

James Paget University Hospitals



NHS Foundation Trust

# Future **Paget**



Transforming our  
hospital together



Where You come first

# Future Paget: Our Plans

It's shaping up to be a very busy summer – for us as a Trust, as a key provider in the local health care system - and as a major player in emerging regional partnerships.

This special edition of Making Waves is designed to give an overview of our new objectives, how we will meet the financial challenges we face, and a glimpse into the future development of our hospital.

We thought you would appreciate these key pieces of information being brought together in one place.

You will have noticed the cover, which features a Future Paget motif designed by our communications team. Whenever you see this image - whether on a briefing sheet, an e-newsletter, a display board or our website - it signposts information about our work to transform and develop our hospital to meet the financial challenge while creating sustainable services for our patients.



Let's run through what's inside:

- **Objectives for the year.** These are the four foundation stones of our focus for 2016/17 and are summarised in a spread in the centre of this edition.
- **An update on our financial position.** In short, we are in deficit. We need to get our finances back in surplus within a year.
- **Our transformation plans.** Details of how we will tackle the financial challenge through a comprehensive programme to deliver more than £14 million in savings - with updates on individual projects.
- **The drive towards greater collaboration.** Information on what is happening nationally, regionally and locally as the NHS embarks on a period of change to create a sustainable future.
- **A glimpse of the future.** We are committed to continuous improvement and our plans include making our hospital fit for the future, for tomorrow's patients.

We haven't included an article on the forthcoming re-inspection by the Care Quality Commission (CQC), which will take place on 16/17 August. More information on this will follow in due course.

I know that there is a lot of information within these pages – but we are keen that you know about our plans and the background behind them.

We will, of course, keep you informed of progress in the months ahead.

Christine Allen  
Chief Executive

# Playing to our *strengths*

**It cannot have escaped anyone's notice that the future of the NHS is once again firmly in the public spotlight.**

Sustainability of services in the face of growing demand and diminishing resource is the equation which needs solving, both nationally and locally.

As you will know, year after year we have managed to keep our finances the right side of the surplus/deficit divide – a proud track record indeed.

But the fact that we have now joined the vast majority of acute trusts on the wrong side of that divide shows just how much strain the system is under.

The national debate about how to solve the problem of sustainability will rumble on in the coming months and years.

In the meantime, we must play our part by ensuring we meet our ambitious hospital transformation plans while taking an active role in local and countywide health and social care partnerships.

Indeed, this forms one of our four objectives for the year – and you can read more about them in this special edition of Making Waves.

However it is gratifying to know that we are already making progress to meet them.

You may recall a recent news article about our respiratory nursing team being named as Respiratory Team of the Year by the Association of Respiratory Nurse Specialists, such is the quality of service they offer.

Also in the news is the drive by our hospital to achieve the Macmillan Values Based Standard, which provides a framework for improving cancer patients' experience of care, showing our dedication towards continuous improvement.

Savings are already being delivered. A recent project has seen the implementation of the first phases of a new solution that cuts down on paper use by sending a range of documents from different systems electronically to local GP practices.

And we are looking to develop our own staff by providing them with opportunities to start a career in nursing here at our hospital.

All these demonstrate that we are well-equipped to meet our objectives – but also underline our ambition, innovation and dedication which are the hallmarks of an organisation that wants to thrive and succeed in the future.

*David Wright*

**David Wright**  
Chairman

**#Proud  
of the  
Paget**



David Wright, Chairman and Christine Allen, Chief Executive review the future plans for the JPUH.

# Our place on the *map*

The drive to transform our hospital has its roots in a national bid to improve people's health, prevent illness, develop new ways of caring for patients and meet the financial challenge.

The demography and geography of Norfolk and Waveney, combined with significant pressures on public funding, has rendered the current structure and approach of health and social care unsustainable.

This isn't just a local problem; it is being experienced across the country.

We need to change together so we can continue to offer patient-orientated, safe and sustainable quality services.

To deliver these changes, the NHS map of England has been divided into 44 'footprints' based on geographic areas; our hospital is part of the Norfolk and Waveney footprint (see map).

All organisations providing health and social care in each footprint are now **working together** to come with their own Sustainability and Transformation Plan (STP). In our area, this partnership has 15 separate organisations.

The STP will provide a blueprint for improving health and well-being, improving quality and developing new models of care and improving efficiency to achieve financial balance.

