

How the NHS is Reclaiming Control

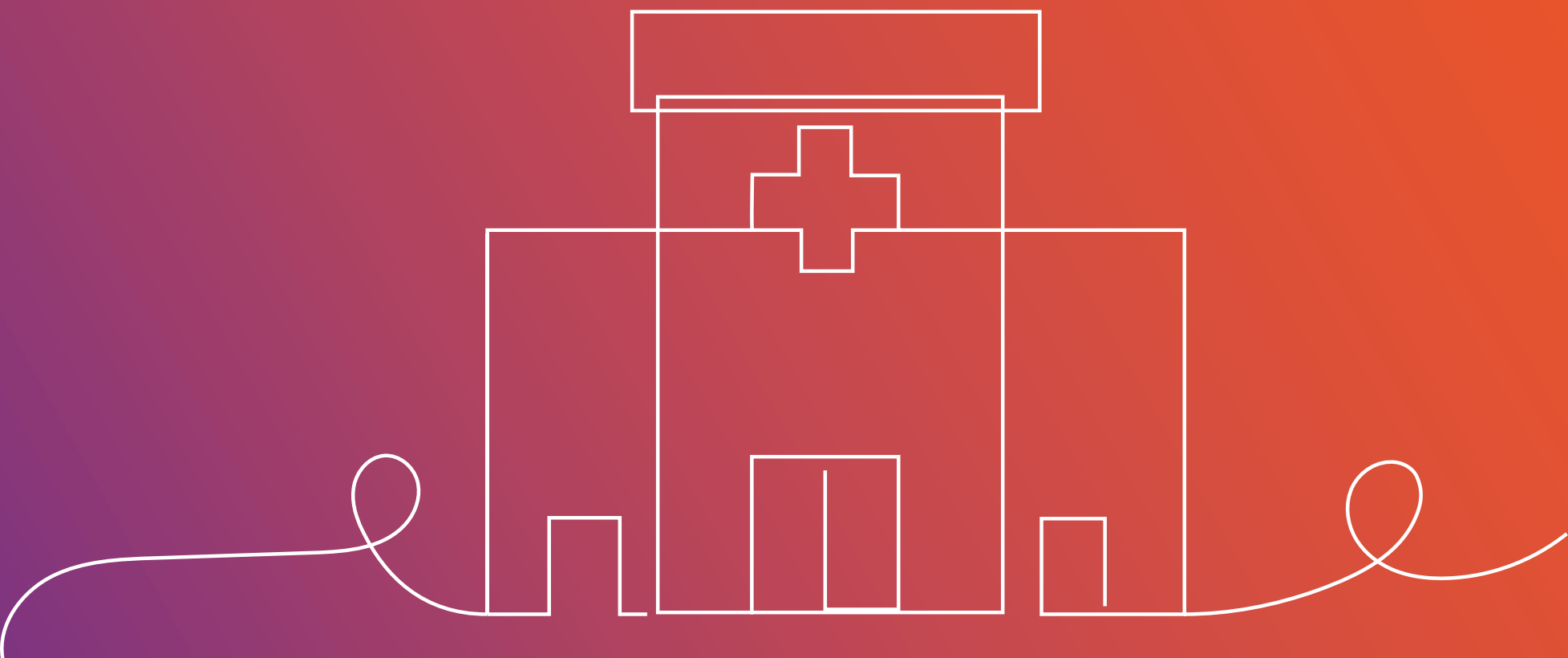
By applying Agentic Process Automation to automate outcomes, reduce operational costs, improve compliance, and enhance staff experience.



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A changing NHS landscape

The pressures facing NHS Trusts today are complex, interconnected and increasingly urgent.

Many organisations are now being forced into decisions that would have been unthinkable just a few years ago. According to the NHS Confederation, **67% of trusts** and ICBs plan to reduce clinical staff to meet efficiency targets, and **90% expect to reduce non-clinical staff too**. This underscores just how acute the situation has become for NHS leaders.

