Session	Content	Format	Timing	Duration	Lead
Arrivals and refreshments			09:00 - 09:30	30 mins	N/A
Welcome and introduction	• Introduce DocAbode colleagues • Keynote	Presentation	09:30 - 09:45	15 mins	Chris Garner & John Craig
Aligning UCR Initiatives with NHS Strategic Priorities	• Context & challenges • Pilot initiatives	Presentation	09:45 - 10:00	15 mins	Briony Sloper & Lorraine Taylor
Key challenges in delivering UCR	• Introduce ambitions	Presentation	10:00 - 10:05	5 mins	Chris Garner
	• Ambition alignment	Mentimeter	10:05 - 10:10	2 mins	Chris Garner
	• Identify challenges	Breakout groups	10:10 - 10:30	20 mins	Facilitators
	• Feedback	Mentimeter	10:30- 10:45	2 mins	Chris Garner
			10:00 - 10:30	**30 mins**	
Break			10:30 - 10:45	15 mins	N/A
Case Study: DocAbode in NCL	• Outcomes	Presentation	10:45 - 11:00	15 mins	Chris Garner
Addressing key challenges in delivering UCR	• Solutions & enablers	Breakout groups	11:00 - 11:40	40 mins	Facilitators
	• Feedback	Mentimeter	11:40 - 12:00	20 mins	Chris Garner
			11:00 - 12:00	**60 mins**	
Open Forum Q&A, closing and next steps	• Feedback form	Presentation	12:00 - 12:15	15 mins	Chris Garner
Lunch & Networking			12:15 - 14:00	1 hr 45 mins	N/A

Breakout exercise 1: Key challenges in delivering UCR

Core Offer	
Mutual aid	
Sustainable workforce	
Higher acuity	
More capacity	
Value for money	

Breakout exercise 1: List of challenges

Workforce

- Staffing shortages/ volatility of existing staff availability
- Over-reliance on temporary/bank/ agency staff
- Inefficient use of staff capacity and time
- Recruitment and retention
- Training and development gaps
- Inappropriate referrals

Process/ Operational

- Lack of real-time data and visibility
- Poor patient flow, bottlenecks and discharge delays
- Ability to service changing acuity case-mix
- Siloed workforce across the same pathway
- High dependency on manuall processes
- Lack of understanding of true capacity

Technical/ Information Governance

- Legacy systems
- Lack of integration across platforms
- Data security and privacy concerns
- Ineffective triage systems
- Inaccurate or incomplete patient data
- Over-reliance on telephone and manual allocation systems

Financial

- Unclear on funding routes
- Short sighted planning of central financials
- Creating a business case
- Proving the ROI (Trust / ICB / Regional

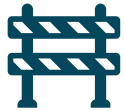
Accelerating Out-of-Hospital Care through Technology-Enabled UCR

23rd January 2025

Please sit on a table with people you don't know!

Objectives for today's workshop

Establish a shared ambition



Agree top challenges facing UCR

Identify potential solutions to overcome these challenges

Discuss what you would need as a system to implement these solutions

Introduction

Introductions…

Chris Garner

Ass. Director for Community Service Development
NHS North Central London ICB

Leading NCL's Community Transformation Programme

Succeeded in securing buy in for Doc Abode in NCL

Established the Promoting Impact of Community Services (PICS) forum

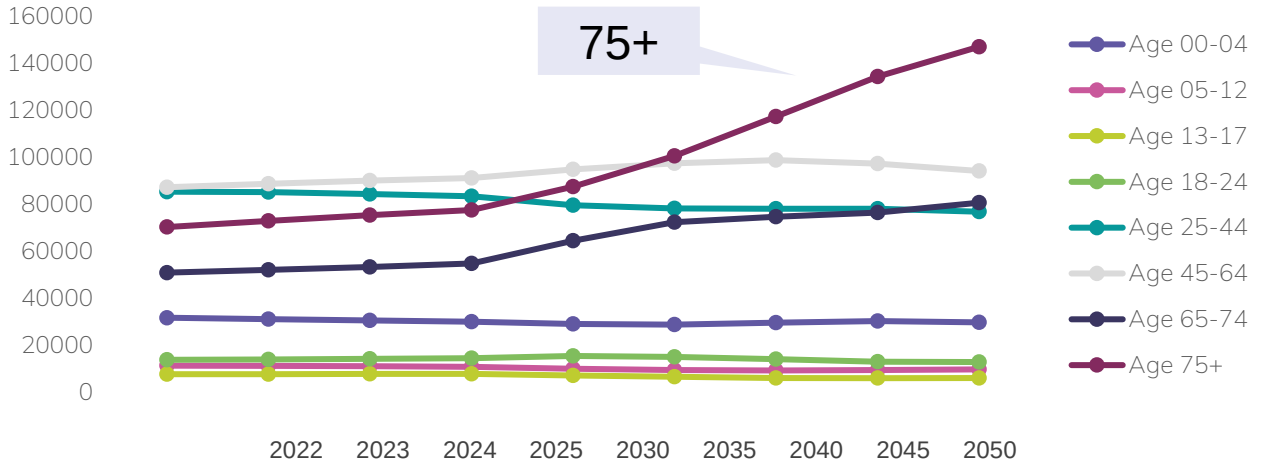
The NHS is on a burning platform

The NHS is facing unprecedented challenges

- Waiting times for hospital procedures have ballooned
- A&E departments are in crisis
- People are struggling to get access to their GP
- Mortality for many diseases have increased
- The NHS is costing more than ever

And it's going to get worse if we don't do something different

- With demographic changes this will be unsustainable operationally, financially and from acute estate constraints
- In 5 years, NCL would need an entire 400 bedded hospital just to cope with increased levels of non-elective demand.
- By 2050, NCL will have an additional 70,000 over 75s



The underlying cause of this that the NHS is over-reliant on hospitals to treat patients

There are three fundamental problems with our current reactive model of care:

1. Waiting until people are sick is the **least clinically effective** way to pursue health outcomes
2. Waiting until people are sick is the **most expensive** way to pursue health outcomes
3. It **reinforces health inequalities** and makes it hard to have an empowering relationship

The evidence for the case for shifting left is stronger than it has ever been

Systems that invested more in community care saw **15% lower non-elective admission rates and 10% lower ambulance conveyance rates**.

The reduction in acute demand associated with this higher community spend could **fund itself through savings on acute activity**

For every £1 invested in community or primary care, there is up to a **£14 return back into the economy**

Despite financial challenges, there is a political opportunity to deliver change now

"Despite the often-repeated ambition to shift more care and health care resources into services "closer to home" […] funding for NHS **community health care services was cut in real terms in three out of the six years between 2016/17 and 2022/23"** - *Nuffield Trust*

NHSE	Darzi report	Government's Three Shifts	Get Britain Working
Amanda Pritchard: "Over the next ten years we have both the need and the opportunity to **move from a reactive model of health care to a proactive model** of health and well-being"	• Improving quality of **community data** • Improving **productivity** within community services • Investing in **digital solutions** in the community • Hardwiring **financial flows** to expand community services	Wes Streeting MP: "My first visit as health secretary was to a GP practice because **when we said we want to shift the focus of the NHS out of hospitals and into the community, we meant it**."	Kier Starmer: Addressing economic inactivity due to health through effective community-based treatment of long-term conditions and improved population health can drive population growth

North Central London is showing the blue-print for HOW this can be done

Establish a core offer

- Creates **awareness of the benefits** of proactive care
- Sets **consistent expectations** across the system for service performance, access and outcomes
- Allows providers to understand their **relative productivity** against the service description

Commit to investing

We secured system-wide commitment to invest over **£50m over 5 years** and for 24/25 we agreed a **£3m re-allocation of funding** from acute to community services.

Identifying the **services that have high OBD-avoidance**

Leverage **digital solutions** to achieve highest ROI interventions into those services

Measure system impact

Non-elective occupied bed days (OBDs) are the **hero KPI**

One of the barrier to shifting left is the **confidence in the impact** of community services on hospital demand

NCL is working with NHS Confed and NHS England to create a **SLIDE (Shift Left Investment Decision Evaluation) Tool** to overcome the barriers to change

Aligning UCR Initiatives with NHS Strategic Priorities

UCR policy context & priorities

- High priority focus area nationally and regionally
- Numerous policy documents and directives linked to UCR – and more to come
- Seen as key for Urgent and Emergency Care recovery
- Historical variation in community services - commissioning, operating models
- Workforce, data, finance challenges
- Key programme for London, it's a journey!

- Integrated operational pressures escalation levels (OPEL) framework 2024 to 2026
- Delivery plan for recovering urgent and emergency care services – January 2023
- Winter & H2 priorities
- Winter 2024 Additional guidance for managing winter pressures

London UCR service provision

London has UCR services in place for all 32 boroughs:

