

## Council of Governors meeting

9<sup>th</sup> June 2022

<b>Report Title:</b>	<b>Time Matters Days</b>
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<b>Previously considered by:</b>	

Approval     
  Discussion     
  Information     
  Assurance

### Executive summary

The one thing which matters most to all of us is ‘time’

- Time to care
- Time to learn
- Time to do our jobs in the best way possible
- Time to spend with our families and friends

We know that for many of our patients, the way the NHS works, takes up a lot of their time. Many trips to hospital to attend individual appointments for example, when a one stop clinic would give people back more time to spend on what they choose to do.

Reducing unnecessary stress and frustration for patients and for staff is at the heart of our ambition for our Trust.

Our philosophy is that ‘time matters’ to everyone.

And this is why we have a dedicated ‘time matters’ day scheduled every month to find out how we can really make time matter for our patients, our staff and our community.

This report sets out how we run our Time Matters Days, our learnings, achievements and how we are striving to ensure that everyone plays a part in pulling together every day, to ensure ‘Time Matters’ in everything we do.

### Action Required of the Board

To receive and comment on this report

	Link to Strategic Objectives (SO)	Please tick
SO1	Keep people in control of their health	<input checked="" type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input checked="" type="checkbox"/>
<b>Risk Implications for the Trust</b> <i>(including any clinical and financial consequences)</i>		

<b>Trust Risk Appetite</b>	
<b>Legal and regulatory implications</b> <i>(including links to CQC outcomes, Monitor, inspections, audits, etc.)</i>	
<b>Financial Implications</b>	
<b>Equality and Diversity</b>	

### **Aims of Time Matters Days:-**

- 'Time Matters, creating a social movement, for all staff across the organisation to personally contribute to 'Time Matters'. Having fun and building energy across the organisation.
- 'Time Matters' to everyone in the organisation, whoever and wherever they are. Hence all staff are involved and play their part in contributing to the vision, making every moment count and every contribution valued.
  - To enable innovation, encouragement of ideas, empowerment and support to release 'non value-added time' and improve time to care
  - To build 'interconnectedness' - what affects one of us affects us all
  - To build 'ingenuity' – there's nothing we can't achieve if we set our minds to it

### **Focus and approach for our next Times Matters Day – 29<sup>th</sup> June 2022**

Building upon the excellent engagement that we have already seen in previous Time Matters Days, the focus of our **Time Matters Day** is '**Hours, not Days**'.

What we mean by this, is that with everyone pulling together across the organisation, all thinking about the impact of each action they perform each day and how they can make an improvement; eg to perform a particular action earlier in the day and/or cut out 'non-value adding' actions perhaps; the aggregation of us all making **marginal gain improvements**, will absolutely transform our patient's pathways of care.

(As per theory of marginal gains, if we can all make 1% improvement in what we do, the results and improvements in what we are able to deliver will be phenomenal).

This applies to all staff groups across the organisation, whether clinical/non-clinical, corporate, clinical divisions, regardless of their role. \ everything that we all do each day has either a direct or indirect impact on patient's pathways of care.

### **A couple of examples:-**

**From an emergency care patient flow perspective**, if we could bring forward key actions to earlier in the day and always perform them 'on the day', the impact of reducing a patient's 'length of stay' in hospital by just half a day for each patient, would mean that two emergency care wards on each acute site would be empty right now, meaning patient outcomes, staffing levels and experience would all improve with immediate effect. The impact of this flows throughout the whole end-to-end patient pathway from the moment a patient calls for an ambulance and it arrives, to the time they wait in the emergency department, assessment areas, move onto the correct ward to receive the very best care etc.

Any staff involved in any aspects of our inpatient pathways, working in and/or supporting any service both in and out of the hospitals, all play a key part in achieving this aim.

**In theatres**, the whole 'end-to-end' set of processes and pathways from the point in which surgery is recommended, through to what happens on the day of surgery and recovery in our hospital has so many teams involved, with so many process steps; all of which play a key part in the patient's journey. What could be the difference in how many patients could be brought forward from their long waits if we could ensure everyone is challenging themselves and one another, to ensure their actions are prioritised, efficient and performed in a sustainable and standardised manner; for example, 'hours, not days', again making those 1% marginal gains.

It is so easy to overestimate the importance of one defining moment and underestimate the value of making small improvements on a daily basis. Too often, we convince ourselves that massive success requires massive action. Whether it is losing weight, building a business, writing a book, winning a championship, or achieving any other goal, we put pressure on ourselves to make some earth-shattering improvement that everyone will talk about. However, what we often miss is the power of tiny gains made by all and that's what this next Time Matters Day will be focusing on.

That being the case, our recommendation is to include all staff groups to participate in a series of vlogs, with the aim of sharing their thoughts and changes and how they are impacting our patient's pathways; as part of our 'Hours, not Days' initiative.

