Quality Account 2020/21
FINAL

‘Our vision is to excel at patient care’

www.geh.nhs.uk
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About our Quality Account
Welcome to George Eliot Hospital NHS Trust’s Quality Account for 2020/21.

The Quality Account is important because it summarises the Trust’s annual quality journey and reports publicly on our performance in delivering safe, high-quality, effective care to all our patients.

The purpose of a Quality Account
The Quality Account provides an overview of the quality of care provided to our patients. Specifically, this account highlights how we have improved, why we have chosen different courses of action, and what we still have to do to continue improving the quality of care being delivered at our organisation.

What is included in a Quality Account?
During the year, we routinely reviewed and evaluated the quality and safety of our services against a set of three quality improvement criteria:

- Patient safety and effectiveness
- Productivity and efficiency
- People experience

Throughout our Quality Account, you will find consideration of how we have performed against these priorities, with further reporting against a set of national standards and quality improvement goals.

How to get involved
At the end of this document (appendix 3, page 66), you will find details of how to provide feedback and tell us what you think of our Quality Account and the improvements we have achieved.

Accessibility
We have access to interpretation and translation services. If you need this information in another language or format, please contact 024 7686 5550 and we will do our best to meet your needs.

Further supporting information
While this report focuses on specific areas of quality improvement, further information about our annual quality agenda can be found within our public Board papers at www.geh.nhs.uk/about-us/trust-board-of-directors/public-board-papers/.

Quality Accounts 2021/22
We have a statutory duty to publish a Quality Account and Annual Report and Accounts, which review quality improvement achievements and business and finance outlay respectively. For the past two years the Trust had combined these documents into one report on the quality, business, and financial outcomes for each reporting period. However, due to the COVID-19 pandemic crisis for the 2020/21 year national guidance instructed that they were to be published on separate dates.
Statement from the Chief Executive

The period covered by the Quality Account has arguably been the most challenging yet for George Eliot Hospital NHS Trust. The COVID-19 pandemic has tested our resolve, our resources and our resilience. But despite what has been thrown at us, we are pleased to be able to report significant progress throughout the year.

As well as the highlights you will read about later in the report, we have taken positive steps in a number of important areas of quality. The pandemic has driven innovation in the Trust as we seek to maintain our focus on quality and safety.

Among many achievements, the improvement in our Urgent and Emergency care is remarkable. Enhancement of our front door streaming, new COVID-19 pathways and Manchester triage process has elevated the quality of our care into one of the best regionally and into the top quartile in England. Also, the amazing work carried out by our volunteers has been invaluable during this period.

Quality and governance has become further embedded into the Trust as we successfully appointed a range of Governance Co-ordinators in our directorates to support our frontline leaders and staff. Our ability to quickly mobilise successful clinical teams was in evidence as our coronavirus vaccination team swung into action, delivering 13,000 vaccines to our staff and partners in health and social care.

Working with partners in our Foundation Group has been a keystone in a successful year for the Trust. Our group approach to quality improvement is sharing our innovation, knowledge and best practice among the partners and we have taken important steps in working together and collaborating – ensuring we make the best use of the public money to which we are entrusted.

We have also built on our partnership at Place level in Warwickshire north. This year we have looked beyond our walls to create our first Clinical Strategy as a place partner – involving our health and care partners as we plan our clinical future and set our quality priorities. Our thanks go to the staff and organisations that found the time to engage with us as we all faced the huge challenges that COVID-19 presented.

The COVID-19 pandemic has demanded much this year – our dedication, our common strength and our compassion towards the patients and families we cared for. We are proud to say that our staff have risen to this challenge. They have been truly inspirational.

To our community supporters, we offer our thanks and our continued commitment to offer you the best quality of care at George Eliot Hospital NHS Trust.

Glen Burley
Chief Executive

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Statement of directors’ responsibilities in respect of quality

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011, to prepare Quality Accounts for each financial year. NHSI has issued reporting arrangements on the form and content of the annual quality reports and on the arrangements that NHS Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust’s performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the quality account is robust and reliable, not inconsistent with internal and external sources of information, conforms to specified data quality standards and prescribed definitions and is subject to appropriate scrutiny and review.
- The quality account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Glen Burley
Chief Executive
May 2021
Trust overview

George Eliot Hospital NHS Trust provides a range of elective, non-elective, surgical, medical, women’s, children’s, diagnostic and therapeutic services to a population of more than 300,000 people.

Average number of employees (whole time equivalent basis): 2,214

Total number of beds (General & Acute): 325 (300 19/20)

The hub of the Trust is located on the outskirts of Nuneaton and its services cover a large footprint, including North Warwickshire, South West Leicestershire, and North Coventry.

The Trust also provides a range of community services, delivered across Coventry, Warwickshire and Leicestershire. These include sexual health, the Warwickshire Special Care Dental Service and tuberculosis services for Coventry and Warwickshire.
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A&E Attendances
65,010
(89,005 - 2019/20)

Inpatient Admissions
Day Case
10,599
(17,641 - 2019/20)

Outpatient appointments attended
184,222
(263,476 - 2019/20)

Total live births
2,141
(2,222 - 2019/20)

Outpatient appointments attended
184,222
(263,476 - 2019/20)

Total live births
2,141
(2,222 - 2019/20)

Total number of patients operated on
5,834
(11,418 - 2019/20)

Total number of positive or suspected (swab negative but treated as positive) COVID-19 patients cared for as an inpatient
1,229

Number of Diagnostics

<table>
<thead>
<tr>
<th></th>
<th>X-ray</th>
<th>Ultrasound</th>
<th>CT</th>
<th>MRI</th>
<th>DEXA</th>
<th>ERCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020/21</td>
<td>60,631</td>
<td>32,279</td>
<td>18,097</td>
<td>11,843</td>
<td>1,154</td>
<td>338</td>
</tr>
<tr>
<td>2019/20</td>
<td>82,262</td>
<td>40,681</td>
<td>19,766</td>
<td>15,762</td>
<td>2,360</td>
<td>398</td>
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</table>
## Our Services

<table>
<thead>
<tr>
<th>Medical</th>
<th>Women's and children's</th>
<th>Diagnostic and therapeutic</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Medical Unit</td>
<td>Children’s Assessment Unit</td>
<td>Acute Medical Unit</td>
<td>Coventry and Warwickshire Community</td>
</tr>
<tr>
<td>Cardiology and Cardio-Respiratory Unit</td>
<td>Gynaecology</td>
<td>Bereavement Support</td>
<td>TB Service</td>
</tr>
<tr>
<td>Chronic Fatigue and Chronic Pain</td>
<td>Maternity &amp; Midwifery</td>
<td>Cardio Respiratory Unit</td>
<td>Sexual Health Services Warwickshire</td>
</tr>
<tr>
<td>Diabetes</td>
<td>New-born Hearing Screening</td>
<td>Chaplaincy</td>
<td>Warwickshire Special Care Dental Service</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Obstetrics</td>
<td>Clinical Psychology</td>
<td></td>
</tr>
<tr>
<td>and Urgent Treatment Centre</td>
<td>Paediatrics</td>
<td>Endoscopy</td>
<td></td>
</tr>
<tr>
<td>Endocrinology</td>
<td>Special Care Baby Unit</td>
<td>Macmillian Cancer Support</td>
<td></td>
</tr>
<tr>
<td>Endoscopy</td>
<td></td>
<td>Occupational Therapy</td>
<td></td>
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<tr>
<td>Gastroenterology</td>
<td></td>
<td>Oncology</td>
<td></td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td></td>
<td>Outpatients</td>
<td></td>
</tr>
<tr>
<td>Infection Prevention</td>
<td></td>
<td>Pathology</td>
<td></td>
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<tr>
<td>Nephrology</td>
<td></td>
<td>Pharmacy</td>
<td></td>
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<tr>
<td>Osteoporosis Screening</td>
<td></td>
<td>Physiotherapy</td>
<td></td>
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<tr>
<td>Planned Ambulatory Care Unit (PACU)</td>
<td></td>
<td>Radiology</td>
<td></td>
</tr>
<tr>
<td>Palliative Medicine</td>
<td></td>
<td>Research and Development</td>
<td></td>
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<tr>
<td>Respiratory Care</td>
<td></td>
<td>Same Day Emergency Care (SDEC)</td>
<td></td>
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<tr>
<td>Rheumatology</td>
<td></td>
<td>Speech and Language Therapy</td>
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<tr>
<td>Same Day Emergency Care (SDEC)</td>
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<tr>
<td>Stroke</td>
<td></td>
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<tr>
<td>Transient Ischemic Attack (TIA)</td>
<td></td>
<td></td>
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</table>

| Surgical                        |                                                  |                                      |                                 |
| Anaesthetics                    |                                                  |                                      |                                 |
| Audiology                       |                                                  |                                      |                                 |
| Breast Care                     |                                                  |                                      |                                 |
| Captain Tom Moore Unit – Elective Surgical Admission Unit |          |                                      |                                 |
| Community Dentistry             |                                                  |                                      |                                 |
| Colorectal                      |                                                  |                                      |                                 |
| Ear, Nose and Throat            |                                                  |                                      |                                 |
| Maxillofacial                   |                                                  |                                      |                                 |
| Ophthalmology                   |                                                  |                                      |                                 |
| Orthopaedics                    |                                                  |                                      |                                 |
| Plastic and Reconstructive Surgery |                                                |                                      |                                 |
| Theatres                        |                                                  |                                      |                                 |
| Urology                         |                                                  |                                      |                                 |
| Surgical Assessment Unit (SAU)  |                                                  |                                      |                                 |

George Eliot Hospital NHS Trust  
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Nuneaton  
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Our Vision, Values and Objectives

Our vision at George Eliot Hospital NHS Trust is to “EXCEL at patient care”

We believe that the best way to provide exceptional care is to take a value-led approach. We also believe that exceptional care can be delivered by striving to reach a number of strategy, Trust and Foundation Group objectives:

In 2018, George Eliot Hospitals NHS Trust joined a ‘Foundation Group’ which was created in partnership with South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust. All three organisations face similar challenges and have a common strategic vision for how these can be solved. The ‘Foundation Group’ model retains the identity of each individual Trust whilst strengthening the opportunities available to secure a sustainable future for local health services.

There are numerous benefits for local communities across Warwickshire and Herefordshire, including the provision of a wider platform to share best practice and improving whole system patient pathways. Glen Burley is the Chief Executive at all three Trusts, with a Managing Director in post at each organisations who are individually responsible for each Trust.

We will ensure effective open communication
We will strive for excellence and safety in all we do
We will challenge but support
We will expect respect and dignity
We will strive to deliver local healthcare that inspires confidence
Our key strategic aims 2019 – 2023 that will run from Ward to Board

Embrace our role as a District General Hospital, delivering the best quality, safest care to our local population

We will focus on the key clinical priorities of emergency medicine, elective care, cancer and mortality. We will do this strongly and quickly to improve our patients’ experience.

Take a leading role in the development of Place-based services, adopting a system-wide view in developing and delivering new models of care

The NHS Long Term Plan set out by the Government prioritises prevention and joined-up care. We are working with healthcare, education and local authority partners to develop plans that serve patients across our North Warwickshire community or ‘Place’.

Listen to and engage with our staff to create a culture of true partnership

Through our Shaping Our Future initiative, our staff have influenced our strategy through an engagement process that has captured their ideas, concerns and priorities as we plan for the future of George Eliot Hospital. We will continue to listen.

Transform our services and enable our progress by focusing on our key enablers - ICT, our estate and workforce.

Our staff have helped us identify what is important to help us progress. We will focus on these areas while also transforming our services to become more productive and effective for our patients. We will continue to build on our excellent reputation for education to retain and develop our staff.
Section 2 - Quality focus overview

For 2020/21 the quality priorities for the organisation were embedded as part of the Trust’s overall objectives. A quality improvement approach has been employed to deliver the priorities, with progress throughout the year being monitored and reported via the Quality Assurance Committee on a quarterly basis. Areas of focus that have been delivered during 2020/21 include the following:

Reduce the average length of stay to achieve benchmark standard with other District General Hospitals: focused work within this area has led to significant improvements in relation to patients with a hospital length of stay of 7, 14 and 21 days – see Figure 1.0 below (data ranges from July 2019 to May 2021):

![Average Length Stay](image)

- **Reduce preventable deaths e.g.**
  - **Fractured neck of femur:** in relation to the management of neck of femur fractures, several initiatives have been introduced within the organisation during 2020/21. These included the recruitment of a specialist Neck of Femur Clinical Nurse; improved physiotherapy assessments; and earlier mobilisation following surgery.
  
  - **Urinary tract infections:** an improvement plan was introduced in 2020/21 led by the Infection Prevention and Control Team (IPCT) in conjunction with pharmacy, and informed by audit work to identify themes and trends.
Work has included:

- Introduction of an electronic guide to streamline antibiotic prescribing (a micro guide) to support clinical teams.
- Development of a medicines management section on the Trust’s clinical portal to give a live picture of all administered controlled medicines for Trust inpatients. This includes intravenous antibiotic use and identification of septic patients.
- On-going audits in all areas to learn from and improve antibiotic prescribing practice.

- **Enhance the quality and experience of urgent care:** during 2020/21 improvements have been noted in relation to:
  - Urgent and Emergency Care access: the Trust achieved 90% of its A&E 4-hour performance for 2020/21, an improvement by 12% when compared to the performance for 2019/20 (78%).
  - A reduction in ambulance handover times: the Trust recorded 29 ambulance handovers over one hour during 2020/21. This is 91% lower when compared to 2019/20 (315). The Trust also noted a 10% increase in ambulance handovers undertaken under 15 minutes (4,862 in 2020/21 compared to 4,399 in 2019/20).
  - A reduction in patients waiting from Decision to Admit: during 2020/21 a 98% improvement was recorded in the 12 hour trolley waits within A&E i.e. two cases in 2020/21 compared to 116 cases in 2019/20.

