

James Paget University Hospitals



NHS Foundation Trust

Future **Paget**



Transforming our
hospital together

Annual Update 2017

Where You come first

Future Paget: One year on

By Christine Allen, Chief Executive



A year ago, I wrote the introduction to a special edition of Making Waves entitled Future Paget, which was produced in response to a range of changes to the healthcare system nationally, regionally and locally.

Now, 12 months on, we've produced another edition of Future Paget to bring you up-to-speed with the latest developments both inside and outside our hospital.

The picture is quite complex. But hopefully within the pages that follow, you will gain an understanding of changes taking place at the James Paget – and our role in the development of new healthcare systems as part of the transformation of the wider NHS.

So, inside you will find updates on:

- **Our Sustainability and Transformation Plan (STP).** This is where we are working together with our NHS and council partners in Norfolk and Waveney to come up with new models of care to address the increasing demands of an ageing population.
- **Developments in our cancer and maternity services** as part of national initiatives to meet the needs of future patients.
- **Transformation work taking place in our hospital,** including a focus on emergency care where simple changes have made a big impact in improving patient flow, which in turn will reduce pressure while helping us better protect elective work.
- **Our finances,** what we have achieved and what our targets are for the years ahead.

I hope you find this publication useful. If you have any feedback, please contact our Head of Communications Ann Filby on 01493 452162.

Why Ambition Is Crucial

By Anna Davidson, Chair



It seems appropriate that at the heart of this special edition of Making Waves is a centrespread featuring our strategic ambitions for the future.

While the main focus of this publication is transformation, it is important that everyone is also aware of what we want to achieve as an organisation through these changes.

Achieving our ambitions will be dependent on the successful implementation of the projects and initiatives that you will read about in the pages that follow.

It is through change that we will use our financial resources efficiently and effectively, provide the right care at the right time in the right place for all our patients, deliver success through effective partnerships, maximise the benefits of innovation and make best use of our estate.

If we achieve these ambitions, then we will not be just a 'good' hospital – but well on our way to becoming an 'outstanding' place to work.

**#Proud
of the
Paget**

Good

Outstanding



Good

Meeting the Challenge of Rising Demand

By **Andrew Palmer**
Director of Strategy and Transformation



and

Jon Barber
Deputy Director of Strategy and Transformation



The challenges facing the NHS over the next few years cannot be overstated.

Across the country, the service is currently striving to meet increasing demand, cost increases and both efficiency and performance targets.

And, looking ahead, it won't get any easier. Our population is increasing, getting older and is likely to live for longer with a range of conditions.

Take a look at the graphic below, relating to trends in obesity in Norfolk & Waveney. It paints a stark picture and gives a glimpse of the unmanageable situation we will face if we don't act fast and make changes to our existing health and social care system.

The key word is "sustainable." If we carry on as we are, costs will spiral and the numbers of patients needing our help will swamp us. In other words, our current system is 'unsustainable'.

So, change is needed – and we are already making progress in partnership with our NHS and local authority colleagues in Norfolk and Waveney.

Together, we have written and submitted our Sustainability and Transformation Plan (STP) to NHS England, which sets out the changes we will make to meet the challenges of providing healthcare in the future.

Our work will cover the following areas including:

- Prevention: helping keep people healthier so they can avoid conditions such as diabetes, improving their quality of life while reducing demand.
- Providing more care out in the community. The type of care that people need is changing - 45% of patients treated in hospital could be treated out of hospital for part of their stay, closer to home.
- Creating a model of care in which the three hospitals in Norfolk focus more closely on patients who need specialist or emergency care.

Patients will continue to need timely access to high quality specialist services in hospitals, such as maternity, cancer, radiology and cardiology. Reviewing these services could identify whether there are better ways to use all of the capacity available between our hospitals and to manage the demand for these services.

Our work is at an early stage but has already been recognised by NHS Improvement which has rated our STP as 'advanced' in a national assessment of progress. In areas such as cancer and maternity, there has already been some useful progress - read more later on in this special edition of Making Waves.

Looking ahead, we will need to scrutinise every part of our service as we re-design for the future. We will be keeping people informed as our work progresses and want to hear people's views.

To find out more, visit www.healthwatchnorfolk.co.uk/ingoodhealth

If trends in obesity continue then by 2020 we estimate that obesity will contribute to:



7,100

more people having coronary heart disease



2,100

more people suffering from a stroke



100,000

more people with hypertension



50,000

more people getting diabetes

If this happens then obesity will cost local health and social services more than £100 million per year by 2020.

Helping more people live with and beyond cancer

Our hospital is playing a key role in a national, regional and local drive to transform care for cancer patients.

Improved detection rates coupled with better treatment means people with cancer are surviving for much longer now. This means that the number of people nationally who are living with and beyond cancer is increasing – and will account for three million of us by 2030.

