

Improving Together: How NLaG is moving forward following special measures

Dr Peter Reading, Chief Executive

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Problems we face

1. Very high vacancy levels
2. Low morale
3. High mortality
4. Long waiting lists
5. Pressure on emergency care
6. Huge structural and operational financial deficits
7. Estates and equipment problems

Improving Quality and Safety

This is about:

- Safe staffing
- Patient safety
- Patient experience
- Mortality



What we've done:

-  Introduced handheld devices so staff can record vital observations at the bedside to help recognise deteriorating patients quickly
-  Created new posts in midwifery to improve the care for new mums: healthy lifestyle midwife, patient safety midwife, governance midwife and perinatal mental health midwife
-  Fit to care checklist rolled out to enable sisters/matrons to demonstrate that wards/departments have undertaken the necessary checks

Improving Access and Flow

This is about:

- Planned care
- Unplanned care



What we've done:

-  New medical ambulatory care service at Grimsby where patients are assessed, treated and discharged on the same day
-  Red2Green project improving access to what patients are waiting for in their journey through the hospital and to ensure they are being cared for as effectively as possible, to deliver a more timely and safe discharge

Improving OD and Culture

This is about:

- Engagement and culture
- Training and development
- Leadership and management

What we've done:

-  Promoting Professional Pride & Respect project
-  New leadership management apprenticeship scheme
-  Launched Listening into Action to empower staff to make changes and bring their improvement ideas to life
-  Board re-structure underway including appointment of new Head of Communications
-  New divisional leadership structure with clinical leaders at its heart



Improving Service Strategy

Improving service strategy

- Acute model
- Speciality models
- Place based ACPs



What we've done:

-  Working with our partners across the health community to develop a plan for sustainable health services into the future

Improving Finances

This is about:

- Central grip and control
- Non-clinical service redesign



What we've done:

-  Reviewed how we purchase products to achieve cost savings
-  Decreased the use of bank and agency staff
-  On target to achieve £11.3million savings during 2017/18
-  Projected end of year deficit of £43 million

Focus on urgent and emergency care improvements



Dr Kate Wood, Acting Medical Director

How performance is measured

- A&E performance is a measure of how the whole hospital is performing, not just the emergency department
- Target is to see and treat 90% of patients within four hours of arrival



Our performance

- In April 2017 NLaG was in the bottom five Trusts' for A&E performance. By December we were ranked in the top 35 Trusts
- 2018 has seen significant pressures on services – staff sickness, flu, D&V, extreme weather
- Performance for 2018 so far:
 - Dec 87.9%
 - Jan 86.2%,
 - Feb 83.4%



Staff in our emergency care centre (A&E)

What are we doing?

- GP streaming at the front door
- Escalation processes for Ambulance handover
- Partnership working - integrated discharge team working in the hospital
- Improved site management and operational process
- Introduction of ambulatory care units— both medical and surgical
- Board rounds



Staff and patient on the surgical ambulatory care unit

Recent patient feedback

“All the medical professionals were fantastic. Our 4 year old had an ultrasound quickly and we were given good advice. Great team.”

“The staff were terrific, and made my wife comfortable and calmed the family down. It was a weekend so very busy, but the staff coped well.”