Our plan will be submitted later this summer – but already we have established the following priorities:

- We want more care closer to home
- We need a thriving and sustainable acute (hospital) sector
- We must focus on preventing illness and promoting well-being
- We can do more by closer and integrated working
- We have got to make best use of resources – affordability is vital

We will keep you informed about this important partnership work. If you want to find out more, please visit the transformation pages on the Intranet or click on the Future Paget button on our website at [www.jpaget.nhs.uk](http://www.jpaget.nhs.uk) where you can also have your say by filling in a survey.

Lincolnshire

Norfolk and Waveney

Cambridgeshire and Peterborough

Suffolk and North East Essex

Great Yarmouth & Waveney CCG  
North Norfolk CCG  
Norwich CCG  
South Norfolk CCG  
West Norfolk CCG  
East Coast Community Healthcare CIC  
East of England Ambulance Service NHS Trust  
James Paget University Hospitals NHS Foundation Trust  
Norfolk County Council  
Norfolk Community Health and Care NHS Trust  
Norfolk and Norwich University Hospitals NHS Foundation Trust  
Norfolk and Suffolk NHS Foundation Trust  
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust  
Norfolk Independent Care  
Norfolk and Waveney Local Medical Committee

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# And more locally...

## The local plan

**Beneath the STP is a local plan specifically for the Great Yarmouth and Waveney area.**

It is needed because our area has unique health needs. For example, recent analysis shows that Great Yarmouth and Waveney is firmly in the worst 25% of areas in England for deprivation.

This brings its own set of health challenges that, together as a health and social care system locally, we must address now – particularly in terms of helping people, including our own staff, feel empowered to make the right choices to lead more healthy lifestyles.

Hand-in-hand with this comes a collective drive to provide integrated, multi-disciplinary, 24/7 out-of-hospital teams to prevent unnecessary hospital admissions and support earlier discharge.

This will be delivered through what is known as the Most Capable Provider (MCP) – and we're involved in this innovative partnership along with other local health and social care providers including East Coast Community Healthcare (ECCH).

The MCP process is focussing on 'out of hospital' services. Our Trust is involved as there are services currently provided at the hospital which our staff could provide in the community,

working closely with colleagues from other providers as part of one system.

This would give our patients a more streamlined, joined up and convenient local healthcare service – and help them receive treatment in their own homes or the local community rather than in hospital, in line with their wishes.

MCP simply refers to the way in which Great Yarmouth and Waveney Clinical Commissioning Group (GYWCCG) will commission this new service, by bringing together services previously delivered by different providers into one contract.

## Norfolk Provider Partnership (NPP)

Also feeding into the work of the Norfolk and Waveney STP is the Norfolk Provider Partnership, which consists of our Trust, the Norfolk and Norwich University Hospitals NHS Foundation Trust, the Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and Norfolk Community Health and Care NHS Trust. The Trusts will be working close together to improve the quality of clinical services and develop longer-term plans to help ensure the sustainability of local services at a time of relentless demand.



### What's in a name?

**By Jon Barber**  
Associate Director of Strategy and Transformation

So, we're part of an STP, an NPP – and even an MCP. It sounds confusing but, actually, each is based on the same simple principle: working more closely together. Wherever you look, collaboration runs like a golden thread through all the work that is taking place.

We're now entering a new phase for the NHS both locally and nationally.

Yes, we need to look 'in house' to transform the way we do business in our hospital so that we can continue to meet demand, provide a quality service and make the savings required. This is urgent work, which requires us to make savings of more than £14 million within the space of 12 months. But we must also get into the mindset of thinking more broadly than the four walls of our hospital. We now have the opportunity to re-design and improve our healthcare system for local people - and we must get it right to ensure we are fit for the future.

# Uncharted financial waters



By Mark Flynn  
Director of Finance

**In financial terms, we are in new territory.**

After years of financial stability and surplus, the Trust fell into

deficit for the first time in its history last year – and the challenge we face to return to financial stability is significant.

The Trust finished the year 2015/16 with an underlying deficit of £8 million.

The cause? Various factors, including increased demand and increased cost pressures to meet this demand, such as temporary staff.

During the course of this financial year – by 31 March 2017 – we must not only have eliminated this deficit but see a return to a surplus of £2.2 million, as required by our regulator NHS Improvement.

Adding these two figures together gives a savings target of £10.2 million.

However this does not take into account annual cost pressures which will come to bear during the course of the next year.