Currently, acute hospitals not only detect and treat cancer but are also the focal point for all check-up clinic appointments for patients, even when they are in remission or clear of the disease.

This means that more and more patients who have, or have had, cancer are attending hospital appointments – a situation which will rapidly become unsustainable.

The answer is to move those routine appointments for those who have been successfully treated out into the community, making it both more convenient – and, importantly, freeing-up more capacity for those that need diagnostics and treatment in hospital.

This approach is in keeping with the NHS' Five Year Forward View, which envisages more support and aftercare being provided in community settings – as well as the Norfolk and Waveney Sustainability and Transformation Plan (STP) which sets out how we will deal with increased demand by ensuring our hospitals focus more closely on patients who need specialist or emergency care.

Locally, work has already started to train practice nurses based at GP surgeries across the community. They are undertaking a six-month course run by Macmillan, to help them monitor patients and identify if they need to come back to hospital.

JPUH Cancer Services Lead Angie Fenn said that the move was all about making sure that patients had what they needed but not necessarily in a hospital setting.

"It makes sense, really. If you are not ill, why would you need to come to hospital? You can get the information and support you need in other places rather than come to hospital and sit for ages in a clinic," she said.

"The process gives patients the freedom and

confidence. When patients come back constantly to hospital, it's a reminder that they had cancer. By discharging them, it frees them from it."

"Of course, hospital treatment will still be there when patients need it. So this is about education of community nurses so they know when to refer back in. The idea is to build a bridge between what is going on in the community and the hospital so that, even though a patient has been discharged, there is still continuity."

By 2018, the expectation is that 85% of patients who have completed treatment for breast and colorectal cancer will be monitored in the community across Norfolk and Waveney.

Hand-in-hand with this development is a drive to ensure that discharged patients not only have all the information they need but can also access support in the community (see panel story).

Every patient receives an information folder on discharge, tailored to their needs, including a directory of services and support.

But there are also initiatives such as the HOPE cancer survivors' course, which is run by Macmillan to help people who are living with cancer, or who have recently completed treatment, to take more control of their lives.

The courses provide a supportive setting which gives knowledge, skills and confidence to help people cope with many of the frustrations and concerns that living with and surviving cancer can bring.



Left to right: Clinical Nurse Specialists Becky Brown (Colorectal), Rosemary Thompson (Gynae). Cancer Lead Angie Fenn and Abby Howard (Lung).

Project Helps Signpost Support

The Great Yarmouth and Waveney Macmillan Living With and Beyond Cancer Project organised a health and wellbeing event to help cancer patients and their loved ones find out what support, information and services are available locally to help them.

The day was held on 1 April at the Louise Hamilton Centre and was organised as part of a two-year Macmillan-funded project which involves East Coast Community Healthcare and primary care.

The aim of the project is to help patients, their families and carers cope with the emotional and practical impact of living with cancer.

The event included organisations such as Sentinel Leisure, One Life Suffolk, DIAL, East Coast Therapy, the Big C, Can-Cervive support group, and the lymphoedema service who, between them, offered financial benefit advice, carers support, advice on physical exercise, hand massage, and general advice for patients and their families. Each patient took home a free information pack too.

Organiser and Macmillan Project Lead Lisa Luhman, said: "The impact of cancer doesn't always end when treatment does. This event was a vital way for us to support people in our community who are coping with the impact of the disease and its treatment. "

WE ARE MACMILLAN. CANCER SUPPORT

Pampering at the Health and Wellbeing event



Angie's Key Role

Cancer Services Lead Angie Fenn's role was introduced in June 2016 – and combines two roles in one.

Angie acts not only as the manager for the hospital's cancer service but is also the cancer lead nurse in a set up that is unique in the Eastern Region.

The role allows Angie to view the organisation of cancer services from a senior nursing perspective, which has already helped her develop the weekly patients' list meeting so that cancer nurse specialists are involved.

JPUH currently has the best cancer performance in the eastern region. Over the past year, performance has been strong even during the winter months when main targets were achieved thanks to great teamwork from departments and teams including radiology, endoscopy, anaesthetics, outpatients, theatres and with support from medical secretaries and outpatient coordinators.



The Cancer Services Team left to right back row: Jeanette Masters MDT Coordinator Gynae; Donna Jones, MDT Coordinator Head & Neck; Chris Taylor MDT Coordinator Breast; Clair Spackman, Patient Pathway Coordinator.

Front row left to right: Lucy Goldspink, MDT Coordinator Haematology & CUP (Cancer Unknown Primary); Judith Clegg, MDT Coordinator UGI; Abby Wiseman, Patient Pathway Coordinator; Angie Fenn, Cancer Services Lead; Lorraine Burrage, Cancer Data Manager; Nicky Page, MDT Coordinator Urology.

