Time Back, Care Forward

Turning NHS digital investment into frontline productivity and better patient care.

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Because every minute returned to NHS staff is a minute ***reinvested in patient care***

Contents

Executive summary

Minutes the NHS can't afford to lose

The NHS has made significant progress in digitisation. Electronic patient records are now in place across most trusts, supported by sustained investment in systems and infrastructure. But productivity has not kept pace.

Time is being lost in everyday moments: starting work, accessing systems, moving information and communicating with patients. These are not major failures, but routine inefficiencies that make work slower and more complex than it should be.

Individually, they are easy to overlook. Collectively, they absorb substantial NHS resources.

Drawing on Freedom of Information responses from NHS trusts across the UK*, this report finds that these small delays add up to around **eight minutes per staff member per day, equivalent to 2.1 billion minutes (35.2 million hours) of staff time each year****.

At an estimated £30 per hour, this represents over **£1 billion in lost productivity annually, the equivalent of around 20,000 full-time staff or more than 40 million patient appointments**.

This is the NHS productivity gap: the difference between having digital systems in place and those systems delivering usable time back to the frontline.

This gap sits at the centre of current NHS priorities. The 10-year plan and wider policy direction are clear: sustained productivity improvement is now essential to meeting rising demand within constrained resources.

Three areas account for most of this lost time:

- **Getting staff to work** — delays in accessing devices and systems
- **Moving information through the trust** — hybrid processes and fragmented data flows
- **Reaching patients** — communication that fails to reliably convert into care

Across all three, a common constraint emerges: **limited visibility**. Many trusts are unable to measure the time lost to everyday processes, making performance difficult to quantify and improve.

The opportunity is practical. Trusts that focus on how work actually happens — how staff access systems, how information flows and how patients are reached — are already recovering time and improving flow. For example, at The Walton Centre NHS Foundation Trust, changes to how records were captured and made available helped clear a backlog of 5,000 patients and released time back into frontline care.

This is what we mean by ***Time Back. Care Forward***. Not as a concept, but as an operational principle: identify where time is being lost, remove the friction that causes it, and return that time to patient care.

This report sets out where that opportunity sits, what it is costing today, and how NHS organisations are beginning to realise it in practice.

* Two separate FOI requests were submitted to 203 NHS trusts across the UK between January and March 2026. 244 responses in total were received. The findings in this report are based on data provided by trusts themselves.
** A detailed breakdown of how this estimate has been calculated is covered in the Appendix at the end of this document

Why this matters now:

From digitisation to productivity

The NHS has entered a new phase of its digital journey. Over the past decade, accelerated by the pandemic, trusts have invested heavily in systems and infrastructure. Electronic patient records are now widely established across the service.

At the same time, patient-facing services have expanded. The NHS App now reaches tens of millions of users and is increasingly used to manage appointments, prescriptions and communication. As digital access becomes standard, expectations of speed and reliability have risen accordingly.

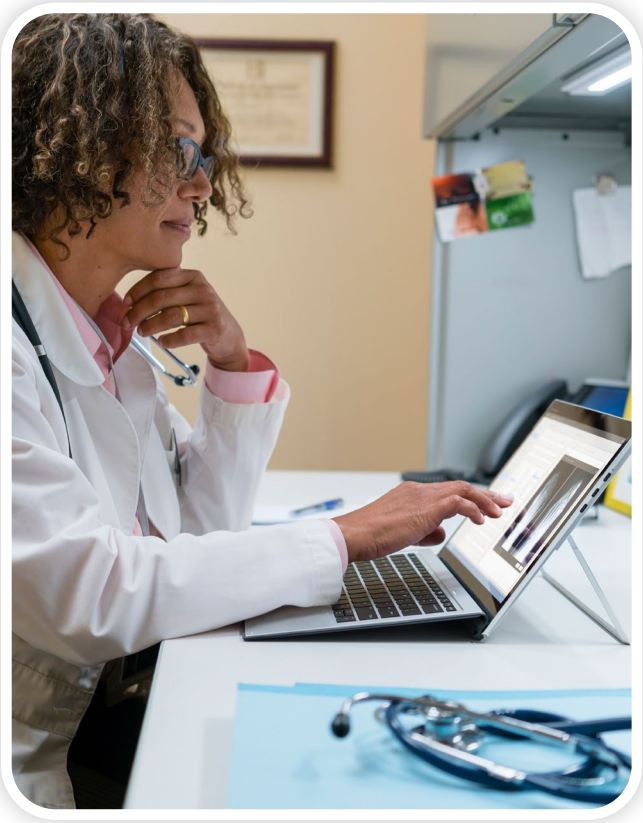
The question is no longer whether digital systems are in place, but whether they are delivering measurable improvements in productivity, patient flow and staff experience. The potential is there and now trusts must make it a reality.