Rising vacancies, growing demand, and sustained financial strain are forcing a rethink of how work happens across the system. The NHS Long Term Workforce Plan, now evolving into the government's 10-Year Workforce Plan and aligned to the wider 10-Year Health Plan for England, sets a clear direction: improve productivity through digital transformation, modernise the workforce, and enable staff to spend more time on higher-value work that supports patient care.

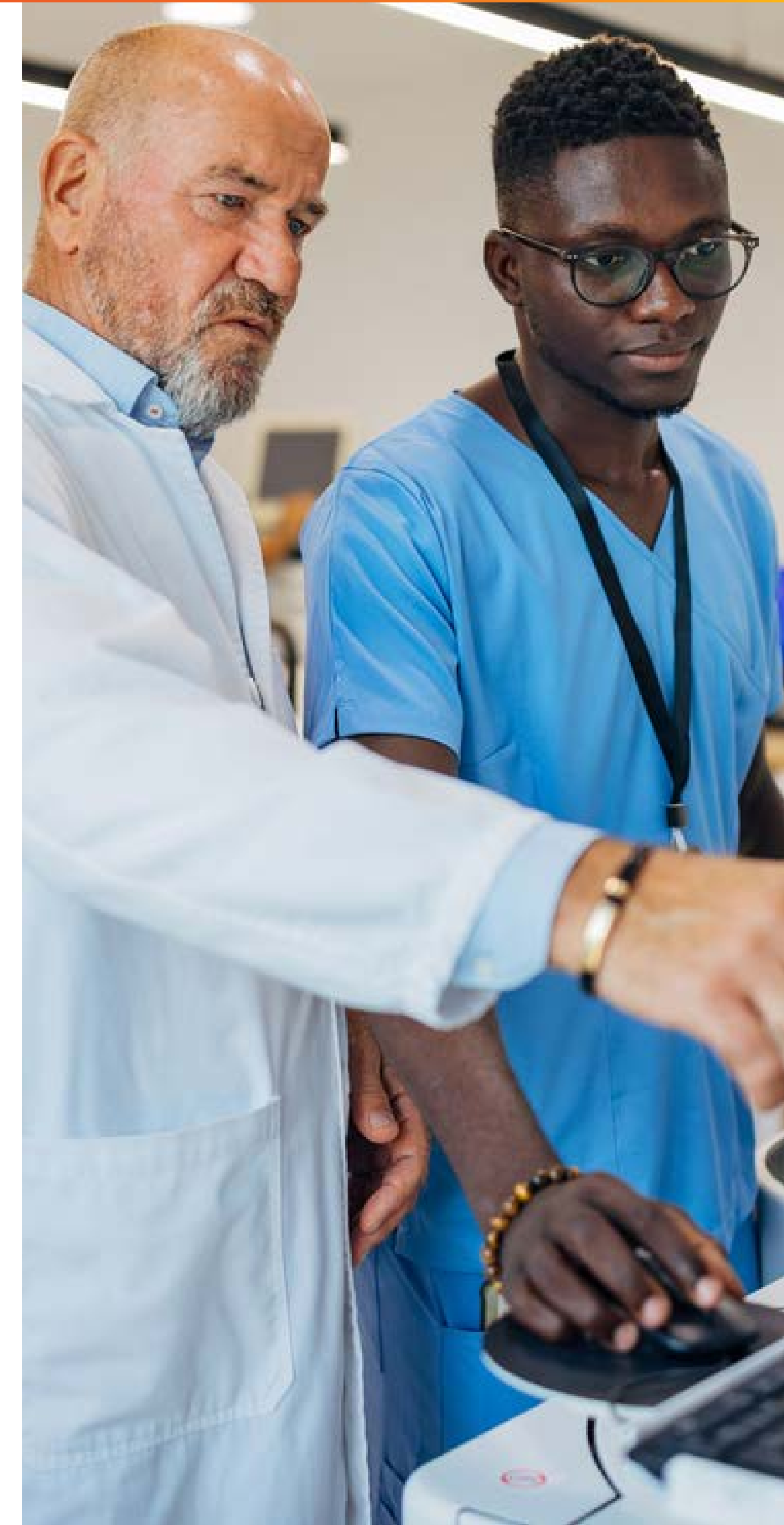
Yet much of the operational burden still comes from fragmented systems, manual processes, and administrative work that absorbs clinical and non-clinical time. Alongside this, the Health Foundation estimates that £21 billion will be needed over the next five years to modernise digital infrastructure across the NHS and adult social care, increasing the pressure to focus on solutions that deliver clear, measurable returns within existing constraints.