Working together for 'better births'



A collaboration involving Norfolk's three hospitals will help thousands of mothers give birth in the setting that is right for them.

More than 10,000 women give birth in Norfolk and Waveney each year, with the vast majority attending delivery suites at the James Paget, Norfolk and Norwich and Queen Elizabeth King's Lynn hospitals.

All three of these delivery suites are geared towards supporting women who are deemed to be high risk, or those mums-to-be who may need extra assistance. The suites have doctors, anaesthetists and midwives available should interventions such as epidurals or a caesarean section be required.

However, many 'low risk' mums end up giving birth at these suites when other settings, such as midwife-led birthing units or home, may be more suitable.



JPUH head of midwifery and gynaecology services Jayne Utting (pictured left) said the main focus was working with women so they got the 'perfect birth', which meant a healthy mum and baby having a positive experience in the right setting.

But educating and explaining to mums-to-be about their options was crucial.

"We need to work with women during their pregnancy so that they are more aware of the options available," said Jayne. "For high risk women, such as those with diabetes, the place for them will always be the hospital delivery suite.

"But for those assessed as low risk, the best option might be a home birth. Alternatively, it might be a birth at our midwife-led birthing unit, which gives women the opportunity to be in a hospital setting that is a bit more home-from-home and focused on promoting normal birth."

Currently, just 11% of births at JPUH take place in the Dolphin Suite, which is the hospital's midwife-led birthing unit, leaving it under-used for periods of time.

The aim is to double that to 22%, increasing the number of "low risk" births at the hospital.

"The Dolphin Suite is a lovely facility, the women enjoy it and it needs to be used more," said Jayne.

"Antenatal education is crucial so that women can make informed decisions about giving birth. The change will be driven by the midwives as they need to explain to women why it's good to stay low risk."

The Dolphin Suite focusses on normal births without medical intervention, such as an epidural, which all carry a degree of risk.

The suite has a range of facilities

including a birthing pool, balls, mats and beanbags

and staff are trained in techniques including 'hypno birthing' which

brings deep relaxation to prepare a woman for labour and help control pain.

Increasing the number of low risk births locally is in line with the Five Year Forward View for maternity care, entitled Better Births.

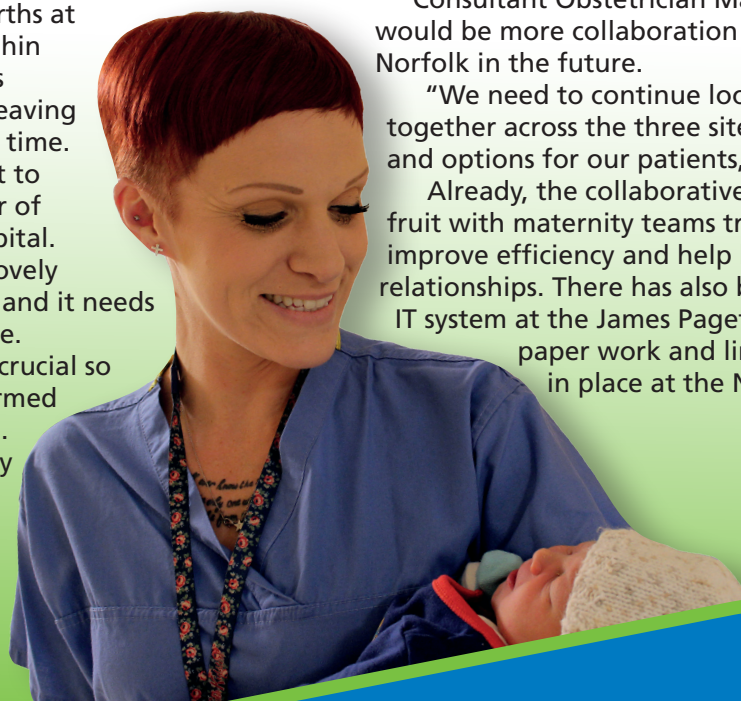
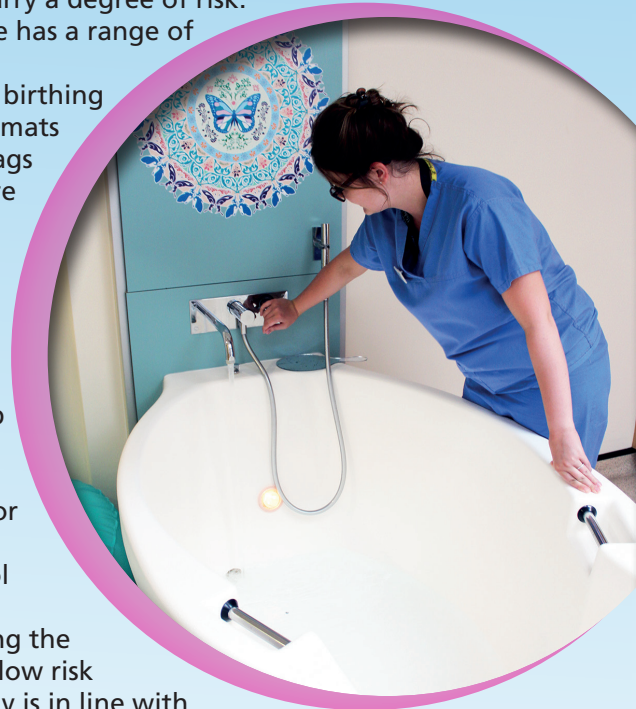
The recommendations contained in Better Births are being implemented by the Local Maternity System for Norfolk and Waveney, which sees the area's three acute hospitals working together to improve care for all women.