- **Attract high quality staff to reduce our medical vacancies:** during 2020/21 the Trust continued to make progress in relation to recruiting into key vacancies. Positive progress has been noted in the following areas; medical vacancies with a reduction from 23% vacancy factor in May 2020 to 10.9% in May 2021; and equally nursing vacancies have reduced from 8.6% to 7.3% over this period.

- **Compassionate End of Life Care:** during 2020/21 education was provided which allowed staff to; learn and share experiences of caring for dying patients; better understand the best practice tools, for example, advanced care planning; and gain foundation level communication skills to support conversations with dying patients and their loved ones. A variety of staff also accessed the specialist ‘Real Talk Advanced Communication Skills’ training, including medical consultants and registrars, and cancer and non-cancer nurse specialists.

Throughout 2020/21, the Specialist Palliative Care Team collected data from patients being cared for on the Holistic and Individualised Plan for Care for the Dying Person (IPCDP). This data found that 100% of patients cared for on the IPCDP had a preferred place of death documented, and 99% achieved their preferred place of death (e.g home, care home, hospital bed or hospice). This is a known positive indicator of outstanding care.
NHS England and NHS Improvement’s (NHSE/I) 2020/21 reporting arrangements

SECTION UPDATE: 27 July 2021

In addition to aspiring to meet the Trust’s quality commitments for this reporting period, we need to show progress against the requirements set out by our peers and the guidance set out in the quality account toolkit 2010/11.

The value and banding of the summary hospital-level mortality indicator (‘SHMI’) for the Trust for the reporting period

The Summary Hospital Level Mortality Indicator (SHMI) is a measure of mortality produced and reported monthly by NHS Digital.

The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die. The expected number of deaths is not an actual count of patients, but is a statistical construct which estimates the number of deaths that may be expected at the Trust on the basis of average England figures and the characteristics of the patients treated.

SHMI includes deaths which occur in hospital and death which occur outside of hospital within 30 days of discharge.

Where it is suspected that a death could have been prevented, an investigation is conducted by a multidisciplinary team via root cause analysis to understand the reasons and draw up robust action plans.

Figure 1.7: Latest available SHMI figures published March 2021 and April 2021

<table>
<thead>
<tr>
<th>Indicator</th>
<th>November 2019 – October 2020 Published March 2021</th>
<th>December 2019 – November 2020 Published April 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHMI GEH</td>
<td>1.07 (Band 2 – As expected)</td>
<td>1.07 (Band 2 – As expected)</td>
</tr>
<tr>
<td>SHMI England</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

*SHMI data source NHS Digital

SHMI has improved compared to the same period 12 months ago (December 18 – November 19, SHMI 1.13). SHMI has been ‘as expected’ for the last 6 consecutive reporting periods. This
improvement has been achieved through a reduction in the number of observed deaths and an increased in the number of expected deaths; in conjunction with driving quality improvements outlined in the Mortality and Deteriorating Patients Improvement Plan.

The Trust is an active member of the Health Economy Mortality Surveillance group chaired by our commissioners, which enables system working with other organisations local to the Trust. The focus of this group continues to cover the wider aspects of mortality and improvement required in and outside the hospital setting.

George Eliot Hospital intends to take/has taken the following actions to further reduce mortality and so improve the quality of its services in 2021/22:

The Trust continues to have an established reporting and investigation mechanism for SHMI and learning from deaths which is overseen by the Mortality & Deteriorating Patient Group (MDPG). All diagnosis groups with a higher than expected SHMI are investigated through a case note review and learning and actions are reported at the MDPG. This includes action plans to improve the quality of care and/or service delivery at the Trust and provides assurance that any gaps in quality are identified and acted upon.

This programme of work in 2020/21 has included, for example:

- Scrutiny and review of all in hospital deaths via the medical examiner and mortality review process; to include Structured Judgement Reviews (SJR) and the Learning Disabilities Mortality Review Programme (LeDeR)
- Scrutiny and review of COVID-19 related deaths via the COVID-19 Mortality Review Group
- Focus on scrutiny and review of specific diagnosis groups, such as fracture neck of femur, urinary tract infections and sepsis.
- Improving quality of coding and documentation.
- Recognition of the deteriorating patient through the development and implementation of Treatment Escalation Plans (TEPs); and use of the Acute Care Team (ACT)
- Improved awareness and shared learning via ‘Theme of the Month’, monthly Learning from Deaths newsletters and ‘Daily Briefs’ for clinical teams.

Progress against the agreed actions within the Mortality & Deteriorating Patient Improvement plan is reviewed at MDPG and mortality focused reports are regularly presented at the Quality Assurance Committee and Trust Board.
The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period

This contextual indicator\(^1\) shows the percentage of discharges and deaths reported in the SHMI dataset, where the patients received specialist palliative care as identified by the clinical coding. The rate of specialist palliative care coding at the Trust has improved however, remains below the national average.

The governance and leadership around End of Life Care (EoLC) has been significantly strengthened and the Trust continues to systematically audit and measure the quality of EoL care within the Trust. Our CQC inspection rating for EoLC is rated as ‘Good’.

**Figure 1.8 (below): The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>November 2019 – October 2020</th>
<th>December 2019 – November 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or speciality level – GEH</td>
<td>27.0</td>
<td>28.0</td>
</tr>
<tr>
<td>Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or speciality level – England</td>
<td>36.0</td>
<td>36.0</td>
</tr>
</tbody>
</table>

Palliative care is important to the Trust as it focuses on providing patients with relief from the symptoms, pain and stress of a serious illness. The Trust continues to monitor its position against the national average as an indicator of the delivery of palliative care services and intends to take/has taken the following actions to improve the quality of its services by:

- Improving personalised care planning through the use of SPICT (Supportive and Palliative Care Indicators Tool)
- Continued expansion of educational events to improve awareness of the palliative and EoL

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\(^1\) This is an indicator designed to accompany the SHMI. The SHMI methodology does not make any adjustment for patients who are recorded as receiving palliative care because there is considerable variation between trusts in the coding of palliative care. Using the same spell level data as the SHMI, this indicator presents crude percentage rates of deaths reported in the SHMI with specialist palliative care coding at either diagnosis or specialty level.
Learning from Deaths

2020/21 was an unprecedented year in the NHS due to the COVID19 pandemic however, the Trust continued to embed the Learning from Deaths guidance, promote learning from mortality reviews and adapted the way we supported and engaged with bereaved families and carers during the national pandemic.

The Trust promotes an open culture of facilitated learning from mortality reviews and this was strengthened through the use of the medical examiners (ME) service. The ME’s provide initial independent scrutiny over in-hospital deaths, supports the death certification process and interacts with bereaved families to explain the cause of death and gather feedback. In addition, the ME’s will refer deaths for further review where appropriate.

Learning from deaths of patients in our care is underpinned by the Structured Judgement Review process in collaboration with Bereavement Services, Directorate Mortality & Morbidity Meetings, PALS, Complaints and Serious Incident Reporting and the Investigation Process. Outcomes are monitored on a monthly basis and reported to the Mortality & Deteriorating Patient Group (MDPG)

The Trust has an established MDPG, chaired by the Medical Director; directorate level mortality & morbidity meetings with mortality leads reporting to MDPG to share learning. In addition, we introduced a COVID19 Mortality Review Group to scrutinise and review clinical care and identify learning in patients who were COVID positive. This resulted in robust actions plans that reviewed clinical care and pathways of COVID positive patients. This learning has been shared locally, regionally and reported to the Quality Assurance Committee.

The table below outlines the total number of deaths, reviews undertaken for the reporting period and an estimate of how many deaths were more likely than not to have been due to problems in care.

The outcomes are based on the Medical Examiner reviews, SJR’s and COVID Mortality Reviews undertaken during 2020/21. In total, there were 927 in-hospital deaths, 342 deaths were reported to the Covid19 Patient Notification System (CPNS).

84% (775/927) of all deaths in 2020/21 were reviewed by the Medical Examiner and 89% (825/927) had a level one mortality review completed. 128 deaths were reviewed by SJR and the majority of
these reviews were classified as ‘Excellent’ or ‘Good Care’. No deaths were identified as ‘Very Poor Care’.

*Figure 1.6: Learning from deaths – number of deaths and reviews undertaken during 2019/20*

<table>
<thead>
<tr>
<th>FY Reporting Period</th>
<th>Total Deaths</th>
<th>Medical Examiner Review</th>
<th>% Deaths Reviewed by Medical Examiner</th>
<th>Level 1 Mortality Review</th>
<th>% Deaths with Level 1 Mortality Review Completed</th>
<th>Structured Judgment Review</th>
<th>Reviews Graded 1 - Very Poor Care</th>
<th>% Reviews graded as Very Poor Care from SJR</th>
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<tr>
<td>Quarter 1 20/21</td>
<td>290</td>
<td>255</td>
<td>88%</td>
<td>240</td>
<td>83%</td>
<td>31</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 2 20/21</td>
<td>157</td>
<td>105</td>
<td>67%</td>
<td>142</td>
<td>90%</td>
<td>27</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 3 19/20</td>
<td>230</td>
<td>200</td>
<td>87%</td>
<td>211</td>
<td>92%</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Quarter 4 19/20</td>
<td>250</td>
<td>215</td>
<td>86%</td>
<td>232</td>
<td>93%</td>
<td>49</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The overall themes and learning points arising from the Trust’s mortality review process in 2020/21 include:

- The need for accurate documentation specifically around primary diagnosis and comorbidities. The Trust has worked collaboratively with the coding department to improve this.
- Documentation and recognising the importance of handover of patients’ clinical history and management plans, particularly at weekends. The Trust has promoted the use of SBAR and TEP to facilitate this and a documentation audit is scheduled for 2021/22.
- Review of the COVID-19 pathway to limit the number of bed moves and reduce the impact of nosocomial infection. The Trust has worked collaboratively with NHS England to review pathways to ensure patient pathways are safe and effective.
- Timely completion of care bundles to reduce variation in care. Sepsis management will be a focus for 2021/22.
- Extended patient stay when packages of care are required. The Trust regularly review patients medically fit for discharge to understand what is causing delay and this is in collaboration with the local Clinical Commissioning Group.
- Improved communication with primary care to ensure electronic discharge summaries are completed and shared.
- The need for earlier recognition of patients approaching end of life and the importance of good communication with both patients and relatives about prognosis and management plans.
Plans for 2021/22

The MDPG will continue to progress the Trust’s Mortality & Deteriorating Patient Improvement plan which is underpinned by the Mortality & Deteriorating Patient Strategy. Key areas of focus will include:

- Delivery of the MDPG Improvement Plan 2021/22
- Improve sepsis management to improve mortality related to Sepsis
- Strengthen the engagement with bereaved families in the Learning from Deaths process.
- Strengthen the Medical Examiner service with the introduction of a Medical Examiner Officer
- Further strengthen the supporting evidence and output from the directorate Mortality & Morbidity meetings
- Learning from peer organisations and implementing best practice.

Never events

Every year the Trust's aim is to have zero Never Events occur by working hard to ensure patient safety is at the forefront of all we do.

During the reporting period the Trust has reported one never event:

- Retained Product after Surgery.

This is subject to a full investigation being carried out with action plans implemented to prevent a reoccurrence of the incident. Compliance with the action plan will follow Trust procedure of monitoring at directorate governance meetings with assurance given, and provided to the Trust’s Quality Assurance Committee.

When a Never Event occurs a full root cause analysis (RCA) is undertaken and is presented at our Serious Incident Review Group meetings. The RCA is scrutinised and discussed in detail, themes are identified, and any lessons learned are shared with all teams across the organisation with ongoing monitoring and review at regular intervals to ensure compliance.

Incident reporting

The Trust has implemented a strengthened process in relation to incident management, providing assurance of high levels of incident reporting including near misses, and no/low harm incidents to support continuous learning and quality improvement across the organisation. The process has been further strengthened by the appointment of Directorate Governance Leads who are embedded within clinical teams and support quality governance and improvement locally.

The Risk Management Team continues to provide incident investigation training, focusing on reporting and investigating incidents. Due to COVID-19 restrictions new investigating managers
have had 1:1 bespoke training using Microsoft Teams to support staff to review and investigate incidents via the Datix Risk Management system (DRMs). All new starters have received Datix incident reporting training. As COVID-19 restrictions are lifted incident reporting for new starters, Root Cause Analysis training and updates will be resumed, this includes aspects of Human Factors and Duty of Candour. There are also plans in place to support staff with Duty of Candour Training via an online option.

As shown in Figure 1.2, the number of incidents reported per quarter during 20/21 has increased. The rise in incidents reported from quarter two is mainly attributed to altered activity across the Trust in relation to COVID-19, including a rise in hospital acquired infections, outbreaks in ward and staff areas, and patient flow difficulties linked to COVID-19 pathways.

**Figure 1.2: Incident reporting rate**

![Incident reporting rate](image)

The Trust continues to encourage the completion of Greatix/Excellence forms on the DRMs. Learning from Excellence is a key feature of the Datix e-form, enabling staff to highlight areas of excellence in clinical practice that are then shared across the Trust. This facility enables all staff to acknowledge excellent team work, patient care and safety. These reports are also used to inform the appraisal process of staff and have been well received by staff and line managers.