It is estimated that these costs – which include pay inflation, increments, increased pension contributions and new contributions to national IT contracts – will add a further £4 million, even after accounting for additional income streams.

All this adds up to a savings target of £14.2 million to be found through transformation projects during the course of this financial year.

Programme Board	Savings Total
Outpatients	£950,000
Procurement	£750,800
Theatres	£2,140,000
Better Business Management	£250,000
Workforce	£3,100,000
Patient Flow and Seasonal Resilience	£1,000,000
Diagnostics	£120,000
Commercial	£1,036,000
Unidentified Opportunities	£1,759,324
Pharmacy and Medicines Management	£615,000
Cost Improvement Programme (CIP)	£2,479,876
<b>Grand Total</b>	<b>£14,201,000</b>

## THE SIMPLE SUM

<b>Deficit:</b>	<b>£8 million</b>
<b>Regulator surplus target:</b>	<b>£2.2 million</b>
<b>Additional costs:</b>	<b>£4 million</b>

**SAVINGS TARGET**  
**£14.2million**

# Transformation is the key



**By Andrew Palmer**  
Director of Performance and Planning

**Our road to financial recovery is built on delivering savings in key areas of our business.**

We have a proud tradition in our hospital of innovation and excellence – and we have, of course, run transformation projects in previous years to help us improve our efficiency and services to patients.

However, we have never had to produce a programme to deliver such a large amount of savings against such a tight timescale – so it will be a challenge.

We developed the programme by bringing together leaders from across the organisation to come up with the key areas where it was felt that the required savings could be made. That resulted in a transformation plan to deliver savings of £14.2 million during this financial year.

You can see how we are planning to achieve this savings total – and the areas of our business involved – in the table on page 6.

Each area has a programme board, chaired by an Executive Director, which will oversee the projects to deliver the savings target. The boards have representatives from divisions across the hospital, clinicians, finance officers and members of the transformation team.

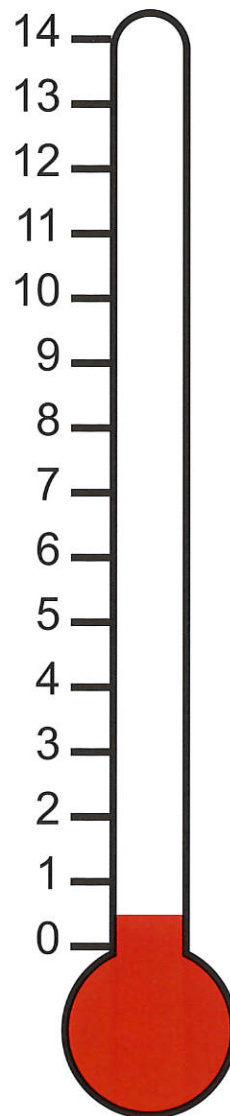
Progress will be monitored frequently – and we will keep you informed of our progress through a monthly e-edition newsletter, features in forthcoming editions of Making Waves and staff briefings.

There will also be a dedicated transformation display in Aubergine Restaurant, which will include our transformation thermometer, which you can see on this page.

The thermometer shows where we are at the end of month one (April 2016) of our 12 month programme; we will be updating it regularly so that you can see our progress towards the £14.2 million target.

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£ Million



**Measuring our progress**

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**Our Vision:** to be an innovative organisation delivering compassionate and safe healthcare through a well-led and motivated workforce

## 1 Deliver a quality service

**"This is what we do."**

It's our day-to-day business. This objective covers patient safety and clinical effectiveness so that those who need our help can be reassured that they are in safe hands and receiving the best possible healthcare – and we can be reassured that we are giving them the best possible service.



### Objective 1:

*Deliver our quality priorities as set out in the 2015/16 Quality Report.*

## 2 Aim for continuous improvement

**"This is where we improve."**

We want to make our 'good' hospital even better. We are committed to continuous improvement and the Care Quality Commission highlights areas where we can further enhance our service to patients such as the roll out of the Plan of Care for the Last Days of Life to ensure we meet the needs of patients approaching the end of their lives.



### Objective 2:

*Achieve compliance with CQC Requirement Notices and work towards improving areas rated as 'requires improvement' at the CQC inspection in August 2015.*



# Objectives 2016/17

## 3 Transform our hospital

**“Getting back on track.”**

We are currently operating with a budget deficit. We will address this through a programme of transformation to ensure we are as efficient as we can be, while achieving important healthcare targets. We will also be working more closely with other local healthcare providers to develop new models of care, in line with the NHS’ drive for greater collaboration.

