

## **Great Yarmouth and Waveney Joint Health Scrutiny Committee**

**15 April 2016**

### **Covering Report: James Paget University Hospital Transformation Plan and CQC Inspection follow-up – a progress update and action plan**

Suggested approach from the Scrutiny Officer.

James Paget University Hospital (JPUH) Chief Executive and Senior Management and Great Yarmouth & Waveney CCG Chief Executive will update the Joint Committee on matters relating to the JPUH transformation programme.

#### **Background**

1. At its meeting on 8 October 2014 the Joint Committee received information about the JPUH 2-year Transformation plan in an Information Bulletin.
2. At its meeting on 6 February 2015 the JPUH Chairman and Chief Executive spoke to the Joint Committee about the James Paget University Hospitals NHS Foundation Trust Transformation Plan. In the course of discussion the following key points were minuted:
  - a) David Wright and Christine Allen explained how the transformation plan was about more than how the JPH could make cost savings in order to meet its financial targets, they said the transformation plan was about redesigning services and improving the welfare of patients and in particular the quality of patient care and patient safety.
  - b) They said the JPH strived to meet its financial targets but would not compromise on patient care.
  - c) Good progress was being made in meeting the challenges set out in the transformation plan.
  - d) The JPH had seen a significant increase in demand for its services; in 2014/15 there was £2.8m of additional planned activity and £1m of additional activity related to emergency admissions. The hospital had experienced a 9% increase in A&E attendances and a 7% increase in emergency admissions.

- e) The transformation strategy had been refined to focus on planned future activity and to include some pilot work in A&E and ambulatory services.
- f) Increased admissions to A&E reflected a reduction in services available outside of the hospital and in community services, as well as increased public awareness of hospital services in general.
- g) Seven day services had been achieved, particularly in the services necessary for safe discharge of patients such as consultants, radiology, diagnostics and social care. It was intended that all staff who worked in roles that were considered to be essential to patient safety (including temporary staff) and in the safe discharge of patients, should be employed in a 7 day service. Enhanced work rosters would be introduced for nursing staff to improve the care provided to patients. There was more work to be done on terms and conditions for other staff
- h) The hospital was looking to Europe and to the Philippines to meet its need for additional nurses, where it had not been possible to recruit or retrain locally.
- i) The service changes that arose from the transformation strategy would inform the way the JPH used its current facilities and the design of buildings on the hospital site and how buildings were used to support high quality services.
- j) The hospital was developing a commercial strategy to generate income from rental space, research and in-house services.
- k) The hospital's computerised appointment system applied to all JPH departments but the "custom and practice" of how the computer system was used had varied significantly throughout the hospital but was now being streamlined.
- l) One of the key aims of the transformation plan was to reduce bed pressures and to improve patient flow. The service changes that arose from the transformation strategy were aimed at achieving a much quicker turnaround of patients from hospital to care at home.
- m) There were currently {ie. as at 6 Feb 2015} 37 cases of delayed transfers of care at the JPH, 20 cases of patients awaiting their choice of after-care, plus patients with other requirements.
- n) The JPH was expected to have an overall deficit of somewhere between £2m and £15m by the end of 2015/16.

The Committee noted the good progress with the transformation plan and requested a further report in one year's time. It was suggested that this report should include an update on progress with the transformation plan, the level of savings achieved and patient feedback about the service.

3. In August 2015 the Care Quality Commission carried out a routine inspection of the JPUH, with a rating of Good overall.
4. On 3-4 January 2016 there was a 'Business Continuity Event' of unprecedented high demand at JPUH A&E department.

## Purpose of today's meeting and Suggested approach

5. The JPUH Chief Executive and Senior Management and the GY&W CCG Chief Executive will attend the meeting to present the reports and to receive any comments or recommendations that the Joint Committee may wish to make.
6. Anticipated attendees:  
JPUH:
  - Christine Allen, Chief Executive
  - Andrew Palmer, Director of Performance & Planning
  - Anna Hills, Director of GovernanceGY&W CCG:
  - Andy Evans, Chief Executive
7. The Joint Committee is asked to consider:
  - a) The JPUH and GY&W CCG reports.
  - b) Any recommendations that it wishes to make to JPUH or GY&W CCG

### Key focus areas to cover:

8. From JPUH perspective:
  - Savings achieved/planned:
    - In the 2-yr Transformation Plan
    - Implications of the [Lord Carter Review](#) of efficiency / productivity in acute hospitals
  - Patient feedback:
    - Different approach
    - Emerging themes
    - Key Performance Indicators (KPI)
  - Any changes to the transformation plan
    - Including impact of the '[Norfolk Provider Partnership](#)' launched in Jan 2016
  - Action plan following the CQC inspection 11-13 Aug 2015
  - Impact of Out-of-Hospital Team(s)
  - Root cause analysis of the 'business continuity event' surge in A&E demand on 3 Jan 2016
  - Capacity issues, including workforce / recruitment
9. From GY&W CCG / 'system' perspective:
  - Impact of the Out-of-Hospital Team(s)
  - Root cause analysis of the 'business continuity event' surge in A&E demand on 3 Jan 2016
    - What/who is involved in the system wide root cause analysis?
    - The findings, so far

10. Following the formal meeting, committee members will have a site visit to see the 'Ambulatory' facility and the new 'Day Case Unit'.

## Supporting Information

11. The following documents are attached:

- a) Appendix 1 - JPUH Report
- b) Appendix 2 – JPUH CQC Action Plan
- c) Appendix 3 - GY&W CCG – Impact of the Out-of-Hospital Teams
- d) Appendix 4 - GY&W CCG – Business Continuity Event 3 Jan 2016

## References

- (i) The Committee's previous consideration of this topic at its meeting on 6 Feb 2015:  
<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/328/Committee/25/Default.aspx>
- (ii) The Committee's Information Bulletin briefing on this topic at its meeting on 8 Oct 2014:  
<http://norfolkcc.cmis.uk.com/norfolkcc/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/327/Committee/25/Default.aspx>
- (iii) JPUH Board papers <http://www.jpaget.nhs.uk/about-us/board-of-directors/meetings/>
- (iv) CQC Report:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAE5085.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAE5085.pdf)
- (v) January 2016 business continuity event: <http://www.jpaget.nhs.uk/news-media/news-events/2016/january/pressure-eases-after-unprecedented-demand/>
- (vi) Lord Carter of Coles' report: Operational productivity and performance in English NHS acute hospitals:  
<http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-02-05/HCWS515/>
- (vii) Norfolk Provider Partnership: <http://www.jpaget.nhs.uk/news-media/news-events/2016/january/norfolk-provider-partnership-launched-by-local-hospitals-and-community-services/>

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