



**Norfolk and Waveney**  
Acute Hospital Collaborative

# Joint Acute Clinical Strategy: Our Ambitions

*May 2023*



**Improving lives together**  
Norfolk and Waveney Integrated Care System

# Foreword



**Norfolk and Waveney**  
Acute Hospital Collaborative

**On behalf of the Chairs and Chief Executives:**

- **James Paget University Hospitals NHS Foundation Trust**
- **Norfolk and Norwich University Hospitals NHS Foundation Trust**
- **The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust**

**This document sets out the Norfolk & Waveney Acute Hospital Collaborative's (NWAHC) ambitions for integrated care, setting out a clear and consistent approach to how we define our collective, collaborative ambitions and deliver our services in the future.**

Steps have already been taken down the path towards clinical integration at various levels, ranging from the formation of clinical networks through to full specialty integration. However, to meet the challenges facing the Norfolk & Waveney (N&W) healthcare system, it is vital that our acute hospitals work together even more closely.

Only through acute hospitals collaboration with primary care, social care, mental health, council services, community organisations and the voluntary sector can we deliver the health services that our patients expect from a modern-day NHS. We continue as three hospital trusts, each with individual strengths and plans to further develop services to meet our local needs. In addition to this local focus, we must harness the power of service integration wherever it can provide people with equitable, high-quality care, delivered in the appropriate setting. These transformational changes will also help address health inequalities, drive out unwarranted variation and provide equity of access across our system.



# Foreword

Through this document we demonstrate how the Joint Acute Clinical Strategy will address the issues raised in the case for change by placing the patient first in our effort to modernise our services and erode the traditional barriers between health and care organisations. This is the beginning of a long-term change towards greater collaboration, greater integration and greater system working. We will support transformational change across our health and care system, so that as acute hospitals we can increasingly focus on the work that only we can do. As well as collaborating together as three acute hospitals, we will also connect with our partner providers to design and deliver services that meet the needs of our local populations at Place.

So far, a relatively small team has developed the strategy. We would now like to see all our acute services and clinical teams engage with these ambitions, plan collaboratively for our future and turn these ambitions into reality. Here we outline the next phase of our strategic development and, as leaders from across our acute hospitals collaborative, we commit to working with our health and care partners across Norfolk and Waveney to lay the foundations for the significant changes needed.

We look forward to further developing the Joint Acute Clinical Strategy with your input from collaborating with your colleagues across our hospitals and wider system partners. We strongly believe that by engaging with these ambitions and incorporating them into our future plans, we can collectively turn them into a reality that sustainably delivers the best health outcomes for the people of Norfolk and Waveney.



Jo Segasby  
Chief Executive



Stephen Javes  
Interim Chair

**NHS**  
James Paget  
University Hospitals  
NHS Foundation Trust

James Paget University Hospitals NHS Foundation Trust



Sam Higginson  
Chief Executive



Tom Spink  
Chair

**NHS**  
Norfolk and Norwich  
University Hospitals  
NHS Foundation Trust

Norfolk and Norwich University Hospitals NHS Foundation Trust



Alice Webster  
Chief Executive



Chris Lawrence  
Chair

**NHS**  
The Queen Elizabeth  
Hospital King's Lynn  
NHS Foundation Trust

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

# Introduction



**Norfolk and Waveney**  
Acute Hospital Collaborative

**On behalf of the Chief Medical Officers, Chief Nurses, and Chief Operating Officers:**

- **James Paget University Hospitals NHS Foundation Trust**
- **Norfolk and Norwich University Hospitals NHS Foundation Trust**
- **The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust**

Our strategic clinical ambitions directly align with the clinical objectives set out in the [N&W Integrated Care System Clinical Strategy](#), published recently following extensive engagement with staff, leaders and service users. These ambitions have been shaped by the challenges and opportunities highlighted in our system's case for change and continue to be informed by current acute programmes of work looking at urgent and emergency care and elective recovery, alongside longer term programmes aimed at improving population health.

Our Joint Acute Clinical Strategy will support our individual acute hospital Trusts' clinical strategies by identifying specific opportunities for collaboration. We have worked to understand our shared objectives, aims, challenges and opportunities, and have developed them into our joint strategic clinical ambitions. To drive this collaborative improvement, the NWAHC has developed Joint Acute Clinical Strategy design principles to provide a framework for future collaborative service delivery and outlined opportunities to:

- Deliver acute services differently across the Norfolk & Waveney Integrated Care System, closer to home for patients and in partnership with our health and care providers.
- Deliver services collaboratively across the three acute hospitals, ensuring the services that must be provided in the acute setting are delivered as efficiently and effectively as possible.
- Standardise working practices and processes across all specialties, so that the services we provide are the same for all patients, regardless of where they live and which hospital provides the care they need.



# Introduction

One of the key programmes to enable the realisation of our clinical strategy is delivery of the Electronic Patient Record, which will be implemented as a single platform across all three acute hospitals. The EPR will revolutionise the way we work clinically and our Joint Acute Clinical Strategy will be both an enabler to and enabled by the single EPR, which will provide the digital bedrock to enable clinical collaboration across our Trusts.

For each clinical ambition we have set out how it will be delivered and what it means for patients, staff and services. We bring together the clinical ambitions to define a future model for integrated care, showing how and where services could be delivered. We will support our clinical teams to collaboratively plan and implement strategic change with their colleagues across the acute Trusts and other partners through the development of a toolkit of resources.

We know all acute services will want to engage with this work and for our speciality leadership teams to be central in planning and delivering strategic improvements guided by these ambitions and based on what we learn by working together in collaboration. We will only deliver our contribution to the N&W system clinical objectives by working closely with our opposite numbers in other acute hospitals and, where appropriate, with primary and community health care, local authority social care and voluntary sector colleagues. Our shared focus on the future should be to collaboratively bring our clinical ambitions to life and thereby help to achieve the most equitable and accessible NHS services for our patients.



Mr Vivek Chitre  
Chief Medical Officer



Paul Morris  
Chief Nurse



Nigel Kee  
Chief Operating Officer

James Paget University Hospitals NHS Foundation Trust



Professor Erika Denton  
Medical Director



Professor Nancy Fontaine  
Chief Nurse



Chris Cobb  
Chief Operating Officer

Norfolk and Norwich University Hospitals NHS Foundation Trust



Dr Govindan Raghuraman  
Acting Medical Director



Helen Blanchard  
Interim Chief Nurse



George Briggs  
Interim Chief Operating Officer

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

# Case for Change



## Norfolk and Waveney Acute Hospital Collaborative

The issues and challenges the Norfolk and Waveney region faces are well understood. Waiting times for elective care remain amongst the longest in the East of England, while non-elective demand continues to rise. Bed availability is significantly lower per 1,000 people than the rest of England, each acute trust faces recruitment and retention challenges, and our population is both older and growing faster than the national average, with a projected 55% increase in the population of people aged 75 years and over in the next 18 years.

With a growing financial deficit and increasingly challenging demands, developing extra workforce and estates capacity is unlikely to be an option. However, the system cannot cope with a 'do nothing' approach, so we must respond to these challenges by transforming the way we work to effectively meet the needs of the local population through best use of the resources we have available.

