

Council of Governors Public Meeting

Thu 13 July 2023, 09:30 - 11:40

Seminar Rooms 1&2 Buckland Hospital, Coombe Valley Road CT17
OHD and Via Webex

Agenda

09:30 - 09:40 **23/17**
10 min **Chairman's introductions**

To Note *Niall Dickson*

09:40 - 09:40 **23/18**
0 min **Confirmation of Quoracy**

To Note *Niall Dickson*

09:40 - 09:40 **23/19**
0 min **Apologies for absence and Declaration of Interests**

To Note *Niall Dickson*

09:40 - 09:40 **23/20**
0 min **Minutes of Previous Meeting held on 27th April 2023**

Approval *Niall Dickson*

 23-20 CoG Public Minutes 27th April 2023.pdf (11 pages)

09:40 - 09:40 **23/21**
0 min **Matters Arising from the Minutes**

Approval *Niall Dickson*

 23.21 Outstanding Public CoG Actions .pdf (1 pages)

09:40 - 09:40 **23/22**
0 min **Ratification of Virtual Votes since the last meeting**

Approval *Niall Dickson*

 23-022 - Ratification of Virtual Votes v2.pdf (3 pages)

09:40 - 09:45 **23/23**
5 min **Chairman's Report**

Discussion *Niall Dickson*

 23-023 - FINAL Chairman's Report CoG - July 2023.pdf (6 pages)

09:45 - 09:55 **23/24**
10 min **Chief Executive Officer's Report**

Discussion Tracey Fletcher

 23-24 CEO Report to CoG-13 July 2023.pdf (7 pages)

09:55 - 10:00 **23/25**
5 min **Lead Governor Report**

Discussion Bernie Mayall

 23-025 - Draft Lead Governor report to CoG July23.pdf (2 pages)


10:00 - 10:30 **23/26**
30 min **NEDs overview report Board Committee Chair Reports to Public Board**

Discussion

23/26.1
Quality & Safety Committee

Discussion Andrew Catto

 23-026.1.1 QSC Assurance Report Front Sheet 130723.pdf (2 pages)

 23-026.1.2 Appendix 1 QSC 23.05.23 Minutes.pdf (11 pages)


23/26.2
People & Culture Committee

Discussion Stewart Baird

 23-26.2 - EK PCC Board Assurance Report 060723.pdf (4 pages)

23/26.3
Finance & Performance Committee

Discussion Richard Oirschot

 23-26.3 - FPC Committee Assurance Report BoD final.pdf (6 pages)

23/26.4
Charitable Funds Committee

Discussion Luisa Fulci

 23-26.4.1 - CFC Board Assurance report to CoG 13.7.23.pdf (2 pages)

 23-26.4.2 - Appendix 1 Expenditure Board Paper.pdf (2 pages)

 23-26.4.3 - Appendix 2 East Kent Hospitals Charity Strategy Board paper.pdf (14 pages)

23/26.5
Integrated Audit and Governance Committee

Discussion Olu Olasode

 23-26.5.1 IAGC Chair Board Committee Assurance Report for CoG.pdf (6 pages)

10:30 - 10:40 **23/27**

10 min **Operational Update**

Discussion *Dylan Jones*

- 📄 23-027.1 - Operational Update to CoG Front Sheet .pdf (8 pages)
- 📄 23-027.2 - Appendix 1 - ED Build Paper.pdf (5 pages)

10:40 - 10:55 **23/28**
15 min **Estates and Facilities Update**

Discussion *Simon Corben*

- 📄 23-028 - Estate and Facilities Update v2.pdf (4 pages)

10:55 - 11:05 **23/29**
10 min **Integrated Improvement Plan Update (IIP)**

Discussion

- 📄 23-29.1 - Front Sheet Integrated Improvement Plan Report Final 06.07.23.pdf (4 pages)
- 📄 23-29.2 - Appendix 1 EKHUFT IIP July Report FINAL Draft 20.06.23.pdf (26 pages)

11:05 - 11:20 **23/30**
15 min **Maternity and Reading the Signals Update**

Discussion *Michelle Cudjoe*

- 📄 23-030.1 Maternity Highlight Report Front Sheet.pdf (2 pages)
- 📄 23-030.2 Appendix 1 Maternity and Neonatal Improvement Programme key action 1.pdf (1 pages)
- 📄 23-030.3 Appendix 2 Maternity and Neonatal Highlight Report key action area 2.pdf (1 pages)
- 📄 23-030.4 Appendix 3 Maternity and Neonatal Highlight Report - Key action area 3.pdf (1 pages)
- 📄 23-030.5 Appendix 4 Maternity and Neonatal Highlight Report key action area 4.pdf (1 pages)

11:20 - 11:30 **23/31**
10 min **22/23 and 23/24 End of Year Finance Report**

Discussion *Michelle Stevens*

- 📄 23-031.1 22.23 and 23.24 End of Year Finance Report Front Sheet.pdf (2 pages)
- 📄 23-031.2 Appendix 1 2022-23 2023-24 Financial Position Final.pdf (3 pages)
- 📄 23-031.3 Appendix 2 Exec Summary.pdf (1 pages)

11:30 - 11:40 **23/32**
10 min **Any other questions**

Discussion *Niall Dickson*

Date of Next Meeting: 26 October 2023

**CONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING
ASHFORD INTERNATIONAL HOTEL, SIMONE WEIL AVENUE, ASHFORD TN24 8UX
THURSDAY 27 APRIL 2023 09:30AM - 11:30PM**

PRESENT:

Niall Dickson	Chairman	Chair
Tracey Fletcher	Chief Executive Officer	TF
Bernie Mayall	Lead Governor	BM
Linda Judd	Partnership Governor	LJ
Andrew Catto	Non-Executive Director	AC
Stewart Baird	Non-Executive Director	SB
John Fletcher	Elected Governor - Ashford	JF
Paul Schofield	Elected Governor - Thanet	PS
Ben Stevens	Director of Strategic Implementation and Partnerships	BS
Catherine Pelley	Interim Chief Nursing and Midwifery Officer	CPe
Carl Plummer	Elected Governor - Folkestone & Hythe	CP
Saba Mahmood	Staff Governor	SM
Monique Bonney	Elected Governor - Swale	MB
Andrea Ashman	Chief People Officer	AA
Sarah Barton	Elected Governor - Ashford	SBa
Claudia Sykes	Non-Executive Director	CS

IN ATTENDANCE:

Neville Daw	Governor and Membership Lead	GML
Lucy Coglán	Council of Governors Support Secretary	LC
Tonino Cook	Senior Advisor to the Chairman	TC

ONLINE VIA TEAMS

Paul Verrill	Elected Governor - Dover	PV
Derek Richford	Member of Public	DR
Fiona Wise	Strategic Programme Director	FW
James Casha	Staff Governor	JCa
Simon Corben	Non-Executive Director	SC
Richard Brittain	Elected Governor - Swale	RB

MINUTE NO. CoG/23/		ACTION
23/001	<p>CHAIRMAN'S INTRODUCTIONS</p> <p>The Chair welcomed all to the meeting. Two new Governors were welcomed to the Council - Saba Mahmood, Staff Governor and Sarah Barton, Elected Public Governor for Ashford. The Chair also informed two newly elected governors; Mike Trevethick, Elected Public Governor for Thanet and Tom Morris, Elected Public Governor for Canterbury had resigned, therefore there were current vacancies on the Council. The public elections for Canterbury and Folkestone & Hythe were ongoing, with an announcement on the results expected on the 3 May 2023.</p> <p>The Chair took papers as read and asked presenters to focus on key points.</p>	
23/002	<p>CONFIRMATION OF QUORACY</p> <p>The Chair confirmed the meeting was quorate.</p>	

Chair's initials

23/003	<p>APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST</p> <p>Apologies had been received from: Luisa Fulci, Non-Executive Director and Richard Oirschot, Non-Executive Director.</p> <p>Declarations of Interest: Carl Plummer declared he was now the chair of the National League Governors Association.</p>	
23/004	<p>MINUTES FROM THE LAST COUNCIL OF GOVERNORS' MEETING HELD ON 14 FEBRUARY 2023</p> <p>The minutes from the previous meeting were APPROVED as accurate.</p>	
23/005	<p>MATTERS ARISING FROM THE MINUTES</p> <p>Harmonia Village - To be discussed during this meeting - to close</p>	
23/006	<p>RATIFICATION OF VIRTUAL VOTES SINCE THE LAST MEETING</p> <p>The council had been asked to virtually vote on the approval of a revised appraisal process. This had been virtually approved and was ratified by Council.</p>	
23/007	<p>CHAIR'S REPORT</p> <p>The Chairman commented the recent CQC inspection that took place in January was disappointing and that the report was awaited. The Chair acknowledged there was still much to be done and the Board were concerned that some basic elements did not appear to be covered with consistency. Work was needed to be carried out with staff who also needed to be supported - the Chairman, along with the CQC, recognised their dedication and commitment.</p> <p>A new Director and Deputy Director of Midwifery would be starting within the Trust, who were coming from outstanding trusts with outstanding midwifery services - this was positive.</p> <p>Concern also remained around students working within the Trust, following a recent review of students who had been trained by the Trust and who were subject to an Objective Structured Clinical Examination (OSCE), whereby students were assessed as to whether they had been trained correctly. It was noted that all students had done very well with many achieving grades above the expected level.</p> <p>The Council of Governors NOTED the Chairman's report.</p>	
23/008	<p>LEAD GOVERNOR REPORT</p> <p>BM wanted to thank Sarah Shingler - Chief Nursing and Midwifery Officer, who had left the Trust earlier than expected, for her hard work and support in a very challenging time for the trust. BM welcomed the new governors and advised them to get to know the back story and understand where the trust was now in terms of where the trust had been and where it needed to get to.</p>	