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**Objective 3:**  
*Achieve financial surplus and performance requirements to ensure access to any national monies available.*

## 4 Develop our staff

**“This is about us.”**

It’s about ensuring we recruit - and keep - the best people so that, as a team, we continue to enhance our reputation as a quality, forward-thinking hospital. We need to make sure that staff are aware of our values and behaviours. We need to make sure that health and well-being of staff is a priority. We need to give staff opportunities to develop and thrive in our organisation, so they can give their best service to patients – and feel satisfied with their contribution.

**Our values and behaviours**

Courtesy and respect

Attentively kind and helpful

Responsive communication

Effective and professional

**Objective 4:**  
*Develop a five year Workforce Strategy.*

# Our transformation programmes



## Workforce Programme

**Senior Responsible Director:**

Dawn Cumby

**Programme Sponsor:**

Rachel Nudd, Sharon Spicer

**Transformation Lead:**

Deborah Chapman

01493 453124

The Workforce Programme contains a number of projects; the objectives of these projects are to look at maximising our workforce resource within the Trust whilst maintaining service delivery and safe patient care. We aim to achieve this through reduction in agency staff costs, reviewing current processes to optimise the way we use overtime, developing a vacancy management process to include increasing numbers of apprentices and reviewing medical staff job planning to optimise benefits from new ways of working.

The reduction in agency costs is nationally driven by NHS Improvement with a set pay cap for all agency staff and a cap on overall agency spend. Authorisation processes have already been put in place to monitor our use of agency staff and to better control spend.

The vacancy management and overtime reviews will challenge and assess ways in which we can deliver our services differently, including introducing new roles and career pathways, as well as ensuring recruitment only where necessary. To enhance our current workforce and support a healthy work-life balance we will look at maximising flexible working practices across the Trust. All vacancies will be explored for opportunities to increase our apprenticeship recruitment to build on existing successes with apprentices. Improved job planning processes will be introduced to enable focus on better support of our services and patients through ensuring we support our doctors to make optimum use of their expertise.

We want to embrace this opportunity to develop a workforce for the future roles that our changing services need, ensure we recruit and retain the best possible staff as well as continue to develop our valuable existing workforce.



## Commercial/ Corporate Estates and Facilities Programme

**Senior Responsible Director:**

Mark Flynn

**Programme Sponsor:**

David Adams

**Transformation Lead:**

Helen French

01493 452772

The aim of the programme is to review the use of the Trust's corporate estate and facilities and ensure efficiency savings and commercial income generation opportunities are fully explored.

*Objectives:*

- Expand availability of car parking spaces.
- Maximise new energy efficiency opportunities.
- Ensure that land and property are used effectively to support commissioners' clinical strategies and patient needs.
- Provide and maintain an appropriate level of affordable NHS healthcare facilities in the right locations, which are fit for purpose, safe and compliant with legislation and best practice guidance.
- Identify and release surplus land for disposal.
- Exploration of commercial opportunities.
- Efficient use of Trust assets.



## Outpatients Programme

**Senior Responsible Director:**

Graham Wilde

**Programme Sponsor:**

Barry Pinkney

**Transformation Lead:**

Ashling Rivá

01493 453124

The aim of the Programme is to develop an Integrated Business Unit Trust-wide, to manage administration processes with regard to cancer pathways, business administration, performance, validation of waiting lists, clinical pathways and processes, medical secretariat management, outpatients, electronic referrals, reception and outreach clinic, technology clinics.

The Programme will oversee the delivery of savings resulting from review of work processes, standardisation of work methodology, waiting list management, DNA management, Clinical Pathways, Clinic templates.



## Diagnostics Programme

**Senior Responsible Director:**  
Nick Oligbo

**Programme Sponsor:**  
Britt van Rooyen

**Transformation Lead:**  
Helen French  
01493 452772

The aim of the programme is to bring together primary diagnostic services and to review each area for efficiencies, financial opportunities and investigation of potential patient pathway re-modelling.

*Objectives:*

- Review capacity and demand within Clinical Measurements to identify additional income streams.
- Ensure appropriate procedure codes are allocated to correct diagnostic procedures within Clinical Measurements and Radiology.
- Exploration of income generation through additional activity opportunities within Endoscopy and Radiology.
- Review the associated consumables within Radiology to ensure the most clinically safe and cost effective products are being used.
- Explore the opportunities for implementation of electronic radiology examination requesting and electronic pathology test requesting to facilitate a reduction in inappropriate duplicate testing.
- Explore alternative income streams within diagnostic procedures.