Due to ageing district general hospitals and low digital maturity, Norfolk and Waveney is receiving significant investment to replace estates and digital infrastructure.

Most notable are the single Electronic Patient Record and the confirmed New Hospital Programme replacements of both The Queen Elizabeth Hospital King's Lynn – which has more props than any other UK hospital – and the James Paget University Hospitals site at Gorleston-on-Sea.

These investments modernise what is there but will not add significant capacity in comparison to the demographic pressures we are facing. However, they do provide an ideal opportunity for integrating services and working smarter to deliver the right services in the right place in the future.

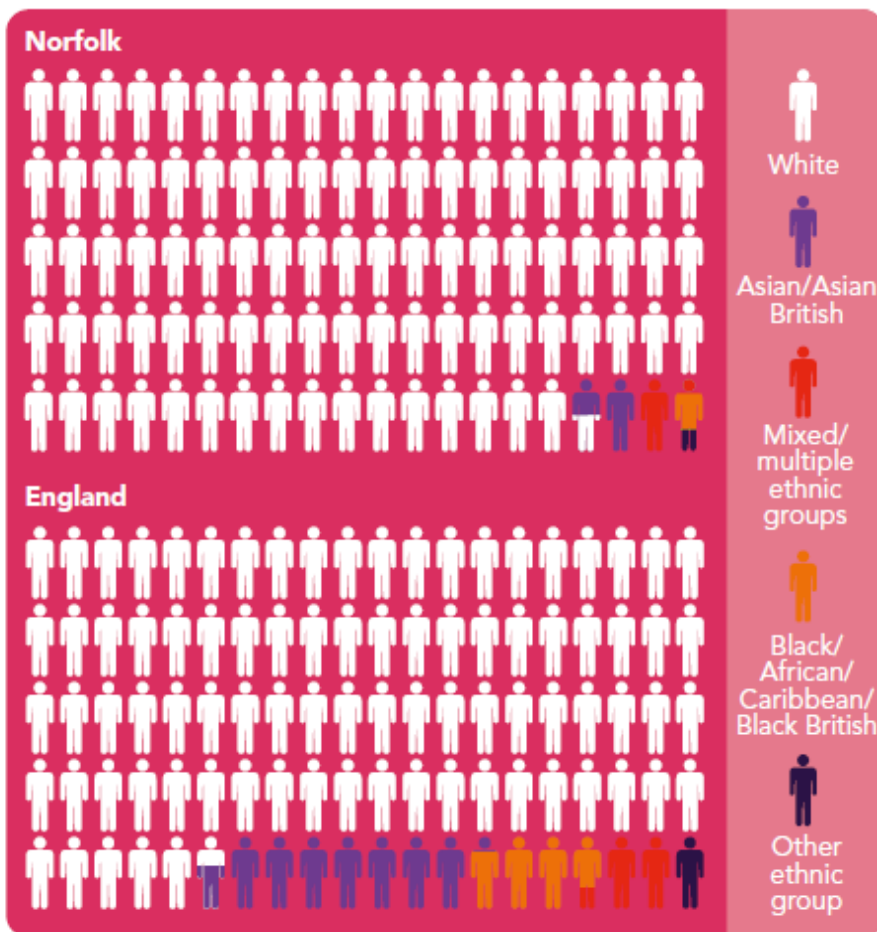


# The Norfolk and Waveney Picture

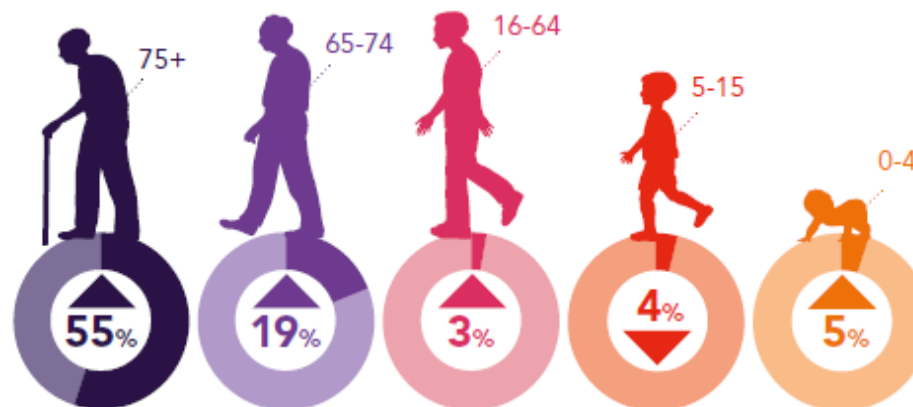


Norfolk and Waveney  
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Norfolk and Waveney has a **less ethnically diverse** and an older population compared to England.



By 2040 our population is expected to **increase by over 110,000**, with older age groups growing faster than younger age groups.



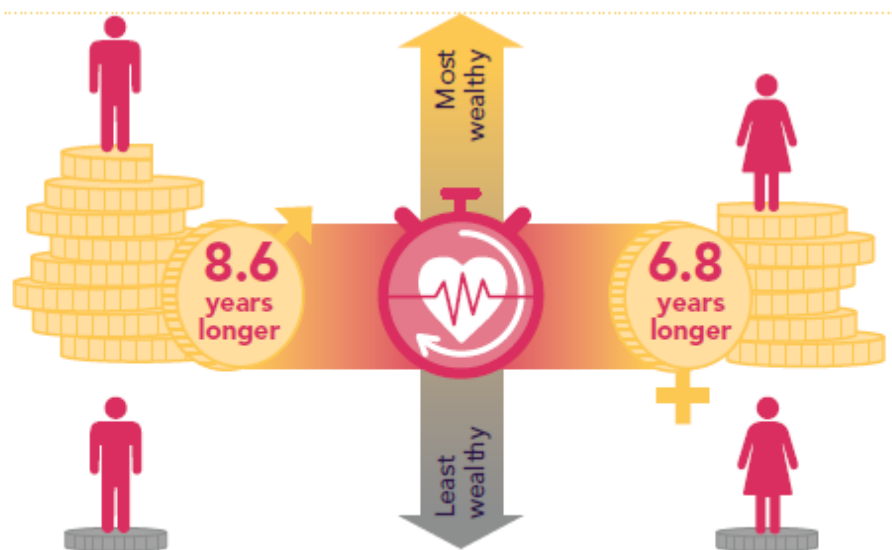
We know that as we get older our chance of having more than one significant illness, frailty and risk of emergency admission increases. More than **26%** of people have one or more long term conditions.