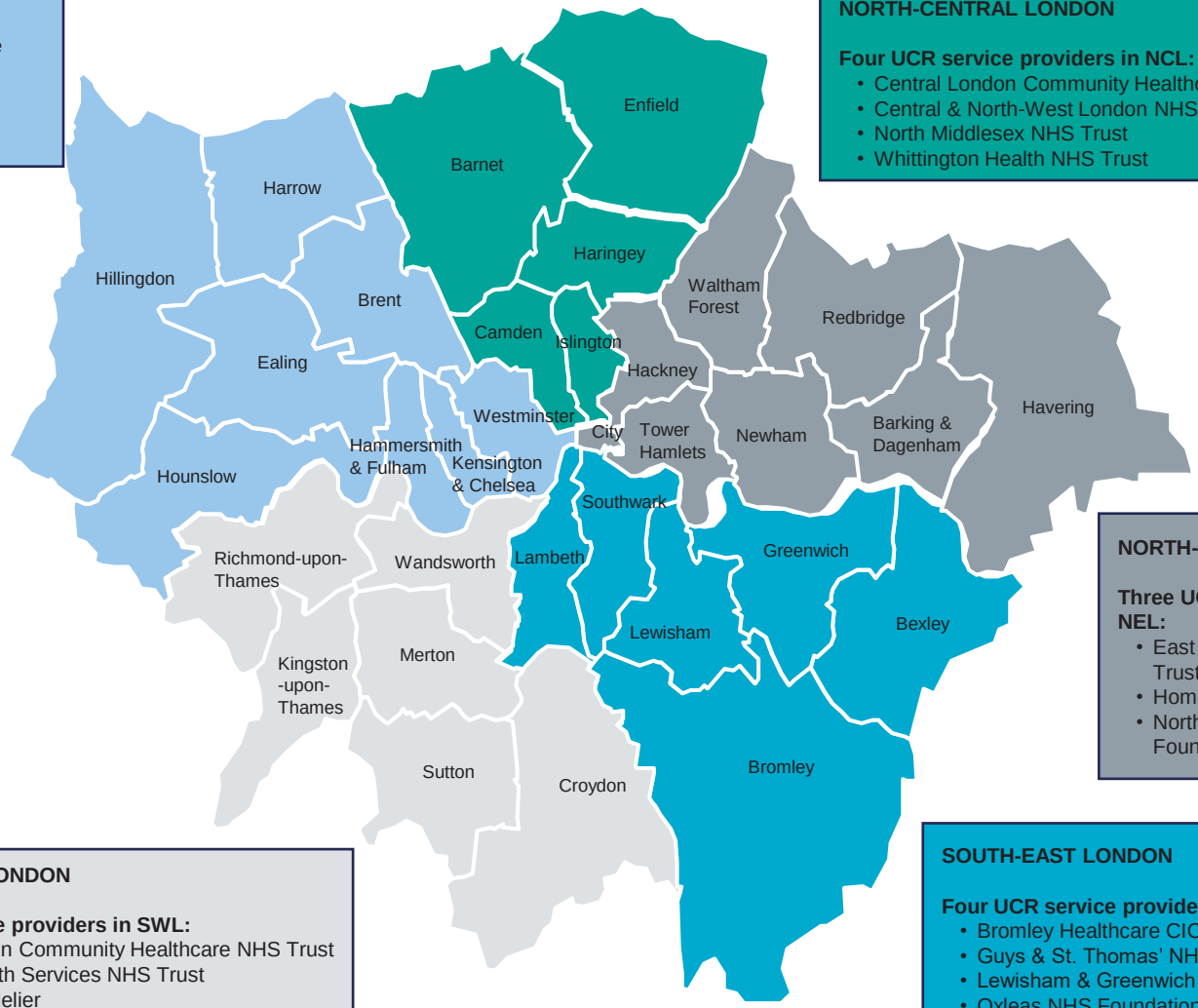
- 16 UCR service providers across the 5 ICBs
- Some providers work across ICB footprints
- All providers deliver a minimum 7 day a week service 8am to 8pm (many provide extended service hours)

NORTH-WEST LONDON

Three UCR service providers in NWL:
- Central London Community Healthcare NHS Trust
- Central & North-West London NHS Foundation Trust
- West London NHS Trust

NORTH-CENTRAL LONDON

Four UCR service providers in NCL:
- Central London Community Healthcare NHS Trust
- Central & North-West London NHS Foundation Trust
- North Middlesex NHS Trust
- Whittington Health NHS Trust



NORTH-EAST LONDON

Three UCR service providers in NEL:
- East London NHS Foundation Trust
- Homerton NHS Foundation Trust
- North-East London NHS Foundation Trust

SOUTH-WEST LONDON

Five UCR service providers in SWL:
- Central London Community Healthcare NHS Trust
- Croydon Health Services NHS Trust
- Epsom & St Helier
- Kingston & Richmond Foundation Trust (Hounslow & Richmond Community Health)
- Your Healthcare CIC

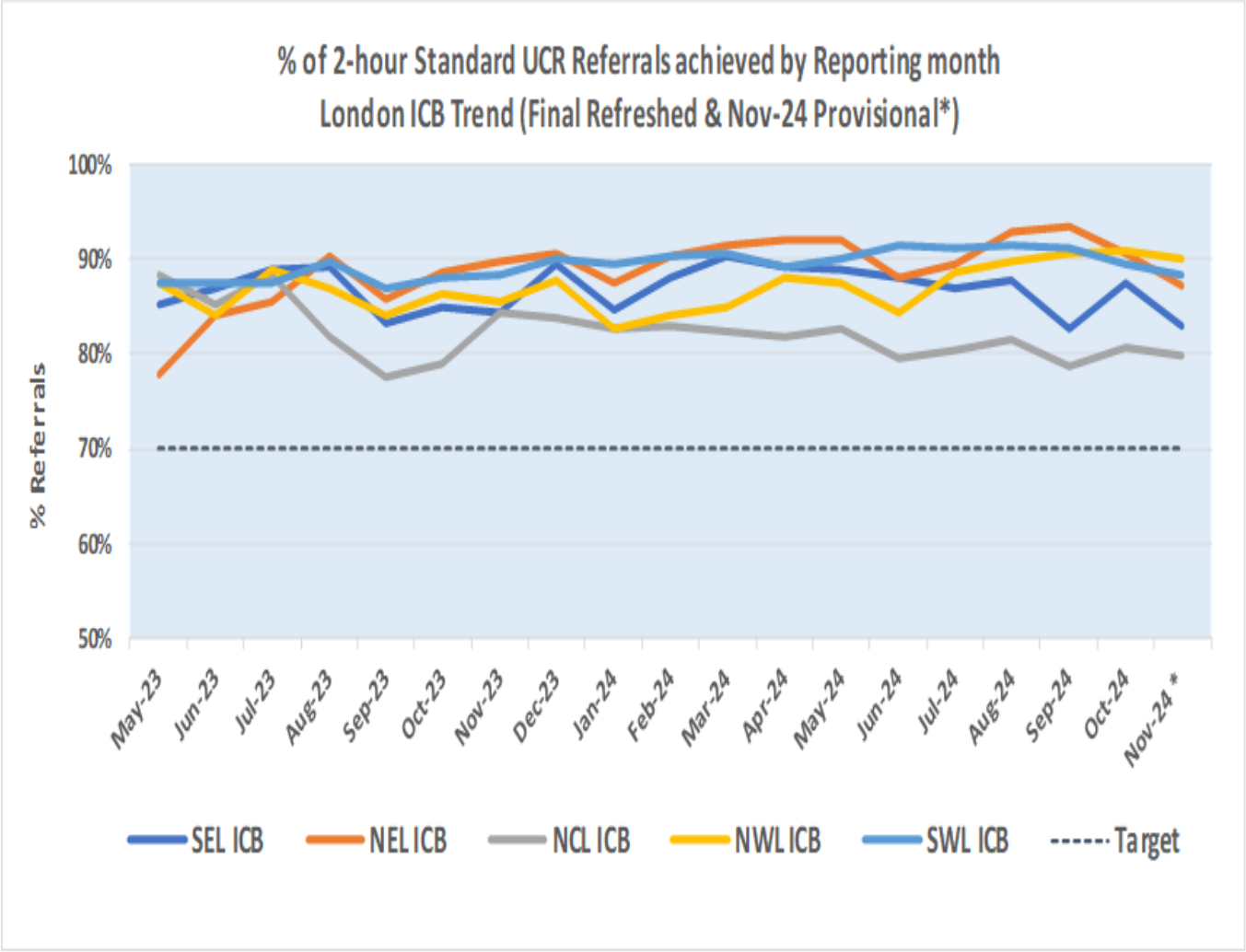
SOUTH-EAST LONDON

Four UCR service providers in SEL:
- Bromley Healthcare CIC
- Guys & St. Thomas' NHS Foundation Trust
- Lewisham & Greenwich NHS Trust
- Oxleas NHS Foundation Trust

% 2-hour standard UCR referral target

- UCR services have a performance target to ensure that 70% of their standard referrals which meet the criteria for 2-hour service are seen within 2 hours.

- London region and each of its ICBs have been meeting the 2-hour target since 2023
  - Latest data shows that 89% of London's UCR referrals were seen in 2 hours (5% higher than 84% national average) and four of the London ICBs (NEL, NWL, SEL & SWL) exceed the national 84% average.



