Annual Report
2013/14

Our vision is to EXCEL at patient care
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Welcome to the 2013/14 Annual Report for George Eliot Hospital NHS Trust. What a momentous year it has been for everyone connected with the Trust. It started with the Trust being part of the Keogh Review and subsequently being placed into ‘special measures’ and ended with an announcement that due to the Trust making improvements to quality that ‘surpassed expectations’ we would no longer need to continue our search for a strategic partner. Read on for a detailed overview of both the Keogh Review and our search for a strategic partner.

As you read this Annual Report you will be left in no doubt of the improvements we have made over the past year. However, there is still a lot more to do and delivering the improvements is only half the challenge, we need to ensure that these improvements are sustainable and that we move ‘beyond Keogh’ and instil a culture of continual improvement.

The environment in which all NHS Trusts operate will change beyond recognition over the coming years and while being part of the Keogh Review was extremely challenging, in many ways it has been a blessing in disguise because we are undoubtedly ahead of the game when it comes to adapting to these changes. This leaves the George Eliot and health care services in the region in an extremely strong position.

As you will see from this document, the past year has seen a whole raft of quality improvements at the Trust and perhaps more importantly a change in culture that has seen our desire to provide high quality care and continually strive to improve this care move to the forefront of everything we do.

This year’s Annual Report acts as a celebration of the journey we have been on over the past few years. As you will see as you read this report, we talk about this as a ‘Journey to EXCEL’. Please take this opportunity to celebrate our improvements and the dedication our staff have shown over the past year.

With a major inspection by the Care Quality Commission starting off the 2014/15 financial year, it is no exaggeration to say that next year will be just as monumental as the one that has gone. Our journey to EXCEL continues.

Kevin McGee
Chief Executive
April
A new facility offering support to victims of sexual assault opens on the hospital site. The Blue Sky Centre will provide access to emergency medical treatment, emotional support and referrals to Independent Sexual Violence Advisors for anyone from Coventry or Warwickshire who has been raped or sexually assaulted (see page 93).

May
Eight new consultants are appointed to run an innovative new children’s service at the hospital. The recruits will head up the new children’s assessment unit which will provide a range of assessment and observational procedures for children and young people under the age of 2. (see page 42).

June
Members of staff go back in time as part of an event to mark the 65th anniversary of the NHS. The occasion was marked with a 1940s themed event at the hospital with staff getting dressed up in clothes from the day and taking part in a vintage tea party (see page 47).

July
The first set of results for the national Friends and Family Test are published and show that an overwhelming majority of patients would recommend the service provided by staff at the George Eliot to their family and friends. 84% of patients surveyed (who expressed a preference) said that they were ‘extremely likely’ to recommend the service to their friends and family. A further 11% said they were ‘likely’ to recommend the service and only 3% said that they were ‘unlikely’ or ‘extremely unlikely’ to (see page 31).

August
Bestselling local author, Rosie Goodwin, officially opens a new unit for children and young people at the George Eliot. Local people were asked to vote for a name for the new unit and from a choice of four selected the name, ‘The Rosie Goodwin Unit’ (see page 42).

September
140 people take part in the first ever George Eliot Hospital NHS Trust 5km fun run, helping to raise over £2,500 to purchase valuable equipment for the Trust’s breast care unit (see page 44).

October
The diabetes team celebrate success after their innovative Alphabet Strategy is successful in the Best Innovation in Service Provision category at the Quality in Care (QIC) Programme Awards 2013. The award is designed to recognise, reward and share good practice in diabetes management, education and patient care (see page 9).

November
Providing feedback on the care provided at the George Eliot is made easier for patients with smartphones. Patients with iPhones and other makes of smartphone can now scan a QR code which will take them to a site where they can leave real-time feedback on the care they are receiving (see page 46).

December
Local dignitaries open a new 41 bed Acute Medical Unit (AMU) that aims to improve the patient journey by offering an assessment area for patients admitted via A&E before they are either discharged or transferred to a specialist service (see page 21).

January
Nuneaton MP, Marcus Jones, praises the improvements made at the hospital during a parliamentary debate about Accident and Emergency departments. He commended staff at the hospital after it was announced that the A&E department was the second best performing in the country over the Christmas period in relation to its four-hour target (see page 29).

February
Diabetes specialists set out their vision to provide world class health care to the people of North Warwickshire and the surrounding area right on their doorstep. They launch a fund raising initiative to raise £2million to build a new diabetes centre of excellence on the hospital site that will specialise in providing state of the art care to patients as well as providing facilities for education and cutting edge research (see page 44).

March
In partnership with the NHS Trust Development Authority, the Trust takes the decision to no longer pursue a strategic partner organisation. This decision is taken in recognition of the improvements the Trust has made following the Keogh Review (pages 14 & 41).
Celebrating success

Trust celebrates shining stars
In July 2013, dedicated members of staff were recognised at a special award ceremony to mark excellence and achievement at the Trust.

Category: Advocating and supporting continuing improvement and development for all staff
Winner: Gail Armonson, ITU
“Gail is tenacious in her approach and leaves no stone unturned when a need for staff development has been identified.”

Category: Continually Improve the quality of core service
Winner: Michelle Turnbull, Bereavement Services
“Michelle, in her role as Bereavement Administrator, has during a time of significant change continued to exhibit the highest standard of professional expertise.”

Category: Building strong partnerships with stakeholder organisations for the benefit of patients
Winner: Doreen Sadler, Stakeholder Engagement Manager
“Doreen has led a number of pieces of work with partner organisations including work improving transport links to the George Eliot Hospital site, and improving public and volunteer engagement.”

Category: Instilling a culture of research and innovation
Winner: The Infection Prevention Team
“The Work of the team is highly regarded and was presented at the International Quality and Safety Forum in April and is used locally and nationally as an example of best practice.”

Category: The Leadership Award
Winner: Kay Cathcart, Matron for Medicine
“Kay is very supportive to all her nurses. Nothing is too much trouble... Kay is a fantastic role model and an inspiration to us all and well deserves to be recognised for her outstanding leadership skills.”

Category: Improving Access Award
Winner: PIPPS Team
“The PIPPS team have worked to develop access to maternity services for young vulnerable pregnant women... Their work has improved access and reduced inequalities for this group of women.”

Category: Improving patient environment
Winner: Lorraine Deeming, Domestics
“Lorraine does a fantastic job in our A&E department from early in the morning, our A&E starts to shine. Lorraine always takes time for all of the staff and patients.”

Category: Sustaining safe services
Winner: Critical Care Outreach Team
“The Critical Care Outreach team consistently support both nursing and medical staff with the deteriorating patient... The team have delivered all this whilst supporting the busy Critical Care Unit over the challenging winter period.”

Category: Chairman’s Award
Winner: Kay Farmer, General Manager for Medicine
“(Kay) has a real passion for improving current services at George Eliot ensuring that they are safe and sustainable, whilst developing new ones for the benefit of the population we serve.”

Category: Chief Executive’s Award
Winner: Christopher Davey, Pharmacy
“Christopher works in the pharmacy and is described by his colleagues as “undoubtedly the most helpful person” they have ever met.”

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Rising stars
In February, two members of Trust staff were recognised with a Rising Star Award from the Health Service Journal. The inaugural awards celebrated the healthcare leaders of tomorrow and influencers of today.

Wendy Preston, Ambulatory Care Lead, won an award in recognition of her work in setting up the Ambulatory Care Unit (ACU). In 2009, Wendy secured funding from the Strategic Health Authority to develop the unit. The ACU allows patients who would normally be treated as inpatients to be seen as a day case for routine investigations, observations and treatments. Award judges said: “[Wendy shows] good examples of going above and beyond”. Dr Sebastian Yuen, Consultant Paediatrician, won his award in recognition of his passion for improving quality, patient safety, human factors and interprofessional education. As a fellow at the NHS Institute for Innovation and Improvement 2008-2009, he conducted a project to develop and implement a Paediatric Early Warning Score (PEWS) system at the Royal Free Hospital in London. This tool improves the recognition of and response for, children whose condition is deteriorating. It helped reduce paediatric crash calls from approximately one a month to zero for 263 days. The PEWS is now being spread to other hospitals. Award judges said: “[Sebastian is] very well networked. He seems genuinely interested in people and in progress.”

Award for diabetes team
The diabetes team celebrated success in 2013 after their Alphabet Strategy triumphed in the Best Innovation in Service Provision category at the Quality in Care (QiC) Programme Awards 2013. The award is designed to recognise, reward and share good practice in diabetes management, education and patient care. Acting as a basis for patient education and care planning and an important tool for other healthcare professionals, the Alphabet Strategy is designed as a patient centred approach to providing the basics of care for patients with diabetes. The strategy is based around the seven most important components of diabetes care: Advice, Blood pressure, Cholesterol, Diabetes control, Eye-care, Foot-care and Guardian drugs. Under each of these headings advice is offered for the best management of the condition.

The strategy was introduced at the George Eliot back in 2008 before being adopted as a best practice tool by NICE (National Institute for Health and Care Excellence) in 2010.

Nomination for Health Service Journal award
The Trust’s Ambulatory Care team narrowly missed out after being shortlisted in the Acute Sector Innovation Category at the 2013 Health Service Journal Awards. Their shortlisting recognised the successful launch of the Ambulatory Care Unit that allows patients who would normally be treated as inpatients to be seen as day cases.
About the Trust

George Eliot Hospital NHS Trust provides a range of hospital and community based services to more than 300,000 people in North Warwickshire, South West Leicestershire and North Coventry. The hub of the Trust is the George Eliot Hospital, based on the outskirts of Nuneaton. The hospital provides a range of elective, non-elective, surgical, medical, women’s, children’s, diagnostic and therapeutic services.

The Trust also provides a range of community services across Coventry, Warwickshire, and Leicestershire. This includes four GP surgeries in North Warwickshire, a health and wellbeing advisory service for the people of Nuneaton and Bedworth, smoking cessation and community dentistry services for the whole of Warwickshire, TB services for Coventry and Warwickshire, the Leicester Urgent Care Centre and the Blue Sky Sexual Assault Referral Centre.

Our services

Medical
- Accident and Emergency
- Audiology
- Cardiology
- Chronic fatigue
- Chronic pain
- Diabetes
- Endocrinology
- Gastroenterology
- Geriatric medicine
- Ophthalmology
- Respiratory care

Surgical
- Breast care
- Colorectal
- Maxillo facial
- Neurosurgery
- Oncology
- Orthopaedics
- Urology
- Vascular

Women’s and children’s
- Gynaecology
- Obstetric
- Paediatrics
- Diagnostic and therapeutic
- Cardio respiratory unit
- Clinical psychology

Occupational therapy
- Pharmacy
- Physiotherapy

Community
- Blue Sky Sexual Assault Referral Centre
- Camp Hill Health Centre
- The Chaucers Surgery
- Coventry and Warwickshire TB Service
- Genitourinary Medicine (GUM)
- Leicester Road Surgery
- Leicester Urgent Care Centre
- Nuneaton and Bedworth Health and Wellbeing Service
- Satis House Surgery
- Warwickshire Community Dental Service
- Warwickshire Stop Smoking Service

Emergency preparedness

The Trust has a duty as a Category 1 responder under the Civil Contingencies Act 2004, to be prepared to respond in the event of a major incident or disaster.

A major incident can range from a serious road traffic accident involving multiple casualties to a chemical spillage. The Trust works in partnership with other Local Health Resilience Groups to ensure there is a robust multi-agency response to any incident.

Trust Major Incident plans are continually updated and maintained in line with legislation and best practice.

For full details of all the specialties, services and consultants at George Eliot Hospital NHS Trust please go to our online service directory at www.geh.nhs.uk/directory-of-services.
Our vision, values and objectives

Our vision
Our vision is to EXCEL at patient care

Our core value pledges
• Effective open communication
• ExCellence and safety in everything we do
• Challenge but support
• Expect respect and dignity
• Local health that inspires confidence

Our strategic objectives
• Consistently deliver high quality care in a safe environment
• Enhance patient experience by providing local care tailored to the individual needs of the patient
• Develop partnership arrangements to promote and deliver a comprehensive range of value for money integrated services to protect and improve the health of the local community
• Empower, develop and support our staff to encourage positive leadership at every level
• Maintain financial stability, hit all agreed targets and satisfy our regulators

Journey to EXCEL
To support the vision and values, between August and November, Trust staff were encouraged to leave comments as part of an interactive display so their views could be captured around the ‘journey’ the Trust is on to transform patient care. Some of the comments made include:

What has changed and what has made a difference?
• “Hand washing skills and improved knowledge. All staff are now bare below the elbow compliant and patients often comment on this.”
• “Improved use of resources in theatres.”
• “The work we are doing around dementia care is making a real difference.”
• “Ward upgrades in surgery have brightened and revitalised areas.”
• “In maternity, out handover has a consultant present; which is much better.”
• “Our staff are loyal and will go the extra mile when they need to.”
• “Quality of care and safeguarding are high on the Trust’s list of priorities.”
• “Excellent teamwork on ITU.”
• “Many hard working, dedicated staff.”
• “Fantastic care is given in GEH, good team work in our unit, I would highly recommend.”
• “Communication from management has greatly improved.”
• “We work really hard for our patients and care for them really well.”

What needs to happen now and what is required?
• “Great objectives but will inevitably require additional staff.”
• “Involve the patients more in their pathways.”
• “Electronic notes and electronic prescribing to improve communication instead of looking back at notes with writing we can’t read.”
• “The electronic discharge summary is slow and labour intensive.”
• “More professional development for ward staff; education is the key.”
• “Patients are waiting too long for their drugs to be delivered causing delays to discharge. This process needs to be quicker so we can free up much needed beds.”
• “One of the biggest compliments from the Keogh Review was about our outreach teams. These teams need more investment, they are GEH’s backbone.”
• “Appropriate portering levels needed.”
• “Instead of trying to improve ten things at once, do two things well and provide appropriate resource.”
Keogh Review

In February 2013, following the publication of Robert Francis QC’s report into care at Mid Staffordshire Hospital, Prime Minister David Cameron identified 14 trusts across the country with historically high mortality rates that would be subject to a review, which would be led by Professor Sir Bruce Keogh, Medical Director at the Department of Health.

In May 2013, the Trust welcomed Professor Keogh’s rapid response team to the hospital. The team, which included senior clinicians and lay members of the public, inspected all aspects of care provided by the Trust.

The review was published in July 2013. It identified no immediate concerns but areas for action were established. The inspection team praised the work of staff at the Trust, many of whom they described as ‘outstanding and dedicated individuals’ and ‘passionate and loyal’.

Many of the themes identified in the review had already been identified by the Trust and plans were in place to start addressing them; many actions had already been completed but what the review showed is that the pace of change needed to increase in certain areas.

In September, the Trust published the action plan that had been put in place to address the recommendations in the Keogh Review (see page 15 for a summary action plan). All of actions have now been delivered and the Trust has started to experience the benefits of the additional support put in place following the Review. The Trust is committed to monitoring the issues raised in the Keogh Review and continuing to develop a clinically sustainable model of care that meets the needs of local people now and into the future.

In March 2014, the Boards of the George Eliot and Warwickshire North Clinical Commissioning Group/ Trust Development Authority identified 14 trusts across the country with historically high mortality rates that would be subject to a review, which would be led by Professor Sir Bruce Keogh, Medical Director at the Department of Health.

Full details of the Keogh Review including links to copies of the final report and full action plan can be found on the Trust’s website www.geh.nhs.uk/about-us/keogh-review

This section of the Annual Report highlights some of the improvements made at the Trust. The Quality and Performance section will go on to highlight how these improvements have benefited patients.

