

Enquiries to:
Democratic Services

Direct Dial: 024 7637 6215

Direct Email:
committee@nuneatonandbedworth.gov.uk

Date: 13th February 2025

Dear Sir/Madam,

Health and Corporate Resources OSP – 13th February 2025

I refer to the meeting Health and Corporate Resources Overview and Scrutiny due to be held on Thursday, 13 February 2025 and attach reports from Healthwatch and George Eliot Hospital NHS Trust.

Yours faithfully,

TOM SHARDLOW

Chief Executive

To: All Members of the Health and
Corporate Resources Overview and
Scrutiny Panel

Councillors S. Dhillon (Chair), J. Hartshorn (Vice-
Chair), J. Bonner, B. Hughes, A. Khangura,
M. Kondakor, B. Pandher, T. Venson and K. Wilson
and Mrs D. Ross.

An Introduction to Healthwatch Warwickshire



Healthwatch is your health and social care champion. If you use GPs and hospitals, dentists, pharmacies, care homes or other support services, we want to hear about your experiences.

We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We also help people to find reliable and trustworthy information and advice

Talk to us...

Have your say

Have you used any of these Health & Social Care services in the last 12 months

healthwatch Warwickshire

Your feedback matters

If you use local NHS and social care services, tell us about your experiences

Get in touch:
www.healthwatchwarwickshire.co.uk
01926 422823
info@healthwatchwarwickshire.co.uk

EX UK Armed Forces?

Healthwatch Warwickshire has a dedicated team to support you. We can help you find local services, support groups and more. We can also help you make your voice heard.

Get in touch:
www.healthwatchwarwickshire.co.uk
01926 422823
info@healthwatchwarwickshire.co.uk

Follow us on social media

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Facebook: HealthwatchWarw

Twitter: @HealthwatchWarw

Service	Used	Good	Bad	Middle	Other	Comments	Date Used	Name	Signature	Mobile No.
GP		😊	😞	😐						
Hospital		😊	😞	😐						
Dentist		😊	😞	😐						
Pharmacy		😊	😞	😐						
Care Home		😊	😞	😐						
Other		😊	😞	😐						

Contact us at:
www.healthwatchwarwickshire.co.uk
Telephone: 01926 422823
Email: info@healthwatchwarwickshire.co.uk

Please add a sticker relating to how you felt the experience was. Did you find it:
Good 😊 Bad 😞 or in the Middle 😐

healthwatch Warwickshire

Your Feedback Matters

Getting the most out of a medical appointment

About Healthwatch Warwickshire

Healthwatch Warwickshire is your health and social care champion. If you use health services or need care, we want to hear about your experiences. We can also help you to find reliable and trustworthy information and support. Last year, we helped 28,298 people to have their say or get the support they need. Visit our [website](#) to find out more.

Healthwatch Warwickshire Priorities 2024-2025

- Improving care over time for all individuals, groups and communities across Warwickshire.
- Enabling continuous engagement with local people by building trusting relationships and being responsive to their needs.
- Strengthening the Healthwatch Warwickshire Team by training and supporting existing volunteers and encouraging new volunteers.

Our aims are:

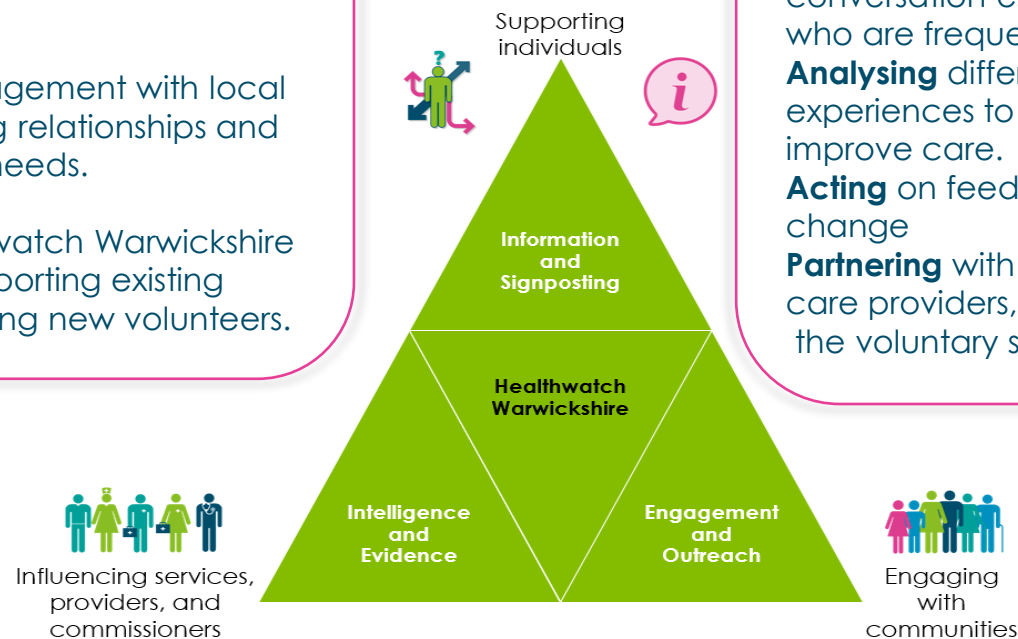
Listening to people and making sure their voices are heard.

