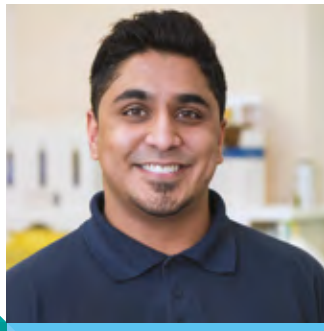
'Our vision is to excel at patient care'

NHS
George Eliot Hospital
NHS Trust

2017/18

Annual Report and Accounts on Quality and Finance



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Welcome from the Chairman and Chief Executive

This year, we are sharing our financial, business and quality performance in one document by combining our Annual Report and Quality Account.
It will highlight the many quality improvements we have made and also take an honest look at the areas that need further focus and improvement.

It is testament to our staff that 98 per cent of patients and their families said they would recommend the Trust as a place to receive care; and our list of achievements for the year is impressive. A big thank you to all our staff for their continued commitment and dedication to providing high quality safe care to our patients and communities.

You will read in detail about our successes later in the report but some initiatives are worthy of mention here. Amongst our achievements, we are particularly proud of the following:

- A new state-of-the-art Endoscopy Unit providing timely diagnostics and treatment
- The lowest C-diff infection rates in the country
- The consistent use of the Modified Early Warning System trigger tool to enable early detection of the deteriorating patient
- A 77 per cent reduction in the number of stillborn babies over the previous year
- Enhanced A&E patient care with a new streaming system and Rapid Assessment Team - all within a newly refurbished and extended building

Our report will also outline the difficult year we have had financially and the challenge of providing high quality, safe services within budget. Our year-end deficit is £18.0m and we are working hard to deliver more savings next year while keeping the needs of our patients as our first priority.

We are responding to the same national issues affecting the NHS of today, including an ageing population and changes in treatments and technology. We are also facing local challenges such as health inequalities and increased housing development, all of which contribute to increasing demand and pressures in the service. These pressures can only be tackled by working together as a health system across Coventry and Warwickshire and we are committed to working as part of the Better Health, Better Care, Better Value partnership.

We hope you enjoy reading this new, combined report and learning of the successes and challenges we have faced this past year, along with our aspirations for the organisation during 2018/19 and beyond.

Prem Singh
Chairman

Katherine Kelly
Chief Executive

Section 1

Quality and Performance Report

01

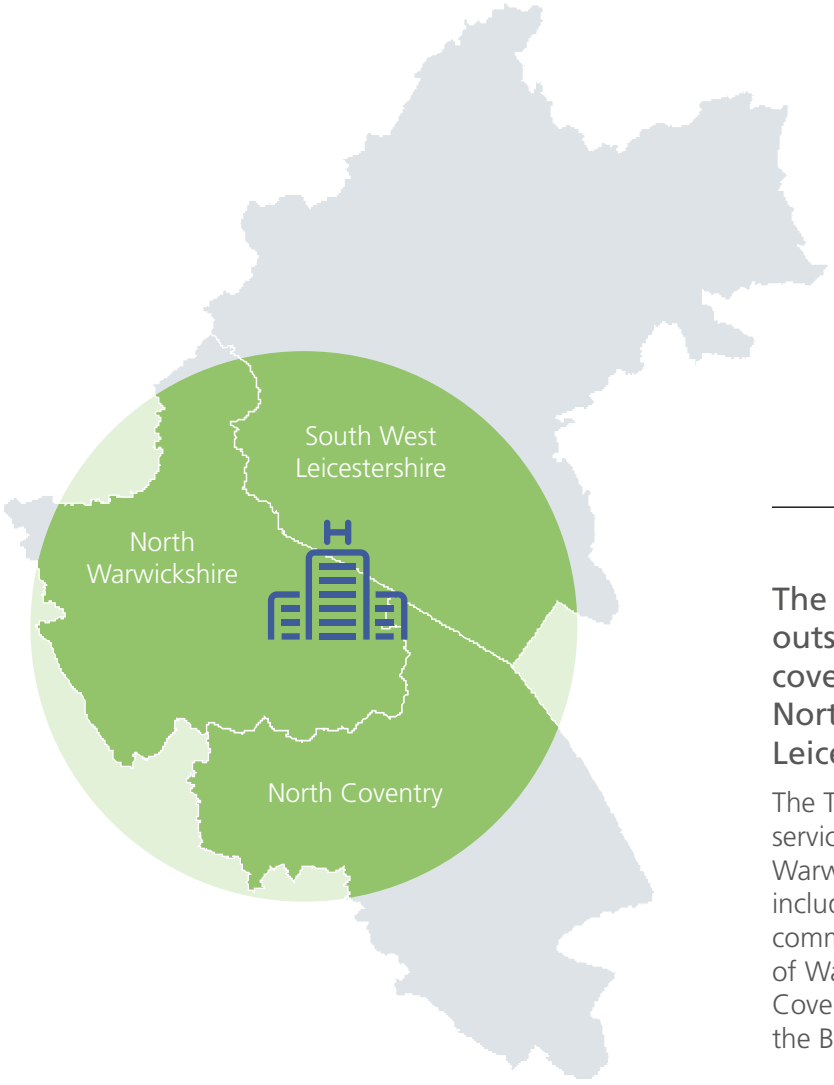
Trust overview

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

300,000 people

Average number of employees
(whole time equivalent basis)

2,188



Total number of beds
(General & Acute)

286

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

The Trust also provides a range of community services, delivered across Coventry, Warwickshire and Leicestershire. These include sexual health, smoking cessation and community dentistry services for the whole of Warwickshire, and tuberculosis services for Coventry and Warwickshire, as well as hosting the Blue Sky Sexual Assault Referral Centre.

A&E Attends 2017/18

80,831

Outpatient Appointments Attended 2017/18

270,669

Total Number of Patients operated on

12,433

Number of X-Rays performed each year

X-ray	Ultrasound	CT
78,559	23,192	15,084

MRI	DEXA	ERCP
14,492	1,788	282

Live Births by week for 17/18

Week	Total
1	35
2	50
3	40
4	45
5	48
6	43
7	35
8	39
9	35
10	38
11	32
12	41
13	45
14	48
15	31
16	34
17	41
18	34
19	34
20	30
21	47
22	30
23	40
24	42
25	46
26	42
27	43

Week	Total
28	46
29	43
30	44
31	43
32	42
33	44
34	46
35	32
36	58
37	37
38	42
39	49
40	42
41	42
42	41
43	45
44	43
45	44
46	39
47	49
48	39
49	43
50	50
51	35
52	32
53	7

Total Live Births 17/18

2,145

Going concern statement

In accordance with international accounting standards, management are required to assess whether it is appropriate to prepare the accounts on a going concern basis. There are no plans for the dissolution of the Trust and it is anticipated that services will continue to be provided in the future. The financial statements have therefore been prepared on a going concern basis.

In preparing the financial statements, the Board of Directors has considered the Trust's overall financial position and expectations of future financial support. The Trust received monthly loan funding during the year totalling £18.0m. This supported the Trust's deficit position in full and included £0.5m, which was provided to improve the Trust's liquidity position.

The Trust has recently submitted a draft financial plan for 2018/19 to NHS Improvement (NHSI) which includes a deficit of £14.3m. This assumes the delivery of £7.0m efficiency savings.

During the last four years, NHSI has supported the Trust's application for cash support. The Board of Directors therefore anticipates that NHSI will support the Trust's application for cash support in 2018/19. The Trust will require £14.3m loan funding during the year, with £3.25m having been requested and received to date. However, this support is subject to monthly approval from NHSI and the Department of Health. This process generates material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. The Trust will work closely with NHSI to ensure that forecast cash requirements are reviewed in a timely manner and that any issues are highlighted so that these can be resolved. Given the ongoing level of support received from NHSI, the directors expect that the Trust will have adequate resources to continue in operational existence for the foreseeable future.

The Trust is continuing to plan for ongoing operational deficits over the next two years. Work is ongoing on a Sustainability and Transformation Plan, which aims to address the issues of financial sustainability across the wider local health economy in the medium-to long-term. The Trust is also developing plans to improve utilisation of the site occupied by the hospital, which will generate financial benefits. The Trust has one revenue loan which will reach full term and be due for repayment in February 2019, at which date £10.2m will be due to be repaid. Arrangements for repayment or rolling forward of this loan will need to be agreed with NHSI and the Department of Health.

The Board of Directors considers that the contracts it has agreed with commissioning bodies and the anticipated support from NHSI is sufficient evidence that the Trust will continue as a going concern for the foreseeable future. For this reason, the going concern basis has been adopted for preparing the accounts.

Emergency preparedness

The Trust has a vital role in responding to local major incidents.

As a Category 1 responder, under the Civil Contingencies Act 2003, the Trust has a duty to be prepared to respond in the event of a major incident.

A major incident can range from a serious road traffic accident, involving multiple casualties, to a chemical spillage. The Trust's major incident plans are regularly reviewed and continually updated to ensure they are in-line with legislation and best practice. As such, in partnership with other local health resilience groups, the Trust can ensure there is a robust multi-agency response to any future incident.

Our Services

Medical

- Accident and Emergency and Urgent Care Centre
- Acute Medical Unit
- Ambulatory Care Unit
- Cardiology
- Chronic Fatigue
- Chronic Pain
- Diabetes
- Endocrinology
- Gastroenterology
- Geriatric Medicine
- Infection Prevention
- Nephrology
- Ophthalmology
- Osteoporosis Screening
- Palliative Medicine
- Respiratory Care
- Rheumatology
- Stroke
- Transient Ischemic Attack (TIA)

Surgical

- Anaesthetics
- Breast Care
- Colorectal
- Ear Nose and Throat
- Maxillo Facial
- Neurosurgery
- Organ Donation
- Orthopaedics
- Plastic and Reconstructive Surgery
- Theatres
- Urology
- Vascular

Women's and children's

- Community Midwifery
- Gynaecology
- Maternity
- Obstetrics
- Newborn Hearing Screening
- Paediatrics
- Special Care Baby Unit

Diagnostic and therapeutic

- Acute Medical Unit
- Ambulatory Care Unit
- Bereavement Support
- Cardio Respiratory Unit
- Chaplaincy
- Clinical Psychology
- Endoscopy
- Macmillan Cancer Support
- Occupational Therapy
- Oncology
- Outpatients
- Pathology
- Pharmacy
- Physiotherapy
- Radiology
- Research and Development
- Speech and Language Therapy

Community

- Blue Sky Sexual Assault Referral Centre (SARC)
- Coventry and Warwickshire Community TB Service
- Sexual Health Services Warwickshire
- Warwickshire Special Care Dental Service
- Warwickshire Stop Smoking Service

Our vision, values and objectives

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

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

Our core value pledges are:

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

Our strategic objectives are to:

- Constantly deliver safe high quality care
- 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.

Highlights of the Year

April 2017

George Eliot Hospital shortlisted for two patient safety awards

The hospital was shortlisted in the 'quality lead of the year' and the 'patient safety in maternity and midwifery services' categories at the Health Service Journal Patient Safety Awards 2017.

An initiative to improve patient safety by improving the management and treatment of patients with acute kidney injury (AKI) was shortlisted in the 'quality lead of the year' category. The project team developed a new organisation-wide care bundle, guidance for both staff and patients and introduced a response team to support patients with AKI.

The maternity team were shortlisted in the 'patient safety in maternity and midwifery services' category for their success in reducing stillbirth rates. Stillbirth rates reduced at the Maternity Unit after midwives brought in a range of measures to support parents-to-be around fetal movements and implemented national guidelines to reduce stillbirth

National flu fighter award for vaccination campaign

George Eliot Hospital NHS Trust vaccinated three-quarters of frontline staff against flu in 2016 – hitting the national NHS target and improving on last year's performance of just over 50 per cent. As a result, the hospital scooped a national NHS Flu Fighter Award in the 'best team' category.

The 'JabTeamEliot' campaign saw health workers from across the hospital come together and use a wide range of methods such as videos, 24-hour 'jabathons' and drop-in sessions, to encourage the uptake of jabs among staff.

May 2017

George Eliot Hospital welcomes ambassador from Nicaragua at Equality Conference

Her Excellency, the Ambassador of the Republic of Nicaragua, Guisell Morales-Echaverry visited George Eliot Hospital to chat with visitors and staff at the annual equality conference which featured talks on a range of issues affecting equality, diversity and inclusion, both in the workplace and within the community.

George Eliot Hospital has a twinning agreement with Nilda Patricia Hospital in Managua, Nicaragua.

Visit to Mercedes Formula 1 HQ for maternity team

A pit stop visit to Mercedes Formula 1 headquarters inspired midwives and doctors to change their procedures and improve their team work in an emergency.

Doctors, anaesthetists, nurses and midwives from the hospital's maternity department visited Mercedes-AMG Petronas Motorsport to watch the pit stop practice and learn from the teamwork on display. As a result of the visit, the maternity team were inspired to alter how they practice and prepare for emergency situations, ensuring that all movements are as efficient as possible and saving valuable seconds.

June 2017

New family lounge in Maternity Unit

Drayton Ward, within the Maternity Unit, welcomed the arrival of a newly refurbished, bright and airy family lounge.

New mums, dads and family members will benefit from a private space to relax whether before, during or after their babies are born.

This open plan, colourful lounge features a private kitchen area, large flat screen television, soft seating and pretty wall art. Families can make their own tea and coffee and relax away from their hospital beds.

This is another phase of the ongoing Maternity Unit upgrade which has included a refurbished delivery suite featuring two hi-tech birthing pool rooms.

The Unit has also introduced several new initiatives including 'Mums plus One' which encourages partners or a relative to stay with the new mum overnight, to assist with baby care and collecting mum's meals and refreshments during labour.

July 2017

Annual General Meeting and Health Fair

On Wednesday 26 July 2017, members of the public and various stakeholders were invited to hear our Chief Executive, Kath Kelly, and Chairman, Stuart Annan, discuss the hospital's achievements, performance and challenges throughout the previous year and future plans and investments.

State-of-the-art Endoscopy Unit opens

Former BBC newsreader Kay Alexander was joined by local dignitaries, staff and patients at the opening of George Eliot Hospital's new £4.1 million Endoscopy Unit in July.

The purpose-built unit provides state-of-the-art facilities for local people, improving the efficiency of patient flow, enhancing the patient experience and ensuring that men and women have separate facilities, before and after their treatment.

Following a staff poll, the facility was named The Solomon Macey Unit, after a character from George Eliot's novel Silas Marner. The George Eliot Fellowship, a local group, has supplied a colourful information board for the unit, which informs waiting patients about where the name comes from.

Chapel gardens transformation

Generous donations from kind members of the local community helped to transform the Chapel Gardens during the summer.

The gardens were originally developed more than 20 years ago, as a memorial to former GEH Pathologist, Sheila Worthington, but had passed their original glory.

Donations enabled the chapel to renew the gardens as places of peace, beauty and tranquillity in the midst of the hospital.

Work to redevelop the garden started last year, when garden designer Anna McArthur created landscape designs that built upon the shape of the original gardens but made them more accessible to patients and visitors.

Sid Bibby Landscapers transformed the landscaping with attractive drivesett kerbs, extended pathways and a new entrance. Young people from Warwickshire Youth Justice spent hours clearing weeds and brambles and 'Men in Sheds', who are based at the hospital, built trellises. Donations helped to purchase a lovely archway and pergola.

August 2017

Patients rest easy with new mattresses

The Trust has invested £132,000 to replace all 300 mattresses across the site, bringing in high-tech 'hybrid' systems, which maximise comfort and are designed to reduce the risk of pressure ulcers developing.

The hybrid mattresses combine the benefits of a foam mattress, and the benefits of an alternating pressure mattress – a mattress that has a series of air cells that inflate and deflate alternately – by using elements from both.

When required, the new mattresses can have a pump attached, which activates and inflates different sections of the mattresses and moves the weight distribution of the patient to relieve the pressure. This works in tandem with a 'microclimate' feature, which prevents moisture building up on the patient's skin, reducing the risk of pressure ulcer formation.

These mattresses form one part of the continued drive to prevent pressure ulcers, as part of the Trust's 'Stop the Pressure' initiative and will support the preventative measures taken by nurses, as part of routine patient care.

September 2017

New Tranquillity Courtyard creates relaxation space for staff

A new-look 'Tranquillity Courtyard' provides staff with an area to relax and take a few moments to deal with some of the pressures associated with working in a busy hospital.

The courtyard is filled with comfortable seating and a 'wellbeing hub' – a small hut that staff are able to use for 'time-out sessions' such as mindfulness, hobbies, craft, and wellbeing meetings. The Tranquillity Courtyard is an initiative that seeks to build mental resilience within the Trust's workforce, help guard against stress and enhance patient care.

October 2017

Dr Catherine Free joins as Medical Director

Following the retirement of Dr Gordon Wood, the hospital was delighted to appoint Dr Catherine Free in the role of Medical Director. Dr Free qualified in medicine with honours in 1996 and worked as a consultant in respiratory medicine at Glenfield Hospital in Leicester since 2006. She has held senior clinical leadership roles since 2012, including Clinical Director for Emergency and Specialist Medicine and Deputy Medical Director and Responsible Officer for University Hospitals of Leicester NHS Trust.

New manikin helps patient safety and experience

A £70,000 maternity training manikin nicknamed 'Vicky' became the latest edition to the range of equipment in the Trust's Simulation Suite, located within the George Eliot Training and Education Centre (GETEC).

This state-of-the-art manikin allows staff to practice an increased range of clinical procedures, ranging from caesarean sections, and post-partum haemorrhages to fitting naso-gastric tubes and urinary catheters; all using real clinical equipment. The manikin can replicate vital signs of patients with a variety of conditions and even speaks a number of phrases depending on the chosen scenario.

The equipment marked a significant investment in the simulation suite and was purchased with the help of the hospital's League of Friends volunteer group.

Physician Associate of the Year Award for Team Eliot's Christopher Meally

Christopher Meally was named as 'physician associate of the year' at the Faculty of Physician Associates Annual Conference 2017, held at the Royal College of Physicians.

This national award recognises dedicated individuals who are committed to delivering excellent patient care, are exemplary members of the multi-disciplinary team, and are advocates for the profession.

Physician associates (PAs) are a pioneering role within the NHS and have been successfully employed at the George Eliot Hospital for more than five years, with 14 currently in post. Christopher was the first PA to join the Trust in August 2011.

Care Quality Commission (CQC) inspection visit

We welcomed a visit from the CQC, where we were proud to be rated 'Good' for the caring aspect of our services, but were disappointed with the overall rating of 'Requires Improvement'. We can tackle many of the areas of concern by being better at recording and auditing our good practice. Many of the areas the CQC highlighted are areas which were on our radar and we feel are in our gift to rectify.

November 2017

Unison partnership with George Eliot Hospital recognised at regional award ceremony

George Eliot Hospital Unison convener, Dawn Downes was honoured with a Unison Regional Customer Service Award on 15 November 2017.

Dawn was presented with the award for her partnership working within the hospital to support staff based at the George Eliot. In particular, the award recognised the support from Dawn and the hospital union branch for the many health and wellbeing initiatives delivered at the hospital to support employees.

December 2017

International nurse Farah from the Philippines joins team Eliot

George Eliot Hospital welcomed new nurse, Farah Peregrino, following a recruitment campaign to encourage international nurses to join the hospital.

Farah qualified as a professional nurse in the with a Bachelor of Science in Nursing in Manila, before taking the huge decision to emigrate from her home in the Leyte region of the Philippines to join the Trust.

After a comprehensive induction programme Farah joined the busy team in the specialist stroke unit; Felix Holt Ward.

January 2018

BASICS boost to George Eliot patients

Representatives from BASICS (Bermuda and Stockingford Intensive Care Support), handed over a cheque for £9,000 to Coronary Care Unit Ward Sister, Emma Ritchie, and Consultant Dr Ashok Venkataraman.

BASICS is the lasting legacy for Kath Turner who started to raise funds after suffering a heart attack in 1987. Over the years, the charity has raised an outstanding £370,000 and donated it all to the George Eliot.

The group have organised football tournaments, cabaret concerts and other events over the years to help raise money to buy invaluable equipment for the George Eliot Hospital. They are now entering their 31st year of fundraising and the hospital is indebted to this dedicated group for their ongoing support.

February 2018

Orthopaedic team rewarded for their commitment to patient safety by the National Joint Registry

The orthopaedic team were recognised by the National Joint Registry (NJR) as a Quality Data Provider for their high standards of patient safety after successfully completing a national programme of data audits.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes for the benefit of patients, clinicians and industry. The registry collects high quality orthopaedic data in order to provide evidence to support patient safety, standards in quality of care, and overall cost effectiveness in joint replacement surgery.

National Maternity Survey shows improvements

The Care Quality Commission (CQC) Maternity Survey results demonstrated improvements at the George Eliot Hospital Maternity Unit in 11 key areas. The Trust also scored better in 10 questions than the average for all trusts in this national survey of more than 18,000 people in England.

The survey results revealed the responses from women who had given birth in February 2017 in services run by 130 NHS trusts across the country.

Improvements at the George Eliot Hospital highlighted areas such as advice at the start of labour, partner involvement and confidence and trust in the staff caring for them during labour and birth.

March 2018

Rising stars nominated for prestigious award

Theatre Operating Department Practitioners, Ellis Goldspink and Richard Cubbon, were nominated as Rising Stars for the Advancing Healthcare Awards.

Ellis was nominated by Theatre Manager, Paula Quinn, for always being ready to go the extra mile for both her colleagues but more importantly the patients. Ellis works mainly in the Day Procedures Unit, but also does shifts covering the Trauma and Emergency theatre and Maternity theatre.

Richard Cubbon was nominated by the Theatre team for his hard work, team skills and dedication to patients at the George Eliot. Richard was shortlisted for the way he makes both patients and his colleagues feel at ease during his work and he is a great support to students and newly qualified members of staff within the department.

The Advancing Healthcare Awards recognise and reward projects and professionals that lead innovative healthcare practice and make a real difference to patients' lives in the healthcare science and allied health professions.

New Diagnostic Cardiac Service to support patients with heart conditions

Local people with heart conditions will benefit from a new Cardiac Catheterisation Laboratory service.

The service, situated within the Radiology department, will allow the Cardiology department to perform coronary angiograms and cardiac catheterisation, as a day procedure for the first time.

The angiograms performed will help in the planning and management of patients treated for such conditions as angina, heart attack, heart failure and palpitations. The laboratory will be shared with interventional radiologists and will also be used for cardiac work including the implantation of advanced pacing devices, four sessions a week.

The lab compliments the other state of the art imaging facilities such as Cardiac CT Angiography, Magnetic Resonance Imaging of the Cardiovascular system and Echocardiography.

Local charities BASICS (Bermuda and Stockingford Intensive Care Support) and the League of Friends helped to fund this exciting new addition to facilities at the George Eliot Hospital.

New Chairman appointed at the Trust

During March we welcomed Prem Singh to the Trust as our new Chairman. Prem has significant experience of working in the NHS, and is also the Chairman of Derbyshire Community Health Services NHS Foundation Trust. He brings with him years of experience and a track record of delivery and will be very successful in leading the Board in the coming year.

Operational Performance Overview

Throughout the year our operational performance was reported through the Directorate performance meetings on a monthly basis.

The Director of Operations held monthly meetings to review and challenge the performance and improvement plans that were set for the organisation. This ensured our clinical and operational teams were held to account, actions put in place to offset challenges as they emerged and to gain assurance of delivery within the required timeframe. These operational governance arrangements fed into the production of the monthly Integrated Performance Report which was presented by exception to the Finance and Performance Committee and then through to Board level.

We also monitor our performance against a core set of national and local performance indicators, where we aim to meet the standard set, with some standards being exceeded (or not met) over the previous year. The following table (Figure 1.0) shows our results for 2017/18.

Figure 1.0 Performance standards year end outcome

Performance indicator	Standard	Year end
Safety:		
C Difficile infections	13	0
MRSA bacteraemia infections	0	0
Quality:		
Cancer – two weeks suspected	93%	97.2%
Cancer – two weeks symptomatic breast	93%	97.0%
Cancer – 31 days	96%	97.7%
Cancer – 31 days – drug	98%	100%
Cancer – 31 days – surgery	94%	98%
Cancer – 62 days	85%	85.4%
Cancer – 62 days from screening service	90%	100%
Patients seen in A&E <4 hours [1]	95%	87.63%
Patients who leave A&E without being seen	5%	1.46%
Time to initial assessment in A&E in minutes (95th percentile)	<15	<4.5
Time to treatment in A&E in minutes (median time)	<60	<29.6
Readmission within 28 days following discharge	14%	7.02%
Stroke – time on ward [2]	90%	76.54%
Patient experience:		
Referral to Treatment (RTT) incomplete non-emergency pathway (92nd percentile) [3]	92%	84.02%
Patients offered an appointment to Genito-Urinary Medicine (GUM) Clinic within 48 hours	95%	99.30%
Patients seen in GUM Clinic – access within 48 hours	95%	99.30%
Percentage of patients whose operations were cancelled for non-clinical reasons on the day of admission	0.80%	0.83%
Mixed sex accommodation [4]	0	2
Patient safety		
Never Events [5]	0	2
Venous thromboembolism (VTE) risk assessment where all inpatient service users undergo a risk assessment for VTE	95%	95.46%

Overall the Trust met seventeen of the twenty-two standards set for the reporting period with five being missed due to the following:

1. The trend throughout the year on A&E performance against the 4-hour national standard has deteriorated over several months during 2017/18. The main themes were bed availability and waiting for a second (specialist) opinion.
2. Pressure within our emergency department led to the inability to review/refer stroke patients within the nationally expected timeframe. Also, due to higher service demands led to the use of ring fenced capacity on the stroke ward for non-stroke patients.
3. The key drivers for our continued underperformance in RTT incompletes was due to the data quality issues we experienced early in-year, with further deterioration in the RTT performance being due to electives being cancelled during the final months of the reporting period. This all led to an increase in waiting times for electives, impacting on the numbers of patients over 18 weeks on our waiting list.
4. Occurring in month 11, these breaches happened on our Intensive Care Unit where two patients were declared as fit to return to their base wards. On the day there was limited capacity in the Trust with beds becoming available very late in the day. Unfortunately these beds did not become available until after the same sex breach time limit resulting in not meeting this standard.
5. The two that occurred involved a wrong tooth extraction and anaesthesia care. Full investigations took place with actions taken to include 'stop before you block', and the development of a five-point safety check.

For 2018/19 the organisational infrastructure will be strengthened to ensure that the Divisional Structure is empowered and have the tools to deliver on the performance outcomes. This will instil accountability from ward to Board level offering assurance that the Divisions are delivering against key performance indicators and have credible plans in place where targets are not being met.

Performance management framework

Our performance management systems have been improved during the year and the framework now includes monthly accountability meetings, alongside divisional and directorate performance reviews. We have implemented weekly reporting as an early warning system to enable directorates to take action and address performance issues on a timely basis, to support the delivery of monthly targets.

To support the performance management framework a balanced scorecard approach is used which includes Key Performance Indicators (KPIs) which reflect the Care Quality Commission's five key themes used to assess care services:

- Safe
- Effective
- Caring
- Responsive
- Well-led

A detailed report is reviewed at the Finance and Performance Committee meeting each month, with the Integrated Performance Report then being presented to the Trust Board. If risks are identified which impact on the achievement of key targets, these are evaluated using our corporate risk assessment process and included in the Trust risk register where appropriate.

Local contract targets and standards, including progress against the 2017/18 Commissioning for Quality and Innovation (CQUIN) schemes that are determined by our commissioners have also continued to be monitored throughout the year.

Each year, the KPIs are reviewed and the scorecards aligned to reflect changes to national standards and local targets, thereby ensuring that we are monitoring performance effectively throughout the year.

Key financial performance information

The following summary of financial performance during 2017/18 is drawn from the Annual Accounts which can be found on page 141.

The Department of Health assesses the Trust's performance against the following four targets, three of which have been achieved.

Income and Expenditure:

As a minimum the Trust is required to break even each year. In 2017/18 the Trust made a loss of £18m after allowing for accounting adjustments and therefore did not meet this target.

Capital Cost Absorption Rate:

Within its overall expenditure, the Trust is required to pay the department of Health a sum equivalent to 3.5per cent of average net relevant assets. This payment is known as the Public Dividend Capital (PDC) dividend payment. We paid a sum equivalent to 3.5per cent.

External Financing Limit:

This refers to the agreed amount of cash that the Trust is allowed by the Department of Health to consume over and above the amount it generates through its normal activities in year. This may be through a reduction in its own cash balances or receiving cash from external sources. The Trust is expected to stay below its External Financing Limit (EFL) and in 2017/18 it achieved this, spending £19.7m (2016/17 £27.2m) against a target of £20.4m (2016/17 £28.3m).

Capital Resource Limit:

This is a limit which is imposed by the Department of Health on the level of capital expenditure that we can incur in the year. The Trust should maintain its' spend at or below this level. We spent £7.9m (2016/17 £13.3m) against a limit of £8.1m (2016/17 £13.3m).

Valuation of Trust Land and Buildings:

The value of the Trust's land and buildings has been assessed by an independent professional valuer. It is based on an alternative site MEA valuation, undertaken specifically in accordance with the HM Treasury guidance which states that such valuations are an option if the Trust's service requirements can be met from the alternative site, or smaller area on the same site. The last valuation was undertaken on this basis on 1 April 2016. The value of the Trust's land and buildings each year is then subject to revaluation using indices provided by the professional valuer.

Other key financial information includes the following:

- 38,614 invoices were paid during the year, of which 21,151 were paid within 30 days of receipt of goods or a valid invoice (whichever is the latter).
- Against a turnover of £142.4m, the break-even in-year position was a loss of £18.0m, with a break-even cumulative position of £59.2m loss.
- The accounts for the Trust were produced in line with the 2017/18 Department of Health Group Accounting Manual (GAM).

Quality Goals Overview

As a local health care services provider it is our aim to ensure the people we treat are offered safe, effective, compassionate and high-quality care at all times. By focussing on a continual quality improvement journey we can assure ourselves, and our peers, that all is being done to meet the day-to-day healthcare needs of the diverse communities we serve.

For 2017/18 the Trust set out a clear pathway for our quality improvement priorities, and how they would be measured and monitored throughout the year. These priorities were developed into quality goals and supported by more detailed measures and targets that are reflective of local and national quality priorities, CQUIN requirements, our own Quality Improvement Strategy and feedback from patients and other key stakeholders from across our partner health care providers county-wide. The following gives an overview of our performance against the quality goals set out for this year (further detail can also be found within section three of last year's Quality Account).

Quality Goal 1: Reducing avoidable harm and delivering safe effective care

Duty of Candour

During 2017/18 the Trust continued to meet the legislative requirements for Duty of Candour (DOC). The Trust completed internal audits on the DOC procedures to ensure compliance with the legislation. In addition to this as part of the CQC's Inspection in October 2017 the Trust's DOC policy and procedure were reviewed and found to be fully compliant and robust in its application.

In 2018/19 the Trust will be including DOC as part of the Governance annual mandatory programme for all staff. In addition to this as part of managerial RCA training managerial roles and responsibilities with regards to Duty of Candour will be explored in further depth.

Never Events

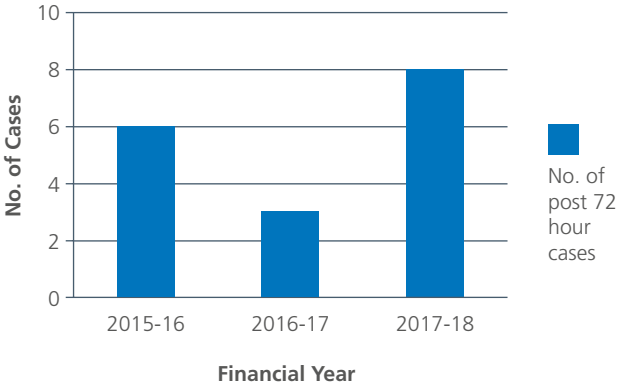
We once again aimed to have zero Never Events occurring within the Trust. Unfortunately, the Trust has reported two never events during the 2017/18 year. These involved a wrong tooth extraction and anaesthesia care. Following the investigations, actions have been taken to include 'stop before you block', and a five-point safety check is being developed.

When a Never Event occurs at the Trust, it is presented at our Serious Incident Review Group meetings and to the Trust's Executive Group, where the RCAs are scrutinised and discussed in detail. Themes are identified, and any lessons learned are shared with all teams across the organisation with ongoing monitoring and review at regular intervals to ensure compliance.

Healthcare-acquired infections

Our Infection Prevention team continues to be diligent in their aim to reduce **healthcare-associated infections** to a low or zero incidence rate for all patients attending our hospital. During this reporting period in an aim to reduce **Clostridium difficile (C-diff)** incidence, RCAs were carried out on all cases to highlight and action any learning. As highlighted in Figure 1.1. below, since April 2017 the Trust has reported eight mandatory, post 72-hour cases to date.

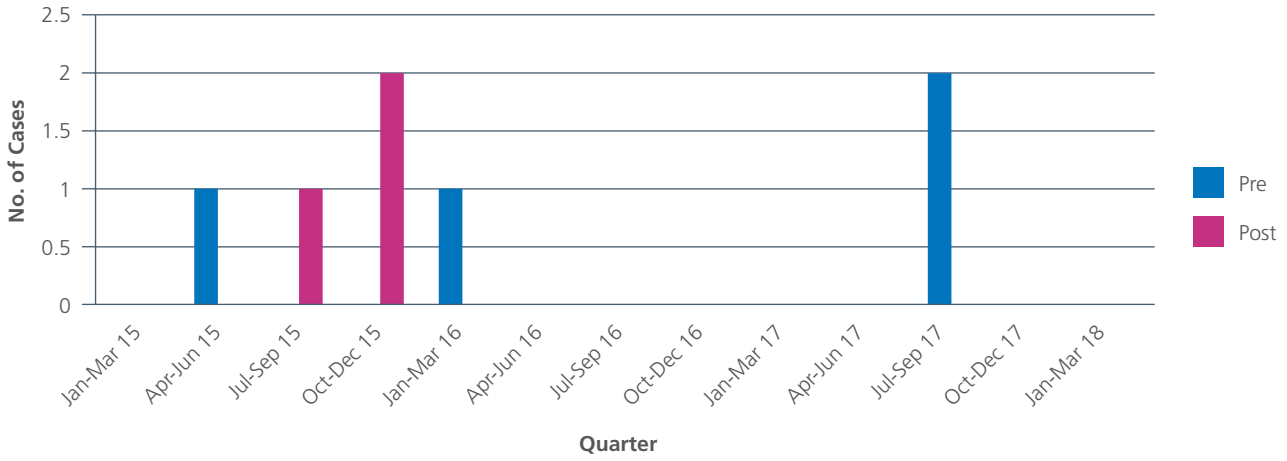
Figure1.1: Clostridium difficile cases from April 2015 to March 2018



One case was deemed as avoidable as the patient had been on the wrong antibiotics, could have had the specimen taken earlier and should have been isolated when the specimen was obtained. One case, that took place in March 2018, remains under investigation as to whether acquired pre or post admission to hospital. The other six cases were unavoidable due to no lapses in care found during RCA investigations. These were all agreed with Warwickshire North Clinical Commissioning Group (CCG) following discussion of each case.

In line with the Government's target of zero tolerance for **MRSA (Methicillin Resistant Staphylococcus Aureus) Bacteraemia** in all NHS trusts in England, we can confirm (Figure 1.2) that George Eliot Hospital NHS Trust has had no incidence of hospital-acquired (post-admission within 48 hours) of MRSA bacteraemia during 2017/18.

Figure1.2: MRSA Bacteraemia cases from January 2015 to March 2018



Medicines management

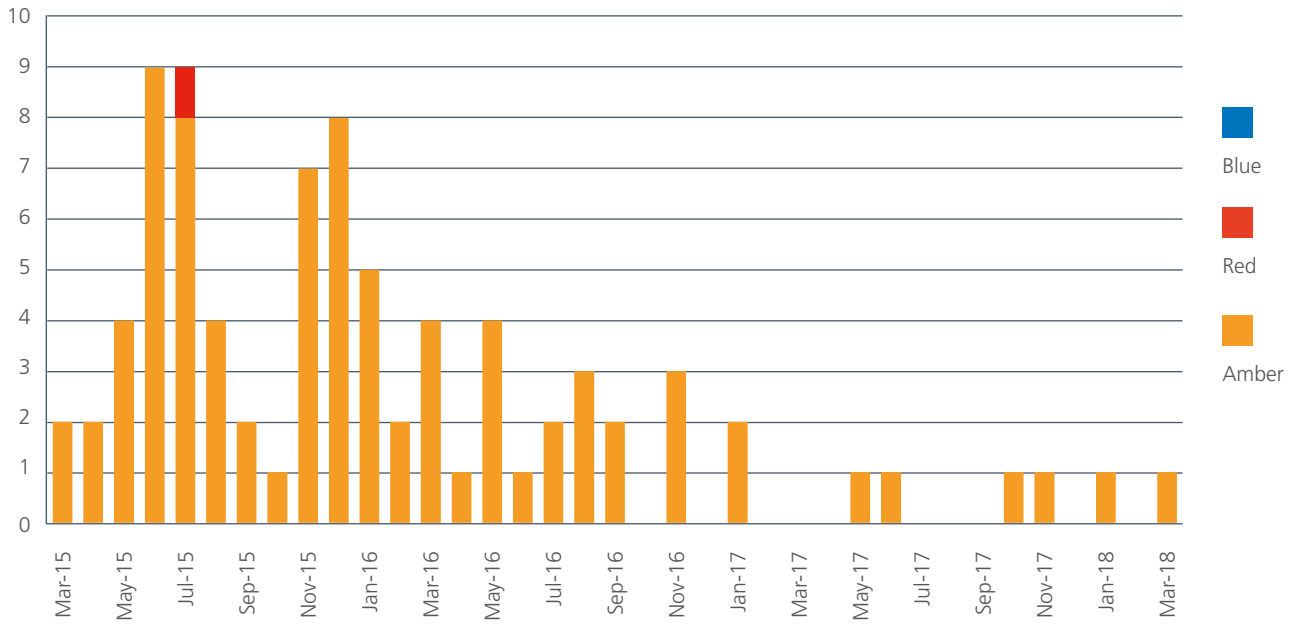
A focus on a reduction in **medication errors resulting in harm** continues to take place where the Medication Safety Officer (MSO) pharmacist has reviewed all medicines-related incidents to confirm that the level of harm assigned and recorded is in accordance with National Reporting and Learning System guidance. This was also an opportunity to provide further advice and support to investigating managers for incidents resulting in harm. The MSO presents a summary of prescribing errors to the medical Grand Round three times per year, to highlight key learning points.

The multi-disciplinary Medicines Management Group (MMG) continues to review the key themes from all medicines-related incidents, to expedite opportunities for shared learning, where highlighted themes are put forward as a 'Theme of the Month'. Future themes planned are insulin, anticoagulants and missed doses and will involve all appropriate disciplines from across the Trust, including patients. This raises awareness of the potential errors related to these themes and supports the likelihood of future errors.

A new 'daily brief' introduced for nurses, pharmacists and allied health professionals also include any quick learning which can be shared from incidents.

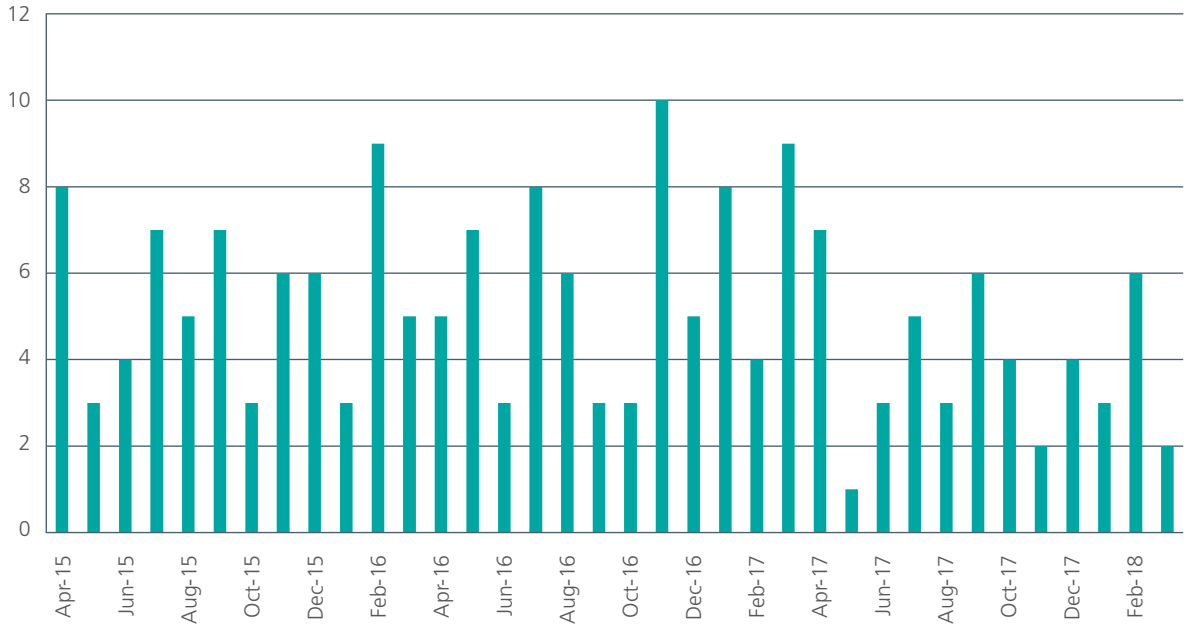
Overall there has been a further reduction in the number of **incidents associated with moderate, or more severe harm**, in 2017/18. From an average of 4.5 incidents per month in 2015/16, the rate fell to 1.5 incidents per month in 2016/17 and reduced further to 0.5 incidents per month in 2017/18 (Figure 1.3).