Progress is already taking place. While AI is widely discussed, some Trusts are moving beyond experimentation, applying automation and AI in clearly defined back-office use cases that deliver real-world benefit and credible routes to savings. These programmes show how technology can reduce administrative load, improve control, and create new capacity - aligned to national strategy and without compromising quality.

This eBook explores what that change looks like in practice. Drawing on real NHS examples across People Services, Medical Workforce, and Finance, it shows how automation and AI can help leaders regain control of core processes and build a stronger, more sustainable foundation for care.

"We have a bold ambition: by the end of 2027, no time should be spent on a task where a digital or AI solution could do it better, more quickly or to the same standard. This is about creating time for what matters most – caring for our patients."

Richard Mitchell, CEO, University Hospitals of Leicester (UHL) NHS Trust



People Services: reducing friction in recruitment and workforce management

Across the NHS, People Services teams are under sustained pressure to do more with less.

Financial shortfall is now a shared reality for Trusts, with cost improvement targets central to efforts to stabilise performance. At the same time, productivity has declined while hiring activity continues to rise, creating a cycle where more effort is spent recruiting and administering the workforce without a corresponding increase in capacity.

Much of this pressure sits within operational People Services. Recruitment, onboarding, payroll, compliance, and workforce administration are often supported by fragmented systems and manual processes that slow delivery, reduce visibility, and absorb significant staff time. These inefficiencies make it harder to control workforce costs, reduce reliance on

temporary staffing, and meet savings targets while managing ongoing workforce shortages.