Figure 1.3 shows the number of patient safety incidents reported at the Trust, per month during the year.
Learning from serious incidents is shared following investigation at the Serious Incident Group, Directorate Governance meetings, and ward and organisation wide newsletters. Action plans for Serious Incidents and Never Events are tracked to show evidence of completion of planned actions.

The Trust takes Duty of Candour obligations seriously and has processes in place to ensure that all patients with moderate or severe harm receive verbal and written apologies.

All reported incidents are monitored through the Directorate Governance meetings, with reports submitted to the Quality Assurance Committee. The report focuses on trends, themes, and learning from incidents. The monitoring of all incident actions is examined centrally, and action plans are updated with evidence of assurance on completion of actions.

The Review of Harm Group acts as a sub-group of the Serious Incident Group which is accountable to the Quality Assurance Committee, bringing together clinical expertise to review, assess and escalate the management of reported incidents.

The Trust is committed to undertaking effective and timely investigations of reported incidents and there is a continued focus on supporting individuals and teams to complete investigations and share the learning within an agreed timeframe.

Healthcare Associated Infections

Like many organisations it has been a challenging year for the IPC Team due to the COVID-19 Pandemic. Much of the work planned to support improvements in Healthcare Associated Infections (HAIs) has been impacted by the focus on managing and supporting COVID-19 efforts.
The Trust’s initial COVID-19 case was reported in February 2020 and numbers increased during May and June 2020, followed by peaks and troughs throughout the year due to both community and hospital outbreaks. Regular IPC meetings were set up to both manage COVID-19 within the hospital and provide assurance that the required standards of IPC were being applied. This was in the context of a rapidly evolving global pandemic, with the UK government and the NHS adopting a major incident command and control response. At all times the Trust has adhered to national Public Health England (PHE), and Health and Safety guidance as part of its COVID-19 management response. Guidance throughout 2020/21 constantly changed and required rapid implementation. The Trust also ensured lessons learned in terms of managing COVID-19 have been communicated out across the hospital and reported both internally and externally to NHSE/I, PHE and the Clinical Commissioning Group (CCG).

During the reporting year 2020/21 the IPC Team reported a total of 19 mandatory reportable cases of Clostridiodiodes difficile (C-diff) within the trust. This was a reduction and improvement compared to the previous reporting year 2019/20 when 23 mandatory reportable cases were apportioned to the Trust. A national threshold from NHSI was not set for the reporting year 2020/21; however an internal threshold of 14 was agreed with the CCG.

A comprehensive RCA has been undertaken for each case apportioned to the Trust and reviewed in conjunction with the CCG. Of the 19 cases identified, 17 cases were reported as having no lapses in care, one case was deemed as avoidable and one case is still under review. Lessons learnt have been identified and have been shared at the Infection Prevention and Control Assurance Committee and with clinical teams, as well as being disseminated across the Trust.

A national ambition to reduce the number of gram negative bacteraemia infections with a key focus on Escherichia.coli (E.Coli) bacteraemia was launched in 2017 with an ambition to reduce the incidence of gram negative bacteraemia infections by 25% by 2021 and by 50% by 2024. The IPC Team have focused on the usage and management of urinary catheters to help reduce the number of gram negative bacteraemia. Between the reporting years 2017-2021 the Trust has achieved an overall reduction of 45% on the number of hospital acquired gram negative infections of which 42% was a reduction in hospital acquired E.coli bacteraemia infections.

The Trust reported zero cases of hospital acquired MRSA bacteraemia in the year 2020/21.

During 2021/22, the IPC Team will continue to focus on the management and learning from future COVID-19 anticipated surges, Carbapenemase-Producing Enterobacterales (CPE) surveillance and management, hand hygiene compliance for patients, visitors and staff, and the continued reduction in (HAIs) including surgical site infections, C.diff and gram negative bacteraemia infections with a key focus on the diagnosis and management of urinary tract infections.

Patient Feedback

Friends and Family Test (FFT)

The national FFT is a quick and simple way of collecting patient feedback to improve services. New FFT guidance was released by NHSE/I in 2020 which included new questions:

George Eliot Hospital NHS Trust
College Street
Nuneaton
Warwickshire
CV10 7DJ

Main switchboard: 024 7635 1351
Main e-mail address: enquiries@geh.nhs.uk
Outpatient Call Centre: 024 7686 5050
@GEHNHSnews
www.facebook.com/georgeeliothospital
www.geh.nhs.uk

www.facebook.com/georgeeliothospital
www.geh.nhs.uk
• Overall, how was your experience of our service?
• What is the main reason for your answer and what was good or could be improved?
• Does anyone deserve a special mention?

FFT reporting to NHSE/I was paused during the COVID-19 pandemic and restarted early in 2021.

Result reports (including comments) are provided on a monthly basis to teams and wards and the Information Team reports our monthly FFT scores to NHSE/I.

The Trust asks the FFT question via comment cards and SMS text messaging. The SMS FFT has an excellent response rate which means that for George Eliot Hospital NHS Trust, FFT is a meaningful and valid indicator of patient satisfaction. One in four Trust patients respond to the FFT, which puts our organisation in the top 10 (of 140 trusts) for response rates.\(^2\)

The total number of patients participating in the test this year was 11,041 which is a decrease on last year’s figure of 45,299\(^3\). This reduction is due to the pandemic.

The chart below (Figure 1.4) shows the FFT results for the year by quarter. FFT results are published by NHSE/I on a monthly basis.

**Figure 1.4: FFT feedback results by quarter 2020/2021**

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The chart below (Figure 1.5) shows how FFT has been gathered over the year and the numbers for each method of contact.

**Figure 1.5: FFT feedback results by quarter 2020/2021**

<table>
<thead>
<tr>
<th>Survey Type</th>
<th>Q1 2020/21</th>
<th>Q2 2020/21</th>
<th>Q3 2020/21</th>
<th>Q4 2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>SMS Text Messaging</td>
<td>7,464</td>
<td>9,194</td>
<td>11,318</td>
<td>10,797</td>
</tr>
<tr>
<td>FFT Postcards</td>
<td>51</td>
<td>309</td>
<td>163</td>
<td>55</td>
</tr>
<tr>
<td>Handheld Volunteers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^2\) Data taken from the Patient Experience Headlines Tool, NHS Improvement: [https://improvement.nhs.uk/resources/patient-experience-headlines-tool/](https://improvement.nhs.uk/resources/patient-experience-headlines-tool/).

\(^3\) Please note that these FFT figures are correct at time of writing this report and are rounded.
While FFT was paused during the pandemic, the Patient Experience Team used the time to work with the FFT SMS provider to improve the FFT reporting and created a simple, eye-catching infographic that is appealing to patients and staff and can easily be displayed in wards and services. The new style infographic can be seen in Figure 1.6.

**Figure 1.6: FFT feedback results March 2021**

![Inferior Right Frontal Cortex](image.png)

**How we use patient feedback**

This year a new staff appreciation project has been developed using the many positive comments generated by FFT. The Patient Experience Team and Learning and Development Teams have worked together to pick out the positive feedback from patients about staff or services and created thank you certificates, which include the patient comments. These were then sent to staff and/or teams. Its aim was to help boost morale after a difficult year.

Developed successfully in the Emergency Department and Children’s Assessment Unit, the project is now being rolled out across the Trust. An example certificate can be found in Figure 1.7.
Patient Forum (PF)

This year has been challenging with the pandemic, however the work of the PF in supporting patient and carer’s and giving a patient perspective, has continued remotely by Microsoft Teams (MST). PF members have not been able to visit the Trust with the COVID-19 restrictions in place, but have continued to engage via representing the patient voice on various groups and committees and with MST meetings with senior staff of the Trust.

The PF have made a significant contribution to the inception and design of the Serenity Garden, and have played an intrinsic part in managing the project and bringing it to a successful conclusion. The Serenity Garden is for the benefit of patients admitted with profound conditions such as stroke or dementia, to help them prepare for discharge by increasing their confidence in becoming as independent as possible.

As part of the Patient Experience and Carers Involvement Group, the PF has been consulted on and given a patient perspective on several improvement work streams including; the redesign of the...
FFT, the new translator service, and a review of the complaints process. This has resulted in improved signposting to leave feedback, enhancing the feedback the Trust receives from patients and carers about the care they have experienced. The feedback is then used to make improvements, or acknowledge and share good practice across the Trust.

In addition, volunteers were consulted on a new data base that would recognise and capture their work, to improve communication across the volunteering sector at the Trust. A trial of this data base has commenced.

The PF continues to support our vision to Excel in Patient Care by working in partnership with the Trust, and being ‘critical friends’ (challenging but supporting) to achieve the highest standards of care.

**Maternity Services**

Over the last 12 months, the Trust's Women and Children's Service has continued to adapt to the challenges around COVID-19. This has seen the service embrace telephone and video consultations and digital solutions including;

- The delivery of online parent education sessions. Over 1,000 women and their partners have attended the virtual sessions within this period, with the service being nominated for a national award.
- The use of FaceTime to support discharge planning meetings with parents and community health providers.
- To promote parental involvement in the ward round when they can’t be physically present.

The Trust has also been working closely with the Maternity Voices Partnership to ensure continued engagement with women and families during the pandemic and making sure that at risk families were getting the support they needed, including our BAME population.

The Trust has also participated in a Dads focus group within the region. The Local Maternity and Neonatal System (LMNS) help improve services and engagement with Dads and partners.

In addition, the Trust has made significant investments in Maternity throughout 2020/21 to support further service improvements to enhance the experience for women and their families who use our service, and for our staff. Maternity has established two Continuity of Care Teams improving birth experiences for women and families. In addition, a new Bereavement Midwife was recruited, and this has resulted in significant progress being made in relation to improving our care for bereaved families.

A variety of further improvements are planned in 2021/22 in order to further develop patient and family engagement, in partnership with key stakeholders.
Parent Education Sessions Feedback
Feedback through Survey Monkey started in March 2021 and the Trust has received 76 responses so far:

“...I just want to thank you ever so much for such a positive experience via the zoom water birth chat. There was some absolutely fantastic content on there and it really made me feel at ease with...”

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you think the sessions were advertised well?</td>
<td>98% said strongly agree or agree and 2% said neither agree nor disagree. A leaflet is being developed to help improve this.</td>
</tr>
<tr>
<td>Were the sessions easy to log onto?</td>
<td>100% said strongly agree or agree</td>
</tr>
<tr>
<td>Did you find the content of the session was clear and easy to understand?</td>
<td>100% said yes</td>
</tr>
<tr>
<td>Did you find the level of information informative?</td>
<td>100% said extremely helpful or very helpful</td>
</tr>
<tr>
<td>Did you find it easy to ask questions?</td>
<td>100% said yes</td>
</tr>
<tr>
<td>Do you think the sessions were well structured?</td>
<td>100% said yes</td>
</tr>
<tr>
<td>Would you recommend the parenting sessions to pregnant friends or family?</td>
<td>100% said yes</td>
</tr>
</tbody>
</table>
"I just wanted to say thank you so much for the water birthing session. I'm 39 weeks on Saturday and you've really helped to calm my nerves about child birth. I've written 2 sides of A4 notes and can't wait to explain it all to my husband (he couldn't make it due to work commitments). Thanks again, your information has been extremely beneficial!"
Complaints/Principles for Remedy

Formal complaints continue to be an opportunity to learn from a patient's experience and in 2020/21 we saw a reduction in the number of formally registered complaints at the George Eliot Hospital NHS Trust.

<table>
<thead>
<tr>
<th>Year</th>
<th>Formal Complaints Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>147</td>
</tr>
<tr>
<td>2019/20</td>
<td>134</td>
</tr>
<tr>
<td>2020/21</td>
<td>123</td>
</tr>
</tbody>
</table>

The 123 registered for 2020/21 were against 293,043 patient episodes.

Timely responses are important and last year’s 2019/20 response rate was 60%. Our key priority for 2020/21 was to work with our clinical teams to achieve a significant improvement and we are pleased to report a 95% response rate was achieved for this year.

To help identify themes and trends the data is captured by primary subject (Figure 1.8) and separately, by Directorate (Figure 1.9).

**Figure 1.8: Top themes of complaints by primary subject**

![Pie chart showing the percentage of complaints against primary subjects.](chart.png)
Figure 1.9: Number of Complaints received by Directorate

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Q1 April to June</th>
<th>Q2 July to September</th>
<th>Q3 October to December</th>
<th>Q4 January to March</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicine</td>
<td>9</td>
<td>13</td>
<td>9</td>
<td>11</td>
<td>42</td>
</tr>
<tr>
<td>Urgent and Emergency Care</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>Women and Children’s</td>
<td>6</td>
<td>3</td>
<td>11</td>
<td>6</td>
<td>26</td>
</tr>
<tr>
<td>Surgery</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Clinical Support Services</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Corporate Services</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>28</strong></td>
<td><strong>30</strong></td>
<td><strong>34</strong></td>
<td><strong>31</strong></td>
<td><strong>123</strong></td>
</tr>
</tbody>
</table>

In 2020, national pandemic guidance allowed Trusts to pause their responses to complaints. However, the Trust felt given the implications of COVID-19 and opportunities to identify improvements in care during this time, we should continue to respond to complaints to help resolve concerns. As a result of this the Complaints Team adopted key fields to reflect the concerns being raised, which included:

- Relatives being unable to visit.
- COVID-19 being likely to have been acquired whilst in hospital.
- Appointments needing to be cancelled or held virtually using Telemed.
- Communication around COVID-19 results.