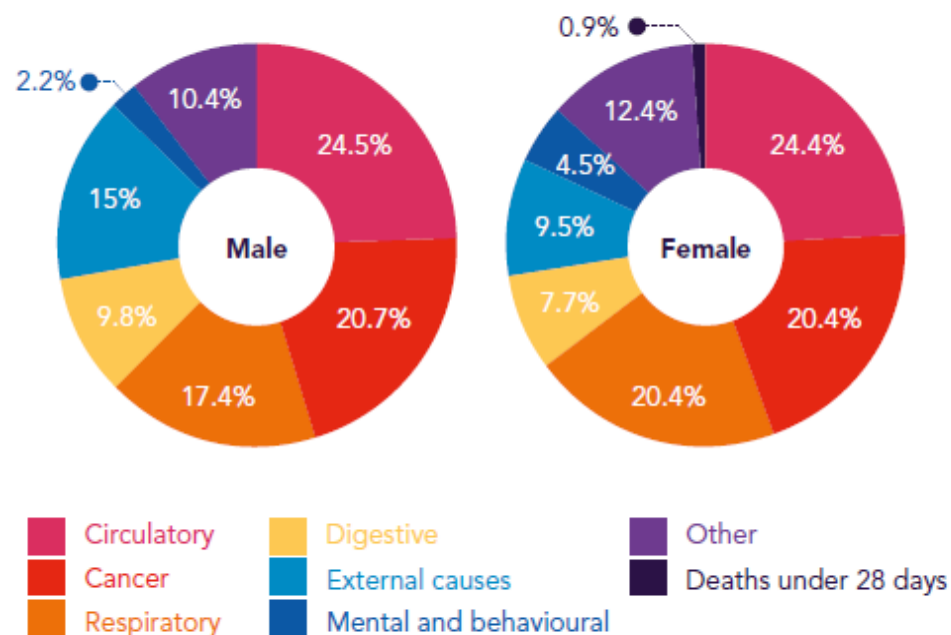
# The Norfolk and Waveney Picture

In 2019 more than **160,000** people in **Norfolk and Waveney** lived in areas categorised as the **least wealthy 20%** in England. While these are mainly located in urban areas, there are also smaller areas of deprivation in more rural areas.

**Inequalities** exist from birth to older age (e.g. smoking in pregnancy, obesity, educational outcomes, lifestyle, unemployment). These contribute to a gap in peoples life expectancy of **8.6 years for men** and **6.8 years for women** between the least wealthy and most wealthy areas in Norfolk and Waveney. The life expectancy gap between these communities is mainly due to more people dying at an earlier age of circulatory, cancer and respiratory diseases.



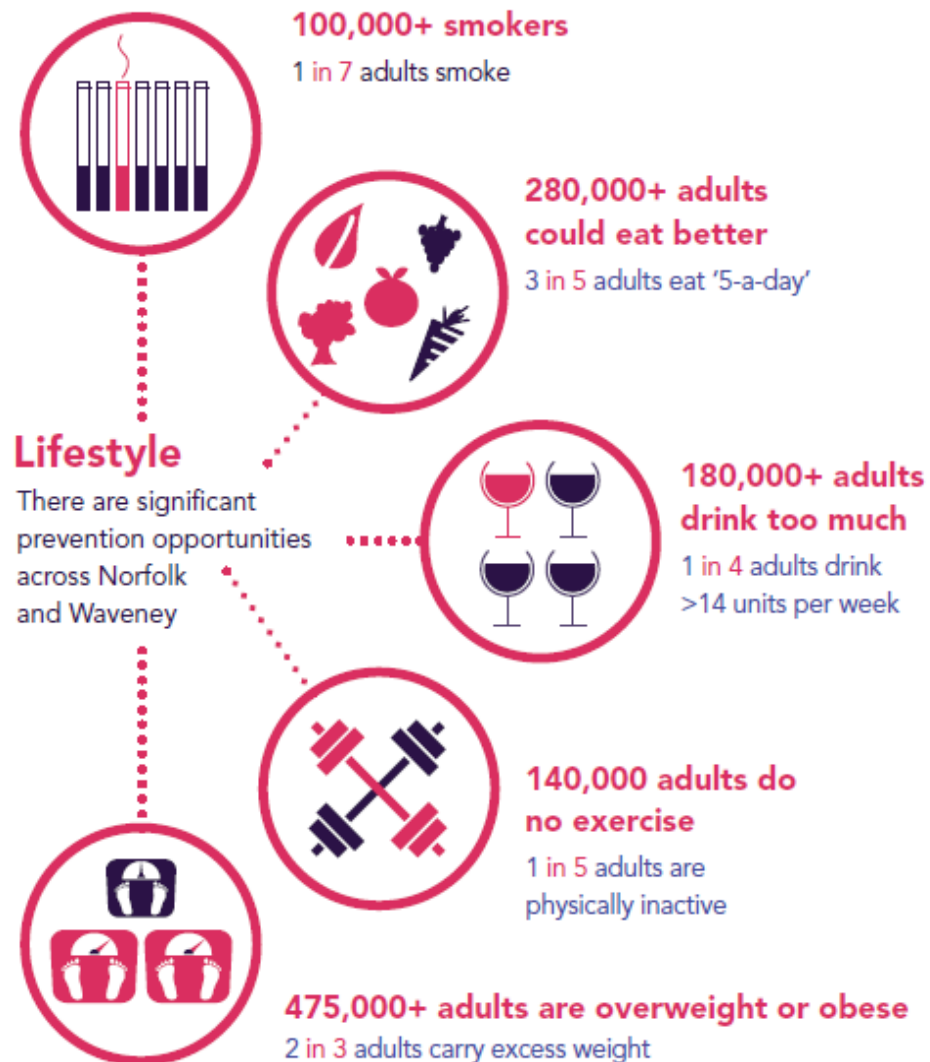
The charts show the causes of death contributing to the life expectancy gap for men and women who live in the **20% least wealthy** communities in Norfolk and Waveney compared to the most wealthy 20%.



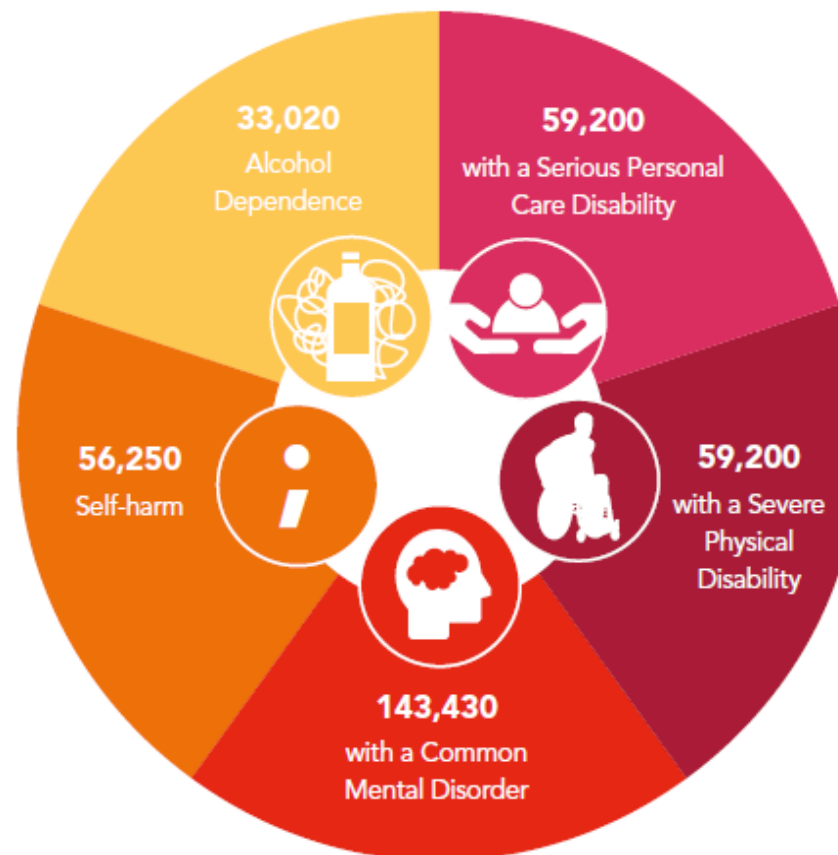
Source: Public Health England based on Office of National Statistics death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015