A key focus will be looking at the capacity at each hospital for both low risk and high risk births – and using it more efficiently so that it better meets demand.

Consultant Obstetrician Mahmoud Saleh said there would be more collaboration with the two hospitals in Norfolk in the future.

"We need to continue looking at ways of working together across the three sites to provide better care and options for our patients," he said.

Already, the collaborative approach is bearing fruit with maternity teams training together to improve efficiency and help build strong working relationships. There has also been investment in a new IT system at the James Paget which will help reduce paper work and links with a system already in place at the Norfolk and Norwich.



Financial challenge continues



By Mark Flynn
Director of Finance

You may remember that last year, I wrote that we were entering new financial territory after the Trust fell into deficit for the first time.

To remedy this situation, we set ourselves an ambitious savings target of £14.2 million to wipe out this deficit, meet other costs and return to financial stability.

Staff across the hospital did an amazing job throughout the year, working closely with our transformation team to achieve savings of £10.3 million. This far exceeded previous annual savings and represented approximately 5% of the Trust's budget – far higher than the average for NHS provider trusts which is just over the 3% mark. However, the stark fact is we fell short of our target by £4 million last year – and almost half the savings achieved were for the year 2016/17 only and are not recurrent.

So, where are we now? You can see from the figures on this page that we still have a deficit that needs addressing – and that we are facing a financial challenge broadly similar to last year.

In short, the £13.9 million will need to be met in its entirety through the programmes outlined in the table on this page.

These include not just 'in house' savings created by streamlining our systems and processes but also our obligations to contribute to the collaborative work with our NHS and local authority partners in Norfolk and Waveney, including the STP (see page 3).

Meeting this year's savings target will, without doubt, be a challenge and everyone will need to contribute.

The 'new territory' I referred to last year is fast becoming familiar ground – and the continuous drive to search for new efficiencies and make every pound count really is the new normal.

Programme Board	Savings Total
Pharmacy	98,000
Outpatients	926,000
Coporate, Commercial and Procurement	332,000
Inpatient Management	2,351,000
Making Use of Technology	120,000
Workforce	1,345,000
Cost Improvement Programme (CIP)	4,691,000
System-wide Savings	4,038,000
Grand Total	£13,901,000

THE SIMPLE SUM

Deficit: £4.0 million

Regulator surplus target: £2.1 million

Sub total: £6.1 million

Additional costs:

- 2016/17 in year savings £4.8 million

- Cost pressures £3.0 million

Sub total: £7.8 million

SAVINGS TARGET
£13.9 million

Our Strategic Ambitions 2017/18 show what we must do to achieve our vision of being an innovative organisation delivering compassionate and safe patient care through a well-led and motivated workforce

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7
Make the
best use of
our estate and
infrastructure

6
Maximise
the benefit of
innovation,
research and
education for our
patients and
our Trust

#Pro
of
Pag

5
Improve
services for
our patients
and deliver success
for our Trust
through effective
partnerships



James Paget University Hospitals NHS
NHS Foundation Trust

TRUST AWARDS
2017

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2

Provide the
right care at the
right time in the
right place for all
patients

Future Paget

3

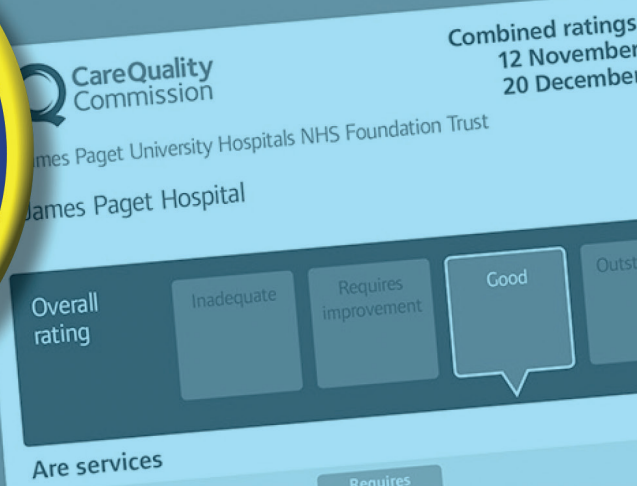
Use our
financial
resources
efficiently and
effectively

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the
get

4

Demonstrate
outstanding
leadership at
all levels

All our staff can contribute
to achieving our ambitions,
whether they work on a
ward, in support services or
a specialist area



Changes have positive impact

A transformation of Emergency Care is helping our patients spend less time in hospital – allowing staff to see new patients more quickly.

