

Shared vision.
Better together



Shared Business Services

Giving Back Time

**How AI can unlock the NHS productivity dividend,
part of the Futureproofing the NHS thought
leadership series.**

Written in partnership with **sopra**  **steria**

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Introduction

There is considerable excitement across the health service about the possibilities presented by AI. The challenge is how to turn that into value where it matters the most: the frontline.

Innovation must begin with the problem we are trying to solve, not the technology. To harness AI's true potential, we must understand how services operate today, what is it we want to achieve and be prepared to change our assumptions if the evidence suggests we should.

Ask a doctor, nurse or other frontline staff, none of them will say they need more technology. What they need is more time. Specifically, more time for patients and less time spent on administration.

AI can make a real difference, but only when we use it to solve the right problems. Automating a task does not automatically improve the service, and counting the hours saved does not mean that time has genuinely been freed up.

The real productivity dividend comes when AI improves the service as a whole and gives people more time to focus on work that needs their judgement and expertise. That matters in the NHS, where administration and operational friction consume a significant amount of people's time.

Research commissioned by NHS Shared Business Services found that more than a quarter of NHS staff surveyed spend over ten hours a week on administrative tasks. Ninety-two per cent spend time dealing with inefficient or duplicated processes, and the same proportion report losing time to IT system issues.

Among those affected by administrative burden and operational friction, 51% said it contributed to stress or burnout. ^{[1][2]} British Medical Association research has also highlighted the clinical time lost to inadequate IT. ^[3]

These are not minor frustrations. Cumulatively, they add up to 430 million hours – or 220,000 people – per year. Unnecessary tasks disrupt focus, delay action and take valuable time away from patient care. Some of AI's most useful applications in healthcare may also be the least visible, such as finding information, routing requests and supporting routine approvals. But technology alone does not automatically free up time.

A Health Foundation review of 467 studies found that many technologies delivered no time savings, or simply shifted work elsewhere, without workflow redesign, training and effective implementation. ^[4] NHS leaders must therefore look beyond the technology to the wider conditions for change. Breaking the Cycle, by the Health Foundation and NHS Productivity Commission, identifies four conditions for sustained improvement: stable direction, focused accountability, freedom to deliver and the capability to improve. ^[8]

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– Health Foundation

From time saved to useful capacity



1. A faster task creates value only when the service can use the time released

The distinction between a faster task and a better service sits at the heart of the productivity debate. It is easy to estimate that a tool removes several minutes from an activity and multiply that figure across thousands of transactions. It is much harder to establish whether those minutes can be put to good use.

A saving in one part of a process may create additional checking, exception handling or correction elsewhere. A faster process may help a team absorb rising demand without reducing its workload. Released capacity might instead support more complex cases, better customer service, improvement work or patient care.

Each outcome can be valuable, but they are not interchangeable. Cash-releasing savings are different from additional capacity within the existing workforce. Reduced processing time is not the same as improved quality or experience.

The productivity dividend means the measurable value created when avoidable work is removed. It may take the form of cash savings, additional capacity, improved quality, shorter waits or more time for care. Each benefit should be identified and evidenced separately.

Most services contain both predictable work and exceptions. Technology can handle routine activity where it is reliable and appropriate. People should retain responsibility for cases requiring context, judgement

and accountability, supported by the information and authority they need to act. The aim is not to remove people from the process, but to use their attention more effectively.

AI adoption is therefore an operating-model and service-design challenge, not a standalone technology programme. Trusted data, governance, security and proportionate human oversight are essential. So are clear roles, workable processes and an honest account of where effort has moved.

The productivity dividend means the measurable value created when avoidable work is removed.

2. AI cannot compensate for weak operational foundations

Reliable processes, connected systems and trusted data are the foundations of sustainable change. Automating a poor process doesn't strengthen it – rather, it embeds the weakness.

As NHS SBS argued in its Futureproofing the NHS paper, local and clinical transformation depends on reliable operational foundations, including finance, payroll, procurement and workforce systems, together with the data connecting them. ^[5] Where those foundations are fragmented, new technology must navigate different definitions, interfaces, controls and legacy decisions.

AI does not make these differences disappear. Inconsistent information produces inconsistent results. Unnecessary hand-offs and approvals remain unnecessary, even if one step becomes faster.

This is not an argument against local choice. Clinical decisions and service design must reflect the needs of patients, staff and communities. However, routine transactions, common data definitions and core operational systems rarely benefit from being run differently in every organisation.