Between April 2020 and March 2021, eight complaints across the directorates were passed to the Risk Management Team to be subject to a Serious Incident Investigation either from the outset or, following the outcome of the complaint investigation to support organisational wide learning.
Examples of Learning from complaints

<table>
<thead>
<tr>
<th>Your concern</th>
<th>Our action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information and accessibility to a contribution towards a wig.</td>
<td>Led to a review of the information sheet and confirmation of entitlement for future patients.</td>
</tr>
<tr>
<td>Failure to progress the result of a CT scan.</td>
<td>The concern coincided with Radiology implementing electronic referrals with handwritten requests no longer being accepted.</td>
</tr>
<tr>
<td>Failure to diagnose metastatic cancer of the spine.</td>
<td>Doctors to undertake training on full examination and assessment with a lower back pain proforma re-launched.</td>
</tr>
<tr>
<td>Unhappy with how severity of condition was conveyed.</td>
<td>Personal letter of apology provided by the doctor.</td>
</tr>
</tbody>
</table>

Further local Resolution

The Trust always provides the opportunity for complainants, on receipt of their response, to come back with any on-going concerns or questions. A higher number of complaints came back to the Trust compared to 2019/20 and the Complaints Team sought to further resolve 39 complaints. The national restrictions and lockdowns in place due to COVID-19 prevented face to face meetings from taking place. However, these will be reinstated in line with the lifting of COVID-19 restrictions and guidance to trusts.

Referrals to the Parliamentary Health Service Ombudsman (PHSO)

Due to COVID-19 the PHSO made the decision to pause their process. On the 31 March 2021 four cases were under review and awaiting a decision.

Volunteers

This year has seen some fantastic volunteering achievements. They include the development of a fast track, risk assessed recruitment process enabling the fast on boarding of volunteers, the creation of a Volunteer Driver Service delivering vital medications to patients at home, the implementation of a Volunteer Hospital Responder Team providing help quickly and where it’s needed most, and a new Cancer Support Service where volunteers with lived experience provide advice, information and support to cancer patients and encourage them to access services during the pandemic.
The aim of the new George Eliot Hospital NHS Trust Voluntary Service has been to harness the almost overwhelming support offered by local people wanting to volunteer during the pandemic, and target it at these areas of need:

- Improving patient and carer experience
- Improving flow and reducing winter pressures
- Supporting staff wellbeing and releasing their time to care
- Supporting the pandemic response and increasing capacity for elective care

This year 13,425 volunteering hours have been recorded (358 WTE weeks) which includes 4,000 hours of St John Ambulance clinical volunteering time. It’s hard to put a value on the dedication, kindness and energy of these volunteers, but according to the estimation method developed by the National Council of Voluntary Organisations, we estimate the added value to the hospital to be approximately £228,0904.

These volunteers improve the experience of patients and carers by delivering parcels from home and letters from loved ones to inpatients, they provide companionship and support to lonely patients and help them keep in touch with their families using iPads and mobile phones while visiting restrictions are in place. Volunteers increase patient flow by collecting medication to take home from pharmacy and bringing it straight to the patient, they escort patients through the hospital to where they need to be and the new Volunteer Driver Service delivers medication, equipment and supplies to patients at home.

Volunteers are also helping to reduce the stress levels of staff by answering phones, making beds, delivering lateral flow testing kits, stocking up staff relaxation spaces and taking donations from the public, which have included chocolates, scrubs, toiletries and headbands to wear with face masks, to staff on the frontline.

The Volunteer Driver Service has been a huge success and receives positive feedback from patients and staff. Drivers have delivered 3,000 items, covering over 20,000 miles – that’s almost around the world!

All volunteers, their placements and their roles are fully risk assessed and volunteers have been offered the COVID-19 vaccinations.

A new, three year volunteering strategy has been developed and is in the process of being ratified. It outlines plans to increase the number of volunteers and the range of volunteering opportunities to help attract under-represented groups, expand the partnerships with local voluntary community groups, create specialist volunteer roles and tasks that help the Trust meet clinical priorities such as increasing capacity for elective care.

4 Calculated by number of volunteers placed x average number of hours a year 11.6 hrs a month x 12 (139.2hrs) [NCVO UK Civic Society Almanac 2016] x average hourly wage £16.99 - the mean figure of Gross Hourly Pay for Warwickshire, Annual Survey of Hours and Earnings (ASHE)
Sophia dedicated 451 hours and delivered 1,345 parcels from home to inpatients. She recorded 732,000 steps and added a value to the Trust of approximately £7,662.

Feedback from Volunteers

Volunteering at George Eliot Hospital after being made redundant has really opened my eyes to how amazing our NHS and volunteering is. I see how valuable Volunteers are and how running the Volunteer Checkpoint and Letters to Loved Ones service makes a huge difference to patients and their families. I cannot imagine how it must feel to be in hospital alone without visitors, I am so happy to have played a part in making sure our patients have all the things they need and the support from home.

I wanted to say thank Jayne, Ravi and Kurth in volunteering for helping me find a placement that suited me. The volunteering team are so warm and welcoming and everyone you meet here is so friendly.

I have been proud to be a part of the lateral flow roll out and making deliveries to the wards. I am so glad I have done volunteering and I would encourage anybody thinking about it to sign up. I wish I could volunteer forever.

Thank you to Gareth, St John Ambulance Volunteer, who helped my friend's daughter on a recent visit to ED. She was terrified and distressed but he stayed with her for the duration, trying to distract her. The family are hugely grateful. Thank you to all of the volunteers for your awesome support across the Trust.

Thinking of volunteering and want to find out more? Please email volunteering@geh.nhs.uk
Staff Experience

Equality, diversity and Inclusion

The Trust has worked over the past 12 months in setting up a well-established Equality, Diversity and Inclusion Board to support staff and ultimately patient’s experience. The Board is chaired by the Managing Director and provides assurance on all aspects of workforce commitments to engage positive change and work on dedicated aspirations.

The staff networks (of which there are seven) continue to strive during 2020, despite the difficult year, and have all worked well in achieving key objectives that have been set and led by our committed colleagues. The networks that include, LGBTQ+, Age, Disability, BAME, Gender, Faith and most recently the Armed Forces Community, report into the Equality, Diversity & Inclusion Board to provide colleagues greater input in decision making, and a voice to support making changes to improve experiences. In doing so, this gives greater assurance to the Equality, Diversity and Inclusion Board that progress is being made and reflecting our leadership and behavioural values.

Furthermore, by building on the engagement and planning for improvement through supported channels such as the staff networks, this allows openness to lived experiences of all colleagues in the Trust, which supports the development of a culture of inclusion, and will increase:

- An engaged workforce, representative of all protected characteristics supported by their allies, whom will be able to deliver higher levels of compassionate care to one another and patients.
- Empowerment in decision making, inclusion and innovation.
- Colleague retention based on positive experiences resulting in the Trust increasing experience and knowledge within the organisation.
- Development and increased learning opportunities available to colleagues.

Health and Wellbeing Initiatives

During the COVID-19 pandemic the Trust has significantly increased its support for all colleagues, with a significant focus on the wellbeing offers available to staff, particularly considering those from a BAME and disabled background who were disproportionately impacted by the pandemic.

This support remains in place and in particular, support for mental health, alongside physical health, has been implemented.

There are a number of initiatives that continue to support the health and wellbeing of colleagues, including:

- Continued support and signposting colleagues to utilise support and counselling services available including Mental Health First aiders, Employee Assistance Programme, and Listening Ear Services.
• Stress awareness page on the intranet for access to useful hints and tips including; how to spot colleague wellbeing “red flags”, support available to ensure coping mechanisms are in place for home workers, and how to keep connected.
• Weekly access to working from home networks across the Foundation Group.
• Supportive time out space across the Trust including within the Library, Faith Space and Serenity Garden.
• Support to redevelop the staff room in the ITU.
• Agile Working promotion and supportive guidance.

Further projects, that are continuing to be developed, to support colleague experiences are anticipated to improve future wellbeing needs. These initiatives include:

• Appointment of a joint Wellbeing Advisor post with South Warwickshire NHS Foundation Trust to focus on health promotion, wellbeing campaigns across the ‘Foundation Group’ and provide an opportunity to align elements of the wellbeing and welfare offering across the three organisations.
• Improved Occupational Health accessibility.
• Revalidation of Trauma Risk Management (TRiM) and Sustaining Resilience at Work (StRaW) practitioners to support staff in need.

Focus and next steps
Equality, Diversity and Inclusion

This will include continuing to embed the revised Equality, Diversity and Inclusion Board, chaired by the Managing Director. In addition, the Trust will further develop the approach of utilising staff networks along with the expansion and creation of new networks to ensure that every colleague has a voice at George Eliot Hospital NHS Trust. We will work with our networks to improve our response to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) and develop accompanying action plans that are established through the networks and the Trust Board.

Health and Wellbeing

The Trust will further develop the Health and Wellbeing Board, chaired by the Managing Director, and continue to improve and develop the wellbeing offer available to all colleagues. The expectation is to improve the access to initiatives that will support mental wellbeing, such as: EAP, Mental Health First aiders, and TRiM and StRaW.

Further system working and new initiatives will be introduced to promote wellbeing along with supporting the Thrive at Work initiative across Coventry and Warwickshire. The health and wellbeing work will also encompass a specific response to stress, and identify opportunities to support colleagues. This will include system working to develop level 4 physiological interventions and support. Work continues to improve some of the current support mechanisms that are in place to proactively identify colleagues in need of support as early interventions.
With the introduction of a Staff Wellbeing Advisor role, supported by the NHS Charity for an initial 12-month contract, the Trust should expect to see further developments, opportunities and improved wellbeing amongst colleagues managing their own care, and with the appropriate tools realigned, allow them to continue to provide compassionate care to our patients.

**Bullying and Harassment**

A new Bullying and Harassment Board has been established with the Managing Director as chair, providing action focussed strong leadership to set standards for the Trust to improve colleague experience. The Trust will finalise the EXCEL Behaviours Framework, which sets out expected behaviours that do and do not reflect the Trust’s values. This will enable all colleagues to understand how to live the Trust values on a daily basis. The EXCEL values include the Trust’s approach to implementing and embedding Civility Saves Lives, and understanding the impact on each other.

Much bullying is low-level incivility that has a big impact when it is not addressed, and local managers and colleagues are key to resolving this by taking it seriously and taking early intervention. The Trust continues to develop leadership and management training to improve and increase manager skills to understand the impact of incivility.

The Trust has already commenced work to develop a programme to assist in reducing bullying and harassment. This programme will be reviewed to include a plan to process map all bullying and harassment processes to ensure that they are timely, include robust feedback loops and support all colleagues involved.

**Recruitment**

Recruitment continues to be an area of significant focus for the Trust. In addition to the review of structures, systems and processes associated with recruitment within the People and Workforce directorate, work will be undertaken to seek advice and guidance from staff networks on how to reach out and improve access to those communities to support and increase BAME and disabled representation at the Trust.

Equally, work to increase apprenticeships, work experience opportunities, and traineeships in the Trust, to develop our workforce, allows the People and Development Team to ensure the Trust is meeting our organisation’s widening participation agenda.

The Trust has also recently been confirmed as a Gateway employer for the Department of Work and Pensions (DWP) KickStart initiative, which will provide paid work placements over two years for up to 20 young people, many of whom are from disadvantaged and disaffected backgrounds. The Trust will support these young people with gaining credible work experience, employability skills, literacy and numeracy skills, and an industry recognised sector based qualification. Where possible we hope to progress these placements as part of the wider Talent for Care agenda, and offer candidates the opportunity to apply for Traineeships within the Trust or support them with securing positive destination in education, employment or training.
Development of People Experience Strategy

A People Experience Strategy will be developed, setting out the Trust’s approach to our colleagues and our underpinning leadership ethos – treat colleagues well, provide opportunities for development and support them. Ensuring we look after our colleagues, treat them with care and allowing them to all expect respect and dignity and inclusion, we will enable those colleagues to be their very best every day, ensuring the highest levels of compassionate care are consistently provided to our patients.

Workforce wellbeing

Over the past year a lot has been achieved by the multidisciplinary Health and Wellbeing Team at George Eliot Hospital NHS Trust. For example during the pandemic they came together under our new Director of People’s leadership on a daily basis to oversee and coordinate the far ranging offer being made to support our staff at all levels during the unprecedented period.

Following the pandemic the Health and Wellbeing Board (HWB) work programme was established, supported by a robust governance structure and reporting process. This programme was delivered through 40 work packages grouped under 9 projects:

- Staff testing
- Appreciation campaign
- Allocation of NHS Charities funds
- Agile working
- Improving the mental health offer to staff
- Staff wellbeing
- Maximising the volunteer offer
- Engagement
- EAP

During the first wave of the pandemic the HWB programme implemented a number of wellbeing support interventions including developing “Sanctuary Spaces” across the Trust to create safe spaces that allowed staff to have time out to reflect, reenergise and support their mental wellbeing. The various “Sanctuary Spaces” across the Trust were stocked on a daily basis with suitable food and beverages.

Following an allocation of monies from the NHS Charities Captain Tom Moore fund, the work programme invited bids from across the Trust for ideas that would further increase the health and wellbeing of colleagues in their work areas. The ethos of this initiative remains in place through the HWB inviting those involved in the work packages to request potential funding for small scale ideas that they believe will benefit their colleagues.

Collaborative work with our NHS partners at South Warwickshire NHS Foundation Trust, Coventry and Warwickshire Partnership NHS Trust and University Hospitals Coventry and Warwickshire NHS Trust has enabled our organisation to introduce more in terms of mental health and emotional
support for our staff through an EAP. This service is available to staff and their families to access counselling, and support with relationships and finances. This further underpins our aspiration of creating excellent staff experience to enable our workforce to EXCEL at patient care.