Chair's initials

<p>23/009</p>	<p>UPDATE ON HARMONIA</p> <p>SB informed Harmonia was a joint exercise between NHS, KCC and the Health and Europe Centre. This initiative started 7-8 years ago and was to replicate a dementia care facility. There were £12m euros invested into the project, which was used to build a state-of-the-art dementia home in Dover, behind Buckland hospital on land owned by the Trust. The infrastructure was built pre-covid. There were patients using the facility pre-covid, with some covid patients using it during the pandemic. The facility included 3 4-bedroom homes, community centre with hub and kitchen facilities, secured in a gated environment. The facility was AI driven. There had been some management issues on site and some design issues, in terms of how the site was built. The agreement was to open Harmonia to patients living with dementia by the end of March 2022, however, despite regular oversight, this never happened. A tender had gone out for a service provider to run the site, with only 1 application received - contractual negotiations started, and as part of this process the provider needed to obtain CQC registration, which had taken a lot longer than expected. At the beginning of April 2023, a letter had been received from the Health and Europe Centre and a meeting with them and the executive team was due to take place on Friday 28th April 2023 to discuss this further. Since the letter had been received the CQC had granted the provider registration which was for nursing and personal care and supported living services. SB was hopeful patients would start to arrive in Harmonia over the next few months. The service provider, ICB and the Trust had spent considerable amount of time commissioning beds to help get the facility open. Several residents had also been identified from within the services providers current homes as being suitable to be housed in Harmonia. The Trust had undertaken works to get Harmonia open (re-stocking, deep cleaning etc). Going forward the Trust will become the landlord to the service provider, but the Trust will not be responsible for service delivery at Harmonia. The Trust had some outstanding obligations to complete; the newly developed model of care needed to be evaluated, the implementation of technology and deliver a training programme to the service provider's staff. Ethical approval for research for Harmonia was in place and the Trust had agreed to fund the contract extensions for Canterbury Christ Church University staff to allow the data analysis and research evaluation to take place. SB invited for governors and the Board to see the facility once it had been opened in the next few months. This project would be positive for East Kent.</p> <p>The Chair asked if there was a target date for this to be opened. BS responded the aim was to have the first residents in place in June 2023.</p> <p>RB asked what reporting was there in place to accurately measure service delivery. SB responded in terms of governance there was a monthly performance and delivery group that had been set up between the Trust, ICB and the service provider. There would be quarterly performance reports going back to the Trusts Clinical Executive Management Group (CEMG) for oversight of delivery.</p>	
<p>23/010</p>	<p>CHIEF EXECUTIVE OFFICER'S REPORT</p> <p>TF wanted to focus on the following five areas:</p>	

Chair's initials

	<ul style="list-style-type: none"> • TF thanked the support given to both herself, and to patients and families by Sarah Shingler during her time with the Trust and wished her well for the future. Catherine Pelley was currently supporting as interim Chief Nursing Officer for the next 2-3 weeks. Jane Dickson, who was previously a Chief Nurse in the South East region who would then take over mid-May 2023. TF was hopeful a substantive appointment had been made, however, this was due to be confirmed • There were a number of changes to the executive team - Dylan Jones started as the new Chief Operating Officer 2 weeks ago. Interviews had taken place for the Chief Finance Officer and interviews were due to take place for the Director of Strategic Implementation and Partnership. These appointments were due to be confirmed • The Integrated Improvement plan (IIP) had been discussed at the April Board meeting, which was the focus of the Trust’s priorities for the next 12 months. It had direct association with the fact the Trust was in National Oversight Framework 4 (NOF4). This meant the Trust were challenged, but also supported to focus on the areas the Trust needed to make improvements on. There were 6 areas that had clear targets the Trust needed to work towards over the coming months. 2 of the areas included finances - the Trust had ended the year on the target agreed with the ICB. This was deficit a position, however credit was given to managers across the organisation for thinking about their expenditure levels towards the end of the financial year. The Trust, like many other organisations, had a challenge ahead and the finalised agreed figure needed to be finalised for the current financial year. It was expected this figure would be around £73-74m deficit mark, with a view to establish a 3-year plan to draw the organisation back into a break-even position. There had been a lot of support from IC colleagues around this and conversations had been had with the national team • There was a lot of work to be done around operational performance. The activity plan had been agreed for the current year. Long waiting times for outpatient, operations and within the ED departments needed to be addressed - part of the challenge within the IIP focused on these areas <p>MB asked how quickly could the work be done around the finances and IIP so the governors could have oversight on the NED’s and the board. TF responded the Trust’s position needed to be settled with the ICB and the national team which would happen imminently. TF and the Chair were due to present the IIP to the ICB Board and a revised version would be seen at the Board, however, the areas that needed to be focused on were already set. TF agreed the Trust needed to get to a position where the objectives were in the IIP and how did the Trust ensure there was relevant and challenging, but realistic trajectories of where the Trust would be by the end of the year.</p> <p>BS commented identifying what the exact and specific metrics that would be measured against to ensure delivery, against the 1-year and 3-year objectives, needed to be identified - this would be done within the next 2 weeks. Subsequent to this would then be the reporting from this. There was a really clear set of reports that demonstrated what the Trust was trying to achieve and the progress that was being made. The steps being taken currently were looking to align the 3-year objectives, that were taken predominantly from the Pillars of Change and the 1-year objective,</p>	
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Chair’s initials

	<p>predominantly taken from the IIP programmes of work. MB asked when these programmes were due to start. TF responded the IIP started on the 1st April 2023, with the 12-month period ending at the end of March 2024. In terms of reporting, it was due to start May 2023.</p> <p>The Chair commented the key performance indicators needed to be around ED queues, waiting lists, the number of patients who were in the wards who did not need to be there, staff survey, general issues about quality and safety and finances.</p> <p>MB commented the governors needed to see a change of system and without the plan it was difficult to say what the Trust would deliver. The finances also needed to be understood. MB felt the Trust was behind other organisations in regards to technology and IT. TF responded this did need to be taken seriously. There was a link between reducing levels of expenditure and improving quality and safety.</p>	
23/011	<p>READING THE SIGNALS (IIEKMS ACTIONS UPDATE)</p> <p>FW informed the paper circulated was the paper that went to Board on the 6th April - The paper had since been updated, with an updated version to be circulated to the Council. Work was being done with the support of BS to pull together the common themes between the pillars of change and IIP. The following was highlighted:</p> <ul style="list-style-type: none"> • The Board had a successful development session with Professor Michael West in April 2023 and the Clinical Executive Management Team (CEMG) had a development session supported by NHSE colleagues on the 26th April 2023. The next steps were to start establishing an over-arching steering group and identify location of change leaders. The programme was led by the Trust. • The Reading the Signals Oversight Group was last held on the 13th April 2023 with the next meeting due to take place on the 9th May 2023. The key agenda items for the next meeting would be proposals for the community family voices meetings and to further discuss the role of the group and how it related to a number of other committee's that accounted to the Board. It was hopeful the revised ToR for the groups would be approved at the next Board meeting in June 2023 • The Trust were working with a number of families around the Independent case review process, with an update to be provided to the Board in May 2023. The numbers, however, had not increased above 27 • The national delivery plan for maternity and neonatal services had been published at the end of March 2023. The Trust had been developing a 3-year maternity transformation plan which linked together the expectation from the national delivery plan and some key local actions <p>The Chair commented the Trust recognised there was huge dedication and commitment to change culture, but things needed to move more significantly. The Trust needed to listen to families, and this was being done in the Oversight Group. Reading the Signals would continue to be discussed in Council.</p>	

Chair's initials

	<p>The Chair thanked FW.</p>	
<p>23/012</p>	<p>NEDS OVERVIEW REPORT - BOARD COMMITTEE CHAIR REPORTS TO PUBLIC BOARD:</p> <p>012.1 QUALITY & SAFETY COMMITTEE</p> <p>AC presented this report and the following was noted:</p> <ul style="list-style-type: none"> • Flow and congestion within the system was a problem. A lot of time was spent in the Quality and Safety Committee discussing and understanding what the problems were and what could be done to improve things • Assurance was given that the executive team were focused on the practical steps to increase flow through the system • It was the view of the committee that the issue of flow was a shared risk. Assurance was given that the Trust was not working on this by themselves, but in partnership with the community trust and Kent County Council (KCC) and other partners • The committee also had assurance that the Trust were talking to other organisations about what was best practice, what worked and what did not work • There were some concerns raised from the ICB, whereby they had asked for clarity on the management of the deteriorating patient and Serious Incident management • AC was trying to steer the committee a little more towards a focus on clinical outcomes <p>The Chair asked if there had been any assurance about the number that the Trust might be able to achieve by the end of the year. AC responded they had not had that assurance - the Chair commented this was needed.</p> <p>LJ commented over £40k had been raised by League of Friends QEQM for ICU pods. 3 months along these pods were still not being used. TF commented she would follow this up with estates. TF commented the Trust needed to make the culture work together. TF agreed learning and bringing the teams together for case reviews was vital - this would enable the Trust to bring better outcomes for patients.</p> <p>MB asked if there was assurance time was being allocated to staff for SPA time and training and was there an implementation for this. AC responded this had not been discussed at this committee. TF commented there was more work to be done around this.</p> <p>012.2 PEOPLE & CULTURE COMMITTEE</p> <p>SB gave a verbal update from the last meeting which took place on the 26th April 2023 and the following was noted:</p> <ul style="list-style-type: none"> • Staff representatives had been invited to observe this committee, with the Chair of the staff committee and Chair of the local negotiating committee in attendance at the meeting with feedback to follow 	

