

Health and Wellbeing Board

10 January 2024

George Eliot Hospital (GEH)

Recommendations

That the Health and Wellbeing Board:

- 1) Notes the strategic direction for George Eliot Hospital;
- 2) Notes the Improvement Journey of George Eliot Hospital; and
- 3) Notes the role George Eliot is taking within Warwickshire North Place

1. Executive Summary

- 1.1 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. The hospital has much to celebrate and has ambitious plans for the future.
- 1.2 This report provides a briefing to partners, outlining the strategic direction for George Eliot Hospital, highlighting the improvement journey of the trust, and our continued commitment and contribution to system working and place partnerships.
- 1.3 The Trust's clinical strategy (attached) sets out the clinical priorities of the trust, many of which have now come to fruition, delivering tangible benefits to the communities and population we serve. The clinical strategy was co-produced and endorsed through Warwickshire North Place. We are currently refreshing the strategy for 2025 onwards.
- 1.4 Over the four-year period of the clinical strategy the Trust has been on an incredible journey, achieving segment 2 status in the NHS Single Oversight Framework, CQC good rating for Urgent and Emergency Care and Maternity Services, whilst maintaining top quartile performance despite unprecedented demand.
- 1.5 The Trust is currently in the process of implementing an exciting site reconfiguration programme, enabling even better use of our site, expanding assessment and ambulatory care capacity in response to demand. The Trust has already built a new surgical ward (The Captain Tom Moore Unit) and 2 operating theatres in 2020, with 2 new wards due to open later in 2024. The Trust also opened the Community Diagnostic Centre, improving access to diagnostic tests for our local population.

- 1.6 Our estates developments have taken account of sustainability considerations and we have submitted a substantial capital bid for public sector decarbonisation to enable us to introduce solar panels across the site and make our estate more energy efficient.
- 1.7 The Trust has introduced and is further expanding virtual wards, is actively involved in the accelerator programme, and expanding use of digitally enabled technology supporting our continued focus on home first, care closer to home.
- 1.8 We continue to develop our research reputation and excellence, as well as build our teaching status, achieving positive reputation with nursing and medical students, working closely with both local universities.
- 1.9 The Trust continues to invest in its workforce, providing a comprehensive wellbeing offer recognising our people as our most valuable asset. We continue to develop innovative pathways to recruitment recognising, our community as potential future workforce and attracting new talent and skills both locally, nationally, and internationally.
- 1.10 The Trust has worked incredibly hard to reduce waiting lists, increasing productivity, and sustaining elective activity despite challenges of urgent care demand, and impact of industrial action.
- 1.11 Looking forward the trust has committed to 5 big moves outlined in the Trust strategy. These big moves are shared with our Foundation Group Trusts, setting a strategic framework for our organisation's commitments to:
 - Be a flexible employer
 - Lead the NHS in carbon reduction
 - Embed prevention in every service
 - Home first supported by technology and collaboration
 - Create resilience in the domiciliary care market
- 1.12 At a trust level our annual objectives, retain a focus on reducing temporary staffing vacancies, further reducing waiting times to treatment, and reducing bed occupancy; these fundamental areas of focus providing solid foundations from which George Eliot will continually strive to Excel at Patient Care.
- 1.13 The trust is a committed Place Partner, hosting the place co-ordination function. As a place partner we have implemented innovative programmes of work like the award-winning Back to Health Volunteer programme, hosted by George Eliot and mobilised preventative early intervention initiatives like our CVD case finding programme, in partnership with primary care and public health, and supported PCN led development of community frailty offer. As a trust we have also provided capacity to co-ordinated place level health inequalities investment planning, which will see the implementation of a range of targeted initiatives funded through ICB health inequalities funds, benefiting our most deprived neighbourhoods, and targeting the top 5 clinical priorities impacting health inequalities, such as our respiratory project.

2. Financial Position

- 2.1 We have delivered a breakeven financial position every year from 2019/20 onwards and we are on track to breakeven this financial year. There have been several factors that have made this year very challenging (set out below), so we have had to use our savings and reserves to maintain our breakeven position.
- 2.2 This year our income is in the region of £235m and we have a large savings target of £15.5m. Most of our income is fixed for the year and relates to providing urgent and emergency care services. Therefore, increasing pressure on these services throughout the year has resulted in increased levels of expenditure without any increase in income.
- 2.3 Other challenges this year that have impacted our financial position include:
- high levels of temporary staffing expenditure due to vacancies, sickness and industrial action.
 - high levels of inflation that has not been fully funded.
- 2.4 As set out above, despite the challenging financial climate we have been successful in our bids for additional capital and revenue funding. Over the last few years we have invested significantly in new wards, new operating theatres, a community diagnostic centre, ambulatory care and virtual wards to support our strategy of seeing and treating patients more quickly in the most appropriate setting. Our well-established service improvement programme will enable us to make best use of these new facilities and services to improve quality, operational performance thus in turn improve our financial position. We are also focussed on recruiting and retaining staff as well as supporting staff wellbeing which will facilitate a reduction in our temporary staffing bill.
- 2.5 Despite making improvements to our underlying financial position over the last few years, we know next year will be even harder. Our income for next year is likely to be the same as this year but our expenditure will increase because of increasing demand, pay awards and inflation. This means we will need to deliver further efficiency and productivity improvements on top of those delivered this year. We are well placed to do this through our improvement programme as set out above.

3. Appendices

Appendix 1 - the clinical strategy is attached for further information.

A slide deck will be shared at the meeting and can be made available to accompany this report.

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