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Welcome from the Chairman and Chief Executive

The period covered by this report 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.

Our Emergency Department (ED) has seen significant improvement against national targets – achieving 90.4 percent against the national four hour standard for the year compared with performance in 2019/20 of 78.3 percent. Our patients are benefitting from initiatives that have seen us providing same day emergency care for many of those who attend our ED. Our ambulance handover performance has also consistently been one of the best in our region – allowing crews to hand over patients quickly and effectively and return to their crucial role as frontline responders in our community.

A high-performing ED relies on effective patient flow through the hospital for its success. You will read in the Annual Report how our clinical teams have worked well together this year both within our Trust and with our external health and care partners to ensure our patients are treated and allowed home safely and efficiently. This strong team spirit and professionalism has allowed progress across the range of our services and we encourage you to read the section on performance to learn more of our successes.

Working with partners in our Foundation Group, the Warwickshire North Place and the Coventry and Warwickshire system has been a keystone in a successful year for our Trust. The Foundation Group arrangement continues to strengthen the sustainability, innovation and performance of our Trust. Our group approach to improvement is sharing our innovation, knowledge and best practice among the partners and we have taken important steps in working together on finance and procurement – ensuring we make the best use of the public money to which we are entrusted.

We have 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 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 has 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. At a time when much of the general population was confined to their homes, our staff have stepped up. Many have retrained to work in unfamiliar surroundings, many have worked long hours and many have learned new skills. Some have been scared, some have been separated from their families but none have failed to fulfil their duty. They have been truly inspirational.

The health and wellbeing of our staff has never been as important as we look forward to 2021/22. Their efforts have been immense and this has taken its toll emotionally and physically. We have supported staff through this period with a range of initiatives including the Employee Assistance Programme and mental health support with our team of Mental Health First Aiders and a range of

1 The Foundation Group consists of George Eliot Hospital NHS Trust, South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust. Glen Burley is Chief Executive Officer of all three Trusts.
counselling services, which you can read more about on page 58-59. This support will continue as we emerge from the pandemic, seek respite and prepare ourselves for the future.

Additional aims of 2021/22 are to safely and efficiently recover services following the impact of COVID-19, to develop a sustainability strategy and focus on energy consumption, transport and recycling in order to become net carbon neutral by 2040. We will also work with partners to provide care closer to people’s homes and prevent ill health by making every contact count with patients.

Our communities in Nuneaton and Bedworth, West Leicestershire and North Warwickshire have also given our staff and patients unwavering support. It was truly humbling to see the arrival of over 200 donations of food, toiletries and household goods when access to shops was difficult for our staff. Examples of these extremely generous donations can viewed in the Highlights of the Year section on page 11-12. Charitable donations have flooded in, and a particular thanks must go to the NHS Charities Together whose money has made a real difference to our colleagues’ welfare. It was therefore an honour to name our newly–opened elective care unit after Captain Tom Moore.

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 during 2021/22 and beyond.

Russell Hardy
Chairman

Glen Burley
Chief Executive

The Foundation Group

George Eliot Hospital NHS Trust

South Warwickshire NHS Foundation Trust

Wye Valley NHS Trust
Coventry & Warwickshire Health & Care Partnership

Like all areas in the country, George Eliot Hospital NHS Trust alongside Coventry and Warwickshire NHS organisations, Clinical Commissioning Groups (CCGs) and local councils have joined to form the Coventry and Warwickshire Health and Care Partnership.

The aim of the partnership is to share knowledge and resources in order to improve health and care. We are working closely together to help everyone lead healthier and more fulfilled lives, be part of a strong community and benefit from effective and sustainable health and care services where and when they need them most.

As a system the partnership remains fully committed to delivering the Five Year Plan, focusing initially on a number of key priorities. Our overarching priority as a system is to enable people across Coventry and Warwickshire to start well, live well and age well, promote independence and put people at the heart of everything we do. We will achieve this through:

- Enabling everyone to keep well by making healthy choices and providing services that help prevent illness, promote wellbeing and reduce health inequalities
- Working together to tackle the underlying causes of illness, build community resilience, and ensure everyone has access to jobs, secure housing and feels connected to people around them
- Providing the best possible care within available resources as close to home as possible and joined up around the people and communities we serve
- Using technology to improve health and care including a single electronic care record and providing people with digital access to advice and support
- Valuing our staff by enabling them to work flexibly, investing in their development and working to increase diversity in leadership teams

In 2020/21 the system response to COVID-19 has been transformational and has built on our existing work to transition from operating as a Sustainability and Transformation Partnership into an Integrated Care System (ICS). This includes:

- A common vision and agreed principles regarding the way partners will work together
- Well established ICS leadership and governance arrangements
- Well developed, distributed Place based arrangements which include all key NHS and local authorities (LA) partners, primary care networks (PCNs), voluntary and community sector (VCS) and our communities working together to tackle inequalities
- A history of strong clinical leadership in supporting service transformation, including the Out of Hospital arrangements, integrated discharge teams and more recently, the redesign of stroke services
- A strong commitment to support and develop our workforce so that they are able to offer the best care to our patients and communities
- Growing capability and capacity to deliver a Population Health Management approach at all levels of our architecture
- An emerging system approach and governance structure that supports collective management of quality, performance and finance

We will embed the learning from COVID-19 and continue to develop new ways of collaborative working to drive integration faster and further in 2021/22 and beyond.

Patients, staff and local residents can find out more about opportunities to get involved by emailing info@bettercarecovwarks.org.uk, or by going to the Partnership’s website at www.happyhealthylives.uk.
Section 1 - Performance Report

Trust overview

The data presented below shows a fall in the number of attendances and diagnostics compared to our 2019/20 Annual Report. The figures for 2020/21 highlight the impact the COVID-19 pandemic had on our ability and capacity to provide services. George Eliot Hospital NHS Trust’s, and the NHS as a whole, focus during 2020/21 was to care for COVID-19 patients, those who needed urgent medical treatment, and to diagnose, treat and care for cancer patients. Please refer to the Operational Performance Overview section on page 16 for further details of how we performed operationally in 2020/21 and the impact of the COVID-19 pandemic.

Our Trust provides a range of elective, non-elective, surgical, medical, outpatients, women’s, children’s, maternity, diagnostic, therapeutic and cancer 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

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.
A&E Attends 65,010

Inpatient Admissions
Day Case 10,599

Outpatient appointments attended 184,222

Total live births 2,141

Total number of patients operated on 5,834

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>Procedure</th>
<th>Count</th>
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<tbody>
<tr>
<td>X-ray</td>
<td>60,631</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>32,279</td>
</tr>
<tr>
<td>CT</td>
<td>18,097</td>
</tr>
<tr>
<td>MRI</td>
<td>11,843</td>
</tr>
<tr>
<td>DEXA</td>
<td>1,154</td>
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<tr>
<td>ERCP</td>
<td>338</td>
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## Our services

### Medical
- Acute Medical Unit
- Cardiology
- Cardio-Respiratory Unit
- Chronic Fatigue
- Chronic Pain
- Diabetes
- Emergency Department and Urgent Treatment Centre
- Endocrinology
- Endoscopy
- Gastroenterology
- Geriatric Medicine
- Infection Prevention
- Nephrology
- Osteoporosis Screening
- Planned Ambulatory Care Unit (PACU)
- Palliative Medicine
- Respiratory Care
- Rheumatology
- Same Day Emergency Care (SDEC)
- Stroke
- Transient Ischemic Attack (TIA)

### Women's and children's
- Children's Assessment Unit
- Gynaecology
- Maternity & Midwifery
- New-born Hearing Screening
- Obstetrics
- Paediatrics
- Special Care Baby Unit

### Diagnostic and therapeutic
- Acute Medical Unit
- Bereavement Support
- Cardio Respiratory Unit
- Chaplaincy
- Clinical Psychology
- Endoscopy
- Macmillan Cancer Support
- Occupational Therapy
- Oncology
- Outpatients
- Pathology
- Pharmacy
- Physiotherapy
- Radiology
- Research and Development
- Same Day Emergency Care (SDEC)
- Speech and Language Therapy

### 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)

### Community
- Coventry and Warwickshire Community TB Service
- Sexual Health Services Warwickshire
- Warwickshire Special Care Dental Service
**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:

<table>
<thead>
<tr>
<th><strong>Our Strategy</strong></th>
<th><strong>TRUST Objectives</strong></th>
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<tbody>
<tr>
<td>Transform our services and enable our progress by focusing on our key enablers - ICT, our estate and workforce.</td>
<td>Increase the number of beds in the hospital, to reduce waiting times</td>
</tr>
<tr>
<td>Take a leading role in the development of place-based services, adopting a system-wide view in developing and delivering new models of care.</td>
<td>Implement an Electronic Patient Record and transform our outpatient services</td>
</tr>
<tr>
<td>Embrace our role as a District General Hospital, delivering the best quality, safest care to our local population.</td>
<td>Submit plans to invest in increased car parking</td>
</tr>
<tr>
<td>Listen to and engage with our staff to create a culture of true partnership.</td>
<td>Reduce single use plastics and CO₂ emissions</td>
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<thead>
<tr>
<th><strong>Our Strategy</strong></th>
<th><strong>TRUST Objectives</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective open communication</td>
<td>Work with our staff and partners to discharge patients when they are well enough and reduce the time they spend in hospital</td>
</tr>
<tr>
<td>Excellence and safety in everything we do</td>
<td>Introduce ways to allow patients to safely receive IV antibiotics without coming to hospital</td>
</tr>
<tr>
<td>Challenge but support</td>
<td>Work with patients and partners to create and communicate service changes together</td>
</tr>
<tr>
<td>Expect respect and dignity</td>
<td>Work with GPs to avoid unnecessary trips to hospital by reducing unnecessary follow-up hospital appointments and expanding the Consultant Connect service</td>
</tr>
<tr>
<td>Local health that inspires confidence.</td>
<td>Create new and expanded clinical roles in partnership with primary care to expand our range of services to patients</td>
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**Our core value pledges are:**

- Effective open communication
- EXcellence and safety in everything we do
- Challenge but support
- Expect respect and dignity
- Local health that inspires confidence.

**Our Foundation Group objectives are to:**

- Continue to implement the digital strategy
- Review capacity of non-acute beds and explore new models of care
- Work with local commissioners in readiness to operate as a lead provider
- Move care into out of hospital settings/community care
- Develop a compassionate end of life care strategy and public campaign with partners
- Implement plans to improve the wellbeing of our staff
Going concern statement

These financial statements have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity’s services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Our Trust has prepared its financial plans and cash flow forecasts for the coming year on the assumption that funding will be received from the Department of Health and Social Care consistent with the revised funding arrangements in response to the COVID-19 pandemic. Discussions to date indicate this funding will be forthcoming. These funds are expected to be sufficient to enable our Trust to meet our obligations as they fall due and will be accessed through the nationally agreed process published by NHS Improvement and the Department of Health and Social Care.

The Board of Directors has, therefore, concluded that these financial statements should be prepared on a going concern basis as there is a reasonable expectation that our Trust will have adequate resources to continue in operational existence for at least 12 months from the date of approval of the financial statements.

Emergency preparedness, resilience and response

Our Trust has a vital role in responding to major and business continuity incidents. As a Category 1 responder under the Civil Contingencies Act 2004 we have a duty to be prepared and ensure planning arrangements are in place to enable the effective and efficient prevention, reduction, control, mitigation of, and response to emergencies.

These emergencies can range from major incidents, such a serious road traffic accidents involving multiple casualties, to business continuity following a cyber-attack.

The major focus for our Trust during the last year, like all other healthcare organisations in England, has been to manage the COVID-19 pandemic. This has required our organisation to promptly implement revised robust command and control structures with aligned processes and protocols. These changes were quickly implemented to ensure our organisation was effectively dealing with the pandemic. These protocols alongside our major and business continuity incident planning arrangements are regularly reviewed and tested to ensure they are in-line with legislation and best practice.

During the peak of the pandemic, daily meetings were held to critically examine Personal Protective Equipment levels, cohorting arrangements for patients; safe working pathways for staff and patients; developing contingencies for extra capacity both in the general hospital as well as more high profile areas like ITU. Infection prevention and control has been central to implementing swabbing strategies and for ensuring all patient moves align to established best practice principles.

Our Trust strives to adopt best practice where it exists and ensures, for example, that a culture of continuous improvement is cemented and fostered across our organisation in preparation for future emergencies.
**Highlights of the Year**

**New ward opened and work has started to build additional operating theatres**

Plans for a £3.0m modular ward were announced in March 2020 with construction work starting in May 2020. In September 2020, the Captain Tom Moore Unit was officially opened by Mr Askew, who was the first patient to be treated in the unit.

The development, which cares for patients undergoing routine surgery, was built to increase hospital capacity and improve patient flow across our organisation, assisting our Trust to enhance patient experience. The building, which consists of two wards, was named the Captain Tom Moore Unit after more than 680 staff voted in favour of the name, in honour of the NHS fundraiser. The vote also determined the two ward names - ‘Mary Seacole Ward’ and ‘Florence Nightingale Ward’.

The unit is fully powered by electricity, which as of April 2021 have been on renewable green energy tariffs with reduced carbon footprinting. The light-emitting diodes (LEDs) within the department are using smart-technology which allows best possible energy efficiency with the lights varying with natural daylight using the minimum amount of power consumption without the need of manual switch on/off. The building also has half-hourly energy readings which are then provided to matrons on a monthly basis for review.

All water facilities within the building are Health Technical Memorandum (HTM) compliant and are monitored where possible. All waste streams are segregated to achieve best practice and reduced landfill/Co2 impacts.

In addition to the modular ward, local patients are going to benefit from a £6.2m investment in extra operating theatres in 2021/22. The two new permanent theatres will replace a temporary mobile theatre installed alongside the Captain Tom Moore Unit.

The building will also be a modular design, and benefitted from the involvement of a number of our surgeons and senior theatre staff to ensure the highest standards of clinical design and safety. Construction work started at the end of March 2021, with the theatres scheduled to become operational during summer 2021.

**’Letters for Loved Ones’ service launched**

In 2020, our Trust launched a brand new service to help provide vital communications between hospital patients and their loved ones.

During periods of 2020/21, as a response to the COVID-19 pandemic, we had to restrict visiting for families and friends. The ‘Letters for Loved Ones’ service provides a way for family members or friends to virtually send messages, letters and photographs to their loved ones in hospital. The service has been very successful with our Trust receiving in excess of 1,000 messages.

**Community support during the COVID-19 pandemic**

During the COVID-19 pandemic our organisation was amazed by the generosity and kindness of the local community, who made over 200 donations, and offered their services to provide food and gifts to our staff.

Our Fair Shares Strategy, implemented during the first wave of the pandemic, ensured departments and teams received an equal amount of the many wonderful donations we received from the community. The donations had a huge impact on staff morale, wellbeing and welfare. They varied from confectionary items to iPads from large commercial companies such as DPD, Iceland and Tesco to local businesses within Warwickshire, who wished to support the NHS and say thank you to those working on the frontline. Donations included:

- ‘Appoint Us’ services and various local churches within Nuneaton and Atherstone united together to create bespoke, personalised hampers for staff. Hampers consisted of tea, coffee,
confectionary items, toiletries and hand written well wishes thanking staff. The items encouraged staff to take a break, rest and recover - supporting their physical and mental wellbeing at work.

- McDonalds donated more than 200 breakfast muffins and hot drinks to staff during the peak of the first wave.
- DPD provided hospital wards with iPads to assist patients to communicate with their loved ones when essential visitor restrictions were in force. This supported the wellbeing and welfare of both patients and their families.
- Various local schools and nurseries within Nuneaton and Bedworth sent in personalised handwritten cards and messages for staff. The art work, which was distributed amongst ward areas, lifted staff spirits.
- Clarins donated more than 400 moisture packs to support physical wellbeing, encouraging self-care during the pandemic.
- Holland and Barratt donated more than 500 vitamin kits and energy drinks to ensure staff stayed healthy and energised.

Food stalls such as a fruit and vegetable stall and a meat van were also set up by local businesses on our hospital site to ensure staff could purchase food when shops had restricted opening times. D and R Meats, who ran the meat van, further supported our Trust by donating £3,000 of their profits to the GEH Charity to assist with health and wellbeing initiatives across our organisation.

**Using technology to adapt to COVID-19**

The COVID-19 pandemic has provided George Eliot Hospital NHS Trust with an opportunity to explore new ways of working with staff being actively encouraged to find new ways to provide care.

Throughout 2019/20 work had been underway to take advantage of digital technology as a means of working more efficiently and enabling patients to have an active and positive involvement in managing their health. However, the COVID-19 pandemic sped up these plans to ensure we could continue to provide first class care despite social distancing guidelines, visitor restrictions, increased home working and the stand down of some face-to-face services.

During 2020/21, we used technology to both support and develop services and enable many employees to work successful from home. These solutions included:

- Implementing an Emergency Department Digital Integration (EDDI) into the Emergency Department allowing the team to manage the flow of patients more efficiently.
- Launching electronic patient tracking (iAssets) to support contact tracing and bed management.
- Delivering over 2,930 video consultations for a variety of Trust services.
- Rolling out automatic/electronic observations – wireless observation machines that support the detection of early signs of deterioration, triggering escalation pathways.
- Delivering dietetic services virtually - a near-normal service was provided using numerous digital solutions including training for care homes.
- Implementing Electronic Interpreter Services has improved availability, access and quality of services.
- Embracing zoom events and social media has transformed the way our Maternity Parental Education Service interacts with and provides information to parents.

**‘Serenity Garden’ project**

In 2020/21 building work was carried out to create a purpose-built rehabilitation and therapy garden that will help patients and families affected by stroke and dementia.

The £167,000 ‘Serenity Garden’ project, funded entirely by charitable donations, was launched in June 2018 with the aim of offering people affected by stroke and dementia the chance to take part in a wide range of activities including pet, gardening and art and music therapy in an open space.
away from clinical areas. The garden, which is scheduled to open in 2021/22, is expected to benefit more than 3,000 patients and their friends and family each year.

