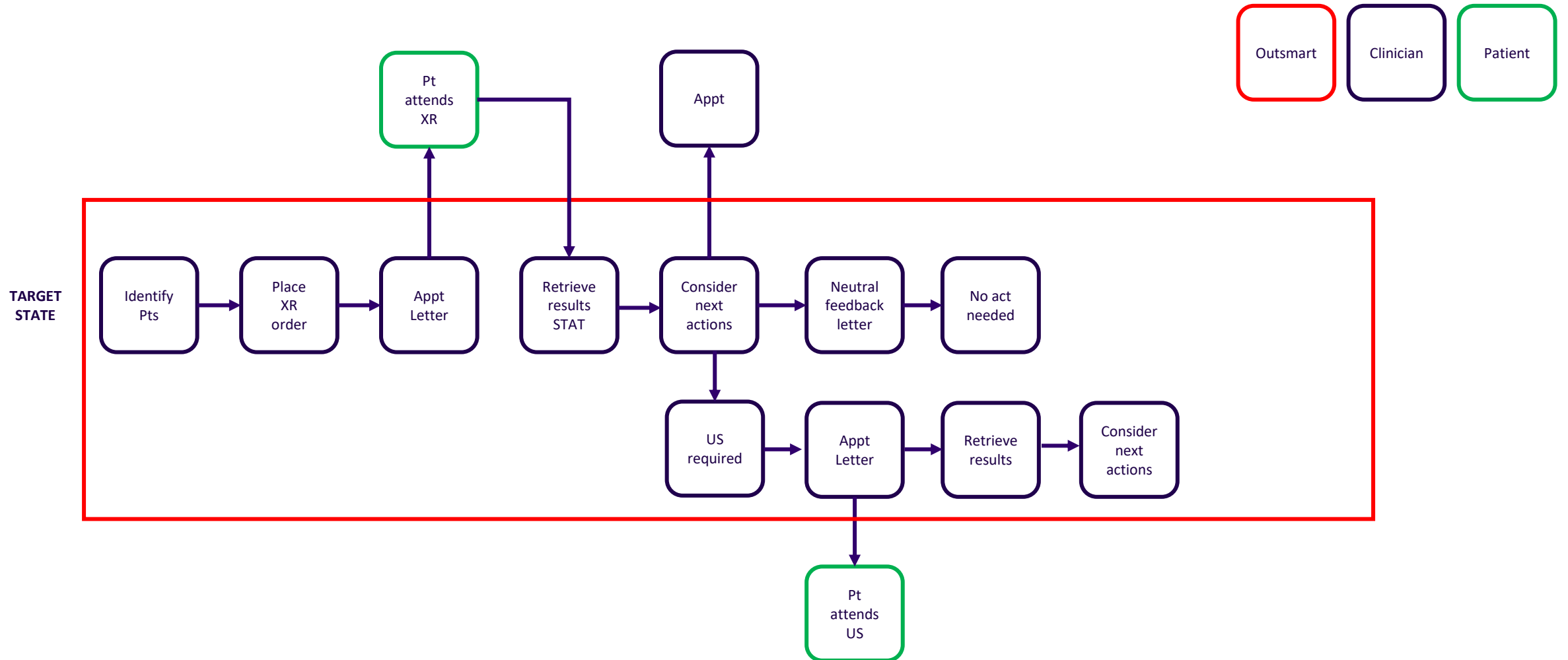
Background

From manual repetitive, error-prone workflow



Background

To fully managed, transparent and automated follow-up



Summary

Our solution enables fundamental operational change

- **The management of breast cancer surveillance will be fully automated** for the entire five-year period. Patients will be assured of consistent quality follow-up according to a defined protocol.
- The solution provides oncology and breast cancer physicians, nurses and other stakeholders with a **real-time view of the progress of planned care path for a patient group** as well as enabling data management and data utilisation in cancer care research.
- The solution allows providers to **improve breast cancer surveillance** based on **patient preferences, new treatment practices or risk stratification**, for **example**, by creating new care pathways.
- The benefits of our solution include **patient safety, consistent care, transparency of monitoring, and the** elimination of manual **human resources** in the areas where solution applies.
- No equivalent solution is reportedly available as a finished product or feature. It is not an automation solution for individual tasks, but a **holistic application to solve a key problem**.

Digital Workforce UK

NHS Service Delivery



Adding value to a mature CoE at University Hospital Birmingham

- The **original RPA innovator** in the NHS
- Vendor-relationship and **CoE: Cycles of build, review and refine processes**
- Digital Workforce value-add layer: **Robots as a Service (RaaS)**
- The **shortfalls of single-tool RPA**: When you only have a hammer, your useful function is limited to nails
- True Value-Add Consulting: **What is the best tool for this job?** Can we pay per Minute? Can we have a 2-hour fix Guarantee?

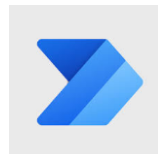
blueprism

UiPath™

CTWO

 **Flowable**
making process personal

 Robocorp



NHS

**University Hospitals
Birmingham**
NHS Foundation Trust



Automation as a Service in ED and Maternity at PHU

- **Slow growth CoE** with Vendor: Inconsistent Staffing
- Chose **high-impact Automation**: Emergency Department
- As a Service Delivery model: **P1 Support Classification**
- **RaaS – risk versus reward**
- BadgerNet-wrapper in Maternity - **11 FTE Cost avoidance**; Reduced Decision Fatigue
- **HIMMS Digitisation Agenda**: Visit to HIMMS Digital exemplars, HUS

NHS
Portsmouth Hospitals
University
NHS Trust



Thanks

Please speak to the team today, we also have several of the UHB Team here.

Please also find our updated IA Whitepaper: How to Maximize the Productivity of Your RPA Program

<https://digitalworkforce.com/rpa-news/white-paper-how-to-maximize-the-productivity-of-your-rpa-program/>

Harriet Thomas-Bailey will be in-touch to get feedback



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9th March 2023 - 08:00am – 16:00pm – Manchester Hall
Conference hosted by Convenzis Group Limited



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THE NHS RPA LIVE CONFERENCE 2023



Event Chair – Chair Afternoon Address



Darren Atkins

Chief Technology Officer - Intelligent
Automation

The Royal Free London NHS Trust



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THE NHS RPA LIVE CONFERENCE 2023



Q&A PANEL



Nabeel Arshad

GP Partner
The Brooke Surgery



Shay Kuponu

GP Partner
The Brooke Surgery

We will discuss...

**“How can Automation
can help Primary
Care?”**



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Q&A Session

Automation in the Real

World



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THANKS FOR ATTENDING



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