This obligation shift is reflected in national policy. The NHS Long Term Plan and subsequent planning guidance set out the need for sustained productivity growth of around 2% per year (significantly above historic levels) to meet rising demand within constrained resources.

Progress has been uneven. Productivity has yet to fully recover to pre-pandemic levels, and independent analysis points to a consistent pattern: infrastructure has improved, but the benefits are not always realised in day-to-day work. Systems remain difficult to use, poorly integrated, or not fully embedded in operational workflows — falling short of what they are capable of.

This gap is experienced in time:

- **The time it takes to begin work.**
- **The time spent finding or re-entering information.**
- **The time lost to interruptions and workarounds.**
- **The time required to reach and respond to patients.**



These moments determine how much care the system can deliver. Repeated across the workforce, even small delays accumulate into a significant loss of capacity.

For operational leaders including COOs, transformation leads, operational directors, and finance teams, this reframes the role of digital investment. Systems are judged not by their presence, but by how effectively they support work in practice.

As policy continues to focus on productivity, patient flow and workforce sustainability, reducing everyday friction, and converting time saved into clinical capacity, is becoming central to performance. High-performing trusts have the required visibility and control of these elements to manage all aspects of operational delivery end-to-end, in the same way that they would manage hospital beds.

That is the context for this report: to understand how far digital systems are delivering usable time at the frontline, and where that gap remains. Trusts must close it if they are to reap the productivity dividends that their investments should — and can — offer.

The NHS productivity gap:

Digital is in, experience still isn't

Digital adoption across the NHS is well established. Most trusts now have the core systems they need, supported by sustained investment in infrastructure, platforms, and data.

Yet for many staff, the experience of work still feels slower and more complex than it should be. Tasks take longer; processes remain fragmented and work often involves navigating around systems rather than moving smoothly through them.

This is a key component of the NHS productivity gap: the difference between having digital systems in place and those systems delivering usable time back to the frontline.

It does not typically appear as a single failure or major issue. Instead, it is built into the rhythm of everyday work: the time it takes to get started, the effort required to move between systems, the difficulty of finding or confirming information, and the repetition that accumulates across routine tasks.

Individually, these delays are small. At scale, they become material.

FOI responses show a consistent pattern across organisations. The same points of friction appear repeatedly, regardless of size or structure. They cluster around three parts of the working day:

1. **Getting staff to work**
   Accessing devices and systems
2. **Moving information through the trust**
   Managing documents and data across hybrid workflows
3. **Reaching patients without delay**
   Ensuring communication translates into action

Each of these should operate smoothly. Where they do not, time is lost, often before work has properly begun or at the points where flow matters most.

A common issue also underpins all three: limited visibility. Many trusts lack a clear view of how long tasks take, where delays occur, or how these delays affect outcomes.

This creates a practical constraint. When time loss is not visible, it becomes difficult to prioritise improvement or demonstrate the impact of change. Effort is often directed at systems themselves, rather than the experience of using them.

The result is a gap between capability and performance: not whether systems exist, but how effectively they support the flow of work in practice.

The sections that follow examine each of these areas in detail, showing where time is being absorbed and where it can be recovered for patient care.

Friction point one:

Getting staff to work

For most NHS staff, the working day begins with access: accessing devices, clinical systems, and the information needed to start work. These steps are routine, but they set the pace for everything that follows. When access is slow, unreliable, or interrupted, time is lost before work has properly begun.

FOI responses show this is a consistent point of friction across trusts.

On average, staff wait more than **80 seconds to reach a usable desktop environment** with some organisations reporting delays **of six minutes or more.**

Even in environments using single sign-on or proximity access, delays in device readiness and system performance continue to affect how quickly staff can begin work.

Repeated across shifts, roles and sites, these delays contribute to a significant share of the time lost each year to workplace friction.

The issue continues beyond initial access.

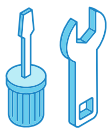
Trusts reported more than **1.1 million device-related incidents in a single year**
(over 9,000 per trust on average)
Each **interrupting work and requiring time** to resolve.

Recovery is rarely immediate, with **average resolution times exceeding 48 hours**
Staff are often left waiting, sharing equipment or adapting workflows to compensate.

Wider service interruptions add further disruption.

More than **360,000 IT-related incidents were recorded**
(alongside clinically significant outages)
With over **13,000 hours of cumulative downtime.**

Alongside this, ageing device estates remain a factor.



FOI data indicates that around **one in five devices (21%) are more than five years old**
Increasing the likelihood of slow performance, failure, and delay.

Taken together, these issues create a form of "start-of-shift friction". Time lost through the basic mechanics of accessing and maintaining the tools required to work. This time is rarely captured as a single metric, but its impact is cumulative: delaying the start of work, disrupting continuity and reducing productive time.

Staff adapt where they can by arriving earlier to access systems, sharing devices, or developing workarounds — but these responses can themselves introduce further inefficiency and risk.

