

London People Board – Minutes
Wednesday 18th March 2026

Welcome and apologies

The chair, Nnenna Osuji (NCO) welcomed board members to the meeting.

Review minutes from London People Board held on 19th January 2026

Minutes approved and actions updated.

Digital workforce transformation programme

Presentation

Silvio Giannotta, Head of Transformation, Planning & Insights, NHS England, noted that the Digital Workforce Transformation Committee Chair, *Matthew Shaw*, and Project Lead, *Natalie Moyanah*, were unable to attend. Their sections were presented on their behalf.

Recap:

- When the Board last discussed this in January 2024, members reaffirmed that digital transformation is primarily a *workforce* issue rather than a technology issue. Key challenges highlighted:
 - Variable levels of digital maturity across providers.
 - Lack of consistent system integration.
 - Staff needing to navigate complex digital tools without coordinated guidance or support.

Since then, the Digital Workforce Transformation Committee was established to ensure focused attention on digital workforce issues.

Key updates:

- Committee is jointly accountable to the London People Board and the Digital Transformation Portfolio Board. Priority areas include leadership & professionalisation, consistency in digital deployment, and addressing shortages in digital skills, particularly given London's competitive labour market.
- Initially chaired by *David Probert* and organised around system representation, subsequently restructured to organisation profession representation (with reps from all of the executive roles across the NHS) under the leadership of *Matt Shaw*, following publication of the 10year health plan.
- New structure enables stronger organisational input across clinical, acute, community and mental health settings. Extensive engagement has been undertaken with providers to understand local priorities.
- Refreshed work plan is organised into four areas:
 1. **Vision, Scope and Objectives** – improving clarity and reducing variation in interpretation of “digital” across organisations.
 2. **Roles and Skills Mapping** – understanding the current landscape and where each role needs to evolve, supporting staff to use digital tools effectively and appropriately for their roles.
 3. **Education and Training** – developing a responsive and scalable training model with London wide library of digital upskilling resources.
 4. **Industry and External Engagement** – strengthening partnerships with external organisations to leverage best practice and innovation outside the NHS, including HINs.
- Planned forthcoming sessions will cover copilot case studies and digital innovation in education and training.

Shaaz Mahboob (SM), Head of Delivery & Transformation, NHS England, provided an overview of the work underway with the HEIs in London. The project was commissioned with three HINs using fundings from the National Digital Workforce Team. In London, the chosen topic is *The impact of AI on the NHS workforce*:

- Scope focuses on nonclinical AI (corporate services, back-office functions) and AVT, which contains a nonclinical element.

- Included literature review and desktop research to understand current impacts of AI and inform subsequent engagement with clinicians and frontline staff on AVT and nonclinical AI technology.
- HINs reviewed published and unpublished evidence, focusing on real world usage in the UK and internationally.
- Key Findings:
 - AI currently used on a narrow set of tasks with impact falling mainly on administrative roles - application varying significantly across teams.
 - Examples of current use include: CoPilot tools supporting clinicians with waiting lists, AVT improving consultation notetaking, and additional AI applications
 - Emerging issues of productivity disparity - productivity benefits are difficult to evidence, despite isolated examples of good practice.
 - Little end-to-end process redesign or strategic consideration for organisational embedding. Activity is often driven by enthusiastic individuals rather than organisational strategy.
 - Training is patchy. Staff report training as inadequate for effective adoption.
 - Job descriptions and person specifications do not yet incorporate AI related requirements. Accountability and responsibility for AI implementation are unclear, with limited escalation to trust boards or PCNs.
 - Discussions frequently drift into clinical safety concerns, despite the nonclinical focus, highlighting governance as a key risk.
 - There is limited assurance that scaling across ICBs or London would deliver the expected gains.
- Findings indicate a need for strategic workforce planning and development at ICB level, as well as strengthened governance frameworks and improved evaluation, particularly regarding productivity and value realisation.
- Next Steps - a roundtable on corporate and back-office functions has taken place. A roundtable on AVT is underway, with active discussion including unexpected clinical concerns and positive opportunities to build on. The final report is expected in late April/early May and will be taken to the subcommittee and shared more widely. Future work will explore implications for training for clinicians (doctors, nurses, AHPs) and other groups such as cyber and IT professionals.

Liam Slattery (LSI), Director of People Services and Carolyn Apps (CA), Deputy Director of People Services at Barts Health NHS Trust presented the spotlight piece exemplified at Barts Health:

People Services structure had been merged geographically but lacked aligned systems and processes, including the absence of a recruitment system (fully paper based). Benchmarking (2016–17) placed People Services costs at 117% of London peer median (subfunction) and 106% at overall HR level. Improvement work began in 2018–19, paused during the pandemic, and resumed thereafter. The leadership team was tasked with shifting performance into higher quartiles. The approach included:

- Establishing core metrics and improving use of operational data.
- Systematic process reviews incorporating staff and user feedback.
- Recruitment identified as the priority area.
- Strong engagement and upskilling across teams.
- Genuine codesign to standardise processes and address variation in practice.
- Transparent messaging that efficiencies would be delivered through natural wastage, not redundancies.