Including everyone in the conversation especially those who are frequently ignored.

Analysing different people's experiences to learn how to improve care.

Acting on feedback and driving change

Partnering with health and social care providers, Government, and the voluntary sector.



Working nationally and locally

The Healthwatch network is present in every community. Healthwatch Warwickshire CIC is funded from the Department of Health and Social Care, via Warwickshire County Council. We are an independent organisation.

Nationally



40

staff work with the public, policymakers and partners to improve care

Across 153 local Healthwatch services

595

Full-time equivalent staff deliver the Healthwatch service for local communities

3,700

Volunteers kindly give up their time to understand local people's views, provide advice and help improve services.

4

On average each local Healthwatch has four full-time equivalent staff.

Our people

Currently our one full time and 7 part time members of staff work alongside 10 Volunteers and 8 Board Directors.

You can find out more about our [Board Directors](#), [Volunteers](#), and [Staff](#) on our website.

Board of Directors
Chair: Liz Hancock

Chief Executive
Chris Bain

Engagement & Outreach Officer

Warwickshire North

Shabina Khalifa

Engagement & Outreach Officer

South Warwickshire

Caroline Graham

Engagement & Outreach Officer

Rugby

Vina Fatania

Volunteers

Central Services Officer

Robyn Dorling

Business Support Officer

Tanisha Reddall

Insight & Communications Lead

Deborah Key

Finance Assistant

Lesley Miller

Partnering for change

Since January 2024 we've worked with more than 50 local partners to support the people of Warwickshire to access the care they need.

Some examples of our work with partners:

- Partnering with **Action Menopause Warwickshire**, we engaged with people across the county through our survey for women, held a discussion group for men with **Fatherhood Solutions**, and two reports were shared widely including with WCC HOSC and HWBB. Our aim is to improve services and care for people managing perimenopause and menopause.
- Partnering with **CWPT** (Coventry and Warwickshire Partnership NHS Trust) we attended 15 Step Challenge visits tailored for inpatient mental healthcare settings. The experience for people on the wards, visitors and staff, is improved by implementing the agreed-upon actions highlighted in a comprehensive report after every visit.
- We took part in, and provide reflections on, **CWPT's** and **UHCW's** PLACE (Patient-Led Assessments of the Care Environment) assessment processes. We were able to act as a contact point between the two organisations. ***"We are truly grateful for you helping to form this link with CWPT and the time you spent assessing during PLACE."*** Patient Experience Administration Specialist UHCW
- Partnering with **WCC Adult Social Care Team** we provide anonymised feedback every three months, they are listening to, and acting upon, people's experiences of trying to get support for themselves, and those they care for. Written information relating to paying for adult social care services has already been simplified.
- Healthwatch Warwickshire, Nuneaton & Bedworth Borough Council, North Warwickshire Borough Council, PCNs, Emergency Services, and VCSE's are all currently working in partnership on engagement with diverse communities across Warwickshire North.

Feedback about Healthwatch Warwickshire

"We are working on a solution and hopefully can come up with something moving forward...we are looking to expand the number of community pharmacies that hold end of life drugs so that we have more coverage over the weekend and evenings, so we are hoping that this will have a positive impact on palliative patients".

Integrated Care Board

"Thank you very much for your help, I did not know any of this. Now I will walk in with a plan of what I want from the appointment with my GP". Email enquirer

"Healthwatch Warwickshire have been absolutely brilliant, I have nothing but praise for Healthwatch Warwickshire. I had contacted PALS and received no response until I contacted HWW, and within 24 hours had received an email from PALS."

Email enquirer

"Thank you for taking my call today and for your support. I raised all my concerns with (council out of region), if I do get any response, I will update you."

Telephone enquirer

"Further communications may be required to dispel myths and misconceptions regarding our practice, so I will look at developing something for distribution to our patients. I will also liaise with our PPG regarding how best to approach this and ask them for their assistance in liaising with patients".

Practice Manager

Our impact in Warwickshire

Last year, we supported over 28,000 people to access advice, information and to have their say on care. Below are some examples of our impact and involvement.



We joined the steering group for the Coventry and Warwickshire Integrated Care System's new **breastfeeding and infant feeding strategy** for 2024-2029. The strategy aims to promote breastfeeding 'not just to pregnant mothers, but to people of all ages, genders and backgrounds.' and ensures 'that appropriate infant feeding support is available to all parents throughout their feeding journey, including young parents, those in low-income groups and marginalised communities.'