Where access is inconsistent, the effects are felt throughout the working day: shaping how quickly work can begin, how reliably it can continue, and how much time is ultimately available for patient care.

Case in point

NHS
The Leeds Teaching Hospitals
NHS Trust

At Leeds Teaching Hospitals, improvements to how information and workflows were accessed and managed helped **reduce delays in day-to-day operations**. By streamlining how staff interacted with systems and documents, the Trust improved efficiency and released time back into clinical and administrative workflows.

Read the full case study

Friction point two:

Moving information through the trust

If getting staff to work sets the pace of the day, the movement of information determines how smoothly that work can continue. Across the NHS, information still moves through a combination of digital systems and physical processes. Despite widespread adoption of electronic patient records, documents continue to be printed, handled, scanned, stored, and re-accessed at scale. This hybrid reality introduces friction at every step.

FOI data makes the scale of this visible.

Across responding trusts, more than **1.1 billion pages were printed in a single year** supported by over **42,700 devices**

On average, each trust is managing millions of printed pages annually alongside a large and distributed print estate.

This reflects the complexity of NHS workflows. Information must move between systems, settings, and teams but the way it moves is often inefficient. Documents are frequently created in one system, printed for use elsewhere, scanned back into another, and stored across multiple locations. Each transition introduces delay and duplication. Information is handled more than once, and sometimes more than necessary.

These steps are rarely measured but repeated at scale they contribute directly to lost staff time.

FOI responses also show that this process is not always reliable.

Across responding organisations, **66,722 print and scanning faults were recorded in a single year**

(an average of around 750 per trust, with some reporting nearly 5,000 incidents)

Each fault interrupts work, delays access to information, and requires staff to repeat tasks or find alternative routes.

Alongside this, many trusts continue to manage substantial volumes of legacy patient records, often held off-site with third-party providers. Retrieving these records introduces further delay, particularly when information is needed at the point of care.

Information does not move in a straight line. It moves in loops between digital and physical formats, between systems, and between locations. Each loop adds time, and each handoff introduces the potential for delay or error.

The impact is felt in the working day: waiting for documents, repeating steps, or working with incomplete or delayed information. Over time, this creates a significant but often invisible drag on productivity.

It also shapes behaviour. Staff adapt by printing in advance, duplicating records, or building contingency into workflows. These adaptations keep services running, but they reinforce the underlying inefficiency.

The result is a hidden workload: time spent managing movement of information, rather than using it.

Case in point

NHS

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

At Newcastle upon Tyne Hospitals, improvements to how information was accessed and managed across systems helped **reduce inefficiencies in day-to-day workflows**. By simplifying processes and improving how data moved between teams, the Trust reduced duplication and improved operational flow, releasing time back into frontline activity.

Read the full case study

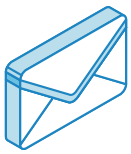
Friction point three:

Reaching patients without losing time

If systems enable staff to work, and information allows that work to flow, communication determines whether care happens at all.

Appointments, reminders, and follow-ups all depend on information reaching patients at the right time, in a form they can act on. When that connection holds, services run as planned. When it breaks down, capacity is lost.

FOI data shows the scale of this challenge.



Across responding trusts, **37.9 million appointment communications were issued by post or hybrid mail in a single year**

(an average of more than 600,000 per trust)

Even in environments using single sign-on or proximity access, delays in device readiness and system performance continue to affect how quickly staff can begin work.

The consequences are visible.

Over the same period, trusts reported around **5 million missed or unattended appointments**

These are often treated as a demand issue, but they also reflect how effectively the system connects with patients in the first place.

What is less visible is why these breakdowns occur.

Fewer than **5% of trusts were able to confirm whether missed appointments were linked to communication failures...**

...and **19% could not confirm the number of missed appointments at all**

This points to a deeper issue. Where communication processes are not clearly measured, it becomes difficult to understand whether messages are delayed, not received, not understood, or not aligned with how patients engage with services.

The impact is not just missed appointments, but disrupted flow. Capacity goes unused, schedules become harder to manage, and additional effort is required to follow up and recover lost activity. Time is spent correcting breakdowns rather than delivering care.

As patient expectations shift, driven in part by the growing use of the NHS App and digital services, gaps between how communication is sent and how it is received become more visible.

At scale, this creates a coordination problem: large volumes of communication are generated, but with limited insight into how effectively they translate into attended care. In that gap, both time and capacity are lost.

Case in point

NHS
East London
NHS Foundation Trust

At East London NHS Foundation Trust, improvements to patient communication processes helped increase the reliability and effectiveness of appointment engagement. By modernising how patients were contacted and reducing reliance on fragmented channels, the Trust improved attendance and reduced the operational impact of missed appointments.