The principle of “freedom within a shared framework” is particularly relevant. Greater consistency in operational foundations can give local leaders more space to focus on the areas where local knowledge and professional judgement matter. ^[5]

Before introducing an AI-enabled process, organisations need to understand how the work happens in practice: where information comes from, whether it can be trusted, where people wait or create workarounds, which decisions require professional judgement and who is accountable when a case takes an unexpected route.

These are not minor details. In reality, they determine whether a new tool becomes part of everyday work or quietly drops out of use.

The principle of “freedom within a shared network” is particularly relevant.

– NHS Shared Business Services

Three Lessons From Experience

What automation, shared platforms and AI tell us about making change work in practice

Before AI, there was automation. Although the technologies differ, earlier programmes show what is required to turn technical capability into sustainable service change.

1. Embed the capability in the operating model

Sopra Steria's experience of delivering automation at scale in the public sector illustrates the importance of embedding technology within a wider operating model. Its Automation Hub brought governance, business analysis, design, delivery and ongoing support together.

By mid-2026, more than **140 software robots supported 32 processes and completed over 150,000 transactions each month**, with reported efficiencies equivalent to **more than 30 full-time roles**. During the pandemic, automated onboarding also supported around 13,000 new work coaches without requiring a proportionate increase in operational staffing. ^[6] Those sort of changes don't happen by accident – they are a result of human capability built around technology.

Robotic process automation is not a template for contemporary AI. The transferable lesson is that sustained value came from managing the technology as part of the service, rather than treating each automation as an isolated intervention. People remained available to provide support, investigate problems and exercise judgement.

2. Standardise the foundations before adding intelligence

Norfolk and Waveney Provider Collaborative, comprising five NHS trusts, operated separate finance, sourcing and purchasing platforms. Different systems and charts of accounts made comparison difficult.

Moving to a shared platform and aligning the data reduced requisition-to-order processing time from two days to ten minutes, increased automatic purchase-order generation to **94%**, and initial insight revealed the potential for **£7.3 million in previously hidden savings**. These included instances where trusts had bought the same items at different prices. ^[5]

NHS SBS is testing it in customer support through the 'front door' to its services, SBS One and Agent Murphy, its first AI agent.

Although this was not an AI programme, it demonstrates why the quality and consistency of the underlying operational environment matter. By aligning systems, processes and data, the collaborative created the conditions for greater automation, clearer comparison and more reliable insight.

AI may help people work across fragmented systems, but it does not remove the duplication, complexity and risk that fragmentation creates.

3. Design technology around professional attention

An evaluation of ambient voice technology across nine NHS sites in London examined whether draft clinical notes could reduce documentation time while leaving approval with the healthcare professional.

It reported a **23.5% increase** in patient interaction, an **8.2% reduction** in appointment length and, in accident and emergency settings, a **13.4% increase** in patients seen per shift. These findings relate to the sites evaluated and should not be treated as universal. ^[7]

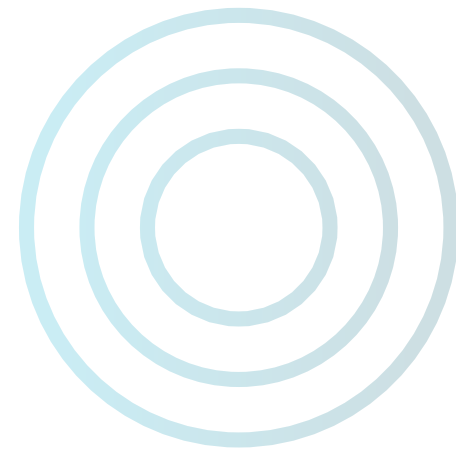
It's clear that the most significant benefit was not faster note production. It was the ability for clinicians who would have previously used the time on notes to spend more time with their patients – whilst maintaining their professional responsibilities.

The same principle can be applied beyond clinical settings. NHS SBS is testing it in customer support through the 'front door' to its services, SBS One and Agent Murphy, its first AI agent. The aim is to make routine information easier to find and common questions quicker to resolve, while directing complex or sensitive enquiries to telephone and specialist teams.

In this case, the productivity opportunity does not come simply from handling more enquiries automatically. It's generated when specialist capacity is released for work requiring human judgement.

Agent Murphy will therefore be evaluated across the full support journey, rather than solely on the number of enquiries it handles, before conclusions are drawn about the benefits achieved.