### **So how do we run our 'Time Matters Days'?**

Our executive team and senior leaders, set aside the day, cancelling non-urgent meetings, to spend time visiting areas across the organisation; having face-to-face contact with teams, to gain knowledge of areas outside of their day-to-day responsibilities, to listen, observe, gently enquire, share expertise and to lead the ambition for the organisation around Time Matters and working with staff to empower change, with the ethos of driving marginal gains – hours, not days.

This is replicated throughout all of our management layers in the organisation for Time Matters days; achieving large-scale knowledge-sharing, brainstorming and empowering, encouraging and supporting staff to make changes in relation to Time Matters. This also includes visits to areas outside of the hospitals; linking with community teams, members of the public in relation to accessing our services and our Time Matters day in May also had a key focus on visits to community settings in our most deprived areas.

We produce photos and video clips of conversations with patients and staff, to share some of the rich stories and views around what really matters to them. Use social media to release short stories i.e. Tweets from the QI team, use of Youtube with blogs.

Key issues/ideas highlighted which are within the gift of the individual team to address, are agreed and taken forward by the individual teams.

For key issues/ideas which require support from other areas across the organisation or wider system, they are input into a survey, for identification of owner and tracked through to completion. The executive or manager who identified these with the teams, will follow up to close the loop.

**Lessons learned** from previous Time Matters days/weeks, have shown a need for a '**Time Matters Ambassador**' for every clinical division and corporate service; the idea being that any change requirements identified through these days which relate to a given area can be picked up and owned by that department through to completion. Thus, driving the large-

scale social movement of change and not leaving a single team to track an ever-growing organisational action plan.

As a result of this, following our Time Matters Day in May, we now have Time Matters ambassadors in all of our divisions.

Our Time Matters ambassadors will also be the single point of contact to represent all Time Matters achievements across their areas; ie including joining all-staff briefings to share the great examples, but also supporting the Time Matters taskforce in shaping future Time Matters Days.

### **A few examples of findings / achievements to share:-**

- We have made improvements in diagnostic waiting times – we are best in the region post pandemic. Contributions include shortening the slot times for CT/MRI. The Community Diagnostic Hub in Clacton has added significant new capacity for X-Ray, Ultrasound, Phlebotomy, CT and MRI much closer to the people in Tendring.
- Transformed cancer care – the TRACE project has hugely improved the time management for MDT co-ordinators, freeing up time to focus on managing patient's pathways. Cancer care – our cancer waiting times are among the best in the region.
- Set up the staff helpline, wellbeing hub, Employee Assistance Programme etc. supporting staff to get the care and support they need for physical, mental and financial wellbeing.
- Become much more efficient in our staff wellbeing processes, for example our flu vaccination with live data recording and reporting, COVID testing and LFT reporting, COVID vaccination
- COVID testing turnaround times for in-patients reduced from 5 days March 2020 to 12hrs now, and under 2 hours for admission screening.
- Better access to information and analysis – the Analytics team have produced many PowerBI reports for our ease of access to data
- Telephony – introduction of automated switchboard at Ipswich and shortly at Colchester.
- Set up a seven day working, fully Integrated health and social care discharge hub, reducing time to transfer patients out of the hospital; we are best in the region and 7th nationally for our numbers of patients in our hospital with long lengths of stay, based on Time Matters work achieved around patient flow processes
- ESNEFT on line - new intranet coming to make it quicker and easier to find the information you need - £100k business case approved.
- New Team ESNEFT newsletter, regular all-staff CEO briefings to make it quicker and easier to know what is going on at the Trust.

- Care of deceased patients and their families – we have invested in the facilities for relatives at both sites, most recently Ipswich. This includes accommodation for the Registrar’s team on site to make registering deaths as quick and least-stress as possible, during one of the most difficult times for any family.
- Robotic surgery – the new surgical robot has reduced post-op pain and speeded up the recovery of patients (by an average of 2 days LOS!) who have major abdominal or pelvic surgery.
- Brainomix AI went live in August this year uses AI to speed up the diagnosis and management of Stroke. Mobile Stroke ambulance in place, responding to stroke calls, with consultant team and CT scanner / diagnostics on board, for quicker diagnosis and treatment.
- Increase in video and telephone consultations for outpatient appointments; saving time for patients on unnecessary travel. Just under a quarter of all outpatient appointments are being managed via video or telephone.
- Introduction of ‘patient initiated follow up appointments, (PIFU)’ system. Whereby our patients are discharged from being called again for a follow up appointment, but are given a ‘blue card’ with details of how they can be offered a further appointment if they need it, within a given timeframe.
- Process changes to bring forward patient’s completion of documentation on the ward, (prior to being discharged from the hospital); ie to be completed the day before discharge; enabling patients to leave the hospital early the next morning, based on criteria for discharge.
- Specialty ‘hot clinics’ in place; enabling urgent care patients to be seen in a planned way within hours, not days, (also avoiding the emergency department and assessment units) where appropriate.
- Decision to admit patients to be performed/overseen at consultant level; ie avoiding patients having long waits in our urgent and emergency care departments.
- Through conversations and visits out on ambulances with our EEAST colleagues as part of Time Matters days, we are driving changes together, to avoid unnecessary ambulance conveyance to hospital; eg services now in place to include 24/7 direct line for ambulance crews to speak with a local GP prior to conveying the patient.