The HWB programme has also implemented a group of trained Mental Health First Aiders to introduce peer to peer support 24/7 for our staff who need it. This is support our staff will offer beyond their day to day roles and many of our trained members are also nurses from our Education Department, Union Representatives or other staff from support services within the Trust. This creates an additional layer to the Trust Chaplaincy who already provide support to many of our staff and patients.

In addition, there are the number of peer help initiatives to help staff access support when they need it, whether on an individual, team or departmental level. TRIM is an assessment tool used to determine by what degree, if any, a colleague has been affected by a potentially traumatic incident, and to ascertain whether or not they would benefit from further support. If further intervention is required, the colleague will then be signposted or referred to the most appropriate source of help. StRaW is a system to detect and prevent occupational mental health issues and boost an organisation’s psychological resilience. In addition, practitioners and the peer focussed COVID and Us forum also seek to comfort staff.

In order to raise awareness of the complete health and wellbeing offer at the Trust, it has been condensed onto one page for promotion during the 2021 Mental Health Awareness Week to ensure staff and volunteers have an at a glance guide for if/when they need support. This "on a page guide" will be regularly published via various media throughout the coming year, and the various services within it will be made more accessible to all via live feedback from those who either offer the service or indeed use them.

Supported by the Communications Team, the HWB Team has also refreshed the HWB page on the intranet this year, to fully showcase the wide range of services that are in place to support, help and facilitate our colleagues HWB work regularly with the Communications Team to ensure new initiatives, as well as those long established, are promoted to all to ensure staff can access any support as and when it is required.

The HWB Team oversaw the influx and distribution of donations into the Trust, ensuring they were gifted to all staff and volunteers on a fair shares basis. The work programme also established a regular pop up shop and a fresh bread delivery, as well as the location of a meat van and fruit and veg stall on site to support those staff struggling to do a food shop after long shifts, due to demand outrunning supply in supermarkets. Treat Tuesday, a cake shop, and Thank You Friday, a small gift to each and every member of staff and volunteers each week, were also implemented to ensure the spirits and resilience of our workforce were maintained.

The HWB Team also ensured that the bags of knitted hearts donated to dying patients were distributed through the establishment of a network. This network was then used to ensure all clinical staff working in the hospital had pillow cases to place their used clothing in before leaving site.
To further bolster the spirits of our colleagues, the team distributed over 1,500 slices of donated pizza one afternoon and over 2,000 Easter Eggs on Good Friday in 2020. This was in addition to regular care packages containing; beverages, food items and toiletries to each and every department over the course of the pandemic. The group also worked to ensure three weeks’ worth of hot evening meals, which had been donated from local benefactors, were distributed to all night staff.

Throughout the pandemic the team also collaborated with local partners, including the fire service, to ensure weekly food parcels for furloughed families were received and distributed across the Trust.

Towards the end of the first wave of the pandemic, the Appreciation Group designed and printed a Thank You card to over 3,000 staff and volunteers signed by the Executive Team, which was gratefully received. In addition, during the peak of the first wave, the group sent personalised Thank You letters to colleagues’ children. They also ensured all local schools, who had sent in drawings and pictures to cheer up our staff and brighten our walls, were thanked.

Since the pandemic has eased the programme has focussed on delivering a wide range of work packages with the objective of facilitating the right conditions and a supportive environment for our workforce, which in turn creates the conditions that put staff and patient experience at the heart of everything we do.

Simultaneously the HWB programme has sought to achieve the following objectives:

- Embed good working practices to ensure we are inclusive.
- Create a culture of kindness and joy; where all staff have a voice and feel safe to speak up to promote sharing of best practice.
- Highlight issues of concern and /or share initiatives to support development through a shared decision making process.

As the pandemic loosens its grip on our world, the Staff HWB has been tasked with providing governance and oversight to the proposal for a suitable reflection piece in the chapel gardens.

In line with this, the required HWB projects will transition to the new Improvement Programme Framework, whilst maintaining the ultimate aim of being responsive to staff needs, and establishing a more stable, longer term strategy of staff wellbeing, leadership and management at George Eliot Hospital NHS Trust, in order to create a positive environment for staff, which in turn will create a positive patient experience.
Freedom To Speak Up (FTSU)

The Trust Freedom To Speak Up and Listen Up Strategy is committed to developing a safe, effective, open culture where everyone has a voice and is heard. All staff across the Trust are responsible for promoting and maintaining a safe speak up culture. Staff must feel safe when speaking up, they know that they will be listened to, their concerns will be acted on, and that feedback will be openly given and received in a way that promotes learning, enabling us to EXCEL at patient care.

Our strategy focuses on three key themes: confidence in speaking up; learning into action; and education and support. We recognise that some staff may feel more vulnerable when speaking up in the workplace. The Trust recognises and values its entire staff, and acknowledges that; we have strength in diversity, we want to include staff in decisions, and value their contributions to making patient safety and staff wellbeing a priority.

There are many ways for staff to raise concerns and FTSU does not have any specific improvement targets, however, the FTSU Index is released each year and directly links to staff survey questions around safe speaking up culture. There is also annual data benchmarking FTSU activity on the model hospital dashboard. A National Guardians Office metric demonstrates how many staff would speak up again after raising their concerns. The Guardian issues a feedback form to staff who have spoken up asking “given your experience would you speak up again?” Of those who respond to the questionnaire 90% say they would speak up again with 10% saying they are unsure. In total, 62 cases were received in the financial year between April 2020 and March 2021. This is an increase of 38 cases on the figure for 2019/20.

Key learning outcomes for the organisation are around behaviours and attitudes; managers and leaders within the organisation must encourage speaking up at all levels; thanking staff for speaking up and raising their concerns; and giving timely feedback on any issues raised and actions taken. A focus on behaviours and refreshing our Trust Values has taken place, and the Trust has commissioned some work through the ‘Civility Saves Lives’ campaign. The Guardian delivers civility and speak up sessions for staff groups and they will be part of the leadership programme going forward, to engage with all managers and leaders to promote a safe speak up and listen up culture.

Speak up issues must be resolved in a timely manner, making changes before they escalate further. Leaders, at all levels, must be empowered to deal with issues as they arise and be confident to have conversations around learning opportunities. Sharing of positive outcomes and any lessons learnt as a result of speaking up must form part of regular communications to all staff, ensuring that all staff are engaged with different forms of communication not wholly reliant on one format, for example a combination of Team Brief, email, digital communications, screensavers, sharing on MS Teams channels and social media (where appropriate) and through staff networks and ambassadors.
On-going promotion of FTSU takes place routinely through Trust communications. There is a FTSU induction video for all new starters, which has been used during the pandemic while face to face sessions have not been able to take place.

The annual FTSU Conference last year focused on “speaking up for inclusion.” The 2021 annual event will be a virtual day plus a series of online webinars and sessions based on “speaking up for mental health”. The Guardian has supported virtual meetings with students, preceptors and individual teams in place of face to face events.

The staff networks have started to flourish and grow with more staff encouraged to join via MS Teams, this has led to an increase in visibility which is recognised in the upward trend of reporting to through FTSU routes.

The Trust continues to be proud of its work on this important issue and will continue to raise awareness of FTSU to encourage and embed an open, honest and transparent culture across the organisation.

**Education, Learning and Development**

The George Eliot Training & Education Centre (GETEC), George Eliot Hospital

The COVID-19 pandemic has provided challenges for Education, Learning and Development Teams over the past 12 months. It has been vital for the Education Leads and their teams to work differently to meet professional programme requirements, course regulations, staff and learner inductions and statutory and mandatory training essentials.

During 2020/21 it was crucial to ensure that GETEC could be a venue for learning and support in an environment that was safe and socially distanced. GETEC has remained a busy, much used space and resource during the pandemic. It has enabled colleagues to have both an area in which to continue their learning as well as creating a “Sanctuary Space”, alongside the recently implemented time out zone in the library, both of which have supported colleagues to rest, reflect and recuperate.
To creating a COVID-19 safe learning environment meant a significant shift to what was previously delivered. A predominantly face-to-face training service had to be adapted to ensure online/virtual delivery, where this was not appropriate, new ways of delivering face-to-face had to be developed. Using their collective leadership, the Education Leads and their teams have successfully converted a range of training activities to provide virtual offerings:

- A revised approach to Corporate Induction
- e-learning for Core Skills Training Framework subjects
- Virtual tutorials for medical education and knowledge management
- Adaptions of the Clinical Skills and Resuscitation accredited courses to provide a significant element virtually.

In addition, to support face-to-face training, where this option was essential, several modifications had to be made to ensure the training could be carried out safely.

The opportunity to learn and develop is a key ingredient of a rewarding career and a supportive environment. The Education, Learning and Development Service will continue to improve, enhance and adapt approaches to learning and staff support to guide colleagues through their future progression.

**Supporting Staff through COVID**

During the early phase of the pandemic there was an urgent need to up-skill clinical staff in the delivery of critical care. With an increase in critical care beds expected, large numbers of staff from Theatres, Physiotherapy, wards and clinics all attended workshops and clinical skills training to enable them to support the existing critical care workforce. The workshops and training packages had to be developed and enacted very quickly, and were positively evaluated by attendees.

Specific education staff were redeployed to support new Trust activity during the first wave of the pandemic. Support was provided for: the staff COVID-19 swab service; administration for loggist activities in the command structure; and clinical support for the Outreach Service.

The Trust’s staff antibody testing program was launched in GETEC by the Clinical Skills, Simulation and Resuscitation Team in May 2020. The COVID-19 antibody test is a blood test which detects specific antibodies called SARS-CoV-2 IgG. The voluntary antibody testing was open to all staff and ran throughout June 2020.

The Trust’s 2020/21 flu vaccination campaign and COVID-19 vaccination programme has also been a focus for the Education, Learning and Development Teams. Clinical leadership for the vaccination clinic has been provided by the Clinical Skills, Simulation and Resuscitation Lead. Training for the vaccinators has been facilitated by the Learning and Development Team, and registrants from the Clinical Education Teams have acted as vaccinators in clinic.
Throughout the year the team has continued to build on our achievements in education, learning and development with key highlights shown below.

**People Development (Learning and Development):**

- Embedding of the ten core skills training framework subjects with a combined compliance consistently over 90 per cent each month.
- Promoted Electronic Staff Record (ESR) and self-service for auto enrolment to courses making access to e-learning more accessible for staff.
- Retained the fairtrain Gold Standard Award for our work experience programme.
- Continued on the Register of Apprenticeship Training Providers as a supporting provider of apprenticeships.
- Successfully supported the implementation of flu and COVID-19 vaccinations by making the required e-learning available, and providing regular reports of completion.
- Corporate Induction redesigned into a half day virtual delivery, providing a warm informative welcome to the Trust.
- Up-skilled facilitators across the Trust in the delivery of virtual training by developing a pool of resources to assist with this, and providing on-going coaching and support to increase confidence.
- Developed a modular management development toolkit which is bite size and available for all managers whether new or existing.
- Successful bid to provide Kick-start placements for universal credit claimants aged 16-24.
- Redesigned iExcel to deliver a simpler, more inclusive recognition scheme which is accessible for anybody to nominate/be nominated as an individual or as a team, with financial rewards for quarterly and annual winners.
- Digital provision and delivery of Functional Skills.

**Library Service:**

- The Library has continued to build on its vision of “Connecting YOU with the right information to learn, develop, innovate and research” during the pandemic.
- The Library facilities have remained open for Trust staff and learners throughout the pandemic, hosting a “Rest and Recovery Hub”.
- A virtual library training offer has been developed.
- The Team had a responsibility for organising patient information.
- The service supported staff wellbeing through their Reading Group and Time Out collection, and evidence based practice through attendance at the Controlled Document Review Group and Grand Rounds.
Clinical Skills, Resuscitation and Simulation:

- The Clinical Skills, Resuscitation and Simulation Team have continued to run accredited resuscitation courses for both internal staff and learners on designated programmes.
- Members of the Team are actively engaged in professional development, specifically, the Master of Science (MSc) in Senior Leadership Level 7 apprenticeship, MSc Simulation Education, MSc Higher Education, European Paediatric Advanced Life Support (ePALS) instructor status and the Resuscitation Council UK Generic Instructor Courses.
- Innovation and development of in situ simulation drills in clinical areas, utilising reflective and relevant scenarios for the targeted staff and learner groups.
- Procurement of new defibrillators for the whole Trust to support acute and emergency care.
- Clinical skills development opportunities for the revised Preceptorship Package for newly qualified nursing staff.

Nurse, Midwifery and AHP Education:

- Professional practice placements are provided in nursing, midwifery, radiology, pharmacy, theatre, physiotherapy, occupational therapy and physician associates for undergraduate and postgraduate students from local universities.
- Supported Coventry University in Nursing and Midwifery Council (NMC) validation for selected programmes and curricular.
- Supported deployed learners during the pandemic, providing risk assessment support and ensuring learning outcomes were met.
- Provision of the Care Certificate – a fundamental programme for all new starters, which is also being rolled out to staff in existing posts as a development opportunity.
- Supporting cohorts of Student Nurse Associates enrolled on programmes at Coventry University.
- Facilitated the introduction of the new Midlands Yorkshire and East Practice Assessment Document (MYEPAD) for nurse education, bringing all of the universities in the region together using the same paperwork for their assessments.
- Developed a revised Preceptorship Programme for newly qualified nurses and nurse associates.
- Facilitated regular recruitment events for healthcare support workers and nursing staff.