Due to the Mayor’s Appeal raising approximately £16,000 towards the final project total, our Trust is looking forward to inviting the Mayor, if national COVID-19 restrictions allow, to visit the Serenity Garden in 2021/22. The money donated through the Appeal is being put towards the all-weather lodge and other equipment for the garden.

**Volunteer driver service implemented to help vulnerable patients**

In response to the pandemic, during April 2020 the Goodwill Driver Service was set up. This initiative consists of volunteers using their own vehicles to deliver essential medication, diagnostic devices, surgical appliances and belongings to shielding and vulnerable patients. It was then extended to include delivering medical notes and essential supplies such as Personal Protective Equipment (PPE) and other equipment to external clinical services across the county.

From April to August 2020 we were grateful for the support from Jaguar Land Rover (JLR). JLR, who provided drivers and vehicles, were crucial to our organisation meeting the demand for the service. During the height of the pandemic, deliveries were upward of 40 each day with 900 recorded (including collections) in the first quarter of 2020. By the end of quarter two the total had risen to 1,600 with the drivers travelling more than 10,000 miles.

The initiative has been a huge success, with our organisation continuing to receive positive feedback from patients and staff. With the on-going support of Trust volunteers the service is evolving all the time. The aim of the project during 2021/22 is to deliver small equipment to help prevent delayed patient discharges.

**Care Quality Commission awards ‘Good’ rating to Surgery Service**

In May 2020, we welcomed a report from the Care Quality Commission that rated our Surgery Service as Good.

While our Trust retained its overall rating of ‘Requires Improvement’, inspectors highlighted a range of examples of good practice within the service during their visit in March 2020. The inspection of the hospital’s other key services was suspended on Monday 16 March 2020 following the CQC’s national decision to halt all routine inspections to reduce the pressure on health and social care organisations during the COVID-19 pandemic.

During the report, surgery staff were praised for treating patients with compassion and kindness and for respecting their privacy and dignity while taking account of their individual needs. Trust staff also supported and involved patients, families and carers to understand their condition to make decisions about their care and treatment. The Surgery Service managed safety incidents well and learned from them – collecting information and using it to improve services. It also drew praise for working well together for the benefit of patients, advising them on how to lead healthier lives and using effective teamwork to deliver services that met individual patients’ needs.

Inspectors also noted that staff felt respected, supported and valued – understanding the service’s vision and remaining focussed on the needs of patients receiving care.

**COVID-19 specific developments**

To help keep patients, staff and the community safe from COVID-19, it was necessary for our Trust to implement new services and facilities to assist with tracing, testing and treating of local people.

The new services and facilities included:

- COVID-19 Contact Tracing – a robust COVID-19 Test and Trace service to ensure that all contacts of a staff or patient COVID-19 case were tracked.
Lateral Flow COVID-19 Testing Programme - asymptomatic COVID-19 testing was offered to all Trust employees. The rollout was supported by team of Trust volunteers.

COVID-19 Testing Facility (PODs) – a drive-through or walk-through COVID-19 testing facility was built to provide polymerase chain reaction (PCR) testing for staff and patients.

Oximetry@home Service – patients, who are suspected or confirmed to have the COVID-19 virus but are not unwell enough to be admitted to hospital, can access a home-based oximetry monitoring service. This virtual ward entails clinical staff monitoring and supporting patients for 14 days (or longer if necessary) to review symptoms and act upon patient deteriorations.

**Leading in developing Place-based Services**

Work began in the latter part of the financial year on developing a clinical strategy for our Trust. For the first time this was done at Place by collaborating with local health and care partners in Warwickshire North. The local population’s health is determined by wider issues that need our organisation to work together with Place and system partners to deliver seamless clinical care. Partnership is at the centre of the clinical strategy and reflects how we have engaged with partners to produce it. This strategy has been shaped by partners’ perspectives, experience, and expertise; and is endorsed by our Place Partnership.

**Government funding assisted with winter pressures**

On Tuesday 11 August, the Prime Minister announced during a visit to Wye Valley NHS Trust that our Trust, alongside South Warwickshire NHS Foundation Trust, would be assigned £5.0m to assist with winter pressures.

Our organisation’s allocated £3.0m is a share of £300.0m that was divided amongst 117 NHS trusts across the country. We used this funding to support the already planned Captain Tom Moore Unit development - to release pressure from the hospital’s ED with patients being seen and cared for quicker, leading to improved patient experience.

**Fab Change Day reflects success of improvement approach**

2020 saw our Trust enhancing our co-ordinated approach to improvement. Our new co-ordination cell supported a wide range of programmes and projects that saw us develop an effective ‘restoration, recovery and reset’ programme following the first wave of the COVID-19 pandemic.

Our organisation’s educational programmes for quality, service improvement and re-design (QSIR) shared a common approach to improvement across the Foundation Group as well as collating and reporting improvements from ‘Ward to Board’. The achievements were showcased using social media during the national NHS Fab Change day on 21 October 2020. Our #strongfoundation tweets reached more than 590,000 impressions, with a tweet reach of 102,000 during the day, and stimulated a number of staff to contribute with their own success stories.

**Performance results ranked our ED in a new high**

Following a number of operational and clinical changes in ED, we were nationally recognised as one of the best five performing EDs in England in July 2020.

A change in the department’s leadership structure in 2020 helped to drive a new management approach and bring the service in line with best practice nationally. Adjustments were made to the way the department prioritises the four hour target, and the team reorganised meetings, including introducing a new command and control structure, resulting in clear accountability and action tracking. The new management and clinical approach empowered staff to make decisions and quickly adopt new ways of working. This resulted in a dramatic turnaround for the department that had previously been in the bottom quartile of Trusts for achieving the national 4 hour target.
The changes also enhanced quality of care, and improved patient experience and flow within the hospital. They also improved staff morale and resulted in better working relationships across departments.

**One of the first organisations to deliver the Oxford/Astra Zeneca vaccine**

On Monday 4 January 2021, ahead of rollout to hundreds of GP-led services later that week, our Trust was chosen nationally as one of the first acute hospitals to start administering the Oxford/Astra Zeneca vaccine to staff.

Thanks to our successful vaccine programme, over 85 percent of our staff were vaccinated with their first dose during January/February 2021. On Monday 22 March 2021, we commenced our second vaccine dose campaign to ensure staff, volunteers and local social care staff were vaccinated against COVID-19 – to help protect patients and the local community from the virus.

**Digital funding boost**

Our Trust is one of six hospital trusts in the West Midlands to benefit from over £1.5m in government funding to roll-out digital shift planning, known as e-rostering systems.

The investment is part of a £26m national fund to have all NHS doctors, nurses and other clinical staff on e-rostering systems by 2021. E-rostering can save time and effort when redeploying staff by digitally matching staff skillset with patient care requirements and geography, while managing working hours and pay to save clinicians time and effort every week.

During the COVID-19 pandemic, e-rostering has proven instrumental when redeploying staff and reporting absences. NHS trusts have noted an increased desire by clinicians to implement e-rostering as a result.

**Army personnel support**

Between January and the start of March 2021, army personnel were deployed to our Trust to support with a number of tasks. This was to ensure clinical staff were able to focus on providing the highest level of care to patients and the local community, despite increased demand for services due to winter pressures and COVID-19.

Army personnel tasks included; general portering duties (assisting with patient moves from ED and wards to X-ray, to aid smooth transitions and speed up transfers), waste management, supporting distribution of medicines across the hospital and cleaning support (sterilising beds, assisting with rapid cleans and cleaning of wards, spaces and corridors helping to keep patients safe).

**Armed forces covenant signed**

In March 2021, we signed the armed forces covenant - committing the hospital to the principle that no member of the Armed Forces community should face disadvantage in the provision of health care compared to any other citizen.

The virtual signing ceremony took place at the hospital’s public Board Meeting in the presence of Brigadier Tim Hodgetts CBE QHS, Head of the Army’s Medical Services, and Lt Col. Guy Benson from the Veterans Covenant Healthcare Alliance - a group of more than 50 providers aiming to improve the healthcare veterans receive from the NHS.

By signing the covenant, the hospital promises to be an Armed Forces-friendly organisation to its staff, patients, suppliers, contractors and the wider public.
Operational Performance Overview

As with NHS organisations throughout England, the COVID-19 pandemic significantly impacted on our ability to provide the full range of Trust services to the local population during the 2020/21 financial year.

Following national and regional NHS guidance and discussions with Coventry and Warwickshire health and social care partners, many services were unavoidably disrupted, and in some cases stopped entirely during periods of 2020/21. This was to ensure we had the bed and staff capacity to care for COVID-19 patients safely and separately. To minimise the disruptions to patient care, where possible, we utilised available technology to continue to provide consultations and treat people virtually.

Our Trust placed a significant priority on continuing to treat cancer patients during 2020/21. However, as detailed below, people had concerns about attending a hospital during a pandemic, despite stringent measures and green (non-COVID-19) pathways being implemented by our Trust to extremely minimise a patient’s risk of being exposed to the virus. This, therefore, adversely affected cancer wait times.

It should be highlighted, however, that in spite of the considerable challenges the COVID-19 pandemic created during the 2020/21 financial year for all social and health care organisations, many performance indicators were met or many were higher than the expected range set for our Trust.

Between September – December 2020, we carried out work to recover services following the first wave of the COVID-19 pandemic. This project was regionally recognised as 'good' with performance above forecasted trajectories, which is a significant achievement for our organisation. However, the second wave then started impacting on this work. During February / March 2021, we once again started an extensive piece of work to safely restore our services and reduce patient waiting lists.

Operational performance report

For 2020/21, operational performance was reported through the Directorate Structure.

The Executive Team held a monthly Integrated Quality and Performance Meeting with the Directorates, with the aim of holding teams to account for delivery of quality, performance, workforce and financial standards. These were re-named the Finance and Performance Executive meetings during 2020 with the involvement of three Non-Executive Directors. This is part of our continued aim to create a culture of ‘Ward to Board’ accountability, as well as providing assurance that our Trust is delivering against key performance indicators and where necessary, we are able to develop credible plans where targets were not being met.

Where necessary, the Directorates would produce actions to improve performance and these would feed into the performance meetings that the Executive Team regularly hold.

These operational governance arrangements are reported through the monthly Integrated Performance Report, which was presented by exception to the Finance and Performance Committee and then through to Board level.

Throughout the year performance is monitored against a core set of national and local performance indicators. The following table (Figure 1.0) shows our results for the 2020/21 and where some of the standards have not been met a brief explanation is given as a footnote. Please note the circumstances that our Trust has operated within, due to COVID-19, has meant that it has been difficult to form a year on year and trend comparison and would, therefore, be of limited value.

The national targets will also remain the same for our Trust and all other NHS organisations for 2021/22. However, the impact of the pandemic has been significant. Our organisation and the NHS
are still managing this situation, and the effect on these targets during the next year is still being assessed and modelled.

With the future impact of COVID-19 being unpredictable we will need to continually review our Trust targets throughout 2021/22 with the aim of recovering our services successfully. Our 2021/22 objectives place a huge importance on working with local health and care partners to restore services in a way which is clinically-led, focuses on patient care and is fair and equitable.

**Figure 1.0: Outcome against of set performance standards**

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Standard</th>
<th>2020/21</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>19</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>55%</td>
</tr>
<tr>
<td>Cancer – 31 days (Patients receiving first definitive treatment within 31 days of a cancer diagnosis)</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 days² (Patients beginning their first definitive treatment for cancer within 62 days following an urgent GP referral for suspected cancer)</td>
<td>85%</td>
<td>66%</td>
</tr>
<tr>
<td>Cancer – 62 days from screening service</td>
<td>90%</td>
<td>63%</td>
</tr>
</tbody>
</table>

² Cancer – 62 days: Cancer Wait Times is a key priority of the Trust. Despite one pause in elective surgery during 2020/21 (March 2020 – September 2020, and reduced activity from January 2021 - March 2021), cancer activity continued with the implementation of safe pathways. However, Cancer Wait Times were still adversely affected as a result of the COVID-19 pandemic. The main reasons being:

- Patients postponing diagnostics/treatments due to concerns of being treated in a hospital caring for COVID-19 patients. This is despite patients being reassured that the Trust had implemented stringent measures, including safe Ultra Green (Non-COVID-19) Pathways and using the independent sector, to minimise the patient's risk of being exposed to COVID-19 while receiving cancer treatment. The number of patients not wanting to continue on their pathway, due to the pandemic, in July 2020 was, for example, circa 30 percent.

- Diagnostics capacity was reduced to 75 percent. This is due to the perceived capacity required to implement social distancing measures.

Further work continues with the Tumour Sites and Transformation Team supported by Coventry and Warwickshire Sustainability and Transformation Partnership (CWSTP) and the Cancer Alliance to streamline the pathways and reduce wait times. The Trust performance has been challenging against the 85 percent standard. The backlog of patients who exceed 62 and 104 days in their pathway significantly reduced from 136 over 62 day in May 2020 to 39 in January 2021. Equally the number of patients over 104 days in their pathway decreased from 32 to six in January 2021, all of which were awaiting surgery outside of the Trust.
<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Standard</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients seen in A&amp;E &lt;4 hours&lt;sup&gt;3&lt;/sup&gt;</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 (&lt;95th percentile)&gt;</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>
</tbody>
</table>

<sup>3</sup> Patients seen A&E <4 hours: The work undertaken to improve processes both within and outside ED across directorates has produced a better performance (12 per cent) for patients than in 2019/20. These changes are summarised below:

- Investment has resulted in medical recruitment success with nine consultants now in post with one vacancy remaining. The Directorate is now compliant with Royal College of Emergency Medicine (RCEM) standards for consultant cover with seven days service and Consultant cover in the department until midnight. Thus resulting in senior decisions earlier in the patients four hour journey.

- A number of work streams have been on-going looking at the process within ED and escalation; whilst these are not all completed the Trust has seen a definite upward trend in overall performance.

- The Directorate has also implemented an ED safety thermometer, with associated action cards for each Emergency Medical Service (EMS) level, to ensure assurance and consistent approach is taken to departmental crowding and mitigating risk.

- Breach analysis is undertaken daily and shared across our organisation; this allows for trend analysis and appropriate mitigation to be put in place but also further enhances the shared awareness of the Trust four hour standard. This work has also reduced 12 hour trolley waits to two in 2020/21 against the 45 demonstrated in 2019/20.

- Cross Directorate working to support flow of patients out of ED has been beneficial: SDEC pull/push model; SAU has now increased its operational hours to further complement care delivery.

- Ambulance handover times have reduced.

Looking ahead to 2021/22 further work is needed to:

- Enhance speciality availability whether through SDEC / SAU pathways or the availability of ‘hot clinics’ to support reduction in admission rates.

- Redesign the layout of the department to give overall net increase of 50 percent in rapid assessment capacity.

- Review medical and nursing models to further complement and enhance early decision making.
<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Standard</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke – time on ward&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient experience:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Treatment (RTT) incomplete non-emergency pathway (92nd percentile)&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>4</sup> Stroke – time on ward: The Stroke Service has been impacted by the COVID-19 pandemic. Whilst there has been an overall reduction of stroke admissions, results of COVID-19 status are required before being admitted to the ward. This creates a delay in the patient being transferred to the Stroke Unit and, therefore, decreases the overall time spent on the Unit.

Patients that are transferred elsewhere, due to their COVID-19 status, are still seen by the Stroke Team and a management plan is put in place.

Performance measures and the associated action plan are reviewed every month by the Stroke Team in their service meeting and escalated through the group governance meeting.

With the purchase and arrival of transportable side-rooms to meet the demand for specialty assessment areas including stroke, improvements are forecasted in quarter one of 2021. Further measures that have been implemented to achieve this forecast are:

- A re-launched Standing Operating Procedure (SOP) and a risk assessment were introduced in January 2021 to protect stroke assessment beds.
- The team started enhanced education training in January 2021 to reduce the number of ‘stroke mimics.’ This results in a lower overall number of stroke alerts. The training will become a regular rolling programme as part of induction.

However, it is expected in autumn 2021 the reconfiguration of Stroke Services at George Eliot Hospital NHS Trust will cease and all acute strokes will be treated at University Hospital Coventry and Warwickshire (UHCW), including the Transient Ischemic Attack (TIA) Service. George Eliot Hospital NHS Trust would become a non-acute stroke site and provide the protected rehabilitation part of the stroke pathway.

<sup>5</sup> Referral to Treatment (RTT) incomplete non-emergency pathway (92nd percentile): The Covid-19 pandemic has meant that most elective activity was ceased from March 2020 for several weeks, developing significant patient waiting times for most specialties.

Service “pauses” included face to face clinics, diagnostics and routine surgery. However, alternative methods of seeing patients safely were developed:

- All inpatient and outpatient Patient Treatment Lists were reviewed in April 2020 at specialty level to determine patient priority level.
- Most services now provide all routine follow up appointments and two week wait first appointments virtually.
- Some services have also recently introduced video consultations, Telemed, and this is planned to roll out across the Trust with ‘attend anywhere’ technology in the very near future.

Although services were restored in May 2020 full “normal” capacity was limited:

- Beds were reserved for cancer and clinically urgent procedures that had developed a backlog during the first wave of the pandemic.
- Theatre capacity was also reduced from 70 sessions per week to fewer than 20, as staff supported ITU.
- Measures to mitigate COVID-19 risks also reduced the number of patients a theatre list could have. Additional time was required between patients for air flow changes and increased cleaning regimes. This reduced capacity resulted in further backlogs in all specialties.

In April 2020, there were 1,451 patients waiting over 41 weeks in their pathway. (continued p20)
### Performance indicator

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Standard</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients offered an appointment to Genito-Urinary Medicine (GUM) Clinic within 48 hours</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Patients seen in GUM Clinic – access within 48 hours</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td>Percentage of patients whose operations were cancelled for non-clinical reasons on the day of admission</td>
<td>80%</td>
<td>-</td>
</tr>
<tr>
<td>Mixed sex accommodation</td>
<td>0</td>
<td>41</td>
</tr>
</tbody>
</table>

### 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% |

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### Health equality

The Warwickshire North Place Executive committed to the establishment of a Programme Delivery Group.