Some key issues raised from our last Time Matters Day in May which are currently being worked through:-

### **Patients Perspective**

- More volunteers in outpatient areas to help support and signpost
- More wellbeing spaces/gardens for patients and staff
- More evening appointments would be extremely useful
- Patient Transport – very lengthy time waits and not a great experience especially for more elderly patients
- Some felt that the text reminder service was overwhelming with some patients receiving 2 or 3 reminders in one day
- Waiting Times - A lot of the patients who were spoken to about waiting times, expected to wait especially due to Covid, but the majority of those spoken with, felt

supported, they were called by nurse specialities/consultants/secretaries and kept updated. They also received letters confirming their referral had been received and they are on the waiting list.

- More menu choices and also meals for parents if children are inpatients could be provided.

### Staff Perspective

- Lack of Communication - between colleagues and departments leading to duplication of work
- IT Systems - Some IT systems not joined up
- IT systems crashing resulting in delays
- Outpatient Areas – more chairs required for patients especially eye clinic as patients attend with a family member/carer due to the procedure they are having. This was mentioned several times
- Improve process for transfer of care from emergency care to specialties

### Specific findings from visiting more deprived areas and speaking with members of the public:-

Kennedy Way	Jaywick	Clacton Hospital	Fryatt Hospital
Anon "I can't get through to My GP, have to cycle there and wait at the door at 8am" "I have to get a train to Colchester appointments so have to save the money from my benefits to buy my ticket then claim it back" "Lots of people do not have computer access but I would welcome virtual appointments if I did"	Anon "Taxi return to Colchester £30, ambulance transport not available" "The buses are not available" "GP asked me why I was shaking like a Jellyfish"	John "doesn't like to go to GP as too much hassle" "People don't always listen" "it takes so long getting weighed etc at appointments" "I've just had my appointment and they've said I need a blood test, Why can't have that today?" "Can we get text's with an update of progress through the system?"	Anon "I don't know what transport gets me here, I had to drive so had treatment on my eyes without anaesthetic so I could drive home"
Ollie & Elaine "Transport costs to appointments are issues" "Anxious / concerned about attending appointments" "would like to get fitter and improve my general wellbeing"	Jennifer "Opticians said Cataracts need to be done in 12-18 months, went to Eye clinic in Colchester told should be ok for another year – I cannot read without a magnifying glass now" "waited 3 weeks for a GP appointment" "Does have a laptop but not had the time to set it up and use it"	Chloe "Nan has trouble getting to Colchester Hospital for her eyes, can drive but has to have drops and cant drive after, she cant get hospital transport because she is able bodied" "Nan given wrong information when signposted to community service" "Nan couldn't have virtual appointments" "Would like more social community activity"	Sharon "I need to go to Colchester for a series of appointments but time and money make it difficult" "The xray is not always available in Harwich" "The emergency care in Harwich shuts at 7.30pm and I feel that the hospital facilities are wasted here" "GP's in short supply in this area had to wait 6 months for an appointment, would welcome virtual appointments" "Access to treatment during lockdown has had a big impact mentally on me I've been withdrawn and getting through the day is a grind"
Nicky "Transport to Colchester for my 89 year old mum is difficult, she doesn't drive" "English Language is not mums first language so appointments are difficult" "Mum has anxiety over appointments" "Virtual appointments would be good but there is no access to equipment"	David "Calling GP is so difficult" "I do have access to a rehab course every year, 12 sessions over 6 weeks" "I have complex mental and physical problems, I had to introduce psychological causes of physical problems" "Been told not ill enough to get mental health support, dealing with nightmares independently" "Will need more help with COPD" "Never had holistic care from NHS" "The benefit of the community centre is it brings comfort"	Sarah "Grandparents wouldn't have ability to have virtual appointments" "Would like reminder for hospital appointments, weight management advice and a new back!"	Pauline "Lovely hospital not used enough" "Eye care and Hearing is better here" "GP's not listening to us" "GP told me he had more important people to speak to than me" "Would prefer F2F appointment than virtual, but ended up in hospital for 14 days as felt wasn't listened to by GP"
Simon "The treatment I need isn't available locally I have to travel to London"			

### Next steps:-

Continue to build and embed this within the organisation culture specifically with the following:

- The divisional Time Matters representative will represent the division with key actions from Time Matters Days.
- The y will hold divisional plans with actions and owners.

- Continue to build and maintain internal relationships as well as networking with colleagues both within and outside the Trust which will heighten visibility across ESNEFT and the wider community.
- Have the opportunity to present at the leadership briefings.
- Feedback through Time Matters Board
- Use of Patient User forums for feedback
- A communication plan to be agreed

**Recommendation**

The Council of Governors are asked to note this report.