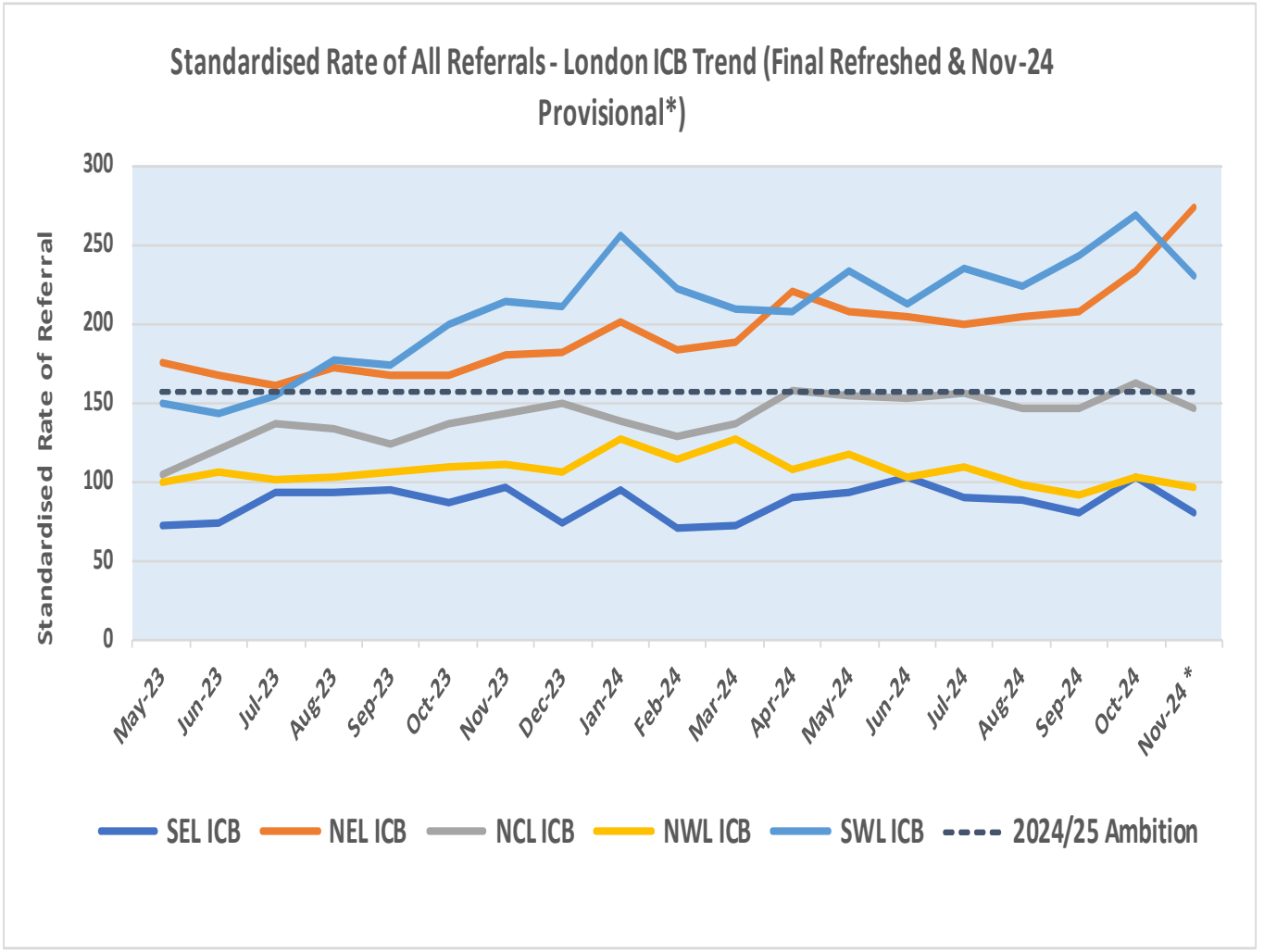
Source: UCR data file (CSDS): Oct 24 Final (refreshed) & Nov 24 Primary (provisional). * Primary (provisional) data will be overwritten in the next month's publication and there will be changes in performance and activity levels. Caution is advised in the use / analysis of Primary (provisional) data.

UCR trajectory ambition

As part of a national approach to help address variation, in July 2024, all ICBs were informed of a new trajectory ambition to monitor UCR activity. This national trajectory, based on an age-sex standardised rate, is currently set at 157 referrals (all referrals) per 100,000 population.

October's final (refreshed) CSDS data shows:

- London average is 169 (the national average currently 176)
- SWL & NEL & NCL currently exceed the 157 national trajectory ambition (269, 233 & 162 respectively)
- SEL & NWL are below the national trajectory ambition (104 & 103 respectively)
    - SWL & NEL have exceeded the trajectory ambition since its launch in July 2024.



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London journey

Phase one – 2022 to Dec 2023:

- Establishing & supporting delivery of UCR services in line with national requirements (e.g. 8am-8pm, 7 days a week & clinical conditions/care requirements)
- Reviewing, quantifying & articulating progress (service requirements & 2-hour delivery target)
- Identifying areas for improvement in UCR service provision & sharing examples good practice

Governance/ reporting

- Established UCR Delivery Board, ICBs Leads & Winter Resilience Falls groups
- Produced regular reports/deep dive analysis & presented various events UCR operating plan submission & review

Data & analysis

- Developed monthly UCR data reports
- Produced ad-hoc reports: UCR service hours & provider overview; care homes conveyance project, unwarranted variation, domiciliary care survey & pendant alarms analysis

Projects

- Care homes - UCR service awareness campaign
- Pendant alarms - identifying TEC providers
- UCR communications toolkits (+ animation video)
- National winter funding projects

Sharing examples good practice

- Falls & UCR & TEC Webinars
- Winter funding initiatives results
- ICBs initiatives such as silver triage pilot (NCL), push pilots (NEL), & care homes (SWL)
- UCR service escalation & close principles

London journey

Phase two – January 2024 to January 2025 onwards:
- Addressing variation & improving consistency of service offer across London
- Supporting transformation & improvement projects

Winter 2023 - Spring 2024:
- NWL – continuation of centralised UCR SPA approach for 9's & 1's
- Supported LAS training events
- NEL hosted UCR improvement network event

Summer 2024:
- Monitoring & review UCR trajectory ambition
- NCL launched centralised UCR referral number
- SEL care homes webinar
- Referral source & reason coding analysis

Autumn/Winter 2024:
- Supported national TEC webinar - show casing London achievements over the last year
- Catheters UCR service mapping exercise and CSDS, MiDoS & care homes data analysis

In the background…
- Established & built relationships with key partners such as LAS, 111 providers, SDEC, VW & TSA
- Developed content for monthly data report
- Held themed pathway discussions at UCR Delivery Board meetings
- Undertaken activities to help achieve UCR trajectory ambition

Winter 2024 – Spring 2025:
- SWL launched pilot of extended UCR service hours
- SEL launched pilot central UCR referral number for 9's services
- UCR referral & triage good practice principles
- NEL hosting self referral learning event – end Jan
- Rejection analysis (CSDS & MiDoS) underway

Current challenges

- Complexity of service provision:
  - 16 UCR service providers across the 5 ICBs – linked to historic commissioning arrangements
  - limited detail & specificity in UCR guidance resulting in variable interpretation

  Consequently, continues to be some variation in UCR…
  - opening hours & initial service contact arrangements
  - service/team configurations & associated skills mix & workforce gaps for specific referral requests
  - operating models and associated referral processes and acceptance & exclusion criteria

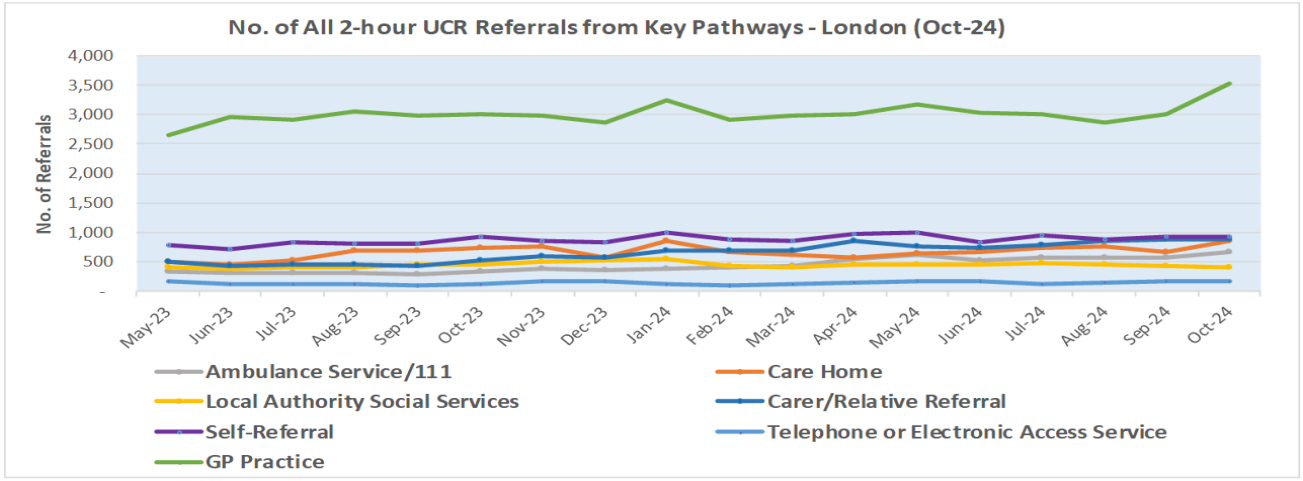
- Visibility of UCR service demand & capacity assessments, including:
  - referring organisations awareness of services reaching capacity and therefore unlikely able to accept referrals
  - time taken to update DoS when UCR service temporarily unable to accept referrals

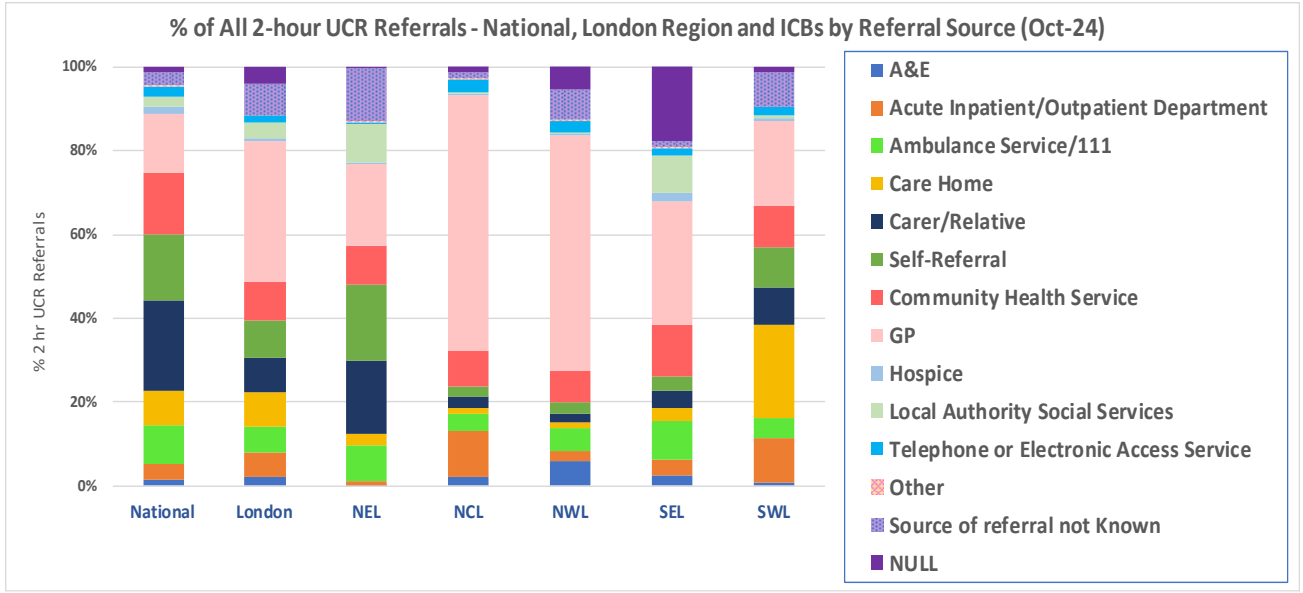
- Data quality & completeness, in particular, UCR referral source & reason and rejections reasons
  - further complicated by changes in source of referral coding requirements (Feb 2024)

Current challenges continued

- UCR referrals from key pathways have generally steady been over the last 18 months
  - GP & self/carers/relatives are London's highest referral pathway
  - Telephone or Electronic Access Service the lowest
  - London also continues to have low ambulance & 111 referral rates and numbers (despite being national referral priority area).