Multi-disciplinary teams of doctors, nurses, therapists and support staff have worked together to implement changes designed to improve efficiency and provide a better experience for our patients and staff.

The changes have been driven by the experience of the last winter, when the hospital faced several prolonged spikes in demand.

"We had an extremely busy winter and it became very clear early on that we needed to do something different," said Barry Pinkney, Acting Head of Emergency Care (pictured left).



"So, we put some real focus on A&E and the front door to see what was possible."

This focus led to the creation of a transformation plan, much of which has already been implemented - and is showing early signs of success (see next page).

Transformation Plan Key Elements:

- **Integrated Emergency Floor** - creating by moving the Short Stay Medical Unit to Ward 16 on the ground floor. The move means that Short Stay – for patients predicted to be in hospital for 72 hours or fewer - is now on the ground floor, immediately next to the Emergency Assessment and Discharge Unit (EADU), with easy access to Ambulatory Care, and close to the Emergency Department. This results in greater continuity of care.
- **EADU Assessment Bay** - an area with specially designed chairs to allow speedy assessment and discharge of patients.



Coming soon:

- **GP Streaming in A&E** - using £1 million of capital funding from the Department of Health, a GP streaming service will be in place by October 2017 to provide care and treatment for patients who attend A&E but do not need urgent care.
- **Surgical Assessment Unit** - an assessment area for emergency patients who need urgent access to surgical specialists.
- **Red Bag Scheme** - working in partnership with local care homes, this scheme will provide a red bag to hold a patient's belongings and medical details, improving communication and length of stay.

"When added together, these changes can have a huge impact," said Barry.

"The key to success will be teamwork, not just in emergency care but right across the hospital – and I believe we can be confident because we have a proud track record in working together for the benefit of patient care."

Model gets it right



**By Graham Wilde,
Chief Operating Officer**

The changes we have made - and will make in the months ahead - are relatively simple but are already having a positive impact for both patients and staff.

Our patients are at the heart of the changes. Put simply, the model we have produced aims to ensure that everyone coming through the front door is seen in the **right** place, at the **right** time by the **right** member of staff, coupled with a drive to ensure that no one stays in hospital for any longer than is necessary.

This will stand us in good stead as it will improve flow through the hospital which will be particularly important when we face the next spikes in demand.

Short stay gets patients moving

The new-look Short Stay (Ward 16) is already helping patients get home more quickly.

At the end of last year, a patient's length of stay on SSMU was over 10 days (see chart below left).

Now, it has reduced to just two days, reflecting the fact that the unit now has the optimum number of beds (16) to meet short stay patient demand. Previously, the unit had more than 30 beds which inevitably meant that short stay staff ended up caring for patients who had to stay in longer than 72 hours.

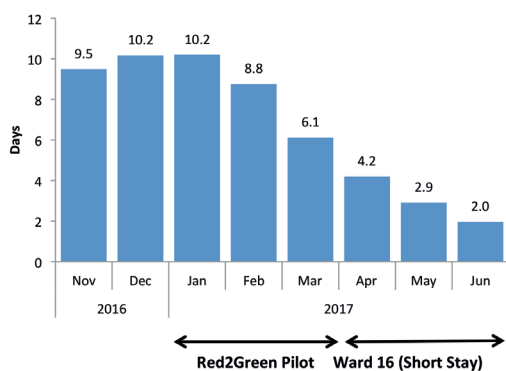
The impact is perhaps best illustrated by the number of discharges achieved by Short Stay, which have increased since the beginning of the year (see chart below right), thanks to the introduction of the Red2Green initiative (see separate panel). This had an instant impact on the number of discharges achieved each week, as well as moving many of them to the morning, providing a better experience for patients and allowing new patients to flow more effectively through the hospital earlier in the day.

At the beginning of June the ward achieved its best ever figure of 19 patients safely discharged over two days.