The impact is felt by people as much as by processes

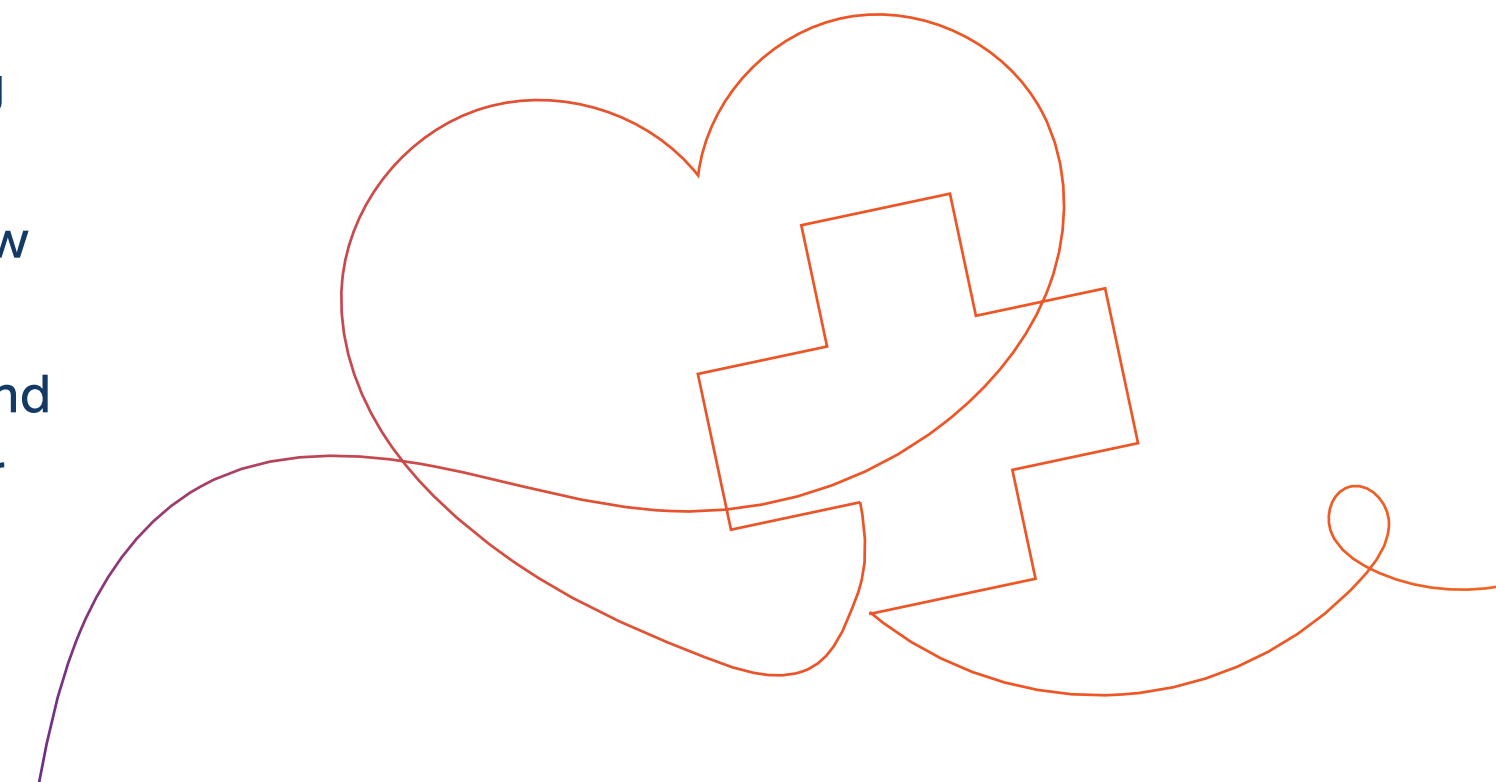
Administrative burden contributes to fatigue, reduced morale, and higher sickness and attrition. The NHS Staff Survey shows that **41% of staff** report feeling unwell due to work-related stress, reinforcing the link between operational friction, workforce wellbeing, and rising recruitment pressure.

Automation and AI offer a practical way to break this cycle. By augmenting the workforce with digital and agentic capability, Trusts can remove repetitive, rules-based

work across high-volume People Services activities such as vacancy processing, pre-employment checks, payroll validation, and workforce compliance. This improves speed and accuracy while freeing teams to focus on higher-value work, including supporting staff and strengthening retention.

Following a consultative exercise with Automation Anywhere, a leading acute teaching Trust identified the opportunity to reduce Time to Hire by 21.5 days using Agentic Automation and AI – a reduction of more than 25%. This demonstrates how removing friction from People Services processes can improve workforce flow and reduce dependency on temporary labour without increasing headcount.

By improving visibility and reducing manual effort across operational People Services, automation helps Trusts address three connected challenges at once: financial control, workforce productivity, and staff experience. The result is a more resilient workforce and a stronger foundation for delivering care under sustained pressure.



Medical Workforce: Restoring control over bank spend and compliance

Medical workforce transformation is a priority across the NHS, not because Trusts lack systems, but because medical staffing has evolved over time in response to sustained pressure.

Legacy processes, disjointed technology, and long-established ways of working combine to create challenges that are difficult to resolve manually, even where modern platforms are in place.

In practice, medical rostering, job planning, additional activity, and bank-shift management often operate across multiple workflows and approval steps. This makes it hard to maintain real-time visibility and assurance. Bank shifts are used to protect service continuity, but validating whether activity aligns with job plans, contracted DCC/SPA sessions, or existing rosters is complex and time-consuming. The result is unnecessary use of discretionary temporary staff, limited oversight and avoidable financial pressure.

This is not simply a technology problem. Many Trusts have invested in new tools, yet still rely on manual checks and retrospective validation to maintain control. These approaches can deliver incremental improvement, but they do not scale. Evidence from early initiatives shows that manual intervention alone typically achieves only marginal reductions in bank spend, as it cannot manage the volume, speed and complexity involved.