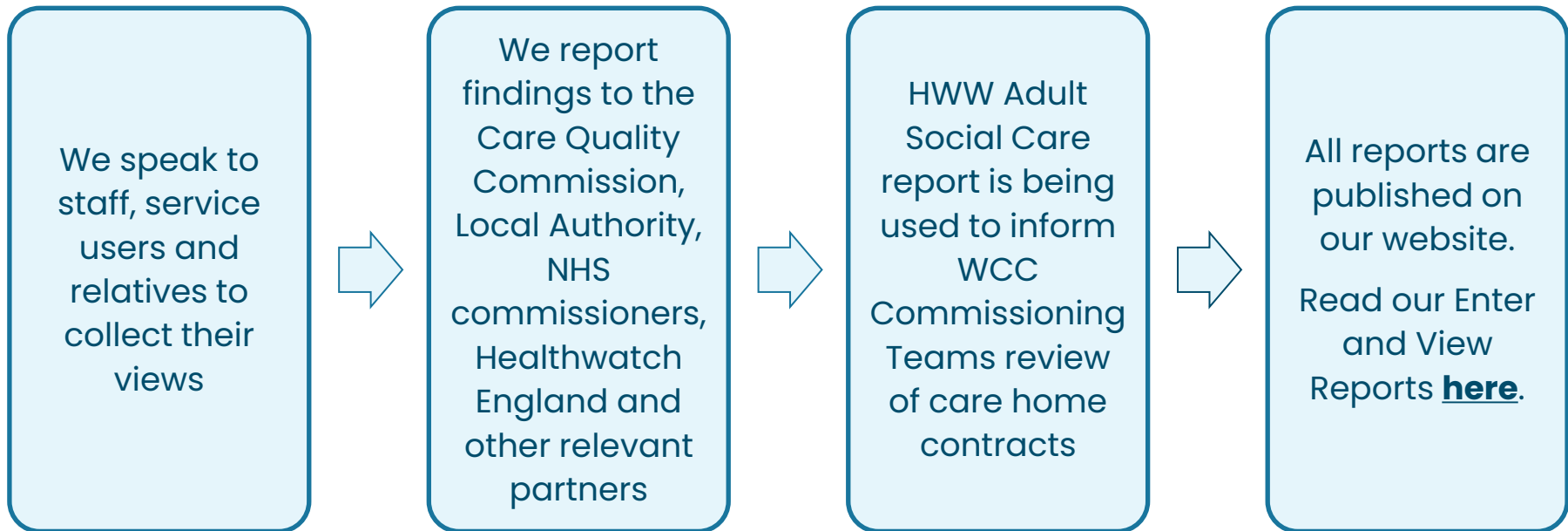
Following our **Pharmacy Engagement**, hearing from over 800 Warwickshire residents, we were able to provide further insight to key stakeholders on: Pharmacy First, Prescription Ordering Direct, digital exclusion, hospital pharmacy, and young people's experiences of pharmacy. Our staff and volunteers have reviewed the ICB pharmacy web page and given their feedback. We've shared our findings with the Coventry & Warwickshire Pharmaceutical Steering Group, and we'll also share them, along with data from the Pharmaceutical Needs Assessment, with NHS England.



We are Accredited Partners, with **Warwick Medical School**, on four current research projects, with the National Institute for Healthcare Research (NIHR). **Our purpose on all four projects**, (*GP Net-0*, *PIPER (Patient Involvement, Participation and Engagement in Research)*, *ReSPECT (Recommended Summary Plan in Emergency Care and Treatment)*, and the *Applied Research Collaborative*), **is to ensure the patient perspective is properly considered throughout each project.**

Enter and View

We have the statutory powers to Enter and View any NHS organisation. Working with our volunteers we visit health and social care providers. We have previously visited all GPs in Warwickshire, mental health facilities, and our current focus is on care homes.



An Enter and View visit is not an inspection; it is complementary to the work of the Care Quality Commission and Warwickshire County Council.

Distribution of our research

The findings from our research are shared with:

Regional Committees

Local Partners

On the Healthwatch
Warwickshire Website

Health Overview &
Scrutiny Committees

Warwickshire North
Place Executive.

The combined
findings from all
PLACE based surveys
are presented to the
Health & Wellbeing
Boards

Focus on Warwickshire North

May-Jul 24

- 74 people gave us feedback about services located in Warwickshire North
- We attended 31 meetings, outreach or events
- 63% of the feedback we heard from people who live in Warwickshire North was negative
- We attended the Exhall Gurdwara family fun day and heard feedback from 40 people.
- Veterans Health Survey closed; interim findings shared with partners
- Launch of Pharmacy Survey

Aug-Oct 24

- 53 people gave us feedback about services located in Warwickshire North
- We attended 34 meetings, outreach or events.
- We heard from 217 people in our Warwickshire North pharmacy engagement. The report of findings published and distributed to stakeholders. [Pharmacy Report October 2024](#)
- Organised focus groups and interviews with veterans and published the HWW Veteran's Health Report.



[Place Plan, on Happy Healthy Lives website](#)

[Image credit](#)



In June 2024 we welcomed Shabina Khalifa to the HWW team as our new Engagement and Outreach Officer for Warwickshire North.

Focus on Warwickshire North

An enquirer from North Warwickshire had difficulty ordering HRT digitally, they contacted their GP surgery but had no response. HWW contacted the surgery on their behalf. The Practice Manager sent the enquirer a new link so they could get on the NHS app. The enquirer was also given the name of a digital champion at the surgery who could help.

We heard feedback from partner organisations regarding a low take up of Healthy Start vouchers in North Warwickshire. We contacted the health visiting team who are sharing information with all local charities, food banks, and midwifery leads. They have updated their Linktree website to include an easy-to-understand eligibility leaflet. Barnardos Maternal Circles have now included information on their intake paperwork to ensure Healthy Start is discussed with all families.

