

London People Board – Minutes
Monday 15th January 2024
MS Teams

1.	Welcome and apologies
	The chair, Nnenna Osuji, welcomed everyone to the meeting and indicated that the focus of the meeting would be on digital workforce transformation.
2.	Review minutes from London People Board held on 13th November 2023
	The minutes were agreed as a correct record of the last meeting.
3.	Action Log
	<ul style="list-style-type: none"> Capital Doctor – GW reported that the work had started around the concepts of Capital Doctor and how this will align with other capital health professionals. A named owner has been identified within WTE who will link with Selina Trueman, this will be shared with CC. CW will be meeting with CPOs to discuss further. Breaking the Silence - sexual misconduct in surgery report - GW reported that there are regional and national data that can feed into the project, therefore this action can be closed at taken forward as BAU. LS reported that further work has been undertaken on the Once for London work on sexual safety proposal around governance and was seeking agreement to use some of the collaborative funding from EDI in London to support this work. There will be a targeted piece of work to support London employers and systems around the sexual safety work which has arisen and would involve collective policy and process work, to work together to reduce duplication and ensure that everyone who works in the NHS in London receives an equitable response to any concerns raised. The amount of funding was queried and how the proposal would be signed off and agreed. The Chair talked about the intersectional elements that could be introduced as part of the broader EDI work, and the commitment to widen the scope of the EDI work across other protected characteristics, therefore giving an opportunity to look at sexual misconduct under the umbrella of EDI. This work will remain with the EDI subgroup but hosted by a provider, delivering once for London. The group were supportive of the proposal albeit with caveats followed up from the discussion. <p>Action – EDI subgroup governance for this work to be confirmed, and also any impact on the race work as a result of this funding commitment to be understood.</p> <ul style="list-style-type: none"> State of Adult Social Care report - JC advised that this was being discussed with the relevant people looking at joint opportunities and sharing good practice developed for nursing and midwifery international recruitment. The key output would be an international recruitment tool that spanned health and care.
4.	Digital Workforce Transformation

NHS London Digital Transformation, infrastructure and investment overview

The Chair welcomed Chris Streater to the meeting highlighting that digital was an enabler and should make life better for the workforce therefore we needed to be proactive about understanding what our strategy needs to be to embrace digital opportunities to our workforce, whilst mitigating any potential risks.

CW opened the presentation with some context and explained that Caroline Clark, Regional Director believed that the old model for delivery of healthcare was broken with problems with access to treatment and an unhappy workforce specifically around productivity, industrial action, and retention. The intention is to change healthcare with better management of long-term conditions, more emphasis on prevention and moving treatment away from centralised hospitals and into communities.

Luke Readman provided an overview of the digital transformation approach across London and explained the vision to improve healthcare by harnessing the full potential of technology to maximise the potential of those tools, improve health outcomes and support productivity.

LR highlighted that in the national operating model the regional teams are intended to be the single point of engagement across our local services, however we continue to find multiple direct interventions from national colleagues. We continue to raise this with colleagues to ensure improved coordination. There was lots of evidence about the benefits this provides, and it was a valuable tool, but it has been difficult to demonstrate its values due to costs.

Further work was being undertaken to improve the NHS app i.e. change the pathway of care, reduce face to face appointments and improve the experience of clinicians therefore, the value of NHS app and staff app needed to be considered including having a workforce plan for staff working in digital data and technology, having an educational training plan and a real focus on staff experience.

LTWP and Digital Workforce Transformation

Silvio Giannotta opened the presentation with an overview of the digital expectations set out in the Long-Term Workforce Plan (LTWP), specifically references around the digital skills assessment tool, digital learning solutions platform, leadership development programme and the use of AI.

Yinka Makindi reported that significant work was being undertaken to develop a digital workforce plan and provided a high-level overview on the context. She explained that since 2022 work has been underway to develop a workforce plan for the specialist digital data technology and clinical informatics workforce that work across the NHS. YM confirmed that the plan was currently sitting with the private office waiting for sign off and was hopeful that this will be published by February.

YM added that they had started to enable the regions to continue with some of the work through funding with a request for RDs, CIOs and Digital Data leads to champion participation from their organisations in the upcoming work.

Work had started around EDI to provide fellowship opportunities for BAME women and to explore collaborative resourcing models and partnerships. Approval has

been received from the National Data Set Committee to implement new areas of work.

The Chair thanked YM, SG, LR and CS for their presentations around professionalising and standardising the digital workforce, and for a clear direction of travel with focus on how this will be delivered and opened the discussion around specific questions.

1. How do we enhance delivery of productivity and what is the opportunity for workforce itself?
2. What is the unique opportunity for London and what can LPB do to assist in moving forward?
3. How do we include women and BAME staff more in a digital profession and what is the impact of digital in terms of the staff profile represented?

The meeting raised the following points and comments.