By contrast, early adopters using automation and AI to embed controls directly into workforce processes are seeing materially different outcomes. Pilot programmes across NHS organisations have demonstrated bank-spend reductions of around 15–25% within targeted clinical groups, achieved by

automating validation, cross-checking and compliance rules that would be impractical to enforce consistently through manual effort alone.

The implications are significant. Even a conservative 10% reduction in bank spend, which was circa £8.3-10.4B between 2024 and 2025, would release substantial funding that could be reinvested in permanent workforce capacity and service resilience. Crucially, these kinds of results are almost impossible to deliver at scale without technology.

Automation enables this shift by embedding governance into day-to-day operations. Validations, cross-checks and compliance controls operate continuously rather

than retrospectively, reducing reliance on discretionary judgement and giving leaders clearer visibility over how medical staffing resources are used.

By restoring control over bank spend and compliance, automation helps Trusts improve workforce utilisation, strengthen financial governance and move from reactive management to sustainable, real-time control.

69%

of NHS trusts plan to reduce clinical staff to meet cost-savings targets

Finance and Procurement: Pressure across the back office

Back-office finance teams across the NHS are under sustained pressure.

Rising deficits, constrained cash positions and growing transaction volumes mean organisations are being asked to deliver tighter control and faster reporting with limited capacity.

These pressures cut across core accounting processes, including invoice handling, receipting, reconciliation, VAT treatment, and financial reporting. Much of this work is still supported by manual checks and local workarounds, shaped by legacy processes and historic ways of working. As volumes increase, maintaining consistency and assurance becomes more difficult.

The impact is visible. The Nuffield Trust notes that some trusts have continued to use delaying invoice payments as a non-recurrent way of managing underlying deficits, reflecting the challenge of managing high-volume financial activity within required timescales. Late payment is rarely the result of a single process failing, it's a symptom of wider pressure across the finance function.

Accounts Payable is one example where these issues surface early, but similar challenges exist across connected processes such as GRNI, reconciliation and VAT application. Inefficiencies in one area

quickly create knock-on effects elsewhere, absorbing valuable finance capacity.

As finance models become more collaborative and shared across the NHS, the ability to standardise processes and deploy them consistently at scale becomes increasingly important. In this environment, improving back-office finance is not simply about efficiency — it is about maintaining control, protecting cash flow, and ensuring financial operations remain resilient under pressure.

The NHS is facing a

£2.2b

**aggregate deficit
without additional
revenue support**



Change in action: Signs of progress across the NHS

The NHS is not starting from scratch. The 10-Year Workforce Plan sets out a clear expectation that technology will help deliver **1.5–2%** annual productivity gains, with digital tools, automation, and better use of data positioned as core levers for improving how services operate at scale.

Alongside this is a national push to reduce administrative load through AI and automation. The value of this shift goes beyond creating more time with patients. By removing low-value administrative work, technology enables clinicians, particularly senior and specialist staff, to operate at the top of their licence, focusing on diagnosis, decision-making, and complex care where their expertise has the greatest impact. This supports better patient outcomes and experience, not just efficiency.

While many AI initiatives require multi-year investment and specialist skills that remain in short

supply, automation offers a more immediate route to value. Delivered through mature platforms and NHS-proven patterns, it has a track record of generating in-year efficiency gains and clear savings, which is critical in the current funding climate.

Independent analysis supports this direction. The King's Fund highlights early uses of AI that assist with documentation, diagnostics support, and administrative tasks, reducing workload and improving flow while supporting, rather than replacing, clinical judgement.

Across these examples, a consistent theme emerges. Automation and AI are most effective when used to support people, not substitute them. By easing administrative pressure and improving data quality, they help Trusts reduce burnout risk, improve retention, and create the conditions for clinicians to deliver the best possible care.



A smarter way to work

Automation is not new to the NHS, but progress has been uneven.

Agentic Process Automation (APA) marks a clear step change

Instead of automating tasks in isolation, APA orchestrates AI agents, automation, systems and people to run entire workflows end to end. It moves automation from “doing things faster” to delivering outcomes more reliably, with built-in governance and human oversight.