The Warwickshire North Place Delivery Group has promoted the equality of service delivery by establishing an Equality Impact Assessment (EQIA) process at Place, led by our Trust’s Coordination Cell. During a series of programme ‘health checks’, programme leads have provided assurance of completing EQIAs. All healthcare partners are required to complete a Stage One EQIA for all projects as per their organisation’s policy. Any projects requiring a Stage Two EQIA are brought to the Warwickshire North Place Delivery Group for review.

In addition, we are using Population Health Management approaches to inform the development of longer-term plans to address underlying causes of health inequalities. Also, we are developing a Place Dashboard to include various data fields, with the focus to improve our use of measures for improvement, and ensure datasets are complete and timely to respond to health inequalities.

Similarly, within our organisation, a Quality Impact Assessment policy (QIA) is currently being developed by us. Phase II of the process will incorporate an equality assessment as part of a single process, moving QIA to EQIA. Processes, templates, and roles and responsibilities around QIA’s have been reviewed and upon completion and approval, Trust-wide training will be launched in conjunction with revised business planning training.

Furthermore, a key priority for Warwickshire North Place is to address the wider determinants of health. As part of this programme, a Health Inequalities Work Group has been established to support Place ambitions to reduce health inequalities and build health inequalities into the foundations of

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5 Following the first wave of the pandemic, 1,200 of the over 40+ week patients had breached 52 weeks by September 2020.

In September 2020, the Captain Tom Moore Unit opened, providing an extra 30 elective General Surgery, Urology, Gynaecology and Trauma and Orthopaedics (T&O) beds in two 15 bedded wards. Surge capacity was created in T&O, Oral Surgery, and Ophthalmology and over a 12 week period more than 1,000 of the 52 week breaches were treated. However, from the end of December 2020 elective surgery was once again restricted due to COVID-19 pressures and 52 week breaches reached approximately 1,200 again.

A planned restoration of service recommenced on Monday 22 February 2021. This piece of work will progress throughout 2021/22, as circumstances and capacity will allow. Additional Theatre capacity was provided through the Captain Tom Moore Unit, an additional modular unit, in 2020/21. In summer 2021 this will be expanded thanks to the two theatre units being built.
work at Place. Our Director of Nursing, Daljit Athwal, is the Senior Responsible Officer for this programme of work. The key priorities identified include: smoking cessation; children’s obesity; mental health; and learning disabilities. In addition, the Health Inequalities Work Group contribute to the wider efforts to meet the requirements of Integrated Care Systems and requirements set out under NHSE ‘Phase 3 Pandemic Recovery Priorities: Health Inequalities’. The group is accountable to Warwickshire North Place Executive, and it has links to the Coventry and Warwickshire STP Health Inequalities Group, Warwickshire Health and Wellbeing Board, and Warwickshire North Health and Wellbeing Partnership.

The COVID-19 Response at our Trust has also highlighted the promotion of equality of service delivery. For example, personal risk assessments were completed by all staff in July 2020. This included an Equality, Diversity, and Inclusion assessment. Furthermore, the COVID-19 vaccination programme prioritised staff vaccinations based on personal risk assessments. This included targeted engagement with our staff networks (Black Asian and Minority Ethnic (BAME), Disability, Age, Gender, Faith, and LGBTQ+). Furthermore, for all service recovery and change initiatives we have implemented an EQIA process as part of the change process.

In addition, our organisation has completed a briefing to Trust Board regarding Joint Strategic Need Assessment (JSNA) local profiles, shared the Public Health developed COVID-19 Needs Assessment Lessons Learned, and are currently reviewing how to embed this learning in our service development plans as part of the business planning process for 2021/22.
Performance management framework

Throughout the year using a balanced scorecard approach, set Key Performance Indicators (KPIs) that are reflective of the Care Quality Commission’s five key themes to assess care services and the NHS Oversight Framework are used to support the performance management framework.

Detailed performance reports are reviewed at our Finance and Performance Executive meetings each month, with the Integrated Performance Report then being presented at Board level. Any identified risks that may impact on the achievement of key standards, are evaluated using our corporate risk assessment process, then, where appropriate, included in our Trust’s risk register and managed closely thereafter through established risk management processes. Our processes for risk management and our key risks are outlined in pages 34-39.

Each year, the KPIs are reviewed and the scorecards aligned to reflect changes to national standards and local targets, thereby ensuring we monitor performance effectively over the course of the year.

Key financial performance information

The following summary of financial performance during 2020/21 is drawn from the Annual Accounts, which can be found on page 1-45 of the standalone document.

The Department of Health and Social Care assesses our Trust’s performance against the following four targets, all of which have been achieved.

1. **Income and Expenditure:**
   As a minimum our Trust is required to break even each year. In 2020/21 we achieved a surplus of £0.1m and therefore met this target.

2. **Capital Cost Absorption Rate:**
   Within its overall expenditure, our Trust is required to pay the Department of Health and Social Care a sum equivalent to 3.5 per cent of average net relevant assets. This payment is known as the Public Dividend Capital (PDC) dividend payment. Our Trust incurred Public Dividend Capital of £1.8m in 2020/21, equivalent to 3.5 percent of the average net relevant assets position.

3. **External Financing Limit:**
   This refers to the agreed amount of cash that our Trust is allowed by the Department of Health and Social Care to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. Our Trust is expected to stay below our External Financing Limit (EFL) and in 2020/21 it achieved this, spending minus £25.1m (2019/20 £16.2m) against a target of minus £8.6m (2019/20 £16.2m), an under spend against the limit of £16.5m.

4. **Capital Resource Limit:**

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6 **Safe:** you are protected from abuse and avoidable harm. **Effective:** your care, treatment and support achieves good outcomes, helps you to maintain quality of life. **Responsive:** services are organised so that they meet your needs based on the best available evidence. **Caring:** staff involve and treat you with compassion, kindness, dignity and respect. **Well-led:** the leadership, management and governance of our organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
This is a limit which is imposed by the Department of Health and Social Care on the level of capital expenditure that we can incur in the year. Our Trust should maintain its’ spend at or below this level. We spent £17.5m (2019/20 £7.6m) against a limit of £17.5m (2019/20 £7.7m, see note 47 to the accounts).

**Valuation of Trust Land and Buildings:**

The value of our Trust’s land and buildings has been assessed by an independent professional valuer. It is based on an alternative site Modern Equivalent Asset (MEA) valuation, undertaken specifically in accordance with the HM Treasury guidance which states that such valuations are an option if our Trust’s service requirements can be met from the alternative site, or smaller area on the same site. The last valuation was undertaken on this basis on 1 April 2016. The value of our Trust’s land and buildings each year is then subject to revaluation through a desk top exercise including a review of expenditure on buildings during the year.

- Other key financial information includes the following:
  - 36,129 invoices were paid during the year, of which 31,470 were paid within 30 days of receipt of goods or a valid invoice (whichever is the later). Our Trust is required to pay 95 percent of invoices within 30 days, and although performance has improved significantly over the year, we did not achieve this target, reporting 87 percent of invoices paid within 30 days at the end of March (2019/20 62 percent).
  - Against a turnover of £210.1m, our Trust delivered a surplus of £0.1m in year with the cumulative position therefore remaining at loss of £71.6m.
  - The accounts for our Trust were produced in line with the 2020/21 Department of Health and Social Care Group Accounting Manual (GAM).

**Charitable Funds**

In 2020/21, donations came from many different sources, including NHS Charities Together, members of the community, patients, carers and local organisations. Support for the Charity has remained strong throughout the pandemic; although fund raising activity has been restricted and some planned fund raising events have been deferred. The total amount donated was £304,832 including contributions from NHS Charities Together of £149,500. Expenditure from the fund, from total resources, was £324,959.

The range of donations received varied from a few pounds to several thousand and a wide variety of fundraising activities have benefited the Charity. Our Trust is extremely grateful for donations of any size.

During the year the funds have been spent in a variety of ways. Some examples include:

- A new ultrasound system has been funded for the Chronic Pain Department
- New end of bed trolleys and humidifiers have been purchased for the Intensive Care Unit
- Nebulisers for Respiratory
- An ultrasound probe to assist with early breast care diagnosis
- Laparoscope for use in Theatres
- Trolleys for use in Endoscopy
- Blood pressure monitors for the Oncology Unit and a new access hatch to improve patient confidentiality and safety
- New visitor chairs for the Coronary Care Unit
- The charity has also supported funding a Response Volunteer Co-ordinator during the year.

The NHS Charities Together Grants awarded funding for:
• Mental health and resilience training to assist detecting early signs of workplace stress and taking positive action to support staff.
• The redevelopment of the Chapel into a more diverse, multicultural area with new artwork, altar table and chairs.
• Wellbeing initiatives with Nurses Day celebration mugs for nursing staff, appreciation books for staff shielding and appreciation cards for all staff members during the pandemic.
• An arts therapy programme to support staff resilience, relaxation and mental wellbeing
• Improvements to rest areas around the site.

The Charity contributed funding of £80k towards the Serenity Garden project. Construction of the Serenity Garden is scheduled to be completed in April 2021. The area will include installation of the stroke rehabilitation area and new surfacing for the dementia therapy area, retaining walls and wheelchair accessible flower beds with sensory plants.

The Serenity Garden will help prepare patients for discharge by increasing the patient’s confidence in becoming as independent as possible, recover their mobility, progress their general health and mental well-being which will improve their quality of life outside the hospital.

League of Friends

The hospital’s League of Friends, have been supporting the hospital with donations of essential medical equipment and funding to enhance patient comfort whilst in our care for over 65 years. They raise money from the two tea bars they run in the hospital as well as donations, legacies and sale stalls at the hospital.

Due to COVID-19 pandemic and many League of Friends volunteers shielding, the tea bar was closed during 2020/21. However, or Trust is looking forward to welcoming back the League of Friends to the hospital in 2021/22. Plans are in place to refurbish their tea bar into a modern, welcoming facility that will be valued by visitors, staff and patients. We are eternally grateful for their continued funding support to the hospital and the patients we serve.

Patient Forum

The necessary access restrictions imposed during the lockdown meant that our Patients Forum had to use alternative methods to maintain contact and support. Forum members used MS Teams to stay in contact with key committee meetings and activity groups ensuring the voice of the patient was heard. The Forum also continued its strong support for our Serenity Garden project through the year. We thank members of the Patient Forum who became volunteer drivers for us during the past year.

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 £228,090.7

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 TTO’s from pharmacy and bring them 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 help 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 to staff on the frontline.

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 waiting to be 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.

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

7 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).
Section 2 – Financial Accountability Reports

Overview
It is the responsibility of the Directors of our Trust to prepare the Annual Report and Accounts. The Trust Board considers that the Annual Report and Accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess our Trust’s performance, business model and strategy. The information presented within this accountability report has been produced in accordance with Department of Health guidance and we have ensured that we have met all regulations in terms of reporting arrangements.

Corporate Governance Report

Directors’ Report

Changes to the Board of Directors
There have been no changes to the Trust Board during 1 April 2020 to 31 March 2021.

The role of our Trust’s Board
The purpose of our Trust’s Board is to govern effectively and in doing so build patient, public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:

- in the quality and safety of health services
- that resources are invested in a way that delivers optimal health outcomes
- in the accessibility and responsiveness of health services
- that patients and the public can help to shape health services to meet their needs
- that public money is spent in a way that is fair, efficient, effective and economic.

The Board demonstrates leadership by undertaking three key roles:

- **Formulating strategy** for our organisation
- **Ensuring accountability** by:
  - holding our organisation to account for the delivery of the strategy
  - being accountable for ensuring our organisation operates effectively and with openness, transparency and candour and by seeking assurance that the systems of control in place are robust and reliable.
- **Shaping a healthy culture** for the Board and our organisation.

The Executive Team
Executive Directors take the lead in developing strategic proposals, drawing on professional and clinical experience. They lead on the implementation of strategy within functional areas and manage performance within their area.

Executive Directors also actively support and promote a positive culture for our organisation and reflect this in their own behaviour, nurturing good leadership at all levels. They take principle responsibility for providing accurate, timely and clear information to the Board and lead on engagement with specific internal or external stakeholder groups.
Glen Burley
Chief Executive
(voting member, joined July 2018)

Glen Burley was appointed to the role of Chief Executive on 16 July 2018 and also holds the Chief Executive position at both South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust. The three Trusts form the Foundation Group and therefore as Glen divides his time across three sites, a Managing Director at each Trust in the Foundation Group has responsibility for direct operational management and running of the hospital on a day-to-day basis.

David Eltringham
Managing Director
(voting member, joined July 2018)

The Managing Director is responsible for the day to day management of our Trust on behalf of the Chief Executive - leading the Executive Team and Chairing our Trust Management Board. This role encompasses internally and externally the development and implementation of our Trust strategy, the management of relationships, engagement with staff and stakeholders and embedding partnerships with key stakeholders to our organisation, overseeing all communications activity across our Trust and the delivery of the Board Assurance Framework.

Haqnawaz Khan
Director of Finance
(voting member, joined December 2017)

The Director of Finance takes a central role in ensuring the development and governance of financial strategies and policies to support the delivery of patient care for the Trust Board. A key member of the Trust Board’s Executive Team, providing advice on all matters of financial and charitable fund management, probity and governance.

The Director of Finance leads discussions with commissioners on behalf of our Trust to establish robust contractual arrangements for Trust Services; this includes all service level agreements (SLAs) and the nursing and midwifery bursary (NMB) contracts.

They provide effective and professional leadership to the Finance and Performance Directorate.

The post holds specific responsibility as the executive lead for the performance framework, planning and finance management. The Director of Finance acts as the Lead Executive in support of the Chairs of the Audit Committee and the Finance and Performance Committee (until the Committee was disbanded on 6 October 2020).

The Director of Finance has responsibility for the estates strategy including site planning and transformation, for procurement, clinical coding, data quality, our Trust information team and is the Senior Information Risk Owner (SIRO).

Daljit Athwal
Director of Nursing
(voting member, joined February 2018)

The Director of Nursing is responsible for the quality, safety, patient experience, governance and productivity of all clinical services and ensuring our Trust’s nursing, midwifery and allied health professional (AHP) workforce strategy meets the flexible and changing demands on professional workforce skills and competencies.

The Director of Nursing provides professional leadership for nursing, midwifery and AHPs, advising the Board on all aspects of professional practice for these groups. They are also the Accountable Officer for controlled drugs (CDs) and the Director of Infection Prevention and Control (DIPC).
The Director of Nursing is responsible for adult and children’s safeguarding, Prevent\(^8\), patient and public involvement and experience, risk management, infection prevention and control, the development and management of our Trust volunteer strategy, smoking cessation and the management of the complaints and chaplaincy teams. The Director of Nursing leads on the development and delivery of systems and processes which relates to Clinical Governance within our Trust. The Director of Nursing acts as the Lead Executive in support of the Chair of the Quality Assurance Committee.

Catherine Free  
**Medical Director**  
(voting member, joined October 2017)

The Medical Director role includes specific responsibility for the development of a forward thinking clinical and quality strategy for our Trust. They are responsible for leading and directing our Trust’s medical workforce, patient safety and mortality, end of life care, clinical audit, research and development, job planning, revalidation and medical education and training.

The Medical Director is the Responsible Officer for Medical Revalidation, is responsible for the clinical sign off of complaints and acts as our organisation’s Caldicott Guardian.

Stephen Collman  
**Director of Operations**  
(non-voting member, joined February 2019)

The Director of Operations is responsible for co-ordinating and delivering performance against national and local clinical operational and performance standards. The Director of Operations is responsible for ensuring that there is an operational structure in place which has the capacity and capability to lead services to deliver against these standards. This role provides high profile leadership which adheres to the core values of our Trust, with responsibility for ensuring the delivery of safe and high quality patient care by each of the clinical divisions and directorates through a robust system of planning, service delivery and performance management.

The Director of Operations is responsible for the leadership of service development, elective and emergency care transformation and productivity and efficiency. The Director of Operations has a key role to play in integration with the wider health and social care system to ensure it is fully developed in line with the overarching corporate strategy.

The Director of Operations leads on estates, facilities and security management, hotel services, health and safety, mental health, radiation protection and emergency preparedness.

Gertie Nic Philib  
**Associate Director of People**  
(non-voting member, joined March 2020)

The Associate Director of People works with the Director of Human Resources for our Trust and South Warwickshire NHS Foundation Trust, and has responsibility for Human Resources, Education and Learning at Trust Board and Executive level for our Trust.

The Associate Director of People oversees the development and delivery of the workforce strategy and implementation plans and acts as the Board’s Expert Advisor on Human Resources, Employment Tribunal activity, organisational development and education, learning and training. This includes the provision of a strategic and professional advisory service for our Trust in respect of people management, staff experience, and engagement, and development and demonstration of our

\(^{8}\) Prevent focuses on all forms of terrorism and operates in a 'pre-criminal' space. The Prevent strategy is focused on providing support and re-direction to individuals at risk of, or in the process of being groomed/radicalised into terrorist activity before any crime is committed.
Trust’s value pledges at all times. In addition, the role covers workforce health and wellbeing, occupational health, recruitment and retention, equality and diversity, workforce planning and information, employment legislation and medical staffing.

The Associate Director of People also acts as the executive lead for Freedom to Speak Up and is the Chief Knowledge Officer for our Trust.

**Jenni Northcote**

**Director of Strategy, Service Improvement and Primary Care**  
*(non-voting member, joined November 2019)*

The Director of Strategy, Service Improvement and Strategy is responsible for developing and leading our Trust’s strategy formulation, business planning, Programme Management Office (PMO) and Transformation Programme. This includes interpreting relevant national and local strategy, policy and guidance, learning from other organisations and reviewing our Trust’s own policies and frameworks. The role is also responsible for commissioning and undertaking original research, and being able to perform complex and rigorous statistical and financial analysis.