Chair's initials

	<ul style="list-style-type: none"> • Staff engagement scores had declined, which was disappointing. There were four Freedom to Speak Up Guardians (FTSU). 84% of staff that had responded to the National Staff Survey had stated the Trust encouraged the reporting of errors, near-misses and incidents, which was positive. 96% of staff knew how to speak-up and less than 50% of staff felt how the Trust treated staff that were involved in an incident was not fair • There had been a big increase in the number of incidents reported which was up 260% with over 150 matters raised with the guardians • A new Equality, Diversity and Inclusion team (EDI) was in place • Appraisal levels remained poor. This was a basic tool of management and time was not being rostered for these to take place, with rooms and space also being an issue for 1:1's to take place • Staff turnover was on plan at 10% with nursing turnover at 8.8%. As a result of this staff were being retained and the vacancy rate had dropped from 10% to 8.4%. The monitoring of the safe staffing business case and how the gap was closing, had now been closed and work was moving towards the establishment numbers. 250 nurses were needed to be recruited this coming year and 170 were at offer stage already - approximately 80 of these were nationally educated colleagues • There were 90 consultant vacancies, this number goes down to 56 with job offers already in the pipeline, however, the 56 remaining were the harder to recruit vacancies especially at QEQM. Youtube videos had been created to try and encourage new staff • Discussions had been had around midwifery and there were currently 16 midwife vacancies and 30 newly qualified midwives who would be joining the Trust by September. At WHH there was a 20-vacancy rate over the next few months • Statutory training was now up-to-date and sickness was where it was expected to be, with sickness due to stress and anxiety was at a very low level • A programme had been started to check how new staff was onboarded. This started in April 2023 and 190 colleagues had been surveyed. Surveys would then take place at one month, 100 days, 6 months and one year to identify any problems at an early stage • A short update on industrial action had been received at the committee, with more junior doctor action possible • Midwifery services and workforce planning - Super-numerary status of midwifery co-ordinators was one key measure which was 99% vs 100% required. One-to-one care was 98% care in labour over a 6-month period <p>The Chair felt the Trust had not been active enough in thinking about joint appointments with the medical school and urged this to be looked at.</p> <p>MB asked if the Trust were doing enough to help overseas staff with accommodation etc. SB responded that he had met with the matron for international staff, residential accommodation was one of the top 2 challenges. There was an outstanding action within the committee with 2gether who ran the accommodation. SB had raised with the finance team to provide guarantee's, and work was being done around this. The Chair felt it would be helpful for 2gether to present to Board what was happening with accommodation.</p>	
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Chair's initials

AA commented the Trust had recruited approximately 572 internationally educated nurses alone, along with overseas doctors supporting the Trust. If the Trust continued on the trajectory they would be at establishment level by November 2023. The Trust should therefore see a reduce in pressure which would help slightly.

CS commented she had attended the EKHUFT induction earlier in the week and commented it was excellent, with the Freedom to Speak Up Guardians and the wellbeing team present. There was a lot of focus on staff compassion which was really positive. JCa agreed the Trust wellbeing team was a success.

012.3 FINANCE & PERFORMANCE COMMITTEE

SC presented the update on behalf of RO and the paper was taken as read. The following was noted:

- In 2022-2023 the Trust hit a deficit of £19.3m, however, on the cost improvement programme the Trust were £9m below at £21m against the target of £30m
- The challenge for 2023-2024 was extremely challenging with a £72.5m predicted deficit and there were ongoing conversations at a national, regional and local level to agree to this figure, and the terms associated with this figure - this was due to be concluded shortly
- The SIP plans for 2034-2024 were £40m, with significant challenge on this. There was £5m worth of the £40m identified and significant work was needed on this, particularly as the year had already started, which was a concern
- Areas of core focus included; reducing the number of no longer fit to reside down from 400 to 178, focus on the cost improvement programmes and capital planning and capital representation

SC commented there was real challenge for the organisation around invest to save. SC recommended a 'state of the estate' paper to been seen at this meeting in due course so governors were aware of the issues being dealt with on a daily basis - **ACTION**

CS felt the Trust needed to get the basics right as there were 120, out of the 437 patients no longer fit to reside were on a pathway 0, which meant they required no onward support - this was work that was needed to be done internally and not reliant on the system.

012.4 CHARITABLE FUNDS COMMITTEE

The paper was taken as read and CS highlighted the following:

- A piece of work had been started looking at the expenditure plan. With the financial challenges the Trust faced, the Charitable Funds Committee (CFC) were looking at what could be legally done with the charitable funds, which currently was around £2m and what constraints there were around this. A plan was due to be seen at CFC in June 2023 and then Board of Directors in July 2023

Chair's initials

	<ul style="list-style-type: none"> • The strategy was due to be updated and it was hoped it would be more ambitious. CS felt the charity could do more to support the Trust • The length of time it took for financial processes to complete was an ongoing issue raised at the committee. CS had asked for a review the financial controls and process for the charity to help provide assurance to the committee and to understand if it was fit for purpose for the charity <p>JCa thanked CS, along with LJ and League of Friends colleagues for their service and support with fundraising and also supporting staff, which was appreciated. The Chair thanked CS for reflecting on how the charity could work more effectively.</p>	
23/013	<p>NATIONAL STAFF SURVEY SUMMARY</p> <p>AA explained the staff survey results were poor with the Trust ranking at 65th in the country. The Trust were 28th most improved, which showed the direction of travel, which was an important focus for the Trust, was going in the right direction. Pre-the Kirkup report being published there was a high level of response to the survey from the organisation. Post Kirkup, responses were still received, however, there was a marked decline in the volume of people responding to the survey. The key highlights were:</p> <ul style="list-style-type: none"> • The Trust had improved in 49% of the results this year, declined in 29% and stayed the same in 22% • A dashboard had been developed by the People and Culture Team and all survey results had been included in this. This helped to understand at a granular level what staff had said. The dashboard had been used to share the results on the staff zone so all staff could look at the results from their own department and across the whole Trust • The Trust executive team were increasing communication and engagement with staff - this included webinars, face-to-face meetings with staff and leadership meetings • The survey was not only a reflection on the Trust, but of the wider NHS and in society in general • Issues around staff engagement and levels of staff involvement were monitored closely. Levels of staff engagement had increased in the national staff survey, and staff involvement had increased slightly • Advocacy was an area of concern for the Trust and there was a lot of work ongoing within the management teams • During the course of the year, quarterly pulse surveys were carried out to check in on staff and how they were feeling as the year went on. Nationally the pulse survey responses were around 30% of the responses received for the national staff survey. This had been a slight deterioration in the engagement score at the quarterly pulse survey • The care group leaderships teams had been asked on the 3 things they would wish to improve - this had gone out on an individual and care group level • The leadership of the Trust was brought together on the 26th April 2023, which was hosted by TF. This was a positive and impactful session, with great engagement from staff members 	

Chair's initials

	<p>The Chair asked if at the end of the year was there a view around how much could be changed. AA responded her view change could be implemented but would take time due to the enormity of the challenge. SB asked how could the numbers on retention could be reconciled with the results of the staff survey. AA responded there had been a big recruitment drive. The staff survey was run in September 2022, therefore staff experience and what they were reporting will have been from the preceding period of time. The impact of the change would not be felt until this coming year.</p> <p>MB asked if the substantial issues, cultural issues was marked within the response to the team in the area, and the things that had been done can it be seen in the department if there had been improvement. AA responded it was important to use the dashboard to its best effect and the Trust had never before been able to drill down to the detailed information, until now. MB commented breaking the bad habits was crucial, and how would this be done, and in what sort of timeframe. AA responded there may be a slight shift in results this year, however, AA felt the real shift would be shown in the results in March 2025. Compassionate leadership and respectful challenge was needed to help break the bad habit cycle.</p> <p>SM felt, that after speaking to staff, the response to raising issues to managers seemed to be to make it a business case and there was not time to do this, therefore the concerns raised was forgotten/lost. AA felt this cycle needed to be broken, and work needed to be done together to be more efficient in the services.</p> <p>SB felt this came down to whether the staff trusted the leadership team. One of the messages the NEDs were giving the executive team was to be bold in their next steps. The next twelve months would be key.</p>	
23/014	<p>MEETING DATES FOR COUNCIL 2023/24</p> <p>The dates were noted and approved.</p>	
23/015	<p>ANY OTHER BUSINESS</p> <p>Mavis Turton - Member of Public - Mavis explained a horrible experience she and two family members had encountered in the Minor injuries Department at WHH, whereby they had been physically assaulted. Concerns were also expressed about the planning permission to build 8,000 homes in the area which would put increased pressure on the Trust. Mavis asked what measures to deal with patient safety had been put in place by the Trust. Mavis thanked Neville Daw, Samantha Gradwell and Tracey Fletcher for the help and support they had given her. The Chair commented assaults on staff were taken seriously, and assaults on patients was a priority to try and create a safe environment. TF commented creating an environment in the ED Department whereby patients move through the system in a timely manner and better environment was intended to provide a calmer environment so patients would not behave badly. TF had been in discussions with Paul Ryder of 2gether solutions, and work was being done to think about what the Trust needed in terms of a supportive security service going forward. An environment needed to be created where all staff with supportive of this, so it was not reliant solely on security staff. In regards to the planning issue, this would be an issue across</p>	

Chair's initials

	East Kent, and those links and understanding were not yet in place and there was work to be done.	
23/016	<p>DATE OF NEXT PUBLIC MEETING</p> <p>The next meeting will be 13 July 2023</p>	

Signed _____

Date _____

Chair's initials

CoG 23/005 EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST - OUTSTANDING ACTIONS, COUNCIL OF GOVERNORS, PUBLIC								
Action No.	Date of Meeting	Min No.	Item	Action	Target date	Action owner		Progress Note (to include the date of the meeting the action was closed)
23-012.3	27.04.2023		1 Finance and Performance Committee Assurance Report	SC to bring to the next meeting an Estates Update paper so governors were aware of issues being dealt with			to Close	Update - On the agenda for July CoG meeting

REPORT TO COUNCIL OF GOVERNORS

Report title: Ratification of Virtual Votes

Meeting date: 13 July 2023

Board sponsor: Trust Chairman

Paper Author: Governor and Membership Lead

Appendices:

Appendix 1: Virtual Voting Record Summary

Executive summary:

Action required:	Approval
Purpose of the report:	This paper provides a report on the virtual voting carried out since the last Council meeting for ratification of the decisions taken. In all cases, the criteria applied was that the vote would be passed by a simple majority of the number of Governors on Council.
Summary of key issues:	Details of the virtual votes and the outcomes are provided on page 2 of the report.
Key recommendations:	The Council of Governors is asked to RATIFY the outcomes of the virtual voting carried out since the last meeting.