Medical Education:

- Continued positive feedback from medical and physician associate students from Leicester and Warwick Medical Schools, and the University of Birmingham specifically about the quality of placements, teaching, level of support, organisation and opportunities offered.
- Recognition from postgraduate doctors in training of the focus on: supporting them to ensure their voices are heard in Junior Doctors Committee; administration support with e-induction, Core Skills Training Framework (CSTF) compliance, e-portfolio, Clinical Supervisor
Educational Supervisor meetings; and feedback from newly formed Placement Supervision Group.

- Students and trainees acknowledging the work that has been undertaken to ensure placements are safe through risk assessments, mask fit testing by the team, provision of scrubs and delivery of virtual and hybrid teaching.
- Mental health offerings have been developed with Mental Health First Aid, TRIM and StRaW, wellbeing bags and the 1:1 Mentoring and Pastoral Service (MAPs), which was shortlisted for an award.
- Support of paid assistantship placements, managing students who supported clinically during the first wave, and provision of interim F1 posts.
- Innovation through e-resources and e-induction, virtual teaching and assessments, Clinical Observed Medical Education Training for students and trainees, technology provision, scalpels simulated theatre journey, Trust e-learning resources e.g. End of Life Care.
- First Trust in the region to have a postgraduate Clinical Education Fellow post. Recruitment of virtual volunteer patients, supporting final Objective Structured Long Examination Record Wechsler Memory Scale remotely.
- Investment in technology, laptops, cameras, headsets which have been supplied to faculty.
- Developing reputation as a medical employer particularly in relation to Clinical Education Fellows.
- Shared initiatives regionally e.g. MAPs, e-resources and SCALPELS.
- Staff winning monthly and annual iEXCEL Awards, letters of recognition from Warwick Medical School Linking with other Trusts to address ESR work to assist with CSTF compliance and Inter Authority transfer.
- Development of facilities in line with Midlands and British Medical Association (BMA) charters including hot food, rest and relaxation spaces, mess improvements and Obstetrics and Gynaecology quiet space.

**Looking towards 2021/22**

The plans for future Trust education, learning and development opportunities and initiatives will continue to progress, building on the successes of this past year. Some of the Team’s plans include:

- Maximising opportunities for e-learning, blended learning and technology enhanced learning, including simulation and clinical skills, incorporating human factors training.
- Develop an Essential Skills Training Framework, ensuring all staff have an identified role specific training matrix.
- A baseline submission for the Quality and Improvement Outcomes Framework will be made by the Library Team in September 2021.
- Continue to build on our close relationship with organisations we commission, or deliver clinical education alongside, such as Coventry University, Warwick Medical School, Birmingham City University and Health Education England.
• Work with the Coventry and Warwickshire People Board and local Higher Education Institutions to support placement expansion for learners on pre-registration professional programmes.
• Development of a People Development policy to provide a comprehensive process to identify learning needs and ensure any barriers to learning are considered and resolved.
• Develop a Preceptorship Program for our allied health professional workforce.
• Commencing a recruitment pathway for registered nurse degree apprentices.
Statement from the Chief Executive in respect of Quality

In conjunction with the statement of directors’ responsibilities, shown on page 5, in respect of the quality of the NHS healthcare services provided by the Trust during this reporting period, and in support of the Chairman and Chief Executive’s welcome on page 3 of this year’s Annual Report and Accounts on Quality and Finance, I can further declare:

- The account on the quality performance of the organisation for 2020/21 has been seen by myself.
- My knowledge of the quality of the NHS services being provided at the Trust.
- My understanding of the areas where the organisation needs to improve the services it delivers.

To the best of my knowledge and belief the accuracy of the qualitative data and information being provided complies with the requirements in preparing the quality aspect of this Quality Accounts document.

By order of the Board.

Glen Burley
Chief Executive

June 2021
Statement of assurance from the Trust Board

Review of services

A service development improvement plan is usually put in place and agreed with all associated commissioning partners; in particular, Warwickshire North CCG. Key milestones are set and regularly monitored and reviewed, where areas of concern are noted and resolved as they arise.

However, the focus of activity during 2020/21 has been the management of our response to the COVID-19 pandemic. As such other clinical services were suspended to varying degrees throughout the year and have not been subject to this review process.

Participation in Clinical Audits and National Confidential Enquiries

The Trust is committed to delivering an active and focused clinical audit programme in order to develop and embed clinical quality, improve patient care, create a culture committed to learning and continual development, and a method that provides evidence of assurance about the quality of services at George Eliot Hospital NHS Trust.

During 2020/21 the Department of Health published 54 National Audit Work Programmes, of which 43 were eligible for the Trust to participate in.

The national work programmes comprise of various national clinical audit work streams and national confidential enquiries. During 2020/21, 39 national clinical audit work streams and four national confidential enquiries were applicable to the Trust. However, seven national clinical audit work streams were suspend due to the COVID-19 pandemic. The Trust participated in 83% of the national clinical audit work streams and national confidential enquiries in 2020/21.

It is important to note that in April 2020, NHS England confirmed that all national clinical audit work streams, national confidential enquiries and national joint registry data collection were suspended due to the impact of the COVID-19 pandemic. The Trust continued to make every effort to actively participate in the national audit work programmes during the pandemic. However, a number of clinical audit work streams (seven) were suspended to allow the Trust to prioritise clinical care during this unprecedented time. Figure 1.10 details the national clinical audit work streams and national confidential enquiries that the Trust was eligible to participate in and actively collected data for.
### Figure 1.10: National Clinical Audits and National Confidential Enquiries

<table>
<thead>
<tr>
<th>Title</th>
<th>Participated in 2020/21</th>
<th>% of cases submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal and New-born Protocol 2019</td>
<td>Yes</td>
<td>Data Collection On-going**</td>
</tr>
<tr>
<td>BAUS Urology Audit – Renal Colic Audit</td>
<td>Yes</td>
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</tr>
<tr>
<td>Case Mix Programme</td>
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</tr>
<tr>
<td>Elective Surgery – National PROMs Programme</td>
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<tr>
<td>Falls and Fragility Fractures Audit Programme</td>
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<td>100%**</td>
</tr>
<tr>
<td>Inflammatory Bowel Disease Registry, Biological Therapies Audit</td>
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</tr>
<tr>
<td>Learning Disabilities Mortality Review Programme (LeDeR)</td>
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<tr>
<td>Maternal and New-born Infant Clinical Outcome Review Programme</td>
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<tr>
<td>National Audit of Breast Cancer in Older Patients (NABCOP)</td>
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<tr>
<td>National Audit of Care at the End of Life (NACEL)</td>
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<tr>
<td>National Audit of Seizures and Epilepsies in Children and Young People</td>
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<td>National Cardiac Arrest Audit (NCAA)</td>
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<td>National Gastro-intestinal Cancer Programme</td>
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<td>National Joint Registry</td>
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<td>National Maternity and Perinatal Audit</td>
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<td>National Neonatal Audit Programme (NNAP)</td>
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<td>National Ophthalmology Database Audit</td>
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<td>National Prostate Cancer Audit (NPCA)</td>
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<td>Perioperative Quality Improvement Programme (PQIP)</td>
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<td>Sentinel Stroke National Audit Programme (SSNAP)</td>
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<td>Society for Acute Medicine Benchmarking</td>
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<td>UK Renal Registry National Acute Kidney Injury Programme</td>
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<td>Medical and Surgical Clinical Outcome Review Programme</td>
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<td>Mental Health Clinical Outcome Review Programme</td>
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<td>National Diabetes Audit - Adults</td>
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<td>National Early Inflammatory Arthritis Audit (NEIAA)</td>
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<td>National Emergency Laparotomy</td>
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<td>National Lung Cancer Audit (NLCA)</td>
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<td>Emergency Medicine QIPs – Fracture Neck of Femur, Infection Control, Pain in Children</td>
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<td>Data Collection On-going**</td>
</tr>
<tr>
<td>Title</td>
<td>Participated in 2020/21</td>
<td>% of cases submitted</td>
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<tr>
<td>---------------------------------------------------------------------</td>
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</tr>
<tr>
<td>National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP)</td>
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<td>National Audit of Cardiac Rehabilitation</td>
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<td>National Cardiac Audit Programme (NCAP)</td>
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<td>National Audit of Dementia</td>
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<td>Child Health Clinical Outcome Review Programme</td>
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<td>National Comparative Audit of Blood Transfusion Programme – 2020 Audit of Management of Perioperative Paediatric Anaemia</td>
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<td>N/A*</td>
</tr>
<tr>
<td>National Paediatric Diabetes Audit (NPDA)</td>
<td>Yes*</td>
<td>N/A*</td>
</tr>
<tr>
<td>Serious Hazards of Transfusion Scheme</td>
<td>Yes*</td>
<td>N/A*</td>
</tr>
<tr>
<td>UK Registry of Endocrine and Thyroid Surgery</td>
<td>Yes*</td>
<td>N/A*</td>
</tr>
<tr>
<td>Surgical Site Infection Surveillance</td>
<td>Yes*</td>
<td>N/A*</td>
</tr>
<tr>
<td>British Spine Registry</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>Cleft Registry and Audit Network (CRANE)</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>Mandatory Surveillance HACI</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>National Audit of Pulmonary Hypertension</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>National Bariatric Surgery Register</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>National Clinical Audit of Anxiety &amp; Depression</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>National Clinical Audit of Psychosis (NCAP)</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>National Vascular Registry</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>Neurosurgical National Audit Programme</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>NHS Provider interventions with suspected / confirmed Carbapenemase Producing Gram Negative Colonisations/Infections</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>Out-of-Hospital Cardiac Arrest Outcomes</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>Paediatric Intensive Care Audit (PICANet)</td>
<td></td>
<td>Not Relevant</td>
</tr>
<tr>
<td>Prescribing Observatory for Mental Health UK (POMH-UK)</td>
<td></td>
<td>Not Relevant</td>
</tr>
</tbody>
</table>

\(^5\) National Cardiac Surgery Audit and National Audit of Cardiac Rhythm Management Devices and Ablation are not relevant to George Eliot Hospital NHS Trust.

* Relevant to George Eliot Hospital NHS Trust, Audit Programme suspended during 20/21 due to COVID-19 pandemic.

** Data collection deadline dates and/or methodology delayed and/or changed due to COVID-19 pandemic.

*** Data collection not mandated during 20/21 due to COVID-19 pandemic.
64 national reports from the national work programmes have been published during 2020/21. These have been reviewed by the Trust and the following actions intend to/have been taken to improve the quality of healthcare provided:

- Redevelop monitoring and test methods to ensure good documentation of monitoring patients’ frailty and mental conditions is captured, as highlighted in the National Audit of Breast Cancer in Older Patients (NABCOP).

- The Learning Disabilities Mortality Review (LeDeR) programme recommends a Specialist Physician Lead for patients with Learning Disabilities. The Trust has both a Learning Disability Physician Lead and a good link with the community based Learning Disabilities Clinical Teams.

- The Sentinel Stroke National Audit Programme (SSNAP) recommends centralising care into larger units. The Trust, as a part of the on-going Stroke Service reconfiguration programme, is developing a rehabilitation centre.

- The End of Life Care Operational and Strategic Working Group have continued their quality improvement plans, combining national and local audit results. The group work collaboratively with other providers within the region and benchmark services to share learning and identify areas of good practice.

The reports of 66 local clinical audits were reviewed by the Trust in 2020/21 and the following actions intend to/have been taken to improve the quality of healthcare provided:

- New triage protocols for the Emergency Department to ensure the right patients are seen in the right location.

- Audits conducted on Post-Operative Hip Wound Infections found multiple contributing factors and actions are in place to minimise ward transfers, work more collaboratively with microbiology and share outcomes and learning with all staff members to raise awareness.

- A clinical audit on Ankle Fractures highlighted pre-operative hospital admissions would have been reduced if the Ankle Fracture Fixation Pathway was in use. This pathway has been redesigned and a new Ankle Fracture Pathway has been approved and implemented across the Trust.

- An audit of the Outpatient Hysteroscopy Service showed that the clinic was proven to be safe, effective and acceptable to women. 69% (audit sample) of patients were able to undergo their procedure without the need for general anaesthetics. In addition, the audit
highlighted this service was efficient and effective at detecting endometrial cancers in a timely manner.

- A clinical audit on the investigation and management of Hypernatremia found that the diagnosis was established within the Trust, but, highlighted the need for improved management. This has been improved through the introduction of a care bundle to identify and facilitate early specialist input, clarify the treatment and management plan and ensure suitable discharge in a timely manner.

- Re-audits conducted on Venous Thromboembolism (VTE) risk assessments showed that the Trust has fully implemented electronic VTE risk assessments in a majority of areas. Further work focusing on compliance is in progress.

- An audit looking at the impact of subspecialties, such as Cardiology, being based within the Emergency Department showed a reduction in in-patient admissions. The Emergency Department are planning to review other key subspecialties such as Respiratory and Frailty Services to analyse whether similar trends occur.

**Clinical Research**

National studies have shown that patients cared for in research active NHS trusts have better clinical outcomes and more confidence in staff, and healthcare performance is improved overall. George Eliot Hospital NHS Trust recognises the importance of investing in research, enabling our staff to learn and grow, and encouraging our local community to participate in healthcare research will drive improvements which help shape services and improve quality of care.