Engaged with boat dwellers at Hawkesbury Junction. A mooring family told us they travelled to Scotland each month for a blood test, on the recommendation of their GP. Alongside the PCN Health Inequalities Lead, the family were advised that if they have a blood form, they can book into a local blood test clinic and register as an immediate emergency patient at a GP surgery, the local GP can then check the results and provide the prescription. The family were grateful for the advice, and the ability to be able to reduce their non-canal network travel and carbon footprint.



[Place Plan, on Happy Healthy Lives website](#)

[Image credit](#)



In June 2024 we welcomed Shabina Khalifa to the HWW team as our new Engagement and Outreach Officer for Warwickshire North.

Warwickshire North Veterans Health Report.

Between February and August 2024, we heard from 133 UK Armed Forces Veterans across, Nuneaton, Bedworth, and North Warwickshire about their experiences of health care and support since leaving service.

- Veterans do not feel their health care is impacted by their veteran's status being known, and in many cases do not believe that health care staff know to ask about this status or know what to do if this status is known.
- Patients at Veteran Friendly accredited GPs across Warwickshire North are not consistently asked if they are veterans, and a significant proportion therefore choose not to inform their GP.
- 5% of the veterans we heard from had no contact with any health care providers over the last 2 years.
- Those veterans who attend Gurkha Community Support are generally happy with the health and wellbeing support they have received so far.
- The number of eligible veterans not being invited/ not attending NHS health checks is low, but awareness around eligibility and benefits of the checks is also low.

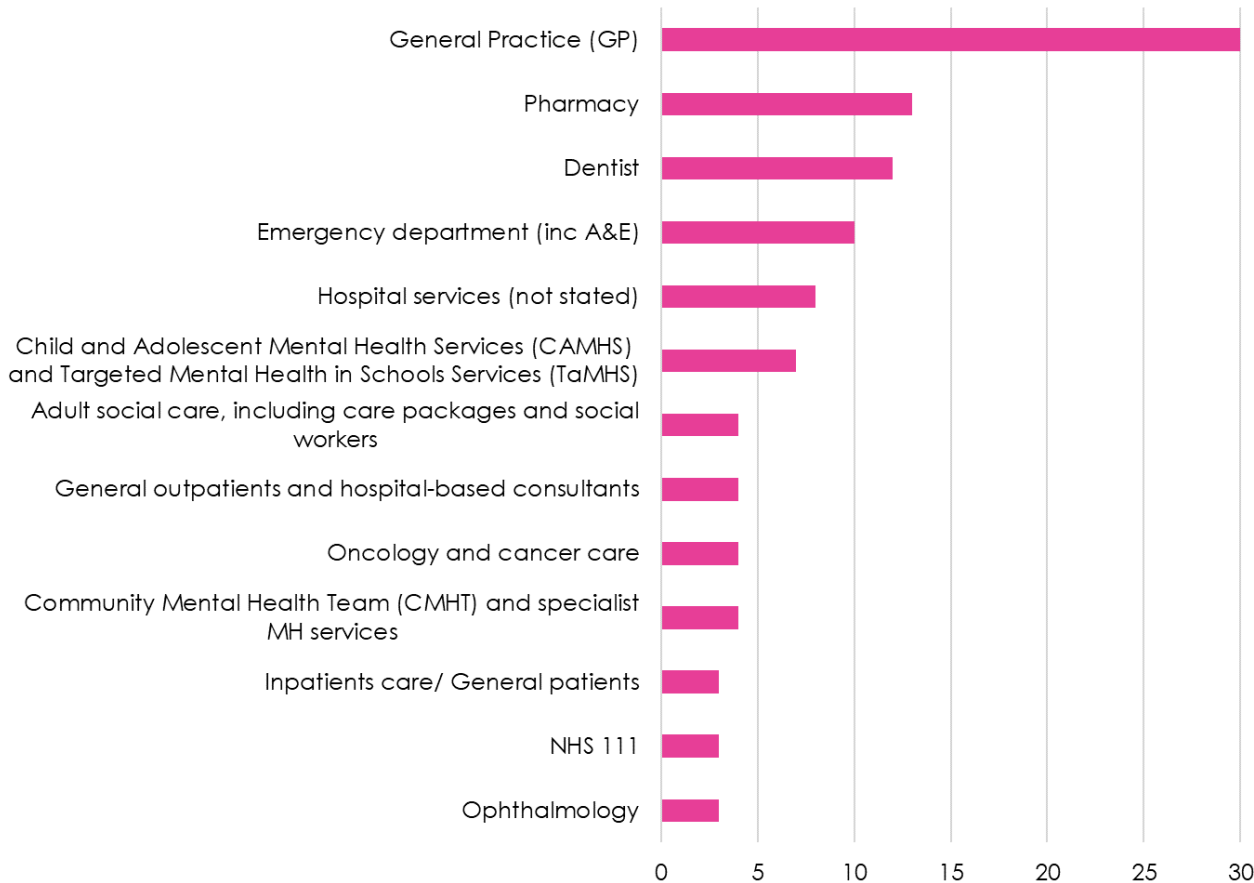


Read our Veterans Health report [here](#).