A digital first model was adopted, deploying RPA for rules-based decisions, supported by risk mitigating partnership work. A People Digital Strategy for North East London enables future scaling.

Outcomes reported

- People Services now at 0.7% of organisational headcount (previously 1.2%).
- Benchmarking improved to 90% of peer average, with recruitment costs reduced to 69% of London peer median.
- 20 automatons deployed, equivalent to 14 WTE (9%), moving to 12%.
- 80% cost efficiency against equivalent pay costs.

- Consistent delivery of time-to-hire KPIs.

Next steps

- Further reducing time-to-hire by supporting more efficient shortlisting and reducing pre-employment check timelines
- Deployment of a new recruitment system targeting £0.5m savings next year, rising to £2m depending on temporary staffing reductions.

There are three key features of the new recruitment system:

1. Recruitment approvals - Replacement of old SharePoint eforms, simplified user experience with reduced manual input, auto population of ESR position data and ability for in system dialogue to resolve queries and avoid delays.
2. AI assisted shortlisting - AI reads and summarises applications; provides scoring against criteria, panels can filter by thresholds or top scoring candidates, editable AI generated feedback for non-shortlisted applicants and significant expected reduction in shortlisting time.
3. Block chain enabled pre-employment checks - Candidate app allows early uploading/ownership of documentation, documents released to employer only at offer stage, integrated Trust ID (IDVT) and electronic DBS, expected major time-to-hire improvements and Strong workforce engagement throughout design.

LSI responded to areas of concern raised by the Board:

- Emphasising that services remain people-led, supported by technology, not replaced by it.
- Entry level roles are enhanced as staff gain advisory and interpersonal responsibilities rather than purely administrative tasks.
- AI generated content in applications is not a concern; the system assesses required skills rather than writing quality.
- Barts' system is closed, preventing external bias; identifying details such as university names have been removed.

SM noted that the project next steps include identifying variation in adoption and sharing models of best practice across London and that Neighbourhood models will draw on both acute and primary care examples. Recommendations will include embedding AI related culture change within workforce workstreams.

SG emphasised the value of sharing the Barts approach regionally, noting the sensitive deployment and mitigation of workforce displacement concerns. NCO reiterated the importance of training, inclusivity, and planning for London-wide scaling.

The London People Board priorities and Long Term Workforce Plan - Now 10 Year Workforce Plan

Introduction of new Director General for People, NHS England, Danny Mortimer (DM):

DM opened by acknowledging that several workforce pressures are converging at once, including the resident doctors dispute and wider concerns raised by trade unions. He noted a disconnect between increased workforce numbers since the pandemic and staff sentiment, with many colleagues reporting in staff surveys that they have not felt the benefit of that investment. He highlighted a major leadership challenge: reconciling the government's commitment to invest through the spending review with the significant financial correction organisations are managing across medium-term plans.

DM confirmed the workforce plan will be published at the end of May, and that much of its content will be familiar to London, particularly around the *offer to our people* and *investing in leadership*. Staff standards will take effect from 1st April and become part of the National Oversight Framework (NOF).

A key intention is to reframe staff experience through a quality lens, recognising the link between workforce experience and the quality of care. He stressed that many colleagues currently feel unable to provide the level of care they want for patients and communities.

On change management, DM underlined the importance of ensuring that digital and neighbourhood developments do not unintentionally displace administrative talent, something that resonates strongly with the Secretary of State.

On education, he said the NHS must stop assuming solutions sit only in undergraduate curricula. Most future-focused education must be targeted at existing staff, especially around digital capability.

He reiterated the importance of the NHS as an anchor employer, citing work with refugee communities, young people, care leavers and others to widen access to good work and careers.

The Board discussed the following concerns:

- Leadership and EDI:

Members raised concerns about a perceived rowing back on commitment to diversity in leadership. DM confirmed the plan will include a reset via the new college, ensuring a single inclusive leadership offer and a stronger approach to talent that addresses longstanding inequities.

- Values, behaviour and inclusivity:

KF highlighted the need for the workforce plan to embed population health, digital capability and EDI values. DM agreed and confirmed the narrative will explicitly include social care, neighbourhood partners and public roles.

- Broken psychological contract / morale:

Members pointed to post COVID fatigue, “quiet quitting”, moral distress and a decline in discretionary effort. DM agreed that reengagement must begin with getting the basics right, such as rota publication and accurate pay, and that staff engagement must be meaningful, not performative.

- National narrative and staff protection:

MG raised the impact of national rhetoric on staff safety and morale. DM acknowledged this and emphasised the importance of balanced messaging, including upcoming recommendations on antiracism, anti-Semitism and anti-Islamophobia.

