Annual Report and Accounts

2020 - 2021

Summary

'Our vision is to EXCEL at patient care'

www.geh.nhs.uk
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.

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 organisation. 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 our colleagues and the 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. 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 teams 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. We also look back and remember those who died during the year. We lost colleagues and also witnessed the sad passing of more than 300 patients. Pandemic restrictions meant we often acted as their families and loved ones to provide compassion, care and love. We truly gave our all, and our thoughts remain with those who suffered loss.

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, mental health support with our team of Mental Health First Aiders and a range of counselling services. This support will continue as we emerge from the pandemic, seek respite and prepare ourselves for the future.

Our communities in Nuneaton and Bedworth, West Leicestershire and North Warwickshire have also given our staff and patients unwavering support. 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.
Objectives

Our objectives take into account the Foundation Group (our partnership with South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust) and our partners’ priorities across the communities we serve.

Partnership working

Our 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 is to help the local population 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.

Building on this partnership working, our Trust strategy is to take a leading role in the development of place-based services. In the last quarter of 2020/21 work began creating a Clinical Strategy for our organisation. 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 us to work together with place and local 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.
## 2020/21 TRUST Objectives

<table>
<thead>
<tr>
<th>Our Strategy</th>
<th>TRUST Objectives</th>
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| Transform our services and enable our progress by focusing on our key enablers - ICT, our estate and workforce. | Increase the number of beds in the hospital, to reduce waiting times  
Implement an Electronic Patient Record and transform our outpatient services  
Submit plans to invest in increased car parking  
Reduce single use plastics and CO₂ emissions |
| Take a leading role in the development of place-based services, adopting a system-wide view in developing and delivering new models of care. | Work with our staff and partners to discharge patients when they are well enough and reduce the time they spend in hospital  
Introduce ways to allow patients to safely receive IV antibiotics without coming to hospital  
Work with patients and partners to create and communicate service changes together  
Work with GPs to avoid unnecessary trips to hospital by reducing unnecessary follow-up hospital appointments and expanding the Consultant Connect service  
Create new and expanded clinical roles in partnership with primary care to expand our range of services to patients  
Use our influence with the community to encourage and support wider health and wellbeing initiatives |
| Embrace our role as a District General Hospital, delivering the best quality, safest care to our local population. | Reduce preventable deaths  
Reduce our use of antibiotics  
Reduce the time patients wait when they need admission to a hospital bed from our emergency department  
Maximise same day emergency care  
Attract high quality staff to reduce our medical vacancies  
Support our staff to have honest conversations with patients and loved ones about end of life care  
Work with our staff and other partners to co-ordinate personalised end of life care including preferred place of death |
| Listen to and engage with our staff to create a culture of true partnership. | Develop a People Experience Strategy to create a culture of joy, kindness and inclusion to enable staff to be their very best every day  
Embed a model for shared decision making across the Trust so our staff have a direct say in improving staff and patient experience |
Trust overview

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

We also provide 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.

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.

The Trust’s average number of employees

(whole time equivalent basis)

300,000 people

2,214
Total number of beds (general and acute) 325

A&E Attends 65,010

Total births 2,141

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

Inpatient Admissions
Day Case 10,599

Outpatient appointments attended 184,222

Total number of patients operated on 5,834

Number of diagnostics
- X-ray 60,631
- Ultrasound 32,279
- CT 18,097
- MRI 11,843
- DEXA (bone density scan) 1,154
- ERCP (pancreatic and bile duct examination) 338

The data presented shows a fall in the number of attendances and diagnostics compared to previous years. 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.
Highlights of the year

New ward opened and work started to build additional operating theatres

Our £3.0 million modular ward was officially opened in September 2020 by Mr Askew, who was the first patient to be treated in the unit.

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 development, which cares for patients undergoing routine surgery, was built to increase hospital capacity and improve patient flow across our organisation - enhancing patient experience.

In addition to the unit, 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.

‘Letters for Loved Ones’ service launched

During periods of 2020/21, as a response to the COVID-19 pandemic, we had to restrict visiting for families and friends. Therefore, the Trust launched ‘Letters for Loved Ones’ to help provide vital communications between hospital patients and their loved ones. The service enables people to virtually send messages, letters and photographs to their family members or friends in hospital. ‘Letters for Loved Ones’ has been very successful with our organisation receiving in excess of 1,000 messages.
One of the first organisations to deliver the Oxford/Astra Zeneca vaccine

In January 2021, our Trust was chosen nationally to be one of the first acute hospitals to start administering the Oxford/Astra Zeneca vaccine to its workforce.