- There is some variability in referral sources across the ICB's, with:
  - NCL, NWL & SEL reporting GP's as their main referral source
  - Referrals in SWL & NEL are fairly evenly distributed across a range of sources (albeit with care homes and GP's being the highest categories in SWL; and self-referrals, carer/relative & GP's in NEL).





Source: UCR data file (CSDS): Oct 24 Final (refreshed) data. NOTE: Providers were notified of new referral source codes in February 2024 for 'Ambulance Service (now includes 9's & 1's)', 'Telephone or Electronic Access', 'Self-Referral' and 'Carer/Relative' and 'Local Authorities' which may have affected coding allocations from April 2024. From August 2024 the sources of referral for Carers/Relatives and Self-referrals was also split

Proposed UCR priorities: 2025/26

- ***Improving UCR service provision & response for high volume UCR pathways such as catheters & falls***
  - progressing next steps following catheters UCR service mapping results (with ICBs/service providers & LAS)
  - reviewing how clinical conditions defined and operationalised (and related inclusion/exclusion criteria)
  - planning to undertake falls mapping exercise (spring 2025)

- ***Improving referrals from key pathways such 111/999 services & pendant alarms***
  - raising awareness & supporting communication activities and training events
  - reducing number of clicks to UCR on 111 pathways & undertaking missed opportunities falls & catheters audits with 1's/9's services
  - …also keen to pilot pull and other 9's referral approaches successfully developed in other regions

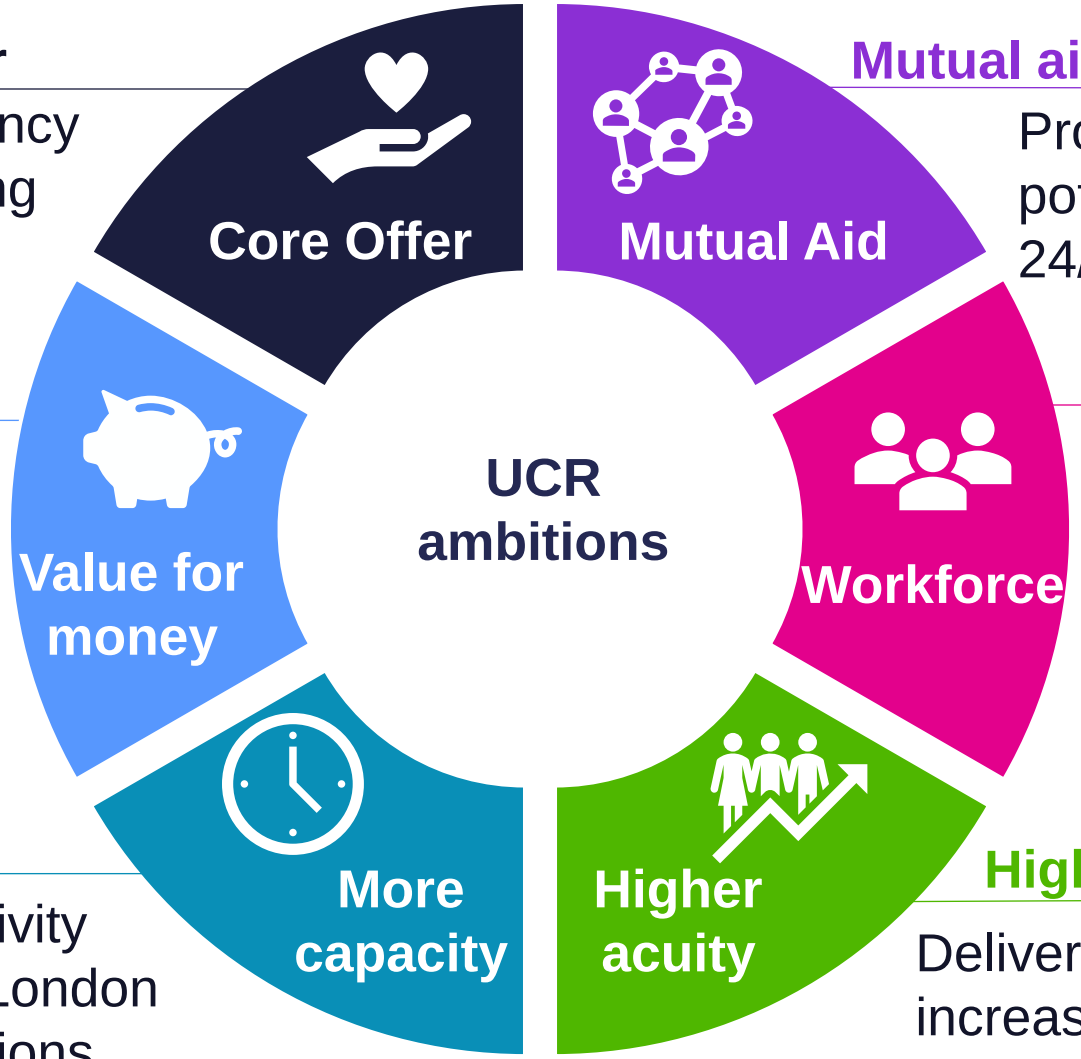
- ***Analysing CSDS & other data sources & sharing learning***
  - improving CSDS coding and completeness – particularly referral reason & source of referral
  - reviewing UCR referral and rejection rates & patterns to help identify required service improvements areas
  - supporting achievement of UCR trajectory ambition where needed

- ***Sharing learning to help improve consistency where needed and help reduce referrer complexity,*** such as
  - various pilots underway (e.g. extended service hours, centralised telephone numbers/ UCR SPAs,) and referral pathway approaches (such as self referrals, care homes)
  - potential pathway alignment opportunities (such as SDEC & VWs)

- ***Developing UCR service demand & capacity assessment approaches & live and visible dashboards***
  - assessing current demand and available capacity within individual services & across ICB
  - implementing UCR related escalation & close principles & improving live capacity information on the DoS

Agreeing ambition and challenges facing UCR services

Six ambitions have been identified to promote integrated system and regional working for UCR



Standardised Core Offer

Ensuring greater consistency in the criteria and operating models for UCR services across London

Value for money

Increasing value for money for systems and providers enabled through more productive working

Increased capacity

Increase capacity and activity for UCR services across London to reduce hospital admissions

Mutual aid

Providing cross-provider and potentially cross-ICS support and 24/7 working

Sustainable workforce

Avoiding recruitment challenges, reducing reliance on agency and temporary staff and increasing staff experience and retention through improved safety

Higher acuity

Delivering higher acuity care by increasing specialisation of the workforce and ability to match capability to need

NCL Case Study

Understanding our services, we developed a core offer, starting a 5-year transformation programme

Start of review
March 21

Mental Health
May 21

Design co-production
May - July 21

Core Offer agreed
July 21

Gap analysis
August 21

Investment principles and KLOEs for prioritisation
April – May 22

Provider completion of project plans
July – August 22

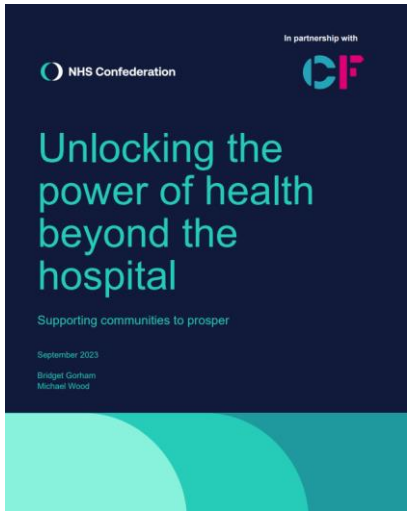
Implementation workshops
July – September 22

Sign off at ICB Members Board of multi-year investment plan
September 22

Local delivery of initiatives
October 22 – ONGOING

System agreement to re-allocate £3m of acute growth to community services
August 23

Partners Involved In Design Workshops
Primary Care
Community providers
Local Authority
Acute providers
Commissioner Borough& Strategic
Voluntary Sector
Residents/Users/Carers