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Governor Statutory Duties:	All
Previously Considered by:	None
Resource:	



Legal and regulatory:	
Subsidiary:	

Assurance route:

Previously considered by: None



Appendix 1

VIRTUAL VOTING RECORD SUMMARY						
DATE REQUESTED	DESCRIPTION	FOR	AGAINST	ABSTAIN	NUMBER OF GOVERNORS IN COUNCIL	OUTCOME
16/06/2023	To Approve the Governor Statement for the Quality Accounts 2022/23	13	0	3	16	Passed



REPORT TO COUNCIL OF GOVERNORS

Report title: Chairman's Report

Meeting date: 13 July 2023

Board sponsor: Chairman

Paper Author: Chairman

Appendices:

Appendix 1: Non-Executive Director Commitments

Executive summary:

Action required:	Information
Purpose of the report:	The purpose of this report is to: <ul style="list-style-type: none"> • Update the Council of Governors on the activities of the Board; and • Bring any other significant items of note to the Council of Governors attention.
Summary of key issues:	Update the Board on: <ul style="list-style-type: none"> • Current Updates/Introduction; • Capital and Strategy; • CQC Inspection; • Patient Flow; • Governance; • East Kent Health and Care Partnership (HCP) Board; • Board Changes; • Visits/Meetings.
Key recommendations:	The Board of Directors is requested to NOTE the contents of this Chairman's report.

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
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Link to the Board Assurance Framework (BAF):	N/A
Link to the Corporate Risk Register (CRR):	N/A
Resource:	No
Legal and regulatory:	No
Subsidiary:	No

Assurance route:

Previously considered by: N/A



REPORT TITLE: Chairman's Report

1. Purpose of the report

To report any decisions taken by the Board. Update the Council of Governors on the activities of the Board and to bring any other significant items of note to the Board's attention.

2. Introduction

Tackling patient flow

The Trust remains under considerable pressure and, while Winter and Spring may have passed, the extremely high demand for services continues. This will be compounded by the latest wave of industrial action and we will be working with our staff and their representatives to do everything we can to minimise the impact on patients.

Much of the ongoing pressure arises from the fact that we have far too many patients in our hospitals who should be being looked after elsewhere but there are not enough places for them in the community. This is damaging for their wellbeing and for other patients who could benefit from our care.

The Board and the management team are determined to do everything possible to improve the flow of patients through our hospitals and recognise that this will require action to deal with our own internal arrangements as well as action and support from our partners in the community.

Capital investment and a new strategy

We were disappointed by the government's decision not to include us in the new hospitals' programme. This, in effect, ends a 30-year campaign within East Kent to secure a one-off comprehensive capital injection to transform our hospitals. We must now develop and pursue a different strategy which makes two realities abundantly clear to those who have access to capital funds.

First, we have a major crisis with our infrastructure which if not addressed in the short and medium term will put patients at risk. Secondly, we will need regular and significant capital investments over the next five to ten years if we are to have any chance of developing the modern and efficient services required to meet the needs of our growing population. As we seek to address these funding requirements, they will need to be part of a new strategy for the Trust, which will need the active support of Council and our members, as well our staff, partners and local communities.

The Board meanwhile has been considering how we develop a new strategy not only for capital investment, but how we will develop our services over the next ten to fifteen years. One strand of this is going to be how we involve patients, their families and the wider community in helping to shape our plans. I very much hope governors will play an active part in this. The strategy itself will be critical but how we co-create it with our staff, local partners and communities will be as important as the document itself.



Care Quality Commission (CQC) Inspections

Council will be aware of the critical report from the Care Quality Commission of our maternity services following their inspection in January which we have acknowledged and acted upon. I believe we have made significant improvements in our maternity services since the national investigation, but the CQC report underlined how much more we have to do. I know governors are visiting the units and hope that, with the new leadership in the unit, we can provide the support our staff need to turn this around. I am confident we are on the right road and hope that the CQC will return before too long and are able to give a much more positive assessment, even though we all accept that the current facilities and working environment are far from acceptable. For this of course what we need is more capital investment.

As well as assessing our maternity units, CQC have been inspecting our emergency, medical and children's services and we can expect the report from that in the next few weeks. CQC have also conducted a 'well led' inspection which took place last week. The findings will be published in a final report which is likely to be published in a few months' time..

Governors like all NHS leaders across the board face a difficult task, even more so in a Trust such as ours where there are such significant pressures. My plea is for patience – we must all demand that the Trust's executive leaders move at pace to address long standing issues, but at the same time recognise that they will need our support and that it will take time to transform this organisation.

Reforming our governance

Following a pilot, this year, for the first time, governors will be able to observe all the main Board Committees in action. The purpose is to give them the opportunity to observe non-executive directors holding the executive to account and helping to shape our policies and procedures.

At the same time, the Board has decided to commission an external review of our governance arrangements which should report before the end of the year. It has been a longstanding concern that there are too many obstacles between the front line and top of the organisation – our ambition must be to create a streamlined system of communication and engagement between Ward and Board.

3. East Kent Health and Care Partnership (HCP) Board

The East Kent Health and Care Partnership has continued to work on the delegation of key responsibilities from NHS Kent & Medway (the Integrated Care Board).

The East Kent Partnership Board will become a formal sub-committee of NHS Kent & Medway, and will have responsibility for overseeing the delivery and impact of the delegated responsibilities. NHS Kent and Medway is expecting to sign-off a final Delegation Memorandum of Understanding in July.



At its latest meeting in May, the partnership Board received updates from its Health & Care Delivery Committee, Clinical Cabinet, the Voluntary and Community Alliance, and the Wellbeing and Health Improvement Partnership.

The next meeting for the Partnership will take place in early August.

4. Board Changes

I would like to thank Dr Rebecca Martin for her work as our Chief Medical Officer (CMO), recognising that this will be her last Council of Governors meeting prior to her departure in August. I wish her the best in her future position.

5. Chairman's Visits/Meetings/Talks

In addition to routine internal and external meetings:

- Addressed Trust welcome day for new starters in Canterbury
- Meeting with NHS Trust Chairs across Kent and Medway Integrated Care Board (ICB)
- Meeting with NHS England, and Kent and Medway ICB on the Trust's Recovery Support Programme (RSP)
- Meetings with individual Governors
- Meeting with all Governors
- Meetings with individual NEDs
- Meeting with all NEDs
- Meetings with Executive Directors
- Meetings with the Chief Executive (CEO)
- Visited clinical staff and toured facilities in:
 - X-Ray services at Royal Victoria Hospital (RVH)
 - Community Diagnostic Centre at Buckland Hospital
 - Children's Assessment Unit at Buckland Hospital
- Meeting with Kent and Medway Integrated Care Partnership (ICP)
- Meetings with staff from East Kent Health and Care Partnership (HCP)
- Meeting with East Kent Integrated Care Board (ICB) Chair
- Meeting with 2gether Support Solutions (2gether) Chair
- Meeting with Spencer Private Hospitals (SPH) Chair
- Addressed staff at the Trust Clinical Audit Symposium
- Addressed members of the public & staff from the University of Kent for ARC KSS, Research Week.
- Addressed staff & members of the public at the opening of the new Children's Emergency Department at William Harvey Hospital (WHH)



Appendix 1

Non-Executive Directors' (NEDs) Commitments

NEDs June 2023 commitments have included:

<p><u>Non-Executive Directors</u></p>	<p>Meetings with Chairman Extra-ordinary Closed Board of Directors (BoD) meeting Finance and Performance Committee (FPC) meeting Quality and Safety Committee (Q&SC) meeting People and Culture Committee (P&CC) meeting Charitable Funds Committee (CFC) meeting Extra-ordinary Integrated Audit and Governance Committee (IAGC) meeting Clinical Ethics Committee (CEC) meeting Reading the Signals Oversight Group meeting Maternity and Neonatal Assurance Group (MNAG) meeting 2gether Support Solutions (2gether) Board Meeting Meeting with 2gether's Non-Executive Director Audit Chair</p>
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REPORT TO COUNCIL OF GOVERNORS

Report title: Chief Executive's Report

Meeting date: 13 July 2023

Board sponsor: Chief Executive

Paper Author: Chief Executive

Appendices:

None

Executive summary:

Action required:	Discussion
Purpose of the Report:	To provide the Council of Governors with key updates from within the organisation, NHS England (NHSE), Department of Health and other key stakeholders.
Summary of key issues:	This report will include a summary of the Clinical Executive Management Group (CEMG) as well as other key activities.
Key recommendations:	The Council of Governors are requested to DISCUSS and NOTE the Chief Executive's report.