Thanks to our successful vaccine programme, over 85% of 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 colleagues, volunteers and local health and social care staff were vaccinated against COVID-19 – to help protect patients and the local community from the virus.

Armed forces covenant signed

In the final quarter of 2020/21, we signed the armed forces covenant – committing our Trust 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 our public Trust 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, we promise to be an Armed Forces-friendly organisation to staff, patients, suppliers, contractors and the wider public.
Using technology to adapt to COVID-19

Throughout 2020/21 our staff were actively encouraged to use technology and alternative methods to, where possible, 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. Our organisation used IT to both support and develop services including the delivery of:

**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.

**Video Consultations**
More than 2,930 virtual clinic sessions for a variety of services have been delivered across the Trust.

**Maternity Parental Education Service virtual events**
The team have transformed the way information is provided to parents by embracing zoom events and social media as a means to interact with maternity patients virtually.

**Dietetics Services**
A near-normal service has been provided using numerous digital solutions including training for care homes.

**IT Solutions**
To enable many employees to work from home.

**Electronic Patient Tracking**
To support contact tracing and bed management.

**Automatic / Electronic Observations**
Wireless observation machines that support the detection of early signs of deterioration and triggering escalation pathways.
Community support during the COVID-19 pandemic

During 2020/21, we have been amazed by the generosity and kindness of the local community.

To support the NHS and to say thank you to those working on the frontline, individual people, independent businesses, and large commercial companies in Warwickshire made more than 200 donations of food and gifts to our staff during the COVID-19 pandemic.

Our Fair Shares Strategy ensured departments received an equal amount of the many wonderful donations we received. The gifts, which varied from confectionary items to iPads, had a huge impact on staff morale, wellbeing and welfare.

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

Between January and the start of March 2021, army personnel were deployed to our Trust to support with a number of tasks including; general portering duties, supporting distribution of medicines across the hospital and cleaning support. 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.

Developing our volunteer service

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 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 during the pandemic they encouraged them to access services.

The aim of the new Voluntary Service has been to harness the almost overwhelming support offered by local people, and target it at the following 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.

During 2020/21 13,425 volunteering hours have been recorded, which includes 4,000 hours of St John Ambulance clinical volunteering time. It’s hard to put a value on the dedication of these volunteers, but according to the estimation method developed by the National Council of Voluntary Organisations, we estimate the added value to our Trust to be approximately £228,090.

Patient Forum embraces technology to maintain its support

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 throughout the year. We also thank members of the Patient Forum who became volunteer drivers for us during the past year.
Volunteer driver service implemented to help vulnerable patients

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 our Trust was grateful of 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 per 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. This doubled by the end of March 2021 with the drivers delivering a total of 3,000 items, covering over 20,000 miles in 2020/21 – that’s almost around the world! The Volunteer Driver Service has been a huge success and receives positive feedback from patients and staff.

Thinking of volunteering? Would you like to learn more from a current volunteer? Want to apply?

Please email volunteering@geh.nhs.uk
National NHS Staff Survey – what our staff said

In 2020, we made significant progress. Three themes are now above the average score of peers - Quality of Care, Immediate Manager Skills and Team Working. Two themes have also seen statistically significant improvements - Health and Wellbeing and Immediate Manager Skills.

We have also seen an improvement in the following three key survey questions, which reflect our colleague’s perception of our 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.”

Our Trust has an Equality Diversity and Inclusion Committee and a Health and Wellbeing Committee which focus on improving colleague experience and support offerings 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.

BAME staff experiencing discrimination at work reduced from 15.8% in 2019 to 12.5% in 2020.

BAME staff believing our organisation provides equal opportunities for career progression or promotion increased from 60.9% in 2019 to 73.2% in 2020.

The improvement in these scores ranked George Eliot Hospital NHS Trust in the top 10 acute trusts for this measure.
Staff health and wellbeing

After an extremely challenging 2020/21, both professionally and personally for staff, the 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 the Trust implemented in 2020/21. 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 Aiders (Trust staff specially trained to listen, and to provide support and reassurance to colleagues) and Listening Ear Services
- **Sustaining Resilience at Work (StRaW)** – peer support system to detect and prevent occupational mental health issues
- **Virtual Mindfulness** – weekly session for all staff across the Foundation Group to improve mental wellbeing
- **Coffee and Connect** - Foundation Group sessions that offer a virtual space to connect with other members of staff
- **Library wellbeing corner** developed thanks to the support from NHS Charities Together – a quiet and calm space to unwind, and access wellbeing books
- **Sanctuary Spaces** – relaxing spaces across our Trust where staff can escape daily pressures, sit down, get support and see a friendly face
Operational Performance Overview

As with NHS organisations throughout England, the COVID-19 pandemic significantly impacted on our ability to provide routine services with many unavoidably disrupted, and in some cases stopped entirely. 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, the Trust utilised available technology to continue to provide consultations and treat people virtually. We also placed a significant priority on continuing to treat cancer patients. However, people had reservations about attending a hospital during a pandemic, despite stringent measures and green (non-COVID-19) pathways being implemented by the Trust to extremely minimise a patient’s risk of being exposed to the virus. This, therefore, adversely affected our cancer wait times.