# The Norfolk and Waveney Picture



Norfolk and Waveney selected health conditions and comorbidities common in vulnerable groups. Vulnerable groups can include children and older people, people who are differently abled, people living with mental illness, learning disabilities or autism, or people who are homeless:



# Strategic Context



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The NHS Long Term Plan sets out a 10-year strategy for improving and reforming the NHS in England. The Long Term Plan aims to expand primary and community services, strengthen action on prevention and health inequalities, and improve quality of care for people with major diseases.

To provide a road map for the delivery of these changes in Norfolk and Waveney, the Integrated Care System (ICS) has produced a clinical strategy, setting out a high-level framework for transformation across the system. The acute trusts have also individually defined their strategic intentions for changes to the services they provide, in line with the ICS clinical strategy.

The Joint Acute Clinical Strategy for Norfolk and Waveney aligns directly to the ICS clinical strategy and supports the individual acute hospital trusts' clinical strategies by identifying specific opportunities for collaboration across Norfolk and Waveney. The purpose of the Joint Acute Clinical Strategy is to describe a future clinical model for Norfolk & Waveney's acute hospitals that optimises the benefits of collaboration and integrated working and it will capture these opportunities across three levels:

**1.**

**Clinical specialties or services that can be more effectively delivered AT PLACE, out of the acute hospital setting and/or in collaboration with our health and care partner providers**

**2.**

**Collaborative opportunities for OPTIMISED EFFICIENCY of service delivery between the three acute trusts in N&W for the care that must be delivered from an acute hospital setting**

**3.**

**Driving all acute specialties to operate UNITED PRACTICE with common standards, procedures and technology, removing unwarranted variation and assisting workforce development**

# Acute Integration Levels



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**1.**

## **AT PLACE:**

Complete services or sub-acute elements of services that can be safely delivered out of hospital, either recommissioned or via sub-acute outreach

**2.**

## **OPTIMISED EFFICIENCY:**

Integrated specialties across the three acute hospitals delivering services in the most effective way to suit demand through clinical networks or other nationally recommended best practice organisational models.

**3.**

## **UNITED PRACTICE:**

A future state where every specialty operates to the same standards and processes across all sites with no unwarranted variation in practice, to deliver the same patient experience whilst supporting united workforce development and providing clarity for system improvements that allow cross-site working

# Staff and Patient Engagement

In June 2022, the N&W 5-Year System Clinical Strategy was published after intensive work to understand the experiences, hopes and ideas of the patients who use the NHS, the staff that work in it and the communities it serves. Data was supplemented by interviews with senior clinicians, commissioners and service managers, staff in public health, Norfolk County Council, members of the public and Healthwatch colleagues. Evidence was also collated from independent research where individuals and groups representative of the cross-section of people living in N&W were interviewed. These included patients who were moderate to heavy users of health services, and the thoughts of junior doctors, nurses, GPs and allied health professional staff.

In preparing for the development of the Joint Acute Clinical Strategy the staff and patient feedback used for the System Clinical Strategy was reviewed and found to be just as informative to developing this strategy as it was for the System Clinical Strategy. By aligning the Joint Acute Clinical Strategy directly to the clinical objectives set out in the System Clinical Strategy, which were in turn derived from system-wide staff and patient engagement, we can be assured that our clinical ambitions are based on the collective views of staff and patients, which are the same when it comes to the importance of reducing waiting times and people's mental health and wellbeing. We also know that our arrangement of services can be confusing for people to navigate, and frustrating when clinical information is not readily available between services when it needs to be, meaning that care can take longer than it needs to and, for some people, poorer outcomes for their health and wellbeing.

The wealth of up-to-date staff and patient engagement data generated for the System Clinical Strategy has allowed key design principles to be determined for acute provision. The ten overarching principles have been agreed to guide development of the Joint Acute Clinical Strategy (overleaf).



## Norfolk and Waveney Acute Hospital Collaborative

### The views of people receiving and giving care in Norfolk and Waveney

Engagement has been the most important principle to us in developing this clinical strategy. What you have read so far has been created based on the views of a wide range of people. We have sought views from people working within the NHS, patients and carers who experience NHS care, and from a great many partners from other sectors such as local government and social care, the third sector, education and beyond. This section gives a summary of what we have learned.

#### Covid - Waiting Lists - Quality of Care

Support for and appreciation of local health services remains high, with clinicians and service users agreeing that they have coped well under the extremely difficult conditions caused by Covid. However, there is concern from both groups about the impact of the pandemic on the quality of care received by patients. Both clinicians and patients see the size of patient waiting lists as the single greatest challenge facing the health service. Closely related is the worry and fear that this will lead to poorer health for some patients as they "de-condition" and decline in health and quality of life while waiting for treatment.

#### Workforce recruitment and retention

Clinicians are concerned about the impact of the pandemic on staff. There is a very real worry that much of the NHS frontline workforce remains exhausted. Staff are not able to recover from the stress of the pandemic - which we should remember is not over - whilst ramping up services to recover the back log of tests and operations patients require. There is significant worry that staff will leave the service, whilst recruitment was already an issue with a shortage of frontline staff in Norfolk and Waveney, as with the rest of the country, running into the thousands.

### A summary of our clinical objectives: In Norfolk and Waveney My NHS...



1. Clinically-led approach
2. Population health focused
3. Includes the patients voice
4. Responds to the core national plans and the system clinical strategic objectives
5. Aligns to individual Trusts' clinical strategy commitments
6. Localise services wherever possible, centralise where necessary
7. Hospital only where no other alternative exists
8. Collaboratively develop multidisciplinary, community-based alternatives with Place partners where these alternatives should exist
9. Sustainability addresses health inequalities and variation in access, quality and outcomes
10. Digital transformation as a critical enabler for clinical transformation and driver of efficient clinical pathway design