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	The report links to the corporate and strategic risk registers.
Link to the Corporate Risk Register (CRR):	The report links to the corporate and strategic risk registers.
Resource:	N



Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by: Board of Directors, 06 July 2023



CHIEF EXECUTIVE'S REPORT

1. Purpose of the Report

To provide the Council of Governors with key updates from within the organisation, NHS England (NHSE), Department of Health and other key stakeholders.

2. Background

This report will include a summary of the Clinical Executive Management Group (CEMG) as well as other key activities.

3. Clinical Executive Management Group (CEMG)

Following confirmation of Commissioner funding for the Cardiac MRI service in 2023/24, the CEMG approved the Cardiac MRI Business Case to implement an expansion of the Trust's service to a two day list at the One Ashford Hospital to deliver a sustainable service, to address the current backlog of patients waiting over 6 weeks and to repatriate patients from the Brompton to receive their scans locally.

4. Operations update

4.1 Urgent & Emergency Care Performance (UEC)

The Emergency Care Delivery Group continues to focus on delivery of the clinical models that support the underpinning principle; right patients, right place, first time.

Progress continues with the planned implementation of clinical models at the front door to the Queen Elizabeth the Queen Mother Hospital (QEQM) from June, reflecting the models in place at the William Harvey Hospital (WHH) (Medical Assessment Unit (MAU), Short-stay acute medical wards). There are further developments planned across the months of June and July: The WHH team will be commencing a joint pilot for the Paediatric Direct Access Pathways with Children's Group; work continues with the development for the WHH clinical model for an Emergency Department (ED) Clinical Decision Unit (CDU); whilst ED leads are working in partnership with Integrated Care Board (ICB) clinical leads to review the Urgent Treatment Centre (UTC) and Same Day Emergency Care (SDEC) pathways.

In May the percentage of patients dwelling for a total time of 12 hours in the EDs was 10.7% v 10.6% in April and remains lower than the preceding 4 months. However, the total number of reportable 12-hour Trolley Waits in the ED increased from the previous month from 989 to 1,136.

With the noted improvements to the front door pathways and the schemes of work in place, the Trust has been able to improve the time spent in ED for those patients requiring same day emergency care (note a further improvement in month of the reported 4 hour standard to 71.5% for May, the highest reported compliance across the previous year). However, the flow of patients out of the EDs to speciality wards and the number of available beds for admitted patients remains a constraint contributing to the higher number of 12-hour Trolley Waits.



4.2 SAFER Principles

The patient flow workstream, part of the Emergency Care Delivery Group, is launching a Trust wide roll-out of the national Senior Review, Assessment, Flow, Early discharge, Regular (SAFER) Bundle review commencing in June which will focus on planned discharge processes to improve Length of Stay (LoS), timely discharge and aims to show a positive impact on timely access to beds from the front door, with the outcome of reduced waiting times in ED. The Trust has successfully employed additional resource to focus on discharge improvements with an emphasis on improving early discharges thus supporting early flow through the hospital.

4.3 Elective

Since April 2020 (the start of COVID-19 pandemic) the number of incomplete elective pathways has steadily been increasing as the Trust was unable to treat patients for a sustained period of time. From February 2023, however, the Trust reported a significant acceleration in the number of incomplete pathways, essentially meaning that the number of patients on the Trust's waiting list is increasing at a faster rate than anticipated.

Investigations have outlined that 75% of this growth is attributable to ten specialties with the main causes driven by a lower number of first outpatient appointments being completed and therefore slowing the number of clock-stops and, for some specialities, leading to an uplift in referrals greater than estimated numbers.

Each Care Group representing the ten key specialties are looking to flex their outpatient services, to extend the number of available clinics and to validate and review the source of the increased referrals to ensure patients that are referred to the services of the Trust are valid and that it is the correct pathway for the patient.

These pressures are impacting the Trust's ability to reduce long waiting patients and additional daily oversight has been introduced to mitigate this position.

5. Finance Update

5.1 Financial performance and planning 2023/24

At the end of M2 (May) 2023 the Trust has a year to date (YTD) deficit of £19.7m against the planned year to date deficit of £17.8m. Key drivers of the YTD position include strike action (£0.4m), non-delivery of efficiency savings (£2.9m) and pay overspend including, increased levels of staffing utilisation and the associated high cost of agency premium.

Half-day sessions have been held with Care Groups and the Executive team to review their activity, workforce and income and expenditure movements from 2019/20 to date and to demonstrate the governance controls that are in place.

Significant work is on-going to develop robust efficiency plans based on five key themes for delivery in 2023/24 and beyond, which will be monitored through the monthly performance review meetings.



6. **East Kent Transformation update (New Hospitals Programme)**

The Trust's bid for £460 million of national NHS investment to fund vital long-term plans to transform our hospitals has not been successful.

This is very disappointing news as we bid for this much-needed funding to improve how we run our services and to invest in our buildings and new equipment.

A pre-consultation business case detailing two potential options for reconfiguring services to improve care was approved by NHS England and Improvement in 2021, however, much has changed since these options were developed and we now need to look again at how we organise our services to best meet our patients needs now and, in the future. In the meantime, we will continue to maximise every opportunity to secure funding, including investment to expand and refurbish our maternity units.

7. **Antenatal Scanning**

Over the last three weeks an issue has emerged relating to the obstetric scanning service which has resulted in delays for antenatal screening and anomaly scans. A significant amount of work has been undertaken to increase the available capacity in the obstetric scanning service and to understand the precise position with regards to the delays that have emerged. This work is ongoing and there is more to do to understand the totality of any delays.

8. **Well Led Review – 4 to 5 July 2023**

The Care Quality Commission (CQC) will return to our hospitals on 4 – 5 July 2023 to complete a 'well led review', following their inspection in May of our urgent care, medical and children's services at QEQM and WHH.

An update on the immediate views of this review was provided at the Board of Directors meeting on 6 July 2023.

9. **Care Group Organisational Restructure**

A Consultation process to implement a new Care Group Structure was launched on 17 April 2023 with operational, nursing and medical teams. This closed on 16 May 2023 since which time we have been working through feedback in order to confirm the final structure of six new Care Groups (two site and place-based Care Groups, one site-based Care Group and three Trust-wide Care Groups) which are roughly equitable in size.

To confirm, these Care Groups will be organised with an emphasis on pathway management predominately at either place-based care or care that operates across the Trust and for some services, the Kent & Medway sector. Each Care Group will be led by an accountable Managing Director, supported by a senior leadership team and an appropriate leadership structure, including a Medical Director and Director of Nursing, or equivalent.

New roles within the structure have been advertised and the process of recruitment and selection has commenced. Appointments have been made to three of the Managing Director roles with the remaining three out to external recruitment. We are systematically meeting with



individual staff in order to manage the process of internal redeployment and appointment to suitable roles within the new structure across all professional disciplines.

10. Industrial Action

10.1 Junior doctors' industrial action

The British Medical Association Junior Doctors' Committee (BMA JDC) has announced further dates for industrial action in the NHS. The five-day walkout will take place between 7am on Thursday 13 July and 7am on Tuesday 18 July.

The BMA JDC currently has a mandate to take industrial action which runs until 31 August and is now balloting its members in order to extend that mandate. The ballot went live on 19 June and closes on 31 August. If successful, this would provide the BMA JDC with a new mandate to continue industrial action until February 2024.

The BMA JDC continues to be resolute in its desire to see 'pay restoration' to match earnings from some years ago. The Government has been clear that this is not feasible although improvements to working conditions and terms of employment were considered prior to the last period of strike action.

10.2 Consultants' ballot outcome

The BMA has announced that 86 per cent of its consultant members that voted (a turnout of 71 per cent) have voted in favour of industrial action.

This means that the BMA plans to go ahead with the strike action and call a 48-hour strike from 7am on Thursday 20 July. The BMA has stated it will not proceed with the strike action if a 'credible' offer is received from the Government. This is the first time in ten years that the NHS has faced such action and there is likely to be a significant impact on patient care. The industrial action means consultants will provide 'Christmas Day' levels of cover. This should ensure that emergency care can continue to be provided, but will impact elective or non-emergency work.

Plans to manage our activity across the period of industrial action are being coordinated by Operational Planning, led by the Chief Operating Officer and senior colleagues across all Care Group and corporate functions in support.

10.3 Outcome of the Royal College of Nursing (RCN) ballot

The RCN also announced that it has not secured a national mandate for further industrial action in England. The RCN re-balloted its members following the decision to reject the Agenda for Change (AfC) pay offer made by the Government in March.

Of the RCN members that voted in this ballot, around 84 per cent voted in favour of further industrial action. However, the overall turnout for the ballot was 43 per cent of members eligible to vote, and it therefore did not meet the 50 per cent turnout threshold required to secure a mandate.



This re-ballot was carried out at a national level (unlike previous RCN ballots at an organisation level), and the RCN therefore does not have a mandate for further industrial action in any NHS organisation in England.

11. **ED improvements at QEQM**

As work to expand the EDs at the QEQM and WHH continues, I am pleased to report that as part of the latest phase, the ED team at QEQM treated their first patients in the new rapid assessment and treatment area, which includes 12 large treatment rooms, earlier this month. These new facilities alongside improvements to the models of care, will improve patients' experience and flow through the ED.

The final phase of the expansion of QEQM's ED is already underway and includes a large new resuscitation area and a new ambulance entrance which will both open later this year.

12. **External Audit of Unlicensed Aseptic Preparation Service**

The Trust have received the official findings of the external unlicensed preparation of medicines for the pharmacy aseptic unit at Kent and Canterbury Hospital (K&C) following a visit on 19 April 2023.