The Trust is immensely proud of the Research and Development Department and what it has achieved in 2020/21 during the COVID-19 pandemic. Over the course of the year 1,459 patients (as seen in Figure 1.11) were recruited into 12 portfolio studies adopted by the National Institute for Health Research (NIHR). Whilst the number of patients recruited to studies declined in comparison to last year, many studies were suspended to allow the Trust to prioritise clinical care during COVID-19. 1,356 patients were recruited to Urgent Public Health studies and 103 patients were recruited to other studies.

**Figure 1.11: Patient recruitment to clinical trials**

![Patient recruitment to clinical trials graph](image)
The Research and Development Department received recognition by PHE, Public Health Scotland and HSC Public Health Agency for the successful recruitment of 103 patients into the SIREN SARS-COV2 Immunity and Reinfection Evaluation Study. In addition, the Trust has successfully recruited 1,049 patients to the International Severe Acute Respiratory and Emerging Infections Consortium (ISARIC) Study. Other public health studies included Recovery, Remap-Cap, GenOMICC is a, open, collaborative, global community of doctors and scientists trying to understand and treat critical illness, Pregnancy and Neonatal Outcomes (PanCOVID), Clinical Characterisation Protocol (CCP) Cancer, and UK Obstetric Surveillance System (UKOSS). This has been a great achievement for the Trust.

George Eliot Hospital NHS Trust’s Research and Development Department continued to be an active member of the West Midlands Clinical Research Network (WMCRN), participating in regular meetings by sharing best practice.

In 2020/22 the Research and Development Department plan to:

- Restart studies that were suspended due to COVID-19.
- Continue to promote the positive associations related to research by actively engaging with departments and clinicians; placing great emphasis on promoting studies and giving as many patients as possible the opportunity to participate in research.
- Refresh the Research and Development public webpage to include a short animated video explaining who can take part in research.
- Improve social media coverage of Research and Development at the Trust through the use of Twitter and other social media forums.
- Celebrate International Clinical Trials Day by giving visitors and staff the opportunity to find out more about research in general and also about the research that is happening at the Trust.
- Introduce patient research champions who work with the Research and Development Team to support and raise the profile of research across the organisation.
- Develop a patient booklet about George Eliot Hospital NHS Trust research to raise awareness to our patients and local communities.

**Use of Commissioning for Quality and Innovation (CQUIN) Payment Framework**

Prior to the COVID-19 pandemic, part of the funding received by the Trust included a proportion of income which was conditional on achieving quality improvement and innovation goals that were nationally mandated through the NHS Standard Contract, CQUIN Payment Framework. CQUINs enabled the Trust to focus on the quality of the services delivered, ensuring that we were continuously improving and driving transformational change with the creation of new, improved patterns of care. These impacted on reducing inequalities in access to services, improving patient experiences and the outcomes achieved.
As per the national guidance relating to COVID-19, the CQUIN submission was suspended in quarter four of 2019/20. Throughout 2020/21, the operation of the CQUIN Framework continued to be suspended for all providers until 31 March 2021, due to the focus being managing the COVID-19 pandemic. Providers were not required to implement CQUIN requirements, carry out audits or submit CQUIN performance data. An allowance for CQUIN income has been included in the nationally-set block payments, which the Trust received during the year instead of contractual income. Further details are available below: www.england.nhs.uk/nhs-standard-contract/cquin/cquin-20-21/

Registration with the Care Quality Commission (CQC)

The Trust is registered with the CQC and is licensed to provide healthcare services. Following the latest CQC full Trust inspection in December 2019, the CQC issued the Trust with three regulatory actions. An inspection of surgical services was carried out in May 2020, which demonstrated positive improvements had been noted (as seen in Figure 1.12). However, the CQC’s overall rating of the Trust remained the same as the previous inspection: Requires Improvement, due to the suspension of comprehensive CQC visits during the pandemic period.

Figure 1.12: Trust overall rating and rating by activity

<table>
<thead>
<tr>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires improvement Feb 2019</td>
<td>Requires improvement Feb 2019</td>
<td>Good Feb 2019</td>
<td>Requires improvement Feb 2019</td>
<td>Requires improvement Feb 2019</td>
<td>Requires improvement Feb 2019</td>
</tr>
<tr>
<td>Requires improvement Feb 2019</td>
<td>Requires improvement Feb 2019</td>
<td>Good Feb 2019</td>
<td>Requires improvement Feb 2019</td>
<td>Requires improvement Feb 2019</td>
<td>Requires improvement Feb 2019</td>
</tr>
<tr>
<td>Good May 2020</td>
<td>Good May 2020</td>
<td>Good May 2020</td>
<td>Good May 2020</td>
<td>Good May 2020</td>
<td>Good May 2020</td>
</tr>
<tr>
<td>Requires improvement May 2019</td>
<td>Requires improvement May 2019</td>
<td>Good May 2020</td>
<td>Requires improvement May 2019</td>
<td>Requires improvement May 2019</td>
<td>Requires improvement May 2019</td>
</tr>
</tbody>
</table>

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.
Actions have been implemented to both address the areas highlighted by the CQC and ensure continuous improvement where the CQC identified good practice. The Trust has an overall improvement plan, which is formally monitored on a monthly basis by Directorate Teams and the Trust Board.

**Internal assurance visits**

The Trust conducts internal peer review visits on a regular basis. Peer reviews support the Trust’s commitment to monitor and quality check the services we deliver and provide a positive learning culture for staff, with a forum for continuous learning through sharing good practice. Peer reviews are conducted by internal staff and external agencies, and are supported by an assessment tool that includes aspects of the framework for CQC inspections. Outcomes are promptly reported back to the visited area and then reported to the Trust Board. Action plans are developed and monitored through Directorate Governance Meetings and reported through to the Quality Assurance Committee (a subcommittee of Trust Board). In line with government infection, prevention and control guidance, the onset of COVID-19 brought a cessation to this activity during 2020/21.

### External Assurance and Performance Indicators

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Standard</th>
<th>M01-M12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C Difficile infections</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>MRSA bacteraemia infections</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Quality:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer – two weeks suspected</td>
<td>93%</td>
<td>85%</td>
</tr>
<tr>
<td>Cancer – two weeks symptomatic breast</td>
<td>93%</td>
<td>85%</td>
</tr>
<tr>
<td>Cancer – 31 days DTT</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Cancer – 31 days – drug</td>
<td>98%</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer – 31 days – surgery</td>
<td>94%</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer – 62 days - Final Shared</td>
<td>85%</td>
<td>66%</td>
</tr>
<tr>
<td>Cancer – 62 days from screening service</td>
<td>90%</td>
<td>63%</td>
</tr>
<tr>
<td>Patients seen in A&amp;E &lt;4 hours</td>
<td>95%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Patients who leave A&amp;E without being seen</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td>Time to initial assessment in A&amp;E in minutes (95th percentile)</td>
<td>&lt;15</td>
<td>20</td>
</tr>
<tr>
<td>Time to treatment in A&amp;E in minutes (median time)</td>
<td>&lt;60</td>
<td>43</td>
</tr>
<tr>
<td>Readmission within 28 days following discharge (emergency re-admission)</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Stroke – time on ward (Average)</td>
<td>90%</td>
<td>47%</td>
</tr>
</tbody>
</table>

**Patient experience:**
Referral to Treatment (RTT) incomplete non-emergency pathway (92nd percentile)\(^2\) | 92% | 65%
---|---|---
Patients offered an appointment to Genito-Urinary Medicine (GUM) Clinic within 48 hours | 95% | 96%
Patients seen in GUM Clinic – access within 48 hours | 95% | 96%
Percentage of patients whose operations were cancelled for non-clinical reasons on the day of admission | 80% | -
Mixed sex accommodation | 0 | 41

**Patient safety**

| Never Events | 0 | 1 |

Venous thromboembolism (VTE) risk assessment where all inpatient service users undergo a risk assessment for VTE | 95% | 95.5%

### Information on the quality of data

The National Data Quality Dashboard is available to help monitor and drive improvement in the quality and completeness of data. Our organisation performs well in comparison to other trusts. As the average results of the overall commissioning dataset (CDS) validity is 97.3% (month 1-12 inclusive) for all CDS submitters (excluding CDS), West Midlands CDS submitters is 97.5% and the Trust’s result was 97.4%. Good quality data underpins the effective delivery of patient care. These results are essential if improvements in quality of care are to be made, which includes the quality of ethnicity and other equality data. Thus, contributing to improvements in patient care and value for money.

### NHS number and General Medical Practice Code validity

The patient NHS number is the key identifier for patient records. The quality of NHS number data has a direct impact on improving clinical safety.

The Trust submitted records for months 1-12 inclusive to the secondary user service (SUS) for inclusion in the hospital episodes statistics, which are part of the latest published data (Figure 1.13 below).
Figure 1.13: Percentage of records in the published data containing patient’s valid NHS number / GMP code

<table>
<thead>
<tr>
<th>Percentage of records in the published data which included the patient’s valid NHS number</th>
<th>Percentage of records which included the patient’s valid General Medical Practice (GMP) Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Eliot Hospital</td>
<td>National comparator</td>
</tr>
<tr>
<td>APC ⁶</td>
<td>99.9</td>
</tr>
<tr>
<td>OPD</td>
<td>100.0</td>
</tr>
<tr>
<td>AE</td>
<td>99.6</td>
</tr>
</tbody>
</table>

**Clinical Coding error rate**

The Clinical Coding error rate is as follows:

- **Primary Diagnosis** - 90% accurate, 10% error.
- **Secondary diagnosis** - 86% accurate, 14% error.
- **Primary procedure** - 96% accurate, 4% error.
- **Secondary procedure** - 95% accurate, 5% error.

The coding quality shows a decrease in the accuracy of primary diagnosis and secondary diagnosis based on 2019/20 findings as below:

The Clinical Coding error rate is as follows:

- **Primary Diagnosis** - 93% accurate, 7% error.
- **Secondary diagnosis** - 90% accurate, 10% error.
- **Primary procedure** - 96% accurate, 4% error.
- **Secondary procedure** - 94% accurate, 6% error.

The errors that account for this are mainly due to: coders not accessing all available documentation due to remote working during the pandemic; conflicting information on EDS (Electronic Discharge System) versus case notes; and a training need identified with one coder who has since received update training. A proportion of errors are related to local policies which enhance the specificity of the coding but result in an audit error due to the level of detail being missing in the notes.

Measures to improve coding include: an increase in clinician and coder engagement to improve the quality of information; increased audits to assess the accuracy of coding; and tailored training to support the team to ensure high quality coded information.

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⁶ APC = Admitted Patients Care (Inpatients and day cases) / OPD = Outpatients and ward attenders and tele-medicine activity / AE = Accident and emergency.
Coding accuracy is monitored bi-monthly by the Data Quality Assurance Group.

**Data Security Protection Toolkit (DSPT)**

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

**2019/20 Toolkit Submission**

In September 2020, the Trust submitted the 2019/20 Toolkit with a status of ‘standards not met’. This is due to six standards out of 116 not being met. An improvement plan was approved by NHS Digital and the Trust’s status was updated to ‘standards not met – improvement plan agreed’. The plan is scheduled for completion in May 2021 and an updated Toolkit will be submitted to NHS Digital. The Trust expects to be updated to ‘standards met’ at this time.

**2020/21 Toolkit Submission**

The 2020/21 DSPT submission has been delayed until June 2021 in response to the COVID-19 pandemic. The Trust expects to submit with a status of ‘standards not met’. An improvement plan is being developed to enable the Trust to meet the standards. The Trust has a robust framework in place to ensure that the necessary safeguards for, and appropriate use of, patient and personal information are adhered to at all times.
Section 3: High Level Strategic Aims 2021/22 and beyond

In response to the roll out of the Trust’s high-level strategic aims (2019-2023), which will run from Board to Ward-level and highlight our responsibility as; an acute health care provider, a key partner in the wider health care system and our role in achieving the ‘Foundation Group’s’ overall objectives, we will aspire to achieve the aims set out in our Trust Objectives for 2021/22.

Our key strategic aims 2019-2023:
Our Objectives for 2021/2022:

WORKFORCE
Support our staff by implementing the NHS People Plan
Provide high quality clinical learning, coaching and mentoring opportunities
Develop GEH as a centre of excellence in training and education
Develop the skills of our leaders and prospective leaders so they can thrive and deliver for the hospital as well as part of an integrated health system
Develop a workforce and leadership that represent the diversity of the population we serve

QUALITY IMPROVEMENT
Tackle local health inequalities and improve access to care by listening to local patients and using local health data
Build on our existing research successes and take every opportunity to undertake research that benefits our local population
Provide safe, high quality care for local people based on the best professional evidence – using the organisation best placed to do it
Work with our staff to create a lasting safety culture at the hospital to keep our staff and patients safe
Work with our local health and care partners to restore our services in a way which focuses on patients and is fair and equitable

SUSTAINABILITY
Ensure patients receive same day or ambulatory care where possible
Move from paper-based to digital systems so that the services we provide are more efficient, convenient and safer for patients, families and our workforce
Improve the use of data (Population Health, and Informatics systems) when planning our services and seeking investment
Develop a sustainability strategy and focus on energy consumption, transport and recycling in order to become net carbon neutral by 2040
Commit to working with our local partners to address financial challenges collectively, and ensure that our services are built on strong sustainable clinical and financial foundations

INTEGRATION
Care for more people closer to home by working with our community, third sector, social care and primary care partners
Focus on preventing ill health by working together with our local partners to ‘make every contact count’ with patients – allowing them to seek a wide range of care and support at each contact
Continue to work with patients, families, providers and stakeholders in all aspects of designing our services
Make our patients’ care journeys as seamless and as clear as possible as they move between health and care providers

Our annual Trust objectives signal the key priorities for the coming year.