Read the full case study

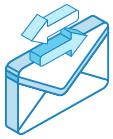
The visibility gap:

What the NHS can't see, it can't fix

Throughout this report, the focus has been on where time is being lost. An equally important question sits alongside it: how much of that loss is actually visible?

Across multiple areas, FOI responses show that many trusts are unable to track basic operational metrics that would help them understand their own productivity. In some cases, it is the majority.

When it comes to the flow of information, **44% of organisations could not confirm how many pages were scanned** into their electronic patient record systems...



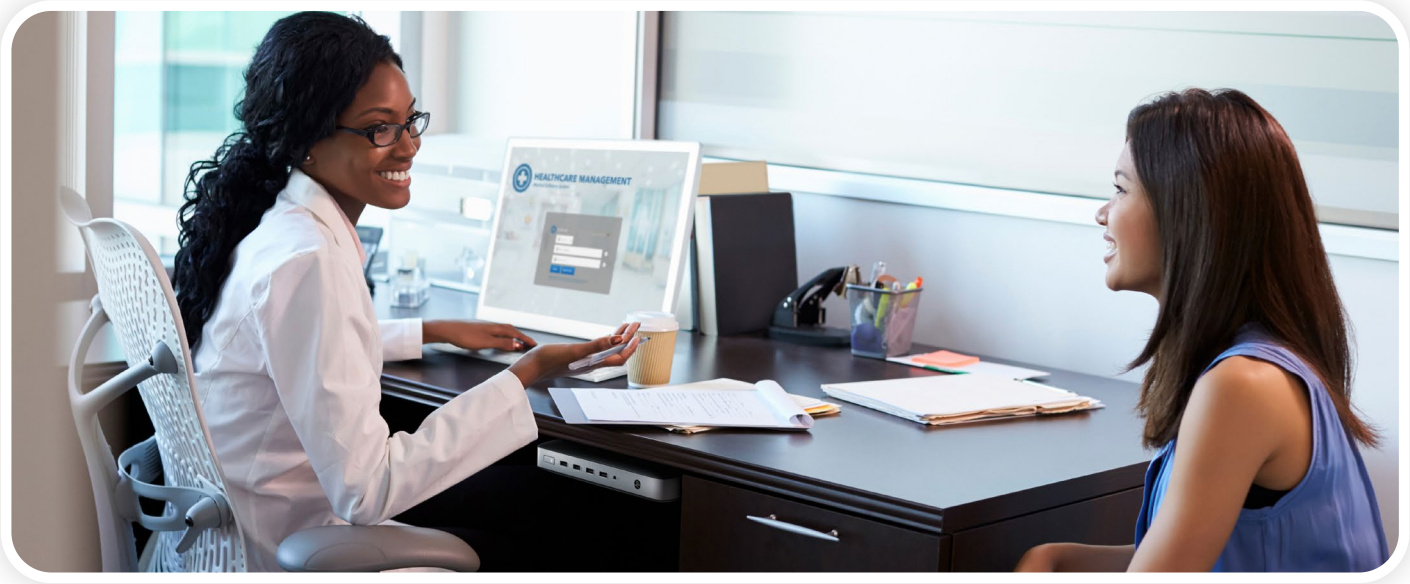
...while **41% could not confirm how many outpatient communications were sent** by post or hybrid mail

At a system level, this means large volumes of information are being created and processed without a clear understanding of scale or flow.

The same pattern appears in how work is experienced by staff.

67% of trusts could not confirm how long it takes for a typical user to access their system...

...and **59% could not confirm how many staff have access to a designated workstation**



Even where tools exist, adoption remains limited.

While **43% of trusts reported using basic device management solutions...**

...only **15% reported using proactive or digital experience monitoring tools**

Limiting their ability to understand how systems perform in practice.

This lack of visibility extends to issues with direct patient impact.

28% of trusts could not confirm how many IT outages they had experienced...

...and **40% could not confirm the total duration of clinically significant outages**