Figure 1.3: Incidents associated with moderate, or more serious harm



Incidents associated with **low harm** also fell during 2017/18, from an average of 5.5 per month in 2015/16 and 5.9 per month in 2016/17 to 3.8 per month in 2017/18 (Figure 1.4). Despite this reduction, the proportion of incidents associated with harm remains higher than average as the number of no-harm incidents is also low. Whilst there was a surge in reporting of no-harm incidents after the CQC visit in October 2017, further work is needed to sustain this level of reporting by the multi-disciplinary team on an ongoing basis.

Figure 1.4: Incidents associated with low harm



Performance against the **Medication Safety Thermometer** indicators is published on the MST dashboard website. The latest published data is for November 2017. Good compliance with **allergy documentation** was sustained throughout 2017/18, with an average rate of completion of 98.6 per cent compared with the national average of 97.0 per cent. Emphasis continues to be placed on documenting allergy status during induction and in Grand Round presentations.

Omitted doses (excluding refusals and valid clinical reasons) remain higher than average within the Trust and quite variable month-to-month (Figure 1.5 below), although there has been significant improvement on overall performance over the last four years (Figure 1.6 below).

Figure 1.5: Percentage of patients with a missed dose (excluding refusals and valid clinical reasons)

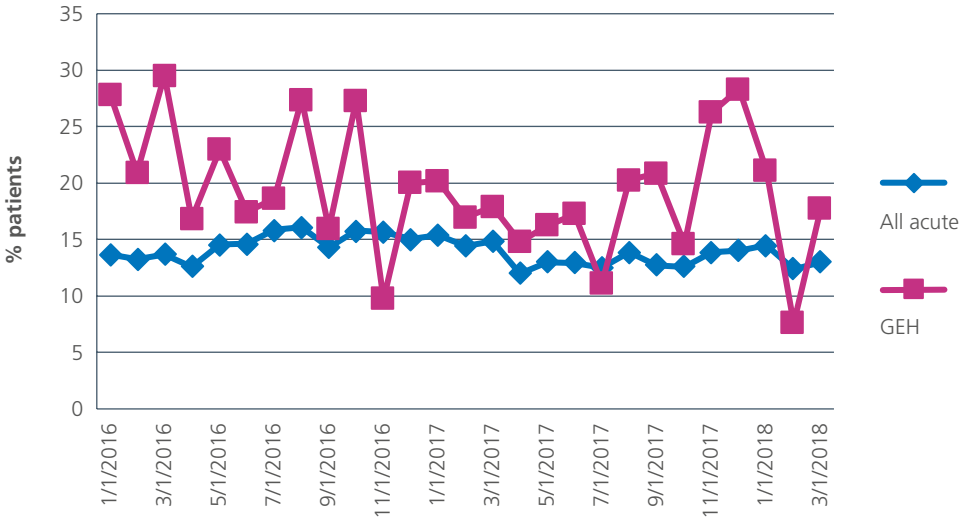
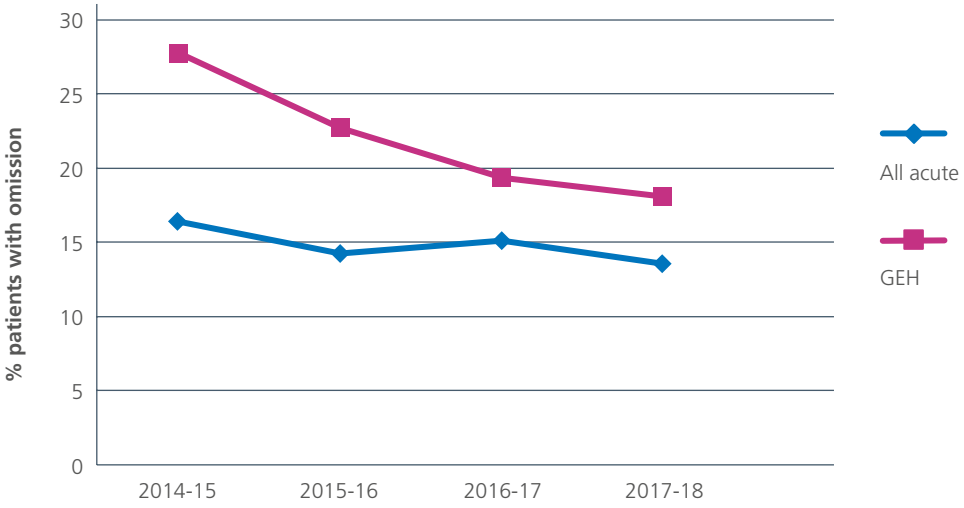


Figure 1.6: Percentage of patients with a missed dose (excluding refusals and valid clinical reasons) overall comparison over past 4 years



In 2017/18, the **omission rate for critical medicines** was marginally higher at George Eliot Hospital (7.5 per cent) than the national average (7.0 per cent).

All of the above data confirms that the Trust is improving its performance, but further improvement is still required.

The **'five steps' process** is being widely publicised within the Trust; this is to emphasise the key checks to be completed when administering medicines. Ward managers are being encouraged to be more involved in data collection for the MST, to foster ownership. The high use of agency nursing staff may be impacting adversely on this measure.

The commencement of **medicines reconciliation** by the pharmacy team within 24 hours of admission was lower in 2017/18 (74.5 per cent) than in 2016/17 (81.6 per cent). This was reflected by a similar fall in performance nationally (75.2 per cent in 2017/18 compared to 79.8 per cent in 2016/17 – better than the UK average in 2017/18). There is a possibility this is a reflection of the increased pressure on the pharmacy service from the increased activity within the Trust. The provision of medicines reconciliation to the Acute Medical Unit at weekends is included in the draft Hospital Pharmacy Transformation Plan for this Trust, which was prepared in response to the Carter Report. When implemented, it is anticipated that this will improve performance to at least 90 per cent.

Hospital-acquired pressure ulcers and the prevalence of pressure ulcers continue to be monitored with intense scrutiny, with 75 per cent of hospital-acquired damage being less than 2.5cm and 25 per cent of those being less than 1cm; this gives assurance that staff are following agreed processes in monitoring of all patients' skin.

The improvement plan set out for 2017/18 supported the reduction of the number of hospital-acquired pressure ulcers. With the implementation of the focused 'Stop The Pressure' Steering Group supporting the continual drive of improvements whilst monitoring the agreed improvement plan in order to further reduce and prevent pressure ulcer occurrence. To support this work, the appointment of a trainee assistant practitioner took place to aid the facilitation of Grade 2 verification and improve reporting flow.

Ongoing work and improvements realised for this reporting period include:

- Outcomes from learning from Root Cause Analysis investigations routinely shared with key themes embedded, such learning demonstrating the need to improve accurate and timely completion of documentation and input onto the Datix incident system
- Early in 2017/18 a Trust-wide mattress replacement programme was rolled out over a two-month period, providing a technologically advanced 'hybrid mattress' to give all our patients access to high specification prevention at all times
- The ongoing provision of education and shared learning routinely discussed within the clinical education tissue viability sessions with links directly to the 'react to red' campaign
- The educational support within the quarterly tissue viability link nurse programmes providing our staff and colleagues working in nursing and residential homes across the community the opportunity to share current learning and best practice. This well-established partnership education programme allows the tissue viability team and those attending to become actively engaged with 'hands on' learning opportunities to support reductions in incidence of community and hospital-acquired pressure ulcers.

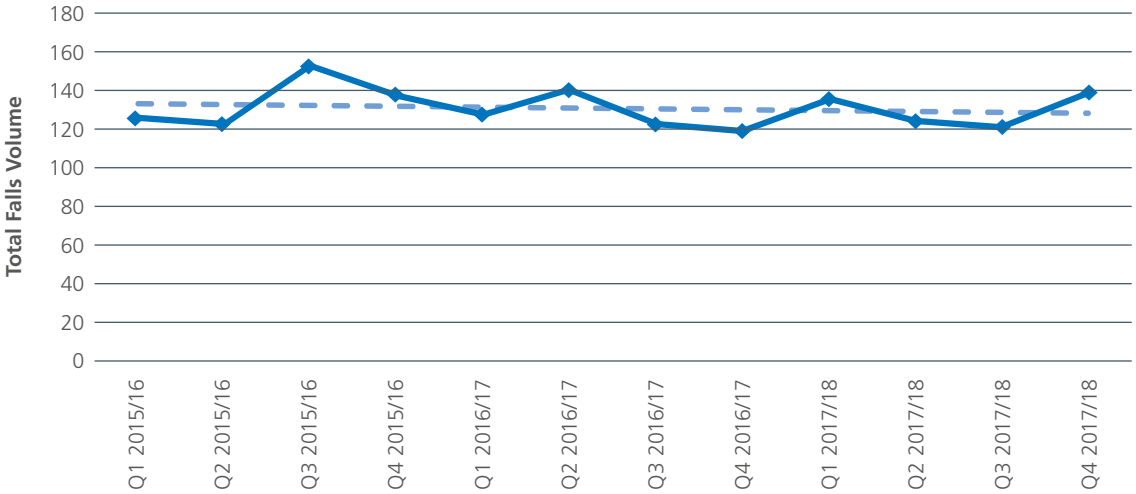
Overall this year has been significantly challenging, with increased service demands for all aspects of wound care. Whilst pressure ulcers remain our main priority, improving documentation is a key focus and the introduction of an electronic skin assessment tool on Patientrack planned to 'go-live' by June 2018 will support further improvements for all patients in our care.

Patient Falls

Inpatient falls are the most commonly reported patient safety incident in acute hospitals in England. In 2017/18, there were 520 falls within George Eliot Hospital NHS Trust compared to 510 falls reported in 2016/17. Whilst the total volume of falls has slightly increased compared to last year, the Trust has seen a reduction in the level of harm associated with inpatient falls. In 2017/18, 98.9 per cent (514) of falls were classified as 'None (no harm caused)' or 'Low harm', compared to 98.4 per cent (501) in 2016/17. Harm classed as 'moderate', 'severe', or 'death' reduced from 1.6 per cent (eight) in 2016/17 to 1.2 per cent (six) in 2017/18.

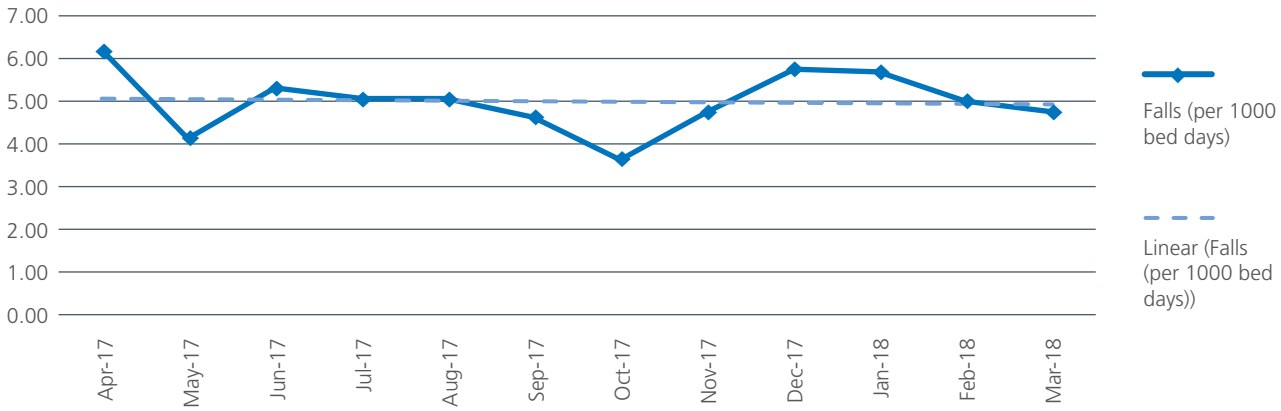
The graph below (Figure 1.7) highlights the quarterly total inpatient falls trend from 2015/16 to 2017/18. Inpatient falls during this period have remained static overall.

Figure 1.7: Total falls by quarter 2016/16 to 2017/18



The nationally recognised method of monitoring falls is achieved by calculating the number of falls per 1,000 occupied bed days. The average falls per 1,000 bed days in 2017/18 was 4.9 and our trend in this metric is relatively static as shown in the graph at Figure 1.8 below.

Figure 1.8: Falls (per 1000 bed days) 2017/18



During 2017/18, the Trust participated in an NHS 90-Days Improvement Collaborative. The Collaborative provided the Trust with an opportunity to undertake a review of patients' journeys and highlighted areas for improvement to ensure we deliver the safest and best quality of care to our patients.

Further information can be found online at:

https://improvement.nhs.uk/resources/falls-improvement-collaborative-provider-stories/.

This year the Trust revised the Falls Reduction policy and supporting documentation, revised and relaunched the multi-factorial risk assessment, and introduced a multi-disciplinary 'tagging' system on several ward areas to ensure a member of staff is always present in each patient bay area. The falls team have also engaged with members of the multi-disciplinary team, including junior doctors, nursing and therapy colleagues, through various educational forums, as well as identifying and providing training for falls champions in all ward areas.

Falls are a major patient safety concern and a marker of care quality. As such, the prevention and management of falls will remain a priority for 2018/19 further underpinning the Falls Prevention and Management Improvement Plan.

Saving Babies' Lives

In 2017/18, we further embedded the Saving Babies' Lives care bundles and were one of the first trusts in the region to implement all four elements. We were also accepted within wave one of the Maternal and Neonatal Safety Collaborative which is a three-year national programme to reduce stillbirths (including neonatal deaths and hypoxic brain injury to new born babies) by 50 per cent by 2025.

During this reporting period there were less than five reported, an overall reduction of 77 per cent of the number of stillborn babies in 2016 (reported as nine). We are also proud to confirm that we saw a reduction in the number of babies with hypoxic-ischaemic encephalopathy of 33 per cent for the same period.

The improvements being realised around Saving Babies' Lives continues to be monitored by NHS England, and regionally through the Local Maternity System (LMS). Quality improvements and learning from incidents is also shared for learning and future best practice.

'Better Births' forms part of the LMS work, and the Trust has recently restructured the community midwives into teams in order to address the continuity of care in the antenatal and postnatal period and working alongside the LMS are considering various schemes to further enhance and develop this area of work.

The Maternal and Neonatal Safety Collaborative has encouraged midwives to develop four projects which will also help to contribute to the national ambition. These are:

- **To create the conditions for a safety culture** – this will involve all of the maternity and neonatal staff completing a safety culture survey provided by NHS Improvement. The results will be shared with staff through debriefing sessions, carried out by staff who have received specific training and the development of objectives to address any concerns raised

- **To improve the knowledge and learning around the 'Buddy' approach (Fresh Eyes)** to CTG (cardiotocography) interpretation and the escalation of concerns (as identified within the RCOG Each baby Counts and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) documents) – the aim is to improve this process for 100 per cent of women who are on a high-risk or low-risk pathway
- **Prevention of neonatal hypothermia and hypoglycaemia** – our aim is to reduce the number of babies admitted to the neonatal unit with either of these conditions by 50 per cent through the development of robust care bundles and education for staff and parents. This was inspired by the findings of the NHS Improvement ATAIN (Avoiding Term Admissions Into Neonatal units) project which will inform our care bundles
- **To work with staff to improve the work environment to support staff to deliver safer care** – we have introduced within women's and children's Learning from Excellence, through the positive reporting of 'excellence reports' on the Trust's incident reporting system. This will hopefully address the balance between clinical incidents and clinical excellence. Following a staff survey 'what went well today' and 'what could we do better', we understand that the staff felt that there was often a lack of support from the management team. Our aim within this project is to increase the number of staff who feel valued working within the department, reduce staff sickness and improve staff retention.Incident reporting

By proactively encouraging a positive reporting culture, the Trust set out to be in the top 25 per cent of incident reporting organisations and also aspire to further reduce the harm caused from clinical incidents within the year.

Further embedding and sustaining of a positive learning culture continues through empowerment of multi-disciplinary team members to become more vigilant and engage routinely in the patient safety agenda has been ongoing throughout the directorates' and divisions' learning and development programmes.

The latest national benchmarked incident reporting dataset has been published by the National Reporting and Learning System (NRLS) for the first and second quarters of 2017/18. George Eliot Hospital NHS Trust is part of the acute (non-specialist) cluster consisting of 137 acute trusts, and is ranked in the middle 50 per cent (Figure 1.9 below) of all reporting trusts. Overall the Trust has seen a decrease in the number of incidents reported to the NRLS.

Although incident reporting rates within the Trust did reduce in 2017/18, levels of harm remained low. The Trust will be undertaking incident reporting educational sessions in 2018/19 as part of the annual education update programme to promote the reasons behind incident reporting in promoting patient safety. Feedback to reporting staff is automatically carried out via the Datix system upon closure of the investigation.

In addition, the Trust has developed the Datix 'Learning from Excellence' report form to enable staff to highlight areas of excellence in clinical practice which can be shared across the Trust.

Figure 1.9: GEH position by comparison with other acute trusts within the cluster

(Graph supplied by the NRLS showing the position of GEH reporting rate at just below the 50th centile for reporting)

All incidents are monitored through the Directorate Governance meetings, Patient Safety Group (PSG) and the Quality Assurance Committee (QAC). The monitoring of all incident reporting and outcome actions is ongoing at directorate level, with routine reporting to PSG and QAC highlighting progress on actions, trends analysis and risk register updates when required.

Following analysis of clinical incident reporting trends within the Trust in 2017/18, the Trust is undertaking work to manage the three highest reporting types of incidents to reduce the number of incidents and levels of harm caused to our patients.

These are:

- Patient falls
- Medication errors
- Documentation.

The Trust's Patient Falls Group monitors falls data, analysing trends and themes. It has developed a number of high-impact interventions to reduce harm from falls in 2017/18. There will be a continued focus on pre-falls risk assessment and preventative work into 2018/19.

The Trust has undertaken a comprehensive review of medicines management and developed an action plan during 2017/18 to reduce the number of incidents with harm, with increased focus on insulin management and anti-coagulation therapy. This action plan is being managed by the Medicines Management Group.

The Trust has completed a review of its nursing patient documentation used to enable comprehensive and detailed documentation of patients' clinical records. Ongoing work by the Patient Falls Group is being constantly reviewed to reduce falls and falls with harm in the Trust.

Management of the deteriorating patient

i) Patient Observations – Priorities for improvement

Over the past five years, all inpatient wards have been recording patient clinical observations electronically using the Patientrack system. It should be noted that Critical Care (ITU) have very different requirements for recording observations compared to the inpatient wards so do not currently use electronic observation charting. The table below at Figure 1.10 shows the detail and requirement of each improvement priority.

Figure 1.10: Detail and requirement of each improvement priority

No	Priorities for improvement	2017/18	2018/19	Detail
1	Timely and complete patient observations	Yes	Yes	Number of patients who have a set of physiological observations recorded on time
2	Minimum of one set of observations every 12 hours	No	Yes	Number of patients who receive a minimum of one set of physiological observations every 12 hours as per NICE Clinical Guideline (NICE CG50) recommendation
3	Timely set of observations including pain assessment on transfer	No	Yes	Number of patients who receive a full set of physiological observations including pain assessment within six hours of admission or transfer to a ward area

It is important that nursing staff complete the full set of observations of a patient at the appropriate time, as the electronic system uses an early warning score (EWS) which triggers if a patient's condition starts to deteriorate. This allows patients to receive appropriate clinical treatment as soon as possible. The Deteriorating Patients Committee and Quality Assurance Committee monitor the timeliness of patient observations.

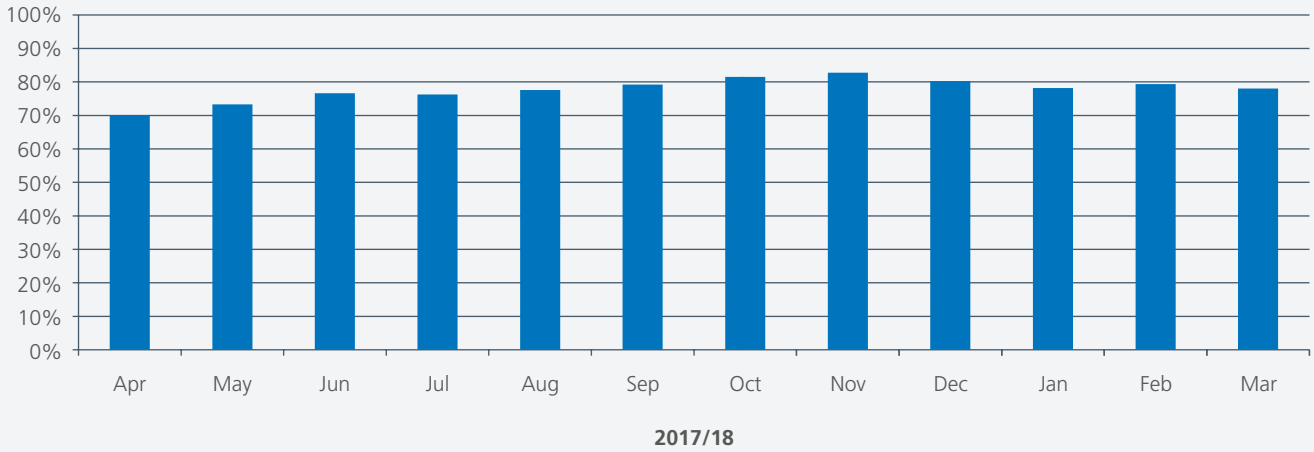
The Trust has made good progress on this challenging and ambitious improvement target, aiming for all wards to take at least 70 per cent of observations on time by the end of 2017/18. The end of year overall completion rate was 77.44 per cent, with 11 out of 12 wards achieving an average of 70 per cent. All wards have demonstrated a positive improvement in performance, with encouraging results being sustained over the year enabling best practice in assessing the deteriorating patient within our hospital at all times.

Performance by quarter and month is shown in the table below (Figure 1.11).

Figure 1.11: Number of patients having a set of physiological observations recorded on time

	2016/17	2017/18					
		Target	Q1	Q2	Q3	Q4	Year
Number of patients who have a set of physiological observations recorded on time	N/A	**70.00%**	73.14%	77.65%	81.49%	78.49%	**77.44%**

Figure 1.12: Timely and complete patient physiological observations recorded on time.



The graph above (Figure 1.12) further demonstrates a steady and sustained improvement in performance during 2017/18 at the Trust.

In achievement of the target, the following initiatives were implemented throughout the year:

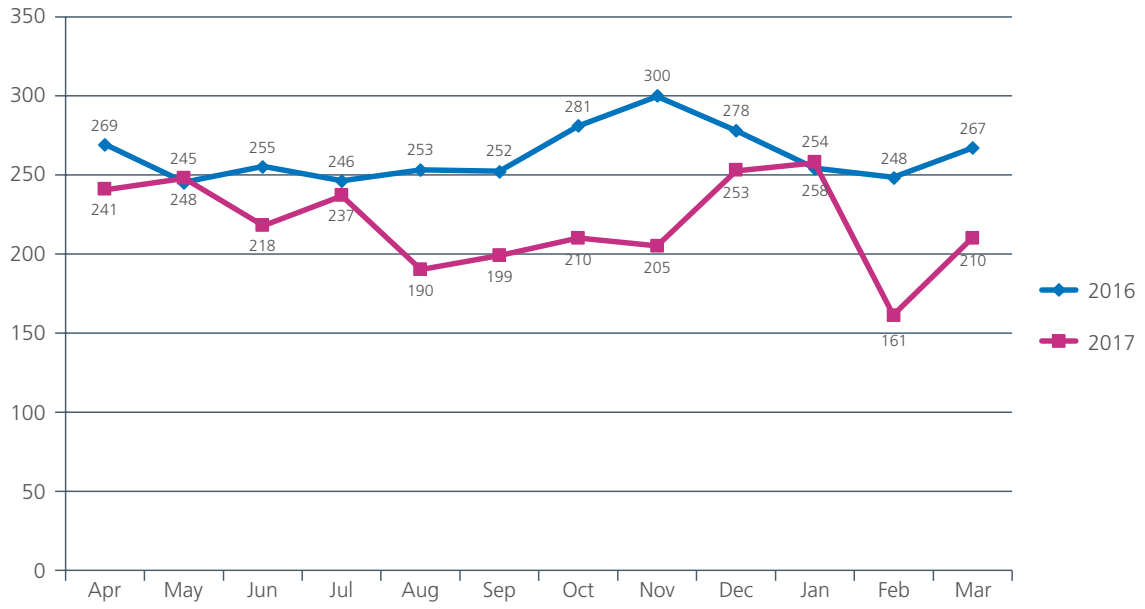
- Release of an observation dashboard which outlines ward and Trust level performance – this tool informs our staff about the processes of their care and enables them to make improvements
- A change was made to the electronic observation charting system to allow staff to more accurately record the reasons, where and when they are unable to record a set of patient observations. This allows us to understand the reasons in detail and focus on those observations which should not have been missed
- Further training and education in relation to patient observations was provided across the Trust
- Monthly observation reports are submitted to the Quality Assurance Committee detailing current levels of performance and actions taken
- An escalation procedure has been developed, outlining steps to take where there is a variance in performance
- Wards performing below the agreed target for timely observations have continued to be reviewed by the Deteriorating Patients Committee (DPC) to identify where improvements could be made
- Implementation of default observation profiles for all ward areas and addition of a post-operative observation profile to ensure these patients receive observations at the appropriate times

As the Trust showed several months of sustained performance at 80% for observations taken on time (Figure 1.12) the Trust has chosen to increase the target from 70% to 80% for 2018/19.

ii) Acute kidney injury (AKI)

In October 2016, the Trust launched the new AKI policy and care bundle. AKI is monitored on a monthly basis through the DPC. Since this time, the number of inpatients affected by AKI stage 2 and 3 has reduced significantly. During 2017/18 on average 400 patients were tested for AKI each month. Based on data retrieved, there has been a continued decline in incidence of AKI which has reduced to around 200 per month. The table (Figure 1.13) compares AKI incidence in patients each month in 2016/17 (an average of around 250) with the 2017/18 figures showing a positive improvement with an average of around 200 patients – a 20 per cent reduction in incidence.

Figure 1.13: Acute kidney injury trend – 2017 vs 2016

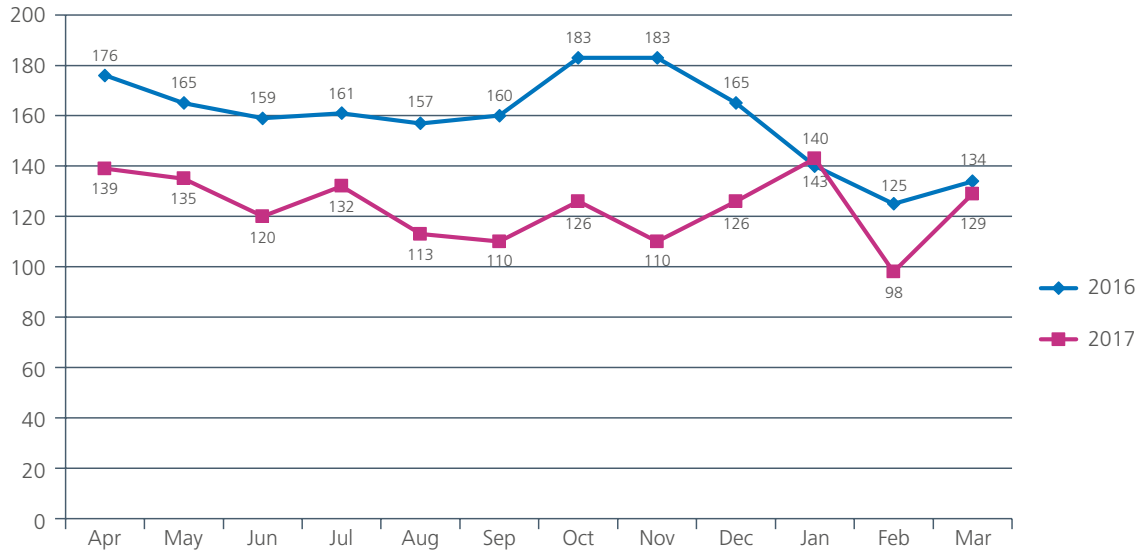


As well as inpatients, during 2017/18 patients presenting with AKI when attending the hospital are as follows:

- **Outpatients:** this has remained static at around 35 per month
- **A&E:** this has fallen from an average of 75 per month to 55 per month.

Overall, the number of inpatients developing AKI has fallen from an average of 135 per month to 120 per month. This possibly reflects the early recognition and prompt management of AKI. Comparing figures for the same period in 2016 (Figure 1.14), the number of inpatients developing AKI was around 160 per month.

Figure 1.14: Inpatient acute kidney injury trend – 2017 vs 2016



AKI is seldom the primary cause of illness or mortality and looking to the future, the aim is to link arterial blood gas testing equipment centrally to the Trust's laboratory, to generate automatic alerts which will highlight the prevalence of AKI. This will further aid the early identification of sick patients, with prompt intervention and escalation leading to a further reduction in AKI.

The Trust was nominated during 2017 for a Health Service Journal award for 'Best Quality Improvement Initiative' and was also invited to present a poster at the National Patient Safety Conference in the same year.

iii) Sepsis

During the year, the Trust continued to use the electronic observation system throughout all wards which makes screening quicker, easier and more consistent. We have also developed a sepsis assessment request tool which triggers if a patient's MEWS (Modified Early Warning Score) is four or above. The assessment mimics the paper screening tool and has the advantage of automatically populating most of the red flag criteria from the input supporting earlier diagnosis and commencement of treatment.

The Trust's annual teaching programme plays a big part in improving delivery of sepsis screening and for this reporting period the following has been accomplished:

- All Trust inductions – one-hour monthly x12
- Nursing clinical update – one-hour monthly x11
- Healthcare support worker teaching – six per year
- Foundation Year 1 – two per year
- Consultant updates – four per year
- Sepsis e-learning module (online facility for update)
- Sepsis masterclass – six per year
- Nursing students – four per year.

A sepsis masterclass has taken place 12 times this year, including a day aimed specifically at our Health Care Support workers which was attended by around 200 individuals.

The Trust participates in NHS CQUIN (Commissioning for Quality and Innovation) requirements in relation to audit and research where, using 100 pseudo-random patients, one key area of focus are undertaken throughout the year. The following highlights the outcomes and finding from some of these audits:

- **Appropriate screening:** A quarterly target of 90 per cent of all patients who fulfilled the criteria for a monthly sepsis screening to be screened within one hour. Results have shown a compliance rate of between 91 and 93 per cent compliance per quarter giving an overall annual compliance rate of 91.58 per cent for 2017/18.
- **Antibiotic delivery:** From these 100 screened patients, we then audited how many had a sepsis diagnosis and further what percentage received antibiotics within one hour of this diagnosis. Again, our target was 90 per cent compliance for each quarter. Once more, we achieved around 95 to 98 per cent compliance for each quarter, with an overall year end compliance of 96.19 per cent.
- **Antibiotic review:** Again, from this group of patients we then audited how many of their prescribed antibiotics were reviewed by a senior doctor after 24 hours and a documented plan with reasons was put in place. The outcome from this audit revealed that whilst most patients' medication had been reviewed by a senior clinician, further scrutiny and focus is required going forward.

For 2018/19 the Trust will be moving from a local MEWS to the National Early Warning Score-2 (NEWS-2). This will require a change in sepsis screening criteria and changes in the e-observation system triggering of sepsis screening. A challenge for the Trust will be to ensure that during the transition period there is no major decline in screening numbers. To support this there will be nationally-accredited online training available and a plan to have ward-based teaching to facilitate induction and management of this change. The Trust is also planning to introduce an electronic integration of the track and trigger systems throughout the clinical areas (including emergency medicine). CQUIN audits will continue, and the introduction of Deteriorating Patient Workshops for junior doctors (including a focus on sepsis and septic shock) are planned.


EZ-IO
G3
BASIC AIRWAY
CIRCULATION

Quality Goal 2: Learning from deaths

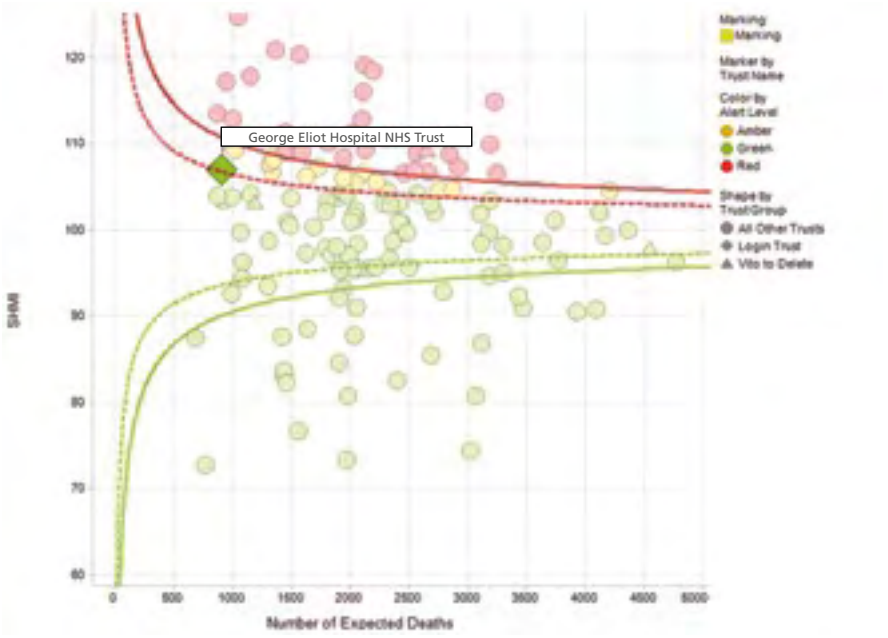
The value and banding of the summary hospital-level mortality indicator ('SHMI') for the Trust for the reporting period.

We are committed to identifying, reporting, investigating and learning from the deaths that occur in our hospital as a measure of effective care. To achieve this, it is essential that the Trust analyse quantitative performance data using the key national indicator, Summary Hospital-level Mortality Indicator, SHMI, in conjunction with local reviews of deaths using a qualitative methodology to determine points of learning and operates a transparent governance approach across all directorates to ensure lessons learnt are acted on.

The SHMI is a ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge. The latest figures (October 2016 to September 2017 / Figure 1.15 below) show that our SHMI is 107, band 2 'as expected'.

The statistical process control chart (funnel plot) can be used to identify unexpected variation in clinical outcomes. The funnel plot below shows the Trusts SHMI for a 12 month period. A Poisson distribution model was used to calculate 95 per cent (dotted line) and 99.8 per cent (solid line) control lines. Trusts that fall within the dotted line are 'within the expected range' nationally. Trusts that fall outside of the control lines are considered to be an outlier. The latest available figures show that our SHMI is within the expected range compared to the national ratio which is an improved based on the same period the previous year where the Trust was an outlier. SHMI for the Trust in the national context for the latest publication.

Figure 1.15: SHMI Statistical process chart based on figures October 2016 to September 2017



A certain level of insight can be gained from understanding the characteristics of the national mortality indicator and what is driving them. It should be used as a 'smoke alarm' to prompt further investigation by the Trust. We have been working hard with our local commissioners and NHS Improvement colleagues and have conducted in-depth analysis and focused case note reviews, the graph below (Figure 1.16 i/ii) shows the journey the Trust has been on and demonstrates the improvements that have been made to our SHMI.

Figure 1.16.i: SHMI banding figures (July 2014 to September 2017)

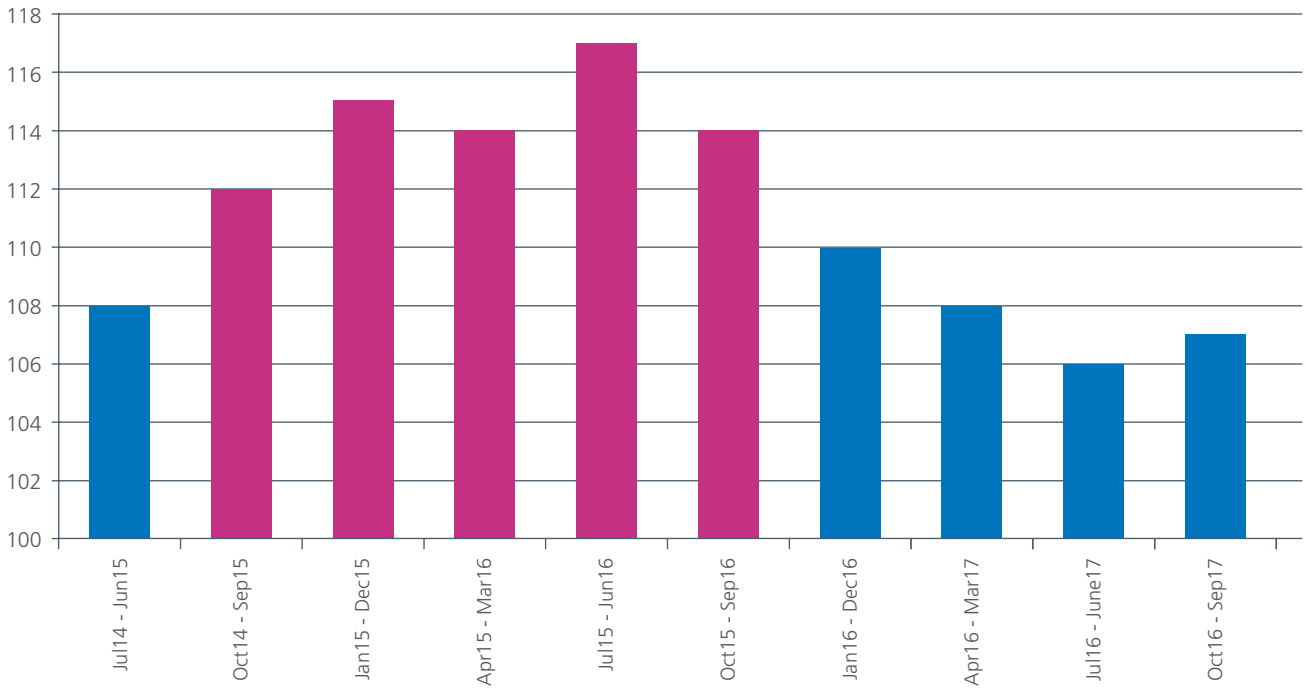


Figure 1.16.ii: SHMI figures and banding Jul 2014 to September 2017

SHMI as Published by NHS Digital	SHMI	Band
Jul14-Jun15	108	2 – as expected
Oct14-Sept15	112	1 – higher than expected
Jan15-Dec15	115	1 – higher than expected
Apr15-Mar16	114	1 – higher than expected
Jul15-Jun16	117	1 – higher than expected
Oct15-Sept16	114	1 – higher than expected
Jan16-Dec16	110	2 – as expected
Apr16-Mar17	108	2 – as expected
Jul16-Jun17	106	2 – as expected
Oct16-Sept17	107	2 – as expected

The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period

This contextual indicator shows the percentage of deaths reported in the SHMI dataset, where the patients received specialist palliative care as identified by the clinical coding (Figure 1.17). This is an indicator to accompany the SHMI. The SHMI makes no adjustments for palliative care because there is considerable variation between trusts in the coding of palliative care, which will have an impact on the national average.

The Trust has seen a decline in the overall palliative care rate The variation could be explained by the challenges faced in the End of Life Care (EoLC) Team in 2017. However, we have been working hard with our local commissioners and NHS Improvement colleagues to improve our EoLC service within the hospital. An EoLC strategy has been developed and implemented outlining key milestones that are monitored through the EoLC Operational and Strategic Working Group which is chaired by the Medical Director. The governance and leadership around EoLC have been significantly strengthened and the Trust is systematically auditing and measuring the quality of care. An ongoing focus on education of staff and commencement of the specialist palliative care consultant will further improve the care for patients in their last months, weeks or days in our care

Figure 1.17: The percentage of patient deaths with palliative care coded at either diagnosis or speciality level for the Trust for the reporting period

Indicator	Reporting Period	
Indicator	October 2016 to September 2017	July 2016 to June 2017
Percentage of spells reported in the SHMI with palliative care coding at either diagnosis or speciality level - GEH	1.54	2.10
Percentage of spells reported in the SHMI with palliative care coding at either diagnosis or speciality level - England	1.66	1.64
Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or speciality level – GEH	23.11	32.01
Percentage of deaths reported in the SHMI with palliative care coding at either diagnosis or speciality level – England	31.46	31.06

In 2017 the Trust continued to use its own process and methodology to conduct retrospective case note of deceased patients, drawing on national research conducted in England. Following the publication of the new national guidance on learning from deaths in late March 2017, the Trust reviewed its internal processes and aligned them with the new national guidance. The Trust updated and published the Mortality Review - Learning From Deaths Policy and in October 2017, the Trust introduced the Royal College of Physicians (RCP) Structured Judgement Review (SJR) methodology as recommended by the National Quality Board. SJR's are conducted on a monthly basis by trained clinicians and discussed at the Trusts Mortality Committee. Outcomes are also shared across the Trust, with our local commissioners and the Warwickshire North Mortality Oversight Group which has representatives from Public Health, Mary Ann Evans Hospice, GP's and the local Commissioners.

The 'overall assessment of care' score as classified by the RCP where 1 = very poor care and 5 = Excellent Care indicates that GEH has delivered 'Good Care' or 'Excellent Care' in the majority of cases. So far, no assessments have been scored as 'very poor care' however 3 cases have been classified as 'poor care'. All SJR's scored as 'poor care' are subject to further scrutiny and discussion at the Trust Mortality Meeting, 'Very Poor Care' is reported as an internal serious incident and subject to a Root Cause Analysis which is presented at the Trusts Serious Incident Group.

The table below (Figure 1.18) outlines the total number of deaths, reviews undertaken for the reporting period and an estimate of how many deaths were more likely than not to have been due to problems in care provided to the patient. It is estimated that 0.5% of all deaths in 2017/18 at GEH were more likely than not to be due to problems in care.