<table>
<thead>
<tr>
<th>KEY FINDINGS</th>
<th>WHAT WE HAVE AGREED AND WHY</th>
<th>TIMESCALE</th>
<th>SUPPORT IDENTIFIED</th>
<th>PROGRESS</th>
</tr>
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<tbody>
<tr>
<td>We must improve evidence of the Trust’s leadership in driving improvements in quality of care and treatment.</td>
<td>We will: Produce a Board Development plan that takes account of the quality concerns raised. Clarify our Directors’ key responsibilities and publish these internally via the intranet and internet. Identify leadership programmes for senior medical staff and clinical leads. Why: We want our staff and patients to feel confident that the Board and senior medical staff are leading and driving improvements in the quality of care.</td>
<td>Completed</td>
<td>Trust Development Authority/ NHSIQ/ACUA/ Coventry University/NHS Elect/Health Education West Midlands/ Leadership Academy/Good Governance Institute</td>
<td>DELIVERED</td>
</tr>
<tr>
<td>We must improve the pace of quality improvements.</td>
<td>We will: Produce a single improvement plan for quality of care. Refresh the Operating Plan and submit to Trust Development Authority for their agreement.</td>
<td>Completed</td>
<td>Completed</td>
<td>DELIVERED</td>
</tr>
<tr>
<td>We must improve our bed management, increase clinical input and reduce number of unnecessary bed moves.</td>
<td>We will: Review and implement a change to how our beds are used. Ensure consultants authorise all bed moves. Review how our consultants provide care to ward and specialist areas and introduce a daily weekday ward round by a senior doctor. Introduce an electronic system that supports monitoring of patient care and provides early warning of any concerns. Agree and introduce an internal referral system (consultant to consultant) Review different options to improve managing patient discharge. Expand Acute Medical Unit and ambulatory care facilities. Why: To ensure the patient is in the right bed, first time and improve outcomes.</td>
<td>Completed</td>
<td>Completed/ ongoing</td>
<td>DELIVERED</td>
</tr>
<tr>
<td>We must improve levels of clinical cover particularly at weekends and overnight.</td>
<td>We will: Review every out of hours shift to ensure safe levels of staffing. Develop a clear process for alerting appropriate staff of any reductions in clinical staffing. Plan an audit programme of out of hours staffing to provide reassurance of staffing levels. Undertake a full review of our staff numbers, both medical and nursing and plan for future changes to how our beds will be used. Publish our workforce strategy. Fill all clinical vacancies in a timely manner. Review our HR capacity and capability. Further develop opportunities for feedback from Junior Doctors to Directors. Why: To ensure appropriate numbers of staff are available to safely care for our patients.</td>
<td>Completed</td>
<td>Completed</td>
<td>DELIVERED</td>
</tr>
<tr>
<td>We must improve the quality of our medical handovers.</td>
<td>We will: Create a written handover process/policy addressing content and location including guidelines for the involvement of consultants on evening handovers. Why: To provide consistent information on patient treatment, led by senior clinicians to improve outcomes.</td>
<td>Completed</td>
<td></td>
<td>DELIVERED</td>
</tr>
<tr>
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<td>WHAT WE HAVE AGREED AND WHY</td>
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</table>
| We must improve the delivery of care to patients using nationally identified care pathways. | We will:  
• Ensure patients with serious infections are cared for using the care pathway.  
• Implement the pneumonia care pathway  
• Implement the Congestive Cardiac Failure care pathway.  
• Use electronic Patient systems to support this work.  
Why:  
To improve patient outcomes. | Completed | DELIVERED |
| We must ensure a consistent culture with ambition to excel and exceed minimum expectations. | We will:  
(No further actions were identified as it was felt that this was included in all other actions)  
• Our Trust Board added actions to embed our vision  
• "EXCEL" into the organisation and include a specific link to patient safety within "EXCEL".  
Why:  
To ensure staff are clear of our vision and how it supports a safety culture. | N/A | DELIVERED |
| We must improve the understanding of mortality issues. | We will:  
• Create a mortality review policy that identifies when and how mortality will be reviewed; identify what information we will use from which sources and identify clear reporting lines.  
• Re-focus on learning from within the organisation and internal information analysis.  
• Review and improve the reporting structure.  
Why:  
To ensure actions taken improve our mortality rates and these are communicated widely. | Completed | DELIVERED |
| We must improve the reporting of incidents. | We will:  
• Develop our reporting policy and review the electronic reporting system in use.  
• Ask our internal audit department to review our incident reporting processes.  
• Identify alternative electronic reporting systems.  
• Implement alternative reporting systems.  
Why:  
To ensure a positive incident reporting culture that enables timely feedback and improvements in quality of care. | Completed | DELIVERED |
| We must reduce the prevalence of pressure ulcers and clarify grading. | We will:  
• Stop using "unstageable" as a category of pressure ulcers, supported by training, policies and communication to staff.  
• Take action to reduce pressure ulcers.  
Why:  
To ensure our reporting measures are in line with national reporting and improve the quality of patient care and outcomes. | Completed | DELIVERED |

### HOW OUR PROGRESS IS BEING MONITORED AND SUPPORTED

<table>
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<tr>
<th>TIMESCALE</th>
<th>OWNER</th>
<th>PROGRESS</th>
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<tbody>
<tr>
<td>Monthly accountability meeting with Trust Developing Authority to track delivery of action plan.</td>
<td>August 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive</td>
</tr>
<tr>
<td>Access support from partnership working as appropriate with the Academic Health Science Network, NHS Improving Quality, Health Education West Midlands, NHS Elect, ACUA, Coventry University and the NHS Leadership Academy to support Board and Clinical Leadership development.</td>
<td>By April 2014</td>
<td>NHS England/Kevin McGee - Trust Chief Executive</td>
</tr>
<tr>
<td>Appointment of an Improvement Director (Kevin Boiger) by the Trust Developing Authority, who will provide expertise to the Trust Board and check that we’re meeting out promises to deliver our improvement plan.</td>
<td>By October 2014</td>
<td>Trust Development Authority</td>
</tr>
<tr>
<td>Partnership working with University Hospitals of Birmingham NHS Foundation Trust to provide peer support and advice on the implementation of specific quality indicators as well as individual support for key Board members.</td>
<td>August 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive and Board Members</td>
</tr>
<tr>
<td>Weekly Chief Executive and Chairman review and oversight of action plan. Weekly Executive Team meetings.</td>
<td>June 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive/Stuart Annan - Trust Chairman</td>
</tr>
<tr>
<td>Monthly Quality Assurance Committee reports (Board sub-committee).</td>
<td>June 2013 onwards</td>
<td>Rupert Herd - Non Executive Director</td>
</tr>
<tr>
<td>Fortnightly review by the Trust Board using informal Board and public meetings to review evidence on how the action plan is improving our services and changing the way we work to the benefit of patient care.</td>
<td>June 2013 onwards</td>
<td>Stuart Annan - Trust Chairman</td>
</tr>
<tr>
<td>Monthly we will utilise all public, staff and stakeholder events to provide an external review of progress, including meetings, press briefings, press releases, written and verbal updates.</td>
<td>September 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive</td>
</tr>
<tr>
<td>Monthly agreement and regular reporting of quality measures to demonstrate that the actions are leading to improved quality of care for patients.</td>
<td>August 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive/Kathryn Blackshaw - Portfolio Director, NHS Trust Development Authority</td>
</tr>
<tr>
<td>Appointment of specific additional roles and other resources to support improvements in patient safety and mortality, including analysis and reporting of quality indicators.</td>
<td>October 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive/Andy Arnold - Trust Medical Director</td>
</tr>
<tr>
<td>Monthly scrutiny by the Clinical Commissioning Group through Clinical Quality Review meetings.</td>
<td>September 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive/ Warwickshire North Clinical Commissioning Group</td>
</tr>
<tr>
<td>The Chief Inspector of Hospitals, Professor Mike Richards will lead the re-inspection of our services to assess progress.</td>
<td>29 April 2014</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>Monthly updates of this progress report will be published on our website.</td>
<td>September 2013 onwards</td>
<td>Kevin McGee - Trust Chief Executive</td>
</tr>
</tbody>
</table>
Mortality rates

Historically high mortality rates were one of the main reasons cited for Trust’s inclusion in the Keogh Review. In 2011, the Trust was identified as having a mortality rate significantly higher than expected. This led the Board of Directors to commission a major external review to investigate why this was the case. This led to the introduction of a comprehensive action plan.

The Keogh Review identified many similar issues to those in the independent review. While acknowledging that measures had been put in place to address these issues, they insisted that the pace of change must increase.

There are two main measurements of mortality; the Standardised Hospital Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR). Both SHMI and HSMR are methods to help understand a Trust’s actual level of mortality against what might be expected based on performance across England. SHMI differs from HSMR in that it looks at patient deaths within 30 days of being discharged from hospital and does not provide adjustments for patients being managed by palliative care teams. The two measurements are used to monitor the Trust’s position throughout the year and identify areas for improvement.

The Trust initially set itself the target of improving its SHMI by 5% during 2013/14 compared to the figure of 1.18 for 2012/13. The Keogh Review made it clear that this goal needed to be more ambitious.

Due to a three-month time lag in the reporting of SHMI data, the Trust will not have a final figure for 2013/14 until the autumn. However, latest data suggests that the Trust is on track to deliver significant improvements. The latest nationally published figure is 1.09 for the period October 2012-September 2013. The Trust has been placed into ‘band 2’ for its SHMI by the Department of Health meaning rates are ‘as expected’. Data provided by HED (University Hospitals Birmingham NHS Foundation Trust’s Healthcare Evaluation Data) allows the Trust to monitor a more up-to-date SHMI figure and this shows the Trust as having a SHMI of 0.98 for the period April-January 2013.

The HSMR figure for 2013/14 until the end of February 2014 (provided HED) was 102.6 significantly better than expected.

The total number of deaths at the hospital also dropped from 804 in 2012/13 to 697 in 2013/14.
In 2013/14 the Trust hosted a CASTLE (Care and Support Towards Life’s End) study day with a focus on caring for dementia patients at the end of life. This included workshops on complimentary therapy, bereavement, care after death, medical management of symptoms, comfort measures, mouth care and the use of end of life tools.

Looking forward, a bereavement survey is being developed to give the Trust valuable feedback on the experience of patients at the end of life and their carers.

**Seven day working**

One of the key areas for concern identified in the Keogh Review was a need to improve seven-day working patterns, ensuring that patients could expect the same high-quality care regardless of the time of day or day of the week they attended the hospital.

The Review raised specific concerns about the levels of clinical cover at weekends and overnight. As part of measures to address these concerns, the Trust has recruited 12 new consultants:

- Six acute medical consultant physicians to help run the new Acute Medical Unit
- Two respiratory consultants
- One gastroenterologist

In addition, the Trust’s management team undertakes daily monitoring of ‘out of hours’ medical and nursing levels to ensure the Trust is providing suitable cover to meet changing demands. This allows the Trust to promptly identify areas of the service that need strengthening.

Diagnostic and therapeutic services have also improved their seven day working patterns. This includes routine MRI scans for outpatients and routine CT scans for inpatients and outpatients now being carried out at weekends. Additional pharmacists now work at weekends to prepare drugs for patient discharges. The physiotherapy team have also reworked their rota to allow for more coverage at weekends.

The benefits of providing a seven-day service are evident with the Trust’s weekend mortality rates falling in line with its weekday rates and no longer being considered an outlier.

### New Acute Medical Unit opens

In December, a new unit which aims to improve patient flow and capacity management was opened by Cllr Bob Copland, Mayor of Nuneaton and Bedworth, Cllr Lynda Hodgkins, Mayor of Hinckley and Bosworth, and Marcus Jones, MP for Nuneaton.

The new Acute Medical Unit (AMU), located where Dolly Winthrop and Bob Jakin Wards were previously, offers an assessment area for patients admitted via A&E before they are either discharged or transferred to a specialist service.

Patients on the AMU are assessed by one of six newly appointed acute consultant physicians who will discharge them for further treatment in the community or as an outpatient or confer with specialist teams to arrange for the patient to be transferred to a specialist ward if necessary.

The opening of the new unit helps to address two of the key recommendations made in the Keogh Review:

1. Improving bed management, increasing clinical input and reducing the number of unnecessary bed moves.
2. Improving levels of clinical cover particularly at weekends and overnight.

### Ambulatory Care Unit (ACU)

The opening of the AMU was coupled with a significant expansion of the Trust’s Ambulatory Care Unit (ACU) that allows more people who would normally be treated as inpatients to receive treatment, assessments and observations as an outpatient.

### Improvements to discharge

Another of the key areas highlighted for improvement as part of the Keogh Review was patient discharge. An effective discharge process is vital in ensuring patients who don’t require hospital care are discharged promptly and beds freed for people who need them more urgently.

The Trust carried out a detailed review of its discharge process and made fundamental changes to the way it works. It launched a ‘home for lunch’ campaign, aimed at ensuring half of patients discharged were home by lunchtime. This has been achieved by introducing earlier ward rounds and ensuring that during these ward rounds patients ready for discharge are given second priority behind patients who are seriously ill.

As well as assisting the Trust in managing its capacity, this also has benefits for patients. Being discharged earlier in the day means that they can get home while it is still light and while their GP and local shops are open should they need anything.
Review of patient deaths
As part of the budding process with University Hospital Birmingham (UHB), all deaths at the George Eliot over a select period underwent additional scrutiny. The notes of these patients were examined to establish if there were any aspects of their care that could have been better. They were also checked to ensure information about the patient’s care and underlying medical conditions had been recorded appropriately.

The reviews were carried out by a team of senior nurses and consultants led by Associate Medical Director, Dr Gordon Wood. Each set of notes was reviewed by someone independent from the patient’s care to ensure a new perspective is gained.

In addition to the additional scrutiny from the Trust’s own review team, the deaths were reviewed by a team of consultants from UHB. This review was valuable and supported previous findings and actions around seven day services.

Incident reporting
Following the recommendations made in the report into care at Mid Staffordshire Hospital by Robert Francis QC, the Trust introduced a duty of candour as outlined by the revised NHS Constitution. This duty requires individuals and organisations to:

"Foster a culture of humility, openness and honesty, where staff communicate clearly and openly with patients, relatives and carers."

This principle drove the desire to improve incident reporting at the Trust specifically in ensuring patients are informed of incidents relating to them and the immediate actions being taken to address them. Improvement to incident reporting was also one of the key recommendations made in the Keogh Review.

For the 2013/14 financial year, the Trust set out to achieve a 10% increase the total number of incidents reported. Seeking to increase the number of reported incidents ensures that the Trust is aware of and can act on important issues of patient safety. This approach is endorsed by the National Patient Safety Agency who state that:

"Organisations that report more incidents usually have a better and more effective safety culture. You can’t learn and improve if you don’t know what the problems are."

The Trust achieved its target of increasing reporting of incidents, with the financial year showing a 26% increase. This covers clinical and non-clinical incidents.

Several actions have been taken to achieve this improvement. Incident reporting figures are now monitored on a monthly basis and feedback on reporting levels is provided to individual divisions. This allows divisions to monitor their performance on a month-by-month incremental basis.

There is also now an increased emphasis on incident reporting during mandatory staff updates and at divisional governance meetings. Serious Incidents Requiring Investigation (SIRIs) are formally reported to the Trust’s Quality Assurance Committee and Trust Board on a monthly basis. A quarterly report is also provided to Warwickshire North Clinical Commissioning Group, allowing for additional external monitoring of the Trust’s progress.

The graph below shows the Trust’s performance in terms of incident reporting compared to similar sized organisations. The Trust is in the middle 50% of Trusts, which is an improvement from 2012/13 when it was in the bottom 25%.
Other work undertaken to improve incident reporting during 2013/14 included:

- A comprehensive review of incident reporting across the Trust and investment in Datix, a new electronic incident reporting and risk management system.
- Detailed review of all clinical incidents taking place at divisional governance meetings with feedback provided to staff.
- Incident trends and themes are reported in the Trust’s Risky Business publication.
- The inclusion of incident reporting as part of the staff induction programme.
- A twice monthly Serious Incident Group has meant that route cause analyses can be promptly carried out and changes promptly implemented.
- Dedicated tools have been developed to help the Trust understand specific types of incident such as pressure sores and falls. This has helped to improve analysis and address issues.

Incidents reported in 2013/14

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New process to improve sepsis screening

The Trust has implemented new processes to increase the number of patients being screened for sepsis, an area of concern identified in the Keogh Review.

Sepsis (often referred to as blood poisoning or septicaemia) is a potentially life-threatening illness caused by the body overreacting to an infection. The body’s immune system goes into overdrive, setting off a series of reactions that can lead to widespread inflammation and blood clotting.

In June 2013 the Trust appointed a new specialist nurse with the aim of increasing the percentage of ‘high risk patients’ being screened for the condition. His role has been to raise awareness amongst staff of identifying high risk sepsis patients and implementing a new pathway for identifying and treating patients with sepsis.

The Trust was set a target of achieving 90% compliance by the end of the 2013/14 financial year as part of its performance contract with Warwickshire North Clinical Commissioning Group (CCG). However, the actions from the Keogh Review demanded that this target be hit sooner. The target of 90% was achieved for the first time in February 2014.

Compliance overall with the best practice Sepsis Care Bundle has improved and is routinely being performed within the first hour of a provisional sepsis diagnosis being made.

The Trust undertakes regular review and audits aimed at improving sepsis recognition with teaching sessions included as part of clinical staff’s mandatory training. Staff can attend either a one-hour interactive session with the Sepsis Nurse, or complete an E-learning package via the trust’s online training site. A similar session is delivered to all new staff at their corporate induction.

Pressure sores

In January 2013, for the first time, the Trust went a whole month without recording a single hospital acquired grade 2, 3 or 4 pressure sore (the most serious kind). This feat was matched in February. The need to reduce pressure sores was another key area for improvement identified in the Keogh Review.

Patient locations and moves

The Keogh Review also raised concerns around patient bed moves, identifying that wards appeared to contain patients with a wide range of illnesses whilst consultants were ward based. Patient moves were not uncommon, including vulnerable patients, and appeared to be determined by the bed managers without consultant involvement or consultation with the patient in a number of cases.

The graphs below summarise a recent analysis carried out by the Trust and show the improvements the Trust has made in reducing the number of patients experiencing more than two bed moves during their time in hospital.

