

London People Board – Minutes Monday 19th July 2025

Welcome and apologies

The chair Nnenna Osuji (NO) Welcomed Board members to the meeting.

Review minutes from London People Board held on 13th May 2025

Minutes approved

10 Year Plan Future, national regional and system architecture

The publication of the NHS 10-Year Health Plan provides a renewed focus on workforce and system architecture.

Marie Gabriel (MG) outlined key developments:

- Transition to a **new national and regional operating model**, shifting responsibility for workforce leadership from ICSs to regional teams.
- Impact of the **national workforce strategy review**, with potential for input from the LPB at a future session with Gavin Larner (DHSC) and Jo Lenaghan (Strategy & Workforce Planning).
- Concerns regarding **resourcing pressures**, with examples of exemplary system-level work at risk.
- The need for cultural change to enable neighbourhood health working, not just technical skill shifts.
- Implications of **per capita funding allocations**, particularly around London weighting and potential inequity in workforce distribution.

Planning will now be on a multi-year (3–5 year) basis for long-term sustainability.

Lizzie Smith (LS) also provided an update on the NHS England change programme:

- Regional expressions of interest for voluntary redundancy (~20% in NHSE London Region).
- Functional design work underway for the future regional "People Function".
- Recognition of risks where strategic workforce functions are not embedded in systems.
- Discussions ongoing about the **appropriate scale for shared functions** (e.g. recruitment, BI, training).

Discussion

The meeting raised concerns about integrating neighbourhood care models into the education system and workforce pipeline, and flagged ongoing challenges engaging providers in anchor work. Adding concerns on the fragility of EDI progress and flagged social care as a key area of transformation under the Casey Review.

Nicole McIntosh (NM) highlighted significant employment issues for **newly qualified staff**, especially nurses and midwives, noting regional work to develop innovative interim models (e.g. Croydon's preceptorship bank scheme). Also noted the tone of the national conversation around international recruitment, warning against alienation of valued staff.

Silvio Giannotta (SG) outlined that Al-related risks and opportunities are being taken forward in the Digital Workforce Transformation Subcommittee.

Actions / Next Steps

- WTE team to compile priority themes from the discussion to share with DHSC in advance of the September session.
- LPB to consider how to incorporate prevention, Al and neighbourhood health into future workforce models.
- **Digital workforce coordination options** to be discussed at the Digital Workforce Transformation Subcommittee and brought back to LPB (SG).
- **Newly qualified staff employment pathway** to be monitored; NM and team to provide regular updates on the Croydon pilot and national engagement.



• Board to review messaging around **international recruitment** to ensure alignment with inclusion values and workforce retention priorities.

Staff Survey Feedback - Examples from LPB Member Organisations

Presentation

- RE presented a summary of Oxleas NHS Foundation Trust's sustained improvements driven by analysis of NHS Staff Survey results, covering:
 - Staff voice: Introduced a highly successful Shadow Executive model, providing 12 staff with annual rotation access to executive papers and decision-making. Influenced similar schemes across the NHS.
 - Psychological safety: Facilitated structured *listening sessions* including dedicated forums on racism and *staff assemblies* to build trust and openness.
 - Wellbeing: Launched the Your Wellbeing Matters campaign to unify fragmented efforts under one brand, supported by directorate-level funds tailored to diverse settings (e.g. prisons, inpatient, district nursing). Sustained an 11% improvement in wellbeing scores over 3 years.
 - o **Inclusion and career progression**: Developed the *Smashing It* programme-by staff, for staff-covering themes such as imposter syndrome, neurodivergence, and setbacks.
 - Culture and values: Embedded focus on kindness and compassion, underpinned by work with Michael West, starting from self-compassion to patient care.
- Oxleas reported continuous year-on-year improvements in survey outcomes, despite sector-wide pressures on finance and performance.

Discussion

NO reflected on the scale of investment in culture and staff experience at Oxleas, and the opportunity to share replicable elements with the wider system.

LS acknowledged Oxleas as consistently cited in best practice conversations—particularly around *shadow boards*—and encouraged other organisations to share their own local innovations.

RE highlighted:

- The joint Chief People and Strategy Officer role as an intentional design to place culture at the heart of strategic direction.
- A supportive Board culture, with Best Place to Work elevated as a core organisational strategic objective alongside care and timeliness.
- Importance of pride-building mechanisms such as national awards to reinforce identity and motivation.
- A conscious effort to continue investing in equity, especially for those whose career progression had stalled after past negative experiences.
- Development of a forthcoming programme for long-tenured staff to reignite ambition and shift career mindset.

NO raised the potential of using Oxleas' work as a *London-wide exemplar*, suggesting comms materials and a "toolbox" of approaches. Emphasised the value of linking cultural improvement to strategic clarity and governance models. RE noted a London CPO group forum where staff survey approaches were already being shared and offered to connect the group to three other trusts currently showcasing similar work.