This shift defines what good now looks like. Leading Trusts are connecting automation and AI across People Services, workforce, finance, and other back-office functions, with a clear ambition to build autonomous capability over the next three to five years. Rather than isolated use cases, automation becomes part of how the organisation operates.

The benefits extend beyond cost

While in-year financial returns remain essential, APA also improves staff experience and patient outcomes. By removing administrative burden, it creates time for training, collaboration and decision-making. Clinicians are better supported to operate at the top of their licence, with access to timely, high-quality information that enables safer, more effective care.

This approach also aligns with national direction. Integrated Care Systems are expected to scale People Services and back-office functions collaboratively, operating on a “comply or explain” basis. APA supports this by enabling organisations to build once and deploy many times, standardising processes while retaining local control.

Ultimately, APA is not just about efficiency. It is about creating capacity across the system, for better care, a more supported workforce and services that can scale sustainably under pressure.



Proof in practice: What automation is already delivering

Across the NHS, several Trusts are showing what's possible when automation is applied with focus and the right governance. These examples are not pilots or prototypes, they are live programmes demonstrating measurable gains in time, cost and staff experience.

A leading acute teaching Trust

This Trust is applying automation across People Services and Medical Workforce processes, with a clear autonomous ambition.

Key outcomes and goals include:

- An £8M+ business case identified across People Services and medical workforce optimisation.
- A stated vision to become the first fully autonomous HR service in the NHS by April 2027.
- A focus on transforming the manager experience for approximately 6,000 line managers during 2025.

These initiatives reflect a Trust-wide ambition to redesign how workforce services operate, using automation to improve scale, consistency and experience.





Kent Community Health NHS Foundation Trust

Kent Community Health has deployed automation at scale across People Services, supported by a large in-house automation team.

Results achieved include:

- **300+** automations implemented across People Services.
- **45,000** hours released back to the organisation.
- Time to recruit reduced from **8.51** weeks to **4.99** weeks over the last 15 months.
- Ranked best in the country for time taken for managers to shortlist candidates.
- **Ranked 10th** out of 285 NHS organisations in the WoVEN ranking, improving from 191st prior to automation.

This shows how sustained automation investment can deliver operational efficiency, faster recruitment and measurable improvements in workforce experience.



Manchester University NHS Foundation Trust

Manchester has focused on automating complex financial processes, including GRNI forced completion, bank reconciliation, invoice registration and invoice matching.

As a result:

- **10,000** invoices are now processed automatically each month with zero human intervention.
- The trust believes that the true potential of automation can be as high as **180,000 hours** per annum across financial administration and reporting
- Is using automation to support a broader strategic shift, with HR automation also identified as a key focus area.

These results demonstrate how automation can be applied to high-volume, high-complexity finance processes, reducing manual effort while improving consistency and control.

Restoring stability: Giving people the space to do their best work

For many NHS teams, the challenge isn't the work itself, but the friction around it. Duplicate checks, manual reconciliations and constant exception handling create operational turbulence that makes even well-designed roles harder to sustain.

Traditional automation has helped by removing individual tasks. Rules-based automation can complete steps faster and more consistently than people, and those gains matter. But task-level automation alone doesn't always change the experience of work. People are still required to connect processes, manage exceptions and compensate when things don't flow as expected.