The Trust has worked hard in 2013/14 to reduce patient moves. This has included making significant improvements to the emergency care pathway and the reconfiguration of wards. The graphs below summarise a recent analysis carried out by the Trust and show the improvements the Trust has made in reducing the number of patients experiencing more than two bed moves during their time in hospital.
Quality and performance

Much of the Trust’s quality and performance improvements related to recommendations implemented following the Keogh Review as covered in the previous section. This section focuses on other quality and performance indicators and summarises data included in the Trust’s 2013/14 Quality Accounts document. A full copy of the Quality Accounts can be found on the Key Documents section of the Trust’s website or can be obtained by e-mailing communications@geh.nhs.uk or calling 024 7686 5383.

CQC banding

In October, the Care Quality Commission (CQC) launched a new inspection programme and ranking system for NHS Trusts. This new system ranks Trusts from band 1 to band 6, with band 1 being the lowest ranking.

The George Eliot was placed into band 1 by virtue of the fact it was placed into special measures following the Keogh Review. In recent years, the Trust has met all the CQC standards it has been assessed for, and under different circumstances, based purely on the achievement of CQC standards, it would have been banded higher.

A&E performance

The Trust was successful in achieving the target of discharging or admitting 95% of patients within four hours of arrival at the A&E unit for 2013/14 as a whole, achieving a combined total of 96.02% for the year and hitting the target for three out of the four quarters.

A&E performance was boosted in December with the opening of the new Acute Medical Unit (AMU). This helped the department become one of the top performing in the country out of 143 Trusts and for two separate weeks in January it was the best performing.

The opening of the AMU coupled with the hard work of staff across the Trust ensured that capacity was managed well over this period and more beds were available for patients admitted via A&E helping the Trust to achieve such impressive figures.

Additional investment in staffing

To help deliver quality improvements and seven day working, the Trust made significant investment in frontline staffing. During the 2013/14 financial year, the Trust invested £2.5million creating 50 new frontline positions to work across two new services; the Acute Medical Unit and the Rosie Goodwin Children’s Assessment Unit.

In January, the Board approved an additional £400k to increase the number of nurses on duty on wards over night. This investment is intended to improve the skill mix and increase the ratio of nurses to beds at night. The investment has lead to the recruitment of 10 new whole time equivalent nurses across the Trust’s larger wards.

This was on top of £2million spent over the previous two years in creating 60 new frontline posts.

Mortality Minimising Bed Moves

Number of patients with more than 3 moves 2012-13 v 2013-14

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The improvements to A&E performance we recognised in Parliament with Marcus Jones, MP for Nuneaton praising the work of staff.

Excerpt from parliamentary transcript
Mr Marcus Jones (Nuneaton) (Con): Changing working practices in hospitals is an important way of reducing pressures on social care and on A and E. Will my hon. friend join me in praising the staff of the George Eliot hospital, who, through changes to working practices implemented under the supervision of the Keogh process, achieved the second-best A and E four-hour target performance in the country over the busy Christmas and new year period?

Dr Poulter: My hon. friend is absolutely right to highlight the fact that integrated care working, better intermediate care and ensuring that GPs work closely with accident and emergency departments are exactly the kind of factors, along with joining up health and social care, that take pressure off A and E departments. I am delighted that things are going so well in his local area.

Hospital acquired infections
During 2013/14 the Trust only recorded 10 mandatorily reportable Clostridium Difficile (C diff) infections in the 2013/14, 11 below its threshold of 21 and down from 16 in 2012/13. The Trust’s zero tolerance of hospital acquired MRSA bloodstream bacteraemia infections also paid off. The financial year passed without a single case being recorded and it is more than 18 months since the last such infection was reported.

These improvements are especially impressive when compared to figures for just six years ago (2007/08) when the Trust recorded 242 hospital acquired C diff infections and 15 hospital acquired MRSA bloodstream bacteraemia infections.

Improvements have been attributed to reinforcement of best practice in relation to infection prevention including good hand hygiene and appropriate use of antibiotics.

Tougher targets have been set for 2014/15 with the C diff threshold set at nine and continued zero tolerance for MRSA.

Friends and Family Test
The national Friends and Family Test (also known as the Net Promoter Score) for inpatients and A&E patients was launched in April 2012. This patient feedback mechanism measures the response to the question ‘How likely is it that you would recommend this service to your family and friends?’ The Trust is required to ask this question to 10% of patients either at discharge or within 48 hours of discharge. Patients can choose from one of six answers:
- Extremely likely (classed as a ‘promotor’)
- Likely (classed as ‘passive’)
- Neither likely or unlikely (classed as ‘detractor’)
- Unlikely (classed as ‘detractor’)
- Extremely unlikely (classed as ‘detractor’)
- Don’t know

From these responses, a Net Promoter Score (NPS) is calculated by subtracting the number of detractors from the number of promoters and then dividing that figure by the total number of responses. Therefore, the score can be as low as -100 (everybody is a detractor) or as high as +100 (everyone is a promoter). The NPS figure is reportable and published nationally.
As the graph below shows, the Trust’s inpatient Net Promoter Score (NPS) for 2013/14 peaked in February at 92 when the Trust was in top 10% in the country. To achieve this score, 91% of the 364 people questioned said that they were ‘extremely likely’ to recommend the care they received to friends and family, with a further 6% saying they were ‘likely’.

The Coronary Care Unit (CCU) was singled out for special praise, achieving a maximum possible NPS of 100 in February, with every one of the 22 patients surveyed saying they were ‘extremely likely’ to recommend the care.

This achievement followed success in December 2013 when the Trust received its highest NPS for A&E patients (NPS of 87, third best in the country) and maternity patients (NPS of 96).

In October the Friends and Family Test was expanded to include maternity services. Mothers to be and new mums are asked the same question with the same choice of responses. They are given the opportunity to provide feedback on:
- Antenatal care – when attending their planned 36 week appointment
- Birthing care – After they have given birth or on discharge from the antenatal ward
- Post natal care – on discharge by their community midwife

The Trust’s Friends and Family performance was praised by Helen Hipkiss, Assistant Director at the NHS England Area Team. In a letter to the Trust’s Director of Nursing, Dawn Wardell, Helen praised the hard work being undertaken by the FFT team at the George Eliot. Helen said: “Although there is still a lot of work to do, the hard work being undertaken [by the PALS team] is resulting in consistent changes. Their commitment considering the challenges they have faced has been outstanding.”
Patient falls

While improvements have been delivered in many areas of quality of care during 2013/14, patient falls is one area in which the Trust has identified more work is needed. A new multidisciplinary falls group has been set up and they will trial a new falls care bundle in early 2014/15. This care bundle will offer a new way of assessing patient vulnerability and looking at how medication can be used to reduce a patient’s risk of falling.

The group plan to implement the care bundle for all patients over 65 and other patients identified as being at risk of falling. The trial will be evaluated with a view to rolling it out to other wards.

Unannounced Care Quality Commission inspection

An unannounced inspection by the Care Quality Commission (CQC) in February 2014 focussed on whether the hospital met the care, welfare and nutritional needs of patients and looked at staffing arrangements on the wards and units they visited.

The Trust met all of the three standards inspected:
• Care and welfare of people who use services
• Meeting nutritional needs
• Staffing

The inspection team visited the A&E department, the Acute Medical Unit (AMU), Clinical Decision Unit (CDU), Coronary Care unit (CCU), Felix Holt Ward, Bob Jakin Ward and Nason Ward. During the inspection, the team:
• Spoke with 22 patients and five relatives.
• Reviewed clinical care records of nine patients
• Spoke with consultants, doctors, matrons, ward managers, ward sisters, nurses, healthcare assistants and other health professionals
• Had discussions with the Director and Deputy Director of Nursing
• Observed interventions from medical and nursing staff.

The inspection team commented:

• "Staff… were responsive, professional and appropriate in their interactions with patients."
• "Patient feedback on the care received was positive”
• "Patients felt they had been kept informed by doctors, consultants and the nursing staff regarding their treatment”
• "The [patients] felt that staff caring for them were skilled to do so appropriately”
• "Records were very well completed and provided comprehensive evidence that patients had care delivered according to their preferences and needs."  
• "The individual care pathways seen had been completed appropriately and individual risk assessments were updated as necessary. This meant that the multidisciplinary team worked together to meet the needs of patients."
• "Patients chose what they wanted to eat and were generally satisfied with the food.”
• "There were enough qualified, skilled and experienced staff to meet patient’s needs.”
• "The trust had management structures, systems and procedures which were followed, monitored and reviewed to ensure appropriate staffing levels were maintained.”
• "Patients told us that there were enough staff to meet their care needs in a timely way.”

Comments from patients and relatives included:
• "I can’t find any fault”
• "The staff are excellent”
• "They’re marvellous in here, always caring”
• "My dad couldn’t be in a better place”
• "The meals are on time, there is a good choice and the food is hot”
• "The food here is very good, much better than I expected.”
• "I was very impressed. I was taken straight in there [AMU] from A&E. The staff were very attentive, not just to me, but to all the patients on the unit.”
Improving the patient experience
The Trust has a Patient Experience Group, chaired by the Director of Nursing, which seeks to understand and deliver improvements to the patient experience. Improvements delivered this year include:
• Improvements to patient information. Folders are now given to patients coming in for operations telling them of all the requirements when attending the hospital.
• The introduction of a discharge pathway checklist for staff. This ensures patients receive the right information and the correct support before and when they leave hospital.
• The introduction of a carer passport. This was introduced in summer 2013 and has helped to involve carers more closely in patient care, something that is especially helpful with dementia patients who respond better to a familiar person.

Cancer performance
The Trust predominately met all the cancer targets for all specialties throughout 2013/14, however, issues within Urology, Lung, Gynaecology, Skin and Upper GI in respect of the 62 day target commencing from January 2014 led to it failing its target for quarter 4.
Main factors contributing to the breaches in Urology, Lung, Gynaecology, Upper GI and Skin are predominately due to the following:
• Delays due to external service providers
• Capacity issues predominately diagnostics
• Patients choice to delay treatment or diagnostics
• Co-morbidities of patients
• Multiple diagnostics required It must be recognised that some of the factors prolonging completing of the pathways are due to national guidance, to provide best practice i.e. 4 week clinical delay between biopsy and MRI scan

Key principles following last year’s Intensity Support Team (IST) visit are intrinsic in delivering our plans, and the Trust is taking a number of actions to ensure delivery of the standards. Divisions are meeting with the clinical teams for each site to review patient’s pathways, causes for breaches and delayed pathways and actions required to mitigate the risks.
• Ongoing reviews of all patients are in place to ensure early escalation and tracking of timelines on pathways
• Partnership working with University Hospital Coventry on shared pathways and monthly meetings with our partner agencies to agree how we can improve performance on challenged specialties
• Ensure stretched booking targets are achieved
• Undertaking additional sessions to meet demand
• Reinforcing Divisional responsibilities and the role of the clinical lead and nurse specialist

Consistent achievement of this target is one of the Trust’s priority objectives for 2014/15.

Quality and performance priorities for 2014/15
The Trust’s key priorities for 2014/15 continue to reflect its commitment to improve the quality and safety of care delivered to patients. Priorities come under three headings; clinical effectiveness, patient safety and patient experience. These directly relate to the Care Quality Commission domains of quality, safety, effectiveness, caring, responsiveness and being well led. Below are a selection of the Trust’s priorities for 2014/15, more details can be found in the Quality Accounts available on the Trust’s website.

Priority 1 – Clinical effectiveness – High quality care
• Introduction of revised clinical guidelines including the provision of a range of care bundles in order to standardise the delivery.
• The delivery of an Acute Renal Failure bundle, building on the success of the Sepsis, Pneumonia and Heart Failure bundles delivered in 2013/14.
• Deliver improvements to inpatient documentation and communications with GPs and patients. This will include improved documentation and ensuring patients and GPs receive accurate copies of discharge and transfer information within 48 hours of discharge for outpatients and within 5 days of an appointment for outpatients.
• Adopting the NHS England commitment to deliver ‘seven day services’. This will include the implementation of a clinical standard which requires inpatients to be reviewed by a consultant within 14 hours of admission regardless of the day of the week they are admitted.
• The introduction of a quality champion scheme where members of staff can volunteer to champion quality improvement in their particular area.
• The delivery of a new Ward Accreditation Programme to drive up standards in a range of areas including cleanliness, infection control and staff training.
• The implementation of a revised quality strategy (see below).
• Continuing to improve palliative care services to meet the growing needs in North Warwickshire.

Priority 2 – Patient safety – Providing harm free care
• Ensure there are no ‘never events’.
• Deliver a 10% reduction in harm caused through clinical incidents such as falls, pressure ulcers and medication errors.
• Reduce patient falls by 20% with the help of a new ‘falls care bundle’.
• A further 10% increase in the reporting of ‘no harm’ and ‘low harm’ incidents with specific attention being paid to the reporting of medicine related incidents.
• Aim to have no more than nine cases of avoidable hospital acquired C diff.
• Continue the Trust’s zero tolerance of hospital acquired MRSA bloodstream bacteraemia.

Priority 3 – Patient and staff experience
• Increase the response rate for the Friends and Family Test (FFT).
• The Trust’s FFT results were amongst the best 10% in the country towards the end of 2013/14 and it will look to maintain this performance.
• The introduction of a new initiative to understand the experience of the Trust’s younger patients and use this information to drive improvements.
• Increase staff engagement through wellbeing initiatives and recognising excellence in individuals and teams through the further embedding of the Trust’s vision and core values.
• Increase the number of staff accessing the education and development curriculum based on targets attached to the annual funding allocation from HEE (Health Education England), academic funding and local education and training boards allocated funding priorities.
• Maintain the excellent performance in the numbers of staff receiving statutory and mandatory training.

New Quality Strategy
In 2014/15, the Trust will be implementing a new four-year quality strategy aimed at maintaining the momentum achieved by the work to deliver the Keogh Review recommendations. Chief Executive, Kevin Mcgee, has described the new strategy as moving ‘beyond Keogh’ and talked about ensuring staff don’t rest on their laurels when it comes to striving to improve patient care.

The aim is for the strategy to become as central to the organisation over the coming years as the Keogh Review has been over the past year. It will support teams and individuals to deliver outstanding care by providing appropriate training, education, effective leadership and governance processes to continually drive improvements in quality of care.
The strategy is dynamic, meaning that it can be changed and adapted to meet the developing requirements of the organisation. The one thing that will remain constant is the requirement for quality to be championed by all staff who will be expected to live the standards set out in the strategy in their day-to-day job. In the same way that the Keogh Review galvanised staff to work towards a goal of improving care, so will the new Quality Strategy.

The Quality Strategy was approved at the March 2014 Board of Directors meeting and is now available on the Trust website – www.geh.nhs.uk

Performance overview

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>YTD Actual</th>
<th>13/14 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total time spent in A&amp;E - % within 4 hours</td>
<td>93.99%</td>
<td>97.39%</td>
<td>95.80%</td>
<td>96.91%</td>
<td>96.02%</td>
<td>95.00%</td>
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<tr>
<td>Ambulance Handover WMAS - No of clinical handovers completed over 15 minutes of recorded time of arrival at A&amp;E</td>
<td>928</td>
<td>814</td>
<td>809</td>
<td>976</td>
<td>3527</td>
<td></td>
</tr>
<tr>
<td>% 2 week GP referral to 1st outpatient appointment</td>
<td>97.37%</td>
<td>97.22%</td>
<td>97.61%</td>
<td>96.63%</td>
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<tr>
<td>% 2 week GP referral to 1st outpatient appointment - breast symptoms</td>
<td>96.33%</td>
<td>94.10%</td>
<td>97.05%</td>
<td>97.34%</td>
<td>93.80%</td>
<td>93.00%</td>
</tr>
<tr>
<td>% 31 day second or subsequent treatment (surgery)</td>
<td>100.00%</td>
<td>95.45%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>98.73%</td>
<td>94.00%</td>
</tr>
<tr>
<td>% 31 day second or subsequent treatment (drug)</td>
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<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>98.00%</td>
<td></td>
</tr>
<tr>
<td>% 31 day diagnosis to treatment</td>
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<td>99.44%</td>
<td>98.34%</td>
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<td>% 62 day referral to treatment of all cancers</td>
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<td>88.59%</td>
<td>87.43%</td>
<td>75.95%</td>
<td>85.36%</td>
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<tr>
<td>% 62 day referral to treatment from screening</td>
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<td>100.00%</td>
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<td>95.29%</td>
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<tr>
<td>% Friends and Family Test - Inpatient</td>
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<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td>No</td>
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<td>% Friends and Family Test - Maternity</td>
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<td>Yes</td>
<td>Not Started</td>
<td>Yes</td>
<td>Yes</td>
<td>80</td>
</tr>
<tr>
<td>% Community GUM Offered &lt;48hrs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>95%</td>
</tr>
<tr>
<td>% Community GUM Seen &lt;48hrs</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>95%</td>
</tr>
<tr>
<td>% 18 weeks referral to treatment % admitted within 18 weeks</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>90.00%</td>
</tr>
<tr>
<td>% 18 weeks referral to treatment %non-admitted within 18 weeks</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>95.00%</td>
</tr>
<tr>
<td>% 18 weeks referral to treatment % incomplete pathways within 18 weeks</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>92.00%</td>
</tr>
</tbody>
</table>
Background

In September 2013, the Trust began a process to search for a strategic partner organisation with whom it could secure a sustainable future for the hospital and local health care services. This followed an acknowledgement by the Board of Directors that in its current form, the Trust was not sustainable in the long-term.