Figure 1.18: Learning from deaths - number of deaths and reviews undertaken during 2017/18

Reporting Period 2017/18	Total Deaths	Level 1 Mortality Review (Oct17 Onwards)	Level 2 Mortality Review	Structured Judgment Review (Oct 17 Onwards)	% of Reviews Subject to Reviews	Reviews Graded 1-2 (Poor or Very Poor Care)	% estimate of all deaths Graded 1-2 (Poor or Very Poor Care)
Quarter 1	195	0	43	0	22	1	0.5
Quarter 2	161	0	27	0	17	0	0.0
Quarter 3	212	156	14	11	85	2	0.9
Quarter 4	239	206	10	19	98	1	0.4

On further analysis of the case record reviews and investigations conducted, end of life care was highlighted as an area where the Trust could improve. An End of Life Care strategy has been developed with an accompanying implementation/improvement plan. An ambitious training programme for all nursing and medical staff is underway. This covers the fundamentals of care in EoL including communication, symptom management, advanced care planning and spirituality. The trust has established an EoL Operational and Strategic Working group which is chaired by the Medical Director and this group will oversee all the improvement work. The Trust has also implemented the use of the CODE survey to capture the voice of the bereaved relatives and this has provided feedback on the care of their loved ones.

We aim to further strengthen the review process by introducing a Medical Examiner role in 2018/19. Implement an electronic SJR and deliver further training to enhance and broaden the review team. We also aim to improve the governance and learning outcomes from the mortality reviews across the organisation. The clinical and executive committees will continue to monitor and review mortality information, statistics and other available information, to provide oversight of Trust and directorates' outcomes and performance.

Quality Goal 3: End-of-life care

The End-of-Life Care Strategic and Operational Working Group (established in 2017 and chaired by the Medical Director or Executive Lead for End of Life Care) have agreed a 'strategy on a page'.

This is a brief outline document that encompasses the breadth of the work required across the Trust around EoLC and is based on the Ambitions for Palliative and EoLC ('A national framework for local action 2015-2020'). A 12-month work plan has been developed to ensure actions from the strategy are monitored and performance managed.

Areas of work and progress covered in achieving the EoLC work plan includes:

- Organising and staging an EoLC awareness week 'one chance to get it right' during March 2018: The overall aim of the EoLC week was to raise the profile of EoLC within the Trust championing the phrase 'one chance to get it right'. There was daily ward visits to highlight the use of the tools we have available within the Trust to support the care of patients at the end of their lives. Mary Ann Evans Hospice, chaplaincy, bereavement and the Clinical Nurse Specialist for Organ Donation at University Hospitals Coventry and Warwickshire NHS Trust were present during the week to highlight their services. The palliative care team worked closely during the week and held an informal information event, showcasing the tools available to staff and answering any questions staff, patients or their relatives had with regards to end-of-life care. The week was further supported by global email and daily screensaver information organised by the communications team.
- Proactive recruitment to fill vacancies within the specialist palliative care team, with one new consultant in palliative care commencing with the Trust in August 2018, a new clinical psychologist post commencing in April 2018 and the newly-appointed lead nurse due to take up their post in May 2018. Interviews for a second consultant position are taking place at the end of March. [Palliative care consultancy cover of five hours per week is currently being provided offering clinical support to the team].
- **Prescribing Guidelines for the Dying Patient** were updated and promoted via Trust-wide communications and further information on the staff intranet. The communications advised how the guidelines can be downloaded onto mobile devices – more easily accessible for staff to use.

- This **Care of the Dying Evaluation (CODE™)** survey commenced. Recent initial findings are broadly very positive. For example, in response to the question: 'In your opinion, did he/she die in the right place' 14 answered, 'Yes' and one answered, 'Not sure'. All respondents answered, 'Yes' to the question: 'Overall, in your opinion, were you adequately supported during his/her last few days of life?' Similarly, for the question: 'How much time was he/she treated with respect and dignity in the last days of life?', with regards to doctors: 12 answered, 'Always', two answered, 'Most of the time' and one answered, 'Don't know'. With regards to nurses: 14 answered, 'Always' and one answered, 'Most of the time'. Some emerging areas for improvement include communication with relatives about what to expect when their loved one is dying (for example, symptoms that may arise), and communication about appropriateness, or not, of receiving fluids through a 'drip'.
- The Trust has signed up to the **End-of-Life Care Hospital Improvement Programme (ELCHIP): NHS Improvement (NHSI) / Hospice UK**. This is a 12-month programme with the aim of improving the quality of care for patients who may be in their last three months of life who attend or are admitted to hospital in an emergency. The Trust is progressing well with the programme. A case file review is almost complete, with 17 of the 20 sets of notes having been reviewed. A clinical nurse specialist, a medical consultant and an acute physician have all supported this review and an action plan will be developed following the outcome of the project.
- A **'fresh eyes walkthrough'** was successfully completed during February, alongside NHSI and Hospice UK. The initial feedback has been predominantly positive with some minor suggestions, which included signage, notice boards and seating in some areas.
- The **EoLC Education Programme** is ongoing, with sessions provided throughout the year covering the following topics:
  - Fundamentals in end-of-life care
  - Myton Hospice full-day programme (four staff attended)
  - Clinical care update
  - Corporate nursing induction
  - Presentation to Medical Grand Round
  - 'Let's get talking' (advanced communication skills)
  - FY1: Care of the dying patient
  - Care certificate (health care assistants).

Challenges continue in enabling staff to be released to attend the training particularly in the first part of the New Year. However, registration numbers for this programme were much improved in March which is seen as a good sign that engaging with staff and raising awareness of EoLC requirements is being realised. Attendance targets are being monitored via the EoLC Operational and Strategic Working Group.

In response to a number of clinical incidents associated with the availability of syringe drivers for EoLC patients during 2017/18, purchase of additional syringe drivers and the implementation of a standard operating procedure (SOP), there have been no further incident reports regarding lack of availability.

A syringe driver audit was undertaken in January 2018, which found the Trust was compliant with all aspects of the SOP, except the minimum stock level of 15. Orders are now in place to ensure the minimum stock levels are maintained.

There is continuing momentum towards gaining meaningful feedback and data as to the quality of EoLC and emerging areas for improvement. Whilst releasing staff to attend education sessions has been a challenge, there are more positive signs moving forwards. Educating and empowering staff is seen a vital aspect of development to ensure EoLC is seen as 'everyone's business'. This is a big cultural shift for the organisation, with the recognition of the need to move towards better clinical outcomes. The EoLC awareness week was a great opportunity to raise awareness of the importance of providing quality EoLC and communicating what resources are available to staff in order to facilitate this.

Quality Goal 4: Ensuring that safe staffing levels are in place across the Trust

During 2017/18, the Trust continued to progress a variety of activities in order to maintain safe staffing levels and enhance recruitment and retention across the organisation.

This was against the backdrop of ongoing challenges nationally with the supply of registered nurses and slow progress with international nurses proceeding through the system. Predominantly the nurses from overseas experienced challenges with successfully completing the International English Language Test (IELTS). Focused work was conducted at a national level on workforce modelling in order to meet the current demand and create sustainable workforce models for the future. This included the introduction of new roles such as nursing associates, and identifying opportunities for enabling international nurses to progress through the system faster.

Some key achievements for the Trust during 2017/18 include:

- The introduction of a new 'safe care' module within the health roster which strengthens the daily monitoring of data and information available. It enables nursing teams to maintain a clear oversight of their staffing establishments, skill mix and patient acuity. This module has been gradually introduced with the aim to fully implement and operationalise by early in 2018/19.
- Six monthly acuity reviews were conducted, followed by comprehensive staffing reviews to ensure that the nursing establishments and skill mix were safe and met the individual service requirements.
- The endorsement of additional investment in maternity services, following the birth-rate plus review of maternity staffing, and a new maternity workforce model will be implemented during 2018/19.
- A risk assessment proforma for maintaining safe staffing was developed and implemented. This enables nursing and capacity teams to conduct informed risk assessments when staff need to be moved from their base wards to different clinical areas.
- The Safe Staffing Policy was reviewed and strengthened and 'red flags' and 'red shift' included on Datix. This enables staff to report these events clearly and enables timely actions and wider organisational learning.
- A significant growth of the internal Bank nursing and midwifery staffing numbers occurred as a result of focussed work conducted by the Trust's local NHS Professionals (NHSP) colleagues. In total, 342 nursing and midwifery staff were recruited into the Trust's Bank during 2017/18. This compromised of 169 registered nursing staff and 173 non-registered nursing staff.
- Nursing teams worked collaboratively with the human resources team to review and strengthen the current recruitment process and drive the Trust's Recruitment and Retention strategy.
- In total, 63.09 WTE registered nursing and midwifery staff and 63.51 WTE non-registered nursing and midwifery staff commenced working at the Trust.
- We also welcomed three international nurses during 2017/18 with more continuing to progress through the recruitment process.
- Three trainee nursing associates embarked on their journey to become nursing associates. A further three candidates successfully secured places for the next cohort commencing at Coventry University in April 2018.
- A number of staff support initiatives were conducted over the year, such as national kitchen table events ('sign up to safety' initiative), engagement sessions with frontline nursing and midwifery staff and a variety health and wellbeing initiatives.

Quality Goal 5: Freedom to Speak Up

In total, 28 cases were received in 2017/18, which is a small increase on the previous year when 27 cases were received. The table below (Figure 1.19) shows the issues raised from the cases received. Note that 19 cases raised more than one issue.

Figure 1.19: FTSU issues raised during 2017/18

Number	Issue of concern raised
12	Patient safety
3	Staff safety and training
13	Behavioural and relationships
10	Bullying and harassment
8	System process and policies
4	Infrastructure
4	Cultural
5	Leadership
1	Use of resources
2	Disciplinary
1	Grievance

Six cases were received anonymously. A total of 14 cases received were not under 'Freedom to Speak Up', with seven of these cases referred to HR.

Lessons learnt from cases received include the introduction of quick referrals and support to signpost staff to human resources for dignity at work, disciplinary and grievance issues, which has been assisted by a good working relationship and regular meetings with the Head of Human Resources and the Trust Guardian. The use of internal patient safety notices has been found helpful to cascade or reiterate safe practice without compromising confidentiality of an individual or work area raising concerns.

In October 2017, the first national Freedom to Speak Up Awards were held as part of the national 'Freedom to Speak Up' guardian day. Although not successful, the Trust received three nominations for 'speaking up together', 'leading the change to speaking up becoming business as usual' and 'Freedom to Speak Up guardian of the year'.

The Trust guardian has been part of a small, virtual, national working group to produce a Self-Development Guide (also known as the Education and Training Framework). This work has now been completed and the final document was launched at the Freedom to Speak Up conference in March 2018.

George Eliot Hospital NHS Trust held a Freedom to Speak Up conference in February 2018. This provided the opportunity for staff to hear from Helen Donnelly, who presented her experience as a whistleblower at Mid Staffordshire Hospital and how she was instrumental in the development of Freedom to Speak Up. The event also highlighted the Trust's experience in the development and implementation of Freedom to Speak Up. We were delighted to welcome the National Guardian, Dr Henrietta Hughes to the event, who presented the national perspective and progress made in the implementation of Freedom to Speak Up.

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

Quality Goal 6: Seven-day services

The purposes of the seven-day standards are to deliver safer patient care, to improve patient flow through the acute system, to enhance patient experience of acute care and to reduce the variation in appropriate clinical supervision at weekends. In addition, there is the potential to mitigate the excess mortality that has been shown in large studies to be associated with weekend admission to hospital.

NHS England have set an overarching target to all trusts, by 2020 that 100 per cent of the population should receive a seven-day service from their NHS hospital trust. They require four priority standards (Figure 1.20) that define a seven-day service to be achieved in all relevant clinical specialties standards on the basis of their potential to positively affect patient outcomes.

Figure 1.20: Four priority (seven day services) standards

Priority clinical standards	Standard 2: **Time to consultant review** Standard 5: **Diagnostics** Standard 6: **Consultant directed interventions** Standard 8: **Ongoing daily consultant-directed review**

These priority standards have been selected from 10 clinical standards developed by the NHS Services, Seven Days a Week Forum as they are most likely to have the greatest impact in tackling variations in mortality, patient flow and experience.

Standard 2

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.

Standard 5

Hospital inpatients must have scheduled seven-day access to consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients.

Standard 6

Hospital inpatients must have timely 24 hour access, seven days a week, to consultant- directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols.

Standard 8

All patient with high- dependency needs should be reviewed twice daily by a consultant and all other inpatients should be reviewed by a consultant once daily seven days a week, unless it has been determined that this would not affect the patient's care pathway.

George Eliot Hospital NHS Trust, along with all acute trusts in England, has undertaken a self-assessment survey to measure compliance against these priority standards for a seven-day service in hospitals. Audits on progress against a selected standard from 2, 5, 6 and 8 are also taking place. The most recent survey took place in September 2017, covering the management of patients admitted as an emergency measured **only against clinical standard 2:** first consultant review.

Results showed that 94 per cent of patients were seen and assessed by a suitable consultant within 14 hours of admission compared to 90 per cent from the 2016 survey.

From March 2018, the seven-day service survey will expect full data collection for all four priority clinical standards and updates on progress the other six to be made. To support achievement of this work, a seven-day service work stream has also been established with an action plan to focus on meeting the seven-day services clinical standards at the Trust.

During 2017/18, the Trust implemented several trial initiatives to tackle winter pressures and maintain continuity of services over a seven-day period, in particular out-of-hours and at weekends. Our clinical teams and support services worked hard to support these initiatives, which were put in place to compliment the Trust's winter plan for the hospital's emergency and elective workflow.

The following gives a brief outline of these initiatives and the positive outcomes to patient flow that were realised:

- **Out-of-hours clinical safety team put in place:** all patients requiring senior clinical review, especially high-risk and medical outliers, were seen by a consultant to ensure decisions about their treatment were not delayed at weekends
- **Emergency department-based therapists:** by having a physiotherapist and occupational therapist within A&E on a daily basis to assess and treat patients; decisions regarding care packages took place in a timely manner to progress to the next stage of care, or enable patients to be discharged
- **Extended access to pharmacists:** this enabled prompt action on delivering TTOs (to take out forms) for patients leaving the hospital, resulting in reduced delays in discharges and the onset of treatment
- **Social work team Sunday service:** Warwickshire County Council social services department provided a social worker on site on Sundays when previously only Saturdays were covered at weekends. This expedited more timely discharge arrangements for patients who were ready to either go home or to their place of residence
- **GP extended hours:** working in partnership with our commissioners, during the winter period our local GPs extended their opening times into the evening which dramatically reduced late evening GP referral rates. This contributed to reduced pressure on our A&E services and once again improved patient flow.

This winter pressures trial produced positive results with patient flow, activity throughput and overall patient experience. It has inspired our operational team to use the evidence-based outcomes to develop and embed the above as best clinical working practice going forward. Work is ongoing to attract the funding required to sustain this way of working as a fundamental part of our winter plan every year.

Quality Goal 7: Proactive and safe discharge

The implementation of the SAFER flow bundle in 2016 significantly improved patient flow and unnecessary waiting for patients and was further enhanced in April 2017 with the implementation of Red2Green (R2G).

The R2G philosophy is built on the principles of SAFER that helps to identify delays and turn patients 'red days' into value-adding 'green days'. A red day is when a patient does not receive an intervention to support their pathway of care (for example, a planned diagnostic is not undertaken). A green day is when a patient has received an intervention that supports their journey (for example, a review of a diagnostic intervention, or a senior review by a consultant to plan and progress a patient's episode of care).

Fully implementing R2G has required a significant change in attitude, culture and behaviours; a marathon as opposed to a sprint. It has been a lengthy process requiring sustained momentum to ensure R2G became business as usual, as opposed to a short-lived initiative.

To support this work, over the past 12 months we have seen the development of an in-house IT system. This not only captures and identifies delay reasons for action, but is now used as a tool to help manage patients through health and social care in the Trust's daily community hub meetings. An extensive R2G pledge campaign and communication process to educate staff about the benefits of reducing patient delays in waiting is ongoing, promoting the concept of Red2Green as routine amongst the multi-disciplinary teams.

The engagement in R2G and focus on proactive discharge has had astounding results. The table below (Figure 1.21) demonstrates that although length of stay has increased, since a snapshot taken in November 2017, there is still an overall reduction from the position taken in April 2017, prior to the implementation of R2G. A particularly good example is our elderly care wards (Bob Jakin and Felix Holt) where they have fully embraced the philosophy and are now reaping the benefits.

Figure 1.21: Average length of stay comparisons

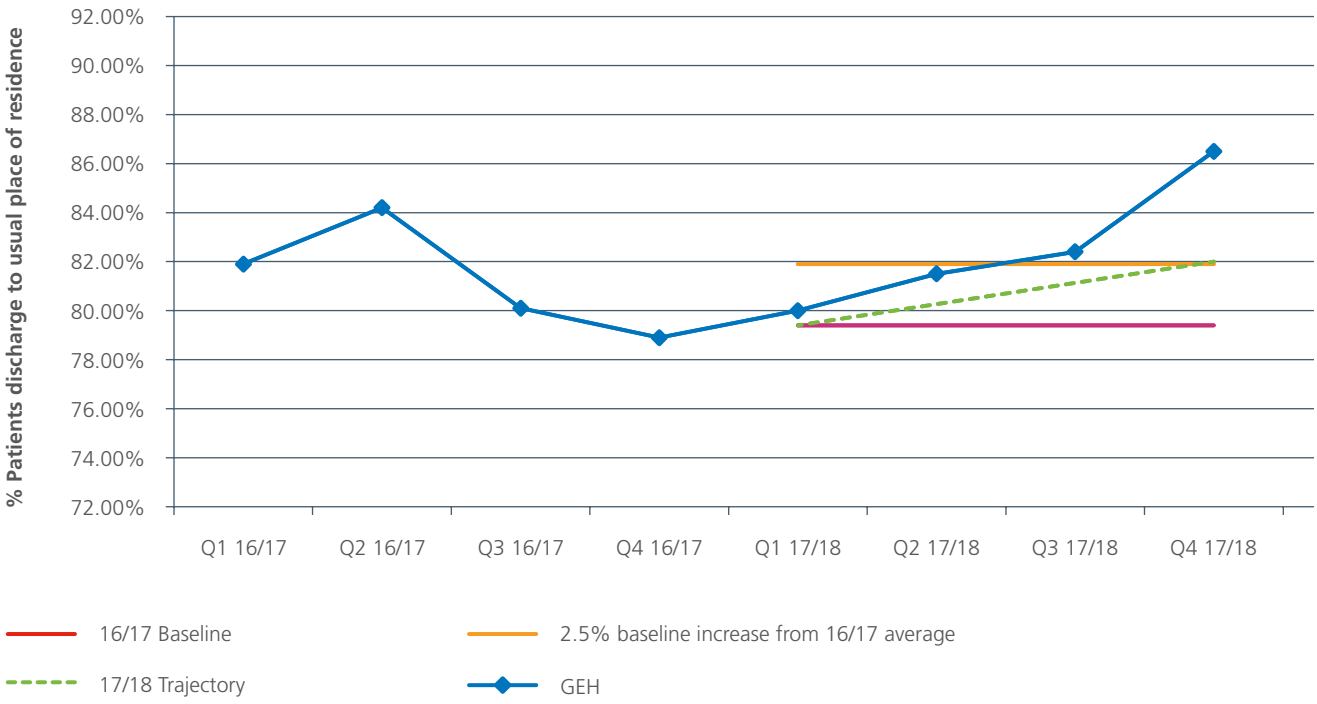
	Average length of stay (days)		
Ward	3 April 2017	31 November 2017	28 February 2018
Bob Jakin	24	11	16
Felix Holt	31	14	24

The above table highlights the positive gains to be made from embedding R2G as best working practice across the Trust. Whilst acknowledging this improvement, other new ways of working also have been introduced over the past year which have contributed positively to the SAFER flow bundle. These include:

- the introduction of the frailty team who are primarily based within the Acute Medical Unit and comprise a full time acute care of the elderly practitioner, an occupational therapist, alongside input from physiotherapists, a social care worker and an Age UK social prescriber. The team concentrates on providing comprehensive geriatric assessment (in-line with the national Silver Book recommendations) for frail older people. Currently the criteria includes people from care homes, people with a diagnosis of dementia and those over the age of 90. The idea behind the intervention is to reduce length of stay in these patients and reduce readmissions.
- the introduction of the new standardised bed boards (containing the four key discharge questions for patients and relatives: 'what is wrong with me?', 'what is going to happen to me this morning/this afternoon?', 'what needs to happen for me to go home?' and 'when can I go home?'). As such it is hard to attribute the improvements to a single action, but hard to ignore the impacting shift in culture and attitude in proactively progressing patients along their pathway to discharge on all inpatient wards.

Data analysis shows that extended inpatient stays can have an adverse effect on patients; 10 days in hospital for a patient aged over 80 can equate to 10 years of muscle ageing. However, with the initiatives put in place over the past year we can evidence that proactive discharging is seeing more patients (especially our frail and elderly patients) being discharged to their usual place of residence (Figure 1.22).

Figure 1.22: percentage of discharges to usual place of resident –v- proposed trajectory

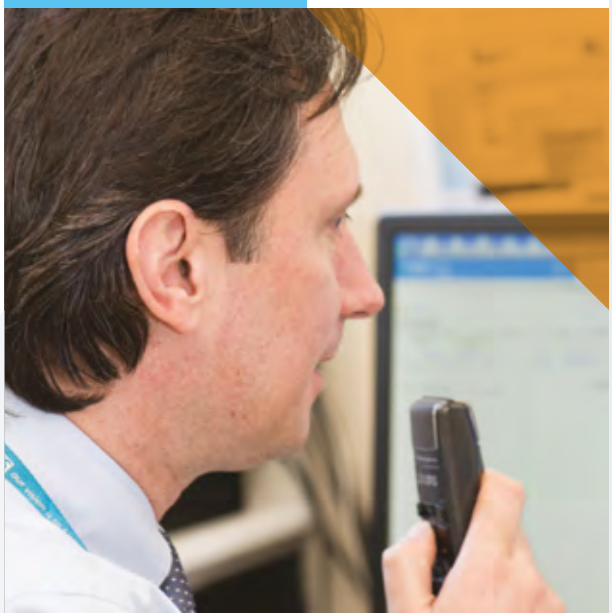


It's clear that with proactive clinical and operational engagement and support, the R2G philosophy can be a success. To sustain this initiative, the next steps will be to

further engage and reinvigorate the rest of the organisation to embed R2G across all clinical areas as a daily practice at this Trust.

The work at George Eliot Hospital has been held in high regard at national level with the team presenting at NHS Improvement national conferences.

Our aim for 2018/19 is to make every day a green day and involve our staff and patients in making this happen. The work to date has laid the foundations of continuous improvement in delivering high quality, co-ordinated discharge.



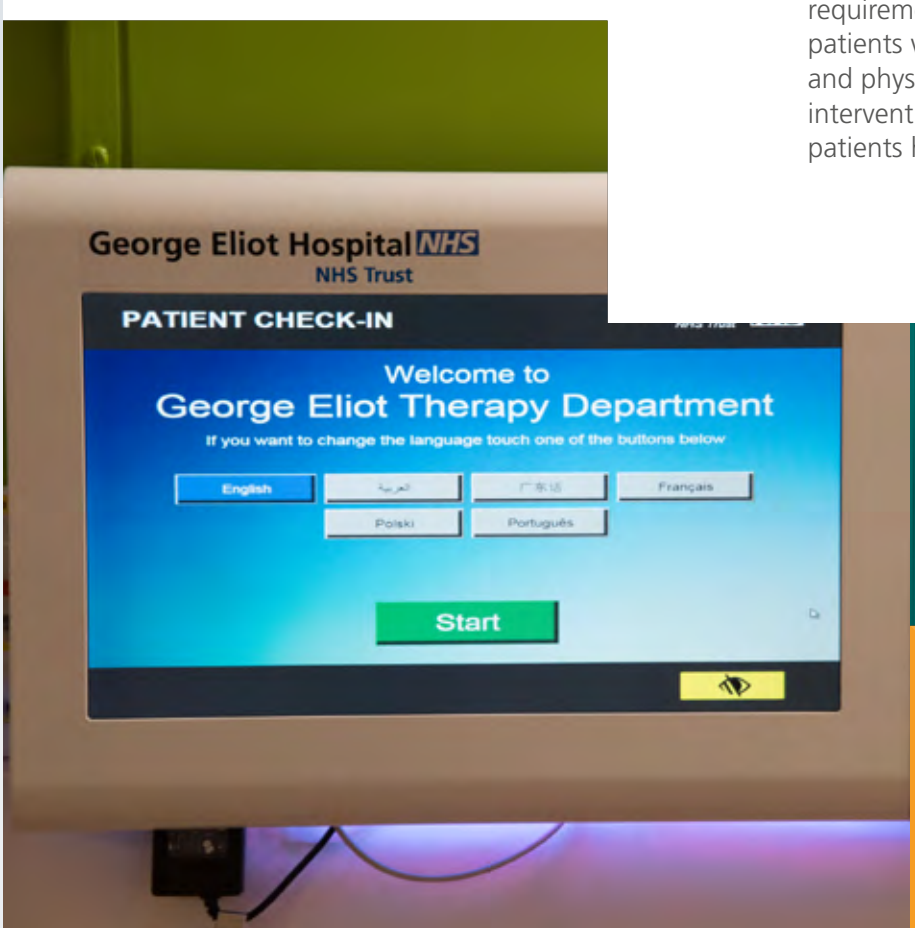
Quality Goal 8: Improving shared care with primary and community healthcare providers

During 2017/18, the Trust has implemented a consultant advice and guidance service for GPs through Consultant Connect. Specialities that are currently included are obstetrics and gynaecology, cardiology, urology, diabetes and endocrinology. Further specialties are in the process of joining this advice line going forward.

In achieving the above, the Trust has worked in partnership with Warwickshire North Clinical Commissioning Group to address the gap in GPs being able to access consultant advice before referring patients into secondary care, in order to avoid unnecessary referrals and admissions. The Consultant Connect service supports GPs by providing them with easy access to a pool of consultants in the specialties online to date.

The service will be looking at local quality standards for the provision and the number of GP referrals made to the services that provide advice and guidance against the total number of referrals made to the hospital to see how the service is utilised and how effective it has been. Early data has demonstrated that 44 per cent of calls to secondary care through Consultant Connect avoided either a potential referral or admission.

George Eliot Hospital NHS Trust, in partnership with Coventry and Warwickshire Partnership NHS Trust has also implemented a plan to improve services for people with mental health needs who attend A&E. This has been identified as a national CQUIN and the Trust achieved the quarter one requirements. The Trust has identified a cohort of patients who may benefit from integrated mental and physical health assessment care planning and interventions; a personalised care plan for these patients has been put in place.



Quality Goal 9: ICT Infrastructure overview and improving clinical technology and communications

IT infrastructure overview

The Trust is committed to changing culture and behaviours by introducing technology which will support and enhance patient care. Detailed below are some of the technically-driven projects that the technical services department have delivered to enhance clinical and non-clinical areas in the provision of patient care.

Self-check-in kiosks:

The Trust has begun to implement self-check-in kiosk solutions within three of the main outpatient-focused departments: Pathology, Main Outpatients and Physiotherapy. The immediate benefits of this new technology include the improvement of patient satisfaction, creating a positive experience and minimised queue levels by simplifying the overall patient check-in process.

Wireless fridge monitors: The Trust implemented a wireless temperature monitoring system enabling the transmission of real-time data from medical storage appliances throughout the hospital. Any temperature deviation alerts staff of potential problems, allowing fast action to save stock if needed. This improves patient safety and ensures medication is kept at the manufacturer's advised temperature levels which prevent not only expensive wastage but also maximising medication shelf-life.

New A&E unit IT refurbishment:

The recently refurbished A&E unit was populated with the relevant IT hardware and telephony system prior to its opening in late December 2017. This successful project assists with winter pressures and a reduction in the overall waiting times once all the consultant rooms became operational. The wireless network capabilities provide access for staff (patient data) and public (visitors and families).

New Solomon Macey Unit (Endoscopy):

The new Endoscopy Unit was unveiled in July 2017. The IT service division worked tirelessly to ensure connectivity to the main data centre alongside wireless network capabilities installation. A state-of-the-art audio-visual training solution was also implemented and is used to stream live instructional procedures to delegates training room direct from one of the main scope rooms within the unit and has the ability for real-time Q&A sessions using wireless microphones.

Server Virtualisation:

The Trust's infrastructure team replaced the current virtualised server environment that had reached the end of its life. This new environment can accommodate in excess of 100 servers thus reducing the Trust's overall carbon footprint. The overall running costs for the virtual environment is approximately 20 per cent less than that of a physical solution and provides an immediate advantage in terms of disaster recovery for the organisation.

Edge network improvements:

The edge network provides essential access to Trust-wide IT systems within all areas of the organisation. Numerous network cabinets (nodes) and the associated switch architecture were becoming obsolete. The switches in particular were running at maximum capacity, resulting in the inability to expand IT services to meet future demand. The speed, performance and resilience of the Trust's dedicated network have been much improved following the completion of this works.

Secondary data centre: In ensuring new technology has the means to support the modernisation and transformation of our services a secondary data centre was recently built to host clinical and non-clinical applications. This enables the increase in a number of critical IT systems on which our clinical services depend. It also has a state-of-the-art fire suppression system and a dedicated generator that includes automated failover in the event of national grid outage, all of which improves our overall resilience ensuring critical access and continuity of service can be maintained at all times.

IT clinical technology improvements

Last year, IT faced its biggest ever challenge, the 'Wannacry' cyber-attack which struck in May 2017. The scale of the attack was unprecedented, affecting thousands of organisations globally, and carrying the potential to severely disrupt services and care for our patients. Our response was immediate and robust. All infected computers were isolated as soon as possible to stop the virus from spreading and the ICT team worked quickly and methodically to ensure any impact was minimised. In the aftermath, the Trust has participated in a number of IT security initiatives, including securing external funding which will be used in the coming year to further improve our cyber defences.

Throughout 2017/18 we maintained our focus on delivering improvements to the Trust's clinical systems and supporting infrastructure, including the following examples:

- **Systems support:** Operating hours for our systems support team have been extended, enabling better access to support for systems such as Lorenzo, Ormis and Digital Dictation.
- **Health records:** Our health records scanning bureau was recommended for BS10008 certification in October 2017. Certification to this standard enables the scanning and destruction of paper health records while retaining evidential weight and legal admissibility. This initiative also supports the Trust's paperless strategy and ensures that quality is not compromised when paper records are converted into a digital format.
- **IT security:** Our IT Security Lead achieved Certified Information Systems Security Professional (CISSP) status in 2017. CISSP is recognised globally as a measure of excellence and is evidence of our commitment to the development of our team and to defending the Trust against the ever-changing cyber security threat landscape.
- **Digital dictation phase 1:** The Trust completed the first phase of our project to deploy a digital dictation solution to modernise clinical correspondence. Clinicians use digital Dictaphones meaning the sound file is immediately and securely transmitted across the Trust network for transcription, thus making the use of cassette tapes obsolete. The new process is popular with clinicians and secretaries alike and has been proven to save time. A second phase of the project to build on these benefits is planned for 2018/19.
- **Review order-comms:** We continued our project to replace paper request forms for pathology and radiology with an electronic solution, improving patient safety and reducing delays. We are planning to go live in early summer 2018.
- **Portal:** We continued to develop our clinical portal, enhancing the quantity of clinical information which is available to clinicians in a central location.

Moving forward, the Trust will be continuing to invest in technology and systems over the coming years, looking at enhancing patient safety and quality of care through the further development and enhancement of current systems. We will be reviewing our Patient Administration System and looking at how we can introduce electronic prescribing and integrating more closely with our healthcare partners and neighbours.

Quality Goal 10: People experience

The People Experience Group (formerly the Patient Experience Group) has been re-established and is responsible for supporting, developing, implementing and monitoring strategies and interventions that improve the overall staff experience at George Eliot Hospital.

This ensures that the patient and their experience is at the centre of all we do. The group meet on a monthly basis and are working through an action to deliver the aims and objectives of the group.

As well as receiving updates on progress against corporate actions that address the staff and patient experience, each directorate reports quarterly on their progress, issues, learning and actions that will improve the staff and patient experience in their area of the Trust.

Quality Goal 11: People experience improving public engagement

Friends and Family Test (FFT)

The Trust continues to promote participation in the FFT using patients as an easily-accessible method of sharing their views of the service they have received whilst in our care.

The FFT patient feedback tool is now used throughout the Trust. Results are provided on a monthly basis to ward areas to include not only the percentage of patients who responded, but also the percentage of these who would recommend, or otherwise, the Trust's services to their friends and family.

The total numbers of patients participating in the test for 2017/18 increased to 28,401 from 24,204 in 2016/17 with a one per cent increase in the number of patients saying they would recommend our services.

The chart below (Figure 1.23) provides the overall results for the year, in comparison with 2016/17, for A&E, adult inpatients and maternity; together with the percentage difference in the recommended rate. These results have been provided to, and published by, NHS England on a monthly basis. The data is available to patients to assist them in monitoring the quality of the Trust's services in comparison with other acute trusts.

Figure 1.23: Overall patient FFT feedback results analysis

2016/17				2017/18		
Visit Type	% Would Recommend	Total No of responses	%Trend	Visit Type	% Would Recommend	Total No of responses
Adult Inpatient	94%	3,885	3% ↑	Adult Inpatient	97%	3,350
Totals for A&E	83%	13,477	2% ↑	Totals for A&E	85%	15,527
Total for Maternity	94%	3,828	2% ↑	Total for Maternity	96%	3,563

The above figures show not only a percentage increase in the response rate, but also in the numbers of patients who would recommend our services to their friends and family.

In recognition of the value of this feedback to the Trust, the use of SMS messaging, currently on a trial basis, is being extended to determine if this increases response rates and therefore the number of patient views we receive.

How we use patient feedback

It is not always possible or practical to make changes suggested by patient feedback. However, all comments made are provided to the relevant staff for their information, and action where indicated.

Examples of some of the changes we have made, based on patient feedback include:

Pathology Department:

- Patients told us of their difficulty in using the new kiosks and the length of time this took.

✓ Additional volunteers were recruited to help patients to use the new pathology department booking system.

Ward Staff patient update:

- Patients told us that there was a lack of privacy and confidentiality when nurses were doing a 'handover'.

✓ It was agreed that the doors to individual bays would be closed during the handover. The amount of information given verbally was reduced to that required to update the electronically-recorded information already held by staff.

Lack of access to the Internet:

- Patients were frustrated by the unavailability of Wi-Fi.

✓ The Trust had Wi-Fi available, free of charge, but this was poorly promoted. Posters promoting the service were designed, printed and distributed throughout the hospital.

The Trust will continue to promote the value of listening to our patients to improve care and inform change at every opportunity.

Charitable funds

In 2017/18, donations came from many different sources, including members of the community, patients, carers and local organisations. The total amount donated was £301,167, including an extremely generous legacy amounting to £165,117. Expenditure from the fund, from total resources, was £200,689.

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

The expenditure during the year has been spent in a variety of ways. Some examples include:

- The Chaplaincy garden was officially opened on 10 October 2017. Generous donations to the garden project have also enabled double doors to be fitted, giving patients the opportunity to enjoy the tranquil environment.
- The Big Lottery funding allocation and specific Art in Hospital donations have funded the Community Arts Hub. This was built in March 2018 to use for various art, craft, woodwork and research activities.
- During the year the patient physio gym has been refurbished to enhance the patient area providing more space for patient manoeuvres and exercises. The gym is used in the rehabilitation of patients across the hospital.
- A new quiet room has been created at the Dorothea Unit leading off from the existing waiting area, to use for private conversations with patients.
- The Special Care Baby Unit purchased breastfeeding chairs, bedside lockers for storing babies' belongings and reclining chairs for the bedrooms and nursery.
- In ITU, relatives donated to improvements to the 'relatives room', to enhance the environment for relatives whilst loved ones are critically ill.
- We are very grateful to the League of Friends' contribution towards the Breast Care Unit's Faxitron machine which enables surgeons to make immediate decisions without the need to leave the Theatre.
- 'Sky ceiling' lighting has been purchased for the reception and treatment areas in the Dorothea Unit. Our dementia ward has a new bus stop area and day room to enrich the patient environment by bringing the outdoors inside and brightening up areas where there are no external windows.

League of Friends

The League of Friends and their band of dedicated volunteers continue to support the Trust, raising money through two tea bars as well as donations, legacies, and sale stalls within the hospital.

During 2017/18, the League of Friends raised £269,400 for the Trust, purchasing £191,672 worth of equipment. They have raised more than £4.5 million since forming in 1955 and the Trust is immensely grateful for their ongoing work.

Volunteers

The Trust continues to develop the volunteer role and review systems to make the application process as welcoming as possible. All volunteers are required to attend the corporate induction programme. Attendance ensures that new volunteers are compliant with the requirements of the Trust's insurance. Volunteers also need to be aware, for instance, of how to raise the alarm in event of a fire and how to keep themselves and others safe. Prevention of infection and confidentiality form an equally relevant and important aspect of this programme.

As the programme runs to set dates which are not always convenient or feasible to the volunteer (especially for those in employment or with carer or childcare responsibilities), this requirement can be a barrier to volunteering. An important and welcome development in the year has been the introduction of an online programme, which the volunteer may access and complete at home through a secure link. Other developments in the year include:

- Volunteer leads attend quarterly meetings with the Director of Governance and Quality, who is the volunteer lead at Director level, to share views and ideas.
- The Patient Forum has developed a volunteer 'welcome pack' for forum members. A similar pack based on the views of current volunteers is to be made available to all new volunteers.
- At the 2017 staff awards event, a 'volunteer of the year' category was introduced for the first time and awarded based on nominations from staff.
- A Volunteer Strategy sets out the Trust's commitment to increasing volunteer numbers.

Volunteers were again invited to attend two lunches, hosted by the Chairman, as a small gesture of appreciation. Some of our volunteers have been in their role for a number of years and the Trust recognises and values their contribution to the patient experience.

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

Please contact
Christine Longstaff on
(024) 7615 3568

or Parveen Deen on
(024) 7686 5595.

Complaints

Feedback remains important to the Trust and we continue to use complaints to learn from patient experience.

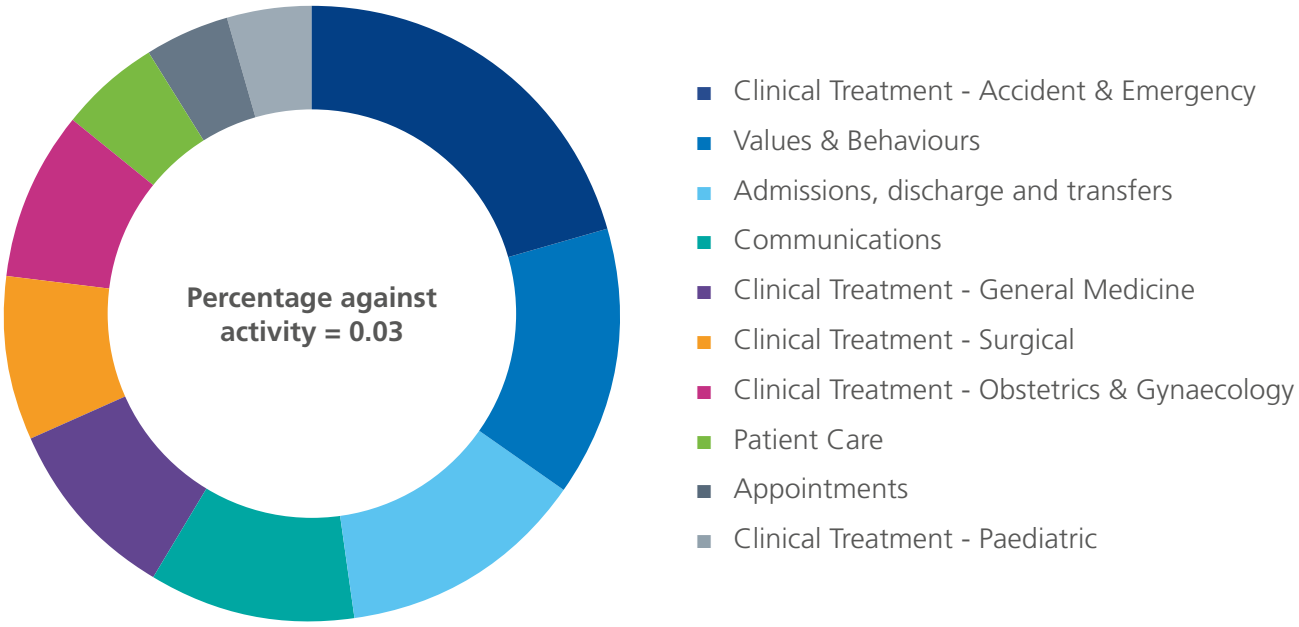
The Datix reporting system remains in place but following the Care Quality Commission inspection we have developed the key fields so that the Trust can examine End of Life Care in more detail.

We saw a slight reduction in the number of complaints registered this year against 2016/17, as was seen in the 2015/16 (Figure 1.24), and we also resolved a number of enquires by taking immediate action to resolve the issue before they became a formal complaint.

Figure 1.24: number of complaints registered as a comparator from 2015/16 to 2017/18

Responding in good time to complaints is important to the Trust and our patients. Of the 157 formal complaints registered for 2017/18, the Trust responded to 90 per cent within their locally agreed target of 25 working days. This remains lower than previous years and within our 90 per cent target. The increased complexity of some of the complaints received (Figure 1.25) and the need to work collaboratively with our Risk Management team and other organisations on certain complaints delayed some of the responses.

Figure 1.25: Complaints by subject 2017/18



Of the 157 registered in 2017-2018, 69 per cent were upheld or partly upheld.

Below (Figure 1.26) highlights some examples of action taken following learning from complaints and concerns raised.