The unit's operation as a whole was assessed as posing a "MEDIUM risk" with respect to the quality of the medicines produced within it, with facilities in the 17-year-old unit in poor condition and with the design obsolete in spite of attempts to make good the fabric of the unit since 2018.

13. **South East London Kent and Medway Major Trauma Network (SELKaM) Peer Review**

Positive feedback has been received from the SELKaM following their peer review of the Trust's Trauma Unit at the WHH on 26 January 2023.

The initial outcome letter received on 22 June 2023, cites the professionalism and dedication of the Major Trauma Team and the Senior Management Team at the WHH, recognises the implementation of the accredited trauma nurse training programme and the Trauma Audit and Research Network (TARN) provision within the unit, as well as integration with community services, particularly in the area of rehabilitation and impressive near 100% rehab prescription complaint rates. The feedback from the panels visit in January provides no areas of concern, serious, immediate or otherwise and is a testament to the Team's commitment to delivering high-quality trauma care as part of the SELKaM network.

14. **Conclusion**

The Board of Directors is requested to **DISCUSS** and **NOTE** the Chief Executive's report.



Since the last CoG meeting Harmonia has finally opened with a private provider delivering the service with EKHUFT as landlord. The obfuscation and delays that preceded this were challenging and concerning. I had a site visit just before the service re-opened last month and noted that since the original opening there had been some much needed physical improvements to the environment. However, I remain concerned about delivery and about the skill set expected in recruitment. During the visit I noted that some of the concepts being discussed were perhaps a little traditional – a far cry from the innovation we were promised a few years ago. Time will tell. I was informed this week that the one solitary resident who has moved in had “settled” but when I asked how that was being measured and assessed there was no response. I am mindful of the considerable effort it took to ensure Governor involvement, and that it only happened after the event when the deal was done and the building opening. I sincerely hope this will not happen again and that in future Governors wisdom and responsibilities will be taken more seriously in the information loop of the planning and development of services. That supports good governance. his particular service was intended as a flagship service and deserved better.

The Reading the Signals oversight group is up and running and has ensured the meaningful involvement of people affected by the maternity failings. I will say again that we are grateful to the families who are exposing themselves to this further examination of the events that led to the report. We owe them not only a debt of gratitude but also openness and honesty and measurable changes. There was some robust conversation at our last meeting, mostly absolutely warranted, and however challenging that might have been it is absolutely necessary for effective change to take place and I hope that level of courteous challenge continues on all sides.

Since the last meeting we have welcomed Michelle Cudjoe as our new Director of Midwifery and Adaline Smith as Deputy Director of Midwifery. They join us at an interesting and very challenging time and both bring with them a significant backstory in other maternity services and important successes in their field and have hit the ground running. The Council extends a warm and anticipatory welcome. We are looking forward to getting to know them both and to working alongside them. Their responsiveness and openness have so far been commendable and given that they faced a number of immediate and prioritised challenges have faced them with skill and energy.

I reported last time that we had had discussions with the Board and the NEDs about the plans to better involve governors in functioning groups and committees with the purpose of developing better relationships between governors, care groups and NEDs and therefore enabling the ability to hold the NEDs to account alongside supporting them in holding the Board to account. This is being managed as we speak and there will be governor oversight at the various NED committee meetings as a way, in part, to monitor and evaluate NED activity and performance. It is important to be clear that the governor involvement at those meetings is observation only and in confidence and is a means to feed into the Council of Governors meetings and provide a good circular communication pathway. The Terms of Reference are being agreed and once that is in place this welcome initiative can start.

We have recently provided Council comment on the Quality Accounts. Given the acknowledged enormity of the failings and the embedded previously enabled poor culture that the current leadership team inherited, change will never be fast enough, of course. But we have noted that there is change, there are developments, there is the will and there is the skill to make the sorely needed difference and it is showing. It mattered to gain a balance in the Quality Accounts commentary between recognising the failings and equally recognising the achievements – and there have been quite a few. I hope we managed to convey that in

our comment. It will take time and energy to turn things around and as a Council we need to both challenge and support in equal measure and to retain the open communication that makes that possible.

It is important to reflect again on the disappointing lack of understanding or embedding of the Kirkup report across the organisation. Kirkup focused on Maternity but the findings were applicable across the Trust and the culture was referenced clearly. Many staff have yet to read or even grasp the importance of the report – which would support their understanding of the importance of the FTSU and whistleblowing policies – and there is little if any evidence that this is being folded into staff support, supervision and appraisal. An opportunity missed, tragically and inexplicably.

CQC are currently with us and took the step of reviewing the rating from requires improvement to inadequate. It was noted by CQC at the same time that front line services, the people delivering the service, were overall kind, compassionate and skilled – we know this to be true. EKHUFT is under intense scrutiny and realistically the changes needed to reduce risks and improve quality will take time to effect and embed but that process is underway. By the time the Council meets a representative group of governors will have met with CQC to explore the rating for Well Led, one of the CQC key questions. Feedback from that meeting will of course be provided.

Finally, I would like to comment on the group of NEDs we have acquired over the past few weeks and months. Of course I would say this as Governors are an integral part of the recruitment process, but it is clear that we have appointed a terrific group of NEDs, skilled, determined, articulate, experienced and without exception charming. It is a genuine pleasure to work alongside them and they give the Council great hope of effective change.

Bernie Mayall Lead Governor July 2023

REPORT TO COUNCIL OF GOVERNORS

Report title: Quality and Safety (QSC) Update to the Council of Governors

Meeting date: Thursday 13 July 2023

Board sponsor: Dr Andrew Catto

Paper Author: Non-Executive Director and Chair of QSC

Appendices:

APPENDIX A Board of Directors and QSC approved minutes of the meeting dated 23rd May 2023

Executive summary:

Action required:	Discussion
Purpose of the report:	<ol style="list-style-type: none"> 1) To update the Council of Governors on the important quality challenges presented to May 2023 meeting of QSC. 2) To propose a quality discussion with Council members and the QSC Chair to hear issues and concerns first hand and give Council members greater depth of understanding and discussion on the Trusts quality issues. The discussion will also give Council members an opportunity to share public feedback with the QSC Chair.
Summary of key issues:	<ul style="list-style-type: none"> – Management of deteriorating patient – Challenges around new C. difficile targets – CQC reporting and assured delivery – Governance arrangements and quality reporting – Concerns regarding controlled drugs assurance – Good progress with Ophthalmology backlog, but risks remain.
Key recommendations:	<p><i>To receive and note the important quality challenges</i></p> <p><i>To support the recommendation of the QSC Chair to engage in a Governor and QSC Chair Quality discussion.</i></p>



Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • <i>Our patients</i> • <i>Our people</i> • <i>Our future</i> • <i>Our sustainability</i> • <i>Our quality and safety</i>
Link to the Board Assurance Framework (BAF):	<i>Currently under re-development</i>
Link to the Corporate Risk Register (CRR):	<i>Currently under re-development</i>
Resource:	<i>Y/N If yes, state resource impact</i>
Legal and regulatory:	<i>Y/N If yes, state legal or regulatory impact</i>
Subsidiary:	<i>Y/N If yes, please indicate the Subsidiary and how its business will be impacted.</i>

Assurance route:

Previously considered by: QSC 27th June 2023 (where the minutes of the May 2023 – attached in appendix A were approved).



**UNCONFIRMED MINUTES OF THE QUALITY AND SAFETY COMMITTEE
 TUESDAY 23 MAY 2023
 AT 1:30 PM BY TELECONFERENCE WEBEX**

PRESENT:

Dr Andrew Catto	Non-Executive Director (NED) (Chair)	AC
Mr Raymond Anakwe	NED	RA
Jane Dickson	Interim Chief Nursing and Midwifery Officer (CNMO)	JD
Luisa Fulci	NED	LF
Dylan Jones	Chief Operating Officer (COO)	DJ
Dr Rebecca Martin	Chief Medical Officer (CMO)	RM

ATTENDEES:

Julia Bournes	Head of Nursing, Surgery, Head, Neck, Breast and Dermatology Care Group (<i>minute number QC/047/23</i>)	JB
Tonino Cook	Deputy Group Company Secretary	TC
Moira Durbridge	Improvement Director, NHS England (NHSE)	MD
Samantha Gradwell	Deputy Director of Quality Governance (<i>minute number QC/050/23</i>)	SG
Professor Chris Holland	Associate NED	CH
Katie Milner	Associate Director of Nursing-Professional Workforce (<i>minute number QC/049/23</i>)	KM
Eniola Nsrim	Clinical Governance & Patient Safety Matron- Child Health (<i>minute number QC/048/23</i>)	EN
Carly Sheehan	Director of Nursing for UEC and UTC (<i>minute number QC/037/23</i>)	CS
Katy White	Interim Director of Quality Governance	KW
Dr N Wigglesworth	Executive Director of Infection Prevention and Control (EDIPC)	NW

IN ATTENDANCE:

Nataliya Reckling	Executive Assistant (<i>Minutes</i>)	NR
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MINUTE NO.		ACTION
QC/030/23	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair welcomed members to the meeting and thanked everyone for the care and attention in preparation of the meeting.</p> <p>Apologies were received from Paul Ryder, Managing Director, 2gether Support Solutions (<i>Required attendee</i>).</p>	
QC/031/23	<p>CONFIRMATION OF QUORACY</p> <p>It was declared the meeting was quorate.</p>	
QC/032/23	<p>DECLARATION OF INTERESTS</p> <p>The Chair declared his own interest in relation to item 23/037.1 of the Agenda -</p>	

Care Quality Commission (CQC) Urgent and Emergency Care Patient Survey Results – as a number of findings relate to the work of the East Kent UTC Alliance of which IC24 is a member.