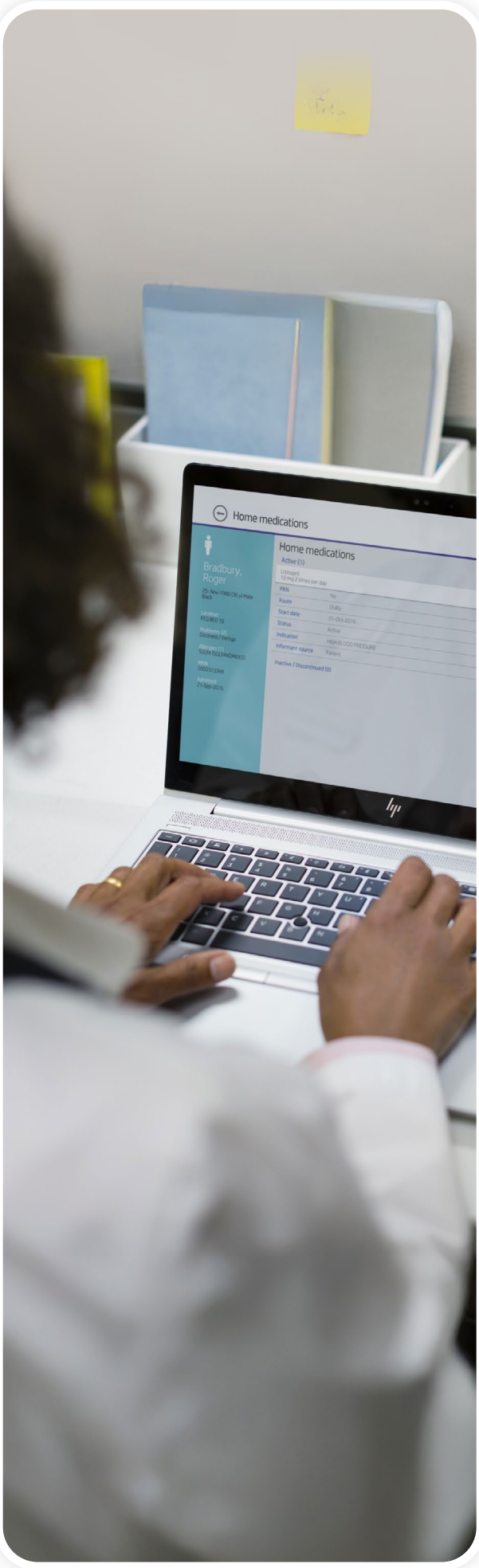
Taken together, these gaps reveal a consistent pattern. Across access, information flow and communication, trusts are often operating without a complete view of how work happens in practice — how long tasks take, where delays occur, and how those delays affect outcomes.

This creates a structural limitation. When time loss is not clearly measured, it becomes difficult to prioritise improvement. When the impact of change is not visible, it becomes difficult to demonstrate progress.

As a result, productivity becomes something that is assumed rather than understood.

The NHS generates vast amounts of data. But much of what matters operationally — the experience of work, the flow of information, and the reliability of access — is not consistently captured in a way that supports action.

Until it is, a significant proportion of lost time will remain hidden.



Turning lost time into usable capacity

Once these patterns are visible, they are difficult to ignore. Together, they represent a significant source of recoverable capacity within the system — time that already exists but is not yet being fully used.

Across the NHS, time is lost in the same places: at the start of work, in the movement of information, and in communication with patients. These are not isolated issues, but repeated points of friction embedded in everyday workflows.

That is why operational productivity has proved difficult to shift. The problem is rarely a single failure. It sits in the extra steps, repeated tasks and avoidable delays that become normal over time.

The implications are practical. Trusts need to understand how work flows in reality — not simply whether systems are in place, but how they are used: what slows work down, where continuity breaks, and where effort is spent unnecessarily.

Once that picture is clear, priorities become clearer:

1. **Reduce the time** it takes for staff to access and use systems
2. **Minimise duplication** in how information is captured, moved and stored
3. **Improve communication** so that more appointments translate into attended care

This is where productivity becomes tangible: less waiting, less rework, fewer gaps in schedules, and more of the working day spent on patient care.

Even modest improvements can have a meaningful impact.

in everyday friction...

...would return the equivalent of around...

£250 million
in staff time...

...to frontline services each year

This is the principle behind Time Back. Care Forward. — not as a slogan, but as an operating approach: identify where time is lost, remove the friction that causes it, and return that time to the frontline where it can be used.

What high-performing trusts do differently

The data in this report does not describe a single NHS experience. Some trusts are managing significantly less friction than others and the difference is not explained by size, funding or system landscape alone.

The more effective organisations tend to share a number of consistent characteristics:

They treat time as a managed resource measured, tracked, and improved in the same way as beds, theatres, or workforce capacity. Delays are not accepted as background noise or worked around. If access is slow, information takes too long to move, or appointments are lost through communication failure, these are treated as operational issues that require intervention.

They focus on how work happens in practice. Not just whether systems are in place, but whether tasks are straightforward to complete, whether information is available when needed, and whether systems support continuity rather than interrupt it.

They design for flow. This means reducing unnecessary handoffs, limiting movement between paper and digital processes, and removing repeated or duplicated steps. Work moves more directly from one stage to the next, with fewer points of delay.

They also connect areas that are often managed separately. Devices, document workflows, records, and patient communication are treated as part of the same operational system — each affecting how work progresses from start to finish.

As a result, improvement is cumulative. Delays are reduced, throughput increases, and pressure on staff is eased. Capacity is not created through additional resource, but by making better use of the time already available.