Feedback from the public

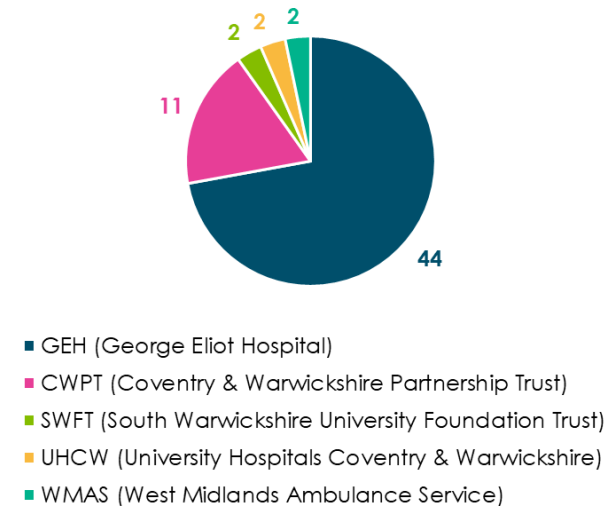
Between July and December 2024, we heard 130 pieces of feedback about services in and around Nuneaton or Bedworth.

Most common services for feedback to HWW



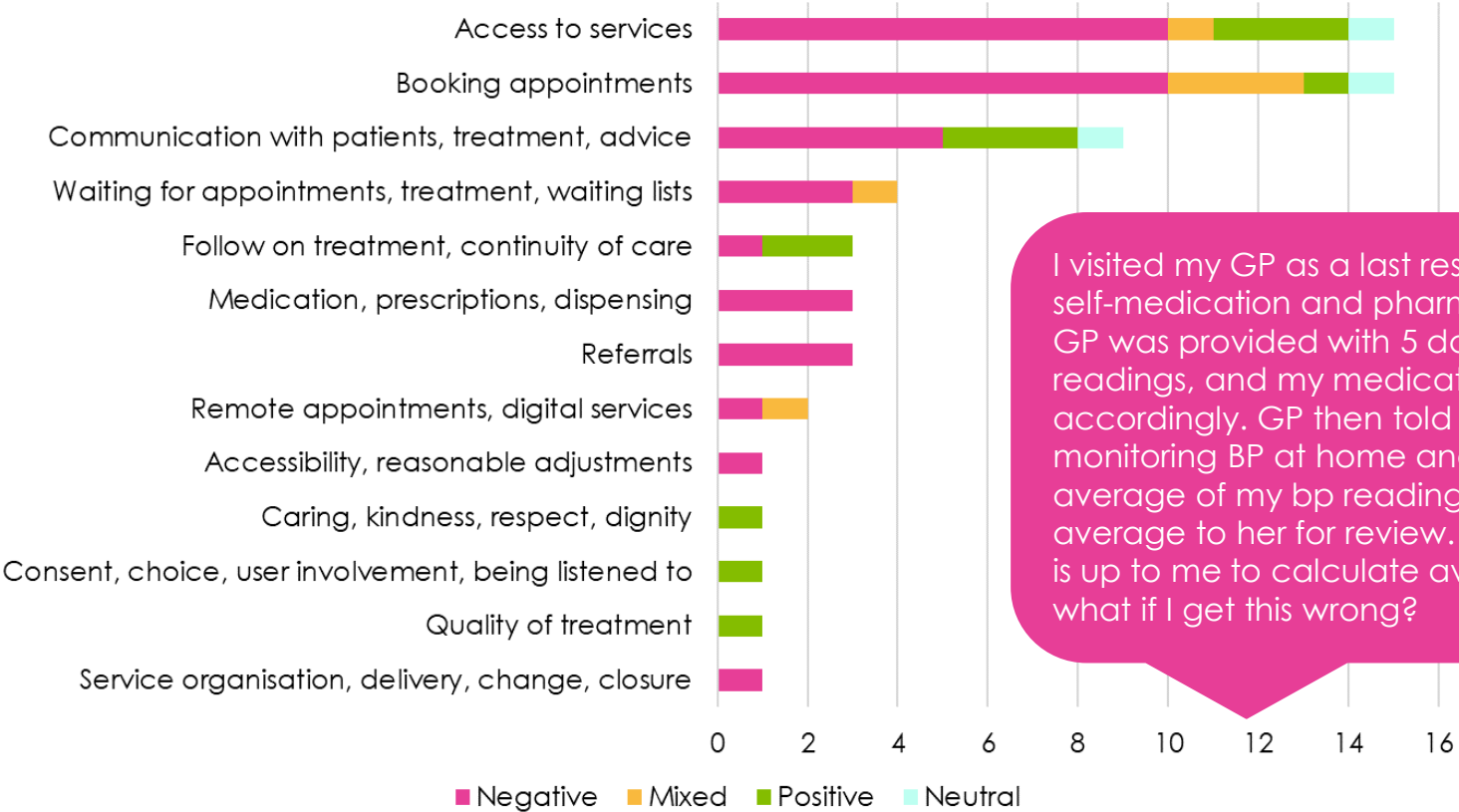
My husband has been in and out of GEH since he had an operation in August. On Friday they discharged him, but he was not well enough to come home. The Nurse told me they had a queue of people waiting in A&E and they just didn't have the beds.