# Joint Acute Clinical Strategy Design Principles



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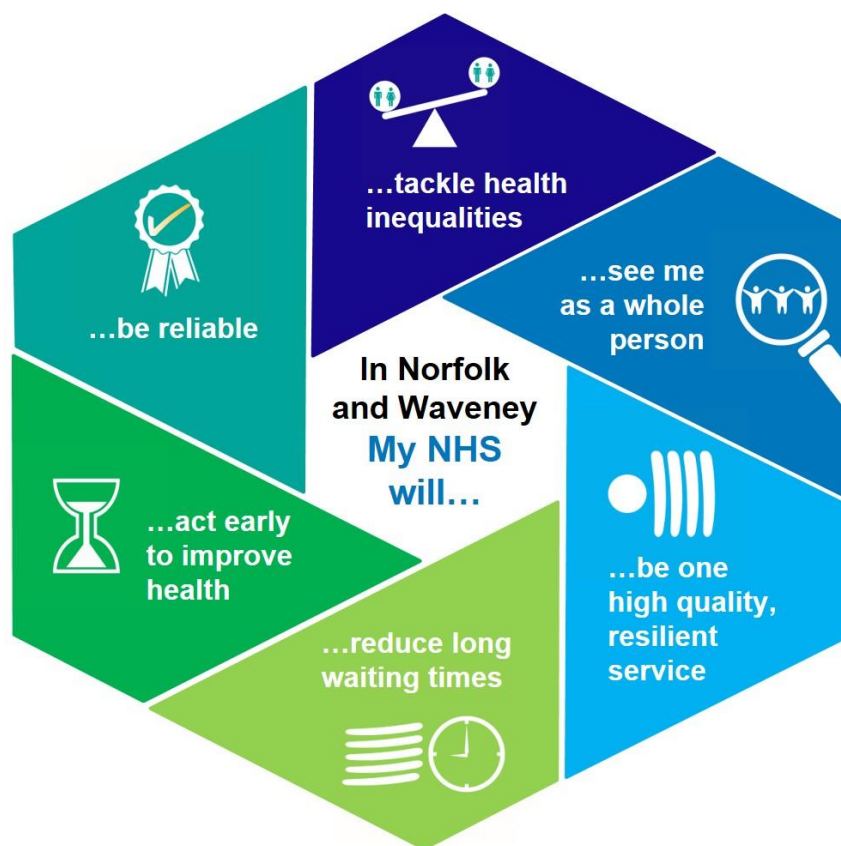
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# Alignment to N&W System Clinical Objectives



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The ICS clinical strategy comprises six key clinical objectives to be delivered over the next five years. These are shown below, along with the key commitments contained within the strategy that are most relevant to the NWAHC acute clinical strategy.



What the ICS Clinical Strategy says	What this means for the NWAHC
Care close to home wherever possible to do so	Assess scope of activity for moving into primary care and community settings, and define essential acute services
Integrated service development that strengthens organisations and brings systems and services together	Joint leadership roles Shared people, resources and support office functions Shared systems of clinical governance
Create an Integrated Quality Team	Identification and reduction of unwarranted clinical variation across the system
Ringfence elective capacity and look at the option of having at least one separate elective centre	System plan to address waiting times
Major investment in diagnostic capacity and capability	Diagnostic Assessment Centre and Community Diagnostic Centre development
Focus on increasing access to virtual services	Virtual wards, virtual clinics, remote advice and guidance and virtual multi-disciplinary team meetings
Plan to improve integrated management of long term conditions	Focus on dementia, heart failure, hypertension, cardiovascular disease, diabetes, cancer, respiratory disease
Deliver five key areas for urgent and emergency care	Includes development of urgent treatment centres, same day emergency care services and reducing hospital stays
Integrated clinical team to advise on an Acute Hospital Services Plan	Develop a Joint Acute Clinical Strategy under ownership of NWAHC in partnership with the N&W ICS and partners
Produce a plan that targets resources to deliver the national "Core20PLUS5" health inequalities plan	Maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis, hypertension

# Joint Clinical Strategy – Our Aims



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Acute Hospital Collaborative

The aims of our Joint Acute Clinical Strategy are:

1. To directly support the delivery of the ICS Clinical Strategy

2. To identify the shared future clinical priorities

3. To maximise the benefits of collaboration

Our Strategic Clinical Ambitions are to:



Work with our patients, staff and ICS health and care partners to develop person-centred services that that will be enabled through shared clinical information and patient involvement in design



Take a whole pathway approach to build integrated services that deliver more care out of hospital and closer to home, making it easier for patients to access the care they need when and where they need it



Through working together, increase clinical capacity to ensure patients are seen where they will get the care they need with the shortest waiting time



Work together with health and care partners to provide services that will intervene early to manage poor health, reduce admissions to hospital and improve population health through prevention



Work together to provide reliable and sustainable services to patients through making the best use of our available resources and ensuring standardisation of procedures and use of technology in line with best practice



Work together to deliver services that improve ease of access, quality, patient experience and clinical outcomes equally for our entire population

The Joint Acute Clinical Strategy has three overarching aims, from which six clinical ambitions have been developed that, along with our design principles, will ensure full alignment with the N&W system clinical objectives and, in turn, meet the long term acute care needs of Norfolk's population.

In the following section we explore our clinical ambitions in more depth and set out **how we will deliver** against each ambition and **what this means for our patients, staff and services**. By setting out these ambitions we will ensure they are clearly understood and ultimately built into our three hospitals' operational planning for collaborative delivery.

# Strategic Clinical Ambition 1



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**We will work with our patients, staff and ICS health and care partners to develop person-centred services that will be enabled through shared clinical information and patient involvement in design.**

**We will deliver this by:**

- **Sharing clinical information** by adopting the required IT infrastructure: a shared Electronic Patient Record.
- Ensuring **patient choice and control** across all levels of care.
- Designing services with **patient involvement**, working as equal partners to maximise the positive impact of NHS resources on patient experience.

**What this means for our patients, staff and services:**

- Clinical staff will have **access to the necessary information** to maximise time spent caring for patients and aid timely decision-making.
- Patients will **not have to tell** their stories of care more than once.
- Accounting for patients' health and care needs **holistically**, considering physical health, mental health and wider aspects of wellbeing.
- A transition away from focusing on individual episodes of care to instead focus on **person-centred pathways** that meet the needs of patient groups such as those with multiple long-term conditions, frail and elderly patients or maternity and infancy.

...see me as  
a whole  
person





# Strategic Clinical Ambition 2



Norfolk and Waveney  
Acute Hospital Collaborative

We will take a whole pathway approach to build integrated services that deliver more care out of hospital and closer to home, making it easier for patients to access the care they need, when and where they need it.

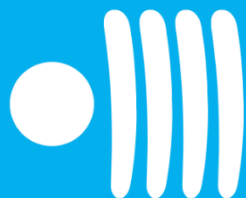
## We will deliver this by:

- **Reducing clinical variation**, working across the acute hospitals to share best practice and standardise care protocols and pathways that are enabled by the single EPR.
- Working with our health and care partners to develop **integrated pathways** that deliver more care away from the acute hospital setting.
- Optimising clinical collaboration by **removing barriers to staff movement** across sites and services through standardised workforce processes and technology.
- Unifying **recruitment, workforce, and training** processes and offering opportunities for research and innovation across all clinical groups.

## What this means for our patients, staff and services:

- Patients will be able to **access the same standard of care** wherever they live in Norfolk & Waveney.
- Patients will have improved access to **care closer to home**.
- **Seamless rotation opportunities** for staff across Norfolk & Waveney, allowing us to recruit, grow and retain future leaders and avoid loss of talent by aiding career progression.