**Non-Executive Team**

Non-Executive Directors bring independence, external perspectives, skills and challenge to strategy development. They hold the Executive Team to account for the delivery of strategy and offer purposeful, constructive scrutiny and challenge. They also act as chairs and participants of Board Sub-Committees with responsibility for scrutiny of strategies and plans and the provision of assurance to the Trust Board that such plans are being delivered, and that the reasons for non-delivery are understood and suitable constructive actions are being taken.

Non-Executive Directors actively support and promote a healthy culture for our organisation and reflect this in their own behaviour helping to provide visible leadership within our organisation. They also satisfy themselves of the integrity of financial and quality intelligence including getting out and about to observe and talk to patients and staff. However, during 2020/21, due to the COVID-19 pandemic, the Non-Executive Directors were unable to carry out face-to-face visits so instead identified opportunities to virtually meet with staff. The Non-Executive Directors also ensure the Board acts in the best interests of patients and the public.

The non-executive team has included the following members during the 2020/21 year.

**Russell Hardy – Chairman**  
Chairman since 1 April 2019

**Julie Houlder – Non-Executive Director and Vice-Chair**  
Non-Executive Director since 1 May 2016

**Glynis Washington - Non-Executive Director**  
Non-Executive Director since 1 April 2018

**Rebecca Khanna - Non-Executive Director**  
Non-Executive Director since 1 April 2018

**Anil Majithia - Non-Executive Director**  
Associate Non-Executive Director from 1 April 2018, Non-Executive Director from 1 September 2018

**Simone Jordan - Non-Executive Director**  
Non-Executive Director since 29 October 2018
Board Sub-Committees

Audit Committee
The Audit Committee is a Sub-Committee of the Trust Board whose principal purpose is to assist the Board in ensuring that it receives proper assurance as to the effective discharge of its full range of responsibilities. Its duties include providing an independent and objective review of our Trust’s systems of internal control, including financial systems, financial information, governance arrangements, approach to risk management and compliance with legislation and other regulatory requirements, monitoring the integrity of the financial statements of our Trust and reviewing the probity of all Trust communications relating to these systems.

NED Membership of the Committee in 2020/21:
Julie Houlder (Chair)
Rebecca Khanna
Anil Majithia

Finance and Performance Committee (until 6 October 2020)
The Finance and Performance Committee was a Sub-Committee of the Trust Board until 6 October 2020. The Committee’s purpose was to ensure that financial and operational performance was effectively managed and controlled within our Trust.
To ensure ‘Ward to Board’ accountability for Trust finance and performance improvements, the Trust Board agreed to reconstitute the Finance and Performance Committee at its meeting on 6 October 2020. The Committee’s business was devolved between the newly established Finance and Performance Executive (which is not a Board Sub-Committee), Quality Assurance Committee and Trust Management Board. A report outlining the arrangements of the Finance and Performance Executive and devolvement of business was submitted to Audit Committee on 26 January 2021 and Trust Board on 2 February 2021.

Nominations and Remuneration Committee
The Nominations and Remuneration Committee is a Sub-Committee of the Trust Board, whose purpose is to determine appropriate remuneration and terms of service for the Chief Executive and Executive Directors. It also regularly reviews the structure, size and composition (including skills, knowledge and experience) required of the Board and will make recommendations to the Trust Board as appropriate, regarding any changes.

NED Membership of the Committee in 2020/21:
Russell Hardy (Chair)
All Non-Executive Directors

Quality Assurance Committee
The Quality Assurance Committee is a Sub-Committee of the Trust Board that ensures that all issues relating to quality governance, clinical quality and patient safety are considered in a holistic and integrated way.

NED Membership of the Committee in 2020/21:
Glynis Washington (Chair)
Simone Jordan
Rebecca Khanna

Foundation Group Strategy Sub-Committee
The Foundation Group Strategy Sub-Committee is a Sub-Committee of the Trust Board and operates as a ‘Committee in common’ between the three Trusts in the Foundation Group. Its purpose is to advise the Trust Board on all matters relating to identifying and sharing best practice at pace.

NED Membership of the Committee in 2020/21:
Julie Houlder
## Register of Interests

<table>
<thead>
<tr>
<th>Board Member Name</th>
<th>Role</th>
<th>Description of Interest 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Voting Members</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daljit Athwal</td>
<td>Director of Nursing</td>
<td>Nil Return</td>
</tr>
</tbody>
</table>
| Glen Burley       | Chief Executive | Chief Executive - Wye Valley NHS Trust  
|                   |                  | Chief Executive - South Warwickshire NHS Foundation Trust  
|                   |                  | Spouse Practice Nurse at Rother House Medical Centre |
| David Eltringham  | Managing Director | Married to Group Director of Nursing Sandwell & West Birmingham Hospitals NHS Trust |
| Catherine Free    | Medical Director | Nil Return – I do not undertake any private practice |
| Russel Hardy      | Chairman | Chairman and majority owner of Maranatha 1 Ltd (trading as Fosse Healthcare Limited and Fosse ADPRAC)  
|                   |                  | Chairman of Cherished  
|                   |                  | Chairman of South Warwickshire NHS Foundation Trust  
|                   |                  | Chairman of Wye Valley NHS Trust |
| Julie Houlder     | Non-Executive Director | Non-Executive Director - Derbyshire Community Health Services NHS Foundation Trust  
|                   |                  | Chair - Josiah Mason Trust  
|                   |                  | Associate - Charis Consultants Ltd (currently working in Sheffield Health and Social Care and Manx Care)  
|                   |                  | Director - Windsor Academy Trust  
|                   |                  | Owner/Director of Elevate Coaching Limited |
| Simone Jordan     | Non-Executive Director | Managing Director - Simone Jordan & Associates Ltd  
|                   |                  | Nottingham Business School – Visiting Fellow  
|                   |                  | Non-Executive Director - Royal Orthopaedic Hospital  
|                   |                  | De Montfort University - Honorary Senior Lecturer  
|                   |                  | Member of CIPD – Chartered Institute of Personnel and Development |
| Haq Khan          | Director of Finance | Member of HFMA  
|                   |                  | Member of CIPFA |
| Rebecca Khanna    | Non-Executive Director | Company Secretary -Raj Khanna Associates Ltd  
|                   |                  | Accreditor - Royal College of Occupational Therapists  
|                   |                  | Partner Visitor - Health and Care Professions Council  
|                   |                  | Owner - Shared Wisdom Ltd  
|                   |                  | Community Governor - Kind Edward VI College |
| Anil Majithia     | Non-Executive Director | Governor, Vice Chair, and Chair of Audit Committee - North Warwickshire and South Leicestershire College  
|                   |                  | Member/Non-Executive Director - Leicester and Leicestershire Enterprise Partnership  
|                   |                  | Trustee & Chair of Governance Committee - The Air Ambulance Service  
|                   |                  | Chair, Regional Advisory Board, Canal and River Trust East Midlands |
| Glynis Washington | Non-Executive Director | Nil Return |
| **Non-Voting Members** |      |                              |
| Stephen Collman   | Director of Operations | Nil Return |
| Sarah Collett     | Trust Secretary | Trust Secretary at South Warwickshire NHS Foundation Trust |
| Gertie Nic Philib | Associate Director of People | Appointed to Director of People and Organisation Development across GEH and SWFT from June 2021 |
| Jenni Northcote   | Director of Strategy, Service Improvement and Primary Care | Substantive role with the Clinical Commissioning Group, with a Honorary contract with George Eliot Hospital NHS Trust to undertake a joint role as Director of Strategy Service Improvement and Primary Care |
Statement of the Chief Executive’s responsibilities as the Accountable Officer of our Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which our Trust’s auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity’s auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Glen Burley
Chief Executive
7 June 2021
Statement of directors’ responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of our trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of our trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust’s performance, business model and strategy.

By order of the Board

Glen Burley
Chief Executive
7 June 2021

Haqnawaz Khan
Finance Director
7 June 2021
Governance Statement 2020/21

1. Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of our Trust’s policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that our Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

2. The Purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of our Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in our Trust for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to handle risk

The Board has established the following governance arrangements for risk management:

- **Chief Executive:** As Accountable Officer, takes Board-level responsibility for governance, including risk management, and has overall responsibility for maintaining an effective risk management system and for meeting all statutory requirements. Executive directors and clinical directors have delegated responsibility for governance and risk management arrangements within their areas of control.

- **Trust Board:** The Trust Board and Chief Executive ensure that the risk management arrangements are implemented, monitored and reviewed, and meet all legal and regulatory requirements. The Board receives reports from the Audit Committee and the Quality Assurance Committee on our Trust’s risk control measures.

- **Audit Committee:** monitors the effectiveness of the risk management arrangements (operational, non-clinical and financial) on the Board’s behalf.

- **Quality Assurance Committee:** a sub-committee of the Trust Board. It has responsibility for managing, mitigating and monitoring risks in relation to quality and safety.

- **Finance and Performance Committee:** was a sub-committee of the Trust Board until 6 October 2020 when the Board agreed to reconstitute the Committee and establish a Finance and Performance Executive, which is an Executive-level meeting. The Finance and Performance Committee had responsibility for monitoring both financial and operational performance which included the management of financial and workforce risks to ensure targets were met. The financial and operational risks are now reviewed by the Finance and Performance Lead Non-Executive Director and workforce risks are now reviewed by the Quality Assurance Committee. The Finance and Performance Executive is a key meeting for providing accountability on quality, operational performance, workforce and finance from the Directorates. It ensures that quality and governance, and financial and operational performance is effectively managed and controlled within the Directorate structure as well as providing support with resolving issues outside the Directorates’ control.

- **Information Governance Group:** Our Trust has an established Information Governance Group, with responsibility for overseeing day-to-day information governance issues, developing and maintaining policies, standards, procedures and guidance, and reviewing
related issues and risks, reporting to the Trust Management Board. The Medical Director, our Trust’s Caldicott Guardian, supported by the Information Governance Manager, is responsible for the establishment of policies for the control and appropriate sharing of patient information with other agencies. The Director of Finance is the appointed Senior Information Risk Owner (SIRO) and chairs the group.

- **Executive Risk Committee:** This Committee was established in May 2019 and is responsible for ensuring that the Risk Management Strategy is implemented effectively and that there are core processes in place to manage risks across our organisation.

### 4. The risk and control framework

Our Trust has adopted an integrated framework for risk management supported by policies and procedures. This framework maps the key risks to our Trust’s principal and strategic objectives, and to Care Quality Commission (CQC) outcomes, where applicable. These are referenced to the risk register to ensure the potential risks that threaten the achievement of our Trust objectives are identified. The framework also highlights the existing control measures and assurances in place.

The Risk Management Strategy is approved by the Board and reviewed annually. The strategy identifies the flow of risks from Board to ward and vice versa. It is published widely and includes:

- the aims and objectives for risk management in our Trust;
- the relationship between the relevant committees and their responsibilities;
- the role of key individuals with responsibility for advising on and co-ordinating risk management activities;
- risk appetite;
- a description of the processes that our organisation employs in reviewing risk management arrangements and in gaining assurance on risk management; and
- guidance on what is acceptable risk to our organisation.

The strategy defines the risk management process including risk identification, analysis, and evaluation and requires that all hazards are assessed and risks recorded in a standard format risk register and prioritised using a consistent scoring methodology.

Risk appetite is determined by the amount of risk exposure or potential adverse impact from an event that our organisation is willing to accept, tolerate, or be exposed to at any point in time. In order to achieve the strategic objectives of our Trust, the Trust Board considered tolerance levels and thresholds that define acceptable and unacceptable levels of risk.

The Risk Management Strategy was reviewed and approved by the Board in July 2019. The strategy clearly states that it is the responsibility of all staff to identify and communicate risk through the line management structure and, ultimately, to the appropriate committee. This responsibility is reinforced through annual statutory update training. Directorates are required to maintain systems and processes that enable them to operate within the Risk Management Strategy.

The risk management system is continually reviewed to ensure that robust systems are in place at all levels within our Trust. The risk register is an integral part of the system.

Arrangements for validating and managing the treatment of risk are managed at directorate level. Risks which cannot be managed within directorate resources are escalated and discussed at the Executive Risk Committee.

The Executive Risk Committee (ERC) is an executive board, with responsibility for promoting local responsibility and accountability. It monitors the risk management process across our Trust, and the risk assessment and assurance arrangements within the directorates.
To ensure robust risk management processes are adopted across the Trust, ERC receives on a rotational basis a report from the Chair of the Directorate Governance Groups highlighting all extreme (20-25) and high (12-16) risks on the directorate risk register.

In addition the ERC reviews all risks detailed within the Corporate Risk Register and, on a quarterly basis, reviews the Board Assurance Framework. This enables our Trust to ensure an effective level of internal control, safety and quality.

Communication and consultation is undertaken with internal and external stakeholders when appropriate. Our Trust has continued to develop communication channels with its partners, and within the Trust. Regular reports are prepared for directorates and divisions, the Quality Assurance Committee and the Trust Board on the incidents reported, both clinical and non-clinical.

All identified risks which involve public stakeholders, including the CQC, Clinical Commissioning Groups (CCG) and NHSI/E, have been dealt with in an open and transparent way, using the appropriate recording mechanisms and communication with the public.

Our Trust involves stakeholders by informing and consulting on the management of any significant risks. Stakeholder involvement is sought through:

- monthly public Board meetings and information provided on our Trust's website (www.geh.nhs.uk);
- a wide range of communication and consultation mechanisms which already exist with relevant stakeholders, both internal and external;
- consultation on appropriate policy documents – stakeholders have the opportunity to comment on the risk elements; and
- the Community Engagement Group’s role has changed during this year to ensure that members are responsive to current stakeholder engagement needs, have the right contacts, commitment and capacity to fulfil their roles and are able to actively respond to an increased level of stakeholder engagement. The panel members have no statutory or legal powers, but act as an important link to the hospital membership and the wider community.

There is a fully established Internal Audit programme approved by the Audit Committee in the Internal Audit Work Plan, and the Audit Committee receives reports which provide assurance of our Trust’s key internal control objectives. The Internal Auditor presents an Annual Audit Opinion to inform those charged with governance on the overall level of assurance for the system of internal control. Internal Audit recommendations are tracked in a system to record action taken and completed.

Our Trust has an established counter fraud service, provided by a Local Counter Fraud Specialist (LCFS). In addition to investigation work, the LCFS also carries out an agreed amount of proactive work at our Trust, which includes fraud awareness presentations and workshops, review of Trust policies and procedures to identify the key areas of fraud risk, and production of newsletters and articles to inform staff of local and national counter fraud work and investigations.

The LCFS regularly attends the Audit Committee meetings and reports back to both the Director of Finance and Performance and the Audit Committee on any proactive or reactive work undertaken at our Trust. Please refer to page 43-44 below for information on work completed in 2020/21.

Control measures are in place to ensure that all of our Trust’s obligations under equality, diversity and human rights legislation are complied with. Our Trust has an Equality and Diversity Forum, sponsored by a Non-executive Director and chaired by the Managing Director. Its purpose is to promote equality of opportunity, treatment, dignity and respect for all patients, colleagues and members of the communities that our Trust serves. The group advises and makes recommendations to the Trust Board, committees and other groups on equality and diversity matters, compliance with
statutory and other requirements and areas for improvement. In addition our Trust has established seven staff networks to promote equality and ensure all colleagues have a voice.

Our Trust policy on the development of policies ensures that all Trust policies must be equality impact assessed before seeking approval from the Board.

All matters relating to People which includes colleague experience, workforce planning, resourcing, employee relations education, learning and organisational development are presented to the Quality Assurance Committee (QAC) and Trust Board. In addition, matters relating to workforce performance are supported and monitored through the Finance and Performance Executive (FPE) meeting. This reporting enables Trust Board to take assurance on the effectiveness of the People and Workforce activity being undertaken to provide high quality, safe and effective patient care, which includes staff experience, workforce planning, resourcing, employee relations education, learning and organisational development.

Trust Boards are required to oversee workforce issues and understand the detail of any risk to safe high quality care. Through the QAC and FPE our Trust has received assurance on staffing levels for all staff groups, including nurse staffing which is well developed following National Quality Board (NQB) 2016 guidance. Nurse reporting includes monthly reports on safe staffing, which includes recruitment and retention as well as 6 monthly reporting on acuity reviews. Assurance on medical staff deployment has been achieved through monthly reporting on medical workforce numbers along with recruitment activity, Guardian of Safe Working quarterly reports, Job planning updates and Appraisal and Revalidation reports. Our Trust continues to support work across the Foundation Group to assess any gaps against the 2018 “Developing workforce safeguards” and take appropriate action to respond to and address the gaps.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme’s regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments in to the scheme are in accordance with the scheme’s rules, and that the scheme’s member records are accurately updated in accordance with the timescales detailed in the Regulations.

Our Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). Our Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. In addition, we now adhere to Greener NHS Plan ‘Delivering a Net Zero Health Service’.

This year’s investment has included further improvement to site-wide LED installations, using smart-tech technology. Our Trust has continued to upgrade Building Management System software to allow greater control over building utilities and thus reducing emissions and improving energy efficiency. Our Trust has also reduced waste throughout the site, mainly in general waste terms which further improves emissions and disposals. Our Trust intends to install electric vehicle charging points and solar panelling in the future to gain more energy efficiencies.

Our Trust is fully compliant with the registration requirements of the Care Quality Commission. Following the latest CQC inspection in December 2019, the CQC issued our Trust with three regulatory actions. Whilst a number of improvements had been noted, the CQC’s overall rating for our Trust remained the same as the previous inspection: Requires Improvement. Actions have been implemented to both address the areas highlighted by the CQC and ensure continuous improvement where the CQC identified good practice. Our Trust has an overall improvement plan which is formally monitored on a monthly basis by Directorate Teams and the Trust Board.