NHS Trust responsible for the service (where appropriate)



Feedback themes and sentiment - GPs

Nuneaton & Bedworth July - December 2024

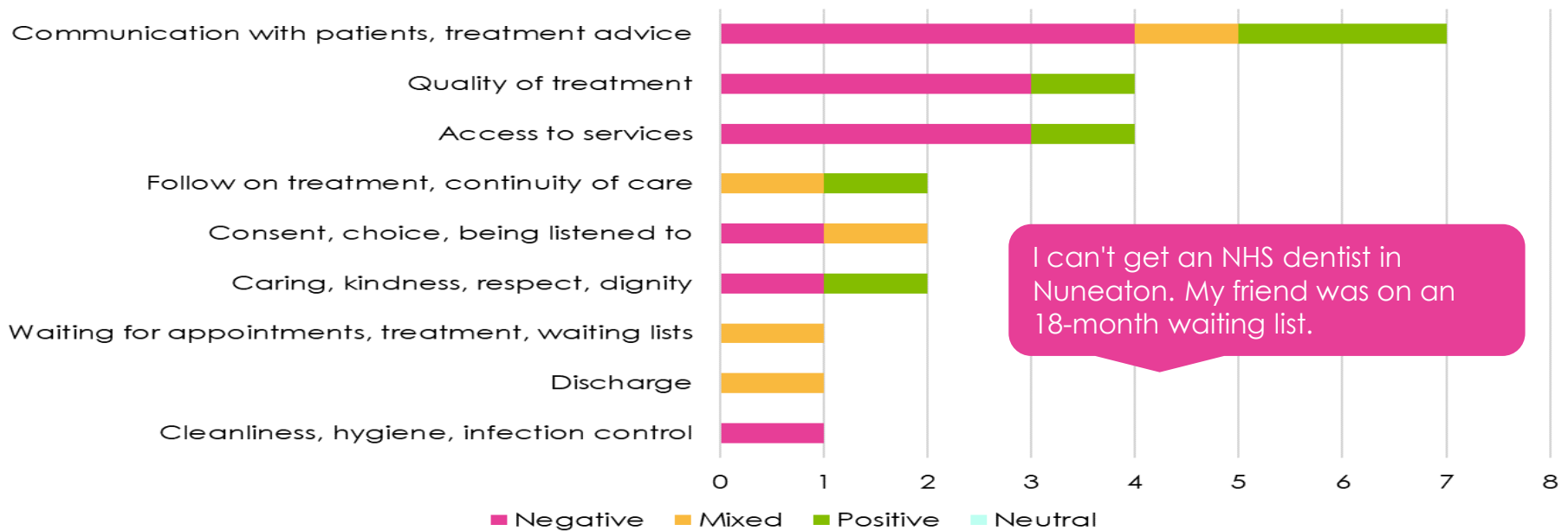


I visited my GP as a last resort after exhausting self-medication and pharmacy first options. GP was provided with 5 days' worth of BP readings, and my medication was adjusted accordingly. GP then told me to continue monitoring BP at home and to calculate the average of my bp readings, then said this average to her for review. I do not feel that it is up to me to calculate average readings, what if I get this wrong?

Staff are lovely when you visit the surgery, but the processes for booking appointments annoys me.

Feedback themes and sentiment-Dentists

Nuneaton & Bedworth July - December 2024



I can't get an NHS dentist in Nuneaton. My friend was on an 18-month waiting list.

I am struggling to find an autism friendly dentist locally, the closest is in Leicestershire. Normal dentists don't consider sensory issues for people with autism. They don't take me seriously when I say that I am in pain during a procedure. They don't explain in detail what they are doing or offer options for treatment which means that I can't make an informed decision. I find the experience too overwhelming. Dentists only care about what makes them more money, not the treatment option which is best for me.

Been with practice for a while, don't have any trouble. Was able to register my mum as an NHS patient with no problems and she was seen straight away to have her dentures fixed.

Feedback we received for Nuneaton & Bedworth

Had a hospital admission for 5 weeks, then sent to a care home in Bedworth by social services for a further 5 weeks. Social Services then arranged for a carer to make home visits and help me with personal care (bath), the carer also cleans in the house. She comes 3 days per week. Her company helps me feel less isolated and improves my mental health as I have someone to talk too during the week.
Adult social care feedback

I was called for a gynaecology appointment at 3.45 pm. I have been waiting over an hour and still haven't been seen. It is now 5 pm. On speaking with other patients in the waiting room it is clear that this is a regular occurrence and people have regularly waited up to 1.5 hours to be seen. This is my first appointment. How is this acceptable? My appointment time is the same as the lady in front of me and others in the waiting room also have same time appointments. When I asked the nurse how long the wait time is she was dismissive and said there was a wait.
GEH feedback

We took our children (with autism) with a throat infection and they were able to diagnose and prescribe antibiotics immediately. Better than the stress of trying to get GP appointment for everyone.
Pharmacy feedback

Feedback we received for Nuneaton & Bedworth

Encouraged to use NHS app to book appointments. I had urgent tests done but wasn't able to discuss the results with my GP until 2 weeks later. Turns out that my medication was too high. I had been taking the higher dose for an extra 2 weeks.
GP feedback

I am autistic and find it difficult to answer questions from the GP receptionist because they speak too fast. I want them to flag me on their system as having autism, to understand that I need them to speak more slowly and explain clearly what I need to do.
GP feedback

Pharmacist was able to diagnose my husband's DVT just by looking at his leg and told me to take him to the hospital immediately. His quick diagnosis meant that my husband got treated quickly. Mr Burr is an excellent pharmacist I cannot fault his service.