Figure 1.26: Examples of learning from complaints

Your Concern		Our Action
Failure to identify hand fracture	→	A third image is to be considered for suspected hand fractures
The need for an anaesthetic referral was not realised prior to surgery and meant the patient had their schedule procedure cancelled on the day.	→	Omission discussed with member of staff and awareness raised with the service. Outpatient appointment was arranged with the consultant to discuss alternative treatment options.
Mother unhappy with the approach of a clinician and explanation of infant's development in clinic	→	Explanation of care given with apology from the clinician for their approach. A follow up appointment was arranged with a different clinician.

Referrals to the Parliamentary Health Service Ombudsman (PHSO)

Under the second and final stage of the complaints process the PHSO requested seven files from April 2017 to March 2018. Six cases were concluded: of these one was partly upheld, four were not upheld and one complaint was referred back to the Trust for a meeting which took place with the Chief Executive and Medical Director. As at 31 March 2017, 1 case was awaiting a decision. All cases are reported to our Quality Assurance Committee.

Moving Forward in 2018/19

- The Complaints Service will work with the new organisation structure, implemented in October 2017, to provide both divisional and directorate reports to ensure service improvements.
- Complaints will continue to present to Quality Assurance Committee on a quarterly basis and this has now changed to include FFT, PALS, Patient Choices, social media and adult inpatient data.
- The data we capture will continue to be reviewed to ensure it remains a useful way for the hospital to learn from the care we provide.

Quality Goal 12: Improving staff experience

Staff Survey

The national NHS staff survey was carried out between late September and early December 2017. The survey questionnaire was sent to all staff either electronically or in paper form. A total of 927 colleagues at George Eliot Hospital NHS Trust completed and returned the questionnaire; this represented a response rate of 42 per cent. This is average when compared with acute and community trusts in England and compares with a response rate of 39 per cent in 2016.

The initial findings are positive in relation to:

- ✓ Staff recommending the Trust as a place to work or receive treatment
- ✓ Effective team working
- ✓ Staff confidence and security in reporting unsafe clinical practice
- ✓ Staff satisfaction with resourcing and support
- ✓ Percentage of staff or colleagues reporting their experience of harassment, bullying or abuse.

Of the five best indicators, two were also the best performing in 2016 – satisfaction with resourcing and support; and reporting experiences of harassment, bullying or abuse.

The findings also identified further challenges for the Trust to address less positive responses from staff in relation to:

- ✗ Staff experiencing physical violence from patients, relatives or the public in the last 12 months[1]
- ✗ Staff able to contribute towards improvements at work[2]
- ✗ Staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months[3]
- ✗ Staff believing that the organisation provides equal opportunities for career progression or promotion.[4]

1. One of the worst performing indicators in 2017: 'staff experiencing physical violence from service users' and was in the least favourable category in 2016 having deteriorated from 16 per cent to 21 per cent. Coupled with staff experiencing harassment, bullying or abuse from patients, relatives or the public that deteriorated from 23 per cent to 29 per cent indicates the need for the Trust to prioritise tackling this issue in a proactive manner.
2. Further work to embed engagement activities into directorates across the Trust who are reporting dissatisfaction in their ability 'to contribute towards improvements at work'. We already have a model we use in the Trust called 'Excelling through Engagement' and our senior HR managers will work alongside divisional managers to use this effectively to address local issues and improve performance and standards.
3. 'Harassment and bullying' was a focus in 2017 in terms of staff experiencing this from colleagues and this has led to some improvement. In terms of 'staff experiencing harassment, bullying and abuse from patients, relatives or the public', there has been an increase this year. This, alongside the continued concerns raised in some areas of the Trust by staff experiencing physical violence from patients, relatives and the public will receive further focus for the Workforce Health and Wellbeing Group to drive initiatives to support these challenges. A change in focus for this group is planned with the emphasis on career, physical and emotional wellbeing for staff. The group will realign and welcome new members from the revised operational model to support bringing new ideas to the fore to tackle and work towards a reduction of these numbers over the coming year.
4. Following a recent review of the Trust's Recruitment and Retention strategy where the outcome demonstrated significant inroads in terms of improving standards. The next 12 months will see an emphasis on the development of bespoke learning pathways to support succession and career advancement at all levels, utilising apprenticeship frameworks. This will assist us to improve staff perception in terms of equal opportunities to career progression and promotion.

Health and Safety

564 incidents were reported during 2017/18 (Figure 1.27) compared to 445 in 2016/17, an increase of 119 incidents. This is as a result of a drive to ensure all incidents are reported, and a better understanding and usage of the DATIX system.

The top five incident types for 2017/18 are:

- 218 Verbal and Physical Abuse
- 90 Overfilled grey boxes
- 52 Slip, trip or fall
- 44 Contact/collision with objects
- 41 Needle-stick injury

Top five incident types for 2016/17 were:

- 199 Verbal and Physical Abuse
- 35 Needle-stick injury (Dirty sharps)
- 31 Overfilled grey boxes
- 21 Slip, trip or fall
- 17 Manual handling

Figure 1.27: Staff incidents reported 2017/18

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Totals	Top 5
Clean sharps injury	1	1	2	0	3	0	1	0	0	0	0	1	**9**	
Needle-stick (Dirty Sharps)	2	4	5	3	2	4	2	3	3	4	4	6	**42**	**5th**
Contact / Collision with objects	4	2	1	4	5	1	6	3	4	1	7	6	**44**	**4th**
Road Traffic Accident	0	0	1	0	0	0	0	0	1	1	0	0	**3**	
Exposure to Blood or body fluids	2	3	1	1	0	1	2	0	0	0	2	0	**12**	
Exposure to Hazardous Substances	0	0	1	1	2	3	0	0	3	1	1	0	**12**	
Exposure to unhygienic environmental conditions	1	0	0	1	0	0	0	0	0	3	1	6	**12**	
Exposure to Unsafe environmental conditions	3	1	3	8	4	3	2	0	5	2	2	8	**41**	
Manual handling	2	1	3	0	1	0	4	0	3	3	4	7	**28**	
Overfilled grey boxes	6	2	21	26	20	14	0	0	1	0	0	0	**90**	**2nd**
Suspected Slips/Trips/Falls (unwitnessed, includes faints	0	0	0	0	0	0	0	0	1	1	0	0	**2**	
Slip, trip fall	0	4	6	4	3	2	9	7	11	2	2	1	**51**	**3rd**
Verbal abuse by visitor/patient	7	5	9	9	7	8	7	9	3	3	12	8	**87**	
Sexual (inc harassment and indecent exposure)	0	1	1	1	0	0	0	1	0	0	1	1	**6**	
Physical abuse by visitor/patient	7	6	5	7	3	3	10	4	2	5	4	1	**57**	
Verbal abuse by staff to staff	4	5	5	6	8	4	5	6	8	4	6	6	**67**	
Physical abuse staff	0	0	0	0	0	0	0	0	0	1	0	0	**1**	
Total verbal and physical abuse													**218**	**1st**
Totals	**39**	**35**	**64**	**71**	**58**	**43**	**48**	**33**	**45**	**31**	**46**	**51**	**564**	

Figure 1.28: RIDDOR incidents reported by staff - breakdown 2017/18

No	Date	Description	Category
1	April 2017	Member of staff physically assaulted in CDU	Physical Abuse
2	May 2017	Member of staff tripped and fell on grating, fracturing elbow	Slip, Trip, Fall
3	June 2017	Member of staff slipped on wet floor, fracturing wrist - Signage in place	Slip, Trip, Fall
4	June 2017	Member of staff dislocated shoulder whilst assisting to restrain confused patient	Manual Handling
5	June 2017	Member of staff contact with saliva in eye from HIV+ patient	Exposure to Blood or body fluids
6	September 2017	Member of staff slipped and fell on zebra crossing, fracturing her foot	Slip, Trip, Fall
7	October 2017	Member of staff cleaning dishwasher with hose, jolted her back and slipped on the floor	Slip, Trip, Fall
8	November 2017	Member of staff working on ward torn calf muscle	Unknown
9	March 2018	Member of staff felt shooting pains in back whilst lifting medical notes from trolley	Manual Handling
10	March 2018	Member of staff lifting basic hip tray, twisted and felt a twinge in back	Manual Handling

Verbal and physical abuse

Verbal and physical abuse remains the top incident type with 218 incidents reported compared to 199 in 2016/17. Verbal abuse in terms of staff-to-staff incidents are being highlighted at the Health & Safety Group and discussed at the Health and Well-Being Group. General Managers are notified of these incidents via the Datix lead. Going forward Directorates will ensure staff sign up to the COMPACT agreement and will ensure staff-to-staff verbal abuse incidents are investigated and appropriate action is taken where necessary. A bullying survey was undertaken at the end of the 2017/18 financial year by the Trade Union in conjunction with HR. Results from the survey will be available early 2018/19 and will be used to tackle the issue of workplace bullying.

Grey notes boxes

There was a campaign in quarter 2 of 2017/18 to report overfilled grey boxes to establish what the issues are. The Clinical Records Manager then completed an audit and worked with the relevant departments to reduce incidents. As a result there has been a reduction in overfilled grey box incidents reported and this continues to be monitored by the Clinical Records Manager.

Slip, trip or falls

There were 51 slip, trip or fall incidents reported compared to 21 in 2016/17. The majority of the incidents were due to wet floors or spillages. In most cases, signage was in place and domestic staff have been briefed to ensure signs are in place. There was a higher number of incidents of staff slipping on black ice during the winter months. There is a gritting contract in place which ensures roadways are gritted and pedestrian routes are gritted by Estates staff. Staff are encouraged to walk on gritted routes.

Contact/collision with objects

There were 44 incidents compared to 15 in 2016/17. This category incorporates a variety of incidents including fixtures/fittings, hot/cold sources, equipment/machinery, motor vehicles.

Needle-stick injury (dirty sharps)

There were 41 needle-stick (dirty sharp) incidents reported compared to 35 in 2016/17. Most of the incidents were due to user error and included a number of incidents that were related to splash incidents. These incidents are reported by Occupational Health at the Health and Safety Group and the Infection Prevention and Control Committee (IPACC). Matrons were notified to ensure staff have access to face visors and safety googles in all areas that undertake these procedures and encourage their use.

Wellbeing

Last year has been really successful in terms of the Wellbeing agenda for staff working at the Trust. We won the NHS Flu Fighter Award for 'best flu fighter team' and met our CQUIN targets for health and wellbeing as hoped by 'introducing a set of employer-led schemes for staff around physical activity, MSK and mental health'.

The wellbeing agenda has been driven by the introduction of a formal sign off on wellbeing ideas and initiatives to demonstrate how they will support the direction of travel and evaluate measured success. Support for community projects such as 'Men in Sheds' has continued, and the social wellbeing of staff has been a focus with the introduction of a Wellbeing Hub to the staff Tranquillity Courtyard. This area has since hosted activities such as the creation of a 'Winter Wonderland' event in December, serving festive food and offering Christmas giveaways to staff.

Reduced rates for Trust staff to attend Boxercise and Zumba classes have also been introduced and free Oasis Therapy sessions have been made available for staff on site to support them with their busy and demanding roles and long working hours.

As we move into 2018/19, the Workforce Health and Wellbeing Group will have a more specific focus on career, physical and emotional wellbeing. As we have welcomed so many new staff and managers to the Trust over the past 12 months, we hope that some may join the Workforce Health and Wellbeing Group to help bring renewed focus and more ideas to the table to support the significant positioning of wellbeing on the Trust's agenda.

Equality and diversity

We have also made good progress on our foundations for supporting the Equality, Diversity and Inclusion Agenda for the Trust this year.

In May 2017, the Trust hosted an Equality Conference and welcomed the Ambassador of Nicaragua as a special guest. There were stalls, food and speakers such as Trust staff and senior managers presenting on how the Trust's EXCEL core values and behaviours demonstrate our commitment to the diversity agenda. We also demonstrate this through our support for people to raise concerns about their treatment by other staff and patients alike.

In July, the Joint Negotiating and Workforce Development Committees reviewed and agreed a new Equality Strategy for the Trust over the next five years. This appears on our external website (www.geh.nhs.uk) and is available to the public to look at along with our commitments under the Workforce Race Equality Scheme (WRES).

The Trust Board received a development session to educate them further on their roles, responsibilities and the importance of equality, diversity and inclusion in terms of both the staff and patient experience.

All in all, the steering group that drives this part of our staff's experience can be comfortable knowing that they are supported to develop initiatives further over the coming 12 months as we look at what the 2017 staff survey tells us about where we might learn and improve as an employer and service provider.

Control measures are in place to ensure that all of the Trust's obligations under equality, diversity and human rights legislation are complied with. This includes matters regarding anti-corruption and anti-bribery matters see also our Annual Governance Statement at page 124 (section 4) for more information about our Local Counter Fraud Specialist who manages these policies and investigates as required.

Education, learning and development

During 2017/18, we continued to build on our achievements in education, learning and development through the following actions:

- Every new starter receives a timely and appropriate corporate induction to equip them with the essential skills and knowledge needed to perform their role
- All new health care assistants that start in the Trust undertake the Care Certificate fundamental five-day programme
- We encourage professional curiosity to support a learning culture
- We ensure we recognise and celebrate educational, training and developmental achievement
- We ensure staff training needs are identified within their Personal Development Plan (PDP) and appraisal process and any barriers to learning are considered and resolved
- We support all staff to demonstrate the Trust's EXCEL values every day
- We make every patient contact count, by training all staff in communicating important public health messages
- We ensure all staff and students are supported to obtain key numeric and literacy standards
- We develop students and learners to become part of the workforce
- We comprehensively evaluate training needs using PDP Learning Needs Analysis (LNA) and appraisal data
- We facilitate a co-ordinated approach to continuing professional development and lifelong learning, and support the requirements of professional and statutory bodies, such as nurse revalidation
- We maintain a close relationship with organisations we commission or deliver education alongside, such as Coventry University, Warwick Medical School, Birmingham City University and Health Education England
- We maximise opportunities for e-learning, blended learning and technology enhanced learning, such as simulation and clinical skills, incorporating human factors training
- We have established a consistent approach to recording, monitoring and evaluating education and training
- We optimise the use of our learning environments, facilities and rooms to effectively deliver education and training
- Our education teams work more closely with HR business partners and divisions to ensure our education plans are made in-line with service development
- We provide valued placement opportunities for undergraduate medical students from Warwick Medical School, throughout their four-year MBChB programme
- We provide postgraduate medical education for doctors in training at all levels, in all specialties, on placement at the hospital. We run the West Midlands South Foundation School, which covers Coventry and Warwickshire and Hereford and Worcester, with around 160 foundation trainees
- We provide placements for up to 78 trainees every four months, with most in foundation year one and two. Alongside these trainee students, there are also GP trainees, and core trainees in medicine, surgery, anaesthetics, obstetrics and gynaecology, and urology
- We provide professional practice placements in nursing, midwifery, radiology, pharmacy, theatre, physiotherapy, occupational therapy and physician associates for undergraduate and postgraduate students from local universities.

Looking towards 2018/19 the plans for future education, learning and development include:

- Developing and promoting an easily accessible multi-professional learning and development prospectus containing the portfolio of information on all education and training opportunities within the Trust
- Developing a work experience service, reflective of the whole organisation and opportunities
- Expanding and supporting apprenticeships through the newly formed Apprentice Action Group, this will shape and steer the apprenticeship agenda throughout the organisation.

Sustainability – energy and environmental performance

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), see below key objectives of the SDMP (Figure 1.29) in place to address the need to reduce carbon emission and improve sustainability.

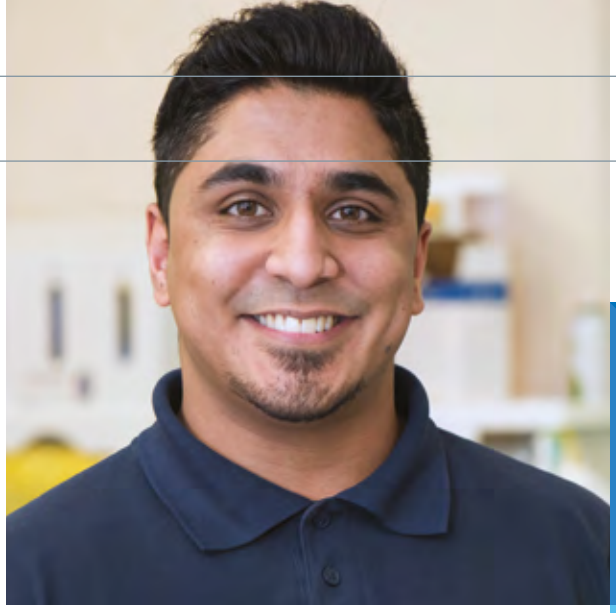
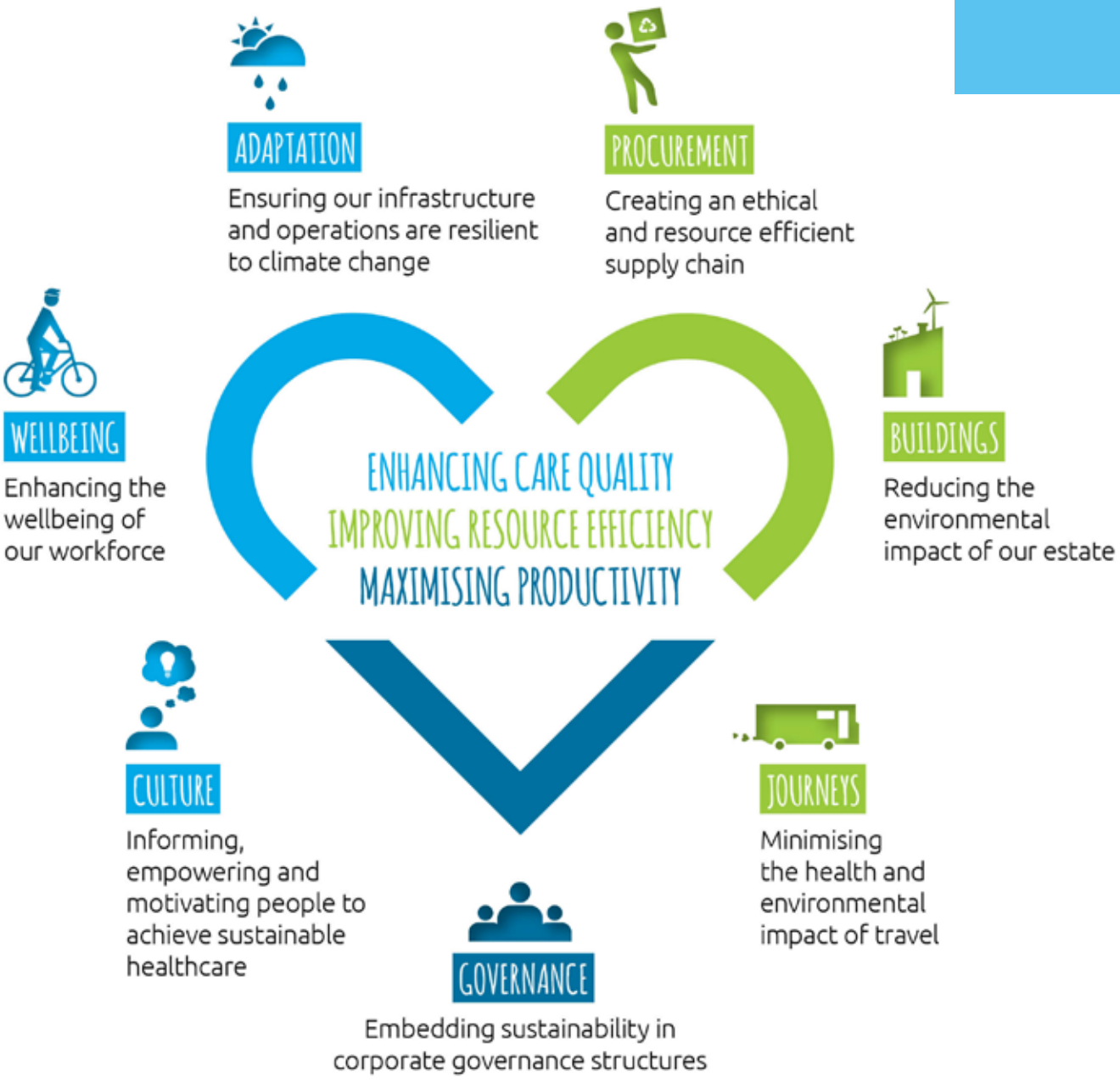


Figure 1.29: key objectives from the SDMP



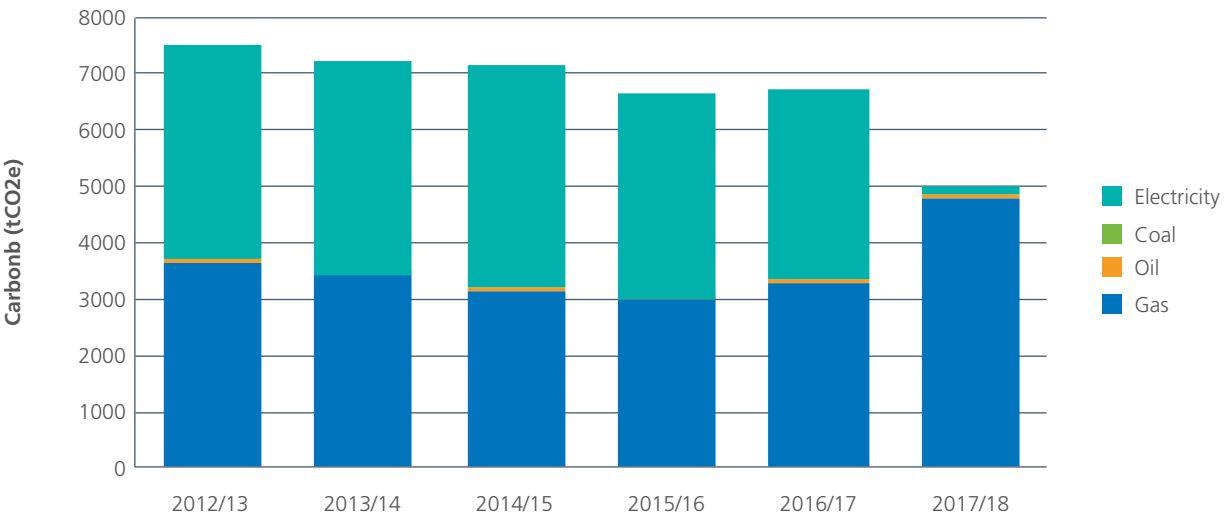
Energy and Environmental Performance

George Eliot Hospital NHS Trust has spent £917,089 on energy and emitted 4974 tonnes of CO2 emissions from buildings in 2017/18 (Figure 1.30). Our electricity consumption reduced by 88 per cent and gas consumption increased by 46 per cent. Both electricity & gas usage have change significantly reduced since go-live in June 2017 (Figure 1.31) combined heat & power unit (CHP), which essentially uses more gas units to produce off-grid electrical units.

Figure 1.30: Energy spending 2012/13 to 2017/18

Energy							
Resource		**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Gas	Use (kWh)	19,444,746	18,409,302	17,070,964	16,161,213	17,862,604	26,123,820
	tCO2e	3,601	3,388	3,158	2,981	3,287	4,811
Oil*	Use (kWh)	292,250	187,040	148,392	17,458	182,736	255,000
	tCO2e	81	51	40	5	50	70
Coal	Use (kWh)	-	-	-	-	-	-
	tCO2e	-	-	-	-	-	-
Electricity	Use (kWh)	8,333,124	8,546,119	8,027,576	7,981,961	8,192,711	969,437
	tCO2e	3,833	3,807	3,968	3,689	3,376	93
Green Electricity	Use (kWh)	-	-	-	-	-	-
	tCO2e	-	-	-	-	-	-
Total Energy CO2e		**7,515**	**7,246**	**7,166**	**6,675**	**6,713**	**4,974**
Total Energy Spend (£)		**£1,411,700**	**£1,511,999**	**£1,452,097**	**£1,291,020**	**£1,246,192**	**£917,089**

Figure 1.31: Carbon Emissions – Energy use 2012/13 to 2017/18



In 2016/17, the Trust invested £3.15m to install a combined heat & power (CHP) unit to replace the existing inefficient steam heating system with an energy efficient hot water heating system. The installation was completed in June 2017. This has reduced the Trust's building emissions by 34 per cent and provided £495,000 financial savings against the 2012/13 baseline.

In addition to the CHP project, the Trust has also invested £47,000 on replacing internal & external lighting to LED. £98,000 Capital funds for BMS (building management system) is ongoing, with the anticipated completion for works as April 2020, the software upgrade will further improve the Trusts plant and equipment emissions & energy efficiencies.

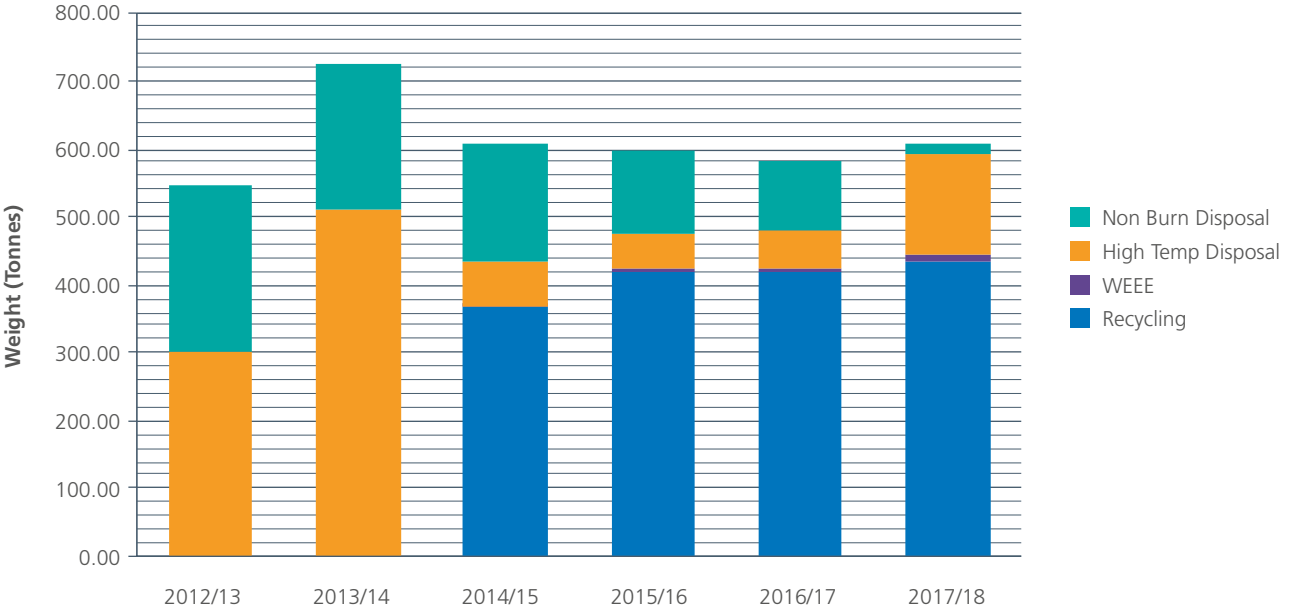
Waste

The Trust reduced the total waste volume by 0.8 per cent compared to the previous year. The volume of clinical waste that was sent to incineration has increased significantly. This was due to the introduction of non-hazardous medicine waste segregation in wards, in order to comply with waste legislation. The 60 per cent recycling rate is achieved through segregation of general waste by our current waste contractors, Tom White Waste & SRCL. This process reduces the impact on landfill waste (Figure 1.32.i & Figure 1.32.ii)

Figure 1.32.i: Waste breakdown table 2012/13 to 2017/18

Waste							
Resource		**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
Recycling	(tonnes)	0.00	0.00	368.01	418.59	417.64	436.52
	tCO2e	0.00	0.00	7.73	8.79	8.77	9.17
Re-Use	(tonnes)	0.00	0.00	0.00	0.00	0.00	0.00
	tCO2e	0.00	0.00	0.00	0.00	0.00	0.00
Compost	(tonnes)	0.00	0.00	0.00	0.00	0.00	0.00
	tCO2e	0.00	0.00	0.00	0.00	0.00	0.00
WEEE	(tonnes)	0.00	0.00	2.00	5.54	5.22	6.90
	tCO2e	0.00	0.00	0.04	0.12	0.11	0.15
High Temp Recovery	(tonnes)	0.00	0.00	0.00	0.00	0.00	0.00
	tCO2e	0.00	0.00	0.00	0.00	0.00	0.00
High Temp Disposal	(tonnes)	301.00	510.45	62.77	50.41	58.08	150.82
	tCO2e	66.22	112.30	13.81	11.09	12.78	33.19
Non Burn Disposal	(tonnes)	246.00	216.03	173.40	121.02	104.02	11.53
	tCO2e	5.17	4.54	3.60	2.54	2.18	0.24
Landfill	(tonnes)	299.00	333.22	117.26	153.60	149.81	124.13
	tCO2e	73.08	81.44	28.66	37.54	36.62	30.34
Total Waste (tonnes)		**846.00**	**1059.70**	**723.44**	**749.16**	**734.77**	**729.90**
% Recyled or reused		0.00	0.00	0.51	0.56	0.57	0.60
Total Waste tCO2e		**144.47**	**198.28**	**53.84**	**60.08**	**60.46**	**73.09**

Figure 1.32.ii: Waste breakdown anaylsis graph 2012/13 to 2017/18



Section 2

Quality Assurance, Improvements & Financial Accountability Reports

02

Section 2.i

Quality Assurance

Statement of directors' responsibilities in respect of Quality

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

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

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

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

By order of the Board

Katherine Kelly
Chief Executive

24 May 2018

Statement from the Chief Executive in respect of Quality

In conjunction with the statement of directors' responsibilities, shown above, in respect of the quality of the NHS healthcare services provided by the Trust during this reporting period, and in support of the introduction and welcome at page 4 of this year's Annual Report and Accounts on Quality and Finance, I can further declare:

- the account on the quality performance of the organisation for 2017/18 has been seen by myself
- my knowledge of the quality of the NHS services being provided at the Trust
- my understanding of the areas where the organisation needs to improve the services it delivers.

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

By order of the Board

Katherine Kelly
Chief Executive
24 May 2018

Statement of assurance from the Trust Board

Review of services

Over the 2016/17 review period, we provided and/or sub-contracted a variety of NHS services where each are reviewed against all the data available to us on the quality of care. Collectively, for this reporting period, income generated by those NHS services reviewed represents 91 per cent of the total income generated from the provision of NHS services by the Trust.

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

Participation in clinical audits, clinical research and national confidential enquiries

The Trust is committed to delivering an active and focused **clinical audit** programme in order to develop and maintain high quality patient centred services. During 2017/18 the Department of health included 58 national audits on the list for inclusion in Quality Accounts, of which 39 were relevant to services that the George Eliot Hospital NHS Trust provides.

During 2017/18 36 national clinical audits and three national confidential enquiries covered relevant health services that George Eliot Hospital NHS Trust provides.

During that period George Eliot Hospital NHS Trust participated in 33 (92 per cent) national clinical audits and three (100 per cent) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that George Eliot Hospital NHS Trust was eligible to participate in during 2017/18 are listed below (Figure 2.0) alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

Figure 2.0: Clinical audit activity 2017/18

National Clinical Audit and Clinical Outcome Review Programmes	Participated in 2017/2018	% of cases submitted
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Estimated 100%
BAUS Urology Audits: Nephrectomy	Yes	100%
BAUS Urology Audits: Percutaneous Nephrolithotomy	Yes	100%
BAUS Urology Audits: Female stress urinary incontinence	Yes	100%
Bowel Cancer (NBOCAP)	Yes	96%
Cardiac Rhythm Management (CRM)	Yes	100%
Case Mix Programme (CMP)	Yes	Within expected range

National Clinical Audit and Clinical Outcome Review Programmes	Participated in 2017/2018	% of cases submitted
Child Health Clinical Outcome Review Programme	Yes	75%
Diabetes (Paediatric) (NPDA)	Yes	100%
Elective Surgery (National PROMs Programme)	Yes	100%
Endocrine and Thyroid National Audit	Yes	50%
Falls and Fragility Fractures Audit Programme (FFFAP):		
Hip Fracture Database	Yes	88%
National audit of inpatient falls	Yes	100%
Fractured Neck of Femur	Yes	100%
Inflammatory Bowel Disease (IBD) programme	Yes	100%
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%
Medical and Surgical Clinical Outcome Review Programme	Yes	93%
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	96%
National Audit of Dementia	Yes	100%
National Audit of Rheumatoid and Early Inflammatory Arthritis*	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People*	Yes	100%
National Cardiac Arrest Audit (NCAA)[1]	No	0%
National Chronic Obstructive Pulmonary Disease Audit Programme (COPD)	Yes	100%
National Comparative Audit of Blood Transfusion	Yes	25%
National Diabetes Audit – Adults	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	96%
National End of Life care audit*	Yes	100%
National Heart Failure Audit	Yes	Estimated 75%
National Joint Registry	Yes	98%
National Lung Cancer Audit	Yes	100%
National Maternity and Perinatal Audit	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	100%
National Ophthalmology Audit[2]	No	0%
Oesophago-gastric Cancer (NAOGC)	Yes	75%
Pain in Children	Yes	100%
Prostate cancer	Yes	100%
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Above 90%
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes	70%
UK Parkinson's Audit	Yes	100%

National Clinical Audit and Clinical Outcome Review Programmes	Participated in 2017/2018	% of cases submitted
Learning Disability Mortality Review Programme (LeDER)[3]	0 Cases reviewed in 17/18	
Adult Cardiac Surgery	Not Relevant	
BAUS Urology Audits: Cystectomy	Not Relevant	
BAUS Urology Audits: Radical prostatectomy	Not Relevant	
BAUS Urology Audits: Urethroplasty	Not Relevant	
Congenital Heart Disease (CHD)	Not Relevant	
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	Not Relevant	
Head and Neck Cancer Audit (HANA)	Not Relevant	
Learning Disability Mortality Review Programme (LeDER)	Not Relevant	
Major Trauma Audit	Not Relevant	
Mental Health Clinical Outcome Review Programme	Not Relevant	
National Audit of Anxiety and Depression	Not Relevant	
National Audit of Intermediate Care	Not Relevant	
National Audit of Psychosis	Not Relevant	
National Bariatric Surgery Registry (NBSR)	Not Relevant	
National Clinical Audit of Specialist Rehabilitation for Patients with complex Needs following Major Injury (NCASRI)	Not Relevant	
National Vascular Registry	Not Relevant	
Neurosurgical National Audit Programme	Not Relevant	
Paediatric Intensive Care (PICANet)	Not Relevant	
Prescribing Observatory for Mental Health (POMH-UK)	Not Relevant	
Procedural Sedation in Adults (care in emergency departments)	Not Relevant	

1 The Trust did not participate in the National Cardiac Arrest audit during 2017/18 as it has its own detailed data collection and review tool in place for this area.

2 Data collection for the National Ophthalmology was unable to be completed due to a delay in the purchasing of the software required to enable participation in the audit.

3 The trust is participating in the Learning disability Mortality Review Programme and started training staff during 2017/18. The first case has been sent and is currently under review.

*Audits marked with an asterisk did not collect any data in the 2017/18 period

The reports of 36 national clinical audits were reviewed by the provider in 2017/18. The George Eliot Hospital NHS Trust intends to take actions to improve the quality of healthcare provided where appropriate. Below are some examples of some of the actions that are being implemented:

- To perform regular audits of compliance with national recommendations of staging investigations –National audit of Oesophago-gastric cancer
- To introduce 'This is me' on all wards admitting people with dementia; for all clinical staff across the trust to access dementia training and to develop a multidisciplinary care pathway for patients with known or suspected dementia –National Audit of Dementia, Care in general hospitals
- To work with dieticians and obstetricians to include teaching about pregnancy in diabetes in education sessions and to work with local networks and services to provide support and coordination for pregnancy in diabetes across local areas –National Pregnancy in Diabetes Audit 2016
- To continue close monitoring of mortality rates and ongoing work to develop pathways for in utero transfer of women at risk of premature birth (less than 32 weeks) – UK Perinatal Mortality Surveillance Report
- To provide MDT training in situational awareness and human factors for all staff who care for women in labour; development of midwife led clinics for discussion of management plans for labour and birth following previous caesarean sections – Mothers and Babies: reducing risk through audits and confidential enquiries (MBRRACE-UK)

The reports of 57 local clinical audits were reviewed by the provider in 2017/18. The George Eliot Hospital NHS Trust intends to take actions to improve the quality of healthcare provided where appropriate. Below are some examples of some of the actions that are being implemented:

- Education of teams regarding use of prophylactic antibiotics during surgery and a review of existing guidelines on antibiotic prophylaxis in surgery to ensure compliance with regional guidelines and to reduce the development of antibiotic resistance and reduce unnecessary usage of antibiotics – Audit of prophylactic antibiotic use in surgery
- To provide teaching on the use of anaesthetic blocks and to regularly prescribe antiemetic and simple analgesia for pain management following fractured neck of femur to ensure adherence to NICE guidelines – Clinical audit of pain management following fractured neck of femur
- Implementation of a new acute kidney injury policy, bundle and patient information leaflets to reduce the number of inpatients affected by acute kidney injury and to improve compliance with acute kidney injury bundles – quality improvement project on patients presented with acute kidney injury

Clinical research is an important part of the day to day work of the NHS. A key aim from participating in research is to improve the health and quality of life of our patients; and to give them the chance to access treatment and techniques earlier than they would be available commercially. It also enhances patients and staff confidence in the services provided. .It has been shown that hospitals participating in research have better outcomes for their patients overall, whether or not the individual patient is involved in a clinical trial.

In 2017/18, 743 patients receiving NHS services provided or sub-contracted by the Trust were recruited to participate in research (Figure 2.1). Patients were offered the opportunity to take part in 36 large-scale National Institute of Health Research portfolio research studies, thirteen of which were new studies opened during 2016/17. There was an eight per cent increase in the number of patients recruited for research studies, compared to 2016/17.

Figure 2.1: Patients participation in research by topic/specialty during 2017/18

Topic/speciality	Patients recruited
Cancer	57
Cardiovascular disease	39
Diabetes	145
Genetics	13
Haematology	4
Health services Research	38
Infection	30
Injuries and emergencies	4
Musculoskeletal Disorders	7
Primary care	29
Reproductive health and childbirth	371
Respiratory disorders	6
Total	**743**

There were twelve specialities participating in research during the year, some of whom were taking part for the first time.

During the year, there were a number of achievements within Research & Development department (R&D):

- Highest ever recruitment into studies;
- The diabetes team completed the international PRIDE study, led by Professor Saravanan, recruiting a total of 1639 patients over five years. This is an international study which the Trust took responsibility for in collaboration with Warwick University and subsequently adopted by the Medical Research Council.
- Three departments became involved with research for the first time: genetics, non-malignant haematology and musculoskeletal disorders;
- The anaesthetics department expressed interest in participating in research and are working with the R&D team to identify suitable studies;
- The R&D team has expanded to increase the hours of research nurses, clinical trials coordinators and study support facilitators, enabling more research to be conducted at the Trust.

During the year, the patient research ambassadors have been involved with promoting and increasing awareness of research at the hospital. They have attended the R&D committee meetings and the Patient Forum meetings; they also assisted staff with running the event for International Clinical Trials Day in May 2017.

International Clinical Trials Day was promoted by the R&D team by having a stand within the hospital and inviting patients and staff to find out more about research at the hospital. Posters were displayed demonstrating numbers of patients participating in studies at GEH and leaflets were given out advising how patients could become involved with research.

The aim of the R&D department is that our all patients are aware that research takes place at our hospital and that all eligible patients are given the opportunity to participate in studies if they wish to.

Use of the CQUIN framework

The use of the CQUINs (Commissioning for Quality and Innovation) payment framework embeds quality as a key driver for ensuring that local and national quality improvements remain at the fore. The majority of CQUINs are set from a national perspective, although local targets are also put in place where commissioner and provider agreement is required. This corresponding local target ensures the best improvement outcomes are reached, with further information on our performance in the delivery of this year's CQUIN targets is set out more fully within the detail of Figure 2.2 below.

Figure 2.2: CQUIN performance by quarter 2017/18

CQUIN Number	CQUIN Name	Q1 Actual	Q2 Actual	Q3 Actual	Q4 Actual
1.1	Improvement of health and wellbeing of NHS staff				
1.2	Healthy food for NHS staff, visitors and patients				
1.3	Improvement of health and wellbeing of NHS staff – Flu injections				
2.1	Timely identification of patients with sepsis in emergency departments and acute inpatient settings				
2.2	Timely treatment of sepsis in emergency departments and acute inpatient settings				
2.3	Assessment of clinical antibiotic review between 24 and 72 hours of patients with sepsis who are still inpatients at 72 hours.				
2.4	Reduction in antibiotic consumption per 1,000 admissions				
4	Improving services for people with mental health needs who present to A&E				
6	Advice and guidance				
7	E-referrals				
8	Supporting proactive and safe discharge				

- Achieved and agreed with the CCG
- Risks associated with achieving requirements
- No reporting required due to national reporting
- On course to achieve but not yet agreed
- Fail

The total potential income associated with achieving quality improvement and innovation goals amounted to £2.6 million for the 2017/18 reporting period. This potential income is a proportion of our total income and conditional on achieving the agreed CQUIN targets. In total, we have 11 CQUINs which are all nationally mandated for 2017/18.

We once again made significant improvements with all our CQUINs and strengthened our collaborative working, which leads overall improvements in the delivery of safe and high quality care for local people.

During 2018/19, we will once again aim to meet the requirements set within the CQUIN framework, with information on our progress regularly reported at Trust Board level. Papers for these meetings can be found on our website **www.geh.nhs.uk**.