Our Trust has an on-going internal CQC self-assessment process, which continues to undertake unannounced inspection visits to areas, wards and departments. This provides the Trust Board with
on-going assurance on compliance or highlights areas of non-compliance and ensures action plans are completed to address any concerns or issues raised. This is monitored through the Quality Assurance Committee. Our Trust operates a Serious Incident Requiring Investigation (SIRI) system where incidents are recorded and investigated, and action is taken to prevent similar incidents in the future. Serious incidents and Never Events (should they occur) are investigated and reported to the Quality Assurance Committee and discussed and signed off by the Medical Director at a monthly Serious Incident Group. They are also reported to the Trust Board’s private session on a monthly basis and to the public session on a quarterly basis.

Risk assessment

Our Trust has adopted an approach to risk management with the structures and processes in place to successfully deliver the risk management objectives. Leadership arrangements are defined within our Trust and are supported by job descriptions and objectives.

Leadership has been further embedded at directorate level, where managers have responsibility for risk identification, assessment and analysis. All staff are required to complete mandatory and essential update training, which covers risk management, risk assessments and health and safety training. All new members of staff are required to attend a mandatory induction (supplemented by local induction), which covers all key elements of risk management, including Freedom to Speak Up.

Our Trust has a Board Assurance Framework (BAF) that is part of the regular performance reporting and management arrangements, both to the Board and its sub-committees. The BAF provides a comprehensive framework for the management of the principal risks to delivering our Trust’s strategic objectives. The framework examines the system of internal control and records the actions to be taken to address gaps in control and/or assurance. During 2020/21 the process and format of the BAF was revised. The new quarterly review process ensures the Executive Directors undertake a review of their risks prior to submission to the appropriate Board Sub-Committee for scrutiny of their respective elements. Comments are then captured in the BAF before submission to the Executive Risk Committee for challenge and overall review of the BAF. Once the comments from the Executive Risk Committee have been captured, the BAF is locked down and submitted to Trust Board on a quarterly basis. The Audit Committee considers the assurance on the process being in place and live. During 2019/20 an audit of the BAF and Risk Management processes was undertaken, which provided reasonable assurance, and the findings and actions were taken forward during 2020/21.

The framework identified areas where the control framework needed improvement, the risks which may hamper the implementation of our Trust and Foundation Group objectives and to provide assurance that these were being managed and mitigated. One ‘red’ risk was identified which related to the risk of plans not being in place to effectively respond to COVID-19 and to manage its impact. Action plans were put in place to mitigate the risks and to make improvements to controls. These were routinely reported to the Quality Assurance Committee and the Finance and Performance Lead Non-Executive Director which included:

- delivery of long and short terms financial plans;
- developing and embedding a robust quality improvement and learning culture within our Trust;
- maintaining a workforce, appropriate culture and ensuring staff are appropriately trained to create excellent staff experience and to excel at patient care, and
- ensuring pathways are available for discharging patients in a timely and safe manner.

Simplification of the funding mechanisms for 2020/21 meant that financial targets were agreed for the first half and then the second half of the year. The priority for the first half of the year was responding to the requirements of managing the pandemic. Our Trust has been funded to cover the
additional unplanned costs of responding to COVID-19. Delivery of savings targets was required in the second half and our Trust met the targeted level of savings.

Our Trust is working with the STP to agree joint plans which will improve the financial sustainability across the local healthcare region.

Our Trust undertook work during the year in order to prepare for the exit from the EU. DHSC EU Exit Operational Guidance was followed. In addition, regional teams coordinated and provided guidance, followed by auditing, to ensure compliance. Following EU exit, our Trust is managing the impact on staff currently employed and will continue to monitor the risks of access to skilled staff in future, identified as a low risk. The impact on supply of consumables and drugs has been minimal. Although some increased costs are being experienced, this is also due to supply issues arising from the global impact of COVID-19.

Our Trust identified the risk of COVID-19 towards the end of 2019/20 The detailed risk register was updated to ensure that all key risks were recorded together with the actions that have been put into place to manage these risks. Early in March 2020 the Trust actioned the established major incident procedure and business continuity plans to manage the initial outbreak followed by the introduction of a command structure which operates at three levels. The Gold command level is a daily meeting of directors with responsibility for oversight, decisions required at executive level and interacting with the wider regional healthcare system to ensure a co-ordinated response. Silver and bronze meetings take place at a tactical and operational level throughout each day, providing a forum for issues to be escalated quickly and for decisions to be made appropriately. Key issues considered include staff cover, the availability of personal protective equipment and the requirement for additional items, as well as the capacity management of patients in the hospital and the level of oxygen supplies. Whilst being introduced at pace, this structure has worked effectively throughout the year, being scaled back only when required in response to the national incident management levels.

The Board is satisfied that our Trust has plans in place which aim to comply with existing targets where ever possible and where performance does not meet the target our Trust has plans to recover this position as quickly as possible without compromising patient safety. The Board also has a commitment to comply with all known targets going forward. The Board will ensure that our Trust operates effectively at all times. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Trust Board, and that all Board positions are filled, or plans are in place to fill any vacancies. The Board is satisfied that all Board members have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability. All Board members complete a ‘Fit and Proper persons’ declaration annually.

In addition to the Board Members Register of Interests, our Trust has also sought updated declarations of interests (including nil returns) from all decision-making staff, as per its Managing Conflicts of Interests policy.

Our Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff within the past twelve months, as required by the ‘Managing Conflicts of Interest in the NHS’ guidance.

5. Review of economy, efficiency and effectiveness of the use of resources

Our Trust has a number of processes in place to ensure that resources are used economically, efficiently and effectively. Our Trust has an established process for budget setting, monitoring and reporting. A new finance and procurement system was implemented in February 2020 and has now been in place for a full year. Internal Audit has reviewed the financial systems during the year with a focus on general ledger and asset management. Recommendations were made to improve the
coverage of physical asset verification and the disposal process. In addition, the Board reviews the scheme of delegation annually to ensure it is appropriate for the on-going management of resources.

NHSI undertook a ‘Use of Resources’ assessment at our Trust in February 2020 and the report with the final conclusion was received in May 2020. The report made recommendations in eight areas and our Trust has developed action plans to deliver improvements in these areas. Although some actions have been impacted by the focus on responding to COVID-19, progress is being monitored and reported on regularly.

Following the NHS introduction of simplified financial arrangements for providers in 2020/21 our Trust planned for and achieved a break even position for the first half of the year. A plan was prepared for the second six months which resulted in a planned deficit of £2.1m. With an improved performance and additional income from the STP of £1.2m, our Trust has delivered a surplus for the year of £0.1m. Our Trust met the efficiency savings target, delivering £1.8m of savings in year. However, our Trust remains in cumulative deficit and does not yet have a financial recovery plan in place.

The NHSI planning process for 2020/21 was delayed from the usual planning timescales in order to continue with focus on management of the pandemic. Attention has now turned to restoration of services and maximising the activity delivered. Our Trust has prepared an interim budget in anticipation of the funding guidance and based on run rates, which has been approved by the Trust Board. The budget will be revised and updated in line with the planning guidance and the agreement of plans with the STP.

In recent years, external auditors have been required to issue an annual Section 30 letter to the Secretary of State for Health because our Trust has not met its statutory duty to break even over a five year period. Although our Trust has achieved breakeven for this year and the prior year, the cumulative deficit over this period means that a letter will be required to inform the Secretary of State that our Trust is in breach of its statutory breakeven duty for the five years ended 31 March 2021.

New audit requirements mean that the external auditors will carry out enhanced audit work to establish whether proper arrangements are in place for securing economy, efficiency and effectiveness in the use of its resources. External audit will then report on any significant risks to achieving this and areas where proper arrangements cannot be evidenced. A detailed commentary will be included in the Annual Audit Letter and this will be published on our Trust’s website alongside our Trust’s Annual Report.

6. Information Governance

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.

For the 2019/20 toolkit our Trust has a small number of outstanding assertions to meet the standards. Our Trust’s current status is “Standards not met – Improvement plan accepted”. An improvement plan has been submitted and accepted by NHS Digital which details how the Trust will complete the remaining outstanding assertions which are scheduled for completion in May 2021.

The 2020/21 toolkit submission is scheduled for June 2021.

The Trust self-reported eight incidents to the Information Commissioners Office (ICO) during the year. All of the incidents have been investigated by the Trust internally and steps have been taken to prevent repeat incidents. Through their investigations, the ICO have determined that no further actions are necessary from them for all of the reported incidents.
The Trust has not had any enforcement notices or undertakings from the ICO within the financial year.

7. Data quality and governance

The Trust has recently purchased a Referral to Treatment (RTT) Management system, Patient Pathway Plus (PPP). The PPP is being used by all operational and data quality teams, this facilitates to validate RTT pathways and ensuring pathways are accurate for reporting.

Additionally, the Data Quality team have a comprehensive suite of reports available to enable it to identify themes and patterns of poor operational processes for correction and also to provide validation of admitted care stop-clacks each month.

The Data Quality team undertakes regular audit on all elements of the elective waiting list pathways, any discrepancies are investigated and highlighted to the relevant directorate for action. Training needs are identified and supported by the Data Quality team.

8. Review of the effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality Assurance Committee, and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust Board reviews its governance arrangements every year. This included a review of the Trust’s Standing Orders and Standing Financial Instructions, which contain the scheme of delegation. Also the use of the Trust’s seal, Fit and Proper Persons annual declarations, Directors’ Register of Interests and updates of all Board Sub-Committee Terms of Reference. These were all reviewed and considered by the Board in April 2021.

In 2018, the Trust commissioned a developmental review from NHS Improvement on the function and structure of its Board Sub-Committees, which included a desk-top review of three months past papers and related documents and the observation of one Committee meeting. The output reports from this review were used to improve and develop the Board Sub-Committees throughout 2018/19 and 2019/20.

In March 2021, Internal Audit undertook a review of the Trust’s governance reporting structure. The aim of the review was to provide assurance over the revised governance and reporting structures to ensure there were no items of business which had been lost in transition, and that the revised governance structure was operating efficiently and effectively. The review concluded with substantial assurance.

Board reporting

The Board meets monthly throughout the year in public and private. A performance report is received each month with performance overviews provided by the director responsible for performance in each area and the risks reviewed. During 2019, the Board changed the delegated responsibility for approving any changes to Trust policies from the Trust Management Board to the Policy Review Group. The Policy Review Group is chaired by the Managing Director and the first monthly meeting was scheduled to be held in April 2020 but this was deferred due to operational challenges and the first meeting was held in July 2020. The Group reviews, amends and ratifies changes to Trust policies
with a summary report to the next Board meeting. The Board receives updates from the chair of each Board Sub-Committee following individual Committee meetings highlighting the key points discussed and any issues which require escalation. This includes a report from the Chair of the Audit Committee. The Board reviews and approves the terms of reference for each Board Sub-Committee on an annual basis and receives a formal Annual Report and effectiveness review from the Audit Committee.

As part of the national NHS response to the COVID-19 outbreak, the Chief Operating Officer at NHS England and NHS Improvement sent a letter to all NHS Providers and Commissioners on 28 March 2020. This provided guidance to support organisations to free-up management capacity and resources as much as possible, to prioritise what is necessary to manage the response to the COVID-19 pandemic. Our Trust’s Chairman and Chief Executive also produced a protocol for the continuation of Board and Board Sub-Committee business to be used across the Foundation Group.

In accordance with the guidance, the Trust Board and Board Committee’s agendas and reports were streamlined for the meetings in April and May 2020 to ensure they focussed on key business and the meetings were held virtually. Meetings continued to be held virtually for the remainder of 2020/21 due to government guidance for managing the COVID-19 pandemic. To help demonstrate good governance, a list of Trust Board reports that have not met the scheduled submission, in accordance with the Schedule of Business due to the impact of COVID-19, was held to ensure all business was considered by the Board with a revised date of submission.

**Board effectiveness**

The Board has a process in place to regularly review the effectiveness with which it operates. A Foundation Group-led procurement process was in place for an external Well-Led review to take place in 2020 but due to the Coronavirus pandemic, this was put on hold and should recommence for the review to take place in 2021. Governance arrangements are also subject to review by Internal Audit annually. In the past 12 months, internal audit reviews have included the data security and protection toolkit which is an advisory audit reviewing the robustness of the evidence to support self-assessment against assertions and information governance standards. An audit of the Board Assurance Framework (BAF) and Risk Management was undertaken in March 2020 which provided reasonable assurance. Also an audit of the governance report structure at Board level was undertaken in March 2021 which provided substantial assurance.

The NHS Chief Executive and Chief Operating Officer wrote to the Chairs of all NHS organisations on 17 March 2020 to communicate the ‘important and urgent – next steps on NHS response to COVID-19’. Within this letter, it was recommended that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust. It was also emphasised that the maintenance of financial controls and stewardship of public funds will remain critical during the NHS response to COVID-19. Internal audit therefore undertook an advisory review in this area as agreed with the Director of Finance.

The Board has been assured that there are robust mechanisms to ensure that the evidence to support compliance is in place and available, and is routinely monitored and reported upon within the Trust’s governance and performance management framework.

**Internal controls review process**

The process that has been applied to maintain and review the effectiveness of the system of internal control was as follows:

The Trust’s Audit Committee approved an annual internal audit programme and received all internal audit reports. The Committee, with the support of the Quality Assurance Committee, reviewed the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole organisation’s activities (both clinical and non-clinical), that
supported the achievement of our organisation’s objectives. In March 21, the Committee submitted an Annual Report for the financial year to the Trust Board which highlighted the work of the Committee with regard to the final accounts, risk management and the Board Assurance Framework and progress made on improving the system of internal control. The report concluded a successful and effective year. The committee reviewed its own effectiveness in accordance with the Healthcare Financial Management Association (HFMA) Handbook for NHS Audit Committees and reviewed its Terms of Reference.

The Quality Assurance Committee, on behalf of the Trust Board and Chief Executive, reviewed the establishment and maintenance of an effective system of risk management across the whole Trust’s activities (both clinical and non-clinical) that supports the achievement of our Trust’s objectives with regard to quality. The effectiveness of the Committee will be reviewed as part of the annual process and its work plan has been reviewed as part of a streamlining process to reduce duplication and ensure the Committee focuses on key areas.

The Quality Assurance Committee receives quarterly reports from the Clinical Audit and Effectiveness Team and monitors our Trust’s participation in local and national clinical audit and national confidential enquiries. Directorates receive a quarterly report from the Clinical Audit Department as part of a directorate governance meeting highlighting audit progression, audit findings and issues. This enables the directorate management team oversight and ownership of their audit programme.

The Internal Audit’s review of our organisation’s overall arrangements for gaining assurance has concluded that:

“One our organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective”.

The work performed by Internal Audit during 2020/21 has again been driven by a robust planning process, which included a focus on particular areas of potential weakness identified by our Trust. In addition, a review of Financial Governance arrangements under COVID-19 was undertaken early in the year to provide assurance on the adequacy of arrangements during this exceptional period. Our Trust has ensured that Internal Audit reviews have been completed to plan wherever possible, with deferrals due to operational priorities being agreed by the Audit Committee. There was one area where only partial assurance has been given – duty of candour (compared with three in the prior year). Three of the actions arising from this audit have been fully implemented with the remaining actions being in progress. Internal audit provide an update on completion of actions at each Audit Committee meeting. Where it has been necessary to revise action dates, these have been subject to challenge and approval at executive director level and changes are highlighted in internal audit’s progress reports. The Audit Committee has also introduced post implementation review presentations from management following internal audit reviews to identify whether recommended actions have been implemented and to see the sustained improvements in ways of working. The Committee has received an update from management on the progress made following the internal audit report on discharge management, in addition to falls quality improvement and urgent and emergency care improvement plans.

With regard to counter fraud and corruption arrangements during 2020/21, there have been seven new referrals and four referrals were brought forward from the prior year. Seven have been concluded, two are pending closure and two remain on going. One of the investigations currently ongoing has a potential value of fraud in excess of £100k.

The Local Counter Fraud Specialist (LCFS) has supported our Trust to ensure that investigations are carried out promptly and efficiently. In addition, the LCFS has continued to carry out proactive
work at our Trust in line with NHS Counter Fraud Authority Standards, to prevent, detect and deter fraud and bribery within the NHS and to also raise awareness of the role of the counter fraud specialist within our Trust and the NHS as a whole. The self-assessment of compliance with the NHS Counter Fraud Authority Standards rated our Trust as green but this may be subject to change following the recent release of the new Government Functional Standards, against which our Trust will be assessed in May 2021.

The heightened risk of fraud arising from the pandemic has been highlighted and communicated throughout our Trust, with specific examples and advice being given to areas as these risks emerge. Notably, the LCFS team delivered virtual interactive awareness sessions for Trust staff to access as part of Fraud Awareness Month. The sessions comprised of a general fraud awareness session for an all staff audience, and also specific sessions created for finance, procurement, and recruitment staff. This proactive work has helped to establish an effective anti-fraud and anti-bribery culture and zero tolerance approach within our Trust that is fully supported by the Trust Board.

There have been many alerts and fraud warnings received again during the year, which have been circulated to relevant Trust staff for awareness and or risk mitigation purposes. NHS CFA has seen over 800 reported cases of fraud linked to the pandemic, with the most common examples being falsified staff sickness; cyber enabled vaccine fraud and other cyber fraud; and other vaccine-related abuses. Whilst there has been a small increase in fraud referrals received at our Trust during the past year, none of these are linked to COVID-19.

**Learning from incidents**

Our Trust seeks to learn from incidents to develop good practice. Incidents are discussed in a number of forums, including the Medicines Safety and Optimisation Committee, Serious Incident Group, Review of Harm group, Directorate Governance meetings, and at Board Sub-committee and Board level.

During the past 12 months (1st April 2020 to 31st March 2021), our Trust recorded 60 serious incidents, which is a 30 per cent increase from 2019/20, presented at the Serious Incident Group.