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## Patient Flow and Seasonal Resilience Programme

**Senior Responsible Director:**  
Sue Watkinson

**Programme Sponsor:**  
Britt van Rooyen

**Clinical Lead:**  
Anna Blackburn and  
Vivek Chitre

**Transformation Lead:**  
Kate Emery  
01493 453192

Building on the work undertaken on Patient Flow in 2015/16, the aim of this Programme is to continue to improve flow to ensure that all of our patients receive the right care, in the right place, at the right time. The programme will be focussed on a number of projects designed to better align the demand for services with the capacity to deliver them.

This will include piloting a Surgical Assessment and Ambulatory Unit to see and treat clinically appropriate surgical patients with access to rapid diagnostics and senior clinical assessment. Alongside this, the development of a GP Assessment Unit in EADU will look to provide a similar rapid assessment service for appropriate non-mobile patients presenting at A&E.

There will be a project focussed on expedient discharge, in order to ensure that all aspects of a patient's stay are aligned to enable them to be discharged as soon as they are medically fit, without delay. This will also look at nurse-led discharge, to improve the ability of nursing teams to discharge, particularly on weekends.

Also included will be a focus on ever-closer working between our complex discharge team and out of hospital services to enable patients to move to their next destination of care in a timely, safe and supported manner.

We will be implementing reviews of selected patient pathways to ensure that our patients are being cared for in the most appropriate setting, investigating whether there are any improved alternatives to the current model of care.

Finally, we will be reviewing proposals for potential new services that the Paget could offer to improve the experience of our patients.

The ultimate aim of the programme is to create a dynamic and flexible bed base which can be aligned to seasonal and patient demand. In doing this, and also continuing to plan ahead for the coming winter period, we can reduce the amount that we currently spend on agency staff - delivering security for our staff, consistency for our patients and contributing to the overall Trust savings target.

# Our transformation programmes



## Service Line Reporting Programme (SLR)

**Senior Responsible Director:**

Andrew Palmer

**Programme Sponsor:**

Graham Wilde

**Clinical Lead:**

Andreas Brodbeck

**Transformation Leads:**

Kate Emery

Robbie Woods

01493 453192

The aim of the SLR Programme is to raise the profile of the costs and funding we receive for our services in the Trust, focusing on the accuracy and standardisation of how we record information about our patients' contacts with the hospital.

A key focus will be to develop links between clinicians and coding staff, to allow coders to be located in clinical areas, providing training, support and feedback directly to clinical staff, working together to continuously improve the quality of the Trust's data.

The programme will also oversee the opportunities resulting from adopting Best Practice Tariff guidelines, assessing which are achievable and supporting colleagues to deliver them.

Another area which will be steered by the SLR Programme Board will be the 2016/17 QIPP (Quality, Innovation, Productivity and Prevention) projects arising from discussions with our commissioners, including working towards new clinical pathways and reducing the need for unnecessary appointments.

Following publication of the Service Line Reporting data, the group will be undertaking analysis in order to highlight areas for potential savings or growth across the Trust. Working with clinical staff to give access to timely information on the costs and income associated with the work they undertake is another key aim of the programme.

Finally, the Programme Board will also be tasked with looking into the cost savings identified in the Lord Carter Review of Operational Productivity in NHS Providers Interim Report and developing viable project plans for the implementation of any relevant recommendations.



## Theatre Programme

**Senior Responsible Director:**

Anna Hills

**Programme Sponsor:**

Barry Pinkney

**Clinical Lead:**

Dr Karl Blenk

**Transformation Lead:**

Robbie Woods

01493 453192

Ensuring our theatres run with maximum efficiency is clearly recognised as a significant contribution to the long-term financial sustainability of the organisation as a whole.

The Theatre targets are all based on the benefits of improved theatre efficiencies as opposed to a focus on budget reduction.

*Theatre Programme Board Project Structure*

### Project One - Theatre Efficiency

In previous years, the Trust has incurred the cost of having to run a large number of additional theatre sessions at premium cost. The aim this year is to avoid these high costs through both the intrinsic benefits associated with the new Day Care Unit and through improving theatre utilisation, that includes ensuring lists are fully booked and that the lists start and finish on time.