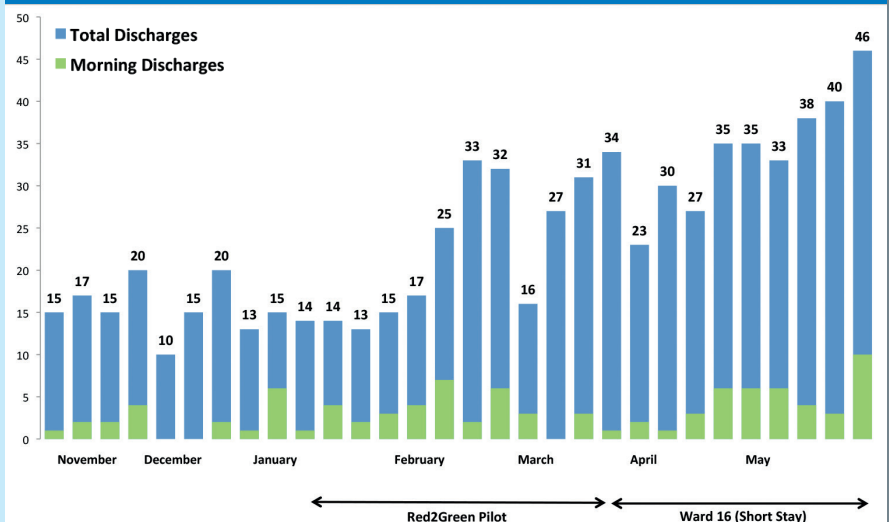


Short stay (Ward 16) nurses station

SSMU Average Length of Stay (Days)



Discharges by Week



RED2GREEN

A new initiative to give added focus on reducing patients' time in hospital is proving a success.

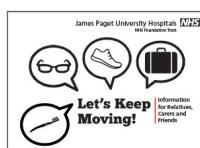
"Red2Green" is being rolled out across the hospital after a successful trial on SSMU.

Red2Green aims to reduce wasted time in the patient's pathway. A red day is when a patient is waiting for an action to progress their care and/or no longer needs acute care. A green day is when a patient receives an intervention that helps them move towards discharge.

The project has been assisted by another initiative where patients are encouraged to get out of bed, get dressed and keep moving each day to help them "end pj paralysis" by remaining active – which helps them on their journey towards discharge.



Did you know:
10 days
of bed rest for a
person over 80 ages
their muscles by
10 years



Pyjamas say you're poorly

Clothes say you're getting better

- Help us to keep all of our patients moving by bringing in clothes and comfortable shoes.
- Staff are happy to support you to assist your relative/friend with getting up, dressing and meals.

Please ask a member of staff for our 'Let's Keep Moving' postcard for more information.

Together we can #endpjparalysis

James Paget University Hospitals NHS Foundation Trust

Our transformation programmes



Workforce

Senior Responsible Director:

Mark Flynn

Transformation Lead:

Mark Rundle

Contact number:
01493 452772

2016/17 Delivered: £1.1 million

Included:

- Delivering more than £1 million through spending less money on agency workers, by enforcing the National Agency Cap arrangements
- Saving more than £50,000 through vacancy management, following the introduction of a panel to review recruitment to posts if they become vacant.

2017/18 Programme: Target £1.3 million savings

Including:

- Supporting the targeted rollout of Physicians Associates and Assistant Practitioners
- Undertaking a review of the current HR processes to identify any potential opportunities for improvement
- Reviewing shared consultant roles to ensure that they are used efficiently and effectively across the Trust
- Reducing current agency staff expenditure levels to adhere with national price caps, whilst ensuring that both patient and staff safety is not compromised
- Reviewing current locally negotiated contract rates
- Creating a business entity to enable tendering of commercial business opportunities outside of the Trust
- Delivering (and supporting) a robust, fair and equitable job planning process for all medical staff
- Continuing to support the recently introduced Vacancy Management Panel
- Delivering significant increase in apprentice numbers, to support the expectations of the recently introduced 'Apprenticeship Levy'.



Pharmacy & Medicines Management

Senior Responsible Director:

Julia Hunt

Transformation Lead:

Mark Rundle

Contact number:
01493 452772

2016/17 Delivered: £275,000

Included:

- Delivering over £78,000 in savings by switching pharmacy drug dispensing from face-to-face to a homecare delivery service
- Saving in excess of £101,000 by reducing the volume of high-cost drugs prescribed and, where necessary, switching to cheaper alternatives.

2017/18 Programme: Target: £97,000 savings

Include:

- Working with the Emergency Department to ensure prescription charges are efficiently chased for medication initially provided free-of-charge to patients who at the time cannot either pay the £8.60 charge or demonstrate a valid exemption
- Reducing the unnecessary prescribing of Paracetamol / analgesia in tablet, capsule and intravenous forms
- Reducing the volume of medicines that are wasted within the Trust. All staff can contribute towards reducing medicines wastage, through preventing unnecessary supply and further supporting the recycling of medicines that are no longer needed
- Completing the physical redesign of the Pharmacy Department to increase capacity and further support private patient consultation, create new dispensing and storage facilities and provide additional office space.