Our Trust also reported 1 Never Event.

The largest single trend was pressure ulcers with 15 reported which is comparable to the 5 reported in 2019/20. The second largest trend was patient falls, with 14 reported comparable to 19 reported in 2019/20.

Each incident has been investigated using Root Cause Analysis (RCA) and actions put in place to reduce the likelihood of re-occurrence. The Care Quality Commission (CQC) and NHS Resolution (NHSCR) consider trusts who are high reporters of incidents to have a better and a more effective safety culture.

In 2020/21, a total of 5,676 incidents were reported, which shows a decrease of 23 percent on the previous year. To promote incident reporting, the governance team is working closely with the Directorates to improve incident reporting, identify learning points and provide feedback to staff. Also, our Trust is initiating a Patient Safety Culture programme during early 2021.

To ensure lessons are learnt and shared, all RCA reports are discussed at the Serious Incident Group (SIG) meeting. This multi-disciplinary group, chaired by the Deputy Medical Director, is well-versed in providing challenge in a supportive environment. The group meets once per month and reports into the Quality Assurance Committee. To supplement the SIG meetings, additional table top meetings take place with the multidisciplinary team involved in the patients care. They are pro-active meetings that enable timely learning to be shared across our organisation and to establish a root cause of the incident. Our Trust has proactively implemented a Pressure Ulcer Serious Incident
Group and Falls Group, to allow the sharing of learning and implementation of actions Trust-wide, to reduce and prevent pressure ulcer prevalence and reduction of incidence of falls.

The function of the groups is to review all serious incident reports to ensure a comprehensive investigation has been undertaken; ensure lessons learnt have been identified and shared within our Trust. The groups also monitor implementation of action plans developed to minimise the risk of reoccurrence. This is then fed back to directorate governance meetings, and to ward or departmental monthly meetings to ensure that lessons learnt are shared across our Trust.

Examples of shared learning from incidents include:

1. **Management of a Patient with the Bleeding Disorder Von Willebrand Disease**
   An investigation undertaken by the Medicine Directorate concluded that that medical staff were not aware of the correct management of patients with a bleeding disorder, therefore awareness needed to be raised across our Trust. A teaching session was delivered to the Medicine Grand Round in July 2019 by the Consultant Haematologist, Haemophilia Centre Director at UHCW.

   A new alert facility was also added to the Lorenzo system, so that patients with a bleeding disorder can be flagged on our Trust electronic Clinical Portal.

   A Safety Notice was sent to all Directorates across our Trust to ensure all medical staff are aware of the guidelines and the alert on the clinical systems for these patients.

   This was further shared at the Directorate Governance meetings and cascaded to all medical staff within the Directorates.

2. **Management of Patients who have Fallen and Occult Hip Fractures**
   A patient had visited the Emergency Department at George Eliot Hospital NHS Foundation Trust and was subsequently discharged. Whilst getting into a taxi the patient fell and returned to the Emergency Department. An X-ray was taken and no abnormality was noted although the patient did continue to have pain. Later the patient presented again to the Emergency Department due to the unresolved pain, and a CT scan confirmed a fracture to her neck of femur. The root cause was identified as the X-ray being interpreted as normal. Occult hip fracture was not considered in the presence of severe pain, when the patient was trying to raise her leg and on mobilising.

   Learning was supported by guidance from the Royal College of Emergency Medicine. The lesson learned and shared was that when a plain film X-ray shows no fracture and a patient still has severe pain, an occult hip fracture may be evident, and a CT scan should be ordered to identify or discount this.

**Conclusion**

I am pleased to report that, based on the opinion of Internal Audit; George Eliot Hospital NHS Trust has an adequate and effective framework for internal control that supports the achievement of its policies, aims and objectives with no significant internal control issues identified.

Appropriate arrangements are in place for discharge of the Trust’s statutory functions. These ensure that any potential issues are highlighted to the Board and that our Trust is legally compliant with its statutory responsibilities.

By order of the Board

Glen Burley, Chief Executive, 7 June 2021
Remuneration and Staff Report

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation’s workforce.

The banded remuneration of the highest paid director in our Trust during 2020/21 was £160,000 - £165,000 (2019/20: £155,000-£160,000). This was 6.0 times (2019/20: 6.5 times) the median remuneration of the workforce, which was £26,970 (2019/20 £24,214). The small change in the multiple year-on-year is due to the increase in median pay, following the annual pay award. In addition, although in both years the highest paid director was the Medical Director, there has been a small change in the banding of the highest paid director year-on-year.

The median pay and highest paid director pay has increased slightly due to the annual pay award only.

In 2020/21, the range of annualised remuneration was between £343 and £265,281 (2019/20: £54 and £206,214). This calculation excludes agency staff as the Trust does not compile data in a form where it would be able to extract remuneration for agency staff by individual. Ten employees (2019/20: seven) received remuneration in excess of the highest paid director. The highest remuneration at this level is due to annualising medical consultant sessions to a full time equivalent basis and additional locum hours worked by these consultants.

Total remuneration includes salary, non-consolidated performance-related pay and benefits in kind. It does not include employer pension contributions and the cash equivalent transfer value of pensions.
**Directors’ Remuneration**

The following tables (at Figures 2.0 / 2.1 / 2.2) show the remuneration and pension benefits of the directors during the financial year and the prior year.

This information is subject to audit.

**Figure 2.0: Salaries and Allowances 2020/21**

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<thead>
<tr>
<th>Name and Title</th>
<th>2020-21</th>
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<td>Salary (bands of £5,000)</td>
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<td>- OTHER EXECUTIVE DIRECTORS</td>
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<td>Haqnawaz Khan</td>
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<td>Catherine Free</td>
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<td>Daljit Athwal</td>
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<td>Simone Jordan</td>
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<td>Non Executive Director</td>
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Note 1. Russell Hardy is an employee of South Warwickshire NHS Foundation Trust. His costs are the total costs incurred by our Trust.

Note 2. Glen Burley is an employee of South Warwickshire NHS Foundation Trust. His costs are the total costs incurred by our Trust.

Note 3. The amounts disclosed in the ‘All pension-related benefits’ column do not represent any amount that will be received by the employee. It is simply a calculation which is intended to provide an estimate of the benefit that being a member of the NHS Pension Scheme could provide.
### Figure 2.1: Salaries and Allowances 2019/20

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<tr>
<th>Name and Title</th>
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<th>Performance pay and bonuses (bands of £5,000)</th>
<th>Long term performance pay and bonuses (bands of £5,000)</th>
<th>All pension-related benefits (bands of £2,500)</th>
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<td>17.5-20.0</td>
<td>135-140</td>
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<tr>
<td>Director of Finance And Performance</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Catherine Free</td>
<td>155-160</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>32.5-35.0</td>
<td>190-195</td>
</tr>
<tr>
<td>Medical Director (Note 3 below)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stephen Collman</td>
<td>110-115</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5.0-7.5</td>
<td>120-125</td>
</tr>
<tr>
<td>Director of Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daljit Athwal</td>
<td>105-110</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>17.5-20.0</td>
<td>125-130</td>
</tr>
<tr>
<td>Director Of Nursing (Note 4 below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NON EXECUTIVE DIRECTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anil Majithia</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elizabeth Washington</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Julie Houlder</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rebecca Khanna</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simone Jordan</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note 1. Russell Hardy is an employee of South Warwickshire NHS Foundation Trust. His costs are the total costs incurred by our Trust.

Note 2. Glen Burley is an employee of South Warwickshire NHS Foundation Trust. His costs are the total costs incurred by our Trust.

Note 3. Having previously been in post as the Interim Director of Nursing, Daljit Athwal was appointed as substantive Director of Nursing from 1 May 2019.

Note 4. The total remuneration for the Medical Director includes £23,597 which related to the performance of a clinical role.

Note 5. The amounts disclosed in the ‘All pension-related benefits’ column do not represent any amount that will be received by the employee. It is simply a calculation which is intended to provide an estimate of the benefit that being a member of the NHS Pension Scheme could provide.
Note 1. Glen Burley is an employee of South Warwickshire NHS Foundation Trust. His pension details are disclosed by them. Our Trust is recharged for his services.

Staff Report

Staff numbers and costs

The table below (Figure 2.3) shows the total staff costs for 2020/21 consisting of permanent and other temporary staff. These figures are subject to audit.

Figure 2.3: total staff costs

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Real increase in pension at pension age</th>
<th>Real increase in pension lump sum at pension age</th>
<th>Total accrued pension at pension age</th>
<th>Lump sum at pension age related to accrued pension</th>
<th>Cash Equivalent Transfer Value at 31 March 2021 (bands of £2,500)</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAIRPERSON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Russell Hardy Chairperson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>- CHIEF EXECUTIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Glen Burley Chiefs Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Chief Executive (note 1 below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>David Eltringham Managing Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-2.5</td>
<td>0</td>
<td>50-55</td>
<td>115-120</td>
</tr>
<tr>
<td>- OTHER EXECUTIVE DIRECTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Hasnawaz Khan Director of Finance And Performance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.5-5.0</td>
<td>0-2.5</td>
<td>40-45</td>
<td>80-85</td>
</tr>
<tr>
<td>Catherine Free Medical Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-2.5</td>
<td>0</td>
<td>40-45</td>
<td>90-95</td>
</tr>
<tr>
<td>Stephen Collman Director of Operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0-2.5</td>
<td>0</td>
<td>45-50</td>
<td>115-120</td>
</tr>
<tr>
<td>Daljit Atwal Director Of Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>NON EXECUTIVE DIRECTORS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Anil Majithia Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Julie Houlder Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Simone Jordan Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Rebecca Khanna Non Executive Director</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Salaries and wages 92,634 2,597 95,231 83,283
Social security costs 9,282 3 9,285 8,483
Apprenticeship levy 437 437 398
Employer's contributions to NHS pension scheme 15,093 8 15,101 13,601
Temporary staff 20,540 20,540 16,650
Total gross staff costs 117,446 23,148 140,594 122,425
Recoveries in respect of seconded staff 117,446 23,148 140,594 122,425
Of which
Costs capitalised as part of assets 262 38 300 350
The table below (Figure 2.4) shows the total average whole time equivalent staff numbers, compared with the previous year.

**Figure 2.4: Average number of employees (whole time equivalent basis)**

<table>
<thead>
<tr>
<th>Band</th>
<th>Permanent Number</th>
<th>Other Number</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and dental</td>
<td>246</td>
<td>123</td>
<td>369</td>
</tr>
<tr>
<td>Ambulance staff</td>
<td>2</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Administration and estates</td>
<td>484</td>
<td>63</td>
<td>547</td>
</tr>
<tr>
<td>Healthcare assistants and other support staff</td>
<td>612</td>
<td>66</td>
<td>678</td>
</tr>
<tr>
<td>Nursing, midwifery and health visiting staff</td>
<td>648</td>
<td>95</td>
<td>743</td>
</tr>
<tr>
<td>Scientific, therapeutic and technical staff</td>
<td>202</td>
<td>19</td>
<td>221</td>
</tr>
<tr>
<td>Healthcare science staff</td>
<td>11</td>
<td>-</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total average numbers</strong></td>
<td><strong>2,205</strong></td>
<td><strong>366</strong></td>
<td><strong>2,571</strong></td>
</tr>
<tr>
<td><em>Of which:</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of employees (WTE) engaged on capital projects</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>

The table below (Figure 2.5) shows staff headcount by banding and table (Figure 2.6) shows the percentage of staff by grade as at February 2021. Non- Agenda for Change (AfC) relates to staff who are outside the AfC contract (such as medical staff, executives, ad-hoc salaries etc).

**Figure 2.5: Staff headcount by band**

<table>
<thead>
<tr>
<th>Payscale</th>
<th>Headcount</th>
<th>Percentage of Staff in Band</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band 2</td>
<td>774</td>
<td>29.08%</td>
</tr>
<tr>
<td>Band 3</td>
<td>210</td>
<td>7.89%</td>
</tr>
<tr>
<td>Band 4</td>
<td>166</td>
<td>6.24%</td>
</tr>
<tr>
<td>Band 5</td>
<td>503</td>
<td>18.90%</td>
</tr>
<tr>
<td>Band 6</td>
<td>367</td>
<td>13.79%</td>
</tr>
<tr>
<td>Band 7</td>
<td>257</td>
<td>9.65%</td>
</tr>
<tr>
<td>Band 8a</td>
<td>69</td>
<td>2.59%</td>
</tr>
<tr>
<td>Band 8b</td>
<td>14</td>
<td>0.53%</td>
</tr>
<tr>
<td>Band 8c</td>
<td>13</td>
<td>0.49%</td>
</tr>
<tr>
<td>Band 8d</td>
<td>4</td>
<td>0.15%</td>
</tr>
<tr>
<td>Band 9</td>
<td>2</td>
<td>0.08%</td>
</tr>
<tr>
<td>Non-AfC</td>
<td>283</td>
<td>10.63%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>2,662</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>
Age profile
The table and graph below (Figure 2.7 and 2.8) shows the percentage of George Eliot Hospital NHS Trust workforce in each given age range.

Figure 2.7: Percentage of workforces in each given age range

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Headcount</th>
<th>GEH percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>15</td>
<td>1%</td>
</tr>
<tr>
<td>20-29</td>
<td>465</td>
<td>17%</td>
</tr>
<tr>
<td>30-39</td>
<td>598</td>
<td>22%</td>
</tr>
<tr>
<td>40-49</td>
<td>588</td>
<td>22%</td>
</tr>
<tr>
<td>50-59</td>
<td>711</td>
<td>27%</td>
</tr>
<tr>
<td>60+</td>
<td>285</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>2662</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Figure 2.8: Workforce by age range

Gender comparison

The table and graphs below (Figure 2.9 / 2.10 / 2.11 / 2.12 / 2.13) compares the gender breakdown of the George Eliot Hospital NHS Trust workforce and the Nuneaton and Bedworth population as given in the 2011 census.

Figure 2.9: Gender comparison figures

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Staff</th>
<th>George Eliot Hospital NHS Trust percentage</th>
<th>Nuneaton and Bedworth percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>504</td>
<td>19%</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>2,158</td>
<td>81%</td>
<td>51%</td>
</tr>
<tr>
<td>Total</td>
<td>2662</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Figure 2.10: Gender comparison analysis
Figure 2.11: Gender comparison figures

<table>
<thead>
<tr>
<th>Gender</th>
<th>Director</th>
<th>Senior Managers</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>4</td>
<td>7</td>
<td>494</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>24</td>
<td>2131</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>31</td>
<td>2,625</td>
</tr>
</tbody>
</table>

Figure 2.12: Gender comparison figures

<table>
<thead>
<tr>
<th>Gender</th>
<th>Directors</th>
<th>Senior Managers</th>
<th>Other Staff</th>
<th>Nuneaton and Bedworth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>67%</td>
<td>22%</td>
<td>19%</td>
<td>49%</td>
</tr>
<tr>
<td>Female</td>
<td>33%</td>
<td>88%</td>
<td>81%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Figure 2.13: Gender comparison analysis

![Gender Comparison of George Eliot Hospital NHS Trust Workforce and local Nuneaton and Bedworth population](image)

Ethnicity

The Table below (Figure 2.14) is based on the 2011 census and compares the percentage of various ethnic groups against the local demographics.

Figure 2.14: Percentage of various ethnic groups against the local demographics.

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Nuneaton and Bedworth</th>
<th>George Eliot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>White</td>
<td>112,151</td>
<td>89.5%</td>
</tr>
<tr>
<td>Black Caribbean</td>
<td>351</td>
<td>0.3%</td>
</tr>
<tr>
<td>Black African</td>
<td>555</td>
<td>0.4%</td>
</tr>
<tr>
<td>Black Other</td>
<td>774</td>
<td>0.6%</td>
</tr>
<tr>
<td>Indian</td>
<td>5,705</td>
<td>4.6%</td>
</tr>
</tbody>
</table>
The graph below (Figure 2.15) illustrates the varying ethnic groups of George Eliot Hospital NHS Trust's workforce.

**Figure 2.15: Ethnicity overview as at February 2021**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Total</th>
<th>% of Total</th>
<th>Number</th>
<th>% of Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistani</td>
<td>527</td>
<td>0.4%</td>
<td>41</td>
<td>1.4%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>51</td>
<td>0.0%</td>
<td>10</td>
<td>0.3%</td>
</tr>
<tr>
<td>Chinese</td>
<td>304</td>
<td>0.2%</td>
<td>4</td>
<td>0.1%</td>
</tr>
<tr>
<td>Asian Other</td>
<td>409</td>
<td>0.3%</td>
<td>69</td>
<td>2.6%</td>
</tr>
<tr>
<td>Other</td>
<td>4,425</td>
<td>3.5%</td>
<td>116</td>
<td>2.9%</td>
</tr>
<tr>
<td>Total</td>
<td>125,252</td>
<td>100.0%</td>
<td>2662</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Exit packages**

We have not agreed any exit packages during the year. The total cost of exit packages disclosed in the accounts is therefore £nil.

In the prior year we did not have any exit packages.

**Consultancy**

We incurred expenditure on consultancy of £0.25m during the year. This included a continuation of prior year spend on the establishment of arrangements to manage savings opportunities in conjunction with the Service Improvement Team.

