Agentic AI *Design* Canvas

PROJECT NHS DORA
DATE JUN 2026
ITERATION 01

North Star

What business outcome must this agent ultimately achieve?

Return scarce ophthalmology capacity to the patients who need it by safely discharging routine cataract patients after surgery.

Target Workflow & Success Metrics

Which workflow will it improve, and which metrics will show it worked?

Workflow: follow-up about three weeks after uncomplicated cataract surgery. Metrics: sensitivity in catching patients needing review, calls completed autonomously, unplanned care after a clear call.

01

Users & Stakeholders

Who uses it directly, and who is affected by what it does?

Direct users: post-operative patients on the telephone, and the ophthalmology team receiving flags and summaries. Affected: waiting-list patients who gain the freed capacity, and the accountable trusts.

02

Performance Needs

What accuracy, explainability, speed, and cost standards must it meet?

Regulator-grade bars, published before routine use: 93.75% sensitivity for patients needing review, strong symptom-level agreement with ophthalmologists, and 96.5% of calls completed unaided.

04

AI Role & Autonomy

What role should it play, and where should its autonomy stop? (assist, advise, draft, decide, execute)

Role: autonomous clinical caller. Autonomy: execute, inside a tight loop. It conducts the call end to end and recommends discharge or callback; a clinician reviews the summary before discharge is confirmed.

03

Rules & Boundaries

What must it always do, and what must it never do, even when asked?

Only uncomplicated cataract cases. Any flagged symptom routes to a clinician callback within 48 hours. Emotionally complex situations and non-verbal cues are excluded; those belong to humans.

07

Memory & Learning

What should it remember, what must it forget, and how will it improve over time?

Each call becomes a structured record in the patient's pathway. Improvement is audited in public: a supervised validation study first, then a published evaluation of routine deployment.

08

Oversight & Accountability

Who oversees it, when must it hand off to a person, and who owns the outcome?

Clinicians review every summary before discharge and call back every flagged patient; the trusts own the pathway; named investigators published the results that license the autonomy.

09

Context & Knowledge

What information is available to support its work, and which sources should it trust (e.g. policies, cases, records, reports, communications)?

The cataract pathway and the five symptom domains that matter after surgery: redness, pain, vision, new floaters, and flashing lights. Restricted to uncomplicated surgeries by design.

05

Tools & Action Channels

Which tools or systems can it read from, write to, or act through (e.g. email, calendar, file storage, databases, enterprise systems, APIs)?

Telephony: it places real calls and converses in natural language, then writes a structured summary into the clinical record. It cannot prescribe, book theatre time, or act beyond routing a callback.

06

PURPOSE · WHY & FOR WHOM CAPABILITY · HOW IT WORKS GOVERNANCE · CONTROL & TRUST

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