Actions / Next Steps

- Oxleas interventions to be cascaded via the NHSE London staff survey team
- **LS to explore** sharing wider case studies through the CPO network and formal channels, potentially drawing from the London CPO Group's existing material.
- **LPB to consider** how dual leadership roles (e.g. Chief People & Strategy Officer) can be leveraged in other organisations to elevate workforce priorities.
- **RE to follow up with NM** regarding inclusive development initiatives for long-standing staff and the potential for once-for-London sharing of the *Smashing It* programme.

GLA Inclusive Talent Strategy

Presentation

Laura Dubeck (LD) introduced the Inclusive Talent Strategy, a key ten-year intervention emerging from the London Growth Plan. The strategy is designed to promote a more prosperous, fairer, and greener London, with an explicit focus



on raising productivity, supporting low-income Londoners into higher-paid roles, and preparing the workforce for economic shifts such as green growth and digital transformation.

The strategy is framed around several thematic priorities:

- Integrating services locally and system-wide, with emphasis on cross-sector collaboration.
- Growing and diversifying workforces in both growth and foundational sectors, recognising the need for reskilling and upskilling amid workforce contraction in some areas.
- Anticipating structural labour market changes, notably the impact of Al and automation, with a focus on mitigating risks for workers in lower-skilled roles.
- Supporting international talent and inclusive recruitment practices, particularly through the NHS and other anchor
 institutions.

A core objective is the creation of an integrated and employer-led talent system, achieved through the establishment of sector-specific employer boards. Pilot boards will initially focus on construction, life sciences, and the creative industries, with potential for future roll-out to health and care. **LD** noted that while formal pilots would proceed with limited funding through to April, early co-design with the health sector is encouraged and feasible.

The GLA is also working to align this strategy with national programmes, including the Get Britain Working Plan and the refreshed Local Skills Improvement Plan. A significant consultation exercise has already concluded, and feedback is being reviewed ahead of publication in autumn.

Discussion

The meeting highlighted two key considerations:

- The importance of avoiding a deficit model and instead supporting employers to become inclusive and equitable.
- Potential for alignment with the NHS-led neighbourhood pioneers work, particularly in areas of deprivation where employment links could be integrated into health and care transformation.

NO echoed strong support for the strategy's alignment with health workforce priorities, and asked how flexible the piloting process could be to include health and care in the first wave. **LD** confirmed willingness to begin engagement immediately, noting that while budgetary constraints delay funded roll-out, this should not prevent co-design from starting.

The meeting noted challenges around achieving unified employer voice in social care, given the fragmented landscape.

The meeting noted that sector engagement includes broad role representation and that structured pathways and transitions across sectors will be a focus of the employer board model.

Actions

- LD to share the presentation with LPB members.
- GLA to explore the establishment of a health and care employer board alongside current pilot sectors, beginning engagement immediately.
- LPB offered to establish a task and finish group to co-design the approach for health and care, including representation from social care and wider partners. LS to act as initial contact point on behalf of the Board once GLA confirm their approach.
- Laura and Stephen Waring (SWW) to return to LPB to provide an update, including progress on sector engagement and task and finish group development, date TBC confirmed, likely November 2025.

Matters Arising

Junior Doctor Strike Action

NO noted that the BMA ballot has now progressed into confirmed strike action, with the 11th round of junior doctor strikes scheduled from Friday to Monday. Attempts at last-minute negotiation have not been successful.

LS advised that a different national approach to derogations is expected this time, with revised processes around patient safety mitigations. **Gary Wares (GW)** added that mitigation decisions will initially be overseen by ICB and provider medical directors, with unresolved requests escalated to national discussions between NHSE's Tim Briggs and the BMA.



NO emphasised the likely impact on staff delivery expectations, given reduced tolerance for stepping down activity, and reiterated the importance of maintaining clinical oversight and safety.

Sub Committee Updates

Verbal updates were provided from the London People Board subcommittees.

Digital Workforce Transformation

SG confirmed the subcommittee, now chaired by MS (Great Ormond Street), met later that day to align its forward plan to the NHS Long Term Workforce Plan. Key areas of focus include AI, digital leadership, and provider representation.

Talent

LP reported on the first meeting of the refreshed Talent Subcommittee, co-chaired with GA. Priorities include reducing reliance on external recruitment, increasing leadership diversity, and succession planning. Four workshops are planned to shape development offers, readiness assessments, entry criteria and succession planning.

EDI

NO presented the EDI update, noting capacity challenges due to illness but reaffirming commitment to delivery. RE was welcomed as new co-chair. An evaluation of the London workforce strategy will be undertaken by Ipsos in partnership with a specialist EDI consultancy, following a successful £150k bid. The MOU with the GLA was signed, with a joint celebration event scheduled for October. Updates were provided on the call manager programme and forthcoming sexual safety module.

The Board confirmed support for the evaluation approach and welcomed progress across all subgroups.

LS noted the impact of recent subgroup revisions, which have improved alignment to system priorities and subgroup function.

Any Other Business

The meeting noted the refugee summit earlier in the year regarding employment of refugees in the NHS. This will be discussed further in the September Board Meeting

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