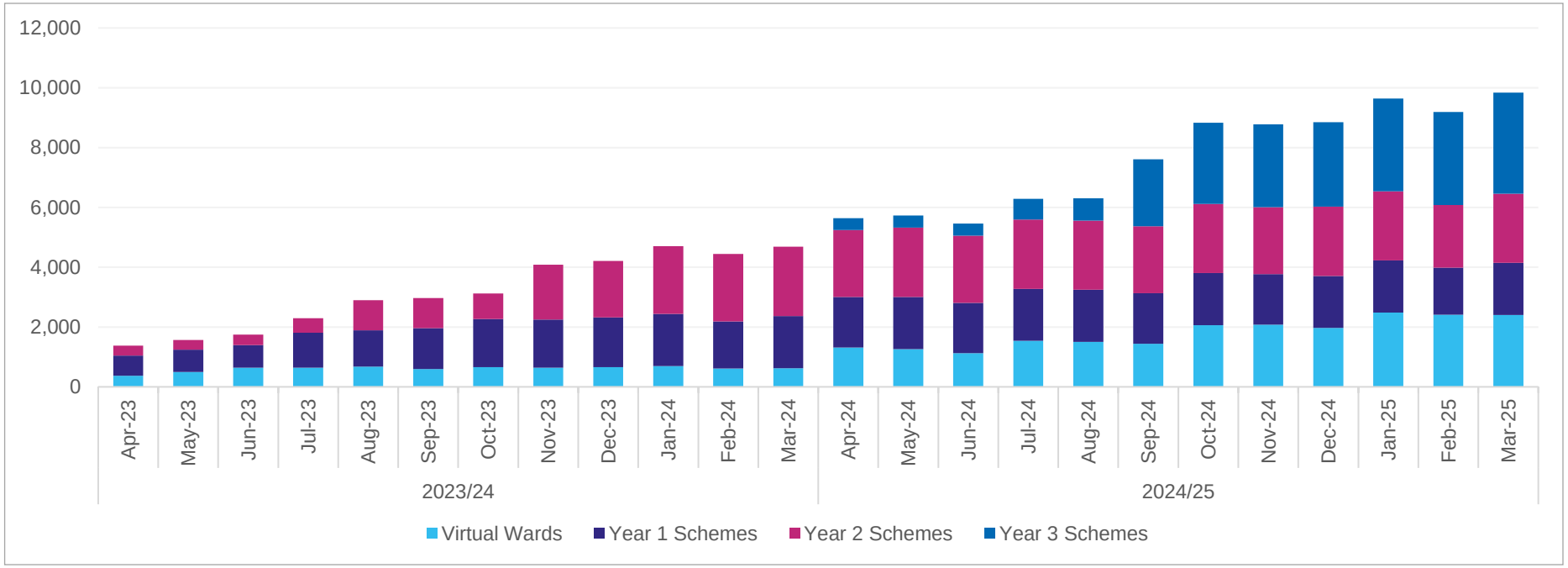


Featured as national best practice in landmark NHS Confed paper
September 23

From schemes in years 1-3, the total potential impact may be as much as 92k OBDs

Forecast Occupied Bed Days saved by scheme, Year 1, 2 & 3

Acute bed days saved[1]



	2023/24				2024/25				Year Totals	
Funding Year	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	2023/24	2024/25
Year 1 Schemes	2,181	3,761	4,874	5,061	5,118	5,174	5,174	5,061	15,877	20,526
Year 2 Schemes	1,000	2,497	4,582	6,834	6,796	6,870	6,870	6,721	14,913	27,258
Year 3 Schemes	0	0	0	0	1,216	3,673	8,303	9,596	0	22,788
Virtual Wards	1,507	1,901	1,959	1,936	3,702	4,480	6,110	7,294	7,302	21,587
Total	**4,687**	**8,159**	**11,415**	**13,831**	**16,831**	**20,198**	**26,458**	**28,672**	**38,092**	**92,159**

Our '**do nothing' scenario** projects OBD growth of 3.4% in 24/25, requiring an **additional 80 escalation beds.**

Over the course of years 1, 2, and 3, including virtual wards and NHS P1 schemes, our modelling indicates that the investment schemes will result in a **projected saving of 92,159 OBDs (equivalent to an additional ~80 beds saved year on year**).

Source: [1]ICB modelling of provider assumptions

Examples of high impact community services investments that have created system impact

CORE OFFER	IMPACT OF INVESTMENT	ECONOMIC IMPACT VIA ACUTE DEMAND
Virtual Wards	The number of virtual ward beds in NCL increased from 118 beds in January 23 to 185 beds in April 24	This appears to be contributing to system pressures as during the same period, the number of G&A escalation beds open fell
Silver Triage Care Homes Scheme	Ensure more older people living with frailty receive urgent care in their home setting through a consultant on call	Reduction in patients conveyed to hospital (when using the service), from 75 per cent in 2018 to 20 per cent today
UCR Capacity	NCL continued to exceed the national 70% target for 2-hour referrals	7500+ OBDs saved a year from meeting Core Offer in Barnet
Falls Prevention	Moving from 5-day to 7-day service	40% reduction in ED attendance & resulting NELs associated with falls/repeat falls
Tissue Viability	This will deliver a consistent service provision with improved wound care outcomes across NCL	In 2021/22 a total of 21,141 bed days in NCL hospitals were for patients with leg ulcers
Doc Abode		**???**

What is Doc Abode?

DOC ABODE IS 'AIR TRAFFIC CONTROLLER' FOR URGENT CARE

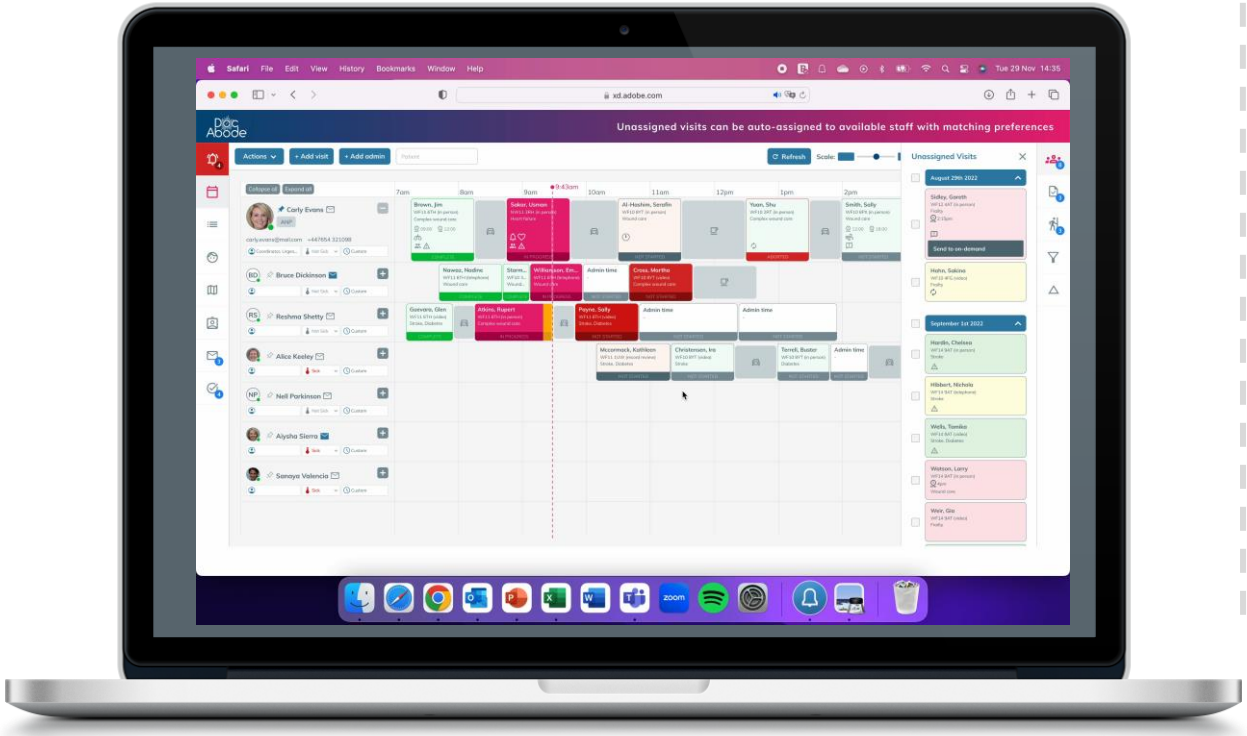
Workforce scheduling technology solution that integrates with existing EPR solutions and **automates scheduling of caseloads**. The system leverages real-time data to **match clinical expertise with patient needs**.

1. **Digital solution to workforce scheduling**
2. **Better data**
3. **Safer staff**
4. **Cross-boundary working**

1. From scheduling UCR on whiteboards, paper and phone calls to a digital platform

Scheduler's needs:

- I need automated allocation of referrals where there is capacity available.
- I need automated updates to frontline staff schedules and changes.