There were no other declarations of interests made.

QC/033/23 **MINUTES OF THE PREVIOUS MEETING HELD ON 25 APRIL 2023**

DECISION: The Quality and Safety Committee **APPROVED** the minutes of the previous meeting held on 25 April 2023 as an accurate record.

QC/034/23 **MATTERS ARISING FROM THE MINUTES ON 25 APRIL 2023**

The action log was discussed and updated accordingly.

QC/035/23 **INTEGRATED PERFORMANCE REPORT – WE CARE BREAKTHROUGH OBJECTIVES & WATCH METRICS / INFECTION PREVENTION & CONTROL REPORT:**

The Quality and Safety Committee discussed and **NOTED** the report and thanked all for their contribution.

QC/035.1/23 **INTEGRATED PERFORMANCE REPORT – WE CARE BREAKTHROUGH OBJECTIVES & WATCH METRICS**

The Committee received and noted the update on the True North metrics and Breakthrough Objectives for April 2023.

The new Interim CNMO highlighted that whilst the organisation aspired to reduce and eradicate harm, especially severe harm, reporting of incidents and investigating them in a timely manner must be encouraged.

Management of deteriorating patient remains one of the key priorities for the Interim CNMO. This includes access for training to identify deteriorating patient and ways of auditing if improvements were made. JD noted that a clear distinction was to be made between the deteriorating patient pathway and the end of life pathway.

AC asked if any progress was made with regards to the Business Case to support management of deteriorating patient as described in paper QC/018/23 presented to the Committee in April 2023.

Action: Ian Setchfield (IS) to update the Committee on progress with actions articulated in the Deteriorating Patient Report at the Q&SC meeting in July 2023.

IS

RA informed the Committee that recording of and response to NEWS2 score for unplanned critical care admissions is the CQUIN for the year 2023/24 (CQUIN 7) and asked if the Trust was planning to participate in this CQUIN.

JD

Action: JD to discuss with relevant colleagues the feasibility of the Trust's participation in CQUIN 7 and report to the Committee in June 2023.

JD informed the Committee of the £300k funding received from ICB to support the improvement in managing deteriorating patient. MD added that there was an additional funding of approximately £100k within the RSP resource for the year 2023/24 to support safety improvement.

LF commended significant improvements in patient engagement over the last 18 months and urged not to lose this focus during the transitions the Trust is undergoing currently.

DJ highlighted a number of improvements in the urgent care position in April 2023 in terms of 12-hour wait and 4-hour performance. The other operational metrics were reported as stable.

LF expressed concerns that there was no clarity on referral pathways and how these pathways should be used by GPs and other referrers. LF also asked about the timeframe of the Cancer Referral Pathway review.

LF queried if the ED performance indicators were analysed correctly, especially the 4-hour performance, in view of the different pathways that patients can be put on when they arrive at EDs. DJ responded that he had no reason to believe that the ED data was recorded inaccurately but would be willing to discuss this with LF further.

LF highlighted the importance of having a uniform Trust-wide strategy of managing inbound and outbound patient calls. The Committee members agreed but acknowledged that in view of current pressures this was not a key priority and finding a solution would take time.

Action: DJ and LF to have further discussion about recording of the ED data, referral pathways including the cancer referral pathway, and managing inbound and outbound patient calls.

DJ/LF

QC/035.2/23 INFECTION PREVENTION AND CONTROL REPORT

NW presented the report with the following key points to note:

- NHS England thresholds for reportable infections for this reporting year have been published and the revised threshold calculation methodology creates a significant challenge for EKHUFT.
- Updates to the IPC BAF and IPC work plan were published along with the Kent and Medway IPC Strategy 2023/2026 to the development of which EKHUFT had contributed.
- April 2023 was a very challenging month with regards to *C. difficile* infections with 16 cases reported. NW described the work of *C. difficile* Review Group to establish what could be done differently to address this issue and to feedback to clinical colleagues. There are plans in place to learn from Frimley Park NHS Foundation Trust experience of reducing *C. difficile* infections.

- The Trust now has an antimicrobial stewardship team and the recently appointed Consultant Pharmacist will attend the Q&SC in June 2023 to update on the vision and work on the AMS strategy and implementation.

LF asked if certain groups of patients were at greater risk of contracting C. difficile and if so, how this could be monitored so that appropriate care is provided to those at greater risk. NW explained that normally, but not exclusively, antibiotic therapy provoked the disease and perhaps something different could be done with regards to the risk assessment for those patients who had C. difficile and then required another course of antibiotic therapy. NW said that he would discuss this with Microbiology colleagues.

RA commended the report but noted that the BAF needed further work in terms of providing greater level of assurance. NW agreed and explained that the work was underway to address this.

AC asked if there was anything in the ICB strategy that the Trust was not doing currently which may help to reduce C.difficile infections if the Trust was doing it. NW replied that the Trust must do much more in terms of antimicrobial stewardship. NW is confident that this will be achieved now that the Trust has dedicated antimicrobial stewardship team.

QC/036/23

CARE QUALITY COMMISSION (CQC) UPDATE REPORT

- **JOURNEY TO OUTSTANDING CARE PROGRAMME STEERING GROUP (JTOCPSG)**

JD presented the report and shared her first observations.

JD acknowledged the progress made with regards to the CQC actions but queried the number of open must-do CQC actions and informed the Committee that she would be discussing these actions urgently with the relevant teams.

JD said that she was keen to determine where the progress on action was reported to before CQC, why the outstanding actions had not been escalated and what was preventing their completion.

JD noted the imminent CQC Well-Led inspection and open actions may not be regarded as 'well-led'.

The Committee noted that 100% of must-do actions for Maternity Services had been completed.

QC/037/23

CARE QUALITY COMMISSION (CQC) URGENT AND EMERGENCY CARE PATIENT SURVEY RESULTS

CS presented the results of the Urgent and Emergency Care Patient Surveys for 2022 undertaken by Picker, with the following key points to note.

The surveys presented the top five and bottom five scores, it also included the most improved and the most declined scores. The most declined scores are around waiting times. The most improved scores are around the ability to get

suitable food and drink and information provided by staff on purpose of medications and symptoms to be aware of after leaving ED.

The report outlines the plans to improve performance and changes put in place since the patient surveys were undertaken

LF expressed concern that one of the surveys did not have any respondents from ethnic minorities backgrounds and the Committee emphasised the importance of addressing this inequality.

The Committee acknowledged positive feedback highlighted in the surveys but were concerned that only 56% of respondents rated their experience as 7/10 or more and this is a much lower figure than the Trust's internal patient surveys.

JD remarked that it was important to remember that there was a lot of achievements made by ED staff working under extreme pressure.

AC asked to what extent the Emergency Care Delivery Group would be able to positively impact on patient experience and how the group was functioning currently. CS replied that the impact was significant in terms of patients being directed to the appropriate areas/direct access pathways where they would be seen by the correct clinicians for conditions such as appendicitis or epistaxis. CS highlighted the staff engagement with the process.

AC asked if the UTC Alliance members had seen Type 3 data. CS said she would share this data at the next UTC Alliance Board.

QC/038/23 **CORPORATE PRINCIPAL MITIGATED QUALITY RISKS**

The Committee received and noted the content of the report highlighting that revision of the Corporate Risk Register (CRR) was progressing.

QC/039/23 **MORTALITY AND LEARNING FROM DEATHS**

RM presented the report noting the following:

The Medical Examiner Service now scrutinises nearly all community deaths which supports the Trust's potential to learn from discharges in the community. If a patient's death is related to a failing or omission in care then it will be reviewed at the Serious Incident Declaration Panel and be managed through that process. For those cases that do not meet the criteria for serious incidents, a proportion will be put forward for Structured Judgement Review (SJR) to identify learning from excellent care as well as where the care is not delivered to the expected standard.

AC commented on eight examples of poor care mentioned in the report and asked if governance arrangements were as such that relevant clinicians were notified and if there were team meetings to reflect on opportunities for improvement. RM said this one of the areas that was still inconsistent across different specialties. However, SJRs are reported through local morbidity and mortality meetings for the specific points of learning but engagement within

individual clinical teams is variable.

RM informed the Committee that the Mortality Lead for the Trust had been appointed recently and one of the key tasks for them would be supporting individual morbidity and mortality meetings in understanding of the process and gaining from it.

QC/040/23 **CLINICAL ETHICS COMMITTEE (CEC)**

The Committee received and noted the content of the Clinical Ethics Committee Chair's report.

QC/041/23 **PATIENT SAFETY COMMITTEE (PSC) CHAIR'S REPORT**

RM presented the report and the key points are:

- There were 39 SIs in in March 2023, nine of which resulted in severe harm.
- Safeguarding and resuscitation training compliance remains an ongoing concern due to provision. Staff were continuing to book onto the training when available and Care Groups were identifying the barriers for training attendance.
- During the scanning of patient records there was an issue with the server and some of the records were lost. Thirty-five sets of patient notes were affected and the patients or their relatives have been written to.
- There was an issue with the external provider which resulted in 400 patients not receiving their clinic letters which may have resulted in patients not attending their appointments and their removal from waiting lists. The patients affected were now being reviewed by the Care Groups.

LF emphasised that the issues of losing patients' records and missing patient letters were of serious concern and asked how long it had taken to identify these issues.

LF also raised the point of SI statistics in numerous papers and the information in different papers is sometimes conflicting, which raises a governance concern as to how we manage papers and the information in them.

AC advised that Catherine Pelley (CP) was currently supporting the Trust with strengthening governance arrangements and oversight.