Staff who deliver the service are great, however service delivery is poor, funding cuts, waiting times, patients having to pay for their care if they are not sectioned causing a never ending cycle of being admitted to A&E to receive Crisis care for free. Crisis team are a waste of time, unhelpful in a real crisis situation as they do not carry out home visits.
Community mental health feedback

Thank you for listening.
Any Questions?



Watch the [video](#), including BSL, that describes Healthwatch.

Read about our most recent work in our Quarterly Performance Report, [here](#).

Read our Annual Report for 2023-2024, [here](#).

Sign up to our quarterly newsletter, [here](#).

Find out more about us at www.healthwatchwarwickshire.co.uk

Share any feedback with us on local health or social care services, [here](#).

Glossary

We aim to communicate in plain English and try not to use jargon. Sometimes we use acronyms, which are explained below.

Acronym	Term
ARC	Applied Research Collaborative
CASS	Community Autism Support Service
CCC	Coventry City Council
CQC	Care Quality Commission
CWHWF	Coventry and Warwickshire Health and Wellbeing Forum
CWPT	Coventry and Warwickshire Partnership Trust
GEH	George Eliot Hospital
HOSC	(Adult Social Care and) Health Overview and Scrutiny Committee
HWBB	Health and Wellbeing Board
HWC	Healthwatch Coventry
HWE	Healthwatch England
HWW	Healthwatch Warwickshire
ICS	Integrated Care System
ICB	Integrated Care Board
ICP	Integrated Care Partnership
JSNA	Joint Strategic Needs Assessment
LMC	Local Medical Committee

Acronym	Term
NHSE	National Health Service England
PALS	Patient Advice and Liaison Service
QSEC	Quality, Safety and Experience Committee
RAP	Rights to Access Primary Care Project
PCN	Primary Care Network
PIPER	Pathways to Implementation for Public Engagement in Research
PPG	Patient Participation Group
SWPE	South Warwickshire Patient Engagement Forum
SWGPF	South Warwickshire General Practice Federation
SWFT	South Warwickshire University Foundation Trust
UHCW	University Hospital Coventry and Warwickshire
VCSE	Voluntary, Community and Social Enterprise
WCAVA	Warwickshire Community and Voluntary Action
WCC	Warwickshire County Council

For more information

Healthwatch Warwickshire
4-6 Clemens Street, Leamington Spa
CV31 2DL

website: www.healthwatchwarwickshire.co.uk

telephone: 01926 422 823

email: info@healthwatchwarwickshire.co.uk

write: FREEPOST Healthwatch Warwickshire

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 **Threads:** @ healthwatch_warwickshire

 **Bluesky:** @healthwatchwarwksbsky.social

Housing, Environment and Health Overview and Scrutiny Panel Thursday 13th February 2025

Introduction

The George Eliot Hospital NHS Trust is proud to provide Acute District General Hospital services to the people of North Warwickshire, Nuneaton and Bedworth and Hinckley and Bosworth. This short paper provides an update on the current position and gives an overview of key challenges and a flavour of key achievements. The report also provides an update on the provision of hospice beds and mortality in response to specific queries

Effect of winter and coronavirus

The hospital has coped well with the demand of unprecedented winter pressures with our highest level ever ED attendances of over 100,901 in 23/24 compared to 92,996 in 22/23. Emergency admissions increasing this year by 17.5%. This can, in part, be attributed to a wide range of respiratory infections and generally high acuity and frailty needed across our attendances necessitating admission and increasing length of stay. Despite this, we have maintained some of the best operational performance in the West & East Midlands Region in England. We have consistently maintained an A&E 4-hour (EAS) standard of >70% which benchmarks in the top 5 in the region and upper quartile nationally. To respond to the increased demand, we created an additional 41 additional bed spaces (25xArbury;6xCCU; 10xmeriden) – this will remain in place whilst activity levels remain high. We continue to have small numbers of Covid positive patients in the organisation, far fewer than we saw during the pandemic, however, we have experienced higher levels of Flu, and unfortunately lower take-up of Flu vaccinations than in previous years

From a planned care perspective, we have seen a significant reduction in the number of long waits since April 2021, we have continued with cancer and urgent surgery throughout this time and seen an over 50% increase in cancer referrals. We have achieved the targets of zero elective patients over 104 weeks and 78 week waiting times which was the national target set for end of March 2023, and we achieved the target of no patients waiting longer than 65 week by September 2024. We are currently on track to deliver the next target set which is zero patients waiting longer than 52 weeks by the end of March 2025. We currently have 20,100 patients on our waiting lists and have 450 patients who have waited over 52 weeks for treatment.

The cancer performance has been impacted by the high referral levels and impeded by increased levels of sickness amongst the specialist staff who provide the necessary treatments, which has caused our performance this year to fluctuate between 50%- 75% for the 62-day cancer standard, however this remains in line with the performance of other care providers across the Region. Our diagnostic performance remains strong and in the upper quartile of trusts nationally at >85% of patients being seen within 6 weeks against a national standard of 95%.