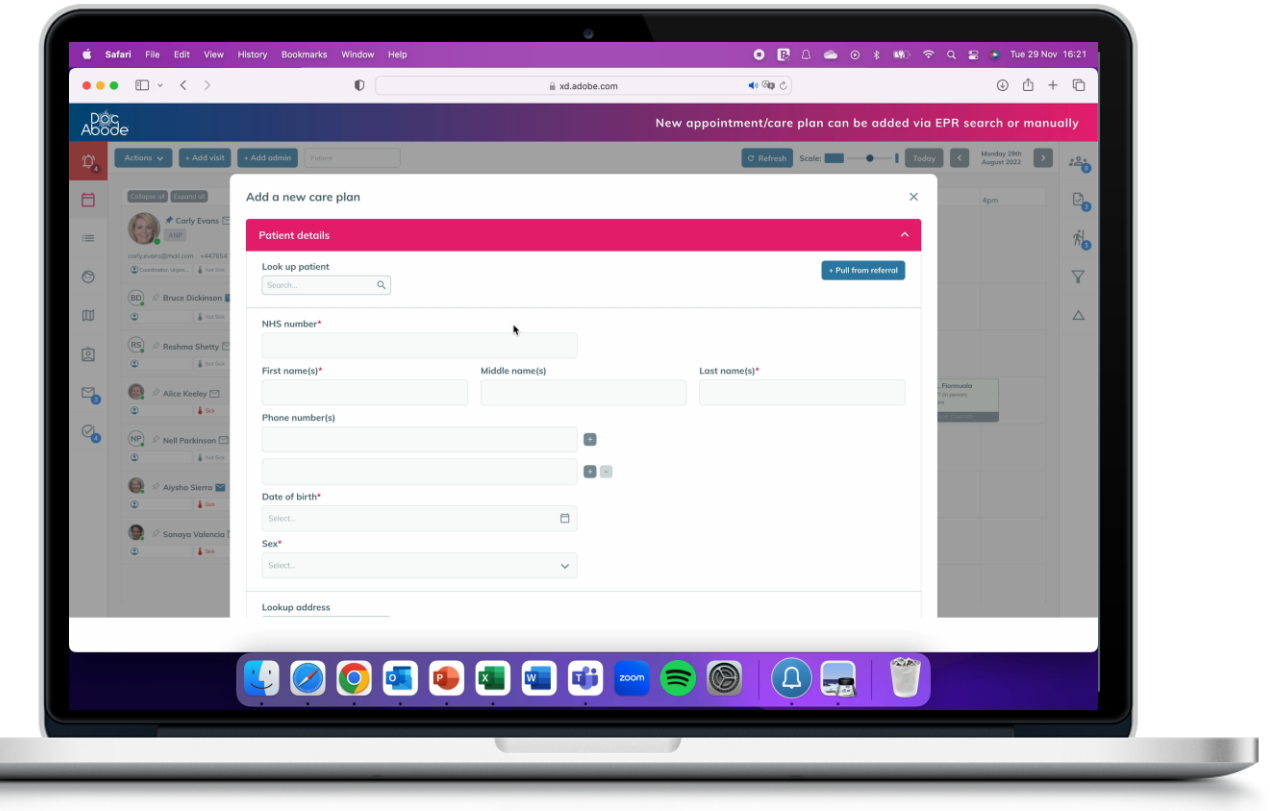
Frontline staff's needs

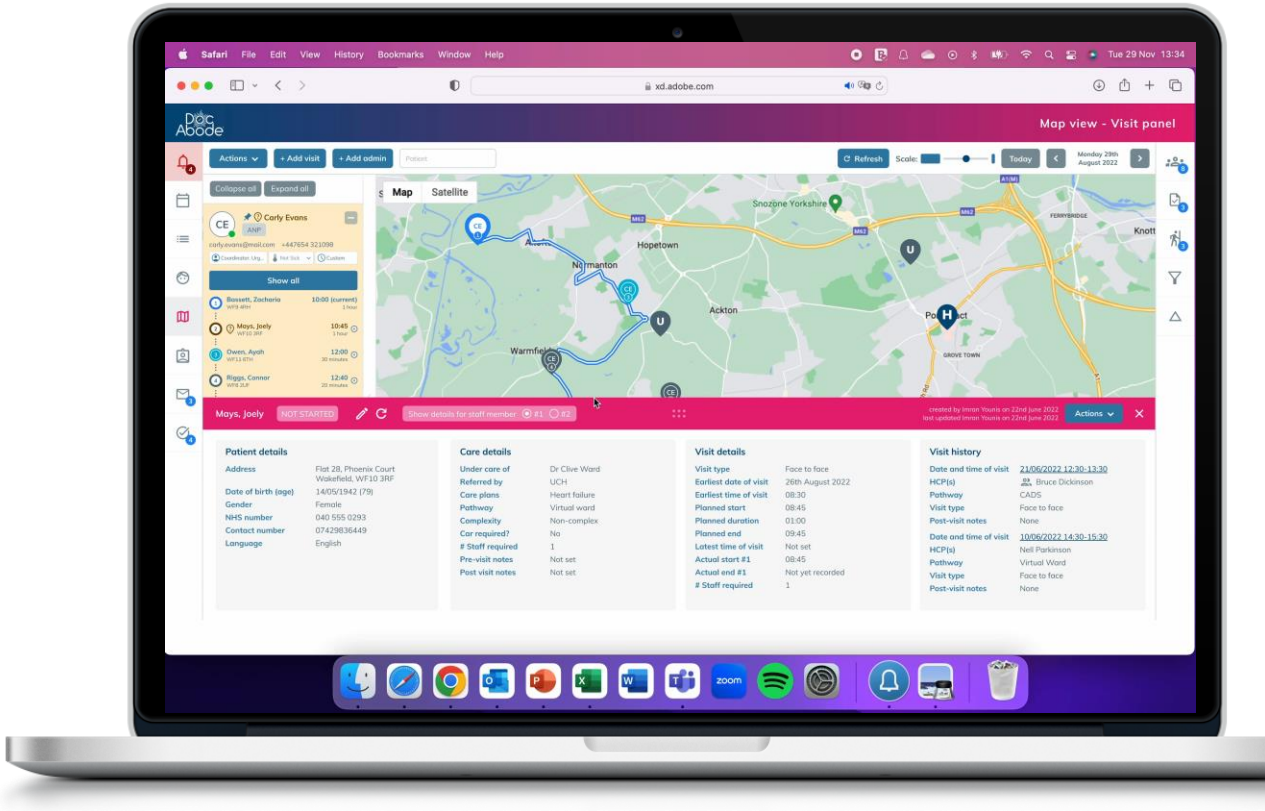
- I need live allocation updates and schedule changes.
- I need optimised routes and real-time travel updates to minimise travel time and avoid travel disruption.

2. Real time visibility and more accurate data

Scheduler's needs:

- I need visibility of frontline staff progression of visits/interventions.
- I need help populating dynamic schedules by matching patient needs and location with staff competency and proximity.
- I need the ability to see the time allocated per appointment/intervention vs actual time.





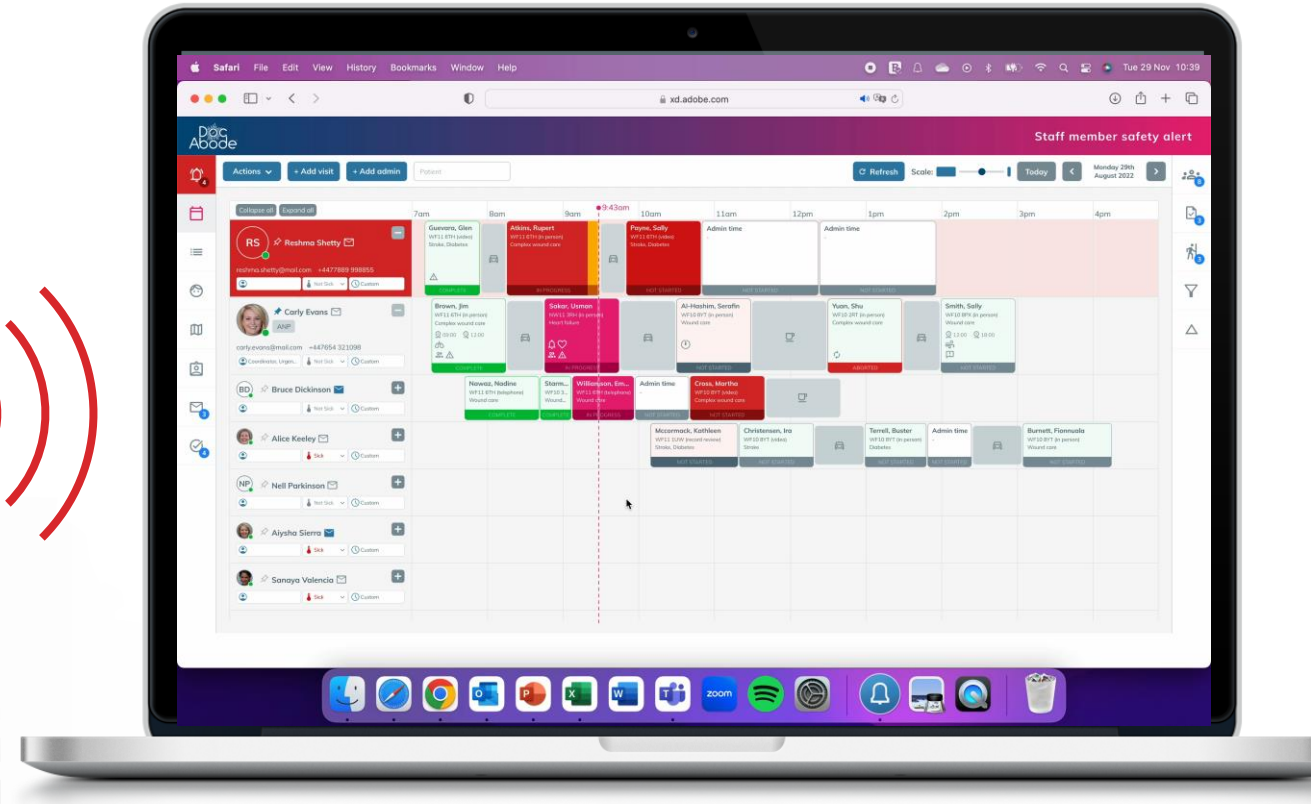
3. Better staff experience and feeling of safety

Frontline staff's needs

- I need to be able to escalate an emergency quickly to my scheduler/team lead/clinician-of-the-day.

Scheduler's needs:

- I need to be notified immediately of any emergencies from frontline staff out in the 'field'.



4. Cross Boundary working to enable mutual aid

1

Patient proximity

Where a patient is located near to a neighbouring borough, the Hub model will offer the ability for the neighbouring borough's UCR team to conduct the intervention on behalf of the responsible UCR team based on staff proximity and staff competency.

2

Capacity sharing

Where a new patient is referred to a Virtual Ward however the UCR team is at full capacity, they are able to find capacity elsewhere through the other four UCR teams across North Central London (NCL).