...be one  
high quality,  
resilient  
service



# Strategic Clinical Ambition 3



Norfolk and Waveney  
Acute Hospital Collaborative

**We will, through working together, increase clinical capacity to ensure patients are seen where they will get the care they need with the shortest waiting time.**

## **We will deliver this by:**

- Using new models of care wherever possible, including expanding use of **virtual services, adopting a beneficial approach to high-volume procedures**, and performing more minor procedures out of hospital.
- Ensuring **critical services are located where they are needed**, scaled to meet demand and with barriers to efficient operation removed. Consolidate highly specialised services into single locations to benefit from access to specialist staff.
- Implementing **standardised referral and triage processes** with **single points of access**, wherever appropriate.

## **What this means for our patients, staff and services:**

- **Improved efficiency** through innovation and best practice at all stages of the patient pathway, from referral to post-operative care, freeing up clinical resources to treat more people sooner.
- Ensure patients are seen in the right place accounting for both **patient choice** and the shortest **waiting time**.
- Patients waiting less time for procedures, leading to **enhanced recovery and reduced complications**, with less cancellations and re-admissions.

...reduce  
long waiting  
times



# Strategic Clinical Ambition 4



Norfolk and Waveney  
Acute Hospital Collaborative

We will work together with health and care partners to provide services that will intervene early to manage poor health, reduce admissions to hospital and improve population health through prevention.

## We will deliver this by:

- Promoting **healthy living** by taking every opportunity to address the five key areas: smoking, mental health and wellbeing, alcohol, healthy weight, and physical activity.
- Collaborate across care providers and services to better **manage long-term conditions**, intervening earlier and delivering a more proactive approach to monitoring at-risk patients.
- Integrate urgent and emergency care with services designed to **prevent avoidable acute crises** from occurring.

## What this means for our patients, staff and services:

- A **healthier population** with people living more healthily for longer, with a reduction in avoidable admissions to urgent and emergency services and acute episodes caused by long-term conditions.
- Improved management of complex health conditions to **prevent** or slow the development of **co-morbidities**.
- **Sharing our expertise** as specialty clinical leaders to help develop our own and our health and care partners' staff intervene earlier in the management of ill health.

...act early  
to improve  
health



# Strategic Clinical Ambition 5



Norfolk and Waveney  
Acute Hospital Collaborative

**We will work together to provide reliable and sustainable services to patients through making the best use of our available resources and ensuring standardisation of procedures and use of technology in line with best practice.**

**We will deliver this by:**

- Implementing shared processes for **joint recruitment and improved retention**.
- Consolidating clinical and support services where possible to deliver efficiencies and sustainability through **economies of scale**.
- **Increasing use of specialist nurses and allied health professionals**, supported by remote supervision.
- Redesigning services with clear green plans in place to meet **NHS environmental targets**.
- Standardising and **modernising clinical and administrative systems**.

**What this means for our patients, staff and services:**

- **Recruitment and development** of the best possible workforce, reducing high-cost expenditure on temporary staff, and improving the resilience of the workforce.
- **Sustainable support services** that can match future demands.
- Meeting the NHS **environmental targets** of:
  - 80% reduction in carbon emissions we directly control by 2032.
  - 80% reduction in carbon emissions we can influence by 2039.
- Minimised time that clinicians need to spend on non-clinical tasks to **ensure clinical resources are used most efficiently** to deliver front-line patient care.

...be  
reliable





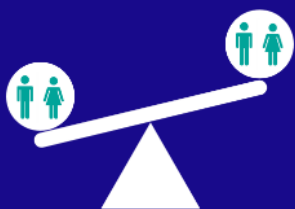
# Strategic Clinical Ambition 6



Norfolk and Waveney  
Acute Hospital Collaborative

We will work together to deliver services that improve ease of access, quality, patient experience and clinical outcomes equally for our entire population.

...tackle  
health  
inequalities



## We will deliver this by:

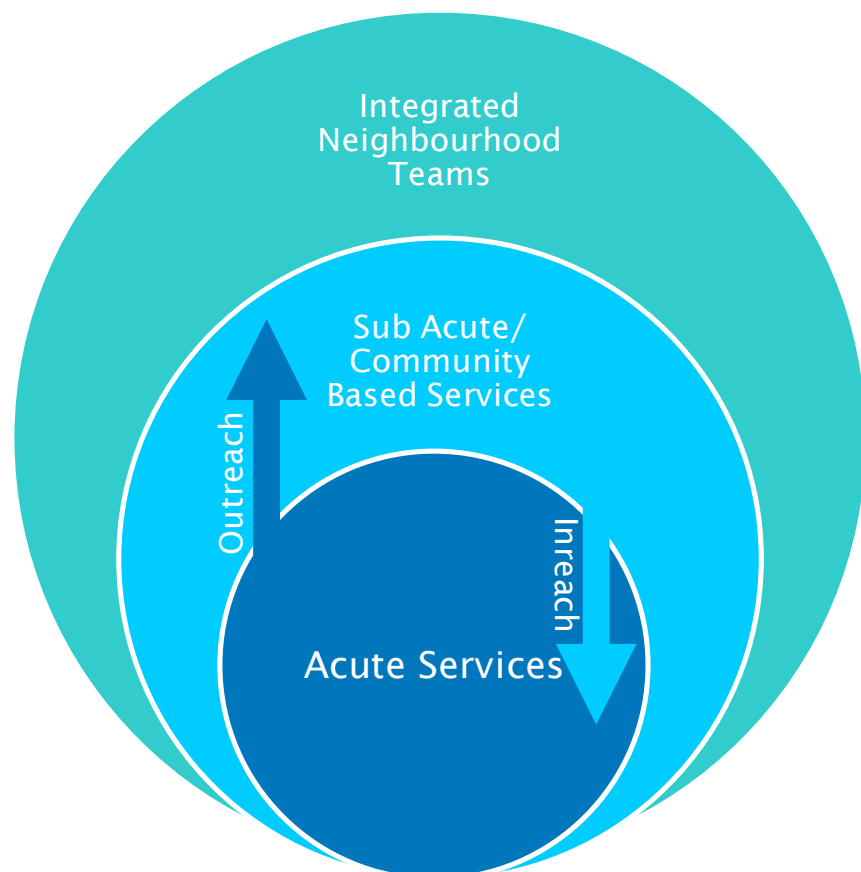
- Using specialist medical staff to provide leadership for **reducing inequalities** across key clinical areas.
- **Working in partnership** with primary care and other partners on the five key clinical areas that have the greatest impact on health inequalities: maternity, severe mental illness, chronic respiratory diseases, early cancer diagnosis, and hypertension.
- Developing an **understanding of how hospital experiences differ** for the most socially excluded and deprived populations to identify improvements to our ways of working.

## What this means for our patients, staff and services:

- **Reduction in health inequalities** across Norfolk & Waveney, resulting in significantly improved health in target population groups.
- **Improved access** to healthcare and **patient experience** for underserved groups.
- **Improve patient outcomes** and safety as a result of improved interactions with people from target population groups.