Case in point

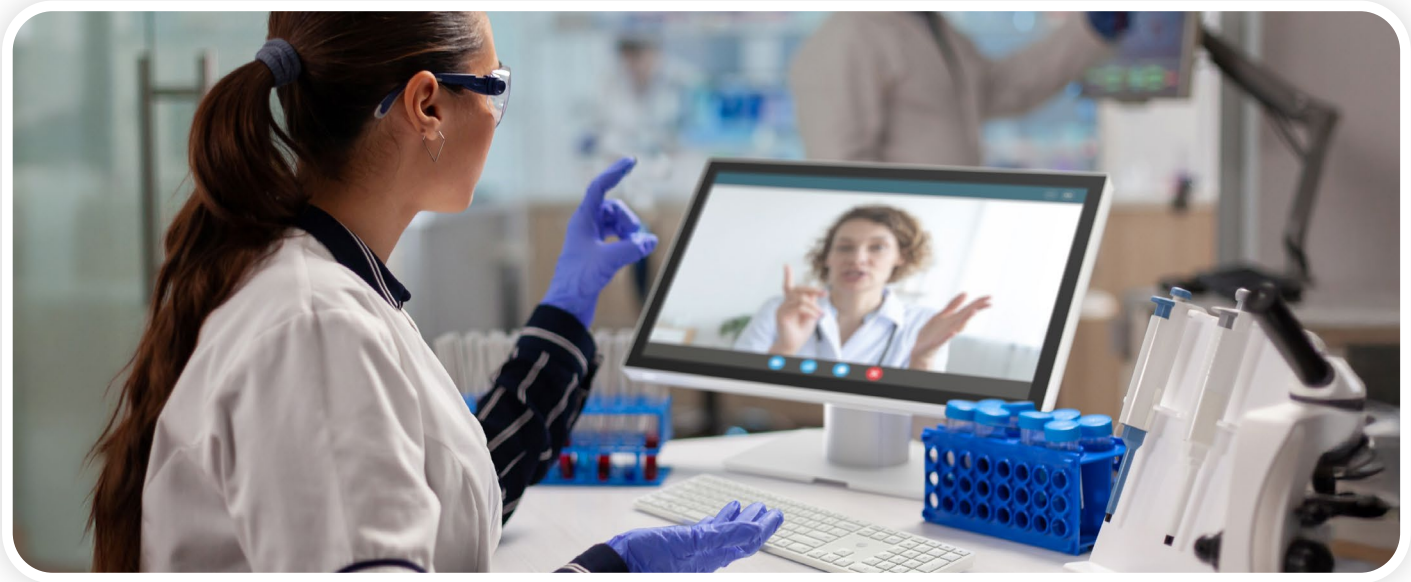
NHS
The Walton Centre
NHS Foundation Trust

Delays in record handling had become embedded in day-to-day operations, with information not always available when needed and a growing backlog over time.

By changing how records were captured, digitised and accessed, the Trust was able to clear a backlog of 5,000 patients and return to registering new patients on arrival — something it had not achieved for five years. Staff were redeployed to higher-value work as the pressure of manual processes reduced.

The outcome was straightforward: information reached the point of care faster, flow improved, and time previously tied up in process was released back into the patient experience.