Outpatients

Senior Responsible

Director:

Anna Hills

Transformation Lead:

Ashling Riva

Contact number:

01493 453124

2016/17 Delivered: £469,000

Included:

- Digital dictation e-solution (see back page)

2017/18 Programme: Target £790,000 savings

2017/18 programme items include:

- To develop a Business Administration Unit to streamline patient pathway processes to enhance patient experience
- Reducing the number of appointments where the patient fails to attend by offering a choice of appointment using the patient's preferred method of communication. If the Trust reduces missed appointments by 10% this would help cut waiting lists.



Making use of Technology

Senior Responsible

Director:

Hazel Stuart

Transformation Lead:

Ann Bowles

Contact Number:

01493 453194

2017/18 Programme: Target £120,000 savings

Include:

- Maximising use of IT Systems by
 - Assessing current processes and system usage
 - Assessing upgrades and new systems
 - Introducing changes and refining processes with a view to streamlining and minimising duplication.
 - Adding increased efficiency and saving money without impacting patient safety
 - Working towards paper-light systems.
- Systems identified for review include:
 - E-HR which has a savings target of £120k linked to removal of temporary notes folders for outpatient attendances
 - E-HR will also involve introducing electronic forms and removal of paper forms reducing the need for scanning and ensuring information is available within E-HR when required and without delay
 - The Theatre and Emergency Department systems will be reviewed to look at where use of the system could be improved and processes refined
 - Other systems will be added to the review list during the financial year, including but not limited to EPMA, Costmaster and Microsoft 365
 - Overarching all activity is Strategic Systems Integration.

Future **Paget**

Our transformation programmes



Diagnostics

Senior Responsible Director:

Anna Hills

Transformation Lead:
Deborah Chapman

Contact number:
01493 453124

2016/17 Delivered: £118,000

Included:

- Endoscopy – Planned £15,000, achieved £45,000
- Clinical Measurements – Planned £21,000, achieved £21,000
- Radiology – Planned £59,000, achieved £52,000. CT warranty project savings will continue for three months into 2017/18.

2017/18 Programme: Target £136,000 savings

Include:

- Endoscopy – £60,000, to be achieved through running extra weekend activity
- Endoscopic Bronchial Ultrasound - £32,000, by providing diagnostic services for lung cancer patients so that they can receive diagnosis and care at their local Trust
- Radiology CT Warranty - £14,000 through continuation of savings from 2016/17
- NNUH scans - £30,000 by releasing budget funds not required for payment of scans in referred patients to the NNUH.



Commercial, Corporate & Procurement

Senior Responsible Director:

Graham Wilde

Transformation Lead:
Emma Davies

Contact number:
01493 453124

2016/17 Delivered: £1.04 million

Included:

- Maximising energy efficiency opportunities through areas such as solar panels, peak demand management which is in relation to the Trust's power generators, telephone mast income generation. A number of these will continue into the 2017/18 programme
- Private patient work review achieving £50,000 – review continuing into 2017/18
- VAT recovery - £120,000 achieved
- The development of the new Clinical Procurement Group (CPG) which facilitated testing of new or alternative products by frontline staff, to ensure they are fit-for-purpose, meet our requirements, and help save the hospital money
- A number of wards/departments have been proactive in identifying product changes or leading on trials of proposed products.

2017/18 Programme: Target £331,500 savings

2017/18 programme items include:

- Continuation of Procurement Workplan and Clinical Procurement Group (CPG)
- Reviewing printer usage; aiming to reduce overall printing by 20%
- Rebate from Lowestoft Hospital site closure and previous crane installation
- Continuation of energy efficiency and sustainability projects
- Overall review of parking
- Telephone mast – income generation
- Reduction in postal costs; reviewing certain items currently sent in the post to patients which potentially could be given at clinic appointments they attend
- Virtual equipment library – formulating processes for wards/departments to proactively share/recycle items such as furniture and office equipment to prevent automatic purchasing of new items.



Inpatient Management Theatres

Senior Responsible

Director:

Andrew Palmer

Transformation Lead:

Robbie Woods

Contact number:

01493 453192

2016/17 Delivered: £1.7 million

Included:

- Delivery of contracted elective activity without the need for premium costs. By avoiding this, the Division contributed £1.7m towards the Trust target.
- Patient pathway timelines associated with fractured neck of femur were improved by establishing a dedicated group both within and supporting the Orthopaedics service. This entitled the Division to additional Best Practice Tariff payments valued in excess of £50,000.

2017/18 Programme: Target £1.6 million savings

Include:

The focus in theatres will be entirely on treating more patients and improving efficiency.