- Widening the scope of transferable skills that will grow the workforce with the focus of gender and ethnicity.
- How to balance one NHS family versus an organisation aligned workforce.
- London is a technology hub, therefore we should be aiming to attract people who have digital skills and experience
- We need to be mindful of the wider NHS family. We have public health practitioners working within the NHS and local government who are involved in digital interventions around prevention, early intervention, and empowering patients in terms of health literacy and mobilisation around their health. As we think about the system through the lens of ICBs and ICs, and as we build capacity for the NHS, we should do this in a more holistic way.
- London is a unique labour market, and a particular issue is around workforce planning and the supply of talented people for this specialist workforce and the price with pay for the agenda for change issue. Therefore, anything that gives us greater consistency is welcomed but we will have financial constraints on the rates we pay. There needs to be a greater level of consistency and an opportunity to establish links with universities in London and do more to develop that pipeline into our organisations, through this work we should think about their development, so we retain that workforce within the NHS.
- Different organisations have different levels of maturity around investment, their usage and utilisation of digital solutions therefore, we need to understand how we support those leaders within those organisations, remembering inclusion forms part of the discussion.

LR acknowledged the broad range of comments and indicated that London needs to take advantage of these opportunities. This may mean developing longer term collaboration or partnerships with industry partners to help bridge those challenges, whether this is in training and education or technology development. In addition, having a staff education plan was important and would need to be delivered despite resourcing challenges. We also need to recognise the pressure to do more in the digital and data technology arena so getting a strategic plan into delivery mode is important.

The Chair summarised that there were important questions around fundamentals for the future i.e., social care, primary care and public health and ensuring the

	<p>work was universal. Creating a digital workforce for the future, what we do with our current staff, how we train staff, what was our minimum competency and how do we achieve this as we talk about staff, patients, and carers? The Chair invited the meeting to think about the tangible things that could be done once for London and pointed out that Wi-Fi was important particularly if we were to secure a better future, we should have a robust infrastructure for Wi-Fi across London. The Chair asked for examples from the discussions that they believed we should be doing once for London and what was the role of the LPB to help move that forward.</p>	
5.	Innovations in Placement Expansion – in the role of simulation	
	<p>Jenny Ekstrom provided an overview of digital innovations in placement expansion and indicated that this was an enabler which linked with the long-term workforce plan to drive and increase training numbers. This was also an opportunity to increase quality, increase opportunities provided to students and enhance digital innovation, looking at system-based placements to increase collaboration and multi-professional working.</p> <p>JE explained that funding was used for infrastructure, faculty development and simulation technology. One of the projects was Pure Enhanced E- Placement (PEEP) which has been rolled out across NWL and SWL with scope to expand across the whole of London. This has been adopted by various disciplines and a proposal was made to roll out PEEP to mental health nursing students.</p> <p>JE highlighted a case study on private independent and third sector organisations and the innovations which linked with the long-term workforce plan to develop more multi-professional systems based rotational clinical placements.</p> <p>Numerous initiatives with PEEP have been expanded to hospice placements for children’s nursing allowing an increase placement capacity.</p> <p>Nicole McIntosh thanked JE for the presentation which underlined how we expand placements to achieve the workforce plan and signalled that mental health nursing and children’s nursing innovations needed to be adopted more widely and should be on the once of London agenda.</p> <p>The Chair welcomed the presentation particularly the multi-professional and multi-agency aspects and the impact that could be measured. This raised the possibility of virtual training of a licensed product with cross sector and cross discipline applications including in custody and prison sectors. Commercial aspects in other agencies such as the charity sector were also voiced. Potential for joint training and development of this asset was worth exploring.</p>	

6.	Artificial Intelligence for Clinical Workforce productivity and improved experience for staff/patients	
	<p>Andrew Taylor, Director of Innovation introduced Caroline Anders, Director of HR and OD, Dr Shankar Sridharan Chief Clinical Information Officer, and Dr Dom Dimenta and advised that they would be demonstrating how to introduce AI technology safely in a clinical service.</p> <p>Shankar Sridharan informed the meeting that GoSH has been exploring AI capability. The approach was undertaken to create trust and understanding to support staff and enable them to feel safe in its use and care and aligned with principles of healthcare AI.</p> <p>The team were clear on the principle of AI technology to maintain safety. These included:</p> <ul style="list-style-type: none"> • Do no harm • Equity and confidentiality • Human supervision obligatory <p>A live demo was presented to the meeting showing a consultation in real time. Dr Dom Pimenta explained that the tool used templates which could be adapted to primary care, ambulance trusts or mental health trusts capturing clinical notes, protecting patient and Doctor interaction and the clinical experience.</p> <p>SS explained that they carried out a test inviting professional medical actors and GoSH clinicians to assess the capability of the tool, and results showed an improved digital maturity with appointments being quicker, reducing appointment times, letter and note quality was better thus allowing clinicians to be more engaged with patients rather than typing notes through the consultation. This proved productive for the entire workforce and this capability was independent of hospital focus and worked in adults, paediatrics, mental health trusts, ambulance trusts and GP Practices.</p> <p>The Chair welcomed the demo and felt it was impactful, she opened the group discussion on what was the learning opportunity around this example of digital innovation:</p> <p>Group discussion</p> <ul style="list-style-type: none"> • A query was raised regarding patients who do not speak English as a first language, particularly with the diversity of our population, would that patient be disadvantaged? • It was implied that this was what the future should be however, the scale was questioned. What could the London infrastructure and governance offer to support this? • A query was also raised around changing clinical behaviour and clinical practice which has been difficult in the past, with questions on how this was overcome, what lessons were learnt and what worked and didn't work to implement this? • The Chair applauded the narrative around the process and engagement and the sense of excitement but wanted to address the cognitive load and the intensity of time being spent and what this looked like. 	