### Project Two - Best Practice Tariff

The key objective here is to make the very best use of the new enhanced access to the Emergency Theatre by ensuring we achieve the Best Practice Tariff for Fractured Neck of Femur. This includes maximising the number of patients receiving surgery within 24 hours, having had a detailed assessment by a geriatrician.

### Project Three - Securing New Income

Key to improving our theatre efficiency and making the very best use of the new Day Care Unit is the opportunity to grow our business and subsequently our wider reputation by encouraging more patients to be treated by our dedicated teams of surgeons, anaesthetists and nursing staff.



## Pharmacy & Medicines Management Programme

**Senior Responsible Director:**

Dr Hazel Stuart

**Programme Sponsor:**

Jacky Copping

**Transformation Lead:**

Mark Rundle

01493 453192

The aim of the Programme is to ensure that we are prescribing the most appropriate, clinically safe and cost effective medication throughout all departments within our Trust.

The programme will oversee the delivery of savings resulting from a review of prescribing methods, drug choice, alternative medication and (where possible) further eliminating drug waste.

The programme will also further implement Best Practice through the redesign of the Pharmacy Service itself.

*Overview:*

- Pharmacy Service Redesign to improve dispensing of all outpatient and inpatient prescriptions and accommodate future service demand.
- Further enhancing homecare medicine delivery services to provide supplies and, where necessary, associated care, initiated by the hospital prescriber.
- Utilising 'Biosimilar' medications (where possible) that are as effective as alternative (more expensive) drugs.
- Reducing drug waste through preventing the unnecessary dispensing (e.g. if patients already have a supply) and over supply of medicines. A review of stock control practices will also be undertaken.
- Ensuring Best Prescribing Practice is adhered to by all clinical staff in line with both national guidance and identified benchmarked opportunities.



## Procurement Programme

**Senior Responsible Director:**

Mark Flynn

**Programme Sponsor:**

Julie Averies

Nichola Hicks

**Transformation Lead:**

Sarah Jones

Tel: 01493 453192

The aim of the programme is to ensure the most appropriate, clinically safe and cost effective procurement of goods and services. This is assisted by approvals of trials of new products and coordination of trials across multiple departments throughout the Trust.

The programme will oversee the delivery of savings resulting from reviewing the profile of products used, ensuring that the Trust continues to receive value for money and that standards remain appropriate in the light of new product developments.

The programme will also help implement standardisation of procurement policies throughout the Trust.

*Objectives:*

- Receive reports on the trials of new products approved by the Clinical Procurement Group, and to make decisions on product selection based on agreed criteria.
- Provide advice, support and retain oversight of clinical product /service trials.
- Steer and support a systematic review of clinical products and equipment contracts and suppliers, including the identification and realisation of opportunities to standardise products and maximise savings through cost and volume contracts.
- Support the effective implementation of new products.

## Quality generates money



**CQUIN Programme**  
(Commissioning for Quality and Innovation)  
Transformation Lead:  
Maria Harrison  
01493 453124

The 2016/17 CQUIN scheme is an opportunity for commissioners to incentivise healthcare providers to deliver clinical quality improvements within a 12 month period and drive transformational change.

There will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved.

The design of the 2016/17 scheme has been influenced by the ambitions of the Five Year Forward View (FV) CQUIN incentives will not address these issues, but if aligned with the STPs covering the acute health and social care system, it can be a strong driver to help bring about changes to deliver improved quality of care to patients through clinical and service transformation. There is a focus on clinical quality improvements that will help achieve better outcomes for patients.

This year's CQUINs are:

- Introduction of staff health and well-being initiatives.
- Healthy food for both staff, patients and visitors.
- Improving the uptake of the flu vaccination by frontline clinical staff.
- Septic – timely identification and treatment for sepsis in emergency department.
- Sepsis – timely identification and treatment for sepsis in inpatient settings.
- Reduction in antibiotic consumption per 1,000 admissions.
- Empiric review of antibiotic prescriptions.
- Facility – identification and care planning.
- Increase in proportion of GP referrals made by a referral.
- Dose Banding of Adult Intravenous Systemic Anti Cancer Therapy.
- Very Pre-term babies hypothermia prevention.
- Two year outcomes for very pre-term babies.
- Breast Screening focused on improving the service delivery responsiveness of breast cancer screening programme.
- Dental focused on standardised national data collection.

Each scheme has a nominated Executive Lead as well as an operational team responsible for delivery of the quality improvements. Achievement of each CQUIN scheme is also linked to substantial financial remuneration. For further details on any of the listed schemes, please contact Maria.