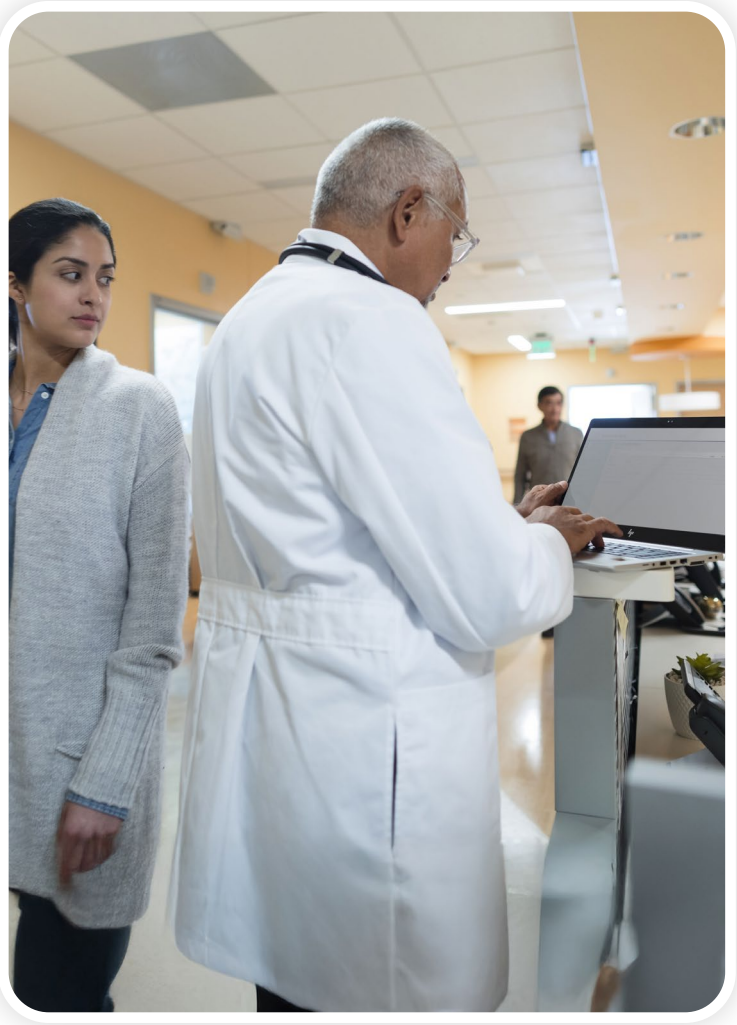
Read the full case study



A practical route forward

The issues identified in this report are connected. Addressing them in isolation rarely delivers sustained improvement. Fixing access without improving how information flows simply shifts the constraint elsewhere. Digitising records without changing how they are captured and used can introduce new steps rather than remove them. Improving communication in isolation does not resolve the upstream processes that generate it.

Improving productivity is therefore not about chasing the next technology, but about improving how existing systems support the flow of work in practice. Removing or replacing systems, or simply changing the ways in which existing ones interact with one another, can all be equally valuable depending on the unique needs of a particular trust.



Apogee works with **47 NHS Trusts across the UK,** supporting digital transformation, document management, and workplace efficiency programmes at scale. Its work with organisations including **The Walton Centre NHS Foundation Trust, Newcastle upon Tyne Hospitals, Northumbria Healthcare, Barts Health, and Guy's and St Thomas**' demonstrates a strong track record in modernising legacy systems, improving information governance, and delivering measurable productivity gains.

Its approach is built around improving the modern workplace as a connected environment — bringing together end-user devices, managed print, document services, records digitisation, inbound and outbound communications, and workflow automation into a single operating model.

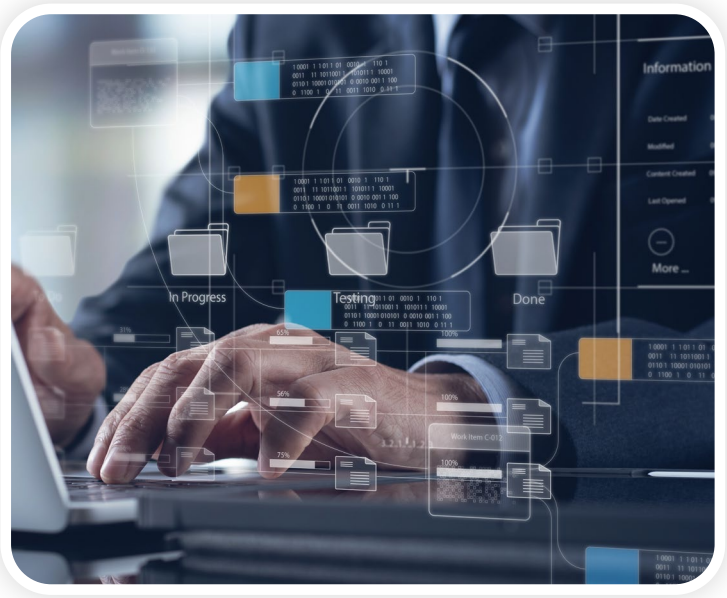
The focus is on delivering practical benefits such as:

- ✓ **Ensuring staff can access and use systems reliably from the start of work**
- ✓ **Reducing unnecessary steps in how information is captured, processed and retrieved**
- ✓ **Improving how information moves between systems and teams**
- ✓ **Strengthening communication so that more appointments translate into attended care**

When these areas are managed together, the effect is cumulative. Work starts on time and continues without interruption. Information is available when and where it is needed. Communication supports flow rather than disrupting it.

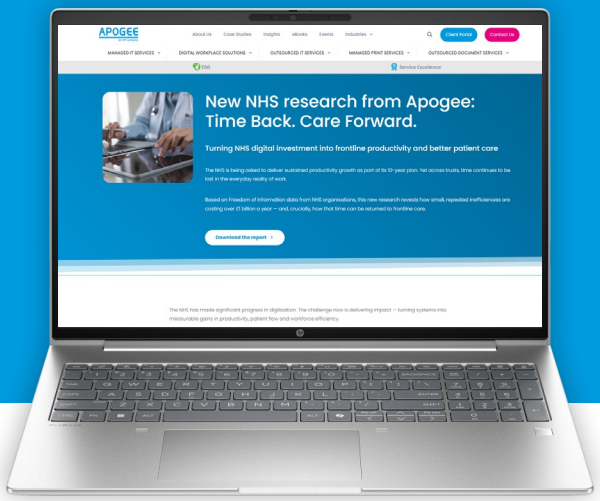
For trusts under pressure to improve productivity, the path is clear:

- ✓ **Understand how work flows across devices, documents and communication**
- ✓ **Remove unnecessary steps and points of failure**
- ✓ **Improve consistency at the points where time is most often lost**



This is how time is recovered — not in theory, but in the day-to-day experience of work. At scale, that means reclaiming even a portion of the **£1 billion in productivity currently lost each year**.