To facilitate this, the Division has set up three streams of work, all of which are led by a delivery team. The work streams are:

- Scheduling of patient bookings and theatre lists. More co-ordinated planning means more patients booked
- "On the day in theatre". This team will strive to ensure theatre sessions
 - a) start on time and efficiently
 - b) reduce down time between operations by sending for patients promptly
 - c) are co-ordinated with wards to reduce delays. Reduced time lost in theatre means more patients treated
- Providing more useful and timely performance information. Knowing what we have planned ahead of time and comparing what we actually achieved will enable teams to look back and rectify issues. Reduced bottlenecks and cancellations means more patients treated.

Patient Flow

Senior Responsible

Director:

Andrew Palmer

Transformation Lead:

Kate Emery

Contact number:

01493 453192

2017/18 Programme: Target £35,000 savings

Include:

- Red2Green rollout (see separate article) – following a successful trial, plans are being progressed to adopt Red2Green across the Trust
- #endpjp paralysis (see separate article) – getting patients up, dressed and moving where possible enhances recovery and the Trust will be working with other hospitals across the region to promote this
- Discharge to Assess – a small scale pilot is planned to look at pathways for helping patients to be returned home once they are better in order to be assessed for their long-term care needs, rather than waiting in hospital. This involves colleagues from social care and primary care.
- Assisting the successful delivery of the Proactive and Safe Discharge CQUIN.
- Continuing to work with the Emergency Care team to improve and expand services (see separate article) to improve patient flow and patient experience.

Better Business Management

Senior Responsible

Director:

Andrew Palmer

Transformation Lead:

Kate Emery

Contact number:

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2017/18 Programme: Target £650,000 savings

Include:

- Improving links between the clinical teams and the coding department e.g. to support enhanced mortality reviews
- Establishing an enhanced protocol for the flow of notes around the Trust
- Monitoring best practice tariff performance.

Future Paget

Future Paget

Success Brings in Millions

A scheme which encourages hospital trusts to deliver improvement and innovation has helped us gain more than £3 million.

Our Trust received £3.1 million last year by implementing a range of projects which met their objectives and targets under the Commissioning for Quality and Innovation (CQUIN) scheme.

Successful projects included:

- ✓ Increasing the number of frontline staff receiving their winter flu vaccine by more than 25% to 65%
- ✓ Improving the treatment of sepsis (see separate story)
- ✓ Embedding an effective pathway for our frail patients; and
- ✓ Introducing a new e-solution to improve communication with GPs (see separate story).



"Our performance in the past year in achieving these CQUINs is down to the hard work of our staff in teams and departments across the hospital," said Deputy Director of Strategy and Transformation Jon Barber (left). "But the effort is so worthwhile when it can bring not only improvements for our patients but support the Trust's financial position."

e-Comms to GPs solution cuts paper costs

Paper patient discharge documents sent from our hospital to local GPs have been consigned to history thanks to an innovative e-solution.

In the past, many of these documents have been sent by post – or even fax – taking up administration time and, sometimes, arriving late.

However, in 2015, the Great Yarmouth and Waveney Clinical Commissioning Group made it a contractual requirement that certain discharge documents should be sent electronically to GPs in the area, against strict deadlines.

As a result, the IT Department, Information Services, Medical Secretary Managers and the Transformation team worked together with two key suppliers for over a year to design, build, test and implement the solution.

Their work resulted in a new system being implemented on time in April last year, bringing in £500,000 for achieving a CQUIN.

Now, more than 25,000 documents every month are sent electronically, automatically, to local GPs, thanks to a solution which has improved efficiency and saves time and money. Most of the documents are also sent to e-HR, reducing costs and improving availability for staff.

Reducing a killer illness

A serious illness which claims more lives than bowel, breast and prostate cancer combined is being treated more effectively, thanks to a campaign held across the Trust.

The Transformation team developed an action plan to improve outcomes for patients with sepsis, which highlighted the importance of quick identification and treatment with antibiotics within one hour.

Training sessions, posters, prompt cards and badges all helped deliver the message to staff.

As a result, the Trust has seen lower mortality rates due to sepsis, and a reduction in the days spent in hospital, which are both below the national average.



Each scheme in the programme has an Executive Lead as well as an operational team responsible for its delivery.

For more information on CQUIN, please contact Maria Harrison on ext 3124.

Work has begun to achieve targets in the CQUIN programme for 2017/18 including:

- Improvement of staff health and wellbeing
- Healthy food for NHS staff, visitors and visitors
- Improving the uptake of the flu vaccination for frontline clinical staff
- Further work relating to the identification and treatment of patients with sepsis
- Reduction in antibiotic consumption per 1,000 admissions
- Improving services for people with mental health needs who present to A&E.