Six organisations expressed an interest in partnering with the Trust, five of which were issued with an Invitation to Submit Outline Solutions (ISOS) in December. In March, the Boards of the George Eliot and NHS Trust Development Authority (NHS TDA) took the decision not to pursue the procurement process to identify a partner organisation. This was in recognition of the significant improvements in clinical performance at the Trust over the previous year.

Because the improvement over the past year had surpassed expectations, this led both Boards to evaluate the process. There is still a lot of work to do and by stopping the process it was felt that this would allow the Trust to focus solely on maintaining its recent good work and further enhancing quality of care.

The ‘buddying’ relationship between the George Eliot and University Hospitals Birmingham NHS Foundation Trust, put in place to help deliver the recommendations made in the Keogh Review, has assisted in the delivery of many improvements. This arrangement is set to continue to support the Trust in delivering further clinical improvements.

Securing a sustainable future

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Children’s services

On 1 August 2013, children's services changed at George Eliot Hospital. The changes followed a consultation into the future of women’s and children's services carried out by the Arden Cluster Primary Care Trust in 2012.

Several key changes were made to the service including inpatient paediatric services no longer being provided from George Eliot Hospital. Children and young people requiring an inpatient stay are now transferred to another local hospital that can meet their clinical need. In most cases this is University Hospital Coventry but also includes University Hospital Leicester and Birmingham Children’s Hospital. All decisions to transfer are made by a consultant paediatrician.

The opening of a new short stay children's assessment unit (see below) allows children to undergo assessment, observation and treatment between the hours of 8am-10pm.

The new paediatric service has seen a significant increase in paediatric consultants with 11 now employed by the Trust compared to three under the previous service.

All paediatric outpatient clinics continue to run from the George Eliot with the addition of a new kidney disease clinic and neurology clinic. Outpatient appointments for local children receiving inpatient treatment at other hospitals continue to be delivered at the George Eliot.

Maternity and special care baby services continue at the George Eliot as before.

Rosie Goodwin unit opens
Local people were given the opportunity to name the new children’s assessment unit at the George Eliot. The name chosen was ‘The Rosie Goodwin Unit’, named in honour of the best selling local author.

Many of Rosie’s books are set in and around Nuneaton. Rosie was also a placement support worker for social services based in Henry Street, Nuneaton, until she became published in 2004. As well as working for the department, she and her husband were foster carers, a role they continue to perform.

The Trust was delighted that Rosie accepted an invitation to officially open the new unit in August 2013.

Facelift for maternity unit

On the back of securing the future of maternity services on the George Eliot site, the Board of Directors took the decision to invest £700k in renovating the outside of the maternity unit. Local people were given the opportunity to have their say on a new design for the outside of the building when they were asked to vote on five potential options.

The design options were created by local artist Alisha Miller.

Year in summary

New Sexual Assault Referral Centre opens its doors
A new facility offering support to survivors of sexual assault and abuse across Coventry and Warwickshire was opened in March 2013. The Blue Sky Centre, located on the George Eliot site, was officially opened in June 2013 by Baroness Vivien Stern CBE, author of the government-commissioned Stern Review of rape reporting in England and Wales.

The Blue Sky Centre offers support and access to emergency medical treatment to anyone of any age or gender in the area that has been raped or sexually assaulted, and can also refer people to other agencies.

Visitors to the site can speak directly to a specially trained crisis worker who understands how difficult it can be to come forward, without applying pressure to report incidents to the police if the client does not wish to do so.

The centre is the product of a partnership comprised of the NHS, the police, local government and voluntary organisations. The centre is run by Tony Mumford a former Detective Inspector at Warwickshire Police.

The centre saw its first patient on 7 April 2013 and in 2013/14 overall 276 men, women, boys and girls have passed through its doors, nearly a quarter of whom had self-referred while the majority of clients were referred by Warwickshire Police (60%). Half the cases were under 18. During 2013/14, the centre facilitated forensic medical examinations in 131 cases, with 62 clients benefitting from the on-site interview rooms rather than attend a police station.

A significant new service offered by the Blue Sky Centre is the ability for clients who do not want the police involved, or who are unsure about it, to have forensic samples taken and stored in case they decide to report at a later date.

Staff from the centre and its partner agencies have engaged in innovative activities to raise awareness of its existence and sexual violence generally. They have been active in the print, radio and TV media locally, nationally and internationally. The service has featured in Cosmopolitan magazine, on Central TV, BBC Radio 5Live and Australian Channel 9 TV amongst others.

For more information about the Blue Sky Centre, visit www.blueskycentre.org.uk or call 024 7686 5505.
Diabetes team launch bid to build ‘world class’ facility

In February, diabetes specialists set out their vision to provide world class health care to the people of North Warwickshire and the surrounding area right on their doorstep.

Their plans involve the opening of a new diabetes centre of excellence on the hospital site that will specialise in providing state of the art care to patients as well as providing facilities for education and cutting edge research.

The team launched a fundraising initiative to raise £2 million to build the centre and develop the service. The fundraising effort got off to a great start thanks to a £26k legacy left as part of a will by a local resident. Since then they have run several fundraising events.

North Warwickshire and the surrounding area have a high incidence of diabetes among its population, with over 10,000 people receiving treatment for the condition. As well as providing a service for these people, the team will also be looking to reduce this trend through programmes of healthy living education in the community.

Donations to help build the Diabetes Education and Research Centre can be made in the following ways:
- Via http://www.justgiving.com/IDEA-fund
- By texting the word IDEA 99 followed by the amount to 70070
- Or call the Diabetes care team on 02476865212

Making the change

George Eliot staff marked NHS Change Day 2014 by making pledges to further improve the care and service they give to local people.

The national event, which took place Monday 3 March 2014, is a grassroots movement that aims to harness the collective energy, creativity and ideas of thousands of people to improve the care and wellbeing of people who use healthcare services, their families and staff.

Example pledges

"I pledge to speak out when I see a patient isn’t receiving good enough care.”

"I pledge to ensure my passion is contagious.”

"I pledge to let the patient know I am their named nurse for the shift.”

"I pledge to give patients five minutes of my time just to have a chat.”

"I pledge to treat patients like they were my grandparents.”

"I pledge to be more aware of mental health issues amongst staff and visitors.”

"My pledge is to commit to providing the very best of care to patients with the same enthusiasm as when I started work in the NHS 40 years ago.”

"I pledge to make sure patients understand the plan for their care both in and out of hospital.”

"I pledge to encourage all staff to give 10 minutes out of their day to talk to a patient.”

"I pledge to remind myself regularly that patient care is central.”

"I pledge to invite a patient to our next stroke meeting and act on their feedback.”
Edward says goodbye

In 2013/14 the Trust said goodbye to one of its longest serving members of staff, Chaplaincy Team Leader, Canon Edward Pogmore, who joined the Trust in 1989 and retired in March 2014. One of his final duties was to lead a service celebrating the 20th anniversary of the dedication of the chaplaincy centre.

Edward has been replaced by Reverend Ricarda Witcombe. Ricarda was ordained in 2001 and for the past eight years has been Vicar of St. Paul and St. Stephen in Gloucester. She has a background in health care having trained as a nurse at Westminster Hospital in London.

First George Eliot Fun Run

In September 2013, 160 runners took part in the first ever George Eliot Hospital NHS Trust 5k Fun Run. The Trust raised more than £6,500 to purchase valuable equipment for the Breast Care Unit.

The event was started by Councillor Bob Copland, Mayor of Nuneaton and Bedworth and amongst the runners was Marcus Jones, MP for Nuneaton. The winner of the men’s race was Namir Batin from Nuneaton. The winner of the women’s race was Claire Hune, who was representing Red Roofs GP Surgery in Nuneaton.

The fun run for 2014 will take place on Sunday 29 June starting at 11am from the George Eliot Hospital Training and Education Centre (GETEC) car park. All the money raised will be used to buy equipment to support dementia patients.

Applications forms for the event can be found on the Trust website (www.geh.nhs.uk) or can be obtained by calling 024 7686 5400.

Patients given the opportunity to provide ‘smart’ feedback

In November, providing feedback for patients with smartphones became easier. Patients with iPhones and other makes of smartphone can now scan a QR code that will take them to a site where they can leave real time feedback on the care they are receiving. The QR code is available on cards from nursing stations and reception areas across the Trust.

Patients can use this feedback mechanism to rate different aspects of the care they are receiving or have received, including cleanliness, safety and privacy. All the feedback can be broken down to ward, specialty and consultant level and can be accessed by the Trust in real time, meaning issues can be addressed promptly.

Trust consultant leads international research

Dr Ponnusamy Saravanan, Consultant Diabetologist at the George Eliot and Associate Clinical Professor at Warwick Medical School, has been leading a groundbreaking international research programme into diabetes. Pregnant women from the Midlands were invited to join in the PRiDE Micronutrients in Pregnancy study, an international collaborative study involving women from Warwickshire, Southampton and India.

The PRiDE study, funded by the Medical Research Council (MRC UK), examines nutrients (in particular vitamin B12 and folic acid) in early pregnancy and how this affects the mother developing diabetes in pregnancy and her child’s risk of obesity and diabetes in later life.

Major changes at the Leicester Urgent Care Centre

The George Eliot run Leicester Urgent Care Centre underwent a significant transformation during 2013/14. This completely changed the nature of the service, meaning that they now manage the front door for the whole Emergency Department at Leicester Royal Infirmary. This means that all adult ambulatory patients now arriving at the Leicester Royal Infirmary Emergency Department are given an initial assessment by a nurse from the Urgent Care Centre before being directed towards the appropriate service; either the main Emergency Department, the main Urgent Care Centre or arranging an appointment with the patient’s GP within 24 hours.

This new way of working has led to a doubling of the attendance rate from around 4,000 a month to around 8,000 a month. This increase in activity was managed through an increase in staffing.

Despite a significant transformation to the service, patient satisfaction and quality of care has remained high as demonstrated by the Friends and Family Test, a CQC feedback mechanism, which showed that the waiting time to transfer times to the majors area in the Emergency Department.

In order to accommodate the rise in attendances, the Urgent Care Centre will move to larger premises in September 2014.

New equipment for maternity unit

In July 2013, local MPs, Marcus Jones and Dan Byles, opened a brand new facility in the Trust’s maternity unit.

Marcus, MP for Nuneaton, and Dan, MP for North Warwickshire, opened the new bariatric room as part of a tour of the labour suite and special care baby facilities at the hospital. The room is designed to improve the comfort and safety of women with a high Body Mass Index (BMI). The facility is equipped with a wet room, bariatric furniture, a bariatric hoist and a larger capacity bed. The new equipment makes it easier for staff to monitor and assess these women and their babies during labour.

North Warwickshire has high levels of obesity amongst its population and this can lead to problems for women at every stage of pregnancy. To help these women, the Trust runs a special antenatal clinic for women with a high BMI that provides advice on diet and exercise to help them maintain a healthy weight and make plans for the labour and birth.

NHS at 65

In August 2013, Trust staff went back in time to celebrate the 65th anniversary of the NHS. The occasion was marked with a 1940s themed event at the hospital with staff dressing up in clothes from the era and taking part in a vintage tea party where ration books were exchanged for lunch. Entertainment was provided by the Trust’s very own 1940s singers, The Vintage Girls.
Our vision is to EXCEL at patient care

The Trust was one of four nationally chosen to pilot the new Lorenzo Electronic Patient Record (EPR) system. Currently, the vast majority of hospital health records across the NHS in England are held in traditional paper form. Lorenzo EPR aims to revolutionise the way the NHS works by moving away from paper based records towards electronic records, something outlined in the NHS Digital Agenda.

Last year, the Trust was successful in obtaining £20 million in funding from the Department of Health to enable it to deliver Lorenzo EPR.

Lorenzo EPR will help the Trust treat patients more effectively. This means that over time, all the information about a patient’s medical history and treatment will be in one place rather than separate places within the hospital.

Current systems, which include both paper-based and a variety of computer records, mean that different sets of information are currently within different departments across the Trust. This can sometimes cause unnecessary delays in getting to the information required.

Lorenzo EPR is an advanced system able to store more in-depth patient information for the hospital. Once deployed it will pull each patient’s clinical, administrative and demographic information into a single record in one place.

Benefits
Once Lorenzo EPR is fully deployed, all Trust staff who are directly involved with the treatment of patients will be able to quickly share information such as administrative data, test results and diagnoses. This will help to give an accurate picture of a patient’s medical history.

By having quicker access to records, including any prescriptions and allergies a patient has, hospital staff will be able to provide more effective care. For example, decisions can be made about what medicine to prescribe when it is known what a patient is already taking or if the patient has had a bad reaction to a particular medicine in the past.

As more information is stored electronically, there will be greater controls over who can access this information and a complete audit trail will be available. The system is fully backed up which means there is no risk to a patient’s data being lost or damaged.

Deployment
Lorenzo EPR will be delivered in three phases. Phase one is due to go live in June 2014. This will comprise of three modules:

Care management
This will provide all the administrative functionality necessary for:
- Referral receipt and management
- Outpatient scheduling and appointment booking
- Outpatient management
- Waiting list management
- Inpatient admission scheduling
- Full admission discharge and transfer functionality
- Recording health alerts and allergies

In addition, the maternity part of the care management module will also provide functionality for the clinical component of the EPR including clinical noting and additional clinical data capture forms.
Maternity
This module supports the continuum of care for maternity patients and enables obstetrics healthcare professionals to manage pregnancy care through the antenatal, labour and postnatal period across all locations and care settings, including the patient’s home.

Preparation for implementation
Ahead of the implementation of phase one, 1100 staff will have undertaken mandatory training and training on specialist modules and more than 1800 printers and PCs will have been adapted to meet Lorenzo EPR requirements.

Emergency
The emergency care module will provide functionality to support:
- Patient registration and creation of attendance
- Patient triage status
- A ‘whiteboard’ facility’ to provide key information for patients currently in A&E
- Details of interventions and treatments provided through the antenatal, labour and postnatal period across all locations and care settings, including the patient’s home.

Phase two of Lorenzo EPR, which will implement additional clinical functionality, is due to go live in 2015.

Charitable funds
In 2013/14, donations have come from many different sources including members of the local community, patients and carers, and local organisations. Donations in 2013/14 came to £147,000, which included legacy of £51,000. Expenditure from the fund was £108,000 which included £57,000 on medical equipment and furniture and equipment for patients.

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

Events throughout the year have included, but are not limited to:
- £26,000 legacy to Coronary Care and £26,000 legacy to Diabetes Centre. The Coronary Care Unit are putting this money towards a new Echo Cardiograph Machine and the Diabetes team are putting the money toward the building of a new diabetes centre.
- £1,000 raised for the breast care unit through a charity football match will be put towards the purchasing of a new ultrasound machine as will the £6,000 raised through the Trust’s first 5km Fun Run (see page 46) and donations from several local golf clubs.
- A substantial donation by the Trust’s League of Friends will also be put towards the purchase of this machine.
- Further donations of £2,000 from local charity ‘Katrina Charity of Angels’. This is in addition to £2,500 raised since they started fundraising for the Special Care Baby Unit in 2012.
- Generous Donations from Argos, Asda and Tesco’s.
- Nuneaton Market Traders raised £800 in memory of a colleague to purchase Dyson bladeless fans for wards
- A local woman donated £2,000 for the Trust to say thank you for the care she received.
- Several benches have been donated by relatives in memory of loved ones.

The League of Friends and their army of volunteers have continued to work tirelessly to support the Trust and its patients. The two teabars are the main source of regular income for the League but they also accept donations and legacies from local people and hold sale stalls in the hospital.

During 2013 the League purchased £65k worth of equipment for the Trust and they are on course to top this in 2014.

The League of Friends has raised over £4million since it was formed in 1955 and the Trust is immensely grateful for their ongoing support.
Our people

Investment in staffing

The Trust has made significant investment in staffing during 2013/14 with a view to improving staff to patient ratios, delivering key services, improving performance and delivering sustainable seven-day working patterns.

Over the summer of 2013 we recruited 11 new paediatric consultants to help deliver the new children’s service, an increase from three in post under the previous paediatric service.

In December 2013 the Trust was pleased to welcome James Avery to the newly created position of Head of Quality and Mortality. This post was created following the Keogh Review and aims to help us deliver sustainable improvements to mortality and quality. Amongst other things, his role involves ensuring care bundles for various conditions are fully utilised and reviewing consultant job plans to assist in the delivery of seven-day clinical services.