# Future Model for Integrated Care

Our six clinical ambitions mean that the care we provide will have to be delivered differently in the future. The diagram below shows the model of integrated care we are aiming for. We will be working with staff, patients and stakeholders to define the services which will be delivered through each element of the model.



## Service Characteristics

Services delivered at GP practice level:

- Services that enable an integrated approach to health & wellbeing
- Frequent interaction between patients and services
- Support multi-disciplinary team working
- Prevent exacerbations in care

Services delivered at Place level:

- Services that should be provided through a small number of sites aligned with primary care networks
- Do not require a highly medicalised environment or any dependency on acute hospital sites
- Co-location with other services provides benefits

Services delivered at Acute Hospital level:

- Services that must be delivered in, or close to, Norfolk's three acute hospitals
- Life threatening or complex
- Requires Access to specialist equipment
- Has co-dependencies with other acute services.

# The Electronic Patient Record Bedrock



**Norfolk and Waveney**  
Acute Hospital Collaborative



The Electronic Patient Record programme will provide a fully digital solution that enables clinical and operational processes to run as seamlessly and efficiently as possible on one platform across our three acute hospital trusts. It brings the benefits of standardisation and will be delivered through a transformation programme to support staff through the changes in processes and deployment of modern technology.

As the largest cross-trust programme being delivered by the Norfolk and Waveney Acute Hospital Collaborative it will touch every clinical specialty and provide a firm digital foundation for delivering all aspects of the Joint Acute Clinical Strategy.

The shared EPR will be an essential enabler for a greatly improved collaborative and integrated healthcare system, in which caregivers and patients have electronic access to more complete health records and are empowered to make better health decisions with this information. A single EPR will bring tangible benefits through reduced clinical risk, efficient use of clinicians' time, decision-making based on complete data, avoiding patients repeating their stories or having diagnostic tests repeated, improved multi-disciplinary collaboration and easier mobility of patients and staff between hospitals.

EPR sits alongside these Clinical Ambitions and will be the digital bedrock for most improvements to acute services going forward. As the key digital enabler for integrated and collaborative working it will provide the practical framework for joint acute clinical pathway transformation to be delivered. Along with providing standardisation around best practice for the core EPR services, the availability of quality data will allow for evidence-based decision making on future transformation in the system. As such, it is essential that the Acute Clinical Strategy is fully aligned with the implementation of EPR.

# The Electronic Patient Record Bedrock



**Norfolk and Waveney**  
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The existing EPR programme does not encompass all specialties, nor all future digital collaboration towards a comprehensive EPR. Core functionality will be delivered solution-wide with all three hospitals agreeing on configuration and pathway/workflow design. Additional functionality should be based on jointly agreed configuration and pathway/workflow design; however exceptions can be introduced if agreed via joint governance forums.

Specialty functionality may be provided by existing interoperable solutions or roll out of new EPR modules, which needs to be informed by clinical strategy. Therefore, it is essential that the Acute Clinical Strategy builds on the standardisation enabled by EPR for core services to set out a transformation route that ensures interoperability and best practice across all specialties in Norfolk and Waveney.





# Bringing Our Strategy to Life



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The vast quantity of change that this strategy represents cannot be underestimated. Strategic change is not easy to achieve in the NHS; changes for tomorrow are difficult to prioritise when the pressures of today are unrelenting. We know that we want to achieve meaningful change to benefit our patients and staff in Norfolk & Waveney and provide them with the best care and employment opportunities possible; throughout this document we have set out our strategic clinical ambitions for the Norfolk and Waveney acute hospitals to collaboratively achieve this aim.

Working within existing financial and resource constraints means that immediate whole-scale change is not possible, nor would it be safe. Recognising that change of this scale takes time and requires careful management of its risks, we have set these ambitions out over two delivery horizons:

**The medium term horizon represents those opportunities we can start with now and implement over the next five year period, completing delivery within this timeframe. It will focus on how we optimise clinical capacity, deploy technology and develop our workforce to deliver the right services to our patients in the right place.**

**The long term horizon represents opportunities that will have a positive effect on the health of our population in the long term, where work needs to start in the medium term but will continue well beyond the next five years. It will focus on how we will transform acute services to support our population to live healthier for longer and reduce health inequalities.**

# Bringing Our Strategy to Life



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## Medium Term Clinical Opportunities

### FIVE YEAR PLAN »»»» 2027/28

- ▶ Automated sharing of clinical information to maximise time spent caring for patients and aid timely decision-making.
- ▶ Person-centred pathways designed together with patients and ensuring patient choice.
- ▶ Reduced clinical variation, adopting common practice across services and specialties regardless of location or level of integration.
- ▶ Common workforce policies, conditions, and processes to remove barriers to clinical collaboration.
- ▶ Services integrated with the community to deliver care closer to home for patients.
- ▶ Pre-operative assessments extended to better prepare patients, enhancing recovery and reducing complications.
- ▶ Efficient use of resources through:
  - Single point of access, standardised referral/triage, shared staffing, and common platforms.
  - Continuous improvement driving efficiency of high volume, low complexity procedures.
  - Consolidation of highly specialised services into single locations.
- ▶ Service resilience through increased use of specialist nursing and allied health professional roles, with remote supervision for clinics in multiple locations.
- ▶ Economies of scales through consolidated clinical and support services.
- ▶ Shared workforce processes to aid joint recruitment and improved retention.

## Long Term Clinical Opportunities

### POPULATION HEALTH 2027/28 »»»»

- ▶ Embedded effective short interventions at every contact to tackle smoking, alcohol abuse, and weight management: improving population health so that people live healthier for longer.
- ▶ A life-long management approach to long-term conditions and common co-morbidities, reducing avoidable hospital admissions.
- ▶ Integrated approach to urgent and emergency care, designing services to prevent avoidable acute crises from occurring.
- ▶ Inclusion of environmental considerations within pathway redesign and service transformation
- ▶ Implementation of green plans across clinical services.
- ▶ Specialist medical staff leading on opportunities for reducing inequalities across the key clinical areas.
- ▶ Equality of access to services and improved patient experience, reducing health inequalities experienced by underserved population groups.