Despite the significant challenge COVID-19 created 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 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 impacted on this project. During February/March 2021, we once again started a significant piece of work to safely restore services and reduce patient waiting lists.

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.
<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Standard</th>
<th>2020/21</th>
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<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>
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<tr>
<td><strong>Quality:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer – 31 days</td>
<td>96%</td>
<td>97%</td>
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<tr>
<td>(Patients receiving</td>
<td></td>
<td></td>
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<tr>
<td>first definitive</td>
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<tr>
<td>treatment within 31</td>
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<td>days of a cancer</td>
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<tr>
<td>diagnosis)</td>
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<tr>
<td>Cancer – 62 days</td>
<td>85%</td>
<td>66%</td>
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<tr>
<td>(Patients beginning</td>
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<tr>
<td>their first definitive</td>
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<tr>
<td>treatment for cancer</td>
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<td>within 62 days</td>
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<td>following an urgent</td>
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<tr>
<td>GP referral for</td>
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<tr>
<td>suspected cancer)</td>
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<tr>
<td>Patients seen in A&amp;E</td>
<td>95%</td>
<td>90.4%</td>
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<tr>
<td>&lt;4 hours</td>
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<tr>
<td>Time to treatment in A&amp;E in minutes</td>
<td>&lt;60</td>
<td>43</td>
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<tr>
<td>(median time)</td>
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<tr>
<td><strong>Patient experience:</strong></td>
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<tr>
<td>Referral to Treatment</td>
<td>92%</td>
<td>65%</td>
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<tr>
<td>(RTT) incomplete</td>
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<tr>
<td>non-emergency pathway</td>
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<tr>
<td>(92nd percentile)</td>
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<td>Patients offered an</td>
<td>95%</td>
<td>96%</td>
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<tr>
<td>appointment to Genito-</td>
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<tr>
<td>Urinary Medicine</td>
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<tr>
<td>(GUM) Clinic within 48</td>
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<tr>
<td>hours</td>
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<tr>
<td><strong>Patient safety:</strong></td>
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<tr>
<td>Venous thromboembolism</td>
<td>95%</td>
<td>95.5%</td>
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<tr>
<td>(VTE) risk assessment</td>
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<td>where all inpatient</td>
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<tr>
<td>service users undergo a</td>
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<tr>
<td>risk assessment for VTE</td>
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Financial performance review

In 2020/21 our Trust’s target was to at a minimum break even. We achieved this target by recording a surplus of £0.1m.

Income

Our organisation earned income of £210.1m in 2020/21, a rise of £28.8m compared to the previous year (2019/20 £181.3m).

Income from patient care during 2020/21 is presented in the chart opposite. We also received income to cover the additional costs of responding to the pandemic. In the second half of the year this was provided by CCGs. The chart, therefore, shows an increase in the level of income from CCGs compared to 2019/20.

<table>
<thead>
<tr>
<th>£’000</th>
<th>Source</th>
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<tbody>
<tr>
<td>£28,719</td>
<td>NHS England</td>
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<tr>
<td>£140,767</td>
<td>Clinical Commissioning Groups</td>
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<tr>
<td>£2,361</td>
<td>Local authorities</td>
</tr>
<tr>
<td>£598</td>
<td>Other patient care income</td>
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</table>
Expenditure

Pay expenditure
Due to continued investment and a successful recruitment drive to fill vacancies, which were covered by temporary medical staff in the previous year, our Trust had an increase in permanent medical staff spend in 2020/21.

Pay expenditure increased by 15 per cent in 2020/21 when compared with the 2019/20 financial 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 and cleaning. We also needed to backfill some of our own staff to cover self-isolation and sickness.

Capital expenditure
During 2020/21, £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 - £3.0m
- Replacing medical equipment - £2.4m
- Information management and technology - £3.0m
- Items required as a direct result of our organisation’s response to the pandemic - £2.3m
- New theatres - £6.2m
- Other estates work - £1.1m