The new Acute Medical Unit is staffed by six newly appointed consultant physicians and a newly appointed nurse consultant whose main role is to ensure patients are receiving the appropriate care in the appropriate place.

Earlier in the year, the Trust announced additional investment for 5.5 full-time equivalent (FTE) A&E nurses and 3.3 FTE midwives.

In January 2014, the Trust’s Board of Directors announced £400k investment to increase the number of nurses on duty on wards over night. The investment is intended to improve the skill mix and increase the ratio of nurses to beds at night. The investment has led to the appointment of 10 whole time equivalent nurses to work on the larger wards.

Staff survey

Results from the 2013 staff survey show several improvements in key indicators such as:
- Staff recommendation of the Trust as a place to work or receive treatment for the fourth consecutive year.
- Overall staff engagement has increased for the second consecutive year.
- The proportion of respondents responding positively to the question "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation” has also increased.

Staff wellbeing strategy

A new Wellbeing Strategy, compiled by the Trust’s Workforce Wellbeing Group (WWG), was approved by the Trust Board in September 2013. Priorities and actions from the strategy have been taken forward by the WWG. This has seen the introduction of a number of initiatives to support the Trust’s commitment to improving health, wellbeing and working environment for staff:
- Staff EXCEL awards (see page 12).
- The introduction of electronic exit feedback for staff leavers.
- The introduction of a leadership development programme and enhanced managers’ development programme.
- Health and wellbeing initiatives aimed at staff including smoking cessation and alcohol support.

Volunteers

Volunteers provide assistance to both staff and patients in a variety of roles. The Trust has over 300 volunteers working as part of the Trust’s official volunteer programme or as part of support groups such as Anker Radio, the Chaplaincy, the League of Friends, the Members’ Advocacy Panel (MAP) and Patient Advocacy Forum (PAF). The Trust is extremely grateful for the valuable contribution every volunteer brings to the organisation.

The number of volunteers is steadily increasing but the Trust is always looking to recruit more. If you have any time to spare, why not consider sharing it with the hospital as a volunteer. All the Trust asks is that you are willing to make an initial commitment of six months and are willing to volunteer on a regular basis during that time. Many volunteers have been working at the Trust for a number of years and would be happy to share their experiences.

In recent months the type of roles available have extended as new services have been introduced and now include a need for volunteers to provide aromatherapy and to assist with a book lending service provided by Warwickshire County Library Service. The Trust is particularly keen to recruit volunteers to help on the new Acute Medical Ward. If you think that you would be interested in volunteering and would like to learn more please email the Patient Advice and Liaison Service (pa@geh.nhs.uk) or call Christine Longstaff on (024) 7615 3568.

Local youngsters given opportunity to shape Trust’s future

Local youngsters now have the opportunity to shape the future of the hospital and local health care services as part of a new Youth Members Forum (YMF). Members of the YMF act as advocates for the hospital, communicating with local youngsters, representing their views and feeding them back to the Trust’s executive team.

Green fingers support healthy living

Green fingered locals helped to bring a touch of the good life to the George Eliot in 2013. The Trust has been working in partnership with the Nuneaton Federation of Allotments to create a fruit and vegetable patch in the hospital’s Tranquillity Courtyard.

Members of the College Street Allotment Association are tending the crop on a regular basis, planting a variety of vegetables including onions, carrots, cabbages, beetroot, tomatoes and strawberries. Staff at the hospital can take some of the crop home.
Equality and diversity
The Trust has adopted a Single Equality Scheme and Equality Delivery Service (EDS) to help eliminate discrimination and reduce inequalities between staff groups and service users. This document also sets out how disabled employees are supported to work at the Trust.

The Trust has an Equality and Diversity Group that meets monthly to ensure the Trust is meeting its equality obligations in relation to ensuring all service users and staff are treated fairly.

Recent achievements
This Trust has signed up to the Diverse Champion Scheme. This involves individual members of staff agreeing to take on the role of an equality and diversity champion to help create a more personal, fair and diverse NHS.

Better health outcomes for all
As part of the Trust’s Public Health and Wellbeing Strategy, task groups have been set up to work alongside targeted communities and groups with special needs. This includes the appointment of an alcohol liaison office, the implementation of a Stop Smoking in Pregnancy Service and the introduction of a programme to support improvement in dental health for learning disability patients.

New multicultural handbook
New multicultural handbooks are now available on all wards and departments. These contain information on all the resources available to staff to help provide high quality care for patients.

These handbooks contain guides on:
• What to do when a patient can’t speak English or is blind or deaf
• How to use the telephone interpreting service Languageline
• How to book an external interpreter or sign language interpreter
• Cultural and religious information
• Cultural menus
• Chaplaincy information
• Local black and minority ethnic community groups

Improving access and experience
The Trust carries out inspections of the hospital alongside patients with disabilities. These help to identify issues affecting such patients. The programme includes an in-depth review of the hospital site to benchmark alongside building regulations for disabled users.

The views of younger service users are now heard through a newly established Youth Members Forum YMF. This gives younger members of the community the opportunity to shape the future of the hospital and health services. Members of the YMF act as advocates for the hospital, communication with local youngsters, representing their views and feeding them back to the Trust’s executive team.

Workforce overview (as of 31 July 2013)
This table compares the percentage of various ethnic groups and gender against the local ethnic makeup. This is based on data in the 2011 census. Graph showing age of workforce

Ethnicity Overview %
as at 31st July 2013

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Nuneaton &amp; Bedworth</th>
<th>George Eliot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Population Number</td>
<td>%</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>5705</td>
<td>4.6%</td>
</tr>
<tr>
<td>Pakistani</td>
<td>527</td>
<td>0.4%</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>51</td>
<td>0.1%</td>
</tr>
<tr>
<td>Chinese</td>
<td>304</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian Other</td>
<td>409</td>
<td>0.3%</td>
</tr>
<tr>
<td>Other</td>
<td>4425</td>
<td>3.6%</td>
</tr>
<tr>
<td>Not Stated/Undefined</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>125,252</td>
<td>100%</td>
</tr>
</tbody>
</table>
The year ahead

Care Quality Commission inspection
The 2014/15 financial year will start with a review by the Care Quality Commission. The inspection will focus on the care provided at the hospital, specifically eight core service areas: A&E; acute medical pathways including the frail and the elderly; surgery and theatres; critical care; paediatrics; end of life care and outpatients. The team will look at the Trust and each of these core areas and check that they are safe, effective, caring, responsive to people’s needs and well-led. Special attention will be paid to the recommendations made in last year’s Keogh Review and ensuring that these have been implemented appropriately.

A senior NHS clinician or executive, working alongside senior CQC inspectors, will head the inspection team. The teams will include professional and clinical staff as well as other experts, including trained members of the public.

New Quality Strategy
The Trust will be implementing a new four-year quality strategy aimed at maintaining the momentum achieved by the work to deliver the Keogh Review recommendations. Chief Executive, Kevin McGee, has described the new strategy as moving ‘beyond Keogh’ and talked about ensuring staff don’t rest on their laurels when it comes to striving to improve patient care.

The aim is for the strategy to become as central to the organisation over the coming years as the Keogh Review has been over the past year. It will support teams and individuals to deliver outstanding care by providing appropriate training, education, effective leadership and governance processes to continually drive improvements in quality of care.

The strategy is dynamic, meaning that it can be changed and adapted to meet the developing requirements of the organisation. The one thing that will remain constant is the requirement for quality to be championed by all staff who will be expected to live the standards set out in the strategy in their day-to-day job. In the same way that the Keogh Review galvanised staff to work towards a coming goal of improving care, so will the new Quality Strategy.

The Quality Strategy was approved at the March 2014 Board of Directors meeting and is now available on the Trust website – www.geh.nhs.uk
In February, the Trust announced the appointment of Dr Gordon Wood as new Medical Director. From 1 April 2014, Dr Wood will take over from Mr Andrew Arnold who is retiring. Thanking Mr Arnold for all his work at the Trust, Chief Executive, Kevin McGee, said: “Everyone at the Trust and the wider community owes a great deal of gratitude to Mr Arnold; his medical leadership has been invaluable in helping the Trust to deliver the recommendations made in the Keogh Review. He has been instrumental in helping to deliver improvements to mortality rates and implementing seven day working patterns at the Trust that will change the way we work for the benefit of our patients.

“Mr Arnold was also instrumental in ensuring the future of maternity and children's services on the George Eliot Hospital site. He felt passionately that local people deserved to continue to receive these services on the George Eliot site and fought hard to ensure this was the case.

“Dr Wood, in his role as Associate Medical Director, has also played a key role in helping us to deliver the recommendations made in the Keogh Review, especially around the recent improvements we have seen to mortality rates. This makes him a natural replacement to continue Mr Arnold's good work and ensure the Trust achieves much needed clinical stability.”

In December, the Trust welcomed new Director of Finance, Shahana Khan, Shahana joined the George Elliot from NHS England’s Birmingham, Solihull and Black Country Area Team where she was Finance Projects Director. She took over from Chris Bradshaw who continues in his role as Deputy Chief Executive.

The Trust also said goodbye to two non-executive directors in 2013/14, Malcolm Dade and Chris Spencer.
Shahana Khan – Director of Finance and Performance (since December 2013)  
(Voting member)  
- Finance  
- Performance  
- Procurement  
- Information & Clinical Coding  

Dorothy Hogg – Director of Human Resources (Non-Voting member)  
- Human Resources (HR)  
- Organisational Development (OD)  
- Education & Training (management)  
- Chief Knowledge Officer  

Kath Kelly – Director of Operations (Voting member)  
- Operational management team  
- Emergency preparedness  
- Winter planning  
- Elective & Emergency Transformation care  
- Development and delivery of clinical service strategy  
- Delivery of key performance indicators  
- Divisional accountability model  
- GP & Practice Engagement  

Dawn Wardell, Director of Nursing (Voting member)  
- Nursing and Midwifery workforce  
- Director of Infection Control  
- Decontamination  
- Safeguarding Adults and Children  
- Accountable Officer- Controlled Drugs  
- Mortality  
- Education & Training (Clinical Non- Medical)  
- Clinical Quality (Lead)  
- Mental Health Act  
- Chaplaincy  
- Patient Experience  
- Allied Health Professionals  

Julie Whittaker – Director of Community Services (Non-Voting member)  
- Community Services  
- Primary Care Services  
- Public Health Services  
- Estates  

Mr Andrew Arnold – Medical Director (Voting member)  
- Medical Workforce  
- Governance- Clinical  
- Paediatric Review  
- Accountable Officer- Medical Practice  
- Mortality (Lead)  
- Education & Training (Medical)  
- Patient Safety (Lead)  

Non-executive team  
- Non-executive directors bring independency, 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 challenges. They also act as chairs and participants of key committees that support accountability.  

Non-executive directors actively support and promote a healthy culture for the organisation and reflect this in their own behaviour and provide visible leadership in developing a healthy culture so that staff believe they provide a safe point of access to the board for raising concerns. They also satisfy themselves of the integrity of financial and quality intelligence including getting out and about, observing and talking to patients and staff. They ensure the board acts in the best interests of patients and the public.  

Stuart Annan – Chairman (Voting member)  

Rupert Herd - Non-executive Director (Voting member)  

Don Navarro - Non-executive Director (Voting member)  

Chris Spencer - Non-executive Director (Voting member)  

Register of interests  

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stuart Annan*</td>
<td>Chair</td>
<td>Director- “Terrain” Ltd, Management consultancy Daughter- Occupational therapist</td>
</tr>
<tr>
<td>Kevin Mc Gee</td>
<td>Chief Executive</td>
<td>Nil return</td>
</tr>
<tr>
<td>Andrew Arnold</td>
<td>Voting – Medical Director</td>
<td>Nil return</td>
</tr>
<tr>
<td>Rupert Herd</td>
<td>Non Executive Director</td>
<td>Member of the Labour party Spouse an employee of GEH Trust Borough Councillor for Ward of Arbury</td>
</tr>
<tr>
<td>Don Navarro</td>
<td>Non Executive Director</td>
<td>Member of the Labour party Spouse an employee of GEH Trust Borough Councillor for Ward of Arbury</td>
</tr>
<tr>
<td>Chris Spencer</td>
<td>Non Executive Director</td>
<td>Director- Manx Cable Company Member of Conservative party Volunteer with Prince’s Trust</td>
</tr>
<tr>
<td>Willy Goldschmidt</td>
<td>Non Executive Director</td>
<td>Director – Redshift IT Ltd Trustee of the Friends of the Hospital St Cross Ambassador for Stemnet and Bloodhound SSC Business mentor for the Prince’s Trust</td>
</tr>
<tr>
<td>Claire Lea</td>
<td>Non Executive Director</td>
<td>Director of Charis Consultants Limited – providing specialist governance support and training to the NHS Shareholder of Charis Consultants Limited Trustee of OSCAR – the UK information service for world mission Associate of the Good Governance Institute Associate of the Capsticks Governance Team Associate of the Foundation Trust Network Member of the Griff &amp; Coton Sports Club</td>
</tr>
<tr>
<td>Shahana Khan</td>
<td>Voting – Director of Finance &amp; Performance</td>
<td>Board Member of Accord Housing Association</td>
</tr>
</tbody>
</table>

Stuart Annan – Chairman (Voting member)
## Register of interests

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Declaration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kath Kelly</td>
<td>Voting – Director of Operations</td>
<td>Nil return</td>
</tr>
<tr>
<td>Dawn Wardell</td>
<td>Voting – Director of Nursing &amp; Quality</td>
<td>Company Secretary – Securex Security Ltd</td>
</tr>
<tr>
<td>Chris Bradshaw</td>
<td>Non Voting – Deputy Chief Executive</td>
<td>Governor Director - Queen Alexandra College &amp; subsidiaries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member Healthcare Financial Management Association</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Membership of Autism, West Midlands</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Membership of National Autistic Society</td>
</tr>
<tr>
<td>Dorothy Hogg</td>
<td>Non Voting – Director of Human Resources</td>
<td>Nil return</td>
</tr>
<tr>
<td>Claire Campbell</td>
<td>Non Voting – Director of Governance &amp; Quality</td>
<td>Nil return</td>
</tr>
<tr>
<td>Julie Whittaker</td>
<td>Non Voting – Director of Community Services</td>
<td>Nil return</td>
</tr>
<tr>
<td>Chris Bain</td>
<td>Non Executive Director</td>
<td>Associate Mental Health Act Manager with Coventry &amp; Warwickshire NHS Partnership Trust</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of Labour party</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Affiliate member of Healthcare Financial Management Association</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Member of the elective Board of the Institute of Healthcare Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Elected member of the Central Council of the Socialist Health Association</td>
</tr>
<tr>
<td>Malcolm Dade</td>
<td>Non Executive Director</td>
<td>Director – MMD- Associates Ltd</td>
</tr>
</tbody>
</table>

* This declaration has been carried over from last year due to sick leave and will be reviewed upon return to work.
## Remuneration

### Directors Remuneration

**Salaries and allowances**

### A) Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>2013-14</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary (bands of £5,000)</strong></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Expense Payments (taxable) to nearest £100</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Performance pay and bonuses (bands of £5,000)</strong></td>
<td>£000</td>
<td>£000</td>
</tr>
<tr>
<td><strong>Long term performance pay and bonuses (bands of £5,000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All pension-related benefits (bands of £2,500)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL (bands of £5,000)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHAIRPERSON</strong> Stuart Annan Chairperson</td>
<td>20-25</td>
<td>20-25</td>
</tr>
<tr>
<td><strong>EXECUTIVE DIRECTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kevin McGee Chief Executive</td>
<td>145-150</td>
<td>145-150</td>
</tr>
<tr>
<td>Chris Bradshaw Deputy Chief Executive and Director of Finance and Performance Voting until 2/12/13</td>
<td>65-70</td>
<td>95-100</td>
</tr>
<tr>
<td>Shahana Khan Director of Finance and Performance From 2/12/13</td>
<td>35-40</td>
<td>120-125</td>
</tr>
<tr>
<td>Andrew Arnold Medical Director Until 31/3/14</td>
<td>120-125</td>
<td>120-125</td>
</tr>
<tr>
<td>Katherine Kelly Director of Operations</td>
<td>90-95</td>
<td>90-95</td>
</tr>
<tr>
<td>Dawn Wardell Director of Nursing</td>
<td>85-90</td>
<td>85-90</td>
</tr>
<tr>
<td><strong>NON EXECUTIVE DIRECTORS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rupert Herd Non Executive Director</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>Chris Bain Non Executive Director Until 31/3/14</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>Malcolm Dade Non Executive Director Until 31/1/14</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>Don Navarro Non Executive Director</td>
<td>5-10</td>
<td>5-10</td>
</tr>
<tr>
<td>Chris Spencer Non Executive Director</td>
<td>5-10</td>
<td>5-10</td>
</tr>
</tbody>
</table>
In 2013/14 the Trust incurred a deficit of £10.2m compared to the £7.9m deficit plan approved at the start of the year. The increase of £2.3m reflects ongoing investment in improving quality of care and running additional capacity for much of the year due to high demand for services. Investments were made in clinical resources, including more doctors and nurses that have directly led to improvements in the quality of our services. This has been borne out in the improvements in our quality and performance indicators, such as Hospital Standardised Mortality Ratio (HSMR) and A&E performance. These investments have not been funded and therefore have increased the reported deficit to £10.2 million.