**Figure 2.16: Tax arrangements of public sector employees**

<table>
<thead>
<tr>
<th>For all off-payroll engagements as of 31 March 2021, for more than £245 per day:</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of existing engagements as of 31 March 2021</td>
<td>-</td>
</tr>
<tr>
<td>Of which, the number that have existed:</td>
<td></td>
</tr>
<tr>
<td>Duration of Engagement</td>
<td>Number</td>
</tr>
<tr>
<td>------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>For less than one year at the time of reporting</td>
<td>-</td>
</tr>
<tr>
<td>For between one and two years at the time or reporting</td>
<td>-</td>
</tr>
<tr>
<td>For between two and three years at the time of reporting</td>
<td>-</td>
</tr>
<tr>
<td>For between three and four years at the time of reporting</td>
<td>-</td>
</tr>
<tr>
<td>For four or more years at the time of reporting</td>
<td>-</td>
</tr>
</tbody>
</table>

**Figure 2.17: Number of new engagements**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of temporary off payroll workers engaged between 1 April 2020 and 31 March 2021</td>
<td>1</td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>Number not subject to off-payroll legislation</td>
<td>1</td>
</tr>
<tr>
<td>Number subject to off-payroll legislation and determined as in-scope of IR35</td>
<td></td>
</tr>
<tr>
<td>Number subject to off-payroll legislation and determined as out of scope of IR35</td>
<td></td>
</tr>
<tr>
<td>Number of engagements reassessed for consistency/assurance purposes during the year</td>
<td>1</td>
</tr>
<tr>
<td>Number of engagements that saw a change to IR35 status following the consistency review</td>
<td>1</td>
</tr>
</tbody>
</table>

There was one individual appointed during this period which met the criteria above.

**Figure 2.18: Board member engagements**

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2020 and 31 March 2021</td>
<td></td>
</tr>
<tr>
<td>Number of off-payroll engagements of Board members and/or senior officers with significant financial responsibility, during the financial year</td>
<td>0</td>
</tr>
<tr>
<td>Total number of individuals on payroll and off-payroll that have been deemed 'Board members and/or senior officials with significant financial responsibility', during the financial year.</td>
<td>6</td>
</tr>
</tbody>
</table>
Sickness absence
Details on sickness absence are published on the NHS Digital website at the following link:

Figure 2.19: Numbers of persons retiring early on ill health grounds 2020/21 & 2019/20

<table>
<thead>
<tr>
<th></th>
<th>2020/21 Number</th>
<th>2019/20 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of persons retired early on ill health grounds</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>£000s</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total additional pensions liabilities accrued in the year</td>
<td>76</td>
<td>-</td>
</tr>
</tbody>
</table>

Staff turnover
Our Workforce Information Team report each month the ‘in month’ and ‘rolling 12 month’ turnover figures by staff group to the Trust Board. Board reports can be found on our Trust’s website www.geh.nhs.uk/about-us/trust-board-of-directors/public-board-papers/. The department also provides a monthly report to NHSI, which also details our Trust’s staff Turnover rate: digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/.

Please note we do not include junior doctors because of the rotation and also any bank staff and this is in line with recommended practice.

National NHS Staff Survey – what our staff said
The national NHS Staff Survey is an opportunity for our Trust to discover what is working well but also, importantly, the areas to improve further.
In 2020, our Trust made significant progress. Three themes are now above the average score of peers:

- Quality of Care
- Immediate Manager Skills
- Team Working.

Two themes have also seen statistically significant improvements:

- Health and Wellbeing
- Immediate Manager Skills.

The Trust has seen improvement in three key questions within the survey that reflects colleague’s perception of the Trust:

- “I am able to deliver the care I aspire to”
- “I would recommend my organisation as a place to work”
- “If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.”
Equality and Inclusion

Overview
Our Trust has an Equality Diversity and Inclusion Committee and a Health & Wellbeing Committee who are focused on supporting and improving colleague experience. They also provide support by working with all staff to ensure all nine protected characteristics of the Equality Act 2010 are represented in our everyday working life, with networks set up to assist with this aim. The positive impact of the BAME Network is highlighted in the staff survey results:

- BAME staff experiencing discrimination at work reduced from 15.8 percent in 2019 to 12.5 percent in 2020.
- BAME staff believing the organisation provides equal opportunities for career progression or promotion increased from 60.9 percent in 2019 to 73.2 percent in 2020.
- The improvement in the scores ranked George Eliot Hospital NHS Trust in the top 10 acute trusts for this measure.

Our Trust has refreshed its approach to Equality, Inclusion and Diversity in 2021, to include an approach to empowering staff networks. It is positive that our Trust has maintained a Black, Asian and Minority Ethnic (BAME) network for a number of years, which has been primarily supported by the network leads and Staff Side colleagues. Within the new refresh, our Trust has supported the establishment of seven staff networks including the re-launch of the BAME network, an age network, a faith network, a disability network, a gender network, an LGBTQ+ network and an armed forces network. This is a positive move forward to support all staff and patients and make our Trust a more inclusive organisation.

The development and widening of staff networks has enabled staff to share their lived experience and support our Trust in making improvements to our policies, assist with widening inclusion and support increased representation. The networks act as ambassadors, raising awareness and ensuring that our staff have a voice.

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 result in:

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

“Stepping Up Programme”
George Eliot Hospital NHS Trust, working in collaboration with the NHS Leadership Academy, South Warwickshire NHS Foundation Trust and University Hospitals Coventry and Warwickshire NHS Trust successfully delivered a second “Stepping Up Programme” that commenced in September 2019 lasting through the autumn. The programme opened again to new entrants in 2020/21. However, it was delayed as a result of the COVID-19 pandemic. It will restart later in 2021.

The programme is open to BAME, and aspiring leaders working in Bands 5 to 7. The main aims of the programme are to:

- Develop more diverse leaders at all levels of the NHS
• Create greater levels of sustainable inclusion within the NHS
• Address the social, organisational and psychological barriers restricting BAME colleagues from progressing their careers.

Recruitment/work experience

Recruitment continues to be an area of significant focus for our Trust. In addition, to the review of the 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 our Trust.

Equally, work continues by the People and Development Team, to increase work experience opportunities, apprenticeships and traineeships in our Trust. This is to ensure we are meeting our widening participation agenda.

Our 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. Our organisation 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 our Trust or support them with securing positive destination in education, employment or training.

Staff health and wellbeing

After an extremely challenging 2020/21, both professionally and personally for staff, our Trust’s objectives for 2021/22 place a huge emphasis on staff health and wellbeing by supporting the workforce to recover from the pandemic and to stay well. This aim will build on the health and wellbeing initiatives our Trust implemented in 2020/21.

During the COVID-19 pandemic our Trust has significantly increased its support for all colleagues.

The increased wellbeing offering has particularly focused and supported BAME and disabled colleagues 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.

The implementation of agile working and greater use of technology has also supported an improvement in the inclusivity for colleagues working across our Trust and this will continue to enhance flexibility and opportunities to work in a wholly new way going forward.

There are a number of initiatives that continue to support the health and wellbeing of colleagues. These include:

• Setting up a Health and Wellbeing Committee
• Normalising Conversations - supporting colleagues to talk about their mental health and emotional wellbeing
• Continued support and signposting colleagues to utilise support and counselling services available including; Employee Assistance Programme, Relate Hub Mental Health First aider and Listening Ear Services
• Sustaining Resilience at Work (StRaW) – peer support system to detect and prevent occupational mental health issues
• Stress awareness page on the intranet - 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
• Mental Health First Aiders – staff specially trained to listen, provide support and reassurance, and to signpost staff to services
• Weekly access to working from home network across the Foundation Group including:
  o Coffee and Connect - offers a virtual space to connect with other members of staff
  o Virtual Mindfulness – helps to improve mental wellbeing
• Supportive time out space across the Trust including within the Library, Faith Space, Serenity Garden and Trust Sanctuary Spaces. A Library wellbeing corner was developed thanks to the support from NHS Charities Together
• Support to redevelop staff room in ITU
• Agile working promotion and supportive guidance.

Development of People Experience Strategy

We will take a strategic approach to improving colleague experience and our Trust will need to develop a People Experience Strategy. This will set out our approach to colleagues and our underpinning leadership ethos – treat colleagues well, provide opportunities for development, and support them. By looking after our staff, treating them with care and allowing them to expect respect, dignity and inclusion, we will enable our colleagues to be their very best every day. This will ensure our staff provide the highest level of compassionate care consistently to our patients.
Financial Performance

Overall

In 2020/21 our Trust achieved a break even position for the second consecutive year. The NHS funding structure was simplified for the year following the outbreak of COVID-19, with plans agreed for the first half of the year and subsequently for the second half of the year as the outbreak continued beyond the initial emergency response. Our Trust received block income which did not vary with levels of activity. In addition, income was received to offset the costs directly arising from our response to the pandemic.

By comparison, in 2019/20 we reported that our Trust has broken even for the year, which included Provider Sustainability Fund (PSF) and Financial Recovery Fund (FRF) income of £15.7m. PSF and FRF are non-recurrent income from NHS England which we can only access if we achieve the agreed financial performance targets. The plan included PSF/FRF of £15.7m and our Trust received the full amount based on achievement of the financial target.

We did not require external cash support in addition to the income provided. The simplified funding structure provided monthly income one month in advance, which has greatly assisted with cash flow and supported faster payments to suppliers, in line with Government guidance to pay suppliers where possible within seven days.

Historical loans of £91.4m were repaid in the year and replaced with Government issued Public Dividend Capital. This has returned the Trust’s Balance Sheet to a positive net assets position.

The cumulative deficit started at £8.1m at the end of 2005/06 but reduced to £2.0m by 2012/13. With deficits in the following six years, this has increased to £71.9m in 2018/19 and improved slightly to £71.7m in 2020/21.

Healthcare income

The annual process to agree contracts to deliver healthcare services commissioned by Clinical Commissioning Groups (CCGs) and NHS England (through specialist hubs and local teams) was suspended for 2020/21. In its place, NHSE/I agreed block payments to NHS providers from commissioners and a continuation of income from other NHS providers at similar levels to the prior year.

In addition, our Trust received income to cover the additional costs of responding to the pandemic. In the second half of the year this was provided by CCGs, which is shown as an increase in the level of income from CCGs in the table below.

The following table (Figure 2.20) shows patient care income:

**Figure 2.20: Patient care income**

<table>
<thead>
<tr>
<th></th>
<th>2020/21</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS England</td>
<td>28,719</td>
<td>23,006</td>
</tr>
<tr>
<td>Clinical...</td>
<td>140,767</td>
<td>126,968</td>
</tr>
<tr>
<td>Local authorities</td>
<td>2,361</td>
<td>2,795</td>
</tr>
<tr>
<td>Other patient care income</td>
<td>598</td>
<td>929</td>
</tr>
<tr>
<td><strong>Total income from patient care activities</strong></td>
<td><strong>172,445</strong></td>
<td><strong>153,698</strong></td>
</tr>
</tbody>
</table>

Actual levels of activity varied greatly over the course of the year as our Trust initially concentrated on responding to the pandemic and other services were reduced. As the pandemic eased, services...
were re-introduced in some areas, only to be reduced again as the level of COVID-19 patients increased through the winter.

**Expenditure**

Pay expenditure increased by 15 per cent in 2020/21 when compared with the previous year, amounting to an increase of £18.2m. Of this, £6.8m related to increased pay costs to manage the pandemic as additional staff were required in areas such as intensive care, infection control, stores, portering, cleaning and to manage this incident responding to national requirements. In addition, we needed to backfill some of our own staff to cover self-isolation and sickness. As a result of the increased pressure of working, the pay costs include an allowance for the cost of annual leave due but not yet taken amounting to £2.1m.

Pension costs include the notional cost of an increase to the employer pension contribution percentage, from 14.38 percent to 20.68 percent. Although the increased cost has been centrally funded by DHSC during this year and last year, our Trust has included the notional cost and the notional income offsetting this, within the accounts.

Our Trust had an increase in permanent medical staff spend due to continued investment in clinical staffing and recruitment to fill vacancies which were covered by temporary medical staff in the prior year. Nursing and health care assistant (HCA) costs and other pay expenditure for non-clinical staff have also increased in line with national pay awards and the 9 percent increase in staff numbers. This is illustrated in the charts at Figure 2.21 below:

**Figure 2.21: Pay expenditure analysis**

![Total Pay](chart1)

![Medical Spend](chart2)

![Registered Nursing](chart3)

![Other Pay Spend](chart4)

Non-pay expenditure increased by 17 percent compared with the prior year, an increase of £9.6m. This included non-pay spend to respond to the COVID-19 pandemic of £5.7m, covering personal protective equipment for staff, building works, costs required to control the risk of infection as well as increased medical gases and laundry costs.
Our Trust incurred an increase in the cost of ‘insurance’ premiums paid to NHS Resolution of £0.5m. Our Trust also incurred some additional costs to deliver diagnostic work where capacity in the hospital was constrained.

**Cash flow**

The cash balance was £34.8m at 31 March 2021 which was significantly above the plan of £19.5m. From April 20, the NHS funding arrangements were simplified to allow trusts to focus on operational priorities and to provide additional cash flow to support trusts with making prompt payments to suppliers. As a consequence of these changes, our Trust has received monthly income one month in advance during the year. Planning was suspended for the first half of the year and the cash plan shown below was therefore not indicative of the revised funding arrangements. However, a formal plan was agreed for October to March and the cash plan shown assumed that payments in advance would cease from December. However, the arrangements continued until February.

Our Trust has drawn down several revenue and capital loans in prior years. However, DHSC revenue and capital loans were converted to Public Dividend Capital (PDC) during the year based on the balance at 1 April 2020. Our Trust was not required to repay any further loan principal or interest after 31 March 2020.

We have not required any additional revenue loan funding during the year to support revenue expenditure.

External capital funding has been provided for specific capital projects awarded through national schemes or following emergency applications. Our Trust has been allocated capital funding of £9.5m and this has been received as PDC. Most of this cash was received in February and March.

The following chart (Figure 2.22) shows the cash balance throughout the year:

**Figure 2.22: Cash profile to March 2021**

![Cash Profile to March 2021](image)

We have experienced a steady increase in cash balances during the year due to the timing of cash flows particularly related to advance payments, reimbursement of retrospective claims and the timing of capital PDC receipts.
**Prompt Payment Code**

We are a signatory to the Prompt Payment Code, which sets standards for payment practice. Measured by value, our Trust paid 85.4 percent of non-NHS invoices within target (58.9 percent last year) and 86.3 percent of NHS invoices within target (compared with 65.0 percent last year).

The following chart (Figure 2.23 below) shows overall performance for the year based on the number of invoices paid:

**Figure 2.23: Prompt payment code**

![Prompt Payment Code Chart]

Performance has improved significantly compared with the prior year, due to our Trust’s improved cash position. The temporary funding arrangements (which were put into place for the NHS during the pandemic period) have provided cash in advance to assist with prompt payments over the 11 months to February 21.

In addition to compliance with the prompt payment code, the NHS has paid suppliers within seven days wherever possible during the pandemic in order to support improved supplier liquidity.

**Better Payment Practice Code (BPPC)**

The Better Payment Practice Code (Figure 2.24) requires NHS bodies to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

**Figure 2.24: BPPC measure of compliance 2020/21 compared to 2019/20**

<table>
<thead>
<tr>
<th></th>
<th>2020/21 Number</th>
<th>2020/21 £000s</th>
<th>2019/20 Number</th>
<th>2019/20 £000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-NHS payables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid in the year</td>
<td>34,529</td>
<td>65,910</td>
<td>32,398</td>
<td>55,367</td>
</tr>
<tr>
<td>Total non-NHS trade invoices paid within target</td>
<td>30,144</td>
<td>56,255</td>
<td>20,198</td>
<td>32,622</td>
</tr>
<tr>
<td>Percentage of NHS trade invoices paid within target</td>
<td>87.3%</td>
<td>85.4%</td>
<td>62.3%</td>
<td>58.9%</td>
</tr>
</tbody>
</table>

| **NHS payables**         |                |               |                |               |
| Total NHS trade invoices paid in the year | 1,600 | 20,235 | 984 | 9,695 |
| Total NHS trade invoices paid within target | 1,326 | 17,470 | 407 | 6,306 |
| Percentage of NHS trade invoices paid within target | 82.9% | 86.3% | 41.4% | 65.0% |
We allowed a two-day buffer period for payments in transit when calculating the number of invoices paid on time.

**Staff numbers**

*Figure 2.25: Staff numbers*

<table>
<thead>
<tr>
<th>Average number of whole time equivalent staff</th>
<th>2020/21</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and dental</td>
<td>369</td>
<td>261</td>
</tr>
<tr>
<td>Administration and estates</td>
<td>547</td>
<td>483</td>
</tr>
<tr>
<td>Healthcare assistants and other support staff</td>
<td>678</td>
<td>662</td>
</tr>
<tr>
<td>Nursing and midwifery</td>
<td>742</td>
<td>732</td>
</tr>
<tr>
<td>Scientific, therapeutic and technical</td>
<td>221</td>
<td>210</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,570</strong></td>
<td><strong>2,361</strong></td>
</tr>
</tbody>
</table>

The table above (at Figure 2.25) shows the total average whole time equivalent staff numbers, compared with the previous year.

Overall, there has been a nine per cent increase in the average number of whole time equivalents in 2020/21 from the previous year. This compares with a 14 per cent increase in staff costs. There has been an ongoing requirement for additional staff throughout the pandemic, particularly in areas such as medical staffing, capacity management, cleaning, security and portering.

**Capital expenditure**

This year, £18.0m was dedicated to capital expenditure. This was funded from internally generated funds of £4.4m, together with external financing of £13.2m and donations of £0.4m.

Expenditure on the estate in 2020/21 included the new Captain Tom Moore unit, which is an additional 30 bed modular ward, with £3.0m being spent in 2020/21. The ward opened for use in August. Other expenditure included replacing medical equipment (£2.4m), information management and technology (£3.0m). Our Trust also incurred capital expenditure of £2.3m on items required as a direct result of our response to the pandemic, increasing intensive care capacity, maintaining infection control through separation of patient flows and supporting extended remote working. Towards the end of the year our Trust has also installed new theatres to work alongside the new ward and to provide a separate unit for planned operations, incurring expenditure of £6.2m.