# Leadership and Resources

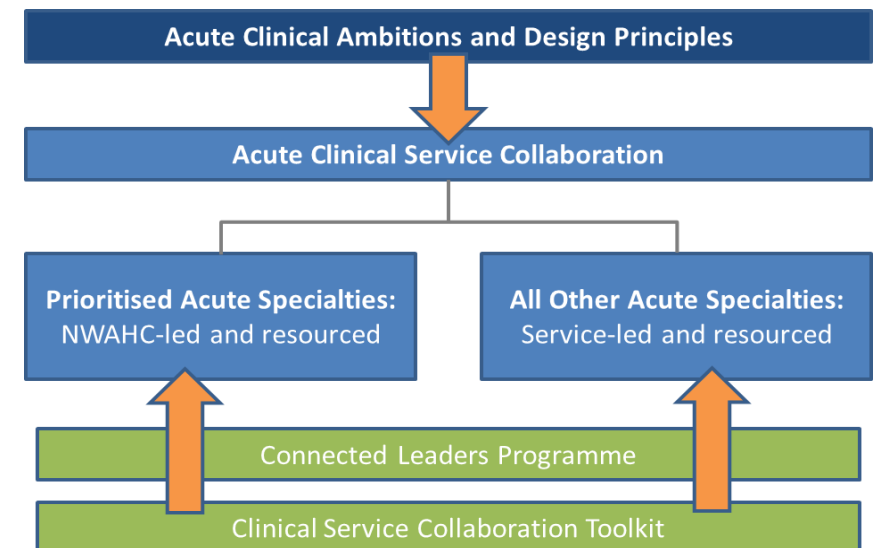


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Once the Joint Acute Clinical Strategy is completed, there will need to be agreement around how service development opportunities are taken forward. This will require significant system-wide engagement, as well as appropriate prioritisation and resourcing by all involved. Many aspects of our clinical strategy will require joint acute-led delivery, which will be overseen by the N&W Acute Hospitals Collaborative. Some aspects of design and delivery will also need to be undertaken at Place level to ensure the Joint Acute Clinical Strategy is delivered in a way that fits with, and enhances, Place plans and priorities. Other aspects of the strategy will require leadership by the N&W Integrated Care Board or specific ICS partners that the acute trusts can work alongside.

Cross-organisational transformation change management will be essential to ensure that delivery of the Joint Acute Clinical Strategy aligns with major programmes such as EPR and new hospital builds. The transformational change load across all three acute hospitals will be considerable for the next decade and a joint approach to managing this level of complex change is needed, with ongoing joint dependency and stakeholder management vital to delivering on time, safely and within budgets.

Preserving clinical service levels through this transformation period will require careful co-ordination of all the changes to people, processes, digital technology and estates that together will deliver not just the Joint Acute Clinical Strategy, but also the individual Trusts' clinical strategies. This high level delivery model shows that the leadership and resources needed to deliver the Joint Acute Clinical Strategy are twofold; a joint transformation team working to drive priority specialties forward across the acute Trusts, along with individual hospital transformation teams working to align all the other specialties with the clinical strategies over time. This joint approach to transformation will need to be supported by development of a toolkit of resources to help clinical leaders collaboratively plan and implement strategic change with specialty colleagues across the acute Trusts and other partners.



# Interdependencies and Enabling Strategies



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The Joint Acute Clinical Strategy is just one of several transformation plans; its development needs to be seen in the wider context of and aligned to all other relevant transformation work which is underway across the system and individual trusts, for example:

- James Paget New Hospital Programme
- QEH King's Lynn New Hospital Programme (pending approval)
- NNUH clinical strategy development
- ICS Joint Forward Plan and Transformation Programme
- Place Board plans and Health and Wellbeing Partnership priorities

It also needs to be cognisant of and be considered alongside programmes which are focusing on the immediate operational priorities around specialties and service delivery models, for example the Elective Recovery Programme and Urgent and Emergency Care Improvement Programme.

In the strategic timeframe there are also other system-wide strategies being delivered that will be enablers for delivery of the Joint Acute Clinical Strategy across Digital and Estates infrastructure and how the NHS Workforce will be recruited, retained and deployed more effectively in future.





# Interdependencies and Enabling Strategies



**Norfolk and Waveney**  
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## Digital Enablers:

- A single Electronic Patient Record (EPR) for Norfolk's acute hospitals:
  - EPR is a critical enabler to the acute clinical strategy and the acute clinical strategy is a critical enabler to EPR design.
  - Without a clear acute clinical strategy, the clinical requirements for information to support integrated pathways of care will not be fully understood.
- Rollout of a Single Patient Tracking List (PTL):
  - A single PTL will support the acute clinical strategy by allowing management of all patients waiting for care, transparency of waiting lists and reducing clinical harm risks.
  - A single PTL is essential to managing patient choice of treatment location, easing movement between providers and maximising elective capacity within the system.



## Workforce Enablers:

- Significant workforce redesign will be required in order to realise many of these ambitions.
- NHS teams to be empowered to work seamlessly across the system, regardless of employer.
- Hybrid teams containing not just NHS workers but also local authority care and voluntary sector partners should become the norm rather than an exception.
- Role redesign and/or introduction of new clinical roles needs to be developed to safely move routine clinical activity away from consultants so they can concentrate on acute specialist care.





# Interdependencies and Enabling Strategies



**Norfolk and Waveney**  
Acute Hospital Collaborative

## Estates Enablers:

Estate is one of the core resources that will enable the acute clinical strategy by providing the right locations for patient care. The NHS Long Term Plan sets out practical changes that need to be made to the NHS service model, including boosting 'out-of-hospital' care, and joining up primary and community health services.

The N&W System Estate Strategy shows how the NHS estate across N&W will be transformed to support these new models of care that provide joined up accessible services, delivering better outcomes to patients and providing best value for money.

Working together as a system, we have an opportunity to utilise our combined estate to support the transformation of services and new ways of working that bring health care, social care, and third sector services together in a more integrated and collaborative way. Some of our estate is modern and well equipped, however, other parts of it are ageing and carry significant backlog maintenance which poses a challenge for moving services.

We also have properties that are no longer fit for purpose, unable to support new ways of working and the shift of care into the community from acute settings. The scale of the challenge is such that, whilst it will be possible to deliver some of our identified opportunities fairly quickly, many will require significant investment in developing modern clinical estate in the right places.



# Next Steps



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These strategic clinical ambitions will be/have been approved by each of the Norfolk and Waveney Acute Hospital Trust Boards and the Integrated Care Board. We will now work with the ICB, Place Boards, partner providers and patients to develop our strategy implementation plan, outlining how and when we will be implementing our proposed changes. Where the scale of service change demands it, we will also undertake public consultation as required.

We expect every service to collaboratively plan and deliver improvements based on our ambitions and design principles and for this to become a continuous part of what every service does, every day. We will facilitate every specialty across the three acute hospitals to come together and identify the joint opportunities they have to transform how their services are delivered.

In an integrated care system there are many services that do not have to be based in hospitals and if we are to successfully manage demand, we need our specialist centres to focus on efficiently providing the services that only they can do. To achieve this we must collectively reshape our approach to day-to-day operations to enable us to deliver financially sustainable high-quality services.



# Next Steps



**Norfolk and Waveney**  
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We have already begun to explore the range of opportunities across our clinical services in the 2023/24 operational planning round and commenced prioritisation using national and local evidence that demonstrates where specialty-level opportunities lie.

Through our annual planning processes we will also continue to improve all services, asking specialties to set clear quality improvement measurements and plans to achieve these, based on national guidelines and best practice, such as GIRFT.

We will also work with our health and care partners across Norfolk and Waveney to lay the foundations for the significant changes needed to bring our ambitions to life and deliver the outcomes and opportunities that are presented here.

For the aspects of our strategy that will be acute-led and agreed as priorities, the strategic plans for these services will be collaboratively developed and published in time to be reflected in the Trusts' operational delivery plans from 2024/25.





**Norfolk and Waveney**  
Acute Hospital Collaborative



**Find out more about the Norfolk and  
Waveney Acute Hospital Collaborative**

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Norfolk and Waveney Integrated Care System