The following chart summarises the income and expenditure performance since 2005/06:

The cumulative deficit which started at £8.1m at the end of 2005/06 reduced to £2.4m but with the deficit this year has now increased to £12.5m. The 2005/06 deficit was financed by a £6.8m working capital loan which was fully repaid in 2011/12.
Our vision is to EXCEL at patient care.

The following chart shows the cumulative deficit and cash finance since 2005/06:

### Healthcare Income

Healthcare income was commissioned from the Clinical Commissioning Groups (CCGs) and Local Area Teams (LATs) which came into existence from April 2013 following the restructuring of commissioning services within NHS England. Some services previously commissioned by primary care trusts where commissioned by Local Authorities from April 2013.

In 2013-14 the Trust received 64% of its income from North Warwickshire CCG and in total 88% of healthcare income from CCGs; a further 11% came from Local Area Teams which included the Prescribed Services and 1% from Local Authorities.

The following chart shows the income:

### Expenditure

Pay expenditure increased by 15% in 2013-14 when compared with the previous year. This included the investment in doctors and nursing staff to improve clinical services, the expansion of services provided at Leicester Urgent Care Centre and the employment of staff working on the Lorenzo project which was fully rechargeable to the Department of Health.

Non Pay expenditure increased by 6% and included increases in Establishment and Premises expenditure.

The following chart shows the expenditure trend:

### Cash Flow

In 2013-14 cash balances reduced by £8.8m to £1.1m at the end of March 2014. Cash balances where broadly in line with the revised plan ending the year slightly higher than the £0.5m forecast, because of the timing of capital payments at the year end.

The Trust applied through the NHS Trust Development Authority to the Independent Trust Financing Authority for cash to finance the revenue deficit and £7.9m additional Public Dividend Capital was approved and drawn down by the Trust before the end of March. The remaining finance deficit was covered by a planned reduction in cash balances.
**Staff numbers and employment costs**

The following table shows the changes in staff numbers compared with the two previous years.

<table>
<thead>
<tr>
<th></th>
<th>2011/12*</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and dental</td>
<td>269</td>
<td>290</td>
<td>309</td>
</tr>
<tr>
<td>Administration and estates</td>
<td>385</td>
<td>377</td>
<td>452</td>
</tr>
<tr>
<td>Healthcare assistants and other support staff</td>
<td>168</td>
<td>151</td>
<td>149</td>
</tr>
<tr>
<td>Nursing and midwifery</td>
<td>794</td>
<td>845</td>
<td>960</td>
</tr>
<tr>
<td>Scientific, therapeutic and technical</td>
<td>216</td>
<td>209</td>
<td>226</td>
</tr>
<tr>
<td>Other</td>
<td>45</td>
<td>45</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>1,877</td>
<td>1,917</td>
<td>2,145</td>
</tr>
</tbody>
</table>

The comparison shows the increase in doctors and qualified nursing and midwifery staff following the planned investment in clinical staff. There has been an increase in administration and estates staff because of the recruitment of apprentices (circa 8 staff) and the engagement of staff working on the new IT patient administration system, Lorenzo, (circa 40 staff). Overall there has been a 12% increase in the average number of whole time equivalents in post in 2013-14 compared to the previous year, this compares to a 15% increase in staff costs.

**Capital investment**

This year has seen a planned increase in capital expenditure with expenditure of £7.6m. This was funded from internally generated funds of which £3.3m had been carried forward from the previous year in cash balances.

There was a significant increase in expenditure on the estate in 2013-14 which included the improvement in clinical accommodation in Middelmarch House (£0.6m), the reconfiguration of the Acute Medical Unit (£0.5m), the purchase and conversion for the Lorenzo team of the former Ambulance Station (£0.4m), ward and corridor upgrades (£0.4m) and replacement of general plant and equipment (£1.3m). There was also an investment in Radiology with the refurbishment of X Ray room 2 and 4 (£1.1m). Other expenditure included the replacement of medical equipment (£0.9m) and Information Management and Technology (£1.1m).
The following chart shows capital investment in 2013-14 compared to previous years:

Pay Multiples
The banded remuneration of the highest paid director in the George Eliot Hospital NHS Trust in the financial year 2013-14 was £145,000-£150,000 (2012-13, £140,000-£140,000). This was 7.1 times (2012-13 6.4 times) the median remuneration of the workforce, which was £20,638 (2012-13, £22,676).

In 2013-14, no employees (2012-13, none) received remuneration in excess of the highest-paid director.

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.

External Auditors
The Trust's auditors for completing the statutory audit in 2013-14 are Grant Thornton UK LLP. The audit fee charged is £70,990 plus VAT.

Audit committee
The Trust’s Audit Committee is made up of all the non-executive directors, including the chairman, and the Director of Finance.

Tax Arrangements of Public Sector Appointees

<table>
<thead>
<tr>
<th>For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months:</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of existing engagements as of 31 March 2014</td>
<td>3</td>
</tr>
<tr>
<td>for less than one year at the time of reporting</td>
<td>1</td>
</tr>
<tr>
<td>for between one and two years at the time of reporting</td>
<td>2</td>
</tr>
<tr>
<td>for between 2 and 3 years at the time of reporting</td>
<td></td>
</tr>
<tr>
<td>for between 3 and 4 years at the time of reporting</td>
<td></td>
</tr>
<tr>
<td>for 4 or more years at the time of reporting</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For all new off-payroll engagements between 1 April 2013 and 31 March 2014, for more than £220 per day and that last longer than six months:</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new engagements between 1 April 2013 and 31 March 2014</td>
<td>1</td>
</tr>
<tr>
<td>Number for whom assurance has been requested</td>
<td>1</td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>assurance has been received</td>
<td>1</td>
</tr>
<tr>
<td>assurance has not been received</td>
<td></td>
</tr>
<tr>
<td>engagements terminated as a result of assurance not being received, or ended before assurance received.</td>
<td></td>
</tr>
</tbody>
</table>

Financial deficit
The 2013/14 financial year was particularly challenging for the Trust, both clinically and financially. At January’s Board of Directors meeting, the Trust announced that its deficit was going to be more than expected; £10.2million instead of the originally predicted £7.9million.

This increased deficit reflects ongoing investment in improving quality of care and running additional capacity for much of the year due to high demand for services.

The Trust has made significant investment in improving quality of care and capacity management during 2013/14 including the opening of a new Ambulatory Medical Unit, expansion of its ambulatory care facility and increased seven-day working, all of which have helped us to improve patient flow and better management capacity.

The benefits of these investments have been felt with improvements to mortality rates and A&E waiting times. These improvements have additional investment in the short-term, but in the long-term it is expected they will deliver financial benefits.

To address the increase the Trust introduced urgent measures to control expenditure while ensuring these do not undermine the improvements being made to quality of care. The focus will remain on reducing waste and ensuring resources are being utilised effectively while continuing to push to improve quality, safety and the patient experience.

The commitment to continue to invest in quality was evident in the significant investment made in frontline staffing and infrastructure during 2013/14.
Land Value
Land occupied by the Trust is valued at £7.766m and is based on residential or commercial land values in the Nuneaton area. The value is based on a professional valuation provided by GVA. This carrying value may be different from a commercial value if the land was for sale.

Pension Liabilities
Employees of the Trust are covered by the NHS and NEST Pension schemes. The Trust liability for the schemes at the end of the financial year are the pension contributions relating to March payroll which comprise employees’ deductions and employers’ contributions which were paid to the schemes in April. Details of the NHS Pension scheme benefits can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The global consensus on the need for prompt and coordinated action to address the worst effects of Climate Change and sustainable management of finite resources has prompted action by organisations, individuals and Governments. The publication of the NHS Carbon Reduction Strategy (CRS) for England in January 2009 set a mandatory framework for NHS organisations to embed sustainability into their culture and operations, contributing to overall carbon emission reduction targets.

Sustainable development is fundamentally about managing resources in order to meet current needs, in a way that does not compromise the ability of future generations to meet their own needs.

How the NHS behaves can make a big difference to people’s health and to the wellbeing of society, the economy and the environment. The CRS calls on NHS organisations to use their corporate powers and resources in ways that benefit rather than damage the social, economic, and physical environment in which we all live. Becoming more sustainable can save money, benefit population health and can help reduce health inequalities. Many measures that improve health also contribute to sustainable development and vice versa.

The Trust has a Sustainable Development Management Plan (SDMP) in place to address the need to reduce carbon emission and improve sustainability.

Energy and environmental performance
Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

As a part of the NHS, it is our duty to contribute towards the goal set in 2009 of reducing the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2015.

Energy
The Trust spent £1.5m on energy in 2013/14, which is a 7.1% increase on energy spend from 2012/13.
None of the electricity used came from renewable sources generated by the Trust.

Energy usage within its buildings is the single largest contributor to the Trust’s carbon footprint. The Trust’s SDMP contains a shortlist of invest-to-save energy conservation initiatives designed to reduce the Trust’s CO2 emissions in line with the target of 10% by 2015, as well as contribute towards cost improvement. The following projects have been completed by the Trust’s estates team during 2013/14 and will begin to show saving during 2014/14:

- LED lighting installed in roof space above main hospital.
- LED lighting installed in Outpatients A and B.
- Inverter controls installed on 12 fan motors to improve efficiency.
- Main boiler plant controls have been upgraded with O2 trim.
- Estates have been operating an ongoing programme of steam distribution system maintenance (i.e. to quickly identify and repair steam leaks).

### Carbon Emissions - Energy Use

<table>
<thead>
<tr>
<th>Year</th>
<th>Gas tCO₂e</th>
<th>Oil tCO₂e</th>
<th>Coal tCO₂e</th>
<th>Electricity tCO₂e</th>
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<tbody>
<tr>
<td>2011/12</td>
<td>6800</td>
<td>2000</td>
<td>1200</td>
<td>600</td>
</tr>
<tr>
<td>2012/13</td>
<td>6500</td>
<td>1800</td>
<td>1000</td>
<td>500</td>
</tr>
<tr>
<td>2013/14</td>
<td>6200</td>
<td>1600</td>
<td>800</td>
<td>400</td>
</tr>
</tbody>
</table>

### Waste

<table>
<thead>
<tr>
<th>Waste</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recycling (tonnes)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Re-use (tonnes)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Compost (tonnes)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>WEEE (tonnes)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High Temp recovery</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(tonnes)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>High Temp disposal</td>
<td>(tonnes)</td>
<td>301</td>
<td>301</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>6.321</td>
<td>6.321</td>
<td>10.7194017</td>
</tr>
<tr>
<td>Non-burn disposal</td>
<td>(tonnes)</td>
<td>246.84</td>
<td>246</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>5.18364</td>
<td>5.166</td>
<td>4.53667956</td>
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<tr>
<td>Landfill (tonnes)</td>
<td>299.76</td>
<td>299</td>
<td>333.22</td>
</tr>
<tr>
<td>tCO₂e</td>
<td>73.26666678</td>
<td>73.08090928</td>
<td>81.4488492</td>
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<tr>
<td>Total Waste (tonnes)</td>
<td>847.6</td>
<td>846</td>
<td>1059.70006</td>
</tr>
<tr>
<td>% Recycled or Re-used</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Waste tCO₂e</td>
<td>84.77130678</td>
<td>84.56790928</td>
<td>96.70096618</td>
</tr>
</tbody>
</table>

### Waste Breakdown

- Recycling
- Re-use
- Compost
- WEEE
- High Temp recovery
- High Temp disposal
- Non-burn disposal
- Landfill
A number of key projects have been implemented during 2013/14 to reduce waste:
- Reusable sharps container trial with Sharpsmart. The containers can be reused up to 600 times and so have a much smaller environmental footprint than single use containers, which are incinerated.
- Introduction of mixed recycling. This is reliant on the introduction of a new waste contract, which is being led by Procurement.
- Introduction of a bio-digester for catering waste. Enables food waste to be treated on site and has reduced catering waste from 33% to 21%.
- The Trust waste policy has been redrafted with greater emphasis on waste segregation and sustainability.

**Modelled carbon footprint**

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, the Trust is aware that this does not reflect our entire carbon footprint. Therefore, the following information uses a scaled model based on work performed by the NHS Sustainable Development Unit (SDU) in 2009/10. The above energy usage resulted in an estimated total carbon footprint of tonnes of equivalent carbon emissions.

**Proportions of Carbon Footprint**

- Energy: 90%
- Travel: 2%
- Procurement: 8%

**Travel**

The Trust’s Sustainable Travel Group has implemented the Sustainable Development Management Plan (SDMP) Travel Action Plan. The group has worked with Warwickshire County Council to identify opportunities to share resources. For example, it is investigating the potential to access the LinkShare car sharing database in Warwickshire. Other activities being undertaken or planned by the group include:
- All staff Travel Survey being planned to establish a clearer picture of staff travel habits and attitudes towards alternative travel opportunities.
- The Cycle to Work scheme will be rerun during 2014 with more promotion.
- Cycling guides to Nuneaton will be made available to staff and visitors.
- The Group is working with Estates to review showering and cycle storage facilities.

**New appointment**

A new full-time sustainability manager will join the Trust in 2014. They will have responsibility for implementing and embedding the SDMP. They will manage the Sustainability Action Group and play a key role in championing sustainable development at all levels of the Trust.

**Standardised Hospital Mortality Index SHMI**

- Gas
- Oil
- Coal
- Electricity
- Imported Heat/Steam
- Travel
- Waste products and recycling
- Water and sanitation
- Capital spend
- Business services
- Construction
- Food and catering
- Freight transport
- Information and communication technologies
- Manufactured fuels chemicals and gases
- Medical Instruments / equipment
- Other manufactured products
- Other procurement
- Paper products
- Pharmaceuticals
- Commissioning
- Anaesthetic Gases
Annual Accounts
2013/14 Summary

STATEMENT OF THE CHIEF EXECUTIVE’S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. 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 with the approval of the Treasury 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, recognised gains and losses and cash flows for the year.

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.

Signed...........................................................................

Kevin McGee
Chief Executive

Date..........................
GOVERNANCE STATEMENT 2013-14

1. Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation’s policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation’s assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I am accountable to the Board of Directors for ensuring that plans and objectives are implemented and that progress towards implementation is regularly reported to the Board using accurate systems of measurement and data management. The Trust’s corporate governance policies and other advice on expected standards of behaviour of staff apply to me as Chief Executive and to other members of staff. I subscribe to the code of conduct for NHS Managers.

Staff throughout the organisation are made aware of their responsibility to maintain high standards of conduct and accountability. In support of good governance, and to ensure the safekeeping and appropriate use of public funds, the Trust also maintains a proactive programme of counter-fraud and a “whistle blowing” policy.

During 2013-14 the Trust had a range of mechanisms in place to facilitate effective working with key partners, in particular the NHS Trust Development Authority, NHS England including Local Area Teams and the local Clinical Commissioning Groups, South Warwickshire NHS Foundation Trust, Nuneaton and Bedworth Borough Council, Warwickshire Overview and Scrutiny Committee, Warwickshire Health and Wellbeing Board and University Hospital Coventry and Warwickshire NHS Trust. I meet regularly with the Chief Executives of each of these organisations, individually, jointly and collectively. Governance and risk issues are regularly discussed at a variety of health economy wide forums, including formal review meetings with the NHS Trust Development Authority, and monthly meetings of Chief Executives.

2. The Governance Framework

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 ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation’s policies, aims and objectives; and
- 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 the George Eliot Hospital for the year ended 31 March 2014 and up to the date of approval of the Annual Report and Accounts.

Goverance arrangements in risk management are as follows:-

Chief Executive

The Chief Executive takes board level responsibility for risk management, 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.

Board of Directors

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, the Finance Committee and the Quality Assurance Committee on the Trust’s risk control measures. Members of the Board receive annual appraisals on their own performance and regularly attend board development sessions. Members of the Board have formally adopted the NHS Code of Conduct and Accountability.

Audit Committee

The committee monitors the effectiveness of the risk management arrangements (operational non clinical and financial) on the Board’s behalf. Membership of the committee comprises the Non-Executive Directors, one of whom is a qualified accountant. The meeting is attended by the Director of Finance and Performance and Internal and External auditors. The committee has met seven times over the year. Members of the Committee are provided with the 2011 NHS Audit Committee Handbook to ensure they are up to date with the latest guidance.

Finance Committee

The Finance Committee is a subcommittee of the Board of Directors attended by the Non-Executive Directors, chaired by a Non-Executive Director who is a qualified accountant. In 2013-14 the committee has met regularly to scrutinise the process for setting budgets, income and expenditure performance compared to budget, performance against healthcare contracts and delivery of the cost improvement target. This includes the management of financial risks to ensure targets are met.