The following chart (at Figure 2.26) shows capital investment in 2020/21 compared to previous years. The expenditure in 2020/21 continues to address the low level of investment in previous years caused by uncertainty about our Trust’s service delivery model, whilst being limited by the national availability of cash for capital investment particularly in the last four years.
Sustainability – energy and environmental performance

As mentioned on page 37, our Trust is now adhering to the Greener NHS Plan. This plan supports NHS England and NHS Improvement’s ‘For a Greener NHS’ initiative and adopts the vision originally established in the Sustainable Development Unit’s Sustainable Development Strategy 2014-2020 - ‘Sustainable, Resilient, Healthy People & Place’ for the NHS, Public Health England (PHE) and Social Care system: ‘A sustainable health and care service that works within the available environmental and social resources protecting and improving health now and for future generations’. This includes considering how services are best delivered, resources managed and the application of sustainable goals.

The Greener NHS Plan is written in the context of the NHS Long-Term Plan, the urgent need to support efforts to address the climate emergency and the transition to ‘net zero’ carbon emissions. It also reflects the need to support the transition to a circular economy, protect scarce natural resources, improve local air quality and the resilience of our estate, while addressing social inequalities within North Warwickshire and ethical sourcing of goods and services. It is aligned with Trust strategies and initiatives that focus on efficiency, clinical and care models and social improvement in our community.

Figure 3.0: key objectives from the SDMP
Energy and Environmental Performance

Our Trust has spent £775,266 on energy and emitted 6,049 tonnes of CO2 emissions from buildings in 2020/21. (See Figure 3.1)

Electricity consumption increased by 40 percent when comparing previous year usage. Gas consumption increased by 3 percent. Both electricity and gas usage have change significantly since go-live combined heat and power (CHP) in June 2017. Essentially the CHP engine uses gas units to produce off-grid electrical units, which can be exported back to the national grid. Additional areas such as Same Day Emergency Care and Captain Tom Moore Unit were built during 2020/21 impacting on our overall Gross Internal Area (GIA)/footprint and increased electrical consumption. Total energy spend has reduced by approximately £248,000 which was due to reduced gas tariff and Crown Commercial Service early procurement of gas units.

Since go live of CHP, 2016/17, our organisation has reduced its overall CO2 emissions by 700t (10 percent). (See Figure 3.2)

**Figure 3.1: Energy spending 2015/16 to 2020/21**

<table>
<thead>
<tr>
<th>Energy Resource</th>
<th>2015/16 Use (kWh)</th>
<th>2016/17 Use (kWh)</th>
<th>2017/18 Use (kWh)</th>
<th>2018/19 Use (kWh)</th>
<th>2019/20 Use (kWh)</th>
<th>2020/21 Use (kWh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas</td>
<td>16,161,213</td>
<td>17,862,604</td>
<td>26,123,820</td>
<td>25,682,171</td>
<td>29,988,998</td>
<td>30,664,096</td>
</tr>
<tr>
<td>tCO2e</td>
<td>2,981</td>
<td>3,287</td>
<td>4,811</td>
<td>4,730</td>
<td>5,523</td>
<td>5,647</td>
</tr>
<tr>
<td>Oil*</td>
<td>17,458</td>
<td>182,736</td>
<td>255,000</td>
<td>101,900</td>
<td>37,500</td>
<td></td>
</tr>
<tr>
<td>tCO2e</td>
<td>5</td>
<td>50</td>
<td>70</td>
<td>28.09</td>
<td>10.36</td>
<td></td>
</tr>
<tr>
<td>Coal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use (kWh)</td>
<td>7,981,961</td>
<td>8,192,711</td>
<td>969,437</td>
<td>920,742</td>
<td>602,311</td>
<td>845,504</td>
</tr>
<tr>
<td>tCO2e</td>
<td>3,689</td>
<td>3,376</td>
<td>461</td>
<td>438</td>
<td>213</td>
<td>402</td>
</tr>
<tr>
<td>Green Electricity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use (kWh)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tCO2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Energy CO2e</td>
<td>6,675</td>
<td>6,713</td>
<td>5,343</td>
<td>5,196</td>
<td>5,746</td>
<td>6,049</td>
</tr>
<tr>
<td>Total Energy Spend (£)</td>
<td>£1,291,020</td>
<td>£1,246,192</td>
<td>£917,089</td>
<td>£863,362</td>
<td>£1,024,047</td>
<td>£775,266</td>
</tr>
</tbody>
</table>

**Figure 3.2: Carbon Emissions – Energy use 2015/16 to 2020/21**

Waste

Our Trust’s total waste volume reduced by 7 percent compared to the previous year, partly attributed to reduced general waste (85 tonnes) as a result of increased home working and a reduction in canteen and patient food waste during the COVID-19 pandemic. Compared to our 2019/20 out-turn, the volume of clinical waste decreased by 28 tonne during 2020/21. This was due to a fall in clinical
activity during the pandemic. We also introduced better waste segregation, in order to comply with waste legislation, and improved waste reporting from Stericycle, this has also helped identify waste usage.

As we restore services and reduce waiting lists waste usage across our organisation will naturally increase. Therefore, additional demands on the waste services are expected during 2021/22.

The Trust recycling rate is achieved through segregation of general waste by our current waste contractors, Tom White Waste. The recycling rate for 2020/21 is 47 percent compared to 53 percent the previous year when more general waste was disposed. See Figure 3.3 Waste Breakdown Analysis Graph and Figure 3.4 for a breakdown of waste usage since 2015/16.

**Figure 3.3: Waste breakdown 2015/16 to 2020/21**

![Waste Breakdown Graph](image)

**Figure 3.4: Waste breakdown 2015/16 to 2020/21**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recycling</td>
<td>418.59</td>
<td>417.64</td>
<td>436.52</td>
<td>433.30</td>
<td>454.97</td>
<td>371.40</td>
</tr>
<tr>
<td>tCO2e</td>
<td>8.79</td>
<td>8.77</td>
<td>9.17</td>
<td>9.10</td>
<td>9.55</td>
<td>7.80</td>
</tr>
<tr>
<td>WEEE</td>
<td>5.54</td>
<td>5.22</td>
<td>6.90</td>
<td>3.34</td>
<td>4.68</td>
<td>3.22</td>
</tr>
<tr>
<td>tCO2e</td>
<td>0.12</td>
<td>0.11</td>
<td>0.15</td>
<td>0.07</td>
<td>0.10</td>
<td>0.07</td>
</tr>
<tr>
<td>High Temp Disposal</td>
<td>50.41</td>
<td>58.08</td>
<td>150.82</td>
<td>166.38</td>
<td>172.13</td>
<td>395.50</td>
</tr>
<tr>
<td>tCO2e</td>
<td>11.09</td>
<td>12.78</td>
<td>33.19</td>
<td>32.91</td>
<td>37.88</td>
<td>87.03</td>
</tr>
<tr>
<td>Non Burn Disposal</td>
<td>121.02</td>
<td>104.02</td>
<td>11.53</td>
<td>39.46</td>
<td>15.50</td>
<td>15.00</td>
</tr>
<tr>
<td>tCO2e</td>
<td>2.54</td>
<td>2.18</td>
<td>0.24</td>
<td>0.83</td>
<td>0.32</td>
<td>0.31</td>
</tr>
<tr>
<td>Landfill</td>
<td>153.60</td>
<td>149.81</td>
<td>124.13</td>
<td>142.09</td>
<td>206.72</td>
<td>9.88</td>
</tr>
<tr>
<td>tCO2e</td>
<td>37.54</td>
<td>36.62</td>
<td>0.00</td>
<td>34.73</td>
<td>30.53</td>
<td>2.41</td>
</tr>
<tr>
<td>Total Waste</td>
<td>749.16</td>
<td>734.77</td>
<td>729.90</td>
<td>784.57</td>
<td>854.00</td>
<td>795.00</td>
</tr>
<tr>
<td>(tonnes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Recycled or reused</td>
<td>0.56</td>
<td>0.57</td>
<td>0.60</td>
<td>0.55</td>
<td>0.53</td>
<td>0.47</td>
</tr>
<tr>
<td>Total Waste tCO2e</td>
<td>60.08</td>
<td>60.46</td>
<td>42.75</td>
<td>77.64</td>
<td>98.38</td>
<td>97.62</td>
</tr>
</tbody>
</table>

**External Auditors**

KPMG UK LLP completed our Trust’s statutory audit for 2020/21. The audit fee charged is £52,800 plus VAT.
Section 3 – Annual Accounts

Independent Auditors’ report

INDEPENDENT AUDITOR’S REPORT TO THE BOARD OF DIRECTORS OF GEORGE ELIOT HOSPITAL NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of George Eliot Hospital NHS Trust ("the Trust") for the year ended 31 March 2021 which comprise the Trust Statement of Comprehensive Income, Trust Statement of Financial Position, Trust Statement of Changes in Taxpayers Equity and Trust Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust’s affairs as at 31 March 2021 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2020/21.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The Directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors’ conclusions, we considered the inherent risks to the Trust’s business model and analysed how those risks might affect the Trust’s financial resources or ability to continue operations over the going concern period.

Our conclusions based on this work:

- we consider that the Directors’ use of the going concern basis of accounting in the preparation of the financial statements is appropriate; and
- we have not identified, and concur with the Directors’ assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust’s ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor’s report is not a guarantee that the Trust will continue in operation.
Fraud and breaches of laws and regulations – ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud (“fraud risks”) we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy documentation as to the Trust’s high-level policies and procedures to prevent and detect fraud, including the internal audit function, and the Trust’s channel for “whistleblowing”, as well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a result of the need to achieve specific targets delegated to the Trust by NHS Improvement
- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.
- Reviewing the Trust’s accounting policies.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, and taking into account possible pressures to meet delegated targets, we performed procedures to address the risk of management override of controls and the risk of fraudulent revenue recognition, in particular the risk of incentive for revenue to be manipulated into the wrong period around the year end and the risk that Trust management may be in a position to make inappropriate accounting entries.

In line with the guidance set out in Practice Note 10 Audit of Financial Statements of Public Sector Bodies in the United Kingdom we also recognised a fraud risk related to expenditure recognition, particularly in relation to year-end accruals. We consider this risk to be applicable to non-payroll and non-depreciation expenditure.

We did not identify any additional fraud risks.

We also performed procedures including:

- Identifying journal entries and other adjustments to test based on risk criteria and comparing the identified entries to supporting documentation. These included combinations of seldom used accounts, postings to fraud risk related accounts and postings between unrelated accounts.
- Assessing significant estimates for bias.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify revenue had been recognised in the correct accounting period.
- Inspecting transactions in the period prior to and following 31 March 2021 to verify expenditure had been recognised in the correct accounting period.
- Evaluating accruals posted as at 31 March 2021 and verifying accruals are appropriate and accurately recorded.
- Assessing the completeness of disclosed related party transactions and verifying they had been accurately recorded within the financial statements.

Identifying and responding to risks of material misstatement due to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and thorough discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust’s regulatory and legal correspondence and discussed with the
directors and other management the policies and procedures regarding compliance with laws and regulations.

As the Trust is regulated, our assessment of risks involved gaining an understanding of the control environment including the entity’s procedures for complying with regulatory requirements.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

The Trust is subject to laws and regulations that directly affect the financial statements including financial reporting legislation. Under paragraph 2(1) of Schedule 5 to the National Health Service Act 2006 the Trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to revenue account (the breakeven duty). In reporting on compliance with the breakeven duty the Trust is required to comply with the Department of Health and Social Care’s ‘Guidance on Breakeven Duty and Provisions’. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

We are also required to make a referral to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 if we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

As outlined in the section of this report dealing with statutory reporting matters, we made a Section 30 referral to the Secretary of State on 28 May 2021.

Whilst the Trust is subject to many other laws and regulations, we did not identify any others where the consequences of non-compliance alone could have a material effect on amounts or disclosures in the financial statements.

*Context of the ability of the audit to detect fraud or breaches of law or regulation*

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non-compliance with all laws and regulations.

*Other information in the Annual Report*

The Accountable Officer is responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
• in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2020/21. We have nothing to report in this respect.

Remuneration and Staff Report

In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21.

Directors’ and Accountable Officer’s responsibilities

As explained more fully in the statement set out on page 33, the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive’s responsibilities, as the Accountable Officer of the Trust, on Page 32 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor’s responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor’s report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC’s website at www.frc.org.uk/auditorsresponsibilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page 32, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General (‘the Code of Audit Practice’) to report to you if:

• we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or

• we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or

• we make a written recommendation to the Trust under section 24 of the Local Audit and Accountability Act 2014.

On 28 May 2021, we referred a matter to the Secretary of State under section 30 (1) of the 2014 Act in relation to the breach of the Trust’s breakeven duty due to the cumulative breakeven duty position of a deficit of £71,654 million at 31 March 2021.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of George Eliot Hospital NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of George Eliot Hospital NHS Trust for the year ended 31 March 2021 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Andrew Cardoza
for and on behalf of KPMG LLP
Chartered Accountants
Birmingham
9 June 2021
**Annual Accounts**

Copies of the Annual Accounts can be found on our website [http://www.geh.nhs.uk/about-us/key-documents/](http://www.geh.nhs.uk/about-us/key-documents/)
# Supporting Notes

## Glossary

<table>
<thead>
<tr>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Acute care</strong></td>
<td>Medical or surgical treatment usually provided in a district general, or acute, hospital.</td>
</tr>
<tr>
<td><strong>Annual Reports</strong></td>
<td>A comprehensive report on a company's activities throughout the preceding year. Annual reports are intended to give our NHS peers, key stakeholders and the public information about the organisation's activities and financial performance.</td>
</tr>
<tr>
<td><strong>Care pathway</strong></td>
<td>The process of diagnosis, treatment and care negotiated with the involvement of the patient and his/her carer or family.</td>
</tr>
<tr>
<td><strong>CQC – (Care Quality Commission)</strong></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><strong>CCGs (Clinical Commissioning Groups)</strong></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>
</tr>
<tr>
<td><strong>Clinical audit</strong></td>
<td>A continuous process of assessment, evaluation and adjustment of practice by doctors, nurses, and other health professionals.</td>
</tr>
<tr>
<td><strong>Clostridium difficile (C-diff or C Difficile)</strong></td>
<td>An intestinal infection commonly associated with healthcare settings.</td>
</tr>
<tr>
<td><strong>CQUIN (Commissioning for Quality and Innovation)</strong></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>
</tr>
<tr>
<td><strong>Hot clinics</strong></td>
<td>Appointment slots protected for patient follow-ups the next day.</td>
</tr>
</tbody>
</table>
| **Incident** | 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:
- **No harm: impact prevented** – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care.

- **Impact not prevented** – any patient safety incident that ran to completion, but no harm occurred to people receiving NHS-funded care.

- **Low**: 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.

- **Moderate**: 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.

- **Severe**: any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care. For example, brain damage or disability.

- **Death**: any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

### Lateral flow test

A handheld kit that gives a COVID-19 result - a bit like a pregnancy test - in about 20 minutes, without the need for a lab. Fluid from a nasal swab or saliva goes on one end, and then a marking appears if the test is positive.

### Local authority (LA)

An organisation that is officially responsible for all the public services and facilities in a particular area.

### MRSA (Methicillin Resistant Staphylococcus Aureus)

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.

### Never Events

Inexcusable actions in a healthcare setting. The kind of mistake that should never happen, they are, by definition, preventable.

### NHSI (NHS Improvement)

- The organisation responsible for overseeing all NHS trusts in England including FTs as well as independent providers providing NHS-funded care.

### PALS (Patient Advice and Liaison Service)

Provides support to patients, carers and relatives, representing their views and resolving local difficulties speedily.

### Parliamentary and Health Service Ombudsman (PHSO)

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
<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients Forum</td>
<td>a group of volunteers who talk to the patients and their relatives carry out approved projects within a work plan makes recommendations to the hospital for improvements.</td>
</tr>
<tr>
<td>Polymerase chain reaction (PCR) COVID-19 test</td>
<td>a test that requires a swab sample to be taken from the nose and throat of the patient, which is then sent to a laboratory for analysis. The PCR test identifies the presence of genetic material from the virus.</td>
</tr>
<tr>
<td>Primary care networks (PCNs)</td>
<td>a group of practices (local GP practices and community, mental health, social care, pharmacy, hospital and voluntary services) working together to focus local patient care.</td>
</tr>
<tr>
<td>PROMs (Patient Reported Outcome Measures)</td>
<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>
</tr>
<tr>
<td>Quality Accounts</td>
<td>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.</td>
</tr>
<tr>
<td>RCA (Root Cause Analysis)</td>
<td>a systematic process for identifying “root causes” of problems or events and an approach for responding to them.</td>
</tr>
<tr>
<td>RTT (Referral to Treatment)</td>
<td>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.</td>
</tr>
<tr>
<td>Stroke mimics</td>
<td>a disease or presentation that presents like a stroke but does not have the physical neurological tissue damage e.g. seizures, tumours, headaches, drugs and alcohol. These if treated like stroke i.e. with Thrombolytic can cause serious harm.</td>
</tr>
<tr>
<td>The Foundation Group</td>
<td>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.</td>
</tr>
<tr>
<td>TTO (to take outs)</td>
<td>a form that should be completed for all patients being discharged from hospital. It both summarises the patient's hospital stay for their GP and acts as a prescription to order any medications they need to take home.</td>
</tr>
<tr>
<td>VTE</td>
<td>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).</td>
</tr>
</tbody>
</table>
Acknowledgements

Our Trust would like to thank Coventry & Warwickshire Health & Care Partnership, External Auditors, KPMG, and the George Eliot Hospital NHS Trust staff who contributed invaluable content to this Annual Report.

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

<table>
<thead>
<tr>
<th>How useful did you find this report?</th>
<th>Did you find the contents?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very useful</td>
<td>Too simplistic</td>
</tr>
<tr>
<td>Quite useful</td>
<td>About right</td>
</tr>
<tr>
<td>Not very useful</td>
<td>Too complicated</td>
</tr>
<tr>
<td>Not useful at all</td>
<td></td>
</tr>
</tbody>
</table>

Is the presentation of data clearly labelled?

| Yes, completely                     | Yes, to some extent       |
| No                                  |                           |

If no, what would have helped?

Comments

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.