	<p>In response to the comments and questions raised SS clarified that the capabilities did not replace a translator and could involve various contributions and any notes or letters generated would need to be checked by a clinician or health professional plus the capability was not limited to English speakers.</p> <p>In terms of the scale, he believed we needed to work together and create a sense of need. Dr Dom Pimenta explained that work specifically with the models with strong accents were multi-lingual although, other languages had not yet been explored. Cognitive load had been tested and they found that this type of technology had reduced it, resulting in more patients being seen and more productivity.</p> <p>During discussions it was highlighted that this was exciting particularly in psychiatrics, where consultations and notes are often longer.</p> <p>Caroline Anders explained that the approach has not been led as a development of a system but as part of a research study which meant that all the governance, infrastructure, process, and transparency had been key to get clinicians and non-clinicians involved.</p> <p>The Chair asked whether we were in the space of using this to help us with our differential diagnosis in the context of a workforce who could be redundant and/or redeployed. Dr Dom Dimenta explained that the tool was not a medical device and not used to provide differential diagnosis however that opportunity may come, but this would be done very carefully and through regulations.</p> <p>The Chair welcomed the discussion and concluded that the presentation was clear and helpful and looked forward to how AI will support our current and future workforce.</p>	
<p>7.</p>	<p>Use of AI in Digital Workforce productivity – HR Systems NHS Staff App</p>	
	<p>Jon Lester, Vice President of HR Technology, Data & AI – IBM Healthcare gave an overview of the journey of Ask HR within IBM. He explained that he led all data, technology, and AI for the IBM workforce, and due to the scale, they needed to implement a new solution to cope with HR service demand.</p> <p>Their vision was to create a single experience and remove multiple tiers with a digital chat and a human tier.</p> <p>JL provided a live demo of Ask HR for the meeting, highlighting key tasks through the chat, indicating that that there was now a single condensed digital tier which could analyse the chat and their vision going forward was to change the way work was being done and changing the skills of people.</p> <p>The Chair thanked JL for his presentation and emphasised the potential and possibility for the NHS workforce.</p> <p>The chair requested the slides be shared and a further meeting be scheduled to consider the Once for London opportunities arising from the rich presentations and discussions.</p> <p>Group discussion</p> <ul style="list-style-type: none"> • The Chair made the comment around the impact of AI which would be 	

	<p>differential on lower banded staff and staff from diverse backgrounds, unless we train staff we risk widening inequalities.</p> <ul style="list-style-type: none"> • Sarah Morgan confirmed that the IBM model was being piloted in NCL as part of their organisational programme. • The Chair indicated that we should try to work collaboratively to adopt innovations at scale, and avoid duplication. • CS stated that this could be divided into transactional things if done well, in clinical and non-clinical areas, freeing up time for people and improving their quality of life at work and improving the experience of users of our services. • It was suggested that we would need our workforce team in Trusts to have more time to put in systems work otherwise we run the risk of developing centralised workforce PMO teams that are separate to Trusts. Ultimately, this would be a potential way of freeing up time and capacity in teams to contribute to the wider purpose around inequalities, social and economic development and thus utilising them better. <p>JL stated that IBM system productivity gains showed that less time was needed through the chat than any underlying system, which has changed the nature of HR, and the experience of the work.</p> <p>The Chair concluded that thought was needed on the foundations to be put in place once for London, and the pilots that could be delivered in different places, looking at elements that are process and data heavy, output variable and people centred.</p> <p>Action</p> <ul style="list-style-type: none"> • Reconvene as a Board and think about what we want to hold onto? What we what to test? what we want to learn and how? What are the processes that are representative? What are some of the experiments we would want to do once for London and sponsor as a London People Board. • Slides to be shared with a summary of the discussion and a prompt on how we want to frame our thoughts and see what the key outputs are because the 'so what' element is the most important element of what we do, and we need to make sure that it is tangible and real. • Speakers to be invited to the next meeting on the discussion of 'so what'. <p>The Chair closed the meeting and thanked the speakers for attending and presenting and for the incredible work they have done, providing a presentation that was evidence based, relevant and meaningful to our London People Board.</p>	
8.	<p>Potential opportunities for collaboration and identification of next steps</p>	
	<p>This item was deferred.</p>	
9.	<p>Sub-committees of London People Board</p>	
	<p>Verbal updates were not provided but written reported received.</p>	
10.	<p>Any Other Business</p>	
	<p>There was no other business for discussion.</p>	