Quality Assurance Committee

The Quality Assurance Committee is a subcommittee of the Board of Directors. It is chaired by a Non-Executive Director, with responsibility for managing, mitigating and monitoring risk and quality. The committee regularly updates the audit committee in relation to areas of performance risk and quality.

Information Governance Group

The 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 Quality Assurance Committee. The Medical Director, the Trust 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 Deputy Chief Executive is the appointed Senior Information Risk Owner.

Healthcare Risk Group

The Healthcare Risk Group is responsible for ensuring risk management is operational and embedded throughout the organisation. It is chaired by the Director of Governance and reports to the Quality Assurance Committee.

Incident reporting

The Trust seeks to learn from incidents and good practice and incidents are discussed in a number of forums which includes Back to Basic meetings, Patient Safety and Experience Group, Serious Incident Group, individual divisions’ governance meetings and also at Board level.

Delivery of Keogh Recommendations

The internal governance processes for the management and delivery of the Keogh recommendations and the associated action plan has been agreed as follows to ensure accountability and provide assurance:

- Chief Executive (Deputy CEO in CEO absence) and Executive review of progress against actions- weekly at Executive meeting.
- Chief Executive and Chair review to discuss progress and highlight any issues following weekly Executive meeting.
- Action Plan progress formally reviewed bi-monthly at Board Development and Public Board meetings.
- Extra-ordinary Board meeting to be called in the event of any concerns of delivery of the recommendations via the action plan.
The Trust recognises the flow of risks from board to ward and vice versa. The Healthcare Risk Group reviews and challenges the risks placed on the divisional risk management objectives. Leadership arrangements are defined within the Trust and are supported by job descriptions and objectives. Following an earlier restructure of Divisions, leadership has been further embedded at divisional 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 and all new members of staff are required to attend a mandatory induction (supplemented by local induction) which covers all key elements of risk management.

The Trust policy on the development of policies ensures all trust policies must be equality impact assessed before seeking approval by the Board. The Trust has an Assurance Framework, embedded in the regular performance reporting and management arrangements, both to the Board and throughout the Trust. The Assurance Framework provides a comprehensive framework for the management of principal risks. The principal risks are mapped to the Trust's strategic objectives and the framework also demonstrates the links with the Care Quality Commission outcomes and latterly the Keogh Action Plan reference. The Framework examines the system of internal control and records the actions to be taken to address gaps in control or assurance. The review of the assurance framework is a standing item at the Quality Assurance Committee.

The Assurance Framework identified areas where the control framework needs improvement. The Framework also identified a number of "red" risks where action plans were put in place to mitigate the risks; these are routinely being reported to the Quality Assurance Committee; and include:-

- Insufficient income in acute contracts for 2013/14 to achieve break-even.
- Increased pressure on the emergency pathway.
- Recommendations of Mid Staffs Inquiry Report/Keogh review not being affordable.

The action plans are owned by Executive directors and they are held to account for progress at the Quality Assurance Committee.

During 2013-14 the Trust continued to maintain the controls governing the transfer of patient identifiable data as part of the information governance assurance process. I am assured by this process that there are no significant deficiencies within the system of control.

The Trust reviews governance arrangements every year the latest review was in March 2014 when the Board updated the Standing Orders and Standing Financial Instructions including the scheme of delegation.

3. Risk Assessment

The 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 the Trust and are supported by job descriptions and objectives.

The Risk Management Strategy was approved by the Board in November 2013. As a result of a number of changes which include the Trust core pledges, committee reporting structure, Directors portfolios, Clinical Directors titles, CQC standards, current procurement of a new electronic incident reporting system and the ongoing development of risk management systems and processes, this years review has been more fundamental than a simple update.

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 standard scoring methodology.

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The strategy clearly states that it is the responsibility of all staff to identify risk and communicate those risks, through the line management structure and, ultimately to the appropriate committee. This responsibility is reinforced through annual statutory update training. Divisions 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 the Trust. The risk register is an integral part of the system. Amendments to the risk register are generated and actioned at both divisional and corporate level.

The Trust recognises the flow of risks from board to ward and vice versa. The Healthcare Risk Group reviews and challenges the risks placed on the divisional risk registers, has an oversight of the plans put in place to mitigate risks to ensure actions are being taken, and also acts as the conduit between the board and ward in disseminating risk both ways. The group escalates significant risks which cannot be managed locally to the corporate risk register and disseminate risks to divisions where appropriate. The corporate and divisional risk registers are a standing agenda item for the Quality Assurance Committee and the corporate risk register is reviewed quarterly by the Board.

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

The Trust completed the Information Governance Toolkit in line with prescribed timescale with a satisfactory score (65%) against the enhanced IG requirements which reflects a realistic view of the challenges faced by the Trust around areas such as the new requirements for IG training. The links to all policies are published on a regular basis. A number of measures remain in place to prevent the loss of data including the encryption of laptops, the use of encrypted memory sticks, and the introduction of email encryption software, all of which have been implemented along with lockdown laptops. Smartcard access rights are regularly reviewed. Security incidents are reported and investigated fully, and operational checks include intrusion detection tests.

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 the 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.
on the system of internal control. Internal audit report recommendations are tracked in a system to record action taken

All risks identified which involve public stakeholders; including Clinical Care Groups and the NHS Trust Development Authority are dealt with in an open and transparent way using the appropriate recording mechanisms and include appropriate communication strategies with the public.

The Trust has an established Counter Fraud Service provided by a Local Counter Fraud Specialist. In addition to Investigation work the LCFS also carries out an agreed amount of Proactive work at the Trust which includes Fraud Awareness presentations and workshops, review of Trust policies and procedures to identify key areas of Fraud risk within the Trust and production of newsletters and articles to inform staff of local and national counter fraud work and investigations.

The LCFS regularly attends the Trust Audit Committee meetings and reports back to both the Director of Finance and the Audit Committee on any Proactive or Reactive work undertaken at the Trust. Please refer to page 9 for information on work completed in 2013-14.

The Trust’s External Auditors conduct an annual review of the Trust’s control environment and present an annual report to those charged with governance in the form of an Annual Audit Letter.

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

- monthly open board meetings and information provided on the trust’s web site;
- the 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;
- the Trust has introduced a member advocacy panel (MAP) which mirrors to some extent the Board of Governors in a foundation trust. The panel members have no statutory or legal powers, but play an important link to the hospital membership and the wider community.

Control measures are in place to ensure that all the organisations obligations under equality, diversity and human rights legislation are complied with. The Trust has an Equality and Diversity Group, chaired by the Director of Community Services. Its purpose is to promote equality of opportunity, treatment, dignity and respect for all patients, staff and members of the communities we serve. The group advises and makes recommendations to the board of directors, committees and other groups on equality and diversity matters, compliance with statutory and other requirements and on areas for improvement.

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 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 member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation’s obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. During 2012/13 the Trust established a Sustainability Group which has developed a Strategy which was approved by the Board in 2013/14. The Sustainability Group is implementing the strategy and will provide regular progress reports to the Board of Directors in the future.

The Trust is subject to NHS Litigation Authority assessments and during 2013-14 the Trust was continued to be assessed at level 1 which indicates the process for managing risks has been described and documented.

The Trust is currently registered with the Care Quality Commission (CQC) without any compliance conditions and is licensed to provide services. The Care Quality Commission has not taken any enforcement action or issued any notices against the Trust during 2013/14.

The Trust had 1 unannounced inspection during 2013/14; this was a routine inspection. The inspection team visited A&E, AMU, CDU, CCU, Felix Holt, Bob Jakin and Nason wards to review compliance against Standards 4 (Care and welfare of people who use services), 5 (Meeting nutritional needs) and 13 (Staffing). All standards were found to be fully compliant with no concerns or recommendations. Positive comments were received from patients, who felt they had been kept informed by Doctors, consultants and nursing staff regarding their treatment. Patients felt that staff were responsive, professional and appropriate in their interactions with patients. Records provided comprehensive evidence that patients had care delivered according to their preferences and needs. Individual care pathways had been completed appropriately and individual risk assessments were updated as necessary. Patients chose what they wanted to eat and were generally satisfied with the food. There were enough qualified, skilled and experienced staff to meet patient’s needs.

The CQC introduced a new intelligence tool - the Surveillance Framework in year which has been developed to guide the inspection teams and assist in deciding when, where and what to inspect. The indicators contained within the framework include:

- Avoidable infections (such as MSSA, MRSA and e-coli infections).
- Notifications of deaths, severe and moderate harm and abuse.
- Reporting of never events.
- Deaths in low risk situations.
- Mortality rates in various health care areas.
- Results of access measures.
- Information from patient and staff surveys.
- Information from the ‘Your experience form’ on the CQC website.
- Complaints

CQC gather data from a variety of sources for these indicators, including; Public Health England, NHS England, Health & Social Care Information Centre, Monitor, the NHS Trust Development Authority and Dr Foster.

The second set of indicators using the new intelligence tool were produced and made accessible to individual Trusts and the public in March 2014. The Trust currently has two elevated risks: Dr Foster - Composite of Hospital Standardised Mortality Ratio Indicators and TDA – Escalation Score and three risks: Composite Indicator – In hospital mortality – Cardiological conditions and procedures, Composite Indicator – In hospital mortality – Respiratory conditions and procedures and GMC National Training Survey – trainee’s overall satisfaction.

This is an improvement on the figures published for October where the Trust had four elevated risks and three risks. The Trust has been graded at Band 1 because all organisations in special measures are automatically graded at this level.

The CQC Self Assessment Process: An internal process has been introduced to undertake unannounced inspection visits to areas/wards and departments to provide the Trust Board with additional assurance on compliance or highlight areas of non compliance and ensuring action plans are completed to address any concerns or issues raised. The inspection team are made of 4 individuals:

- Outcome Lead (clinical)
- Compliance Manager
- Patient Advocate
- Outcome Lead (non clinical)

In year Assurance visits have included Accident and Emergency, Acute Medical Unit, Ambulatory Care, Theatres and the Maternity Unit including Maternity Theatres. The process used for the visit included:
• Talking to patients and relatives about their experiences of using the Trust services
• Talking to staff
• General Observations
• Checking records, storage areas, equipment, etc.

Members of the Assurance team are required to provide a bulletin report on their findings which are amalgamated into one report which uses the CCQ core outcomes. Reports are sent to Departmental Heads within 2 weeks of receipt of the report. The reports and action plans are monitored at the Divisional Governance meetings to ensure all actions are completed.

The Board receives a monthly Integrated Performance Report which includes exception reports on operations, human resources and approved by the Board for submission to the NHS Trust Development Authority. The Board receives a monthly Quality Report which includes hospital acquired infection rates, performance in meeting quality and innovation targets and patient experience.

The Board is assured that there are robust mechanisms in place 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.

The Trust has continued to monitor data quality issues and regular reports have been made to Board of Directors and sub committees providing assurances on the quality of data. During 2013-14 the Trust was externally audited on the national reference cost submission. This report gave an overall judgement that the submission was not accurate and that the quality of costing data within the organisation was poor. An associated action plan was adopted as a result of the audit and the Trust has already made a number of significant steps to rectifying the audit concerns.

The process that has been applied to maintain and report the quality of services provided by the Trust were reviewed by the team appointed by Sir Bruce Keogh, NHS England Medical Director following which the Trust was placed into “special measures”. The publication ofProfessor Sir Bruce Keogh’s Report and the recommendations it makes are ongoing in support of the Trust’s improvement journey.

The Keogh review made 10 recommendations to improve the quality of services:
• Improve evidence of the Trusts leadership driving improvements in quality;
• Improve the pace of quality improvements;
• Improve bed management by increasing clinical input and minimising patient moves;
• Improve clinical cover, particularly out of hours;
• Improve the consistence and quality of medical handovers;
• Improve pace and delivery of the Sepsis care bundle performance;
• Embed a consistent culture, employing good practice and excellence throughout the Trust;
• Improve the understanding, analysis and reporting of mortality;
• Improve incident reporting;
• Reduce the prevalence of pressure ulcers and clarify grading

The Trust is implementing an action plan to address the concerns raised. This is monitored robustly and frequently, both internally and externally, including a bi-monthly review by the Trust Board. The plan is on target to be fully implemented in 2014.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

• the opinion of both Internal Audit and External Audit, given in reports to the Audit Committee; and
• reports presented to the Quality Assurance Committee, Finance Committee, Executive Group and supporting groups including Healthcare Operations Board, Human Resources Group and Patient Safety and Experience Group.

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 of Directors, Audit Committee and Quality Assurance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

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• Improve incident reporting;
• Reduce the prevalence of pressure ulcers and clarify grading

The Trust is implementing an action plan to address the concerns raised. This is monitored robustly and frequently, both internally and externally, including a bi-monthly review by the Trust Board. The plan is on target to be fully implemented in 2014.

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

• the opinion of both Internal Audit and External Audit, given in reports to the Audit Committee; and
• reports presented to the Quality Assurance Committee, Finance Committee, Executive Group and supporting groups including Healthcare Operations Board, Human Resources Group and Patient Safety and Experience Group.

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 of Directors, Audit Committee and Quality Assurance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.

The Board is assured that there are robust mechanisms in place 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.

The Trust has continued to monitor data quality issues and regular reports have been made to Board of Directors and sub committees providing assurances on the quality of data. During 2013-14 the Trust was externally audited on the national reference cost submission. This report gave an overall judgement that the submission was not accurate and that the quality of costing data within the organisation was poor. An associated action plan was adopted as a result of the audit and the Trust has already made a number of significant steps to rectifying the audit concerns.

The process that has been applied to maintain and report the quality of services provided by the Trust were reviewed by the team appointed by Sir Bruce Keogh, NHS England Medical Director following which the Trust was placed into “special measures”. The publication of Professor Sir Bruce Keogh’s Report and the recommendations it makes are ongoing in support of the Trust’s improvement journey.

The Keogh review made 10 recommendations to improve the quality of services:
• Improve evidence of the Trusts leadership driving improvements in quality;
• Improve the pace of quality improvements;
• Improve bed management by increasing clinical input and minimising patient moves;
• Improve clinical cover, particularly out of hours;
• Improve the consistence and quality of medical handovers;
• Improve pace and delivery of the Sepsis care bundle performance;
• Embed a consistent culture, employing good practice and excellence throughout the Trust;
• Improve the understanding, analysis and reporting of mortality;
• Improve incident reporting;
• Reduce the prevalence of pressure ulcers and clarify grading

The Trust is implementing an action plan to address the concerns raised. This is monitored robustly and frequently, both internally and externally, including a bi-monthly review by the Trust Board. The plan is on target to be fully implemented in 2014.

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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 of Directors, Audit Committee and Quality Assurance Committee. A plan to address weaknesses and ensure continuous improvement of the system is in place.
The Trust reported 10 cases of C Difficile during the year which was well below the trajectory of 21. GEH also performed well against the Friends and Family test apart from A&E, the target for which has proved to be a national challenge.

Mortality indicators continued to improve during the year and are set to achieve the target levels for 2013/14. During 2013/14 GEH struggled with falls and pressure ulcers, which also feature in the NHS Safety Thermometer; the Director of Nursing has been addressing these issues over the past year. There were also 3 reported national Never Events for which there have been root cause analyses and lesson learnt.

The Trust faced challenges with staffing and recruitment during the year and continues to address high levels of sickness absence, both of which have impacted on increased levels of agency spend.

Internal Audit; the George Eliot Hospital NHS Trust has sound system of internal control that supports the achievement of its policies, aims and objectives.

The Local Counter Fraud Specialist has continued to carry out proactive work at the Trust in order 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 the Trust and the NHS as a whole. This proactive work has helped to establish an effective anti-fraud and zero tolerance approach within the Trust that is fully supported by the executive and non-executive board members.

In March 2013 the Acute Services were successful in their re-assessed for level 1 compliance against the NHS Litigation authority standards. Maternity services were last assessed in December 2012 and currently hold level 1.

During the past 12 months the Trust has recorded 109 incidents (compared to 102 the previous year) which were categorised as Significant Incidents Requiring Investigation (SIRI). The largest single trend (category) reported has been related to pressure damage. Each incident has been investigated using Root Cause Analysis (RCA) and actions put in place to reduce the likelihood of re-occurrence.

To ensure lessons learnt are shared and learning has occurred, all RCA reports are discussed at the Significant Incident Group (SIG) meeting. This multidisciplinary group chaired by the Medical Director is well established providing challenge in a non-threatening arena. The group meets twice a month and reports into the Quality Assurance Committee. The function of the group is to review all SIRI reports to ensure a comprehensive investigation has been undertaken; lessons learnt have been identified and shared within the Trust.

The group also monitors implementation of action plans developed to minimise the risk of reoccurrence.

An example of sharing lessons learnt follows the investigation into an incident in Dermatology minor surgery which identified not using WHO check list was a contributory factor. It was recognized that there were other areas within the Trust that performed minor surgery that were not using the WHO check list especially in the GP practices. The WHO check list has now been implemented in all areas that undertake minor surgery.