For those looking to explore how this can be applied in practice, visit:
https://apogeecorp.com/ebooks/new-nhs-research-from-apogee-time-back-care-forward/



Or scan to contact:

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Appendix

A detailed breakdown of how our £1 billion in lost productivity estimate is calculated

This estimate combines NHS workforce data, Freedom of Information (FOI) responses from NHS trusts, and a set of conservative assumptions about how small, everyday inefficiencies accumulate across the working day. It is designed to provide a system-level view of impact, rather than a precise measure of individual experience.
We begin with the size of the NHS workforce. According to NHS Digital, there were 1,377,448 full-time equivalent (FTE) staff working in NHS Trusts and core organisations in December 2025, representing a total headcount of 1,543,716[1]. For the purposes of this analysis, a conservative subset of 1.2 million staff is used, focusing on patient-facing and administrative roles most directly affected by day-to-day IT and process friction.

The next step is to estimate how much time is lost per person, per day. FOI data provides an anchor for this. Typical login times across trusts are reported at between 60 and 90 seconds, though this varies depending on infrastructure, access methods and local configurations (for example, smartcard access or persistent sessions). To reflect this variation, a midpoint estimate of 75 seconds per login is used, alongside an assumption of multiple login events per day. While some roles may experience fewer interruptions, others — particularly in shared or clinical environments — may log in more frequently. On this basis, an estimated 3–4 minutes per day is attributed to access-related delays.

FOI data on document handling highlights a second source of friction. NHS workflows still involve large volumes of printing, scanning and duplication. To estimate the impact, we assume that a typical staff member handles around 20 documents per day — a conservative figure across both clinical and administrative contexts. If 10% of those documents involve inefficiencies such as duplication or scanning delays, and each instance adds approximately 30 seconds, this results in a further one minute of lost time per day.

In addition to these measurable factors, a modest allowance is included to reflect wider system friction. This captures common but less easily quantified delays such as slow applications, switching between systems, or minor interruptions to workflow. A conservative estimate of three minutes per day is applied to reflect this broader experience.

Taken together, these assumptions produce an estimated total of approximately eight minutes of lost time per staff member per day. In practice this figure will vary across roles and organisations, but§ is intended to represent a reasonable system-wide average based on available data.

To scale this across the system, we assume an average of 220 working days per year, accounting for weekends, annual leave and public holidays. Applying the daily time loss across 1.2 million staff results in approximately 2.1 billion minutes of lost time annually, equivalent to 35.2 million hours of staff time.

To estimate the financial impact, we use a blended hourly cost for NHS staff grounded in published earnings data. NHS Digital's NHS Staff Earnings Estimates (December 2025) shows a wide distribution of pay across roles, reflecting the mix of administrative staff, mid-band clinical roles and senior clinicians[2]. While average earnings across the workforce may be higher, a conservative midpoint salary of approximately £35,000 per year is used for this analysis.

Assuming a standard working year of approximately 1,950 hours (37.5 hours per week), this equates to around £18 per hour in base pay. NHS organisations also incur additional costs, including National Insurance, pension contributions and organisational overheads. Applying a standard uplift, alongside a further allowance to reflect the full cost of productivity (including estates, IT infrastructure and support services), results in a rounded estimate of approximately £30 per hour.

Recent NHS pay awards and updated pay scales indicate upward movement across multiple staff groups, increasing overall workforce cost. Published guidance from NHS Employers[3] and the NHS Pay Review Body[4] points to upward pressure on pay that is not fully incorporated into this model, meaning the £30 per hour estimate remains a conservative representation of workforce cost. Applying this rate to the total time lost (35.2 million hours) results in an estimated annual productivity cost of £1.06 billion.

This approach is intentionally conservative throughout. Workforce figures are based on published NHS data, and assumptions on time loss are grounded in FOI responses and set cautiously where variation exists. In practice, both time loss and workforce costs may be higher in certain settings. Applying alternative assumptions — such as fewer login events per day or higher average earnings — produces a range of approximately £800 million to £1 billion annually.

The result is a credible estimate of the scale of time lost to everyday operational friction across NHS Trusts.

Sources

[1] NHS Digital, NHS Workforce Statistics, December 2025
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2025

[2] NHS Digital, NHS Staff Earnings Estimates, December 2025
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-staff-earnings-estimates/december-2025

[3] NHS Employers, Pay scales 2026/27
https://www.nhsemployers.org/articles/pay-scales-202627

[4] NHS Pay Review Body, 39th Report (2026)
https://assets.publishing.service.gov.uk/media/698df41175466636847f6a93/NHSPRB_39th_Report_2026.pdf

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