Doc Abode is the highest ROI investment the CSR has made in 3 years, with a potential in year ROI

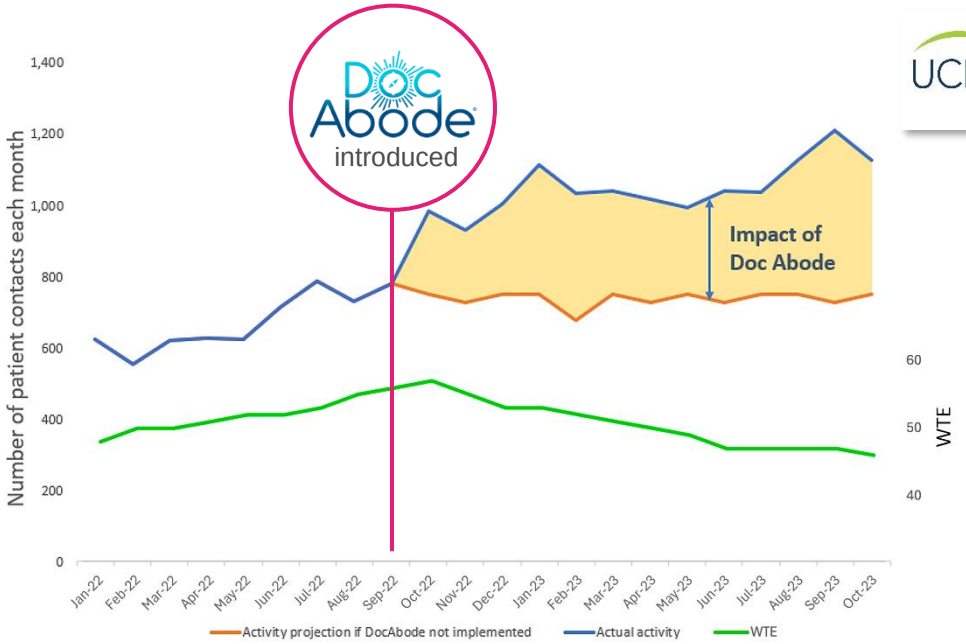
PRODUCTIVITY
120% increase in patient visits per shift

CAPACITY
71% increase in patient contacts

BANK STAFF
50% decrease in bank staff costs

AGENCY USE
Monthly agency spend hit zero

SATISFACTION
Net promoter score of 97



UCLPartners

ROI modelling: Based on a **30%** increase in productivity across the **London Region UCR Providers**, Doc Abode could…

…support **89,034** additional urgent care contacts

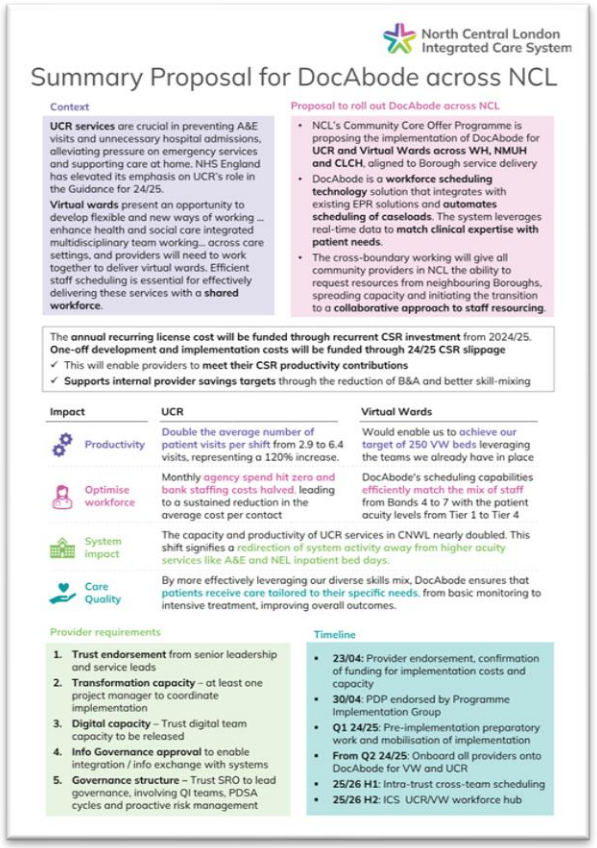
…help release **146,212** occupied bed days

…save over **£76.3m** per year

In partnership with: NHS Central and North West London NHS Foundation Trust; NHS North Central London Integrated Care Board

NCL is implementing Doc Abode across all 4 of our community providers, with financial buy-in from providers

Proposal for support



North Central London Integrated Care System

Summary Proposal for DocAbode across NCL

Context

UCR services are crucial in preventing A&E visits and unnecessary hospital admissions, alleviating pressure on emergency services and supporting care at home. NHS England has elevated its emphasis on UCR's role in the Guidance for 24/25.

Virtual wards present an opportunity to develop flexible and new ways of working ... enhance health and social care integrated multidisciplinary team working... across care settings, and providers will need to work together to deliver virtual wards. Efficient staff scheduling is essential for effectively delivering these services with a **shared workforce**.

Proposal to roll out DocAbode across NCL

- NCL's Community Core Offer Programme is proposing the implementation of DocAbode for **UCR and Virtual Wards across WH, NMUH and CLCH**, aligned to Borough service delivery
- DocAbode is a **workforce scheduling technology** solution that integrates with existing EPR solutions and **automates scheduling of caseloads**. The system leverages real-time data to **match clinical expertise with patient needs**.
- The cross-boundary working will give all community providers in NCL the ability to request resources from neighbouring Boroughs, spreading capacity and initiating the transition to a **collaborative approach to staff resourcing**.

The **annual recurring license cost will be funded through recurrent CSR investment** from 2024/25.
One-off development and implementation costs will be funded through 24/25 CSR slippage

- ✓ This will enable providers to **meet their CSR productivity contributions**
- ✓ **Supports internal provider savings targets** through the reduction of B&A and better skill-mixing

Impact	UCR	Virtual Wards
Productivity	Double the average number of patient visits per shift from 2.9 to 6.4 visits, representing a 120% increase.	Would enable us to achieve our target of 250 VW beds leveraging the teams we already have in place
Optimise workforce	Monthly agency spend hit zero and bank staffing costs halved, leading to a sustained reduction in the average cost per contact	DocAbode's scheduling capabilities efficiently match the mix of staff from Bands 4 to 7 with the patient acuity levels from Tier 1 to Tier 4
System impact	The capacity and productivity of UCR services in CNWL nearly doubled. This shift signifies a redirection of system activity away from higher acuity services like A&E and NEL inpatient bed days.	
Care Quality	By more effectively leveraging our diverse skills mix, DocAbode ensures that patients receive care tailored to their specific needs, from basic monitoring to intensive treatment, improving overall outcomes.	

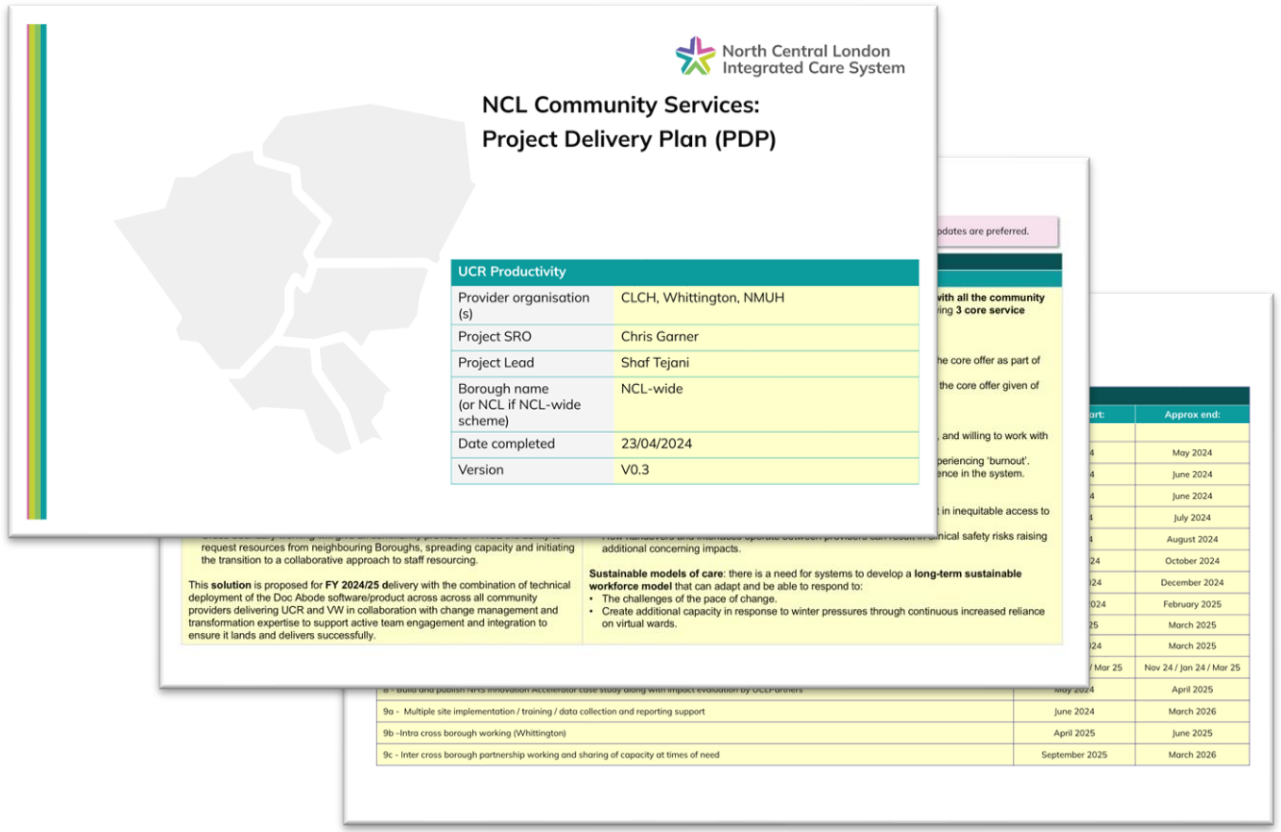
Provider requirements

1. **Trust endorsement** from senior leadership and service leads
2. **Transformation capacity** – at least one project manager to coordinate implementation
3. **Digital capacity** – Trust digital team capacity to be released
4. **Info Governance approval** to enable integration / info exchange with systems
5. **Governance structure** – Trust SRO to lead governance, involving QI teams, PDSA cycles and proactive risk management

Timeline

- **23/04:** Provider endorsement, confirmation of funding for implementation costs and capacity
- **30/04**: PDP endorsed by Programme Implementation Group
- **Q1 24/25**: Pre-implementation preparatory work and mobilisation of implementation
- **From Q2 24/25**: Onboard all providers onto DocAbode for VW and UCR
- **25/26 H1**: Intra-trust cross-team scheduling
- **25/26 H2**: ICS UCR/VW workforce hub

Project Delivery Plan which was approved by our Board



North Central London Integrated Care System

NCL Community Services:
Project Delivery Plan (PDP)

UCR Productivity	
Provider organisation (s)	CLCH, Whittington, NMUH
Project SRO	Chris Garner
Project Lead	Shaf Tejani
Borough name (or NCL if NCL-wide scheme)	NCL-wide
Date completed	23/04/2024
Version	V0.3

