

Enquiries to:
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Date: 11th April 2024

Our Ref: MM

Dear Sir/Madam,

Housing, Environment and Health Overview and Scrutiny Panel
Thursday 18th April 2024

I refer to Item 7 (George Eliot Hospital Update) on the Agenda for the Housing, Environment and Health Overview and Scrutiny Panel scheduled for Thursday 18th April, 2024 and attach the report for the panel to consider.

Yours faithfully,

Brent Davis

Chief Executive

To: All Members of the Housing
Environment and Health Overview and
Scrutiny Panel

Councillors K. Evans (Chair), E. Shiers (Vice-Chair),
B. Beetham, C. Cape, T. Cooper, S. Harbison,
K. Kondakor, B. Pandher and J. Singh.

**Housing, Environment and Health Overview and Scrutiny Panel
Thursday 18th April 2024**

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 effect of winter and coronavirus on the hospitals operational position and predicted return to normal operating conditions. Also, an update on the provision of additional hospice beds.

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 and Emergency admissions increased this year by 17.5%. This can, in part, be attributed to a wide range of respiratory infections and generally high acuity and frailty need 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 and 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 14 bed spaces – 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.

From a planned care perspective, we have seen a significant reduction in the number of long waits since April 2021, however it has been necessary to stop some routine and planned procedures towards the end of December and continuing into January due to the increase in emergency work, 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 remain on target to achieve no patients waiting longer than 65 weeks by April 2024.

Out of the 16,900 patients we currently have on our elective waiting lists, we have 325 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 >96% of patients being seen within 6 weeks against a National standard of 99%.

Staffing remains challenged across the Trust and partner agencies. Reducing Vacancies has been identified as one of the Trust's priorities, this focuses not only on recruitment to key vacancies but also on supporting staff wellbeing and development to reduce absence rates, improve retention and enable career progression within the Trust.

A new risk-based approach to recruitment has been implemented, significantly reducing time to hire and improving the candidate experience. The Talent for Care and Widening Participation teams have also been working with colleagues across the ICS to develop the Employability Academy, reaching out to disadvantaged groups who may otherwise struggle to

access training or employment opportunities. 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.

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 caring for 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.

The overall sickness rate for February 2024 was 5.15%, the majority of which was the result of long term sickness absence. This was comparable with other Trusts in the Coventry & Warwickshire system and lower than the regional average. A system-wide task and finish group has been established to identify how best to improve staff wellbeing and reduce absence rates. The overall vacancy position has reduced significantly, although key vacancy areas are reflective of the national position, e.g. registered nurses and radiographers.

Trust Financial Position

The 2023/24 financial year plan was to deliver a breakeven position against our £247m of income. Breakeven was delivered but required significant levels of non-recurrent funding and one-off benefits. The true underlying financial position for 2023/24 was a deficit of £17m. The key drivers of this underlying deficit are:

- Higher than planned temporary staffing costs due to vacancies, high levels of staff sickness, emergency demand resulting in the need to open more beds than we planned to and sicker patients requiring higher staffing levels.
- Pay awards and inflationary costs (particularly energy, drugs and food) have not been fully funded within our funding allocations.
- Service provision we have not been fully funded for due to historic block arrangements or volume pressures

The 2024/25 financial year plan is going to be even more challenging with the message from DHSC that there is no additional funding and the performance targets will be even more demanding. The plan is yet to be approved with final submission due on 2nd May 2024. We are still working through the detail, but we are expecting to have to deliver significant levels of efficiency and productivity improvements to achieve breakeven in 2024/25.

Quality/Safety

Across the Trust our focus continues to be on EXCELLing at patient care and learning from situations, incidents and the feedback given by our patients, carer's and families. We have implemented the new national framework for responding to and learning from incidents with the focus on improving care, Patient Safety Incident Response Framework (PSIRF). We are expanding the work with clinical teams to increase the use of patient involvement and shared decision making with a focus on improving care for patients at the end of life.

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.

We recently launched our patient experience and involvement framework which was co-produced with patients and wider community representatives.

Hospice beds

There remains some inequity of Hospice bed access in the North of Warwickshire, 1.8% of deaths in North Warwickshire were in a Hospice Bed in 2021 in comparison with 3.9% in the whole of Warwickshire (source Fingertips [Palliative and End of Life Care Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/indicators-figures/palliative-and-end-of-life-care-profiles)).

To partially address this and support dying at home, Mary Ann Evans Hospice have increased their Hospice at Home capacity, supporting 398 patients at home in 2021. The Specialist Palliative Care Team in the community (SWFT) supported 484 new referrals which enabled 26.7% of people to die at home.

In addition to this, the Specialist Palliative Care Team at GEH support 2 'End of Life Care' beds at Arbury Lodge. These are for anyone in the last days of life for whom a hospital ward would not be preferred place of care and death. In 2022, 37 patients were transferred to these beds, freeing 217 hospital bed days.

Jenni Northcote

Chief Strategy Improvement and Partnerships

George Eliot Hospital