Registration with the Care Quality Commission

The Trust is registered with the Care Quality Commission (CQC) and is licensed to provide healthcare services. Following the latest CQC inspection in October 2017, the CQC issued the Trust with three requirement notices. The CQC overall rating of the Trust went down from Good to Requires Improvement. (Figure 2.3)

Figure 2.3: Trust overall rating and rating by activity

	Safe	Effective	Caring	Responsive	Well led	Overall
Maternity and gynaecology	Good	Good	Good	Good	Requires improvement	Good
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
Diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Urgent and emergency services (A&E)	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Intensive/critical care	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Inadequate	Good	Requires improvement	Inadequate	Inadequate
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement

* Please note 'not rated' simply means not rated at this time.

Improvement plans have been developed to address deficits in the five service areas inspected by the CQC. These improvement plans now form part of the Trust's overall improvement plan (see also section 2.1 below) which will be formally monitored on a monthly basis through the Executive Team Improvement Board and integrated performance reporting at Board level.

Internal assurance visits

Internal assurance visits are carried out across wards and departments to monitor and review the quality of services delivered at the Trust.

Visits support the Trust's proactive commitment and approach in the delivery of quality, safety and excellence in patient care.

Assurance visits are programmed to emulate CQC inspections. Outcomes are promptly reported back to the visited area and reported to the Board.

Action plans are developed and monitored through directorate and divisional governance meetings and reported through to the Quality Assurance Committee (a sub division of the Board).

Information on the quality of data

The National Data Quality Dashboard is available to help monitor and drive improvement in the quality and completeness of data. We perform well in comparison to other trusts as the average results of the overall commissioning dataset (CDS) data validity is 96.5 per cent (month1-12) for all CDS submitters, and our result was 96.3 per cent. Good quality data underpins the effective delivery of patient care and these results are essential if improvements in quality of care are to be made, which includes the quality of ethnicity and other equality data, thus contributing to improvements in patient care and value for money.

NHS number and General Medical Practice Code validity

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

We submitted records during 2017/18 to the secondary user service (SUS) for inclusion in the hospital episodes statistics which are part of the latest published data (Figure 2.4) *(Source: SUS Data Quality Dashboard, March 2018.)*

Figure 2.4: Percentage of records in the published data containing patient's valid NHS number / GMP code

Percentage of records in the published data which included the patient's valid NHS number			Percentage of records which included the patient's valid General Medical Practice (GMP) Code		
George Eliot Hospital		National comparator	George Eliot Hospital		National comparator
APC	99.9	99.5	APC	100.0	99.9
OPD	99.9	99.6	OPD	100.0	99.8
AE	99.2	97.4	AE	100.0	99.4

APC = Admitted Patients Care (Inpatients and day cases)
OPD = Outpatients and ward attenders and tele-medicine activity
AE = Accident and emergency

Clinical coding error rate

As part of the information governance toolkit, a clinical coding audit took place in February 2018. Results show 92.6 per cent primary diagnoses were correct, 86.4 per cent of secondary diagnoses were correct, 93.8 per cent of primary procedures were correct and 82.5 per cent of secondary procedures were correct.

The clinical coding team continue to work closely with clinicians to ensure high quality coded is being collected and any anomalies are discovered and investigated as they occur. Weekly random sample reviews take place across all specialties and mortality case reviews take place as required following analysis of our mortality data, areas reporting excess deaths are investigated by both coders and clinical teams and findings are reported to the mortality committee.

Personal data incidents

The Trust has reported three level two incidents to the Information Commissioner in 2017/18. None of the cases required any further action

Information governance toolkit (IGT) attainment levels

The day-to-day management of our data quality output must meet the requirements of the information governance toolkit and is critical to ensuring the necessary safeguards for, and appropriate use of, patient and personal information is always adhered to. For this reporting period the Trust has sustained IGT attainment level two and colour coded green (satisfactory).

Patient Reported Outcome Measures (PROMs)

This is a national tool to measure quality from the patients' perspective, measuring the level of recovery, improvement and general wellbeing otherwise known as health gain after surgery. The process involves patients completing a survey before and after surgery which allows comparisons to the national average to be made. There are four clinical procedures covered by the PROMs programme - groin hernia repair, first procedure hip replacement, knee replacement and varicose vein surgery (which is not undertaken at this Trust). Results for George Eliot Hospital NHS Trust are as follows and relate to a number of measures.

Figure 2.5 below captures the latest published data available for April 2016 to March 2017 for this reporting period.

Figure 2.5: latest published data on PROMs

Organisation level	Organisation name		Modelled records	Average Pre-Op Q Score	Average Post-Op Q Score	Adjusted average Health Gain
GH	England	EQ VAS	17,933	80.242	80.001	-0.241
GH	GEH NHS TRUST	EQ VAS	71	83.873	84.521	0.648
GH	England	EQ-5D Index	18,048	0.789	0.875	0.086
GH	GEH NHS TRUST	EQ-5D Index	73	0.767	0.916	0.149
HRP	England	EQ VAS	35,923	64.223	77.657	13.453
HRP	GEH NHS TRUST	EQ VAS	73	61.849	77.836	15.986
HRP	England	EQ-5D Index	37,413	0.356	0.801	0.445
HRP	GEH NHS TRUST	EQ-5D Index	85	0.223	0.787	0.564
HRP	England	Oxford Hip Score	40,380	17.986	39.785	21.799
HRP	GEH NHS TRUST	Oxford Hip Score	94	14.202	38.17	23.968
KRP	England	EQ VAS	38,907	67.826	74.803	6.977
KRP	GEH NHS TRUST	EQ VAS	171	65.199	74.158	8.959
KRP	England	EQ-5D Index	40,765	0.42	0.744	0.324
KRP	GEH NHS TRUST	EQ-5D Index	190	0.366	0.736	0.37
KRP	England	Oxford Knee Score	44,065	19.209	35.756	16.547
KRP	GEH NHS TRUST	Oxford Knee Score	205	17.005	35.015	18.01

EQ5D Scoring

This series of questions asks for patients views on five areas which include pain, mobility, the ability to care for oneself, anxiety and depression levels and usual activities.

EQVAS

This measure relates to a visual analogue score from 1 to 100 in which patients are asked to rank themselves in respect to levels of general health.

These scores are not specific to the procedure undertaken and may relate to other areas of physical, social and psychological wellbeing.

Oxford Hip / Knee Score

This measure relates to pain and mobility and also includes hip or knee specific questions such as 'how would you describe the pain you previously felt in your hip?' or 'have you been able to put on a pair of stockings or tights?'

GH = Groin hernia / HRP = Hip replacement primary / KPP = Knee replacement primary

Independent Auditors' report

KPMG

INDEPENDENT AUDITORS' LIMITED ASSURANCE REPORT TO THE DIRECTORS OF GEORGE ELIOT HOSPITAL NHS TRUST ON THE ANNUAL QUALITY ACCOUNT

We are required to perform an independent assurance engagement in respect of George Eliot Hospital NHS Trust's Quality Account for the year ended 31 March 2018 ("the Quality Account") and certain performance indicators contained therein as part of our work. NHS trusts are required by section 8 of the Health Act 2009 to publish a Quality Account which must include prescribed information set out in The National Health Service (Quality Account) Regulations 2010, the National Health Service (Quality Account) Amendment Regulations 2011 and the National Health Service (Quality Account) Amendment Regulations 2012 ("the Regulations") and the National Health Service (Quality Account) Amendment Regulations 2017 ("the Regulations").

Scope and subject matter
The indicators for the year ended 31 March 2018 subject to limited assurance consist of the following indicators:

- Venous thromboembolism risk assessment (VTE indicator)
- Healthcare acquired infection (HCAI) measure clostridium difficile infections (C-Diff)

We refer to these two indicators collectively as "the indicators".

Respective responsibilities of the Directors and the auditor
The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the Regulations).

In preparing the Quality Account, the Directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors are required to confirm compliance with these requirements in a statement of directors' responsibilities within the Quality Account.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the NHS Quality Accounts Auditor Guidance ("the Guidance"); and
- the indicators in the Quality Account identified as having been the subject of limited assurance in the Quality Account are not reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

We read the Quality Account and conclude whether it is consistent with the requirements of the Regulations and to consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Account and consider whether it is materially inconsistent with:

- board minutes for the period April 2017 to 24 May 2018;
- papers relating to quality reported to the board over the period April 2017 to 24 May 2018;
- feedback from commissioners, dated 15/05/2018;
- feedback from Warwickshire County Council, dated 15/05/2018;
- feedback from the Overview and Scrutiny Committee dated 10/05/2018;
- the trust's draft complaints report, dated May 2018;
- the latest national staff survey, dated 06/03/2017;
- Care Quality Commission inspection, dated 25/01/2018 ; and
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 28/03/2018 (in draft).

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these documents (collectively the "documents"). Our responsibilities do not extend to any other information.

This report, including the conclusion, is made solely to the Board of Directors of George Eliot Hospital NHS Trust.

We permit the disclosure of this report to enable the Board of Directors to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permissible by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body and George Eliot Hospital for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement under the terms of the Guidance. Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content of the Quality Account to the requirements of the Regulations; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such

information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Account in the context of the criteria set out in the Regulations.

The nature, form and content required of Quality Accounts are determined by the Department of Health. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS organisations.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by George Eliot Hospital NHS Trust.

Basis for qualified conclusion

Our testing of the Trust's VTE indicator found that:

- In 2 of 25 cases the Trust could not provide evidence to support the VTE assessment recorded;
- when testing the process in place for collating the data included in the Trust's Unify submission we note that the data may include some adult inpatients admitted to hospital who have a diagnosis of DVT or Pulmonary Embolism. Per the definition, these patients should be excluded from the submission; and
- when reconciling the records of inpatient admissions in the year to the number of risk-assessments used in the indicator we note no time is recorded for the initial assessment and there is no policy in place for when this assessment should be carried out, this is not in line with the guidance.

Qualified conclusion

Based on the results of our procedures, with the exception of the matters reported in the basis for qualified conclusion paragraph above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Account is not prepared in all material respects in line with the criteria set out in the Regulations;
- the Quality Account is not consistent in all material respects with the sources specified in the Guidance; and
- the indicators in the Quality Account subject to limited assurance have not been reasonably stated in all material respects in accordance with the Regulations and the six dimensions of data quality set out in the Guidance.

KPMG LLP.

KPMG LLP
One Snowhill
Snowhill Queensway
Birmingham B4 6GH

29 May 2018

Statements from external stakeholders

NHS
Warwickshire North
Clinical Commissioning Group

Nursing and Quality
2nd Floor, Heron House
Newdegate Street
Nuneaton
Warwickshire
CV11 4EL

Telephone: 02476 324399

17th May 2018

Dear Kath,

Re: Draft CCG Response to GEH Quality Account 2017/18

NHS Warwickshire North Commissioning Group (CCG) welcomes the opportunity to comment on George Eliot Hospital's (GEH) Quality Account. We do so in the capacity of Lead Commissioner for the George Eliot Hospital NHS Trust and our response meets the requirements set out by the Department of Health.

The CCG believes that the Quality Account for 2017/18 meets the minimum required content as set out in national guidance and contains an accurate reflection of the quality of services provided by the Trust. Our review of the draft Quality Account document has included checking the accuracy of the information presented against that previously received in relation to the services commissioned, and commenting on the information that we, and the public, might expect to see in the Account. Whilst not all data fields were complete in the draft account, the CCG has reviewed the information presented against data sources available to the CCG as part of quality, contracting and performance to confirm accuracy.

Following our review, comments will be provided to the authors of the report in advance of its publication; this feedback will be included in the final Quality Account.

The Trust has continued to work in a spirit of openness and partnership with the CCG over the last year to further develop and continue to strengthen our working relationships. This is demonstrated by the Trust with CCG representation on a range of quality and patient safety related meetings. This is indicative of an organisational cultural which promotes transparency and an acceptance of challenge and learning.

The Quality Account demonstrates many of the actions taken to improve the quality of care within the GEH trust and the CCG recognises the achievements in relation to priorities set in the 2017/18 Quality Account. These include the embedding of routine use of the MEWS trigger tool as part of the e-clinical observation assessments to enhance early detection of deteriorating patients, the reduction of health care acquired infections (HCAI), Saving Babies Lives care bundle implementation, sepsis six bundle implementation and implementation of the acute kidney injury (AKI) organisation-wide care bundle with guidance for both staff and patients.

While improvements have undoubtedly been made, the CCG wishes to note that there are some areas where the GEH has not achieved its quality thresholds. There have been inconsistencies in the following areas:

- Serious Incidents and Never Events (NE) (Two reported NE's in year)
- Fragile services
- Staffing recruitment, appraisal rates, mandatory and safeguarding training
- Time spent in Accident and Emergency (A&E) due to increasing demand on services.
- Ambulance handovers and delays have also been a key challenge for the Trust this year.
- Stroke

Quality & Equality first

Chair: Dr Deryth Stevens
Chief Officer: Andrea Green

In line with this the CCG has continued to monitor and has conducted a number of assurance visits. The CCG has been assured that the GEH has robust processes in place to ensure patients are managed safely. However, it is recognised that the care and environmental experience of patients and their families or carers is an area that requires ongoing improvement. We acknowledge this is due in part to operational pressures and hope that this will not be an ongoing issue in the coming year. Nevertheless, these issues will continue to be closely monitored by the CCG in 2018/19.

Maintaining Trust-wide service delivery in the context of increasing demand, national guidelines and system wide pressures has also contributed to the Trust not achieving national Referral to Treatment Time (RTT) performance target. The CCG expects the Trust to continue to improve patient pathways and provide ongoing assurance, over the coming year, to robustly identify, assess and report patient harms caused as a direct consequence of RTT delays.

The CCG would also like to acknowledge the additional scrutiny, ongoing actions and focus taken by the Trust to bring the Standardised Hospital Morality Indicator (SHMI) back within the expected range. It is hoped that the focus on Mortality rates and improvements in End of Life provision will continue to be exerted in order to bring the Hospital Standardised Mortality Ratio (HSMR) back within the expected range.

The GEH Trust has also worked hard to embed robust processes in place for the identification, reporting, review and learning from deaths in line with the recommendations in the national guidance (National Guidance on Learning from Death March 2017). It has positively engaged with the Learning Disabilities Mortality Review (LeDeR) programme and has incorporated this into the Trusts mortality review process.

During 2017/18 the Care Quality Commission (CQC) highlighted a number of areas of concern which 'Required Improvement' including End of Life care services and emergency department governance arrangements. The proposed action plan to address these deficits is subject to regular review by the CCG.

The CCG noted that that the Quality Account 2017/18 lacked detail in relation to the Trust's role in addressing health inequalities and how its contribution is positively impacting on the prevention agenda across each area of the local Sustainability and Transformation Partnership plan. The Trust should consider how this could be translated into patient information and patient involvement strategies in the coming year.

The CCG welcomes the priorities identified for 2018/19 and looks forward to working with the GEH across the health economy and the Sustainability and Transformation Plan (STP) footprint to support the achievements of solutions to service provision where we are able to influence.

In conclusion, the CCG recognises that GEH has made positive progress in a number of areas during the last year. We can confirm that we fully support the priorities identified by the Trust in their Quality Account for 2018/19.

Yours sincerely

Rebecca Bartholomew
Director of Nursing and Quality

CC: Doreen Sadler

Quality & Equality First

Chair: Dr Deryth Stevens
Chief Officer: Andrea Green

Resources Group

Cllr Wallace Redford
Democratic Services
Warwickshire County Council
Warwick
CV34 4RL

Email: cllrredford@warwickshire .gov.uk
www.warwickshire.gov.uk

Kath Kelly, Chief Executive
George Eliot Hospital
Lewes House
College Street
Nuneaton
CV10 7DJ

Date 15 May 2018

Dear Madam,

George Eliot Hospital NHS Trust (GEH) – Quality Account

Thank you for sight of the George Eliot Hospital Quality Account document.

Previously, the County Council, working in partnership with colleagues at Coventry City Council and the respective Healthwatch organisations contributed in detail to the formulation of the Quality Account (QA) documents through task and finish review working with each of the service providers.

This year the Committee decided to focus instead on thematic reviews. An example of this is the recently completed review of GP Services. This has meant that Warwickshire County Council has not been able to contribute to the QA process in detail this year.

However, all members of the Adult Social Care and Health Overview and Scrutiny Committee did receive the GEH QA document and were given the opportunity to submit comments. Similarly, a copy has been provided to our Director of Public Health. I have not received any comments on your QA for this year.

Thank you once again for the opportunity to comment on the George Eliot Hospital Quality Account document.

Yours faithfully

Cllr Wallace Redford
Chair of the Adult Social Care and Health
Overview and Scrutiny Committee

George Eliot Hospital NHS
NHS Trust

David Carr
Chair Patient Forum
George Eliot Hospital NHS Trust
College Street
NuneatonCV10 7DJ

14th May 2018

Ms K Kelly
Chief Executive
George Eliot Hospital NHS Trust
College Street
Nuneaton
CV10 7DJ

Dear Kath

Thank you for sending the newly designed draft George Eliot Hospital Annual Report and Accounts on Quality/Finance 2017/18 for perusal and comments.

Comments on behalf of the Patient Forum are that the draft report is reflective of the journey the Trust has been on over the last twelve months. It is pleasing to note the number of initiatives that have been implemented over the last year to raise standards of care and to ensure the safety of patients. In particular; where the Trust has excelled, for example the lowest infection rates of C-diff in the country. The report gives an honest reflection of areas of concern that have been identified and where actions have been put in place to address these.

The Patient Forum was disappointed that the outcome from the CQC visit where the Trust was awarded with an overall rating of requires improvement, but pleased that care remains good. The caring is reflective of what Forum members observe when visiting clinical areas, of conscientious, passionate and professional staff delivering high quality care.

The Patient Forum is looking forward to initiating and supporting future projects that contribute to the quality and improvement of the patient experience in the forthcoming year.

Yours sincerely

David Carr
Chair Patients Forum

Section 2.ii

Quality Improvement Priorities 2018/19

Looking forward, the Trust is committed to improving the overall health and wellbeing of all the communities that we serve. To this aim, we must ensure our key quality drivers are responsive to the outcomes of the previous year's performance (see section 1 above) and reflective of the Trust's Improvement Plan (TIP) which includes our CQC improvement action plan following the CQC's inspection report published in January 2018 (see also registration with the CQC section at page 81).

The TIP is also underpinned by our Quality Improvement Strategy, Clinical Strategy and CQUIN targets. The following (Figure 2.6) details our quality commitments for 2018/19.

Figure 2.6: GEH Quality Commitments 2018/19

GEH Quality Commitments 2018/19

Improve Patient Outcomes, Reduce Harm and Deliver High

Our Priorities	Our Aims
Patient Safety & Effectiveness	We will reduce avoidable Grade ≥3 Pressure Ulcers We will reduce preventable deaths We will reduce avoidable harm from medicines with a focus on insulin
Productivity & Efficiency	We will improve proactive and safe discharge for our patients
People Experience	We will improve care for patients at their end of life We will improve the lives of people with dementia, their families & carers from admission to discharge We will improve recruitment and retention

Quality Compassionate Care

Key Performance Indicators to Success

What will we do to achieve it?

- We will implement a pressure ulcer improvement collaborative across 4 in-patient wards
- We will implement a Medical Examiner role to review all deaths and improve learning
- We will focus on improving the management of sepsis and pneumonia
- We will implement an electronic observations system in our emergency department
- We develop and implement a Diabetes Strategy

How we will know if we have achieved it?

- Working towards zero tolerance with an aim to reduce avoidable grade ≥3 Pressure ulcers by 50%
- Reduce HSMR and SHMI to within the national expected range
- Develop and embed surviving Sepsis Campaign Bundle and pneumonia bundle
- Overall reduction in incidents related to critical medicine
- A reduction in insulin errors by a third (57 to 38)

What will we do to achieve it?

- We will embed the Red2Green approach to improve patient experience by reducing unnecessary delays
- We will keep patients informed and involved in their progress by using ECIP 4 key questions
- We will provide patients with information outlining what to expect on arrival and discharge including advice on self care, discharge and medication.
- We will provide patients with a copy of their discharge letter and clinic correspondence

How we will know if we have achieved it?

- Improved patient discharge results from NHS England Adult Impatient Survey and A&E surveys
- 40% reduction in 'primary 'complaint related to 'admission, discharge, transfer' leading to an overall reduction in 'concerns' related to 'admission, discharge, transfer'

What will we do to achieve it?

- We will implement our End of Life Care (EoLC) strategy.
- We will prioritise educating our staff on EoLC to support patients and families
- We will implement a Dementia Strategy underpinned by a Dementia Operational Plan
- We will embed the Recruitment and Retention Strategy
- We will develop and Implement a Recruitment and Retention action plan 2018/19
- We will promote GEH as the employer of choice for hard to fill medical and nursing vacancies

How we will know if we have achieved it?

- 80% of clinical staff will receive EoLC training
- Overall improvement in CODE survey results
- Deliver the Well Pathway for Dementia
- Implement a Dementia Key Worker role
- Reduce rolling staff turnover to ≤13.5%
- Reduce Trust agency spend to ≤8%
- Reduce nursing vacancy rates to ≤10% and medical vacancy rates to ≤15%
- Recruit 50 apprentices
- Improve NHS Staff Survey results on staff engagement to national average or above

Section 2.iii

Financial Accountability Reports

Overview

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

Directors' Report

Changes to the Board of Directors

During the year we have seen some changes to the Trust Board.

Within the Executive Team, Haq Khan was appointed as Director of Finance in December 2017 following the departure of Shahana Khan in October 2017; Shahana had held the position for four years. Ian O'Connor left his position as Interim Director of Operational Finance on 3 December 2017 after joining the Trust in October 2016.

In October 2017, Dr Gordon Wood retired from his role as Medical Director after three and a half years in the role and more than 29 years working for the Trust. Dr Catherine Free joined the Trust on the 1st November 2017 to replace Dr Wood as Medical Director.

Debbie Pook joined as Interim Director of Operations on 1st January 2018. Kay Fawcett was Interim Director of Nursing between the 14th August 2017 and the 25th February 2018. Daljit Athwal took over from Kay as Interim Director of Nursing on 26th February 2018.

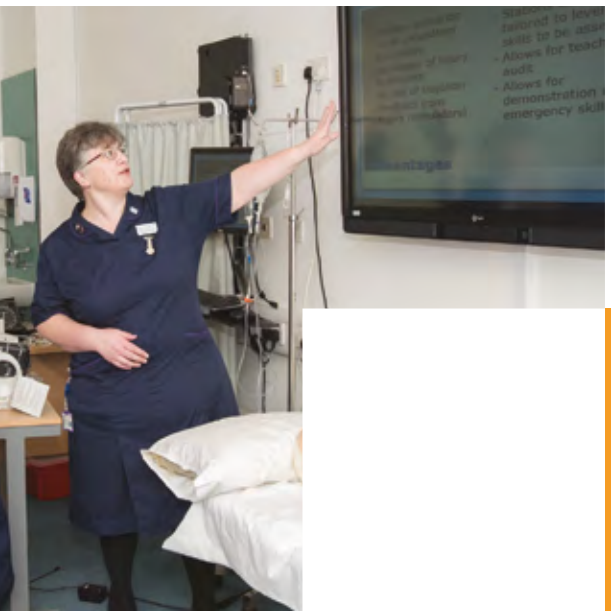
The role of the Trust's Board of Directors

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

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

The Board should demonstrate leadership by undertaking three key roles:

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



The executive team

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

Executive directors will also actively support and promote a positive culture for the organisation and reflect this in their own behaviour, nurturing good leadership at all levels. They will take principle responsibility for providing accurate, timely and clear information to the Board and lead on engagement with specific internal or external stakeholder groups.

Individual director portfolios:

Katherine Kelly

Chief Executive

(voting member), joined in summer 2010

The Chief Executive is responsible for leading the executive directors in setting the Trust's strategic aims, developing shared understanding and commitment to these aims, and working with Board colleagues, managers and staff, partner organisations in the local health economy and appropriate external organisations. The Chief Executive provides visible leadership that models exemplary behaviours of personal integrity and inspires and empowers staff.

The Chief Executive works with the Chairman to ensure that the Board maintains its capacity and is continually developed in order to remain 'fit for purpose' in the context of a changing NHS and wider healthcare environment. This role also involves engagement with stakeholders, including Members' Advocates (surrogate Governors), commissioners, other healthcare providers, public, private and third sector partners and children and families, to maximise the opportunities for improved service delivery.

Claire Campbell

Director of Governance

(non-voting member), joined in April 2013

The Director of Governance is responsible for leading the development and implementation of the governance quality strategy to support the business plan and service strategy, whilst managing associated risks. This includes corporate governance, risk management, information governance and the processes that support CQC registration and compliance. The post holder ensures corporate, legal and statutory obligations are met and provides appropriate advice and support to the Chief Executive and Board to ensure governance structures and committees are in place, which are of the highest standard, conforming to current and future requirements. The Director of Governance also leads on the implementation and monitoring of the national Freedom to Speak Up policy.

Haqnawaz Khan

Director of Finance

(voting member) joined in December 2017

The Director of Finance and Performance takes a central role in ensuring the development and governance of financial strategies and policies to support the delivery of patient care for the Trust Board. A key member of the Trust Board's Executive Team, providing advice on all matters of financial and charitable fund management, probity and governance. The post holder will lead discussions with commissioners on behalf of the Trust to establish robust contractual arrangements for Trust Services. They will provide effective and professional leadership of the Finance and Performance Directorate

The post holds specific responsibility as the executive lead for performance management, along with both the Audit and Finance committees of the Board.

Michelle Norton

Director of Nursing

(voting member), joined in October 2015

The Director of Nursing is responsible for the clinical quality, patient experience and productivity of all clinical services, supporting the HR Director in ensuring the Trust workforce strategy meets flexible and changing demands on workforce skills and competencies.

The Director of Nursing provides professional leadership for nursing, midwifery and allied health professionals, advising the Board on all aspects of professional practice for these groups.

Catherine Free

Medical Director

(voting member) joined in October 2017

The Medical Director is responsible for leading and directing the Trust's medical workforce. This role includes specific responsibility for patient safety and experience, mortality, research and development and medical education and training, and acts as the Trust's lead in these areas. The Medical Director is also the organisation's Caldicott Guardian and the lead for clinical governance.

John Thompson

Director of Operations

(voting member), joined in June 2013

The Director of Operations is responsible for co-ordinating, delivering and achieving the clinical services performance standards against corporate, statutory and national standards in line with the local delivery plan. This role provides high profile leadership which adheres to the core values of the Trust, with responsibility for ensuring the delivery of safe and high quality patient care by each of the clinical divisions through a robust system of planning, service delivery and performance management.

In addition, the Director of Operations ensures that all opportunities for service development, transformation and integration with the wider health and social care system are fully developed in line with the overarching corporate strategy.

Sue Wakeman

Director of Human Resources

(non-voting member), joined in March 2016

The Director of Human Resources oversees the development and delivery of the workforce strategy and implementation plans and acts as Board representative for HR, organisational development and education and training. This includes the provision of a strategic and professional advisory service to the Trust in respect of people management, and development and demonstrating the Trust's value pledges at all times.

Andy Laverick

Director of Information Technology

(non-voting member), joined in March 2016

The Director of Information Technology must review and introduce IT manpower infrastructure to meet needs of the organisation and develop a clear IT strategy for the next five years, highlighting priority areas such as Electronic Patient Record and other key projects. The role is responsible for reviewing the progress of phase two of the Lorenzo project and advising on the phase three implementation strategy or alternative, securing the implementation of an electronic document management system, developing improved IT links and communication with GPs. The Director of Information Technology is responsible for exploring the opportunity of a shared service/strategy for IT across the local system – specifically linking with University Hospitals Coventry and Warwickshire NHS Trust to support the introduction of new clinical networks. This role also leads Hotel Services, which includes all aspects of housekeeping and catering.

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 challenge. 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 to observe and talk to patients and staff. They ensure the Board acts in the best interests of patients and the public.

There have been a few changes within the non-executive team during the 2017/18 year. Don Navarro left his position after his term of office finished on 31 March 2017, having been a non-executive director since 1 December 2011. Claire Lea left the Trust on 31 March 2018; she joined on 1 April 2014.

The Trust received the very sad news that Chairman, Stuart Annan, passed away in October 2017. Stuart had been Chairman since 1 December 2009, having joined as non-executive director on 1 September 2006. Following a recruitment process that was led by NHSI, Prem Singh was appointed as Chairman and officially joined the Trust on 19 March 2018. Vice-Chair, Chris Spencer, was acting Chairman in the intervening months.

Prem Singh

Chairman

Appointed 19 March 2018

Chris Spencer

Non-Executive Director and Vice-Chair

Non-Executive Director since 1 December 2011

Claire Lea

Non-Executive Director

Non-Executive Director since 1 April 2014

Julie Houlder

Non-Executive Director

Non-Executive Director since 1 May 2016

Duncan Cooper

Non-Executive Director

Non-Executive Director since 1 September 2016

Audit Committee

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

Membership of the Committee

For 2017/18, membership of the Committee was as follows:

- Chris Spencer
- Claire Lea
- Julie Houlder
- Duncan Cooper

Register of Interests

Figure 2.7: Register of Interests

Board Member Name	Role	Description of Interest
Voting members		
Stuart Annan	Chairman	Director – 'Terrain' Ltd, Management consultancy
Prem Singh	Chairman	Chairman - Derbyshire Community Health Services NHS Foundation Trust Managing Director - PMS Consulting Ltd; Senior Independent Director - NHS Confederation; Kathryn Singh (wife) – CEO, Rotherham Doncaster and South Humber NHS Foundation Trust
Katherine Kelly	Chief Executive	Nil Return
Shahana Khan	Director of Finance & Performance	Vice Chair at Accord Housing Association President of Healthcare Finance Managers Association (HFMA)
Julie Houlder	Non-Executive Director	Chair of Trustees - Sir Josiah Mason Trust Finance Committee Chair – Sir Josiah Mason Trust
Duncan Cooper	Non-Executive Director	NED Chairman - ADEY LHP Corporation Member - North Warwickshire & Hinckley College Director/NED for AVT Ltd NED Director - Stuart Turner Ltd
Chris Spencer	Non-Executive Director	Director- Manx Cable Company 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 Examiner for ICSA Health Service Governance Module Associate of NHS Providers
Gordon Wood	Medical Director	Nil return
Catherine Free	Medical Director	Nil return

Board Member Name	Role	Description of Interest
Haq Khan	Director of Finance	Nil return
Daljit Athwal	Interim Director of Nursing	Substantive Staff Member of Nottingham University Hospital Chair of AKUH Deputy Directors of Nursing
Debbie Pook	Interim Director of Operations	Sister CQC Inspector Director of DP Management
Michelle Norton	Director of Nursing	Nil return
John Thompson	Director of Operations	Nil return
Non-voting members		
Andy Laverick	Director of IT	Owner/Director – Pure Space IT Ltd
Ian O'Connor	Director of Operational Finance	Director/ Owner/Shareholder of Ocobrown Health Ltd
Claire Campbell	Director of Governance	Nil return
Sue Wakeman	Director of Human Resources	Nil return

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year.

The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;
- make judgements and estimates which are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts;
- assess the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and
- use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

By order of the Board

Katherine Kelly
Chief Executive
24 May 2018

Haqnawaz Khan
Finance Director
24 May 2018

Directors Statement

Directors of the Trust have confirmed that they know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and they have taken all the steps required to ensure that they have made themselves aware of any such information and to establish that the auditors are aware of it.

Remuneration report

The remuneration report describes the remuneration of the senior managers at the Trust, namely members of the Trust Board.

The remuneration of the Chair and Non-Executive Directors is determined during the year by NHS Improvement (NHS I), which is responsible for non-executive appointments to NHS trusts on behalf of the Secretary of State for Health.

The remuneration of the Chief Executive and all other Executive Directors is determined by the Remuneration Committee and is based on national guidance issued by the Department of Health.

The expenses of the members of the Trust Board are reimbursed in accordance with the Trust Expenses Policy.

Performance review and appraisal of the Non-Executive Directors is undertaken by the Trust. Performance review and appraisal of the Chief Executive is undertaken by the Trust Chair in accordance with criteria set by the Remuneration Committee and guidance from the Department of Health.

Performance review and appraisal of the Executive Directors is undertaken by the Chief Executive in accordance with criteria set by the Remuneration Committee and guidance from the Department of Health.

The Chair and Non-Executive Directors are appointed for terms of up to four years in accordance with NHS I guidance and procedures.

The Chief Executive and Executive Directors are appointed on permanent contracts in line with NHS terms and conditions. The period of notice required to terminate the employment of Executive Directors is six months and there is no contractual entitlement to a termination payment.

Salary increments for the Chief Executive and Executive Directors are discretionary. Any increments will be agreed through the Remuneration Committee and will take into consideration performance against agreed criteria. The Trust does not operate a bonus system.

Membership of the Remuneration Committee

The members of the committee (i.e. all Non-Executive Directors of the Trust, apart from the Chairman) during 2017/18 were as follows:

- Chris Spencer
- Claire Lea (until 31 March 2018)
- Julie Houlder
- Duncan Cooper

Pay multiples

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

The banded remuneration of the highest paid director in the Trust during 2017/18 was £140,000-£145,000 (2016/17: £205,000-£210,000). This was 6.0 times (2016/17: 8.4 times) the median remuneration of the workforce, which was £23,597 (2016/17: £24.109). The movement in the multiple year-on-year is related to a change in the pay for the highest paid director.

The pay band of the median paid employees remained the same in both years, with the increase in amount reflecting the inflationary uplift applied to this band following the national NHS pay award. The highest paid director last year was the Medical Director, who left the Trust on 31 October 2017 and therefore only received salary for part of 2017/18. The highest paid director this year was the Chief Executive Officer, who has been in post for the full year. However, because this annual salary is lower than that of the Medical Director last year, the comparative pay multiple has reduced.

In 2017/18, no employees (2016/17: 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.

The following tables show the remuneration and pension benefits of the directors during the financial year and the prior year. This information is subject to audit.

Directors' Remuneration

The following tables (at Figures 2.8 / 2.9 / 2.10 / 2.11) show the remuneration and pension benefits of the directors during the financial year and the prior year.

This information is subject to audit.

Figure 2.8: Salaries and Allowances 2017/18

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£000
CHAIRPERSON						
Stuart Annan Chairperson Until 25/10/17	10-15	300	0	0	0	10-15
Chris Spencer Chairperson From 26/10/17 Until 18/3/18	0-5	0	0	0	0	0-5
Prem Singh Chairperson From 19/3/18	0-5	0	0	0	0	0-5
EXECUTIVE DIRECTORS						
Katherine Kelly Chief Executive	140-145	0	0	0	5.0-7.5	145-150
- OTHER EXECUTIVE DIRECTORS						
Shahana Khan Director of Finance And Performance Until 18/10/17	60-65	0	0	0	70.0-72.5	130-135
Ian O'Connor Acting Director of Finance and Peformance From 19/10/17 Until 3/12/17	20-25	0	0	0	0	20-25
Haqnawaz Khan Director of Finance And Peformance From 4/12/17	35-40	0	0	0	100-102.5	135-140
Gordon Wood Medical Director Until 31/10/17	120-125	0	0	0	0	120-125

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension- related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£000
Catherine Free Medical Director From 1/11/17	60-65	0	0	0	0	60-65
John Thompson Director Of Operations Until 31/12/17	70-75	0	0	0	7.5-10.0	80-85
Debbie Pook Interim Director of Operations From 1/1/18	25-30	0	0	0	0	25-30
Michelle Norton Director Of Nursing Until 13/8/17	30-35	0	0	0	15.0-17.5	50-55
Kay Fawcett Interim Director Of Nursing From 14/8/17 Until 25/2/18	55-60	0	0	0	0	55-60
Daljit Athwal Interim Director Of Nursing From 26/2/18	5-10	0	0	0	0	5-10
NON EXECUTIVE DIRECTORS						
Claire Lea Non Executive Director	5-10	0	0	0	0	5-10
Chris Spencer Non Executive Director Until 25/10/17 and From 19/3/18	0-5	0	0	0	0	0-5
Julie Houlder Non Executive Director	5-10	0	0	0	0	5-10
Duncan Cooper Non Executive Director	5-10	0	0	0	0	5-10

Note 1. The total remuneration for the Medical Director up 31 October 2017 includes £14,465 which related to the performance of a clinical role and for the subsequent Medical Director includes £7,729 which related to the performance of a clinical role.

Note 2. The amounts disclosed in the 'All pension-related benefits' column do not represent any amount that will be received by the employee. It is simply a calculation which is intended to provide an estimate of the benefit that being a member of the NHS Pension Scheme could provide.

Figure 2.9: Salaries and Allowances 2016/17

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (bands of £5,000)
	£000	£00	£000	£000	£000	£000
CHAIRPERSON						
Stuart Annan Chairperson	20-25	0	0	0	0	20-25
EXECUTIVE DIRECTORS						
Katherine Kelly Chief Executive	135-140	0	0	0	47.5-50.0	185-190
- OTHER EXECUTIVE DIRECTORS						
Shahana Khan Director of Finance And Performance	110-115	0	0	0	17.5-20.0	125-130
Gordon Wood Medical Director	200-205	0	0	0	0	200-205
John Thompson Director Of Operations	90-95	0	0	0	35-37.5	125-130
Michelle Norton Director Of Nursing	90-95	0	0	0	67.5-70	160-165
NON EXECUTIVE DIRECTORS						
Rupert Herd Non Executive Director Until 31/8/16	0-5	0	0	0	0	0-5
Claire Lea Non Executive Director	5-10	0	0	0	0	5-10
Don Navarro Non Executive Director Until 31/3/17	5-10	0	0	0	0	5-10
Julie Houlder Non Executive Director From 1/5/16	5-10	0	0	0	0	5-10
Duncan Cooper Non Executive Director From 1/9/16	0-5	0	0	0	0	0-5
Chris Spencer Non Executive Director	5-10	0	0	0	0	5-10

Note 1. The total remuneration for the Medical Director includes £24,575 which related to the performance of a clinical role.

Note 2. The amounts disclosed in the 'All pension-related benefits' column do not represent any amount that will be received by the employee. It is simply a calculation which is intended to provide an estimate of the benefit that being a member of the NHS Pension Scheme could provide.

Figure 2.10: Salary and pension entitlements of senior managers

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 1 Apil 2017	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018	Employer's contribution to to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
CHAIRPERSON								
Stuart Annan Chairperson Until 25/10/17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chris Spencer Chairperson From 26/10/17 Until 18/3/18				N/A	N/A	N/A	N/A	N/A
Prem Singh Chairperson From 19/3/18				N/A	N/A	N/A	N/A	N/A
EXECUTIVE DIRECTORS								
Katherine Kelly Chief Executive	0-2.5	2.5-5.0	55-60	165-170	1,022	85	1,117	N/A
- OTHER EXECUTIVE DIRECTORS								
Shahana Khan Director of Finance & Peformance Until 29/10/17	2.5-5.0	(2.5)-0	35-40	100-105	627	79	712	N/A
Ian O'Connor Acting Director of Finance and Peformance From 30/10/17 Until 3/12/17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Haqnawaz Khan Director of Finance And Peformance From 4/12/17	5.0-7.5	10.0-12.5	40-45	90-95	321	101	638	N/A
Gordon Wood Medical Director Until 31/10/17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Catherine Free Medical Director From 1/11/17	N/A	N/A	30-35	70-75	N/A	N/A	460	N/A
John Thompson Director Of Operations Until 31/12/17	0-2.5	0-2.5	35-40	105-110	703	56	766	N/A

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 1 Apil 2017	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018	Employer's contribution to to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
Debbie Pook Interim Director of Operations From 1/1/18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Michelle Norton Director Of Nursing Until 13/8/17	0-2.5	(2.5)-0	30-35	85-90	517	47	569	N/A
Kay Fawcett Interim Director Of Nursing From 14/8/17 Until 25/2/18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Daljit Athwal Interim Director Of Nursing From 26/2/18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NON EXECUTIVE DIRECTORS								
Claire Lea Non Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Julie Houlder Non Executive Director From 1/5/16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Duncan Cooper Non Executive Director From 1/9/16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chris Spencer Non Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Figure 2.11: Pension benefits 2016/17

Name and Title	Real increase in pension at pension age	Real increase in pension lump sum at pension age	Total accrued pension at pension age at 31 March 2018	Lump sum at pension age related to accrued pension at 31 March 2018	Cash Equivalent Transfer Value at 1 Apil 2017	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018	Employer's contribution to to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
CHAIRPERSON								
Stuart Annan Chairperson	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
EXECUTIVE DIRECTORS								
Katherine Kelly Chief Executive	2.5-5.0	7.5-10.0	50-55	155-160	937	85	1,022	N/A
- OTHER EXECUTIVE DIRECTORS								
Shahana Khan Director of Finance & Peformance	2.5-5.0	0	35-40	100-105	591	36	627	N/A
Gordon Wood Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
John Thompson Director Of Operations	0.5-2.5	5-7.5	30-35	100-105	643	61	703	N/A
Michelle Norton Director Of Nursing	2.5-5.0	5-7.5	30-35	85-90	454	64	517	N/A
NON EXECUTIVE DIRECTORS								
Rupert Herd Non Executive Director Until 31/8/16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Claire Lea Non Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Don Navarro Non Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Julie Houlder Non Executive Director From 1/5/16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Duncan Cooper Non Executive Director From 1/9/16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Chris Spencer Non Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

On 16 March 2016, the Chancellor of the Exchequer announced a change in the Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate from 3.0 per cent to 2.8 per cent. This rate affects the calculation of cash equivalent transfer value (CETV) figures in this report.

Due to the lead time required to perform calculations and prepare annual reports, the CETV figures quoted in this report for members of the NHS Pension Scheme are based on the previous discount rate and have not been recalculated.