Agentic Process Automation (APA) changes that dynamic

Instead of automating isolated steps, APA

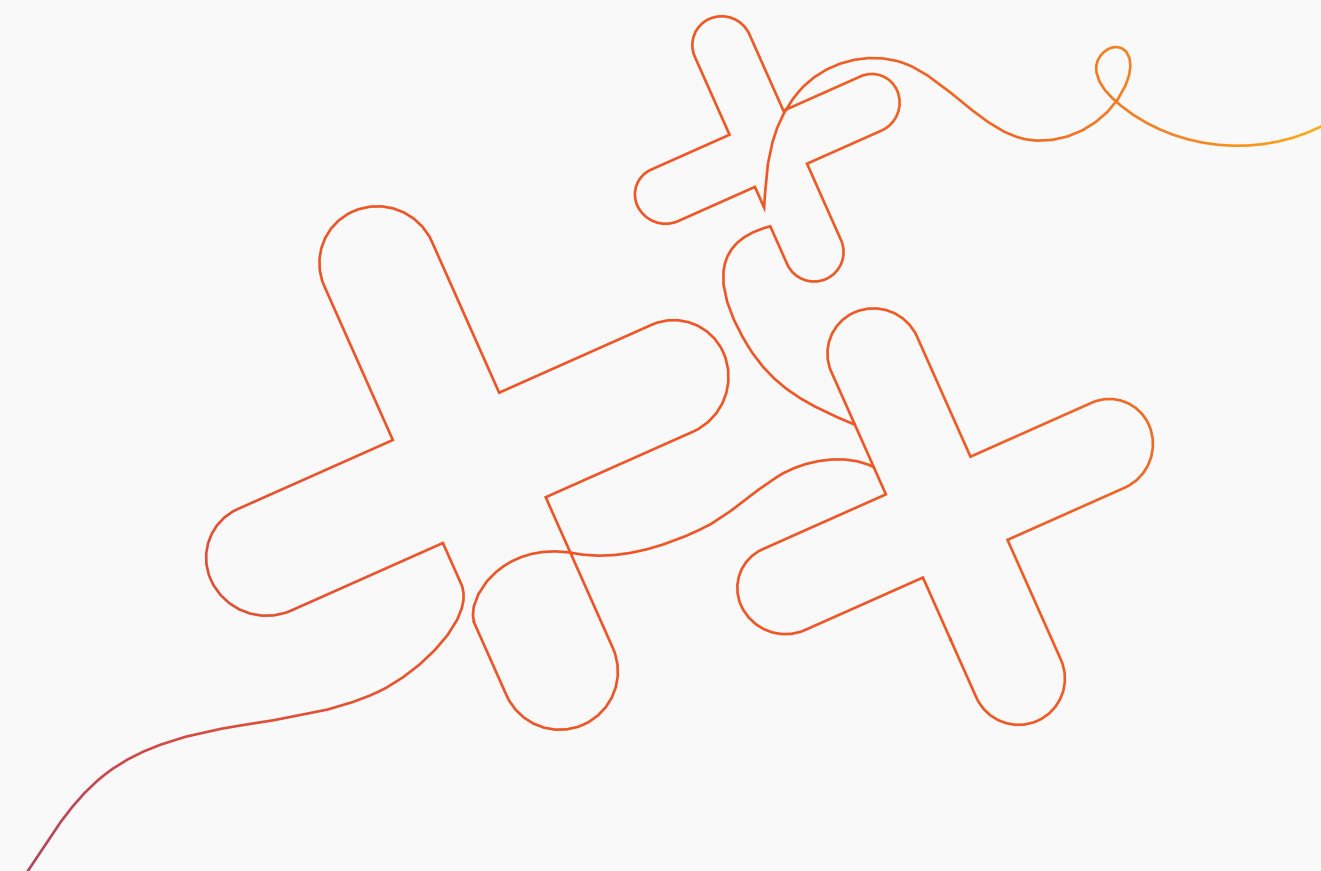
manages entire workflows end to end. AI-enabled agents interpret information, apply judgement within defined guardrails, and coordinate actions across systems and teams. The result is not just efficiency, but predictability. Work happens when it should, without constant intervention.

That predictability has a direct human impact. When processes are reliable, mental load reduces. Less time is spent chasing, checking and correcting, and more time is available for decision-making, leadership and care. Pressure eases not because the work disappears, but because the surrounding noise does.

This matters for wellbeing and retention. Administrative friction contributes to stress, fatigue and reduced morale. By stabilising how work flows through the organisation,

APA helps restore confidence and control. The working day becomes more predictable and more sustainable.