The Care Quality Commission (CQC) and NHS Litigation Authority (NHSLA) consider Trusts who are high reporters of incidents to have a better and a more effective safety culture. 5140 incidents were reported in 2013-2014, a significant increase on the previous year. To promote incident reporting the Governance team are working closely with the divisions to improve incident reporting, identifying learning points and providing feedback to staff.

In 2013-14 the Trust planned for a £7.9m deficit but because of the increase in costs necessary to improve the safety and quality of clinical services following implementation of the Keogh action plan the Trust updated its forecast in January 2014 and out turned with a deficit of £10.2m. The Trust financial plan for 2014-15 is a deficit of £12m. The NHS Trust Development Authority and the Trust made the decision in March not to continue to procure a strategic partner through the Securing a Sustainable Futures project. The Trust is currently updating its financial strategy and five year long term financial plan.

In recent years External Auditors have been required to issue an annual; Section 19 letter to the Secretary of State at the Department of Health because the Trust has not met its statutory duty to break-even. The March 2014 letter informs the Secretary of State that the Trust is in breach of its statutory break-even duty for the 5 years ended 31st March 2014.

The Trust has adhered to the terms and conditions of its acute healthcare contract and had no outstanding performance notices at the end of the year. The Trust is working with local commissioners to support the national QIPP agenda and improve the quality of services.

The Trust achieved a green score against its governance rating and red score against its finance rating within the TDA compliance framework. It has performed well against most of the quality and performance targets for 2013/14; in particular the A&E target has been successfully achieved with national recognition during the year.

The Trust delivered the overall 18 weeks target, though failed to achieve at specialty level in certain areas, mostly driven by capacity issues in Trauma and Orthopaedics and provision of medical input into Neurosurgery.

It was also successful in achievement of the Stroke time on ward target for the year despite failing it in quarter 2. The poor performance in Q2 was a catalyst for the initiation of a detailed recovery action plan, resulting in quarters 3 and 4 demonstrating the best performance of the whole of 13/14. The Trust also delivered on all of its cancer targets for the year, however struggled in the last quarter against the 62 referral to treatment all cancers target. This was primarily due to small numbers of patients and issues with pathways that are shared with other providers.

Mortality indicators continued to improve during the year and are set to achieve the target levels for 2013/14.

The Trust reported 10 cases of C Difficile during the year which was well below the trajectory of 21. GEH also performed well against the Friends and Family test apart from A&E, the target for which has proved to be a national challenge.

I am pleased to report, based on the opinion of Internal Audit; the George Eliot Hospital NHS Trust has sound system of internal control that supports the achievement of its policies, aims and objectives.

Signed on behalf of the Board of Directors:

Kevin McGee
Chief Executive
Date: 5th June 2014
George Eliot Hospital NHS Trust. (RLT)
INDEPENDENT AUDITOR’S REPORT TO THE DIRECTORS OF GEORGE ELIOT HOSPITAL NHS TRUST

We have audited the financial statements of George Eliot Hospital NHS Trust for the year ended 31 March 2014 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers’ Equity, the Statement of Cash Flows and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

We have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes
- the table of pension benefits of senior managers and related narrative notes
- the table of pay multiples and related narrative notes

This report is made solely to the Board of Directors of George Eliot Hospital NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 44 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2014. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust’s directors and the Trust as a body, for our audit work, for this report, or for opinions we have formed.

Respective responsibilities of Directors and auditors

As explained more fully in the Statement of Directors’ Responsibilities in respect of the accounts, the Directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards also require us to comply with the Auditing Practices Board’s Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust’s circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the financial position of George Eliot Hospital NHS Trust as at 31 March 2014 and of its expenditure and income for the year then ended; and
- have been prepared properly in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England.

Opinion on other matters

In our opinion:

- the part of the Remuneration Report subject to audit has been prepared properly in accordance with the requirements directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service in England; and
- the information given in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we report by exception

We have nothing to report to you in respect of the following matters where we are required to report to you if:

- in our opinion the governance statement does not reflect compliance with the NHS Trust Development Authority’s Guidance
- we issue a report in the public interest under section 8 of the Audit Commission Act 1998.

We are required to report if:

- we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

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

Respective responsibilities of the Trust and auditors

The Trust is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

We are required under Section 5 of the Audit Commission Act 1998 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires us to report to you our conclusion relating to proper arrangements, having regard to relevant criteria specified by the Audit Commission.

We report if significant matters have come to our attention which prevent us from concluding that the Trust has put in place 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 its use of resources are operating effectively.

Scope of the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

On 13 March 2014 we referred a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 in response to the following matters identified during our audit:

- the Trust has breached its statutory duty to break even taking one year with another;
- it is likely that the Trust will be in breach of its statutory break even duty for the year ending 31 March 2015;
- the Trust requires cash support for the 2014/15 financial year to enable it to continue to operate.

We have nothing to report to you in respect of the following matters where we are required to report to you if:

- we refer a matter to the Secretary of State under section 19 of the Audit Commission Act 1998 because we have a reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.
We have undertaken our audit in accordance with the Code of Audit Practice, having regard to the guidance on the specified criteria, published by the Audit Commission in October 2013, as to whether the Trust has proper arrangements for:

- securing financial resilience
- challenging how it secures economy, efficiency and effectiveness.

The Audit Commission has determined these two criteria as those necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2014.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to form a view on whether, in all significant respects, the Trust had put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Basis for qualified conclusion
In seeking to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, we have considered the following matters in relation to financial resilience:

The Trust budgeted for a deficit of £7.9m for 2013/14. The Trust’s reported outturn for 2013/14 was a deficit of £10.292m. This resulted in a cumulative deficit position of £12.539m. As such the Trust remained in breach of its breakeven duty. The Trust required additional cash support from the NHS Trust Development Authority (via Public Dividend Capital) of £7.9m to provide it with sufficient funds so that it could continue to trade.

The Trust is forecasting deficits of £12 million and £10 million in 2014/15 and 2015/16 respectively. As a result the Trust will continue to be in breach of its breakeven duty during this period. The Trust will also require additional cash support from the NHS Trust Development Authority (via Public Dividend Capital) to provide it with sufficient funds so that it can continue to trade. The NHS Trust Development Authority has agreed to provide financial support until June 2015.

Qualified Conclusion
On the basis of our work, having regard to the guidance on the specified criteria published by the Audit Commission in October 2013, the matters reported in the basis for qualified conclusion paragraph above prevent us from being satisfied that in all significant respects George Eliot Hospital NHS Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2014.

Delay in certification of completion of the audit
We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to provide assurance over the Trust’s annual quality accounts. We are satisfied that this work does not have a material effect on the financial statements or on our value for money conclusion.

Mark Stocks
Directo Colmore Plaza
20 Colmore Circus
Birmingham
B4 6AT
6th June 2014
## Summary Accounts

**GEORGE ELIOT HOSPITAL NHS TRUST - ANNUAL ACCOUNTS 2013-14**

### Statement of Comprehensive Income for year ended 31 March 2014

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross employee benefits</strong></td>
<td>(93,495)</td>
<td>(81,405)</td>
</tr>
<tr>
<td><strong>Other operating costs</strong></td>
<td>(41,695)</td>
<td>(39,443)</td>
</tr>
<tr>
<td><strong>Revenue from patient care activities</strong></td>
<td>115,186</td>
<td>111,888</td>
</tr>
<tr>
<td><strong>Other Operating revenue</strong></td>
<td>11,452</td>
<td>10,606</td>
</tr>
<tr>
<td><strong>Operating (deficit)/surplus</strong></td>
<td>(8,552)</td>
<td>1,646</td>
</tr>
<tr>
<td><strong>Investment revenue</strong></td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td><strong>Finance costs</strong></td>
<td>(9)</td>
<td>(17)</td>
</tr>
<tr>
<td><strong>(Deficit)/Surplus for the financial year</strong></td>
<td>(8,537)</td>
<td>1,666</td>
</tr>
<tr>
<td><strong>Public dividend capital dividends payable</strong></td>
<td>(1,755)</td>
<td>(1,704)</td>
</tr>
<tr>
<td><strong>Net Gain/(loss) on transfers by absorption</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Retained (deficit) for the year</strong></td>
<td>(10,292)</td>
<td>(38)</td>
</tr>
<tr>
<td><strong>Other Comprehensive Income</strong></td>
<td>2013-14</td>
<td>2012-13</td>
</tr>
<tr>
<td><strong>Impairments and reversals taken to the Revaluation Reserve</strong></td>
<td>0</td>
<td>(536)</td>
</tr>
<tr>
<td><strong>Net gain/(loss) on revaluation of property, plant &amp; equipment</strong></td>
<td>509</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income for the year</strong></td>
<td>(9,783)</td>
<td>(574)</td>
</tr>
</tbody>
</table>

### Financial performance for the year

<table>
<thead>
<tr>
<th></th>
<th>2013-14</th>
<th>2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retained surplus/(deficit) for the year</strong></td>
<td>(10,292)</td>
<td>(38)</td>
</tr>
<tr>
<td><strong>Adjustments in respect of donated gov't grant asset reserve elimination</strong></td>
<td>127</td>
<td>70</td>
</tr>
<tr>
<td><strong>Adjusted retained surplus/(deficit)</strong></td>
<td>(10,165)</td>
<td>32</td>
</tr>
</tbody>
</table>

### Note 1

The net gain on the revaluation of property is the indexation of buildings based on the movement in the building cost index in 2013-14. The impairment in the previous year reflected the downwards movement in the index. These changes are reported in the revaluation reserve and do not impact on the financial performance of the Trust.

### Note 2

The depreciation charge for donated assets was £127,000 (£70,000 in 2012-13) more than the value of acquired donated assets during the year. This charge, included in the retained surplus/(deficit) above, is adjusted because it is not included in the trust's overall financial performance.

### Note 3

The adjusted Retained Deficit of £10,165,000 represents the financial performance of the trust in meeting the break-even duty.
**Statement of Changes in Taxpayers’ Equity**

For the year ended 31 March 2014

<table>
<thead>
<tr>
<th>Public Dividend capital</th>
<th>Retained earnings</th>
<th>Revaluation reserve</th>
<th>Other reserves</th>
<th>Total reserves</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>Balance at 1 April 2013</td>
<td>41,396</td>
<td>3,917</td>
<td>14,062</td>
<td>0</td>
</tr>
<tr>
<td>Changes in taxpayers’ equity for 2013-14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus/(deficit) for the year</td>
<td>0</td>
<td>(10,292)</td>
<td>0</td>
<td>(10,292)</td>
</tr>
<tr>
<td>Net gain / (loss) on revaluation of property, plant, equipment (See Note 1 Page 1)</td>
<td>0</td>
<td>0</td>
<td>509</td>
<td>0</td>
</tr>
<tr>
<td>Transfers between reserves (Note 1 below)</td>
<td>0</td>
<td>511</td>
<td>(511)</td>
<td>0</td>
</tr>
<tr>
<td>Transfers under Modified Absorption Accounting - PCTs &amp; SHAs (Note 1 below)</td>
<td>0</td>
<td>40</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New PDC Received - Cash</td>
<td>10,405</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PDC Repaid In Year</td>
<td>(2,500)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net recognised revenue/(expense) for the year</td>
<td>7,905</td>
<td>(9,741)</td>
<td>(2)</td>
<td>0</td>
</tr>
<tr>
<td>Transfers between reserves in respect of modified absorption - PCTs &amp; SHAs</td>
<td>(33)</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Balance at 31 March 2014</td>
<td>49,301</td>
<td>(5,857)</td>
<td>14,093</td>
<td>0</td>
</tr>
</tbody>
</table>

**Balance at 1 April 2012**

<table>
<thead>
<tr>
<th>Public Dividend capital</th>
<th>Retained earnings</th>
<th>Revaluation reserve</th>
<th>Other reserves</th>
<th>Total reserves</th>
</tr>
</thead>
<tbody>
<tr>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
<td>£000s</td>
</tr>
<tr>
<td>Balance at 1 April 2012</td>
<td>41,396</td>
<td>3,363</td>
<td>15,190</td>
<td>0</td>
</tr>
<tr>
<td>Changes in taxpayers’ equity for the year ended 31 March 2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retained surplus/(deficit) for the year</td>
<td>0</td>
<td>(38)</td>
<td>0</td>
<td>(38)</td>
</tr>
<tr>
<td>Impairments and reversals (See Note 1 Page 1)</td>
<td>0</td>
<td>0</td>
<td>(536)</td>
<td>0</td>
</tr>
<tr>
<td>Transfers between reserves (Note 1 below)</td>
<td>0</td>
<td>592</td>
<td>(592)</td>
<td>0</td>
</tr>
<tr>
<td>Net recognised revenue/(expense) for the year</td>
<td>0</td>
<td>554</td>
<td>(1,128)</td>
<td>0</td>
</tr>
<tr>
<td>Balance at 31 March 2013</td>
<td>41,396</td>
<td>3,917</td>
<td>14,062</td>
<td>0</td>
</tr>
</tbody>
</table>

**Note 1.** The transfer between reserves represents the elimination of the additional depreciation charge arising in the accounts due to some of the non current assets being shown at valuation rather than being held at historic cost.

**Note 2.** The transfer of £40,000 relates to the transfer of dental assets from the former Warwickshire PCT on the 1st April 2013.
Glossary

Annual accounts. The annual accounts of an NHS body provide the financial position for a financial year i.e. 1 April-31 March. The format of the NHS trust annual accounts is set out in a manual of accounts.

Break Even. NHS bodies have a statutory duty to break even, which is to balance income and expenditure reported in their accounts. If a body makes a deficit (where expenditure is more than income) it is required to recover the deficit in future years; where the deficit is significant this is achieved through the implementation of a financial recovery plan (FRP). Any carrying surplus or deficit is carried forward to future periods as a cumulative surplus or deficit.

Capital expenditure. Expenditure on fixed assets e.g. buildings and equipment used in the provision of services.

Capital Cost Absorption Duty (CCDA). This is an annual measure that NHS trusts are required to achieve. A trust has a duty to absorb the cost of capital at the rate of 3.5% of its average relevant net assets.

Capital Resource Limit (CRL). This is a target set by the Department of Health to control the amount of capital expenditure that a trust may incur in the financial year. Overspends against CRL are not permitted. Under-spends can normally be carried forward to the next financial year. Cost Improvement Programme (CIP). (Previously Cash Releasing Efficiency Saving (CRES)). These are cost savings arising from improvements in Trust efficiencies that are readily convertible into real cash savings.

Expenditure on Capital. The Capital expenditure includes capital costs associated with acquiring, constructing, and improving fixed assets. These costs are not expensed but are capitalized. They are added to the fixed assets account and amortized over the useful lifetime of the fixed asset.

Fixed assets. These include properties, plant, and equipment used in the provision of services. They are owned by the NHS body and are classified as fixed assets as they are expected to last more than one year. They are recorded at their cost and are amortized over their useful lifetime.

Financial statements. The annual accounts include a statement of comprehensive income, a statement of financial position, a statement of changes in taxpayer’s equity and a statement of cash flow.

Impairment. A decrease in the value of an asset.

International Financial Reporting Standards (IFRS). Since April 2009, the NHS is required to prepare accounts in accordance with international reporting standards (replacing UK Generally Accepted Accounting Practice). The presentation of the accounts has therefore been changed this year to comply with the new reporting requirements and the comparative information relating to 2008/09 has been restated. The financial impact of the change is detailed in note 44 to the accounts in 2009/10.

Monitor. The NHS independent regulator for Foundation Trusts.

NHS Operating Framework. The operating framework sets out a brief overview of the priorities for the NHS in the forthcoming year. It is accompanied by annexes (some part of the document, some web-based only) which provide more detail on the priorities, how they are measured and how the new arrangements for managing the system will work.

Payment by Results (PBR). This is the system introduced by the Department of Health by which commissioners (chiefly Primary Care Trusts) are required to contract and pay providers of NHS Services (chiefly NHS and Foundation Trusts). The system includes a set target for work completed. The system first implemented in 2004/05 has been updated every year and now includes most patient activity.

Prompt Payments Practice Code. The target of the better payments practice code is to pay all NHS and non-NHS trade creditors within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. From October 2008 the Department of Health set a target to make payments to local suppliers within 10 days.

Public dividend capital (PDC). PDC is a form of long-term government finance which was initially provided to NHS Trusts when they were first formed to enable them to purchase the Trust’s assets from the Secretary of State. Additional capital expenditure can be funded as PDC or as borrowing. A dividend is payable by Trusts to the Exchequer to cover the expected return on the Secretary of State’s investment.

Retained surplus. When income earned during the year is more than expenditure the trust achieves a surplus.

Revenue income and expenditure. Income and expenditure associated with operating activities of the NHS body e.g. income from Primary Care Trusts who are the commissioners of NHS services and expenditure in providing the services e.g. salaries of NHS staff and payments to suppliers.