Staff Report

Staff numbers and costs

The table below (figure 2.12) shows the total staff costs for consisting of permanent and other temporary staff. These figures are subject to audit

Figure 2.12: total staff costs

			2017-18	2016-17
	Permanent	Other	Total	Total
	£000	£000	£000	£000
Salaries and wages	65,272	8,370	73,642	70,130
Social security costs	7,263	10	7,273	6,342
Apprenticeship levy	349	-	349	-
Employer's contributions to NHS pensions	8,391	19	8,410	8,193
Termination benefits	-	23	23	55
Temporary staff		14,162	14,162	13,666
Total gross staff costs	**81,275**	**22,584**	**103,859**	**98,386**
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	**81,275**	**22,584**	**103,859**	**98,386**
Of which				
Costs capitalised as part of assets	362	51	413	87

The table below (figure 2.13) shows the total average whole time equivalent staff numbers, compared with the previous year.

Figure 2.13: Average number of employees (whole time equivalent basis)

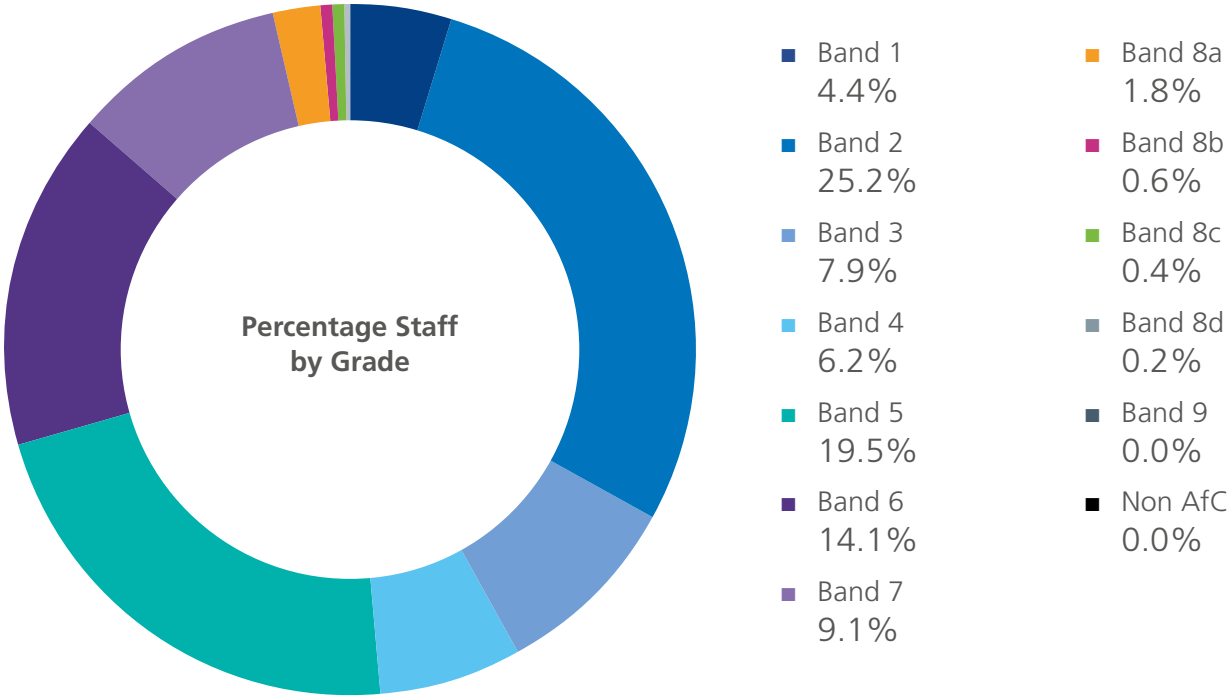
			2017-18	2016-17
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	218	26	244	260
Ambulance staff	3	-	3	1
Administration and estates	414	38	452	451
Healthcare assistants and other support staff	572	40	612	584
Nursing, midwifery and health visiting staff	595	89	684	664
Scientific, therapeutic and technical staff	174	-	174	175
Healthcare science staff	9	9	18	11
Other	1	-	1	-
Total average numbers	**1,986**	**202**	**2,188**	**2,146**
Of which:				
Number of employees (WTE) engaged on capital projects	13	1	14	2

The table opposite (Figure 2.14) shows staff headcount by banding as at 31 March 2018. Non- Agenda for Change (AfC) relates to staff who are outside the AfC contract (such as medical staff, executives, ad-hoc salaries etc).

Figure 2.14: Staff headcount by band

Payscale	Headcount	Percentage of Staff in Band
Band 1	105	4.4%
Band 2	608	25.2%
Band 3	191	7.9%
Band 4	150	6.2%
Band 5	471	19.5%
Band 6	341	14.1%
Band 7	219	9.1%
Band 8a	43	1.8%
Band 8b	15	0.6%
Band 8c	10	0.4%
Band 8d	5	0.2%
Band 9	1	0.0%
Non-AfC	254	10.5%
Total	**2,413**	**100%**

Figure 2.15: percentage of staff by grade



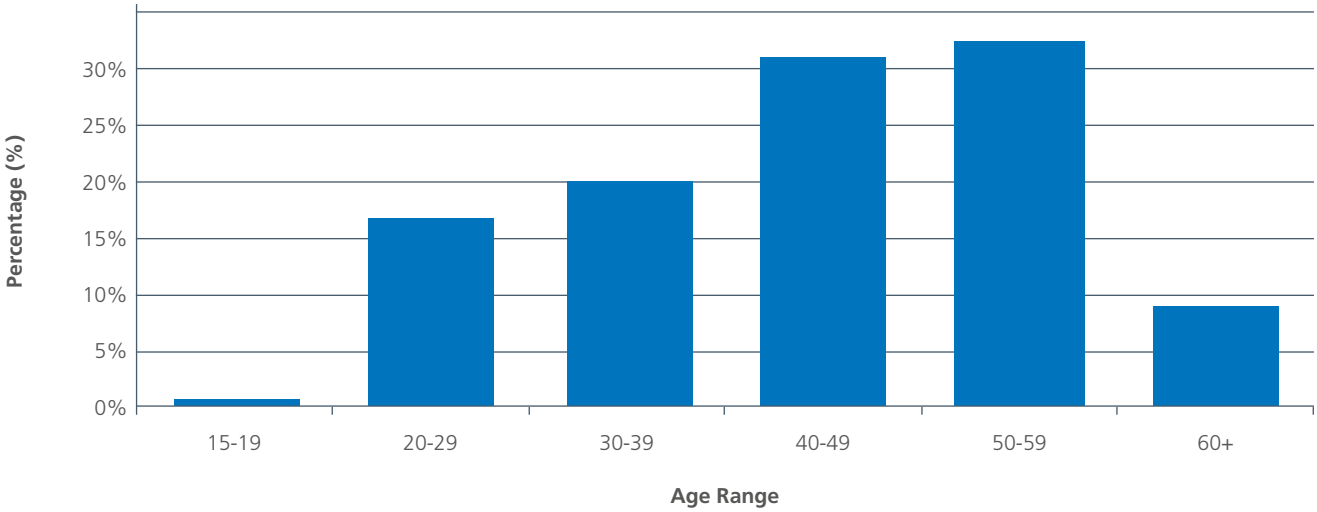
Age profile

The table below (figure 2.16) shows the percentage of George Eliot Hospital NHS Trust workforce in each given age range.

Figure 2.16: Percentage of workforces in each given age range

Age Range	Headcount	George Eliot Hospital percentage
15-19	22	1%
20-29	410	17%
30-39	483	20%
40-49	620	26%
50-59	661	27%
60+	217	9%
Total	**2,413**	**100%**

Figure 2.17: Workforce by age range



Gender comparison

The table and graphs below (Figure 2.18 / 2.19 / 2.20 / 2.20) compares the gender breakdown of the George Eliot Hospital NHS Trust workforce and the Nuneaton and Bedworth population as given in the 2011 census.

Figure 2.18: Gender comparison figures

Gender	Number of Staff	George Eliot Hospital percentage	Nuneaton and Bedworth percentage
Male	453	19	49
Female	1,960	81	51
Total	**2,413**	**100**	**100**

Figure 2.19: Gender comparison analysis

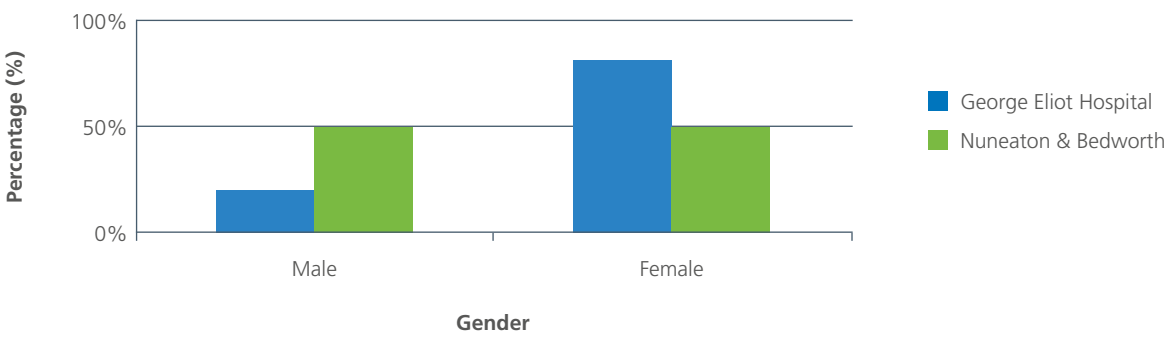


Figure 2.20:

Gender	Director	Senior Managers	Other
Male	4	12	437
Female	4	20	1,936
Total	**8**	**32**	**2,373**

Figure 2.21:

Gender	Directors percentage	Senior Managers percentage	Other Staff percentage	Nuneaton and Bedworth percentage
Male	50	38	18	49
Female	50	63	82	51

Figure 2.22: Gender comparison of George Eliot Hospital NHS Trust workforce and local and Nuneaton and Bedworth population

Ethnicity

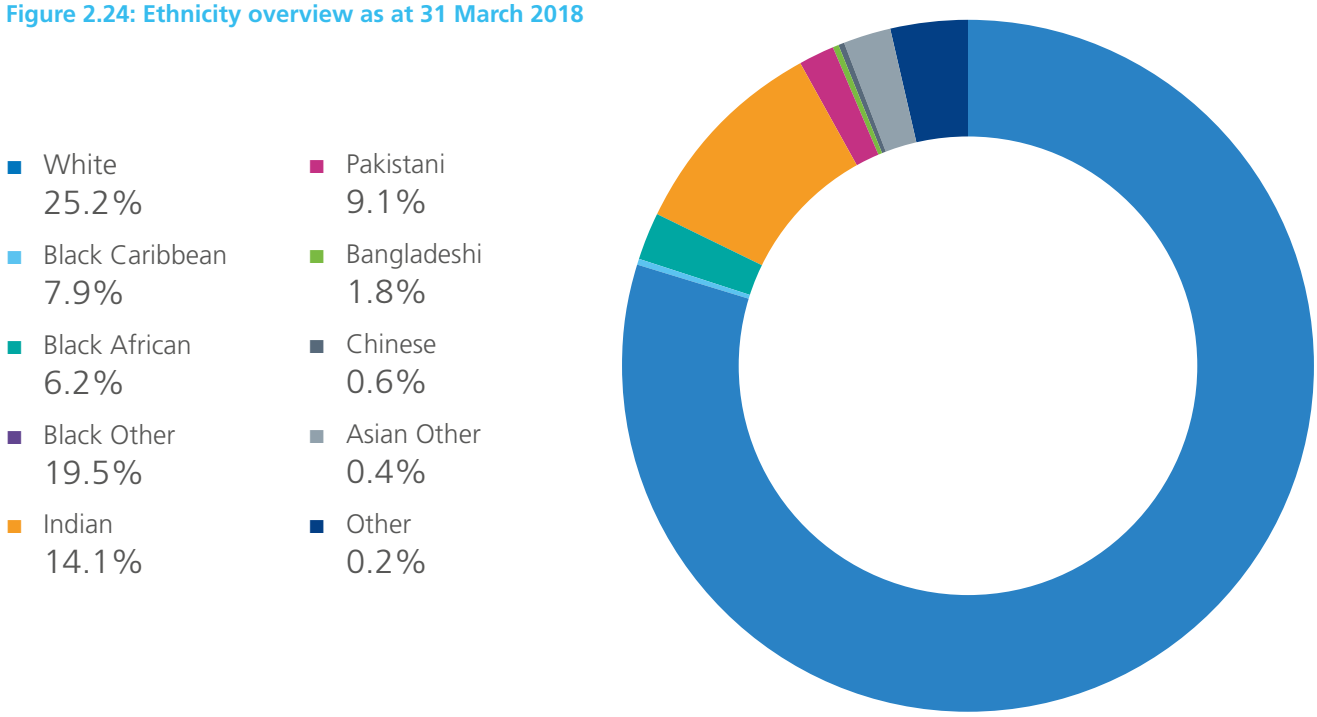
The Table below (Figure 2.23) is based on the 2011 census and compares the percentage of various ethnic groups against the local demographics.

Figure 2.23:

	Area			
	Nuneaton and Bedworth		George Eliot	
Ethnic Group	Population Number	Percentage	Headcount	Percentage
White	112,151	89.5	1955	81.0
Black Caribbean	351	0.3	8	0.3
Black African	555	0.4	49	2.0
Black Other	774	0.6	2	0.1
Indian	5,705	4.6	219	9.1
Pakistani	527	0.4	40	1.7
Bangladeshi	51	0.0	4	0.2
Chinese	304	0.2	7	0.3
Asian Other	409	0.3	49	2.0
Other	4,425	3.5	80	3.3
Total	**125,252**	**100.0**	**2,413**	**100.0**

The graph below (Figure 2.24) illustrates the varying ethnic groups of George Eliot Hospital NHS Trust's workforce.

Figure 2.24: Ethnicity overview as at 31 March 2018



Exit packages

We agreed one exit package arising from the restructuring of a function. The total cost amounted to less than £0.1m. This amount has been included in the cost of exit packages disclosed in the accounts.

Figure 2.25: Reporting of compensation schemes – exit packages 2017/18

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	-
£10,001 - £25,000	1	-	1
Total number of exit packages by type	**1**	**-**	**1**
Total resource cost (£)	£23,000	£0	£23,000

In the prior year we agreed two exit packages arising from the loss of a contract and a further exit package has been agreed following the restructuring of a function. The total cost amounts to £0.1m (see table below at Figure 2.26). This amount was included in the cost of exit packages disclosed in the accounts.

Figure 2.26: Reporting of compensation schemes - exit packages 2016/17

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	1	-	1
£10,001 - £25,000	1	-	1
£25,001 - 50,000	1	-	1
Total number of exit packages by type	**3**	**-**	**3**
Total resource cost (£)	£55,480	£0	£55,480

The Trust had no other non-compulsory departure payments.

Consultancy

We incurred expenditure on consultancy of £0.8m during the year. The largest element of this arose from advice provided to the Trust on the development of future savings plans under NHSI's Financial Improvement Programme initiative.

Figure 2.27: Tax arrangements of public sector employees

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last longer than six months:	Number
Number of existing engagements as of 31 March 2018	-
Of which, the number that have existed:	
For less than one year at the time of reporting	-
For between one and two years at the time or reporting	-
For between two and three years at the time of reporting	-
For between three and four years at the time of reporting	-
For four or more years at the time of reporting	-

Figure 2.28: Number of new engagements

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	4
Of which:	
Number assessed as caught by IR35	2
Number assessed as not caught by IR35	2
Number engaged directly (via PSC contracted to department) and are on the departmental payroll	2
Number of engagements reassessed for consistency/assurance purposes during the year	1
Number of engagements that saw a change to IR35 status following the consistency review	1

The two individuals who were assessed as caught by IR35 have been paid via the Trust's payroll. The two individuals who were assessed as not caught by IR35 were no longer engaged at 31 March 2018.

For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018	Number
Number of off-payroll engagements of Board members and/or senior officers with significant financial responsibility, during the financial year	-
Total number of individuals on payroll and off-payroll that have been deemed 'Board members and/or senior officials with significant financial responsibility', during the financial year.	11

Staff policies

Organisational Policies

The Trust's policies are designed to ensure that no employee will receive less favourable treatment on the grounds of any of the following protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation as set out within the Equality Act 2010, or be disadvantaged by conditions or requirements which cannot be shown to be justifiable.

The Trust aims to design and implement services, policies and measures that meet the diverse needs of the needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The equality impact assessment tool applied to each of the Trust's policies confirms that the policy provides for reasonable adjustments to be made in the event of a member of staff being disabled and confirms that the Trust's policies have been assessed in relation to learning disabilities, physical disabilities, sensory impairment and mental health problems.

Policies which have been reviewed during the April 2017 – March 2018 financial year include:

- Retirement Policy
- Attendance Management Policy
- Flexible Working Policy
- Professional Clinical Registration Monitoring Procedure
- Sabbatical Leave – Consultant, Medical and Dental Staff and SAS Doctors
- Study Leave Policy
- Stress Management Policy – Supporting Staff Resilience
- Trans Equality Policy

The Trust's Supporting Staff with Incidents, Claims or Complaints confirms that it places a high value on maintaining the psychological health and wellbeing of all its employees and as such will provide suitable facilities and support to achieve this. The Trust accepts that it is the right of all people regardless of age, race, religion, nationality, disability or sex/sexual orientation.

The Trust's Recruitment and Selection Policy is designed to ensure that there is a consistent approach to recruitment, selection and the appointment of employees which is free from unlawful bias; is cost effective; positively enhances the Trust's reputation as an employer and reflects the Trust's commitment to equality and diversity.

The Trust seeks to treat staff, volunteers, service users and patients fairly and with dignity and respect. No-one will receive less favourable treatment on the grounds of sex, gender reassignment, disability, marital status, civil partnership, race, colour, ethnicity, nationality, sexual orientation, age, social status, their trade union memberships or religious belief, nor will they be disadvantaged by conditions or requirements that cannot be shown to be justifiable.

The Recruitment and Selection Policy states that "the Trust will not unlawfully discriminate in our recruitment processes on the grounds of ethnicity, disability, age, gender or gender re-assignment, religion or belief, sexual orientation, pregnancy or maternity, marriage or civil partnership. All candidates will be treated in the same way at each of stage of their recruitment process. The Equality Act 2010 is complied with".

Sickness absence

The table below (Figure 2.30) compares the average number of days lost to sickness absence during the calendar year 2017 with those lost in 2016.

Figure 2.30: Average days lost to sickness 2017 compared to 2016

	2017	2016
Total days lost	17,058	17,863
Total staff years	1,969	1,930
Average working days lost	**8.7**	**9.3**

Figure 2.31: Numbers of persons retiring early on ill health grounds 2017/8 & 2016/17

	2017/18	2016/17
	Number	Number
Number of persons retired early on ill health grounds	1	3
	£000s	£000s
Total additional pensions liabilities accrued in the year	**40**	**198**

Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive of George Eliot Hospital NHS Trust should also be the Accountable Officer.

The relevant responsibilities of accountable officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

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

By order of the Board

Katherine Kelly
Chief Executive

24 May 2018


iPad
iPad Air
NHS

Governance Statement 2017/18

1: Scope of responsibility

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

2: The Purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of George Eliot Hospital NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ended 31 March 2018 and up to the date of approval of the Annual Report and Accounts.

3: Capacity to handle risk

Governance arrangements for risk management are as follows:

- **Chief Executive:** takes Board-level responsibility for governance, including risk management, and has overall responsibility for maintaining an effective risk management system and for meeting all statutory requirements. Executive directors and clinical directors have delegated responsibility for governance and risk management arrangements within their areas of control.
- **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.
- **Audit Committee:** monitors the effectiveness of the risk management arrangements (operational, non-clinical and financial) on the Board's behalf.
- **Finance and Performance Committee:** a subcommittee of the Board of Directors and meets on a monthly basis. For the first half of the year, the committee had responsibility for monitoring financial performance. From September, the remit of this group was expanded to include both financial and operational performance. This includes the management of financial risks to ensure targets are met.
- **Quality Assurance Committee:** a subcommittee of the Board of Directors. It has responsibility for managing, mitigating and monitoring risks in relation to quality and safety.
- **Workforce and Development Committee:** The Trust Board has established this sub-committee to provide leadership, oversight and assurance on strategic aspects of the Trust's workforce, including aspects of

planning, development and education related needs, as well as organisational development, capacity and culture. This committee monitors plans to mitigate risks in relation to the Trust's workforce.

- **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's Caldicott Guardian – supported by the Information Governance Manager, is responsible for the establishment of policies for the control and appropriate sharing of patient information with other agencies. The Finance Director is the appointed Senior Information Risk Owner (SIRO) and chairs the committee.
- **Healthcare Risk Group:** 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.

4: The risk and control framework

The Trust has adopted an integrated framework for risk management supported by policies and procedures. This provides a comprehensive framework for the management of principal risks and is mapped to the Trust's principal and strategic objectives, and to Care Quality Commission (CQC) outcomes, where applicable. These are in turn mapped to the risk register to assess the potential risks that threaten the achievement of the Trust's objectives, the existing control measures and assurance in place.

The Risk Management Strategy is approved by the Board and reviewed annually. The strategy is published widely and includes:

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

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

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

The Risk Management Strategy was approved by the Board in December 2017. The strategy clearly states that it is the responsibility of all staff to identify and communicate risk through the line management structure and, ultimately, to the appropriate committee. This responsibility is reinforced through annual statutory update training. Divisions and directorates are required to maintain systems and processes that enable them to operate within the Risk Management Strategy.

The risk management system is continually reviewed to ensure that robust systems are in place at all levels within the Trust. The risk register is an integral part of the system. Amendments to the risk register are generated and actioned at directorate, division and corporate level.

The Board has an approved risk strategy which identifies the flow of risks from Board to ward and vice versa. The Healthcare Risk Group reviews and challenges the risks placed on the directorate's risk registers, has 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 disseminates risks to the directorates where appropriate. There is an escalation process in place so that, if the directorate's risk registers are not maintained or updated, leads from the respective directorate are invited to present to the Quality Assurance Committee. The corporate risk registers are a standing agenda item for the Quality Assurance Committee and are reviewed quarterly by the Board.

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

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 for the system of internal control. Internal Audit recommendations are tracked in a system to record action taken and completed.

All identified risks which involve public stakeholders, including clinical commissioning groups and NHSI, have been dealt with in an open and transparent way, using the appropriate recording mechanisms and appropriate communication with the public.

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

The LCFS regularly attends the Audit Committee meetings and reports back to both the Director of Finance and Performance and the Audit Committee on any proactive or reactive work undertaken at the Trust. Please refer to page 108 below for information on work completed in 2017/18.

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:

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

Control measures are in place to ensure that all of the Trust's obligations under equality, diversity and human rights legislation are complied with. The Trust has an Equality and Diversity Group, chaired by the Director of Human Resources. Its purpose

is to promote equality of opportunity, treatment, dignity and respect for all patients, staff and members of the communities that the Trust serves. 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 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's regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the scheme are in accordance with the scheme's rules, and that the scheme's member records are accurately updated in accordance with the timescales detailed in the regulations.

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. The Trust is committed to managing the challenges posed by climate change. The aim is to significantly reduce carbon emissions, while delivering a high standard of care to local communities. In 2016/17, the Trust invested £3.15m to install a combined heat and power (CHP) unit to replace the existing inefficient steam heating system with an energy efficient hot water heating system. This has reduced carbon emissions in the Trust this year.

The Trust is fully compliant with the registration requirements of the Care Quality Commission. The last CQC inspection was undertaken during 2017/18 and rated the Trust as 'Requires Improvement'. There is a robust improvement plan in place to respond to all areas highlighted within the report for improvement. This is monitored monthly via the Executive Management Improvement meeting, the Quality Assurance Committee and the Trust Board.

The Trust has an ongoing internal CQC self-assessment process, which continues to undertake unannounced inspection visits to areas, wards and departments. This provides the Trust Board with ongoing assurance on compliance or highlights areas of non-compliance and ensures action plans are completed to address any concerns or issues raised. This is monitored through the Quality Assurance Committee.

The Trust operates a Serious Incident Requiring Investigation (SIRI) system where incidents are recorded and investigated, and action is taken to prevent similar incidents in the future. Serious incidents and Never Events (should they occur) are investigated and reported to the Quality Assurance Committee. They are also reported to the Board of Directors private session on a monthly basis, and to the public session on a quarterly basis.

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.

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

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

The Trust has a Board Assurance Framework, embedded in the regular performance reporting and management arrangements, both to the Board and throughout the Trust. The Board 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 links to the CQC's outcomes. The framework examines the system of internal control and records the actions to be taken to address gaps in control or assurance.

Review of the framework is led by the Audit Committee (quarterly), focussing on high and

extreme risks, with the Quality Assurance Committee reviewing all quality aspects quarterly. The Finance Committee and Workforce and Development Committee also consider their respective elements quarterly.

The framework identified areas where the control framework needed improvement and a number of 'red' risks. Action plans were put in place to mitigate the risks and to make improvements to controls. These are routinely reported to the Audit Committee and have included:

- delivery of long and short term financial goals
- increased pressure on the emergency pathway
- lack of flow due to low discharge numbers.

The four red risks have been constant in year and will continue into the next year. Each action plan is owned by an executive director and they are held to account for progress at the respective Board sub-committee and Audit Committee.

External audit of the quality accounts included an audit of the indicator which reports on the percentage of patients risk-assessed for venous thromboembolism (VTE). This identified an issue with the recording process which meant that it was not possible to confirm that assessment had been completed within the required timescales. The Trust will address this with improved recording processes.

The Board completed a self-review of governance arrangements against the NHSI well-led framework. The output of the review enabled the Board to prioritise two Key Lines of Enquiry (KLOEs) for action as improvement in both these KLOEs will support continuous improvement and impact positively across all eight of the KLOEs:

- **Priority 1:** KLOE 7: Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?
- **Priority 2:** KLOE 8: Are there robust systems and processes for learning, continuous improvement and innovation?

The Trust is planning to undertake an external review of the self-assessment to confirm and challenge the evidence and priorities identified.

All current key risks to compliance with NHSI's Accountability Framework have been identified

(raised either internally or by External Audit and assessment bodies) and addressed, or there are appropriate action plans in place to address the issues in a timely manner. Progress against plans is monitored through the Business Assurance Framework (BAF) controls and sources of assurance, which is the responsibility of the Board and its sub-committees. The necessary planning, performance management, and corporate and clinical risk management processes, and mitigation plans are in place to deliver the annual operating plan, on the basis that all Audit Committee recommendations accepted by the Board are implemented satisfactorily. An Annual Governance Statement is in place, and the Trust is compliant with the risk management and assurance framework requirements that support the statement pursuant to the most up-to-date guidance.

The Board is satisfied that the plans in place are sufficient to ensure ongoing compliance with all existing targets as set out in the NHSI oversight model, and a commitment to comply with all known targets going forward. The Board will ensure that the Trust operates effectively at all times. This includes maintaining its register of interests, ensuring that there are no material conflicts of interest in the Board of Directors, and that all Board positions are filled, or plans are in place to fill any vacancies. The Board is satisfied that all Board members have the appropriate qualifications, experience and skills to discharge their functions effectively, including setting strategy, monitoring and managing performance and risks, and ensuring management capacity and capability. All Board members complete a 'Fit and Proper persons' declaration annually.

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

The Trust has a number of processes in place to ensure that resources are used economically, efficiently and effectively. The Trust has an established process in place for budget setting, monitoring and reporting. Internal Audit have reviewed the financial systems during the year and based on the work undertaken, have concluded that substantial assurance can be taken that the controls are 'suitably designed, consistently applied and operating effectively'. The control environment was further enhanced during the year with the introduction of an accountability framework. In addition, the Board reviews the scheme of delegation annually to ensure it is appropriate for the ongoing management of resources. However, the Trust remains in cumulative deficit and does not yet have a financial recovery plan in place.

In 2017/18, the Trust planned for a £13.2m deficit, which was in-line with the control total agreed with NHSI. This included receiving £4.0m from the Sustainability and Transformation Fund (STF), conditional upon the Trust achieving both financial and operational performance targets. The original plan has not been achieved in the year. The Trust agreed a revised forecast deficit with NHSI and has met this with an adjusted reported deficit of £18.0m including STF income of £3.5m. Excluding the STF income, the deficit would have been £21.5m. The Trust did not meet the efficiency savings target of £6.6m with a shortfall of £2.7m.

The Trust has submitted a draft financial plan for 2018/19, showing a deficit of £14.3m. This includes income from the STF amounting to £4.2m as this is in-line with the control total requested by NHSI. The plan also requires delivery of efficiency savings amounting to £7m. Improved processes are being implemented to ensure that the Trust can effectively plan and deliver the required level of savings. The Trust is working with other organisations on the Sustainability and Transformation Plan.

In recent years, External Auditors have been required to issue an annual Section 30 letter to the Secretary of State for Health because the Trust has not met its statutory duty to break even. The letter informs the Secretary of State that the Trust is in breach of its statutory break-even duty for the five years ended 31 March 2018. The External Auditors are required to carry out audit work to establish whether proper arrangements are in place for securing economy, efficiency and effectiveness in the use of its resources. External Audit will then report on any significant risks to achieving this and areas where proper arrangements cannot be evidenced.

For 2017/18 the External Auditors have highlighted significant risks based the ongoing planned deficit position of the Trust and the ability to deliver planned savings.

6. Information Governance

George Eliot Hospital NHS Trust completed the Information Governance (IG) Toolkit (v14.1) in-line with prescribed timescales with a satisfactory score (76 per cent) against the enhanced IG requirements, which reflects a realistic view of the challenges faced by the Trust in respect of the requirements. 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.

During 2017/18, the Trust continued to maintain the controls governing the transfer of patient identifiable data as part of the information governance assurance process.

The Trust has reported three level 2 incidents to the Information Commissioner in 2017/18. None of the cases required any further action.

7. Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year.

The Trust is preparing Quality Accounts for 2017/18 in the format required by the Department of Health (DoH) and building on the experience gained from preparing the accounts in previous years, and publications by the DoH and Audit Commission, including the toolkit. The accounts will be approved by the host commissioner and shared with Healthwatch and the local overview and scrutiny committee. For the first time, these will be combined and reported within the same document as the Annual Report and Accounts to provide a more comprehensive overview of the Trust's performance. The accounts are to be reviewed by KPMG as part of the audit of the Annual Report and Accounts.

The steps which have been put in place to assure the Board that the Quality Accounts present a balanced view and that there are appropriate controls in place to ensure the accuracy of data include the following:

- Review by KPMG of quality assurance and sample testing of data sets
- Review and monitoring via the Trust's patient forum
- Review and monitoring via Warwickshire's Adult Social Care and Health Overview Scrutiny Committee
- Review and monitoring via Warwickshire North CCG.

Delivery of RTT (Referral to Treatment) targets within the Trust had historically been consistently achieved. However, the Trust's position deteriorated in December 2017 due to a data quality issue when the Trust went live with Lorenzo, and pathways reopened, resulting in 52-week breaches. Ongoing validation and treatment of these patients continues, with directorates managing long-waiting patients on a daily basis to ensure all their future activity is booked. The monitoring of progress is through monthly Finance and Performance Committee, weekly Patient Track List (PTL) meetings (which review the waiting list) with PTL lead and operational managers, weekly internal and external progress meetings with Associate Director of Operations – Surgery, and Director of Operations, NHSI and CCG and weekly reports to executive meetings. As part of the RTT recovery programme, Root Cause Analysis (RCA) and Clinical Harm Reviews are undertaken for three groups of patients:

- Lorenzo system patients waiting more than 52 weeks as at 1 November 2017 due to data quality issues
- Patients who were treated (or removed from pathway) after 40 weeks or more as at 1 November 2017
- Patients who were waiting more than 30 weeks as at 1 November 2017.

Harm review reports are taken to the Quality Assurance Committee on a monthly basis. No harm has been found to date.

8: Review of the effectiveness

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

The Trust Board reviews its governance arrangements every year. The latest review was in March 2017, reported to Board in April 2017. This included review of the Trust's Standing Orders and Standing Financial Instructions, which contain the scheme of delegation. The use of the Trust's seal and Register of Interests is also reviewed as well as

updates of relevant Board sub-committee Terms of Reference.

Board reporting

The Board meets monthly throughout the year in private and also in public on a bi-monthly basis. A performance report is received each month with performance overviews provided by the director responsible for performance in each area and risks reviewed. The Board also approves any changes to Trust policies including delegated responsibilities. It receives updates from the chair of each Board sub-committee following individual committee meetings highlighting the key points discussed and any issues which require escalation. This includes a report from the Chair of the Audit Committee. The Board reviews and approves the terms of reference for each committee annually and receives a formal Annual Report from the Audit Committee.

Board effectiveness

The Board has a process in place to review the effectiveness with which it operates annually. Governance arrangements are also subject to review by Internal Audit annually. In the past 12 months, Internal Audit reviews have included the NHS Information Governance Toolkit evidence (comments, not rated: from the evidence available Internal Audit agreed the assessment score recorded as a reasonable assessment of current performance); Freedom to Speak Up (substantial assurance) and a review of cyber security (reasonable assurance). All of the recommendations have been implemented other than one which is due for implementation by December 2018.

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

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

The Trust's Audit Committee approved an annual Internal Audit programme and received all Internal Audit reports. The Committee, with the support of the Quality Assurance Committee, reviewed the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole organisation's activities (both clinical and non-clinical), that supported the achievement of the organisation's objectives. In 2017/18, the committee submitted an Annual Report on the previous 12 months to the Board of Directors, which highlighted the work of the committee with regard to the final accounts, risk management and the Board Assurance Framework and progress made on improving the system of internal control. The report concluded a successful and effective year. The committee reviewed its own effectiveness in accordance with the Healthcare Financial Management Association (HFMA) Handbook for NHS Audit Committees and reviewed its Terms of Reference.

The Quality Assurance Committee, on behalf of the Board of Directors and Chief Executive, reviewed the establishment and maintenance of an effective system of risk management across the whole Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives with regard to quality. The committee reviews its own effectiveness monthly using the Burdett Checklist and undertook an annual review of its Terms of Reference.

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

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

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

The work performed by Internal Audit during 2017/18 has been driven by a robust planning process, which included a focus on particular areas of potential weakness identified by the Trust. Internal Audit reviews have been completed to plan and the recommendations made have been accepted and actioned by the Trust. There are four areas where only partial assurance has been given – policies review, data warehouse review, estates statutory compliance and planned and preventative maintenance and consultant job planning. Management are fully engaged in making improvements to these areas to address the weaknesses identified and good progress has been made towards implementing the recommendations made in the agreed timescales. The Trust was also impacted by the 'Wannacry' cyber security breach in May 2017 and recovered from this with minimal disruption to patient care. The Internal Audit review of this area in September 2017 confirmed reasonable assurance on the internal control environment. The Trust has also subsequently received funding to make additional investment in improving the IT security environment and has been able to strengthen controls in this area.

With regard to counter fraud and corruption arrangements during 2017/18, there were five new referrals and three cases brought forward from the prior year, all of which were investigated. One was concluded with the amount being recovered and the staff member dismissed, with the remainder currently being ongoing. The potential financial value of the referrals was not material to the overall finances of the Trust.

The Local Counter Fraud Specialist (LCFS) has supported the Trust to ensure that investigations are carried out promptly and efficiently. In addition, the LCFS 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 culture and zero tolerance approach within the Trust that is fully supported by the Board of Directors.

The Trust seeks to learn from incidents to develop good practice. Incidents are discussed in a number of forums, including the Patient Safety Committee and Patient Experience Group, Serious Incident Group, individual clinical and non-clinical governance meetings and at Board sub-committee and Board level.

During the past 12 months, the Trust has recorded 84 serious incidents in 2017/18 which is a 23 per cent increase from 2016/17 presented at the Significant Incident Group. The Trust also reported two Never Events. The largest single trend was pressure ulcers with 52 reported – an increase from 2016/17. Each incident has been investigated using Root Cause Analysis (RCA) and actions put in place to reduce the likelihood of re-occurrence and there is now a Pressure Ulcer Group and a Pressure Ulcer Serious Incident Group that meet monthly to discuss lessons learnt.

The Care Quality Commission (CQC) and NHS Resolution (NHSR) consider trusts who are high reporters of incidents to have a better and a more effective safety culture. In 2017/18, a total of 6,681 incidents were reported, which shows a further five per cent increase on the previous year. To promote incident reporting, the governance team are working closely with the Directorates to improve incident reporting, identify learning points and provide feedback to staff.

To ensure lessons are learnt and shared, all RCA reports are discussed at the Significant Incident Group (SIG) meeting. This multi-disciplinary group, chaired by the Medical Director, is well-versed in providing challenge in a non-threatening environment. The group meets twice per month and reports into the Quality Assurance Committee. The Trust has proactively implemented a Pressure Ulcer Serious Incident Group to allow for the learning and implementation of actions Trust-wide to reduce and prevent pressure ulcer prevalence, which alternates with the SIG meeting.

The function of both groups is to review all SIRI reports to ensure a comprehensive investigation has been undertaken; ensure 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. This is then fed back to directorate governance meetings and to ward or departmental monthly meetings to ensure that lessons learnt are shared across the Trust.

Examples of shared learning from incidents include:

- A patient presented to A&E with chest pain at 04:51am and waited over an hour to be seen. The patient's wife was concerned it was a heart attack. The patient and his wife waited for over an hour for an ECG at 05:53am which showed a large anterior STEMI. The recommendations and lessons learnt from the case were to ensure a triage nurse is on every shift, and the receptionist and the triage nurse to work closely together ensuring all patients self-presenting are reviewed in a timely manner and for documentation to be in one central place.
- A shoulder x-ray from 12 July 2017 was reported on 13 July 2017 and failed to report the visible right upper zone pleural-based lesion. The pleural abnormality was subsequently reported on a chest x-ray on 22 August 2017. There was an error in reporting detected upon review in ambulatory clinic on 28 August 2017, where the patient was subsequently under a two-week wait investigation for cancer. The recommendations and lessons learnt were to provide feedback via the division of clinical services and Radiology governance meetings, to provide feedback and guidance to all reporting practitioners and consultants regarding time spent on each report and to remind them of their responsibilities and to undertake independent review of a sample of films to ensure no other errors have occurred.

Conclusion

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

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

By order of the Board

Katherine Kelly
Chief Executive

24 May 2018

Financial Performance

Overall

In 2017/18 we reported a deficit for the year of £18.0m, which was a shortfall of £4.8m against the plan of £13.2m. £0.5m of this variance is due to the level of non-recurrent income from NHS England which we can only access if we achieve the agreed financial and operational performance targets. The plan included non-recurrent income of £4.0m and the Trust received £3.5m. The remaining shortfall is related to slippage in the savings which we planned to deliver in the year and the continued use of premium agency medical staff costs to maintain services and standards of quality in areas where we have high vacancy levels.

By comparison, in 2016/17 we delivered a deficit of £13.8m which was £0.9m better than the control total agreed with NHSI of £14.7m. This included non-recurrent income from the Department of Health of £5.1m.

We received cash support from the Department of Health amounting to £18.0m. This support is in the form of loans repayable at the end of three years, with interest charged at the rate of 1.5 per cent.

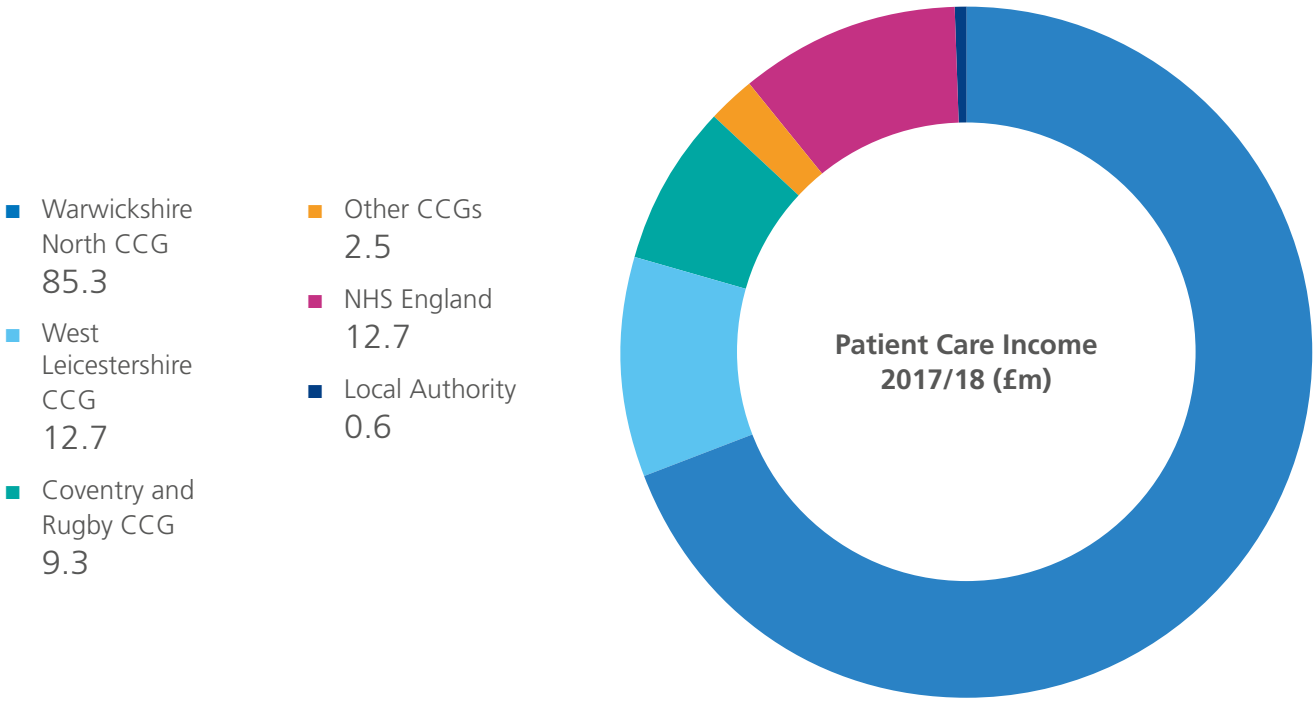
The cumulative deficit, which started at £8.1m at the end of 2005/06, reduced to £2.0m by 2012/13. With our deficits over the past four years, this has increased to £59.2m.