Stability, in this sense, is about creating the conditions where people can perform at their best. APA goes beyond "good old RPA" by restoring balance across people, processes and systems, creating a more resilient NHS where time, cost and care are aligned.



Automation Anywhere: A trusted foundation for NHS automation

Delivering automation at the scale the NHS now needs requires confidence. Confidence that initiatives will move beyond pilots. Confidence that benefits will be delivered within the financial year. And confidence that automation will meet the governance and assurance standards expected across the service.

The NHS is progressing with AI and automation, but capability remains uneven. Many organisations are still building experience, and large-scale, in-year results are difficult to achieve without a platform designed for operational delivery.

Automation Anywhere provides a stable foundation for this work.

Its cloud-native platform is built for complex NHS environments, with embedded

governance, auditability and security controls aligned to NHS requirements. Reusable patterns and proven approaches help Trusts move from use case to implementation more quickly, while maintaining control and oversight.

A core capability is enterprise orchestration. Automation Anywhere can sit above existing automation tools, including legacy RPA, and coordinate them alongside agentic capabilities. This allows Trusts to build on prior investment rather than replace it, and to introduce more advanced automation in a controlled way.

By combining intelligent automation with strong governance and orchestration, Automation Anywhere helps NHS organisations deliver practical outcomes. Not experimentation, but measurable improvement in control, efficiency and operational resilience.



From pilot to policy: Embedding automation in the NHS future

Automation is no longer happening at the edges of NHS transformation.

In leading organisations, it is becoming part of how services are designed, governed, and improved. The shift now underway is not about launching more pilots, but about embedding automation into policy, operating models, and decision-making.

The 10-Year Workforce Plan positions technology-driven productivity improvement as a central lever for delivering the 1.5–2% annual efficiency gains needed to meet future demand. Achieving this consistently cannot rely on isolated initiatives. It requires automation to move from discretionary experimentation to a repeatable way of working.

In practice, the difference between pilot and policy is clear

Pilots are often time-bound, locally owned, and dependent on a small number of individuals. They demonstrate potential, but frequently struggle to scale or endure organisational change.

Policy-led automation, by contrast, is embedded into how Trusts operate. It defines where automation should be applied, how it is governed, and how benefits are measured and realised.

Trusts making this transition are focusing on a small set of practical actions:

- Assigning clear executive ownership, with accountability for outcomes rather than activity.
- Embedding automation into workforce, digital, and financial policy frameworks.
- Creating repeatable patterns that can be reused across services.
- Aligning assurance and funding to in-year ROI expectations.
- Building internal capability to govern and manage agent-led workflows safely.

This reflects a wider maturity shift. While many healthcare organisations are piloting generative AI, real value emerges when automation and AI are integrated into core operating models rather than treated as standalone innovations. Automation provides the structure and control that allows intelligent capability to be applied consistently and at scale.

For NHS leaders, the message is clear. By moving from pilot to policy, Trusts can scale improvements reliably, reduce dependency on individuals, and create services that are more predictable and resilient under pressure. Embedding automation in this way strengthens leadership by codifying what should happen automatically, and creating space to focus on what cannot: people, care and the decisions that shape the future of the NHS.

Creating capacity for care

The examples throughout this eBook show what happens when Automation and AI are applied with purpose. Measurable time savings, stronger financial control and genuine capacity returned to teams who need it most.

These gains reflect what Trusts are already achieving through NHS-proven automation patterns, secure cloud infrastructure and expert delivery support.

For leaders exploring next steps, there is now a growing library of NHS-ready blueprints, case studies and proven workflows that demonstrate how automation can be deployed safely, quickly and with clear governance. These resources give organisations a practical starting point, whether the focus is workforce, finance, procurement, supply chain or service delivery.

The opportunity now is to build on that momentum. Automation and AI are already helping restore stability across the NHS by reducing noise, simplifying processes and giving people more space to focus on care.



Automation and AI are helping restore stability across the NHS.

Let's explore how they can help your teams too.

Talk to our NHS team about your automation priorities.



AUTOMATION
ANYWHERE