Five tests for meaningful productivity



A practical framework for turning technical capability into measurable operational benefit.

These examples show that successful technology does not automatically produce a productivity benefit. Value depends on choosing the right problem, redesigning the surrounding process, strengthening the operational foundations and deciding how released capacity will be used.

The following five tests offer leaders a practical way to assess those conditions and identify where an apparently strong technology proposition may fall short as a service change.



1 | Look for friction

Identify where people re-enter data, check, chase, wait or correct. Measure the whole journey before changing any part of it.



2 | Remove and redesign

Remove unnecessary work and clarify where human judgement is required. Select conventional automation, AI assistance or human decision-making according to the nature and risk of the task.



3 | Strengthen the foundations

Ensure data can be trusted and that relevant systems can provide it at the point it is needed. Shared definitions and approaches make outcomes easier to compare and easier to replicate.



4 | Design human accountability

Decide which outputs require review, how uncertainty and exceptions will be identified, who can challenge the system and where final responsibility sits. Checking every output may be appropriate initially, but it can erase the productivity gain if it becomes the permanent operating model.



5 | Follow the time

Track what has happened to the time saved. Has the capacity genuinely been released? Has it been used? Have quality, decision-making, working lives or patient experience improved? A theoretical saving is not a benefit. It becomes one only when the service can use it.

Staff experience should form part of this evidence. The people doing the work are often the first to recognise when effort has moved elsewhere, when a new process creates additional tasks or when supposedly rare exceptions occur often enough to undermine the design.

The challenge for leaders

Moving beyond pilots requires clear ownership, shared learning and evidence of impact

The NHS does not lack ideas or pilots. The harder task is turning local experience into evidence that others can use.

Scaling should not mean deploying the same product everywhere regardless of context. Organisations have different systems, operating environments and levels of readiness. What can be shared are process designs, common data definitions, assurance methods, benefit measures, training materials and approaches to staff involvement.

Shared operational services are well placed to identify common activity and invest in capabilities that would be costly for individual organisations to recreate.

Learning from failure matters too. A pilot that exposes poor data, an unsuitable workflow or excessive manual checking can still produce valuable evidence, provided the lessons are captured and shared.

Every AI-enabled service change requires leadership from several disciplines, but it should have one named operational owner. That person should be accountable not only for implementation, but also for whether the promised capacity is realised in practice.

Operational leaders must test whether the redesigned service works under real conditions. Digital and information-governance leaders must assure its security, reliability and appropriate use. Clinical leaders must protect safety and professional accountability. Finance leaders must distinguish cash-releasing savings from capacity used for other purposes, while keeping the costs of implementation, assurance and ongoing oversight visible.

Organisations do not need perfect infrastructure or complete certainty before acting. However, they should not proceed without a clearly defined problem, a named operational owner, an agreed purpose for any capacity released and evidence to determine whether the intervention should be scaled, changed or stopped.

Shared operational services are well placed to identify common activity and invest in capabilities that would be costly for individual organisations to recreate.

Giving back time with purpose

The test of AI in the NHS is not how many tasks a system can perform. It is whether services work better because people have more time to apply their judgement, expertise and care.

That requires more than deploying technology. It means removing avoidable work, redesigning the whole process, strengthening data and systems, keeping accountability clear and being honest about whether capacity has genuinely been released.

The NHS should not pursue AI for its own sake. It should pursue time and be clear about what that time will be used for.

References and sources notes

[1] NHS Shared Business Services. Futureproofing the NHS: New YouGov research reveals the impact of inefficient systems on NHS staff. 2026.

[2] NHS Shared Business Services. Over a quarter of NHS staff lose more than 10 hours a week to admin. 2026.

[3] British Medical Association. Millions of hours of doctors' time lost each year to inadequate IT systems. December 2022.

[4] The Health Foundation. Tech to save time: how the NHS can realise the benefits. February 2025.

[5] NHS Shared Business Services. Futureproofing the NHS: The case for transforming corporate services for innovation and productivity. 2026.

[6] Sopra Steria / SSCL. SSCL Automation Hub: Scaling Automation Across a Complex Government Shared Service Environment.

[7] Mahdi, A. et al. Unlocking Clinical Time in Emergency Departments with Ambient Voice Technology. 2025. Cited in Futureproofing the NHS.

[8] The Health Foundation and NHS Productivity Commission. Breaking the cycle: how to build a more productive NHS. September 2026. www.health.org.uk/reports-and-analysis/reports/breaking-the-cycle.

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