Implementation is underway, with embedded and additional capacity from providers confirmed

Extract from implementation plan

UCR Enablers

SRO: Chris Garner

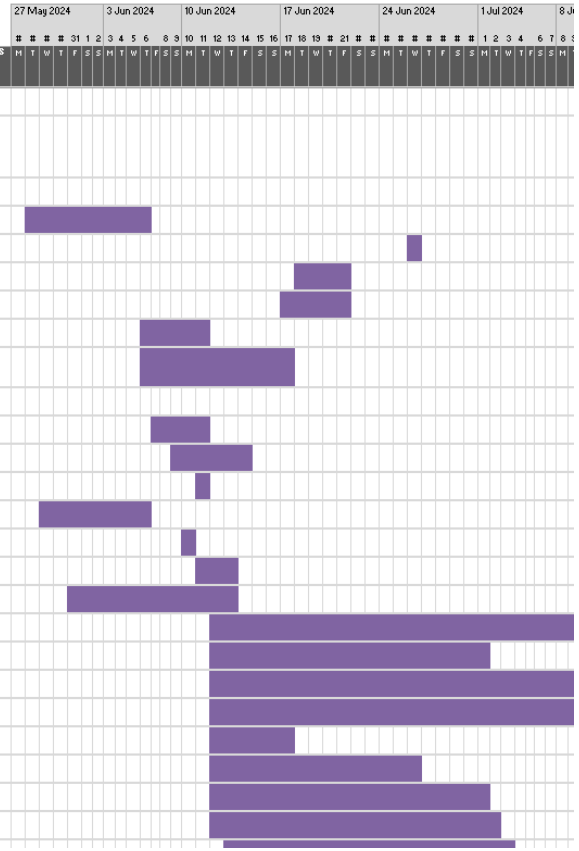
System Lead: Jo Stronach

NCL Programme Lead: Emil Pohl

Project Start: Mon, 01/04/2024

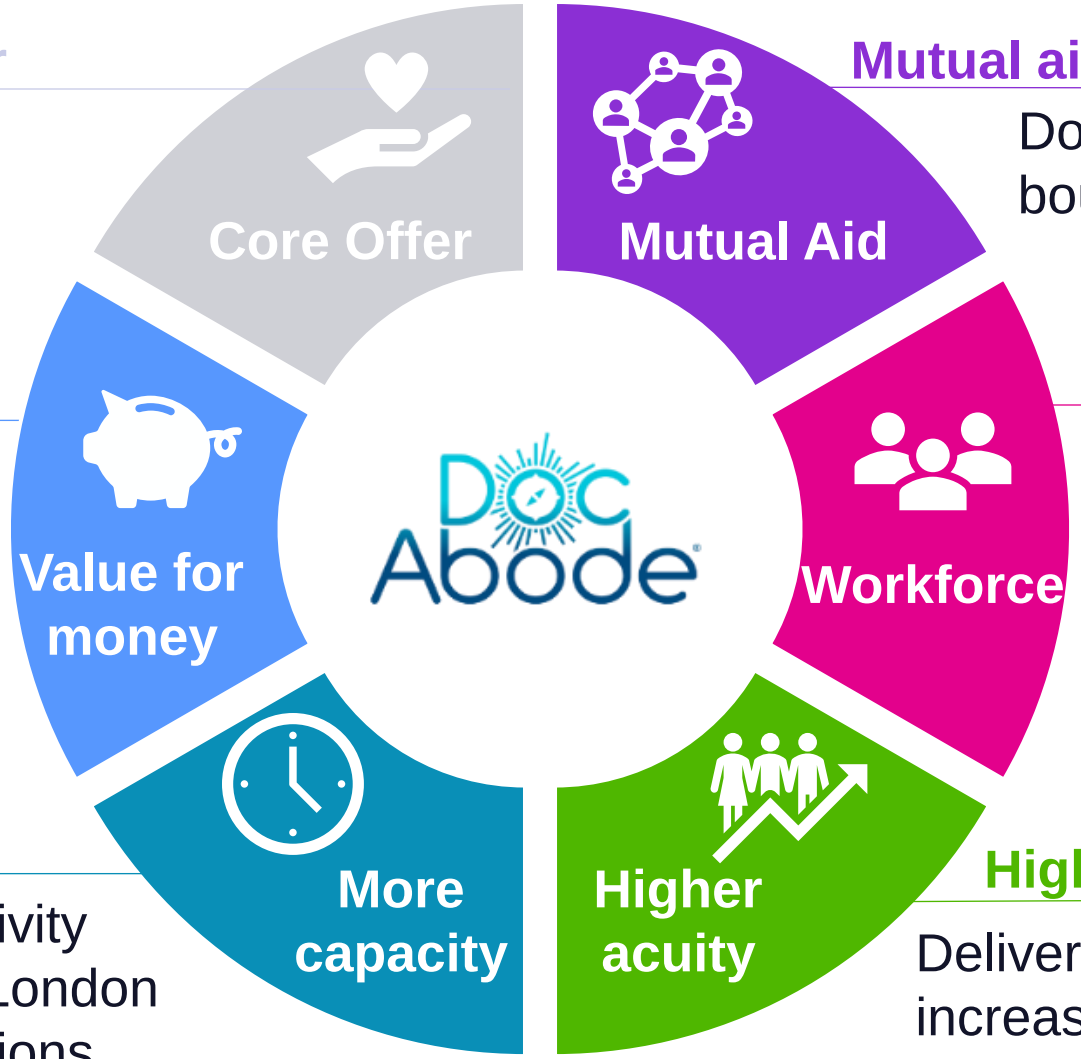
Display Week: 1

SYSTEM MILESTONE/PROJECT MILESTONE/SYSTEM TASK/PROJECT TASK	DESCRIPTION	ASSIGNED TO	PROGRESS UPDATE	START	END	DAYS
Pre-Funding Agreement						
SYSTEM MILESTONE	Provider endorsement confirmation of funding for implementation costs and capacity at Adult Community Provider Transformation Group	ALL Providers		23/4/24	23/4/24	1
SYSTEM MILESTONE	PDP for UCR Enablers endorsed at SDPG	Chris Garner		30/4/24	30/4/24	1
SYSTEM TASK	Readiness Questionnaire shared with Providers	Jo Stronach		28/5/24	6/6/24	10
SYSTEM MILESTONE	Budget envelope agreed at SMB	Chris Garner		26/6/24	26/6/24	
SYSTEM TASK	Each Provider to send email confirmation of sign-up to roll-our of UCR Digital Enabler	Providers		18/6/24	21/6/24	
SYSTEM TASK	NMUH to have a product session with corporate team to facilaite buy-in.	Jo Stronach		17/6/24	21/6/24	
SYSTEM MILESTONE	Confirmation DocAbode are investing in local system alignment to facilitiate roll-out across the system	Taz		6/6/24	11/6/24	6
SYSTEM TASK	ReviewReadiness Questionnaire to assess and make recommendations around local capacity for business transformation	Jo Stronach		6/6/24	17/6/24	12
Whittington Health: Project Initiation, Planning & Evaluation		Emil Pohl				
SYSTEM MILESTONE	Digital Transformation Capacity confirmed			7/6/24	11/6/24	5
SYSTEM MILESTONE	Local Procurement Approach confirmed			9/6/24	14/6/24	6
SYSTEM MILESTONE	Business Transformation Capacity confirmed			11/6/24	11/6/24	1
PROJECT MILESTONE	Readiness Questionnaire completed			29/5/24	6/6/24	9
PROJECT TASK	Meeting with Procurement	Emil/Wendy/Henri		10/6/24	10/6/24	
PROJECT TASK	Meeting with IMT	Emil		11/6/24	13/6/24	
PROJECT TASK	Roles & Responbilites	All		31/5/24	13/6/24	
PROJECT MILESTONE	ACS Clinical Leads and Quality Committee	Emil		12/6/24	24/7/24	
PROJECT MILESTONE	NMLG	Emil		12/6/24	1/7/24	
PROJECT MILESTONE	Innovation and Digital Transformation Group	Emil		12/6/24	16/7/24	
PROJECT MILESTONE	IG Form DIPA	Wendy		12/6/24	2/8/24	
PROJECT MILESTONE	New Project Procurement Form	Wendy		12/6/24	17/6/24	
PROJECT TASK	Explore CNWL Project Plan	Henri/Wendy		12/6/24	26/6/24	
PROJECT TASK	Arrange individual Stakeholder Group Meetings	Henri/Wendy		12/6/24	1/7/24	
PROJECT TASK	Risk Management Approach	Emil		12/6/24	2/7/24	
PROJECT TASK	Communications Approach	All				



1. Readiness questionnaire
2. Secure buy-in from CEO, COO, CFO, IT Team, Operational teams
3. Agree investment to implement
4. Procurement
5. Information governance approval (DPIA)
6. Systems integration
7. Operational transformation
8. Pilot
9. Launch
10. Impact assessment

Doc Abode can support the delivery of our ambitions for UCR



Standardised Core Offer

Mutual aid

Doc Abode enables cross boundary working

Value for money

Increasing value for money for systems and providers
enabled through more productive working

Sustainable workforce

Avoiding recruitment challenges, reducing reliance on agency and temporary staff, improved safety, improved experience

Increased capacity

Increase capacity and activity for UCR services across London to reduce hospital admissions

Higher acuity

Delivering higher acuity care by increasing specialisation of the workforce and ability to match capability to need

Breakout exercise 2: Addressing key challenges in delivering UCR

For our collective ambitions, take up to 40 minutes to discuss the following questions:

1. **What are the solutions we should undertake to achieve our collective ambitions for UCR?**

2. **What would you need in order to implement these solutions?**

Consider:
- technical, operational and financial requirements
- stakeholder buy-in
- where support can be accessed NHSE, London Region?

Following the discussion, you will be asked share **the approach you think should be prioritised** and **your main need to implement it**

Please scan this QR code and rank your tables view on the talking points

Or join using menti.com – CODE 6501 9804