Staffing remains challenged across the Trust and partner agencies, although we welcomed our internationally educated nurses to the Trust in 2024 and we successfully recruited to some key medical vacancies. Our overall vacancy rate has continued to reduce throughout the year, although we continue to see higher turnover in entry level roles, e.g. Domestic Assistants and Healthcare Support Workers. A dedicated development programme to offer career progression to these staff groups is currently being designed and implemented.

Supporting Our Staff has been identified as one of the Trust's priorities, focusing not only on improving staff wellbeing and development to reduce absence rates, but also empowering the

voice of our staff through our staff networks, shared decision-making council and champions to continue to improve our ways of working and both our staff and patient experience.

The Talent for Care and Widening Participation teams have continued working with colleagues across the ICS in the Employability Academy, reaching out to disadvantaged groups who may otherwise struggle to access training or employment opportunities, including people who are disabled or neurodiverse, care leavers and refugees. The response has been very positive with a significant proportion of young people securing training or substantive employment. We continue to work closely with education providers in the local area to offer alternative routes into employment in healthcare, with a particular focus on.

The overall sickness rate for December 2024 was 6.39%, the majority of which was the result of short-term sickness absence due to covid, flu and other respiratory viruses. We have continued to focus on staff wellbeing, particularly as we have seen a surge in demand for services which has placed unprecedented pressure on our teams. Staff wellbeing has been a standing agenda item at all operational meetings as supporting our staff is crucial to enable them to care for patients. There are a wide variety of wellbeing offers available to all staff, including support for physical, mental and financial wellbeing.

Trust Financial Position

The 2024/25 financial year plan was to deliver a £0.7m surplus against our c.£260m of income. This plan was based on a number of ambitious assumptions including:

- accommodating urgent and emergency care patients in fewer beds as a result of increased use of virtual wards and ambulatory care whilst also reducing the number of patients that were medically fit for discharge and no longer needed to be in the hospital
- increasing the number of patients, we would see and treat from our waiting lists
- reducing expenditure on temporary staffing through recruitment to vacancies.

We have made significant progress on most of these areas but not quite to the ambitious levels we set out in our plan. The very high demands for urgent and emergency care, sicker patients requiring longer hospital stays and the difficulties in reducing the number of patients occupying beds who no longer needed to be in the hospital have been the main challenges that have impacted the delivery of our financial plan.

Hence, despite being broadly on track to deliver our c.£19m savings target we are headed for a deficit in the region of £6m.

The 2025/26 financial year is going to be even more challenging with the message from DHSC that there is no additional funding. The number of performance targets have been reduced in recognition of the reduced funding levels. The planning guidance and financial allocations have only recently been released. We are still working through the detail, but we are expecting to have to deliver significant levels of efficiency and productivity improvements to deliver the required financial position.

Quality/Safety

Across the Trust our focus is to EXCEL at patient care. Last year we implemented PSIRF – Patient Safety Incident Response Framework and this year we have concentrated on embedding the use of PSIRF across the Trust. This has included dedicated training sessions, the development of online training materials and resources, working collaboratively with teams, and reformatting patient safety meetings. We have also strengthened collaborative working with system peers. The team created a booklet for patients to explain

what PSIRF is and how they could get involved which received positive feedback and was shared as part of the national Patient Safety Specialist training for NHS staff.

We continue to work with patients, families and carers to ensure the patients voice is heard and central to our improvement journey. This includes representatives that act as patient partners at key meetings such as the Quality Assurance Committees, Mortality & Deteriorating Patients Group and Patient Experience Group. We will continue to seek opportunities to engage with patients next year to help shape the service further.

The Trust also expanded the Medical Examiner Service to include the scrutiny of non-coronial death in the community as well as in the hospital. The Trusts SHMI – Summary Hospital-level Mortality Indicator is 103 and within the expected range (published in January 2025). The Trust continues to undertake Structured Judgement Reviews and outcomes from mortality reviews are discussed and presented at the Mortality and Deteriorating Patients Group which is chaired by the Chief Medical Officer.

The increased demand for services has added extra strain on all areas of the system, wherever we have added extra capacity or adapted service delivery it has been done with a full risk assessment, impact review and been approved through our governance processes. Monitoring and benchmarking of patient quality, safety outcomes and experience continue to be undertaken and are reported through Quality Assurance Committee and Trust Board.

Hospice beds

Mary Ann have now increased their hospice at home services hours and now cover 8am to 8pm. This has seen a significant increase in referrals, in particular urgent discharge from GEH.

They also continue to work closely with GEH and SWFT to discuss the option of additional EOL beds at GEH, probably within Arbury Lodge. Progress is slow as GEH continues to struggle to maintain their current work levels and therefore developing new services have taken a back seat.

To Celebrate

We are proud that the hospital is now rated Good by the CQC following several service level CQC visits in areas such as Urgent and Emergency, Women and Childrens and Maternity Services amongst others. Publication of our staff survey results is imminent at the end of this month and we are optimistic about the results. We are also leading the way on proactively tackling health inequalities and embedding continuous improvement. The slide pack accompanying this report provides high level ongoing challenges, and outlines some of the fantastic work that is already underway to address these challenges.

Jenni Northcote

Chief Strategy Improvement and Partnerships

George Eliot Hospital