**Turn to the back page** for information on the areas where we can generate money for the Trust by achieving standards in quality and innovation.

# Improving our hospital

We aim to deliver compassionate and safe patient care to the people of Great Yarmouth and Waveney, from premises which are fit-for-purpose for the delivery of high quality healthcare. This is why the Trust has a 'site strategy' which aims to create a health campus over the next five to 10 years, to help meet the needs of patients, visitors and staff in the years ahead and make maximum use of our land.



## Outpatients' Village

It is proposed to build a new Outpatients' Village (see concept illustration right) on land to the north of the hospital building, next to the existing Dermatology Department.

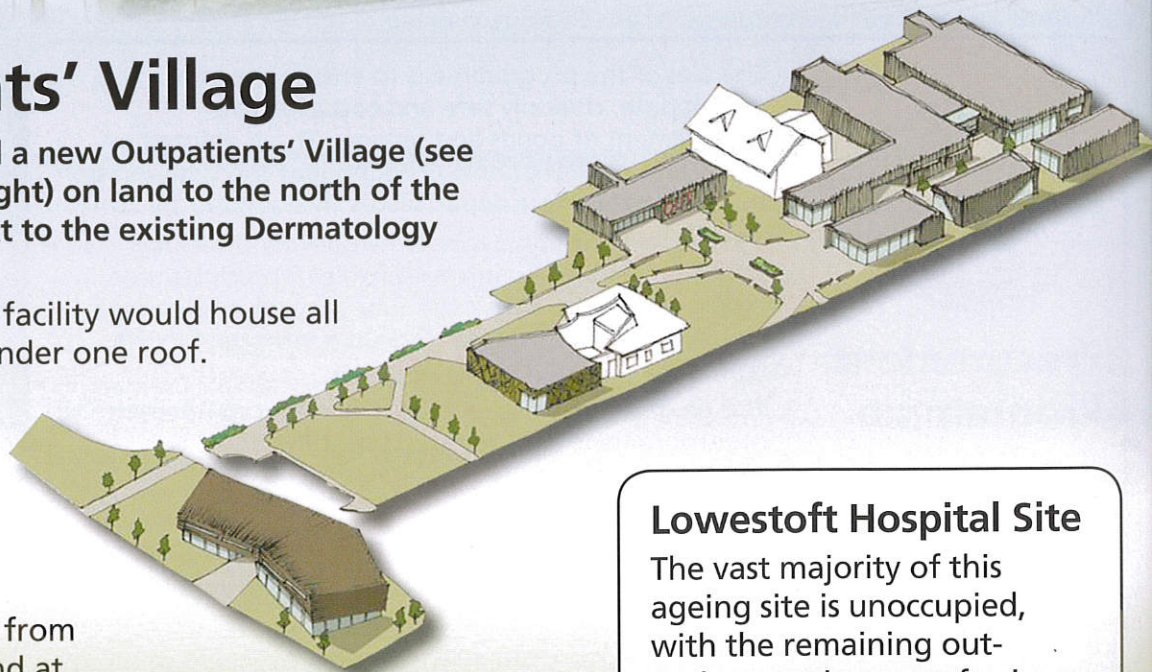
This new multi-storey facility would house all outpatients services under one roof.

Currently, outpatient clinics are located in 15 separate areas of the main hospital building, some of which are a considerable distance from the main car parks, and at the Newberry Child Development Centre.

The Village could also house the hospital's innovative Ambulatory Care Unit, where patients receive fast-time consultation, diagnosis and treatment in the same place.

The aim would be to produce diagnosis, pre-op assessment and treatment services under one roof, in as few visits as possible or, preferably, in a single visit.

Car parking is already available next to the proposed village – and it is anticipated that its location would ease congestion at the hospital's main entrance on the A12 with patients using the Brasenose Avenue access road instead.



## Lowestoft Hospital Site

The vast majority of this ageing site is unoccupied, with the remaining outpatient services transferring to the Kirkley Health Centre in 2016. The buildings are in a poor state of repair and options for the site including redeveloping it for use as either very sheltered housing, a care home, or residential homes – or a combination of all three options - are being considered.

# for tomorrow's patients

## Accident and Emergency (A&E)

It is proposed to expand the hospital's Accident and Emergency department, using space freed-up by the creation of the new Outpatients' Village.

Current A&E accommodation is of insufficient size at a time when the Trust is experiencing increasing demand, with waiting areas often overcrowded and restricted space in the treatment area.