Healthcare income

The Trust has contracts to deliver healthcare services which are commissioned by Clinical Commissioning Groups (CCGs), NHS England (through specialist hubs and local teams) and local authorities.

In 2017/18 we received 69 per cent of our healthcare income from Warwickshire North CCG. In total, 89 per cent of healthcare income came from CCGs, a further 10 per cent from NHS England, which included the Prescribed Services, and one per cent from local authorities.

The following chart (Figure 2.32) shows the income:

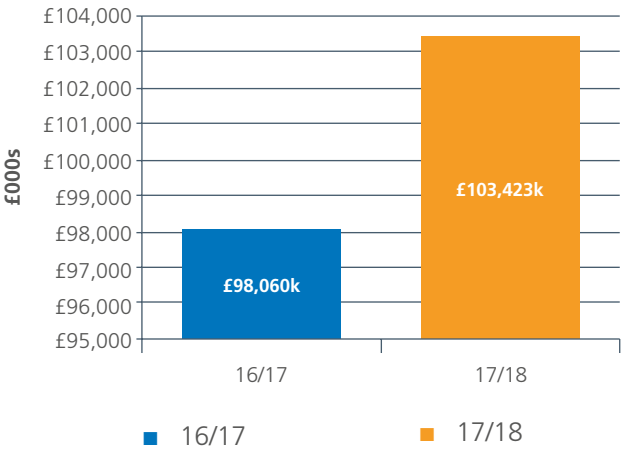


Expenditure

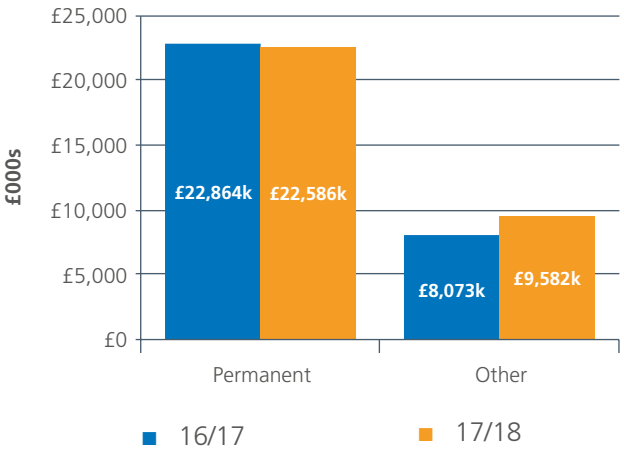
Pay expenditure increased by five per cent in 2017/18 when compared with the previous year. We had a small reduction in permanent medical staff spend due to continued robust management of medical rotas. However, we still have vacancies which were filled with temporary medical staff, increasing the medical staff costs overall by £1.3m. Nursing and health care assistant (HCA) costs have increased by £1.1m. Other pay expenditure has increased by £3m. This increase includes a team of temporary staff to assist with managing patient waiting lists and improving the Trust's performance in this area. We have also had increased costs to cover domestic positions with a large number of vacancies in this area. Our executive director costs have also been higher this year due to the need to cover absences for various reasons. This is illustrated in the charts at Figure 2.33 below:

Figure 2.33: Executive director costs analysis

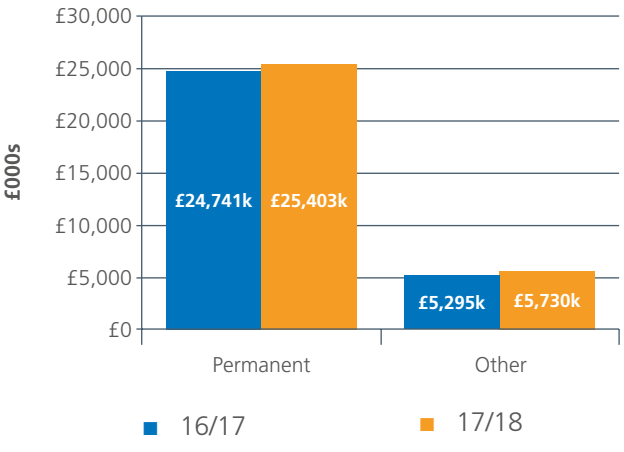
Total Pay



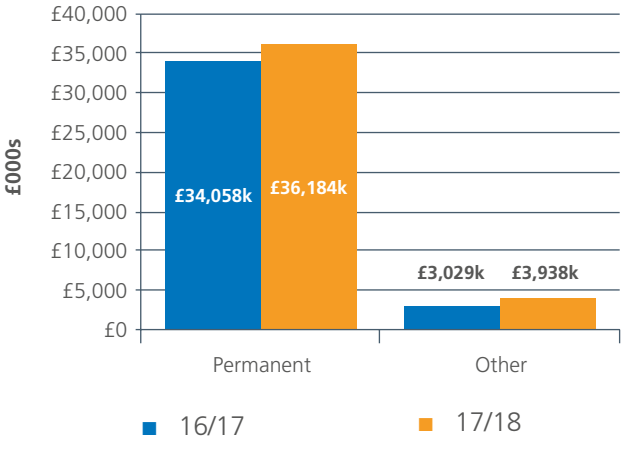
Medical Spend



Nursing & HCAs



Other Pay Spend



Non-pay expenditure increased by seven per cent compared with the prior year. This is primarily due to known increases in cost (such as 'insurance' premiums paid to the NHS Litigation Authority and joint working with other health providers like the Pathology Network), or increased activity and service developments, such as expenditure on drugs.

Cash flow

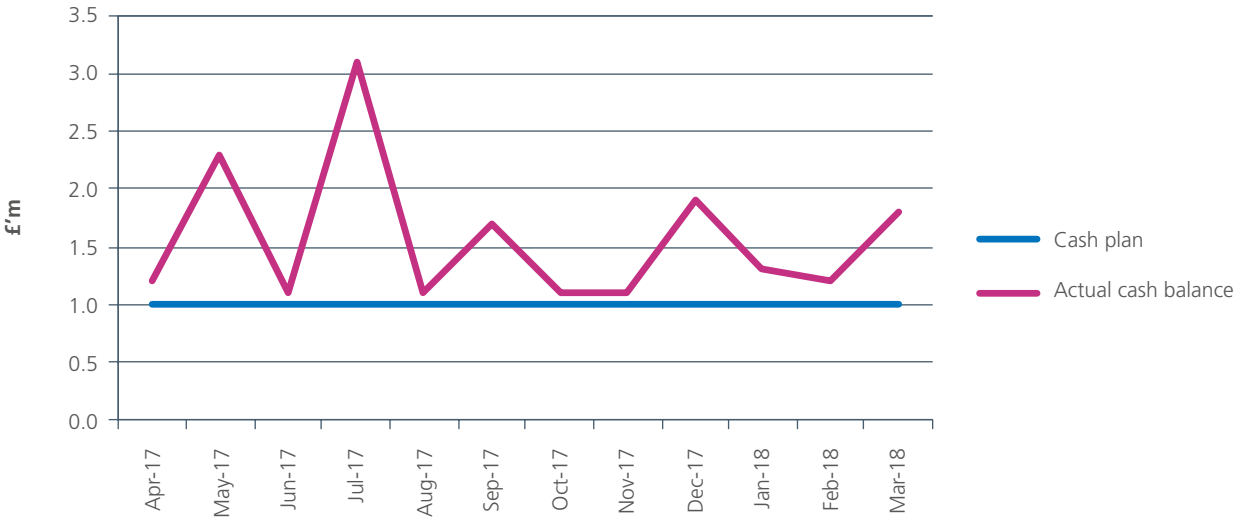
The cash balance was £1.8m at 31 March 2018, above the plan of £1.0m, which is the minimum cash balance that the Department of Health requires the Trust to hold.

We applied to the Department of Health for cash support to finance the revenue deficit. During the year this was provided as monthly loans, with interest charged at 1.5 per cent. Each loan will become repayable at the end of a three-year term. Total funding of £18m was received during the year.

In addition, capital loan funding was carried forward from 2016/17, amounting to £1.3m, which was fully utilised in the year. This loan has a term of 10 years and interest is charged at 0.88 per cent. It has helped us to finance the refurbishment of two of our theatres.

The following chart (Figure 2.34) shows the cash balance throughout the year:

Figure 2.34: Cash profile to March 2018



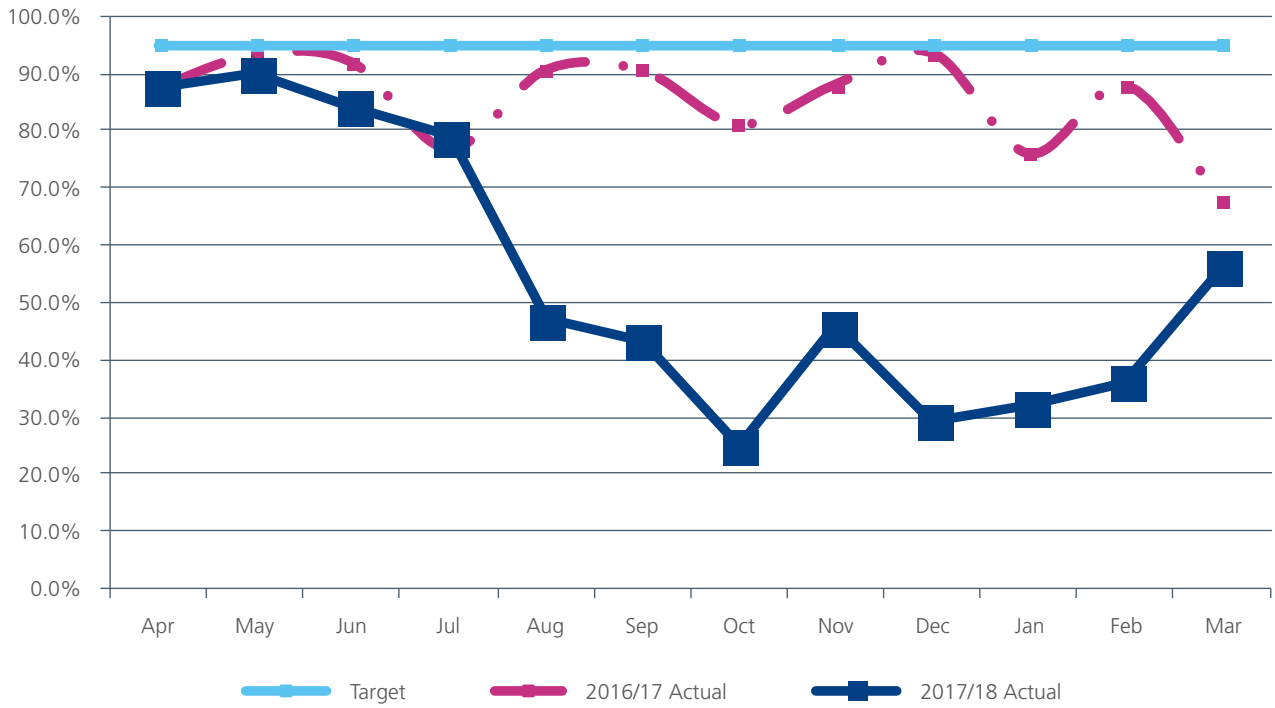
We have experienced fluctuations in cash balances during the year due to the timing of cash flows particularly related to loan drawdowns and the receipt of non-recurrent income.

Prompt Payment Code

We are a signatory to the Prompt Payment Code, which sets standards for payment practice. Measured by value, it paid 56.8 per cent of non-NHS invoices within target (84.4 per cent last year) and 46.7 per cent of NHS invoices within target (compared with 66.8 per cent last year).

The following chart (Figure 2.35) shows overall performance for the year based on the number of invoices paid:

Figure 2.35: Prompt payment code



We have shown a decline in performance over the year due to the worsening cash position as the forecast deficit deteriorated. Additional external cash support was received towards the end of the year to enable us to start to recover this position.

Better Payment Practice Code (BPPC)

The Better Payment Practice Code (Figure 2.36) requires NHS bodies to aim to pay all valid invoices by the due date or within 30 days of receipt of a valid invoice, whichever is later.

Figure 2.36: BPPC measure of compliance 2017/18 compared to 2016/17

	2017-18	2017-18	2016-17	2016-17
	Number	£000	Number	£000
Non-NHS payables				
Total non-NHS trade invoices paid in the year	**37,584**	**58,087**	38,682	63,174
Total non-NHS trade invoices paid within target	**20,690**	**33,003**	32,966	53,334
Percentage of NHS trade invoices paid within target	**55.1%**	**56.8%**	85.2	84.4%
NHS payables				
Total NHS trade invoices paid in the year	**1,030**	**9,469**	1,336	10,821
Total NHS trade invoices paid within target	**461**	**4,421**	933	7,229
Percentage of NHS trade invoices paid within target	**44.8%**	**46.7%**	69.8%	66.8%

We allowed a two-day buffer period for payments in transit when calculating the number of invoices paid on time.

Figure 2.37: Staff numbers and employment costs

Average number of whole time equivalent staff	2016/17	2017/18
Medical and dental	260	244
Administration and estates	451	452
Healthcare assistants and other support staff	584	612
Nursing and midwifery	664	684
Scientific, therapeutic and technical	175	174
Other	12	22
Total	**2,146**	**2,188**

The table above (at Figure 2.37) shows the total average whole time equivalent staff numbers, compared with the previous year.

Overall, there has been a two per cent increase in the average number of whole time equivalents in 2017/18 from the previous year. This compares with a five per cent increase in staff costs. There has been continued investment in nursing and midwifery staff, together with healthcare assistants and other support staff.

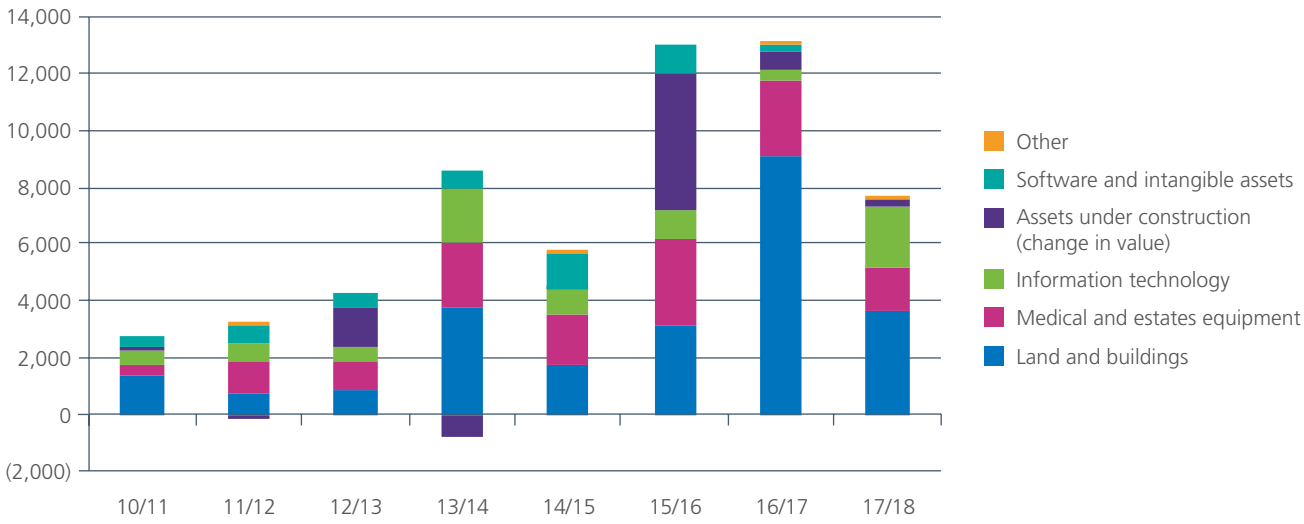
Capital expenditure

This year, £8.0m was dedicated to capital expenditure. This was funded from internally generated funds of £4.8m, together with external financing of £3.1m and donations from the hospital's charity of £0.1m.

Expenditure on the estate in 2017/18 included the extension of A&E to allow for improved streaming of patients through the most appropriate treatment route (£1.2m) and the upgrade of two of the Trust's theatres (£1.2m). We also invested in improved IT cyber security measures (£0.9m). Other expenditure included replacing medical equipment (£1.4m), information management and technology (£1.5m) and improving infrastructure (£1.8m).

The following chart (at Figure 2.38) shows capital investment in 2017/18 compared to previous years. The expenditure in 2017/18 continues to address the low level of investment in previous years caused by uncertainty about the Trust's service delivery model.

Figure 2.38: Capital investment compared since 2010/11 to March 2018



External Auditors

KPMG UK LLP completed the Trust's statutory audit for 2017/18. The audit fee charged is £39,800 plus VAT.

Section 3

Annual Accounts

03

KPMG

Section 3 – Annual Accounts

Independent Auditors' Report

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

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of George Eliot Hospital NHS Trust ("the Trust") for the year ended 31 March 2018 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Taxpayers Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as being relevant to NHS Trusts in England and included in the Department of Health Group Accounting Manual 2017/18.

Material uncertainty related to going concern

We draw attention to note 1.1.2 to the financial statements which indicates that the Trust has incurred a significant deficit of £18 million for the year ended 31 March 2018. In addition, the Trust has submitted a 2018/19 financial plan to NHS Improvement with a planned deficit of £14.3 million. Based on the plan, the Trust will also need loan support of £14.3 million over the course of 2018/19 in order to meet its liabilities and continue to provide healthcare services. The Trust has one revenue loan which will reach full term and be due for repayment in February 2019, at which date £10.2m will be due to be repaid. Arrangements for repayment or rolling forward of this loan are currently uncertain, as are any terms and conditions associated with this.

These events and conditions, along with the other matters explained in note 1.1.2, constitute a material uncertainty that may cast significant doubt on the Trust's ability to continue as a going concern. Our opinion is not modified in respect of this matter

Basis for opinion

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

Other information in the Annual Report

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

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

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

Annual Governance Statement
We are required to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health Group Accounting Manual 2017/18. We have nothing to report in this respect.

Remuneration and Staff Report
In our opinion the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Department of Health Group Accounting Manual 2017/18.

Directors' and Accountable Officer's responsibilities
As explained more fully in the statement set out on page 82, the directors are responsible for: the preparation of financial statements that give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity . As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page 98 the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

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

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

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources
Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in its use of resources.

Qualified conclusion
Subject to the matters outlined in the basis for qualified conclusion paragraph below we are satisfied that in all significant respects George Eliot Hospital NHS Trust put in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources for the year ended 31 March 2018.

Basis for qualified conclusion

In considering the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources and specifically in terms of sustainable resource deployment, we identified the points above relating to the in-year and cumulative deficit, and the level of savings required for the Trust to meet the forecast planned deficit for 2018-19. In coming to our conclusion we have considered the following factors

- The Trust's adjusted retained deficit for 2017/18 was £17.98 million, including the receipt of £3.49 million of Sustainability and Transformation Funding. This is set against a planned deficit of £13.22 million, representing a £4.76 million adverse variance to plan.
- The Trust has forecast a deficit of a planned deficit of £14.28m for the 2018/19 financial year, which is contingent on the Trust realising £7.02m in savings, excluding the full year effect of prior year schemes, of which £4.08m is at high risk of being achieved.
- The Trust has not achieved core operational targets including achievement of 87.63% against the national 95% A&E target and 84.02% against the national 92% referral to treatment target to treat patients within 18 weeks.

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

As explained in the statement set out on page 98, the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(3)(c), as amended by schedule 13 paragraph 10(a), of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

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

- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we issue a report in the public interest under section 24 of the Local Audit and Accountability Act 2014; or

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

On 24 May 2018 we referred a matter to the Secretary of State under section 30 of the Act in relation to George Eliot Hospital NHS Trust's breach of the break-even duty for the three year period ended 31 March 2018.

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

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

CERTIFICATE OF COMPLETION OF THE AUDIT

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

Andrew Bostock
for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
One Snowhill
Snow Hill Queensway
Birmingham B4 6GH

29 May 2018

Statement of Comprehensive Income for year ended 31 March 2018

		2017-18	2016-17
	Note	£000	£000
Operating income from patient care activities	3	**129,048**	123,983
Other operating income (Note 1 below)	4	**14,397**	14,474
Operating expenses	6	**(160,345)**	(151,717)
Operating deficit from continuing operations		**(16,900)**	(13,260)
Finance income	12	**15**	12
Finance expenses	13	**(752)**	(592)
PDC dividends payable		**(425)**	(1,108)
Net finance costs		**(1,162)**	(1,688)
Other (losses)/gains	15	**(20)**	72
Deficit for the year from continuing operations		**(18,082)**	(14,876)
Deficit for the year		**(18,082)**	(14,876)

Other Comprehensive Income

Will not be reclassified to income and expenditure:			
Impairments	7	**-**	(8,364)
Revaluations	19	**2,255**	1,907
Total comprehensive expense for the year		**(15,827)**	(21,333)

Financial performance for the year

Retained surplus/(deficit) for the year		**(18,082)**	(14,876)
Impairments (excluding IFRIC 12 impairments)	7	**-**	1,027
Adjustments in respect of donated gov't grant asset reserve elimination		**100**	79
Adjusted retained deficit (Note 2 below)		**(17,982)**	(13,770)

Note 1. Other operating income in the year included non-recurrent income of £3.5m from NHS England (prior year £5.1m). This income was from the Sustainability and Transformation Fund and related to the achievement of financial and operational targets. The deficit excluding this amount would be £21.6m (prior year £20.0m).

Note 2. The adjusted retained deficit of £18.0m represented the financial performance of the Trust in meeting the break-even duty for the year. Over a three year rolling period, the Trust has not achieved the break-even duty (see page 195)

The notes on pages 151 to 197 form part of these accounts.

Statement of Financial Position as at 31 March 2018

	Note	31 March 2018 £000	31 March 2017 £000
Non-current assets			
Intangible assets	16	**2,314**	2,687
Property, plant and equipment	17	**79,460**	75,500
Trade and other receivables	25	**283**	297
Total non-current assets		**82,057**	78,484
Current assets			
Inventories	24	**1,925**	1,817
Trade and other receivables	25	**10,040**	11,231
Cash and cash equivalents	28	**1,819**	2,130
Total current assets		**13,784**	15,178
Current liabilities			
Trade and other payables	30	**(13,631)**	(14,562)
Borrowings	33	**(12,615)**	(1,789)
Provisions	35	**(1,561)**	(670)
Other liabilities	32	**(1,544)**	(2,859)
Total current liabilities		**(29,351)**	(19,880)
Total assets less current liabilities		**66,490**	73,782
Non-current liabilities			
Borrowings	33	**(51,820)**	(45,175)
Provisions	35	**(693)**	(696)
Total non-current liabilities		**(52,513)**	(45,871)
Total Assets Employed		**13,977**	27,911
Financed by			
Public dividend capital		**51,367**	49,474
Revaluation reserve		**14,656**	12,816
Income and expenditure reserve		**(52,046)**	(34,379)
Total Taxpayers' Equity		**13,977**	27,911

The financial statements on pages 146 to 197 were approved by the Board of Directors on the 24th May 2018 and signed on its behalf by:

Katherine Kelly
Chief Executive

24 May 2018

Statement of Changes in Equity for the year ended 31 March 2018

	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total Reserves
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017 - Brought Forward	**49,474**	**12,816**	**(34,379)**	**27,911**
Surplus/(deficit) for the year	-	-	(18,082)	(18,082)
Other transfers between reserves (Note 1 below)	-	(415)	415	-
Impairments	-	-	-	-
Revaluations	-	2,255	-	2,255
Public dividend capital received	1,893	-	-	1,893
Taxpayers' Equity At 31 March 2018	**51,367**	**14,656**	**(52,046)**	**13,977**

Statement of Changes in Equity for the year ended 31 March 2017

	Public Dividend Capital	Revaluation Reserve	Income and Expenditure Reserve	Total Reserves
	£000	£000	£000	£000
Taxpayers' equity at 1 April 2016 - Brought Forward	**49,474**	**19,782**	**(20,012)**	**49,244**
Surplus/(deficit) for the year	-	-	(14,876)	(14,876)
Other transfers between reserves	-	(509)	509	-
Impairments	-	(8,364)	-	(8,364)
Revaluations	-	1,907	-	1,907
Public dividend capital received	-	-	-	-
Taxpayers' Equity At 31 March 2017	**49,474**	**12,816**	**(34,379)**	**27,911**

Note 1. The transfer of £415,000 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.

Information on Reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows for the Year ended 31 March 2018

		2017-18	2016-17
	Note	£000	£000
Cash flows from operating activities			
Operating deficit		**(16,900)**	(13,260)
Non-cash income and expense:			
Depreciation and amortisation	6	**6,592**	5,415
Net impairments	7	**-**	1,027
Income recognised in respect of capital donations	4	**(73)**	(90)
(Increase) / decrease in receivables and other assets		**1,205**	(2,523)
(Increase) / decrease in inventories		**(108)**	145
Increase / (decrease) in payables and other liabilities		**(2,612)**	(1,645)
Increase / (decrease) in provisions		**887**	(1,717)
Net cash generated from / (used in) operating activities		**(11,009)**	(12,648)
Cash flows from investing activities			
Interest received		**15**	12
Purchase of intangible assets		**(417)**	(459)
Purchase of property, plant, equipment and investment property		**(7,125)**	(12,737)
Net cash generated from / (used in) investing activities		**(7,527)**	(13,184)
Cash flows from financing activities			
Public dividend capital received		**1,893**	-
Movement on loans from the Department of Health and Social Care		**17,861**	24,881
Movement on other loans		**(388)**	3,100
Other interest paid		**(687)**	(420)
PDC dividend (paid) / refunded		**(454)**	(936)
Net cash generated from / (used in) financing activities		**18,225**	26,625
Increase / (decrease) in Cash and Cash Equivalents		**(311)**	793
Cash and Cash Equivalents at 1 April - Brought Forward		**2,130**	1,337
Cash and Cash Equivalents at 31 March	28	**1,819**	2,130

1 Notes to the Accounts

1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2017-18 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

1.1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.1.2 Going concern

In accordance with international accounting standards, management are required to assess whether it is appropriate to prepare the accounts on a going concern basis. There are no plans for the dissolution of the Trust and it is anticipated that services will continue to be provided in the future. The financial statements have therefore been prepared on a going concern basis.

In preparing the financial statements, the Board of Directors has considered the Trust's overall financial position and expectations of future financial support. The Trust received monthly loan funding during the year totalling £18.0m. This supported the Trust's deficit position in full and included £0.5m, which was provided to improve the Trust's liquidity position.

The Trust has recently submitted a draft financial plan for 2018-19 to NHSI which includes a deficit of £14.3m. This assumes the delivery of £7.0m efficiency savings.

During the last four years, NHSI has supported the Trust's application for cash support. The Board of Directors therefore anticipates that NHSI will support the Trust's application for cash support in 2018-19. The Trust will require £14.3m loan funding during the year, with £3.25m having been requested and received to date. However, this support is subject to monthly approval from NHSI and the Department of Health. This process generates material uncertainty which may cast significant doubt about the Trust's ability to continue as a going concern. The Trust will work closely with NHSI to ensure that forecast cash requirements are reviewed in a timely manner and that any issues are highlighted so that these can be resolved. Given the ongoing level of support received from NHSI, the directors expect that the Trust will have adequate resources to continue in operational existence for the foreseeable future.

The Trust is continuing to plan for ongoing operational deficits over the next two years. Work is ongoing on a Sustainability and Transformation Plan, which aims to address the issues of financial sustainability across the wider local health economy in the medium to long term. The Trust is also developing plans to improve utilisation of the site occupied by the hospital, which will generate financial benefits. The Trust has one revenue loan which will reach full term and be due for repayment in February 2019, at which date £10.2m will be due to be repaid. Arrangements for repayment or rolling forward of this loan will need to be agreed with NHSI and the Department of Health.

The Board of Directors considers that the contracts it has agreed with commissioning bodies and the anticipated support from NHSI is sufficient evidence that the Trust will continue as a going concern for the foreseeable future. For this reason,

the going concern basis has been adopted for preparing the accounts.

1.2 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- The Trust has entered into lease agreements for medical equipment during the year. In each case an assessment has been carried out to determine whether the lease should be accounted for as an operating or finance lease.

1.2.1 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

- Land and buildings were revalued at 1 April 2016 using the 'alternative site valuation' principles. This would result in a smaller land requirement and building footprint should the hospital be required to be rebuilt in future and the carrying value of land and building assets has been reduced accordingly.
- Healthcare SLA over/under performance with some commissioners is estimated based on patient activity; the final agreement of income will be made when the information is validated in accordance with the contacting timetable.
- Two former employees are being paid a permanent injury allowance by the Trust. Their life expectancy is calculated using published interim life tables for England published by the Office of National Statistics, with the resulting calculated provision being discounted by 0.10%. Every year their life expectancy and appropriate discount factor is reviewed and updated.

1.3 Interests in other entities

Charitable Funds

Under the provisions of IAS 27 Consolidated and Separate Financial Statements, those Charitable Funds that fall under common control with NHS bodies are consolidated within the entity's financial statements. In accordance with IAS 1 Presentation of Financial Statements, restated prior period accounts are presented where the adoption of the new policy has a material impact. As the value of George Eliot's Charitable Funds do not have a material impact, they have not been consolidated.

1.4 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs and is measured at the fair value of the consideration receivable. The main source of income for the trust is contracts with commissioners in respect of health care services. At the year end, the trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Where income is received for a specific activity which is to be delivered in a subsequent financial year, that income is deferred.

The trust receives income under the NHS Injury Cost Recovery Scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid e.g. by an insurer. The NHS trust recognises the income when it receives notification from the Department of Work and Pension's Compensation Recovery Unit that the individual has lodged a compensation claim. The income is measured at the agreed tariff for the treatments provided to the injured individual, less a provision for unsuccessful compensation claims and doubtful debts.

1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs
NHS Pension Scheme

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they are defined contribution schemes.

Employer's pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, plant and equipment

1.7.1 Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
- it is expected to be used for more than one financial year ;
- the cost of the item can be measured reliably
- the item has a cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control;
- items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

1.7.2 Measurement

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their revalued amounts, being the fair value at the date of revaluation less any impairment.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use.
- Specialised buildings – depreciated replacement cost as indexed on 31 March 2018 using indices supplied by the valuer, GVA Limited.

All land and buildings are restated to fair value using professional valuations in accordance with IAS 16 every five years. A three year interim revaluation may also be carried out. The last valuation was undertaken in 2016 as at the prospective valuation date at 1 April 2016.

Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual.

The property valuations are carried out primarily on the basis of Depreciated Replacement Cost (DRC) for specialised operational property (e.g., NHS patient treatment facilities) and Existing Use Value (EUV) for non-specialised operational property. The value of land for existing use purposes is assessed at EUV. For non-operational land including surplus land, the valuations are carried out at Market Value.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

The Trust's land and building valuation was carried out by the Trust's current valuer GVA, on a MEA "Optimised Alternative Site" method valuation, and applied on 1 April 2016.

The valuation has been undertaken having regard to IFRS as applied to the UK public sector and in accordance with HM Treasury guidance.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' ceases to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously

been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversal of 'other impairments' are treated as revaluation gains.

1.7.3 Derecognition

Assets intended for disposal are reclassified as 'held for sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable i.e.:
  - management are committed to a plan to sell the asset
  - an active programme has begun to find a buyer and complete the sale
  - the asset is being actively marketed at a reasonable price
  - the sale is expected to be completed within 12 months of the date of classification as 'held for sale' and
  - the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

1.7.4 Donated assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.7.5 Useful economic lives of property, plant and equipment

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
Medical equipment and engineering plant and equipment	5	15
Furniture	10	10
Mainframe information technology installations	8	8
Soft furnishings	7	7
Office and information technology equipment	5	5
Set-up costs in new buildings	10	10
Vehicles	8	8

Finance-leased assets (including land) are depreciated over the shorter of the useful economic life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

1.8 Intangible assets

1.8.1 Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised.

Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the trust intends to complete the asset and sell or use it;
- the trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits, e.g., the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset and;
- the trust can measure reliably the expenses attributable to the asset during development.

Software
Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset.

1.8.2 Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS 13, if it does not meet the requirements of IAS 40 of IFRS 5.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner

consistent with the consumption of economic or service delivery benefits.

1.8.3 Useful economic lives of intangible assets

Useful economic lives reflect the total life of an asset and not the remaining life of an asset. The range of useful economic lives are shown in the table below:

	Min life Years	Max life Years
IT software	5	5
Licenses	5	5
Development expenditure - based on the life of the project		

1.9 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

1.10 Inventories

Inventories are valued at the lower of cost and net realisable value using the weighted average cost method. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks

1.11 Investment properties

Investment properties are measured at fair value. Changes in fair value are recognised as gains or losses in income/ expenditure.

Only those assets which are held solely to generate a commercial return are considered to be investment properties. Where an asset is held, in part, for support service delivery objectives, then it is considered to be an item of property, plant and equipment.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.13 Carbon Reduction Commitment scheme (CRC)

The CRC scheme is a mandatory cap and trade scheme for non-transport CO2 emissions. The trust is registered with the CRC scheme, and is therefore required to surrender to the Government an allowance for every tonne of CO2 it emits during the financial year. A liability and related expense is recognised in respect of this obligation as CO2 emissions are made.

The carrying amount of the liability at the financial year end will therefore reflect the CO2 emissions that have been made during that financial year, less the allowances (if any) surrendered voluntarily during the financial year in respect of that financial year.

The liability will be measured at the amount expected to be incurred in settling the obligation. This will be the cost of the number of allowances required to settle the obligation.

1.14 Financial instruments and financial liabilities

1.14.1 Recognition

Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services occurs.

Financial assets and financial liabilities are recognised when, the trust becomes a party to the contractual provisions of the instrument.

1.14.2 De-recognition

All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

1.14.3 Classification and measurement

Financial assets are categorised as "fair value through income and expenditure, loans and receivables".

Financial liabilities are classified as "fair value through income and expenditure" or as "other financial liabilities".

Financial assets and financial liabilities at "fair value through income and expenditure"
Financial assets and financial liabilities at "fair value through income and expenditure" are financial assets or financial liabilities held for trading. A financial asset or financial liability is classified in this category if acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market.

The trust's loans and receivables comprise: investments, cash and cash equivalents, NHS receivables, accrued income and "other receivables".

Loans and receivables are recognised initially at fair value, net of transaction costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Financial liabilities
All financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to finance costs. Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Determination of fair value
For financial assets and financial liabilities carried at fair value, the carrying amounts are determined from discounted cash flow analysis.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

In accordance with the Department of Health guidelines 22.84% of injury costs recovery revenue is provided in a bad debt provision.

1.15 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.15.1 The trust as lessee

Finance leases
Where substantially all risks and rewards of ownership of a leased asset are borne by the trust, the asset is recorded as property, plant and equipment and a corresponding liability is recorded. The value at which both are recognised is the lower of the fair value of the asset or the present value of the minimum lease payments, discounted using the interest rate implicit in the lease.

The asset and liability are recognised at the commencement of the lease. Thereafter the asset is accounted for as an item of property plant and equipment.

The annual rental is split between the repayment of the liability and a finance cost so as to achieve a constant rate of finance over the life of the lease. The annual finance cost is charged to Finance Costs in the Statement of Comprehensive Income. The lease liability, is de-recognised when the liability is discharged, cancelled or expires.

Operating leases
Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Leases of land and buildings
Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

1.15.2 The trust as lessor

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the trusts' net investment outstanding in respect of the leases.

Operating leases
Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

1.16 Provisions

The trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

Clinical negligence costs
NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 35 but is not recognised in the trust's accounts.

Non-clinical risk pooling
The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.17 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in note 36 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 36, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

1.18 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for:

(i) donated assets (including lottery funded assets);

(ii) average daily cash balances held with the Government Banking Services (GBS) and National Loans Fund (NLF) deposits, excluding cash balances held in GBS accounts that relate to a short-term working capital facility; and

(iii) any PDC dividend balance receivable or payable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.19 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.20 Corporation tax

The trust has no corporation tax liability based on the activities undertaken and the financial position.

1.21 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at "fair value through income and expenditure") are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the trust has no beneficial interest in them. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

1.23 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.24 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2017-18.

1.25 Standards, amendments and interpretations in issue but not yet effective or adopted

The HM Treasury FReM does not require the following Standards and Interpretations to be applied in 2017-18:

- IFRS 9 Financial Instruments – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 14 Regulatory Deferral Accounts – Not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DH group bodies.
- IFRS 15 Revenue from Contracts with Customers - Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts - Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 - Foreign Currency Transactions and Advance Consideration - Application required for accounting periods beginning on or after 1 January 2018.
- IFRIC 23 – Uncertainty over Income Tax Treatments - Application required for accounting periods beginning on or after 1 January 2019.

2 Operating Segments

The Trust has only one operating segment; that is the provision of healthcare services.

The total amount of income from the provision of healthcare services during the accounting period is £142,445k (2016-17 £138,457k). Total operating expenditure from the provision of healthcare services during the accounting period is £160,345k (2016-17 £151,717k).

The Trust generated over 10% of income from the following organisations:

	2017-18	2016-17
	£000s	£000s
NHS Warwickshire North CCG	**85,891**	80,631

3 Operating Income from Patient Care Activities

3.1 Income from patient care activities (by nature)

	2017-18	2016-17
	£000	£000
Acute services		
Elective income	**18,602**	18,615
Non elective income	**42,486**	37,264
First outpatient income	**9,233**	8,961
Follow up outpatient income	**9,189**	10,291
A & E income	**7,716**	8,179
High cost drugs income from commissioners (excluding pass-through costs)	**9,617**	9,640
Other NHS clinical income	**25,707**	23,417
Community services		
Community services income from CCGs and NHS England	**3,048**	4,006
Income from other sources (e.g. local authorities)	**3,024**	3,021
All services		
Private patient income	**2**	-
Other clinical income	**424**	589
Total income from activities	**129,048**	123,983

3.2 Income from patient care activities (by source)

	2017-18	2016-17
	£000	£000
Income from patient care activities received from:		
NHS England	**14,801**	14,971
Clinical commissioning groups	**110,203**	104,834
Other NHS providers	**424**	589
Local authorities	**3,024**	3,021
Non-NHS: private patients	**2**	3
Non-NHS: overseas patients (chargeable to patient)	**29**	14
NHS injury scheme	**468**	471
Non NHS: other	**97**	80
Total income from activities	**129,048**	123,983
Of which:		
Related to continuing operations	**129,048**	123,983
Related to discontinued operations	**-**	-

3.3 Overseas visitors (relating to patients charged directly by the provider)

	2017-18	2016-17
	£000	£000
Income recognised this year	**29**	14
Cash payments received in-year	**12**	60
Amounts added to provision for impairment of receivables	**-**	15
Amounts written off in-year	**13**	2

4 Other operating income

	2017-18	2016-17
	£000	£000
Research and development	**546**	317
Education and training	**5,547**	5,596
Receipt of capital grants and donations	**73**	90
Non-patient care services to other bodies	**2,788**	1,554
Sustainability and transformation fund income	**3,493**	5,085
Other income (Note 1 below)	**1,950**	1,832
Total other operating income	**14,397**	14,474
Of which:		
Related to continuing operations	**14,397**	14,474
Related to discontinued operations	**-**	-

Note 1. Other income includes car parking income of £926k, (2016-17 £967k) , catering income of £309k (2016-17 £240k) and other income generation schemes of £96k (2016-17 £95k).

5 Fees and charges

The Trust received no income from fees and charges in the year (2016-17 £Nil).

6 Operating expenses

	2017-18	2016-17
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	**5,145**	4,508
Purchase of healthcare from non-NHS and non-DHSC bodies	**3,067**	2,678
Staff and executive directors costs	**103,423**	98,244
Remuneration of non-executive directors	**39**	55
Supplies and services - clinical (excluding drugs costs)	**10,742**	10,609
Supplies and services - general (Note 1 below)	**1,975**	1,800
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	**12,978**	12,639
Inventories written down	**24**	113
Consultancy costs	**815**	183
Establishment (Note 1 below)	**1,467**	1,501
Premises	**4,869**	4,928
Transport (including patient travel)	**101**	110
Depreciation on property, plant and equipment	**5,785**	4,569
Amortisation on intangible assets	**807**	846
Net impairments	**-**	1,027
Increase/(decrease) in provision for impairment of receivables	**179**	(27)
Increase/(decrease) in other provisions	**42**	27
Change in provisions discount rate(s)	**14**	105
Audit fees payable to the external auditor:		
Audit services- statutory audit	**48**	55
Other auditor remuneration (external auditor only)	**12**	7
Internal audit costs	**130**	107
Clinical negligence	**6,591**	6,020
Legal fees	**95**	174
Insurance	**9**	9
Education and training	**948**	566
Rentals under operating leases (Note 1 below)	**77**	19
Redundancy	**23**	55
Hospitality	**8**	-
Losses, ex gratia & special payments (Note 2 below)	**31**	14
Other services, e.g. external payroll	**393**	372
Other (Note 2 below)	**508**	404
Total	**160,345**	151,717
Of which:		
Related to continuing operations	**160,345**	151,717

Note 1. Rentals under operating leases are now shown separately. The comparatives have been changed to reflect this.

Note 2. Losses, ex gratia & special payments are now shown separately. The comparatives have been changed to reflect this.

6.1 Other auditor remuneration

	2017-18	2016-17
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	-
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	12	7
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	12	7

6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2m (2016-17: £0m).