These take account of our partners’ priorities across the communities we serve, our Trust Strategy, the Foundation Group (our partnership with South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust) and system (the population of Coventry and Warwickshire) priorities and national planning guidance.

www.geh.nhs.uk  GEHNHSnews  georgeeliothospital
Appendices

Statements from external stakeholders:

Mr Glen Burley
Chief Executive Officer
George Eliot Hospital College Street
Nuneaton

25 May 2021

Dear Glen

George Eliot Hospital – Quality Accounts 2020/21

Thanks for the opportunity to comment on the above.

A well-presented document which is easy to read with valuable information and charts.

The concerns of the Patient Forum (PF) that the hospital would lose its independence by becoming part of the Foundation Group have not happened and the flow of best practice ideas have travelled each way between the group member hospitals resulting in improved patient experience for all.

2020/21, the year with the COVID-19 pandemic is one we do not wish to see again. The pressure on all staff is just not measurable, the sacrifice people made at the expense of their loved ones in order to provide the highest possible care for our loved ones is just incredible. The Patient Forum commends the Trust in focussing on staff Health and Wellbeing as key priority.

Initiating several important work streams, led by the MD including equity, diversity and inclusion, bullying and harassment, health and wellbeing including mental health as a precursor to the future development of a People Experience Strategy.

Interesting statistics on the numbers of patients that have been treated at the Trust.

The PF look forward to the Place programme delivering improved care and outcomes for the people in your catchment area.
Moving in the right direction is the SHMI figure from 1.13 down to 1.07. We look forward to seeing the 1.00 number for George Eliot Hospital NHS Trust.

It is noted that a number of new procedures have been introduced which will allow the learning from errors and thus improve the quality of care to patients going forward. The number of reported incidents is noted and the PF will continue to request details via the Trust monthly Board Meetings which are held in public.

In the challenges of patient care with the pandemic it is noted the incredible efforts and success of the IPCT in fighting HAIs.

We are not surprised that over 90% of patients/carers responded via the FFT programme that they are confident in the quality of care delivered at the Trust and that there is a reduction in the number of official complaints.

A brilliant reporting on the Trust success with the volunteer programme and all the hours that have been given in order to carry out the different tasks.

We are fully supporting all the programmes that address the health and wellbeing of the staff and how important this is as we still face a future with unknown challenges.

For the second year we see the Clinical Coding has an error rate of over 10% and ask the question does this lead to a loss of payments to the Trust? Actions to address this issue are noted.

We welcome the increase in the total beds at the George Eliot Hospital NHS Trust as a way of reducing the very lengthy waiting list for elective surgery which has come about as a result of the COVID-19 pandemic, and that the new patient pathways now implemented in the ED area have improved significantly the patient experience.

The PF fully support the 2021/22 improvement objectives which when embedded will be reflected in any future CQC report.

Yours sincerely

David Carr
Chair of the GEH Patient Forum

Natalie Mills
Vice Chair of the GEH Patient Forum
Coventry and Warwickshire CCG Response to GEH Quality Account 2020-2021

Coventry and Warwickshire Clinical Commissioning Group (CCG) welcomes the opportunity to comment on the draft George Eliot Hospital NHS Trust (GEH) Quality Account. The CCG believes that the Quality Account for 2020/2021 contains an accurate reflection of the quality of services provided by the Trust. Whilst not all the data fields were complete, the CCG has reviewed the information presented against data sources available to the CCG as part of contract quality and performance management reporting.

The COVID-19 pandemic has impacted on the way in which we have worked as a system and has been an extremely challenging time for the Trust. The Trust should be applauded in their achievements in making and maintaining a focus on quality and safety. In particular, the staff’s responsiveness to the innovative changes made through this time of tremendous uncertainty. Changes to both Urgent and Emergency care has seen a number of quality improvements in respect of the safety and streaming of patients.

The Trust has worked in the spirit of openness and transparency with the CCG over the last year to further develop and strengthen working relationships. This is demonstrated through invitations by the Trust for CCG representation on a range of quality and patient safety related learning forums and Committee’s in order to promote an internal culture that is accepting of challenge. The CCG in this response takes the opportunity comment on the following areas; reducing preventable deaths, enhancing quality of experience in urgent care, infection prevention and control, patient safety, feedback and involvement.

Accountable Officer – Mr Phillip Johns
Chair – Dr Sarah Raistrick
The CCG conducted several quality assurance visits throughout the year, which included virtual winter preparedness visits with Emergency Department, and onsite Trust wide visits which focused on infection control and prevention and urgent responses during COVID-19 pandemic. Representatives from the Maternity Services presented at the CCG Clinical Quality and Governance Committee thematic discussion on Maternity and Neonatal services. The Ockenden Review of Maternity Services outlines the Immediate and Essential Actions (IEAs) to be taken by all maternity units across England. The Trust have identified and shared the Trusts local actions for learning and recommendations.

The CCG recognises the significant progress the Trust made in relation to working towards achieving an improved CQC rating from “requires improvement” and the on-going investment in these improvements. The CCG continues to monitor the Trust’s improvement action plan.

It is noted that the Trust has made improvements from the recommendations in the Mortality and Deteriorating Patients Improvement Plan which sets out to reduce the number of unexpected deaths a reduction in the number of observed deaths and an increase in the number of expected deaths; and the continual collaboration with commissioners, other organisations local to the Trust which enable system working improvements covering the wider aspects of mortality and improvement required in and outside the hospital setting.

The CCG acknowledges the work achieved in improving patient pathways and providing on-going assurance to identifying, assessing and reporting any patient harm related to delays as a result of the on-going COVID-19 pandemic. The revised urgent and emergency pathways and opening of additional beds to accommodate elective work have enabled the Trust to ensure safety and improved quality for patients coming to the hospital.

The CCG welcomes the Trust’s positive impact on ways to achieve user feedback support and build on work already in place to engage with representatives from the community and service users. The work undertaken by volunteers at the Trust during the COVID-19 pandemic is recognised. Plans to engage patient safety partners at all levels of the organisation to inform recommendations to improve and shape patient care and the involvement of service user feedback as a patient safety and quality improvement priority for 2020/2021 aims to ensure that their voice is at the heart of everything that the Trust does.

The Trust’s has a continued focus on strengthening and embedding quality governance and improvements locally. The commitment to focus on the wellbeing offers available to staff particularly those from a BAME and disabled backgrounds offers the workforce support from a mental and physical health perspective.

In conclusion, we recognise that the Trust has made positive progress in a number of areas last year and can confirm that we support the priorities identified by the Trust in their Quality Account for 2021/2022.

Yours sincerely

Zubair Khan
Governing Body Lay Member

Rebecca Bartholomew
Director of Quality and Nursing
Warwickshire Country Council Scrutiny Committees

Please note that Warwickshire County Council were in their pre-election period. Therefore, no Adult Social Care and Health Scrutiny Meetings (Overview and Scrutiny Committees) took place to consider the quality account this year, in the timeframe offered.
## Glossary

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care bundle</td>
<td>a set of interventions that, when used together, significantly improve on patient treatment and outcomes. Multi-disciplinary teams work to deliver the best possible care supported by evidence-based research and practices, with the ultimate outcome of improving patient care.</td>
</tr>
<tr>
<td>CQC – (Care Quality Commission)</td>
<td>the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.</td>
</tr>
<tr>
<td>CCGs (Clinical Commissioning Groups)</td>
<td>groups of GPs that commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed, and ensuring that they are provided. CCGs are overseen by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services. All GP practices now belong to a CCG, but groups also include other health professionals, such as nurses.</td>
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<tr>
<td>Clinical audit</td>
<td>a continuous process of assessment, evaluation and adjustment of practice by doctors, nurses, and other health professionals.</td>
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<tr>
<td>Clostridium difficile (C-diff)</td>
<td>an intestinal infection commonly associated with healthcare settings.</td>
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<td>CQUIN (Commissioning for Quality and Innovation)</td>
<td>a national payment framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on achieving ambitious quality improvement goals and innovations agreed between commissioner and provider, with active clinical engagement. The CQUIN framework is intended to reward genuine ambition, encouraging a culture of continuous quality improvement in all providers.</td>
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<tr>
<td>Name</td>
<td>Description</td>
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<tr>
<td>Datix</td>
<td>incident reporting software that promotes a culture of learning by recording, investigating and analysing your incidents.</td>
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<tr>
<td>HSMR (Hospital Standardised Mortality Ratio)</td>
<td>an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. Mortality ratios are a good source of information that help us understand the care provided in hospitals and allow us to target areas for improvement, review, and investigation.</td>
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<tr>
<td>Incident</td>
<td>an event or circumstances which could have resulted, or did result, in unnecessary damage, loss or harm to a patient, member of staff, visitor or member of the public. National Incident reporting categories:</td>
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<td></td>
<td>• <strong>No harm: impact prevented</strong> – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care.</td>
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<td></td>
<td>• <strong>Impact not prevented</strong> – any patient safety incident that ran to completion, but no harm occurred to people receiving NHS-funded care.</td>
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<td></td>
<td>• <strong>Low</strong>: any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care. For example, the patient required first aid, minor treatment, extra observation or medication.</td>
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<td></td>
<td>• <strong>Moderate</strong>: any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care. For example, likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital.</td>
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<td><strong>Severe:</strong> any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care. <strong>Death:</strong> any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.</td>
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<tr>
<td>MRSA (Methicillin Resistant Staphylococcus Aureus)</td>
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<td>a bacterial infection commonly associated with healthcare settings. It is resistant to some commonly used antibiotics, meaning infections with MRSA can be harder to treat than other bacterial infections.</td>
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<tr>
<td>Never Events</td>
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<td>inexusable actions in a healthcare setting. The kind of mistake that should never happen, they are, by definition, preventable.</td>
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<td>NHSI (NHS Improvement)</td>
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<td>the organisation responsible for overseeing all NHS trusts in England including FTs as well as independent providers providing NHS-funded care.</td>
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<td>Overview and Scrutiny Committees (OSCs)</td>
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<td>every local authority with social services responsibilities has had the power to scrutinise local health services. OSCs take on the role of scrutiny of the NHS – not just major changes but the on-going operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.</td>
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<tr>
<td>Parliamentary and Health Service Ombudsman (PHSO)</td>
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<td>where local resolution of a complaint has been exhausted, the PHSO will look into complaints where an individual believes there has been injustice or hardship, where they feel an organisation has not acted properly, or fairly, or has given a poor service and not put things right. Outcomes from a PHSO investigation can be to either uphold the hospital’s review and efforts to resolve the complaint, or to make a recommendation in favour of the complainant.</td>
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<tr>
<td>Patient Forum (PF)</td>
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<td>a group of volunteers who gain feedback from patients and carry out projects within a work plan making recommendations for improvements.</td>
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<td>PROMs (Patient Reported Outcome Measures)</td>
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<td>assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.</td>
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### Quality Accounts

Provide an overview of the quality of care provided to our patients. Specifically, this account highlights how we have improved, why we have chosen different courses of action, and what we still have to do to continue improving the quality of care being delivered at our organisation.

### RCA (Root Cause Analysis)

A systematic process for identifying “root causes” of problems or events and an approach for responding to them.

### RTT (Referral to Treatment)

In England, under the NHS Constitution, patients ‘have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible’. The NHS Constitution sets out that patients’ should wait no longer than 18 weeks from GP referral to treatment.

### SHMI (Summary Hospital Mortality Indicator)

A trust’s SHMI value is the ratio between the actual number of patients who die following treatment at the trust and the number that would be expected to die, on the basis of average England figures given the characteristics of the patients treated there. The baseline SHMI value is one. A trust would only get a SHMI value of one if the number of patients who die following treatment there was exactly the same as the number expected using the SHMI methodology.

### The Foundation Group

In June 2018, George Eliot Hospital NHS Trust (GEH) joined the Foundation Group that was formed in 2017 when South Warwickshire NHS Foundation Trust (SWFT) formalised its collaboration with Wye Valley NHS Trust (WVT). All three organisations face similar challenges and have a common strategic vision for how these can be solved. The Foundation Group model retains the identity of each individual trust, whilst strengthening the opportunities available to secure a sustainable future for local health services.

### VTE

A condition in which a blood clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis (DVT). If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism (PE).
Feedback form

We hope you have found this report informative, interesting and helpful. To save costs, the document is available on our website and hard copies are available in waiting rooms or on request.

We would be grateful if you would take the time to complete this feedback form and return to: Patient Feedback, George Eliot Hospital NHS Trust, FREEPOST (CV3262), College Street, Nuneaton, CV10 7BR. Alternatively, please email: pals@geh.nhs.uk

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<thead>
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<th>How useful did you find this report?</th>
<th>Did you find the contents?</th>
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<tr>
<td>Very useful</td>
<td>Too simplistic</td>
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<td>Quite useful</td>
<td>About right</td>
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<td>Not very useful</td>
<td>Too complicated</td>
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<td>Not useful at all</td>
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Is the presentation of data clearly labelled?

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<td>Yes, completely</td>
<td>Yes, to some extent</td>
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If no, what would have helped?

Comments
Acknowledgements

George Eliot Hospital NHS Trust would like to thank the following staff, organisations, groups and individuals for their invaluable contribution through on-going feedback and support in the production of this year’s Quality Account.

- Warwickshire North Clinical Commissioning Group
- George Eliot Hospital Patient Forum
- The Trust’s Communications and Engagement Team
- Lead contributors: Consultant Leads, the Governance Team, PALS (Patient Advice and Liaison Service), Complaint Services, Quality, Finance, Clinical Audit, Infection Prevention Teams from across the Trust.