There are various options which will need to be explored further including expanding both the areas for adult and children's A&E services, creating a new A&E reception area with improved refreshment facilities and providing a 24-hour GP surgery to support the A&E function.

We are also planning to install a lift which will enable staff to move patients easily between floors, without having to travel to the main lifts in the centre of the hospital.

## Wards

We want to improve the environment for our patients, including provision of four-bedded bays with private sanitary facilities, single occupancy rooms and individual patient entertainment systems on every ward. It is proposed to upgrade 23 inpatient ward areas in a rolling programme over several years, starting with those most in need of refurbishment. This work is seen as a priority to ensure that our accommodation creates the right environment for all our patients including those with dementia.

## Car Parking

Car parking is all at surface level and the current layout is, in some cases, inefficient. A re-design of these areas could provide additional space, particularly at the front of the hospital. This would be achieved by changing the layout of the parking spaces, which would also be safer for pedestrians. There are also plans to create a spine road to give better access to the car parks and improve the appearance of the hospital's front façade.

## Longer term projects in the strategy include:

- Upgrading staff accommodation. The hospital has more than 180 residential homes to the north of the site, rented by staff and students. They need to be upgraded. Offering high quality accommodation as part of a recruitment package may help the Trust to attract more staff to work at the hospital.
- replacing the South Side office block with a new administrative building;
- expanding and improving training facilities on the site; and
- increasing our research and development capacity.

Several key phases of work contained in the strategy, such as upgrading our staff accommodation, will depend on working with commercial partners - and developing funding streams to finance other phases going forward.

## Timeline

- 2016-17** Preparation of business cases and identifying commercial partners
- 2017-21** Upgrade of wards
- 2018-19** Main car park re-design
- 2019-20** Creation of Outpatients Village
- 2019-20** Re-design of A&E

# Quality generates money



## CQUIN Programme

(Commissioning for Quality and Innovation)

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The 2016/17 CQUIN scheme is an opportunity for commissioners to incentivise healthcare providers to deliver clinical quality improvements within a 12 month period and drive transformational change.

These will impact on reducing inequalities in access to services, the experiences of using them and the outcomes achieved.

The design of the 2016/17 scheme has been influenced by the ambitions of the Five Year Forward View (FYFV). CQUIN in isolation will not address these issues, but if aligned with the STPs covering the whole health and social care system, it can be a strong lever to help bring about changes: to deliver improved quality of care to patients through clinical and service transformation. There is a focus on clinical quality improvements that will help achieve better outcomes for patients.

This year's CQUINs are:

- Introduction of staff health and well-being initiatives.
- Healthy Food for NHS staff, patients and visitors.
- Improving the uptake of the flu vaccination by frontline clinical staff.
- Sepsis - Timely identification and treatment for sepsis in emergency department.
- Sepsis – Timely identification and treatment for sepsis in inpatient settings.
- Reduction in antibiotic consumption per 1,000 admissions.
- Empiric review of antibiotic prescriptions.
- Frailty – identification and care planning.
- Increase in proportion of GP referrals made by e-referral.
- Dose Banding of Adult Intravenous Systemic Anti-Cancer Therapy.
- Very pre-term babies hypothermia prevention.
- Two year outcomes for very pre-term babies.
- Breast Screening focused on improving the service delivery responsiveness of breast cancer screening programme.
- Dental focussed on standard national data collection.

Each scheme has a nominated Executive Lead as well as an operational team responsible for delivery of the quality improvements. Achievement of each CQUIN scheme is also linked to substantial financial remuneration.

For further details on any of the listed schemes, please contact Maria.

## A Colourful Solution

The Trust's intranet system is being given a new launch page to help direct staff more quickly to the information they need.

The Trust's in-house IT specialists have come up with a colourful solution which will help staff access information at the click of a mouse.

In simple terms, the new page - an image of which is reproduced below - tidies up the old Intranet launch page which had become overly-cluttered with too many icons.

It has gathered together similar systems and information areas, and clustered them behind a series of coloured tabs - including one for JPUH news, where you will be able to read latest updates on transformation. The new launch page will go live in the next few weeks.

Head of IT John Gash said: "Regular feedback received by IT staff has been with regard to the Intranet's launch page, which has become dated and overly-busy. This new launch page, designed by IT member Nathan Grimmer, has been created through merging modern systems design with the NHS colour palette, to make navigation a little bit easier."