7 Impairment of assets

	2017-18	2016-17
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	-	1,027
Other	-	-
Total net impairments charged to operating deficit	-	1,027
Impairments charged to the revaluation reserve	-	8,364
Total net impairments	-	9,391

8 Employee benefits

	2017-18	2016-17
	£000	£000
Salaries and wages	**73,642**	70,130
Social security costs	**7,273**	6,342
Apprenticeship levy	**349**	-
Employer's contributions to NHS pensions	**8,410**	8,193
Termination benefits	**23**	55
Temporary staff (including agency)	**14,162**	13,666
Total gross staff costs	**103,859**	98,386
Recoveries in respect of seconded staff	**-**	-
Total staff costs	**103,859**	98,386
Of which		
Costs capitalised as part of assets	**413**	87

9 Retirements due to ill-health

During 2017-18 there was 1 early retirement from the trust agreed on the grounds of ill-health (3 in the year ended 31 March 2017). The estimated additional pension liabilities of these ill-health retirements is £40k (£198k in 2016-17).

The cost of these ill-health retirements will be borne by the NHS Business Services Authority - Pensions Division.

10 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2018, is based on valuation data as at 31 March 2017, updated to 31 March 2018 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

10.1 National Employment Savings Scheme (NEST)

The Trust also operates the National Employment Savings Scheme (NEST). This is a defined contribution workplace pension scheme. The amount of contribution is in accordance with the national guidelines and is a percentage of employees salary.

11 Operating leases

11.1 George Eliot Hospital NHS Trust as a lessor

The Trust does not have any agreements where it acts as a lessor.

11.2 George Eliot Hospital NHS Trust as a lessee

	2017-18	2016-17
	£000	£000
Operating lease expense		
Minimum lease payments	**77**	19
Total	**77**	19

	31 March 2018	31 March 2017
	£000	£000
Future minimum lease payments due:		
- not later than one year;	**103**	9
- later than one year and not later than five years;	**134**	12
- later than five years.	**-**	-
Total	**237**	21
Future minimum sublease payments to be received	**-**	-

The Trust had operating leases for medical equipment and 4 cars at 31 March 2018 (3 cars at 31 March 2017).

The lease cars were originally taken out for either 3 or 4 years.

The medical equipment leases are for 5 years.

Expiry of the leases is as follows:

	2017-18	2016-17
	Number	Number
Within 1 year	**2**	-
Between 1 and 5 years	**4**	3
After 5 years	**-**	-
	6	3

12 Finance income

Finance income represents interest received on assets and investments in the period.

	2017-18	2016-17
	£000	£000
Interest on bank accounts	15	12
Total	**15**	12

13 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money.

	2017-18	2016-17
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	736	585
Interest on late payment of commercial debt	15	-
Total interest expense	**751**	585
Unwinding of discount on provisions	1	7
Total finance costs	**752**	592

14 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2017-18	2016-17
	£000	£000
Amounts included within interest payable arising from claims made under this legislation	15	-

15 Other (losses)/gains

	2017-18	2016-17
	£000	£000
Gains on disposal of assets	-	72
Losses on disposal of assets	(20)	-
Total (losses)/gains on disposal of assets	**(20)**	72
Total other (losses)/gains	**(20)**	72

16 Intangible assets - 2017-18

	Software licences	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2017 - brought forward	4,805	2,228	131	7,164
Additions	387	-	47	434
Reclassifications	131	-	(131)	-
Disposals / derecognition	(12)	-	-	(12)
Gross cost at 31 March 2018	**5,311**	**2,228**	**47**	**7,586**
Amortisation at 1 April 2017 - brought forward	3,471	1,006	-	4,477
Provided during the year	505	302	-	807
Reclassifications	-	-	-	-
Disposals / derecognition	(12)	-	-	(12)
Amortisation at 31 March 2018	**3,964**	**1,308**	**-**	**5,272**
Net book value at 31 March 2018	**1,347**	**920**	**47**	**2,314**
Net book value at 1 April 2017	**1,334**	**1,222**	**131**	**2,687**

16.1 Intangible assets - 2016-17

	Software licences	Development expenditure	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2016	4,694	2,067	-	6,761
Additions	185	161	131	477
Reclassifications	-	-	-	-
Disposals / derecognition	(74)	-	-	(74)
Valuation / gross cost at 31 March 2017	**4,805**	**2,228**	**131**	**7,164**
Amortisation at 1 April 2016	2,982	723	-	3,705
Provided during the year	563	283	-	846
Reclassifications	-	-	-	-
Disposals / derecognition	(74)	-	-	(74)
Amortisation at 31 March 2017	**3,471**	**1,006**	**-**	**4,477**
Net book value at 31 March 2017	**1,334**	**1,222**	**131**	**2,687**
Net book value at 1 April 2016	**1,712**	**1,344**	**-**	**3,056**

17 Property, plant and equipment 2017-18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2017 - brought forward	4,500	57,049	513	476	25,791	187	5,667	619	94,802
Additions	-	3,663	-	226	1,447	9	2,105	60	7,510
Impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	2,412	-	-	-	-	-	-	2,412
Reclassifications	-	78	-	(282)	140	1	63	-	-
Disposals / derecognition	-	-	-	-	(764)	(30)	-	(1)	(795)
Valuation/gross cost at 31 March 2018	**4,500**	**63,202**	**513**	**420**	**26,614**	**167**	**7,835**	**678**	**103,929**
Accumulated depreciation at 1 April 2017 - brought forward	-	1,621	18	-	13,992	153	3,164	354	19,302
Provided during the year	-	2,314	20	-	2,343	9	1,057	42	5,785
Impairments	-	-	-	-	-	-	-	-	-
Revaluations	-	157	-	-	-	-	-	-	157
Reclassifications	-	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	(744)	(30)	-	(1)	(775)
Accumulated depreciation at 31 March 2018	**-**	**4,092**	**38**	**-**	**15,591**	**132**	**4,221**	**395**	**24,469**
Net book value at 31 March 2018	**4,500**	**59,110**	**475**	**420**	**11,023**	**35**	**3,614**	**283**	**79,460**
Net book value at 1 April 2017	**4,500**	**55,428**	**495**	**476**	**11,799**	**34**	**2,503**	**265**	**75,500**

17.1 Property, plant and equipment - 2016-17

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2016	7,020	52,995	970	5,299	21,077	181	6,928	561	95,031
Additions	-	9,348	-	417	2,679	6	376	67	12,893
Impairments (Note 1 below)	(2,571)	(10,224)	-	-	-	-	-	-	(12,795)
Revaluations	-	2,428	(457)	-	-	-	-	-	1,971
Reclassifications	51	2,502	-	(5,240)	2,500	-	49	-	(138)
Disposals / derecognition	-	-	-	-	(465)	-	(1,686)	(9)	(2,160)
Valuation/gross cost at 31 March 2017	**4,500**	**57,049**	**513**	**476**	**25,791**	**187**	**5,667**	**619**	**94,802**
Accumulated depreciation at 1 April 2016	-	3,196	382	-	12,481	144	3,852	316	20,371
Provided during the year	-	1,618	18	-	1,879	9	998	47	4,569
Impairments (Note 1 below)	-	(3,479)	75	-	-	-	-	-	(3,404)
Revaluations	-	521	(457)	-	-	-	-	-	64
Reclassifications	-	(235)	-	-	97	-	-	-	(138)
Disposals/ derecognition	-	-	-	-	(465)	-	(1,686)	(9)	(2,160)
Accumulated depreciation at 31 March 2017	**-**	**1,621**	**18**	**-**	**13,992**	**153**	**3,164**	**354**	**19,302**
Net book value at 31 March 2017	**4,500**	**55,428**	**495**	**476**	**11,799**	**34**	**2,503**	**265**	**75,500**
Net book value at 1 April 2016	**7,020**	**49,799**	**588**	**5,299**	**8,596**	**37**	**3,076**	**245**	**74,660**

Note 1. The split of impairments between valuation/gross cost and Accumulated depreciation have been changed to eliminate the accumulated depreciation prior to the revaluation of the land and buildings at 1 April 2016. The remaining accumulated depreciation represents the charge for 2016-17 after this revaluation.

17.2 Property, plant and equipment financing - 2017-18

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2018									
Owned - purchased	4,500	58,645	475	420	10,375	35	3,614	283	78,347
Owned - donated	-	465	-	-	648	-	-	-	1,113
NBV total at 31 March 2018	**4,500**	**59,110**	**475**	**420**	**11,023**	**35**	**3,614**	**283**	**79,460**

17.3 Property, plant and equipment financing - 2016-17

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2017									
Owned - purchased	4,500	54,970	495	476	11,060	34	2,503	265	74,303
Owned - donated	-	458	-	-	739	-	-	-	1,197
NBV total at 31 March 2017	**4,500**	**55,428**	**495**	**476**	**11,799**	**34**	**2,503**	**265**	**75,500**

18 Donations of property, plant and equipment

The Trust had no donations of property, plant and equipment received during the year (2016-17 £Nil).

19 Revaluations of property, plant and equipment

Land, Buildings and Dwellings were valued as Modern Equivalent Assets (MEA) at the 1st April 2016 by Stephen Pollock BSc FRICS Cert Acct (Open), RICS Registered Valuer GVA Ltd, Independent Property Valuers, in accordance with the Royal Institute of Chartered Surveyors (RICS) Valuation Standards, January 2014, IFRS and FReM guidelines. The value is based on the IFRS 13 definition of Fair Value and the definition adopted by the International Accounting Standards Board (IASB), being the price that would be received to sell an asset, or paid to transfer a liability, in an orderly transaction between market participants at the measurement date. Depreciated Replacement Cost (DRC) is recognised under IAS 16 as a basis of valuation for financial reporting purposes. DRC assessments were undertaken for those properties considered to be specialised properties. A Specialised Property is a property that is rarely if ever sold in the market, except by way of a sale of the business or entity of which it is part, due to uniqueness arising from its specialised nature and design, its configuration, size, location, or otherwise.

The valuation is subject to adequate service potential, which is defined as: "The capacity of an asset to continue goods and services in accordance with the entity's objectives". It is assumed that the current use/ services would still have to be provided by the Trust in the locality of Nuneaton. In accordance with Valuation Standard 2 of the RICS Valuation -Professional Standards January 2014, incorporating the International Valuation Standards 2013, the Market Values of the properties for alternative use (on cessation of the existing business) are likely to be materially lower than the Market Value, with continued use and Depreciated Replacement Cost figures reported.

The basis of the valuation for the property, which is all freehold, is as follows:-

- Operational areas.-Fair Value. (DRC) (IAS16)
- Surplus and Non-operational Buildings.-Market Value (IFRS 5)
- Mobile Phone Masts, Retail Shop, Nursery, Private Healthcare Clinic.-Market Value (IAS40). This property and associated land value is reported in note 16 under the heading land and buildings.

Since the MEA valuation on 1 April 2016, GVA Ltd has provided indices to the Trust which have been applied to land and building values to ensure they are reported in the accounts at fair value. In 2017-18 there has been no change to the land value but buildings valued at DRC, based on an increase in the Building Cost Index (BCI) of 4.0% have been valued upwards by £2,255k; the increase has been added to the revaluation reserve.

20 Investment Property

The Trust does not have any investment property (31 March 2017 £nil).

21 Investments in associates and joint ventures

The Trust does not have any investments in associates and joint ventures (31 March 2017 £nil).

22 Other investments / financial assets (non-current)

The Trust does not have any other investments / financial assets (non-current) (31 March 2017 £nil).

23 Disclosure of interests in other entities

The Trust had no interests in unconsolidated subsidiaries, joint ventures, associates or unconsolidated structured entities.

24 Inventories

	31 March 2018	31 March 2017
	£000	£000
Drugs	**975**	851
Consumables	**922**	931
Energy	**28**	35
Total inventories	**1,925**	1,817
of which:		
Held at fair value less costs to sell	**-**	-

Inventories recognised in expenses for the year were £15,332k (2016-17: £14,789k). Write-down of inventories recognised as expenses for the year were £24k (2016-17: £113k).

25 Trade receivables and other receivables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade receivables (Note 1 below)	**3,789**	4,100
Accrued income	**4,114**	4,492
Provision for impaired receivables	**(432)**	(278)
Prepayments (non-PFI)	**884**	775
VAT receivable	**479**	231
Other receivables (Note 2 below)	**1,206**	1,911
Total current trade and other receivables	**10,040**	11,231
Non-current		
Prepayments (non-PFI)	**8**	35
Other receivables (Note 2 below)	**275**	262
Total non-current trade and other receivables	**283**	297
Of which receivables from NHS and DHSC group bodies:		
Current	**7,817**	8,536
Non-current	**-**	-

Note 1. The largest proportion of trade is with Clinical Commissioning Groups. As Clinical Commissioning Groups are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

Note 2. Other receivables include payments due to the Trust under the Injury Costs Recovery Scheme of £918,000 (31 March 2017 £874,000).

25.1 Provision for impairment of receivables

	2017-18	2016-17
	£000	£000
At 1 April	**278**	394
Increase in provision	**179**	(63)
Amounts utilised	**(25)**	(89)
Unused amounts reversed	**-**	36
At 31 March	**432**	278

25.2 Credit quality of financial assets

	31 March 2018 Trade and other receivables	31 March 2017 Trade and other receivables
	£000	£000
Ageing of impaired financial assets		
0 - 30 days	**-**	-
30-60 Days	**-**	-
60-90 days	**-**	18
90- 180 days	**78**	13
Over 180 days	**354**	285
Total	**432**	316
Ageing of non-impaired financial assets past their due date		
0 - 30 days	**370**	1,292
30-60 Days	**105**	169
60-90 days	**70**	116
90- 180 days	**67**	211
Over 180 days	**538**	204
Total	**1,150**	1,992

The credit quality of financial assets neither past due not impaired is considered to be good because it is monies owed from other public sector bodies.

26 Other assets

The Trust had no Other assets at 31 March 2018 (31 March 2017 £nil).

27 Non-current assets held for sale and assets in disposal groups

The Trust had no Non-current assets at 31 March 2018 (31 March 2017 £nil).

27.1 Liabilities in disposal groups

The Trust had no liabilities in disposal groups at 31 March 2018 (31 March 2017 £nil)

28 Cash and cash equivalents movement

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2017-18	2016-17
	£000	£000
At 1 April	**2,130**	1,337
Net change in year	**(311)**	793
At 31 March	**1,819**	2,130
Broken down into:		
Cash at commercial banks and in hand	**31**	53
Cash with the Government Banking Service	**1,788**	2,077
Total cash and cash equivalents as in SoFP	**1,819**	2,130
Total cash and cash equivalents as in SoCF	**1,819**	2,130

29 Third party assets held by the trust

The trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties. This has been excluded from the cash and cash equivalents figure reported in the accounts. No money was held at the bank or on deposit (31 March 2017 £nil).

30 Trade and other payables

	31 March 2018	31 March 2017
	£000	£000
Current		
Trade payables	**2,968**	5,080
Capital payables	**2,610**	2,281
Accruals	**4,770**	4,091
Social security costs	**989**	930
Other taxes payable	**870**	823
PDC dividend payable	**59**	88
Accrued interest on loans	**140**	74
Other payables	**1,225**	1,195
Total current trade and other payables	**13,631**	14,562
Non-current		
Trade payables	**-**	-
Capital payables	**-**	-
Accruals	**-**	-
Other taxes payable	**-**	-
Other payables	**-**	-
Total non-current trade and other payables	**-**	-
Of which payables from NHS and DHSC group bodies:		
Current	**1,629**	1,209
Non-current	**-**	-

30.1 Early retirements in NHS payables above

	31 March 2018 £000	31 March 2018 Number	31 March 2017 £000	31 March 2017 Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-
- outstanding pension contributions	**1,157**		1,135	

31 Other financial liabilities

The trust has no Other financial liabilities.

32 Other liabilities

	31 March 2018 £000	31 March 2017 £000
Current		
Deferred income	**1,544**	2,859
Total other current liabilities	**1,544**	2,859

33 Borrowings

	31 March 2018	31 March 2017
	£000	£000
Current		
Loans from the Department of Health and Social Care	**11,840**	1,401
Other loans	**775**	388
Total current borrowings	**12,615**	1,789
Non-current		
Loans from the Department of Health and Social Care	**49,883**	42,463
Other loans	**1,937**	2,712
Total non-current borrowings	**51,820**	45,175

Borrowings / Loans - repayment of principal falling due in:

	31 March 2018			31 March 2017
	DH	Other	Total	
	£000s	£000s	£000s	£000s
0-1 Years	**11,840**	**775**	**12,615**	1,789
1 - 2 Years	**21,873**	**775**	**22,648**	12,539
2 - 5 Years	**23,246**	**1,163**	**24,409**	26,979
Over 5 Years	**4,764**	**-**	**4,764**	5,657
TOTAL	**61,723**	**2,713**	**64,436**	46,964

Borrowings include the following loans from the Department of Health:

	Duration	Interest rate	Repayment terms
Interim Capital Support Loan £1.1m (2014-15)	7 years	1.09%	Equal six monthly instalments
Interim Capital Support Loan £11.606m (2015-17)	10 years	1.50%	Equal six monthly instalments
Interim Capital Support Loan £3.512m (2016-17)	10 years	0.88%	Equal six monthly instalments
Interim Revenue Support Loan £10.233m (2015-16)	3 years	1.50%	End of term (Feb 2019)
Interim Revenue Support Loan £13.876m (2016-17)	3 years	1.50%	End of term (Feb 2020)
Uncommitted Revenue Support Loan (Dec 2016)	3 years	1.50%	End of term (Dec 2019)
Uncommitted Revenue Support Loan (Jan 2017)	3 years	1.50%	End of term (Jan 2020)
Uncommitted Revenue Support Loan (Feb 2017)	3 years	1.50%	End of term (Feb 2020)
Uncommitted Revenue Support Loan (Mar 2017)	3 years	1.50%	End of term (Mar 2020)
Uncommitted Revenue Support Loan (Apr 2017)	3 years	1.50%	End of term (Apr 2020)
Uncommitted Revenue Support Loan (May 2017)	3 years	1.50%	End of term (May 2020)
Uncommitted Revenue Support Loan (Jun 2017)	3 years	1.50%	End of term (Jun 2020)
Uncommitted Revenue Support Loan (Jul 2017)	3 years	1.50%	End of term (Jul 2020)
Uncommitted Revenue Support Loan (Sep 2017)	3 years	1.50%	End of term (Sep 2020)
Uncommitted Revenue Support Loan (Oct 2017)	3 years	1.50%	End of term (Oct 2020)
Uncommitted Revenue Support Loan (Nov 2017)	3 years	1.50%	End of term (Nov 2020)
Uncommitted Revenue Support Loan (Dec 2017)	3 years	1.50%	End of term (Dec 2020)
Uncommitted Revenue Support Loan (Jan 2018)	3 years	1.50%	End of term (Jan 2021)
Uncommitted Revenue Support Loan (Feb 2018)	3 years	1.50%	End of term Feb 2021)
Uncommitted Revenue Support Loan (Mar 2018)	3 years	1.50%	End of term (Mar 2021)

Borrowings include the following Other loans:

	Duration	Interest rate	Repayment terms
Salix Capital Investment Loan £3.1m (2016-17)	4 years	Nil%	Equal six monthly instalments

These loans are supported by formal loan agreements and the Trust has agreed to the conditions of the loans.

34 Finance leases

34.1 George Eliot Hospital NHS Trust as a lessor

The Trust does not have any finance lease receivables as lessor.

34.2 George Eliot Hospital NHS Trust as a lessee

The Trust does not have any finance lease obligations as lessee.

35 Provisions for liabilities and charges analysis

	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000
At 1 April 2017	819	55	492	1,366
Change in the discount rate	14	-	-	14
Arising during the year	83	23	1,442	1,548
Utilised during the year	(51)	(55)	(424)	(530)
Reversed unused	(41)	-	(104)	(145)
Unwinding of discount	1	-	-	1
At 31 March 2018	**825**	**23**	**1,406**	**2,254**
Expected timing of cash flows:				
- not later than one year;	132	23	1,406	1,561
- later than one year and not later than five years;	139	-	-	139
- later than five years.	554	-	-	554
Total	**825**	**23**	**1,406**	**2,254**

Legal Claims

Legal claims comprise employer's liability and injury allowance payments which the Trust may be required to pay in the future. It is assumed that all employment liability claims will be paid within one year and that injury allowances are payable over the life of the recipient. The amount over five years is repayable in quarterly instalments. The injury allowance is currently £34,875 per annum, discounted by 0.10%.

Clinical Negligence

At 31 March 2018, £14,691k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (31 March 2017: £24,352k).

Other

Other provisions include claims made by employees, former employees and potential claims from NHS organisations with regard to the Trust's performance in meeting requirements of the 2017-18 healthcare contracts.

36 Contingent assets and liabilities

Financial responsibility for clinical negligence cases passed to NHS Resolution, (formerly known as The NHS Litigation Authority) on 1 April 2002. No contingencies or provisions are left in the accounts in relation to these cases, even though the legal liability for them remains with the Trust. The Trust has no other contingent assets and liabilities (31 March 2017 £nil).

37 Contractual capital commitments

	31 March 2018	31 March 2017
	£000	£000
Property, plant and equipment	**432**	615
Intangible assets	**16**	158
Total	**448**	773

38 Other financial commitments

The Trust had no other financial commitments at 31 March 2018 (31 March 2017 £nil).

39 Financial instruments

39.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with Clinical Commissioning Groups and the way those Clinical Commissioning Groups are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk

The Trust borrows from government for capital expenditure and for revenue deficit support, subject to affordability as confirmed by the NHSI. The borrowings are for 1 – 10 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The Trust therefore has low exposure to interest rate fluctuations.

The Trust may also borrow from government for revenue financing subject to approval by NHS Improvement. Interest rates are confirmed by the Department of Health (the lender) at the point borrowing is undertaken.

The Trust therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk

The Trust's operating costs are incurred under contracts with Clinical Commissioning Groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its capital resource limit. The Trust is not, therefore, exposed to significant liquidity risks.

39.2 Carrying values of financial assets

	Loans and receivables	Total book value
	£000	£000
Assets as per SoFP as at 31 March 2018		
Trade and other receivables excluding non financial assets	**8,087**	**8,087**
Cash and cash equivalents at bank and in hand	**1,819**	**1,819**
Total at 31 March 2018	**9,906**	**9,906**

	Loans and receivables	Total book value
	£000	£000
Assets as per SoFP as at 31 March 2017		
Trade and other receivables excluding non financial assets	9,647	9,647
Cash and cash equivalents at bank and in hand	2,130	2,130
Total at 31 March 2017	11,777	11,777

39.3 Carrying value of financial liabilities

	Other financial liabilities	Total book value	Fixed Rate Weighted average interest rate
	£000	£000	%
Borrowings excluding finance lease and PFI liabilities	**64,435**	**64,435**	**1.5**
Trade and other payables excluding non financial liabilities	**10,547**	**10,547**	
Provisions under contract	**1,356**	**1,356**	
Total at 31 March 2018	**76,338**	**76,338**	

	Other financial liabilities	Total book value	Fixed Rate Weighted average interest rate
	£000	£000	%
Liabilities as per SoFP as at 31 March 2017			
Borrowings excluding finance lease and PFI liabilities	46,964	46,964	1.5
Trade and other payables excluding non financial liabilities	11,613	11,613	
Provisions under contract	331	331	
Total at 31 March 2017	58,908	58,908	

39.4 Fair values of financial assets and liabilities

Book value (carrying value) is a reasonable approximation of fair value except for a loan from Salix which has been discounted using the Treasury short term discount rate of -2.42% (31 March 2017 -2.7%). The impact of applying this discount rate would be to increase the fair value of borrowings by £87k (2016-17 £171k).

39.5 Maturity of financial liabilities

	31 March 2018	31 March 2017
	£000	£000
In one year or less	**24,518**	13,733
In more than one year but not more than two years	**22,648**	12,560
In more than two years but not more than five years	**24,408**	27,130
In more than five years	**4,764**	5,656
Total	**76,338**	59,079

40 Losses and special payments

	2017-18		2016-17	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	**13**	**8**	5	6
Bad debts and claims abandoned	**81**	**20**	124	3
Stores losses and damage to property	**4**	**25**	3	18
Total losses	**98**	**53**	132	27
Special payments				
Compensation under court order or legally binding arbitration award	**2**	**51**	3	38
Ex-gratia payments	**18**	**2**	13	3
Total special payments	**20**	**53**	16	41
Total losses and special payments	**118**	**106**	148	68
Compensation payments received		-		-

There were no clinical cases where the net payment exceeded £300,000 (2016-17 £Nil).

There were no fraud cases where the net payment exceeded £300,000 (2016-17 £Nil).

41 Related parties

During the year none of the Department of Health Ministers, Trust board members or members of the key management staff, or parties related to any of them, has undertaken any material transactions with George Eliot Hospital NHS Trust.

The Department of Health is regarded as a related party. During the year George Eliot Hospital NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

Related bodies with transactions over £1m with the Trust were:

	2017-18 Payments to Related Party	2017-18 Receipts from Related Party	31 March 2018 Amounts owed to Related Party	31 March 2018 Amounts due from Related Party
	£000	£000	£000	£000
NHS Coventry and Rugby CCG	-	9,628	66	44
NHS Warwickshire North CCG	34	85,891	638	1,597
NHS West Leicestershire CCG	-	12,818	-	851
Health Education England	1	3,867	-	86
NHS England - Core	54	4,751	36	2,092
NHS England - West Midlands Local Office	-	2,407	-	199
NHS England - West Midlands Specialised Commissioning Hub	-	11,403	-	267
University Hospitals Coventry and Warwickshire NHS Trust	6,548	1,452	554	597
University Hospitals of Leicester NHS Trust	27	499	36	1,186
NHS Resolution (Formerly NHS Litigation Authority)	6,591	-	-	-

41 Related parties (continued)

	2016-17 Payments to Related Party	2016-17 Receipts from Related Party	31 March 2017 Amounts owed to Related Party	31 March 2017 Amounts due from Related Party
	£000	£000	£000	£000
NHS Coventry and Rugby CCG	-	9,002	-	621
NHS Warwickshire North CCG	-	81,282	-	1,646
NHS West Leicestershire CCG	-	11,933	-	766
West Midlands Local Office	-	2,294	-	180
West Midlands Specialised Commissioning Hub	-	11,708	-	1,375
University Hospitals Coventry and Warwickshire NHS Trust	5,397	1,305	406	303
NHS Litigation Authority	6,020	-	-	-

In addition, the Trust has had a number of material transactions with other government departments and other central and local government bodies. Most of these transactions have been with HM Revenue and Customs with regard to income tax, national insurance and VAT, The Department of Works and Pensions with regard to the injury allowance scheme and the NHS Pensions Agency with regard to both employee and employer pension contributions.

The Trust has also received revenue and capital payments from charitable funds, certain of the trustees for which are also members of the Trust board.

42 Prior period adjustments

There have been no prior period adjustments.

43 Events after the reporting date

The Trust does not have any events after the reporting date that need to be disclosed.

44 Better Payment Practice code

	2017-18	2017-18	2016-17	2016-17
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	**37,584**	**58,087**	38,682	63,174
Total non-NHS trade invoices paid within target	**20,690**	**33,003**	32,966	53,334
Percentage of non-NHS trade invoices paid within target	**55.05%**	**56.82%**	85.22%	84.42%

Non-NHS Payables				
Total NHS trade invoices paid in the year	**1,030**	**9,469**	1,336	10,821
Total NHS trade invoices paid within target	**461**	**4,421**	933	7,229
Percentage of NHS trade invoices paid within target	**44.76%**	**46.69%**	69.84%	66.81%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

The Trust allowed a 2 day buffer period for payments in transit when calculating the amount of invoices paid on time.

45 External financing

The trust is given an external financing limit against which it is permitted to underspend:

	2017-18	2016-17
	£000	£000
Cash flow financing	**19,677**	27,188
Other capital receipts	**-**	-
External financing requirement	**19,677**	27,188
External financing limit (EFL)	**20,439**	28,281
Under / (over) spend against EFL	**762**	1,093

46 Capital Resource Limit

	2017-18	2016-17
	£000	£000
Gross capital expenditure	**7,944**	13,370
Less: Disposals	**(20)**	-
Less: Donated and granted capital additions	**(73)**	(90)
Charge against Capital Resource Limit	**7,851**	13,280
Capital Resource Limit	**8,076**	13,337
Under / (over) spend against CRL	**225**	57

47 Breakeven duty financial performance

	2017-18	2016-17
	£000	£000
Adjusted financial performance surplus / (deficit) (control total basis)	**(17,982)**	(14,797)
Remove impairments scoring to Departmental Expenditure Limit	**-**	1,027
Breakeven duty financial performance surplus / (deficit)	**(17,982)**	(13,770)

48 Breakeven duty rolling assessment

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	815	1,164	112	45	32	(10,165)	367	(15,235)	(13,770)	**(17,982)**
Breakeven duty cumulative position	(3,727)	(2,563)	(2,451)	(2,406)	(2,374)	(12,539)	(12,172)	(27,407)	(41,177)	**(59,159)**
Operating income	96,352	105,330	108,324	117,011	122,494	126,638	141,292	133,910	138,457	**143,445**
Cumulative breakeven position as a percentage of operating income	0.85%	-2.43%	-2.26%	-2.06%	-1.94%	-9.90%	-8.61%	-20.47%	-29.74%	**-41.24%**

The Trust has a statutory duty to break even on a cumulative basis. In 2005-06 the Trust incurred a £7.3m deficit and in April 2006 a Public Interest Report was issued under Section 8 of the Audit Commission Act 1998 in relation to the financial standing of the Trust. The Trust developed a 5 year Financial Recovery Plan (FRP) which was agreed with the Strategic Health Authority and the Department of Health to achieve cumulative break even by the end of 2011-12. During the 6 years to March 2013 the Trust generated surplus and was able to repay part of the deficit still leaving a balance of £2.4m to be repaid in the future. In 2011-12 and 2012-13 the Trust required support funding of £2.3m and £5.0m respectively to breakeven. In 2013-14 the Trust incurred a deficit of £10.2m due to the investment in clinical services following the implementation of the Keogh Action plan. The surplus in 2014-15 was achieved with the support of income from the Department of Health amounting to £12m. The deficit in 2015-16 was £15.2m against the original plan of £16m. The deficit in 2016-17 was £13.8m which was an improvement against the plan of £14.7m. The deficit reported in 2017-18 worsened to £19.0m. The cumulative deficit at the 31st March 2018 was therefore £59.2m. Because of the cumulative deficit External Auditors have been required to issue Section 30 letters to the Secretary of State for Health informing him that the Trust has not met its statutory duty to break-even over a 5 year period in accordance with the Audit Commission Act 1998. The Trust recently submitted the financial plan for 2018-19 to NHSI with a planned deficit of £14.3m.

49 Pathology Service

George Eliot Hospital NHS Trust, University Hospitals Coventry and Warwickshire NHS Trust and South Warwickshire General Hospitals NHS Trust formed a single pathology service at 1 April 2008. The service is hosted by University Hospitals Coventry and Warwickshire NHS Trust and there is an accountability agreement approved by the Trusts. The agreement will continue until terminated through agreement of the Stakeholder Board. The agreement includes risk and benefit sharing; the Trust share being 13.6%. Payments for the service are now made in accordance with a service level agreement.

The Pathology Service accounts reported by University Hospital Coventry and Warwickshire NHS Trust were:

	Reported By University Hospitals Coventry & Warwickshire NHS Trust		George Eliot Hospital NHS Trust's Share	
	2017-18	2016-17	2017-18	2016-17
	£000	£000	£000	£000
Revenue from patient care activities	**1,556**	1,649	**213**	224
Other operating revenue	**39,097**	37,064	**5,317**	5,041
Operating expenses	**(41,046)**	(39,688)	**(5,582)**	(5,398)
Operating (deficit)	**(393)**	(975)	**(52)**	(133)

University Hospitals Coventry and Warwickshire NHS Trust reported a deficit of -£393,000 in their accounts for the pathology service in 2017-18 (2016-17 -£975,000), the George Eliot Hospital NHS Trust's share was -£52,000 (2016-17 -£133,000).

	Reported By University Hospitals Coventry & Warwickshire NHS Trust		George Eliot Hospital NHS Trust's Share	
	2017-18	2016-17	2017-18	2016-17
	£000	£000	£000	£000
Non-current assets	**641**	622	**87**	85
Current assets				
Inventories and work in progress	**735**	666	**100**	91
Trade and other receivables	**5,100**	1,300	**694**	176
	5,835	1,966	**794**	267
Current liabilities	**(8,957)**	(4,676)	**(1,102)**	(520)
Net current (liabilities)	**(3,122)**	(2,710)	**(308)**	(253)
Total assets less current liabilities	**(2,481)**	(2,088)	**(221)**	(168)
Non current liabilities	**-**	-	**-**	-
Total assets employed	**(2,481)**	(2,088)	**(221)**	(168)
Financed by taxpayers' equity:				
Public dividend capital	**434**	434	**175**	175
Retained earnings	**(2,915)**	(2,522)	**(396)**	(343)
Total taxpayers' equity	**(2,481)**	(2,088)	**(221)**	(168)

University Hospitals Coventry and Warwickshire NHS Trust reported net liabilities of £2,481,000 (2016-17 net liabilities of £2,088,000) in their accounts for the pathology service; the George Eliot Hospital NHS Trust's share were net liabilities of £221,000 (2016-17 £168,100) which included £87,000 of non-current assets (2016-17 £84,600).

Supporting Notes

Glossary

Acute care – medical or surgical treatment usually provided in a district general, or acute, hospital.

AKI (acute kidney injury) – a sudden episode of kidney failure or kidney damage that happens within a few hours or a few days. AKI causes a build-up of waste products in your blood and makes it hard for your kidneys to keep the right balance of fluid in your body.

Annual Reports – a comprehensive report on a company's activities throughout the preceding year. Annual reports are intended to give our NHS peers, key stakeholders and the public information about the organisation's activities and financial performance.

ATAIN (avoiding term admissions into neonatal units) - to reduce avoidable causes of harm that can lead to infants born at term (i.e. ≥ 37+0 weeks gestation) being admitted to a neonatal unit.

Care bundle – a set of interventions that, when used together, significantly improve on patient treatment and outcomes. Multi-disciplinary teams work to deliver the best possible care supported by evidence-based research and practices, with the ultimate outcome of improving patient care.

Care pathway – the process of diagnosis, treatment and care negotiated with the involvement of the patient and his/her carer or family.

CTG (Cardiotocography) – a technical means of recording the fetal heartbeat and the uterine contractions during pregnancy.

CQC – (Care Quality Commission) – the independent regulator of health and social care in England. The CQC regulates care provided by the NHS, local authorities, private companies and voluntary organisations.

CCGs (Clinical Commissioning Groups) – groups of GPs that commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed, and ensuring that they are provided. CCGs are overseen by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services, as well as some specialised hospital services. All GP practices now belong to a CCG, but groups also include other health professionals, such as nurses.

Clinical audit – a continuous process of assessment, evaluation and adjustment of practice by doctors, nurses, and other health professionals.

Clostridium difficile (C-diff) – an intestinal infection commonly associated with healthcare settings.

CQUIN (Commissioning for Quality and Innovation) – a national payment framework for locally agreed quality improvement schemes. It makes a proportion of provider income conditional on achieving ambitious quality improvement goals and innovations agreed between commissioner and provider, with active clinical engagement. The CQUIN framework is intended to reward genuine ambition, encouraging a culture of continuous quality improvement in all providers.

Datix – incident reporting software that promotes a culture of learning by recording, investigating and analysing your incidents.

HSMR (Hospital Standardised Mortality Ratio) – an indicator of healthcare quality that measures whether the death rate at a hospital is higher or lower than you would expect. Mortality ratios are a good source of information that help us understand the care provided in hospitals and allow us to target areas for improvement, review, and investigation.

Hypothermia – in babies: a condition characterised by moderate body temperature (28-32˚C), which can include symptoms such as violent, uncontrollable shivering, although this can stop completely at lower temperatures as the body is unable to generate heat.

Hypoxia – occurs when a baby receives inadequate oxygen to its brain before, during, or after delivery. The condition can lead to brain injury and, if improperly treated, may progress into a permanent disorder.

Hypoxic-ischaemic encephalopathy (HIE) – the brain injury caused by oxygen deprivation to the brain, also commonly known as intrapartum asphyxia. The newborn's body can compensate for brief periods of depleted oxygen, but if the asphyxia lasts too long, brain tissue is destroyed.

I**nformation Governance (IG) Toolkit –** an online system which allows NHS organisations and partners to assess themselves against Department of Health Information Governance policies and standards. It also allows members of the public to view participating organisations' IG Toolkit assessments.

Incident – an event or circumstances which could have resulted, or did result, in unnecessary damage, loss or harm to a patient, member of staff, visitor or member of the public. National Incident reporting categories:

- No harm: impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving NHS-funded care.
- Impact not prevented – any patient safety incident that ran to completion, but no harm occurred to people receiving NHS-funded care.
- Low: any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care. For example, the patient required first aid, minor treatment, extra observation or medication.
- Moderate: any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care. For example, likely to require outpatient treatment, admission to hospital, surgery or a longer stay in hospital.
- Severe: any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care. For example, brain damage or disability.
- Death: any patient safety incident that directly resulted in the death of one or more persons receiving NHS-funded care.

MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) – is a national collaborative programme of work involving the surveillance and investigation of maternal deaths, stillbirths and infant deaths, including the Confidential Enquiry in Maternal Deaths.

MEWs (Modified Early Warning System) – a form of 'Track and Trigger' scoring system. Triggers. are based on routine observations and are sensitive enough to detect subtle changes in a patient's. physiology, which will be reflected in a score should the patient's condition be improving or deteriorating.

MRSA (Methicillin Resistant Staphylococcus Aureus) – a bacterial infection commonly associated with healthcare settings. It is resistant to some commonly used antibiotics, meaning infections with MRSA can be harder to treat than other bacterial infections.

MST (Medication Safety Thermometer) – a measurement tool for improvement that focuses on medication reconciliation, allergy status, medication omission, and identifying harm from high risk medicines.

National Safety Standard in Invasive Procedures (NatSIPPs) – a high-level framework of national standards of operating department practice which has been created for local providers to use to develop and maintain their own more detailed and standardised local operating procedures. These standards are intended to sit alongside and complement existing safeguards, including the WHO (World Health Organisation) checklist, and aim to reduce the number of patient safety incidents related to invasive procedures in which surgical never events could occur.

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

NEWS-2 (National Early Warning System-2: this early warning system (launched December 2017) to improve the detection of clinical deterioration due to sepsis in adults. These are major steps towards the ultimate aim, to see NEWS embedded across the NHS to improve the detection of acute illness and improve patient outcomes.

NHSI (NHS Improvement) – the organisation responsible for overseeing all NHS trusts in England including foundation trusts, as well as independent providers that provide NHS-funded care.

Overview and Scrutiny Committees (OSCs) – every local authority with social services responsibilities has had the power to scrutinise local health services. OSCs take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

PALS (Patient Advice and Liaison Service) – provides support to patients, carers and relatives, representing their views and resolving local difficulties speedily.

Parliamentary and Health Service Ombudsman (PHSO) – where local resolution of a complaint has been exhausted, the PHSO will look into complaints where an individual believes there has been injustice or hardship, where they feel an organisation has not acted properly, or fairly, or has given a poor service and not put things right. Outcomes from a PHSO investigation can be to either uphold the hospital's review and efforts to resolve the complaint, or to make a recommendation in favour of the complainant.

Patientrack – a digital platform to observe vital signs and clinical data to use with National Early Warning Scores, acute kidney injury and sepsis.

Patients Forum – a group of volunteers who talk to the patients and their relatives carry out approved projects within a work plan makes recommendations to the hospital for improvements.

PROMs (Patient Reported Outcome Measures) – assess the quality of care delivered to NHS patients from the patient perspective. Currently covering four clinical procedures, PROMs calculate the health gains after surgical treatment using pre- and post-operative surveys.

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

RCA (Root Cause Analysis) – a systematic process for identifying "root causes" of problems or events and an approach for responding to them.

RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) - RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

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

SAFER patient flow bundle – incorporates five key elements to enable proactive and safe discharge flow, for example, pre-midday Senior Review; within 24-hours of admission All patients to have an expected date of discharge; the Flow of patients, from assessment to inpatient wards, to be done in a timely manner; to have 33 per cent of all patients discharged Early i.e. by lunchtime daily; all patients with an extended length of stay to have a clinically-led weekly Review.

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

Suitable Consultant – a doctor who has completed their entire specialist training and has their CCT (certificate of completion of training) or equivalent and is therefore trained and competent in dealing with emergency and acute presentations in the speciality concerned and is able to initiate a diagnostic and treatment plan.

TTO (to take outs) – a form that should be completed for all patients being discharged from hospital. It both summarises the patient's hospital stay for their GP and acts as a prescription to order any medications they need to take home with them.

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

WHO (World Health Organisation) checklist – the WHO surgical safety checklist was established in 2008 to improve the safety of surgical procedures and to avoid critical incidents and never events occurring. The process surrounding it has improved compliance with standards and reduced the number of complications arising from surgery.

Acknowledgements

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

- Warwickshire North Clinical Commissioning Group
- Warwickshire Adult Social Care and Health Overview and Scrutiny Committee
- George Eliot Hospital Patient Forum
- The Trust's Communications & Engagement team
- Lead contributors: Consultant leads, the Governance, PALS (Patient Advice and Liaison Service), Complaint Services, Maternity, Pharmacy, Quality, Finance, Clinical Audit, Infection Prevention teams from across the Trust
- KPMG, External Auditors (Annual Report, Accounts and Quality Indicators).

Feedback form

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George Eliot Hospital NHS Trust,
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Nuneaton,
CV10 7BR

Alternatively, please email: **pals@geh.nhs.uk**

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Is the presentation of data clearly labelled?

☐ Yes, completely ☐ Yes, to some extent ☐ No

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Comments

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