- Leadership framework publication:

DM clarified the intent is to publish the complete leadership offer (not piecemeal) before the workforce plan, ensuring inclusivity and consistency.

- Talent management and representation:

NM emphasised barriers faced by newly qualified staff and underrepresented leaders. DM recognised the need for a talent system that actively supports progression, rather than replicating past patterns.

- EDI narrative concerns:

RE noted staff feel national EDI commitment has “gone quiet.” DM agreed the NHS needs to be explicit, not passive, and assured that staff standards will hold the system to account for improvements in experience, including action on sexual misconduct and antiracism.

London People Board priorities:

Lizzie Smith (LS), Regional Director for Workforce, Education & Training, NHSE London, outlined that this is the third iteration of the London People Board review paper. The focus has been on assessing the impact of the London People

Board to date, drawing out tangible achievements across the London system. Priorities set 2–3 years ago have now been pivoted toward delivering the three shifts, with the most significant changes in:

- Neighbourhood working
- Making London work as a digital global city, reflecting the rapid evolution of the digital agenda and the earlier presentation from SG

She emphasised that the board must now align its mission and resources with the three shifts, the forthcoming long term workforce plan (due end of May), and the London Health Plan, which is the regional delivery mechanism for the 10year plan. London will continue working within reduced regional and system-level resource, increasing the importance of using technology and strong collaboration. The board remains committed to equity, noting positive signals from national staff standards but acknowledging this is not yet fully felt locally.

LS closed by recognising the unique strength of the London People Board's collaborative, cross system approach with trade unions, education partners, Skills for Care, and London Higher.

Update on the London Health Plan:

Gareth Arthur (GA), Director of Strategy and Transformation (London), explained that the London Health Plan aims to bring coherence to multiple existing programmes (10year health plan, neighbourhood plans, economic growth and life sciences plans). It focuses on:

1. Three strategic priorities:
 - *Million hearts and minds* (cardiovascular disease)
 - *Neighbourhood NHS*
 - *Digital access for patients*
2. Five enablers:
 - Workforce
 - Innovation
 - Financial framework
 - Digital and data infrastructure
 - Quality and quality improvement

The plan is intended as a plan of plans, aligning London behind shared ambitions. Publication is planned for early in the new financial year, subject to postelection timing.

Workforce Enablers

SG outlined three core themes within the workforce component, underpinned by NHS as an anchor institution:

- Strategic workforce planning, supporting major shifts in service delivery including neighbourhood, digital and prevention agendas.
- Education and training, with emphasis on digital skills and preparing the future workforce for a transformed health and care landscape.
- Processes and systems (title to be refined): enabling staff movement, terms and conditions, and mechanisms that support deployment across new models of care.
EDI is embedded across all three areas.

NCO (Chair) sought clarification in relation to prior feedback that EDI must be both embedded within each strand and feature as a standalone element. NCO emphasised the need to recognise that digital is not ubiquitous, and to ensure

alternative routes for people unable or unwilling to engage digitally. She also highlighted gaps around health literacy, digital literacy, and practical enablers such as staff housing and staff transport for community based roles.

GA confirmed the plan will now surface EDI more explicitly, as a dedicated workforce enabler, and will strengthen content on digital inclusion, patient activation, and health literacy. **Action**

Long Term Workforce Plan priorities in social care

Next meeting update on social care and how that plays into LTWP priorities will be first agenda item. **Action**

Sub Committee Updates (by exception)

EDI Sub Committee

- Primary focus is the evaluation of the London Workforce Race Strategy - an opportunity to make any adjustments needed to maximise the impact of the strategy for the remaining period.
- Currently entering the case study stage and have written out to participants.
- Involved in exciting new and evidence-based EDI innovations (details were included in the meeting pack)
- Agreed approach towards funding and have written out to providers and ICBs, setting out exactly what the programme is delivering and the difference it is making.
- Next step is to think strategically about what the focus should be over the next couple of years.

Talent Sub Committee – Lorissa Page (LP) offered to give a verbal update at the next board meeting.

Temporary Staffing – Chair requested a verbal update at the next meeting

Chair noted concern regarding the Health & Wellbeing Sub Committee and asked that it be picked up in the de-brief.

Action

Any Other Business

At the start of the meeting, Nnenna Osuji (Chair) noted special thanks to Cassidy Compagnone for her charm, eloquence and effectiveness in supporting the Board with secretariat duties and welcomed Melissa Marques into the support role.

A sincere thanks was extended to Dame Marie Gabriel for her outstanding leadership and contributions as this is her last meeting as co-Chair, to formally acknowledge the pivotal role she has played.

A warm welcome was issued to Anne Rainsberry as the Board looks forward to her stepping into the co-chair role.

Lastly, a final thank you was issued to Danny Mortimer for joining today, wishing him every success in his new role.

Close and Next Meeting: Thursday 21 May 2026