RM explained that as this is a Committee assurance report, it reports the data as it was live at the time of the Committee meeting. However, the reporting into the PSC is changing and the month end data will be reported rather than data at a point in time, which may help with some of the inconsistencies including SIs.

Action: KW to discuss governance arrangements in relation to reporting with JD and RM, and update the Committee in June 2023.

KW

QC/042/23 **FUNDAMENTALS OF CARE COMMITTEE CHAIR'S REPORT**

The Committee received and noted the assurance report on the activities of the Fundamentals of Care Committee on the 18 April 2023.

The Committee agreed that the new CNMO needed time to understand the issues and bring back interim reflections to the Q&SC meeting in June 2023.

QC/043/23 **MORTALITY STEERING & SURVEILLANCE GROUP (MSSG) CHAIR'S REPORT**

RM presented the report on the activities of the Mortality Steering and Surveillance Group on the 19 April 2023 which was taken as read.

AC asked how the observations on the ED death data mentioned in the report were changing practice, specifically if senior specialty trainees or Consultants reviewed patients in the ED rather than patients languishing whilst waiting for a specialty bed. RM explained that the focus was on getting patients into appropriate specialty wards as quickly as possible; however, this is not always possible and the situation is mitigated as far as the workforce allows. RM acknowledged that there was a degree of reliance on escalation and review of individual patients if their conditions change whilst in ED but this is not the level of care the Trust strive to deliver.

QC/044/23 **MATERNITY AND NEONATAL ASSURANCE GROUP (MNAG) CHAIR'S REPORT**

JD presented this item and the following points were noted.

The Committee agreed that the Director of Midwifery (DoM) to be included into Q&SC membership.

AC again requested that numeric evidence of PROMPT training compliance was provided to the Q&SC going forward so that assurance to the Trust Board can be given.

AC queried if the National Maternity Dashboard and the Trust's benchmark performance compared with the local dashboard were reviewed and used as a quality prompt. JD advised that this Dashboard was being reviewed and suggested to bring to the Committee in June 2023 the dashboard with the outcomes data, where improvements could be seen when benchmarked against peers and also infographic to share with the service users to give them confidence in the services.

AC asked about the Trust's involvement in managing the situation with pre-registration midwifery programme at Canterbury Christ Church University following the decision by the NMC to withdraw the programme across Kent and Medway. JD described discussions she had as to how to ensure that affected students complete their training and acknowledged that the current situation would affect the midwifery workforce over the coming years. JD also described the work undertaken by the DoM with ICB and the universities as to how the Trust could be involved.

MD assured the Committee that the affected students had been accepted by several universities and provisions were in place for them to complete their training.

QC/045/23 **SAFE SYSTEMS FOR CONTROLLED DRUGS**

WW presented the update on the safe systems for controlled drugs and highlighted progress and challenges.

AC asked what was driving the limited assurance position. WW responded that prescribing and discharge was the biggest challenge.

The Committee agreed that this was still an area of serious concern with limited assurance.

Action: An urgent meeting to be arranged between CMO, Interim CNMO and CDAO to discuss the risks and report to the Committee at the next meeting in June 2023.

WW/RM/JD

QC/046/23 **INTEGRATED INCIDENTS, PATIENT EXPERIENCE AND LEARNING FROM SERIOUS INCIDENTS REPORT**

KW presented the report and highlighted the following key points to note:

- There was a significant reduction in incidents (from 16,000 to 5,500 incidents) as of the end of April 2023 and this trend continues.
- The majority of incidents are of no or low harm and the main themes are medicine management, staffing and pressure ulcers.
- Duty of Candour (DoC) compliance was 100% in April 2023.
- The changes made to the serious incident investigation process in April 2023 started to produce positive outcomes.
- The number of complaints for Q4 had increased from 65 to 86 per month on average. The response time has improved; however, the Committee was made aware that the response timeline the Trust is working to is 45 days whereas for the majority of the Trusts it is 30 days. KW cautioned that adopting the 30 days target currently may have an adverse effect on the Complaints team.
- The compliment rate had increased by 14% and to every one complaint received by the Trust, there are 29 compliments.

LF expressed concerns about the steady increase in the incidents with harm and that learning was not effective or not taking place. In response, KW reiterated her commitment to make improvements to the incident reporting process and embedding of the learning with the support from the CMO and CNMO.

QC/047/23 **OPHTHALMOLOGY SERIOUS INCIDENTS UPDATE REPORT**

JB presented the report in relation to the serious incidents involving moderate or above patient harm reported between 07 September 2022 and 27 April 2023.

The original report was presented to the PSC in December 2022 following four SIs in close succession between 07 September 2022 and 13 October 2022. Two further SIs were reported between December 2022 and April 2023.

The Committee noted the actions taken and mitigations put in place and received assurance on the longer-terms plans including the recruitment of two additional Ophthalmology Consultants and introducing sub-specialty leads.

AC asked if the mitigations put in place were enough to prevent future harm. JB said that the majority of reported SIs were due to administrative errors such as patients not getting their appointments in a timely manner and IT issues. JB explained that following the NHSE high impact intervention, fail safe officers are now in place in all sub-specialties which helps with mitigating the high risk patients.

AC asked if there was a mechanism in place for patients with deteriorating eyesight to contact the services to be prioritised. JB replied that a red card system for high risk patients had been introduced whereby Consultants would give a red card with telephone numbers for relevant services to the high risk patients to get in contact with services if required. This system has proved to be robust.

LF asked if the Ophthalmology Services received sufficient support from the IT Department. JB replied that the necessary support was provided

RA commended the progress made by the Ophthalmology team to address the backlog and asked if there was confidence that the reporting was correct so that when incidents happen, they are identified and investigated. JB said that “no blame culture” is working well between clinicians and governance team. The clinicians feel empowered to report risks.

QC/048/23

UPDATE ON THE TOTAL PARENTERAL NUTRITION (TPN) SERIOUS INCIDENT (SI)

The Committee received and noted the update report on clinical review of five pre-term infants who were identified to have biochemical abnormalities and steps taken to mitigate this risk.

The Committee agreed that the report was comprehensive and felt able to take assurance from it.

JD asked about the baby who died and EN replied that the cause of death was overwhelming sepsis.

LF asked if there was a mechanism of liaising with other Trusts in the event of uncertainty about necessary actions. EN said that advice and support were sought through the Kent, Surrey and Sussex Neonatal Network.

QC/049/23

SAFE STAFFING REVIEW UPDATE

KM presented the Safe Staffing Review Update and highlighted the following key points:

- The additional escalation areas plus additional unfunded beds on most wards continues to put pressure on the current nursing establishment as well

as the significant corridor care in our EDs has resulted in substantive nursing staff being moved to support.

- A working group with the Care Groups, temporary staffing team and NHS Professionals has commenced to actively look at ways to reduce agency usage, this group is reporting into the Financial Improvement Oversight Group.
- The vacancy rate for Registered Nurses (RN) and Health Care Support Workers (HCSW) significantly decreased and is now under the threshold of 10%.
- There were no falls with harm reported in April 2023.
- There was a slight increase in medication errors in April 2023. This will be reviewed by Heads of Nursing (HoN) and reported to the Committee at the next meeting.

QC/050/23 **QUALITY ACCOUNT**

SG presented the Quality Account. The Committee members stated that they had not been given sufficient time to study the document thoroughly.

The Q&SC noted that the report for 2023 showed an improvement in progress against the quality priorities set out in 2022.

MD highlighted the importance of involving patients and public by seeking their opinion on the report and the Committee agreed that this needed to happen urgently.

LF emphasised the importance of how the improvement topic was introduced and that it did not contradict the Integrated Improvement Plan (IIP).

The Committee agreed that the Maternity section of the Quality Account needed further details on the transformation journey.

Action: Q&SC members to send their feedback on the Quality Account to SG by the end of the current week.

All

QC/051/23 **CENTRAL ALERT SYSTEM (CAS) REPORT**

The Committee received the report and noted that there were no open CAS alerts and the plans to manage CAS alerts going forward.

QC/052/23 **REFERRALS FROM OTHER BOARD COMMITTEES**

There were no referrals from other Board Committees.

QC/053/23 **REFERRALS TO OTHER BOARD COMMITTEES**

There were no referrals to other Board Committees.

QC/054/23 **ANY OTHER BUSINESS**

There was no other business to discuss.

QC/055/23 **FEEDBACK TO BOARD OF DIRECTORS**

- Management of deteriorating patient
- Challenges around new C. difficile targets
- CQC reporting
- Governance arrangements and quality reporting
- Serious concerns regarding controlled drugs assurance
- Good progress with Ophthalmology backlog was made but risks remain.

QC/056/23 **WHAT WENT WELL**

Not discussed.

The meeting ended at: 16:51hrs.

Date of Next Meeting: Tuesday, 27 June 2023 at 1.30pm – via Teleconference Webex

Signature _____

Date _____

BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: People and Culture Committee (P&CC)

Meeting date: 30 June 2023

Chair: Stewart Baird, Non-Executive Director

Paper Author: Interim Group Company Secretary

Quorate: Yes

Appendices:

None

Declarations of interest made:

No

Assurances received at the Committee meeting:

Agenda item	Summary
<p>May 2023 Integrated Performance Report (IPR) 'We Care' and 'True North' Objectives</p>	<p>Significant key points for the Board to note:</p> <ul style="list-style-type: none"> <p>• ASSURED: Sickness The staff sickness rate is 4.3% which is stable and below the threshold. It is also the lowest point in two years. A further positive was that stress, anxiety and wider mental health instances represent a very small portion of overall sickness.</p> <p>• ASSURED: Staff Turnover Overall staff turnover stands at 9.7% which is below the threshold and falling. Generally, turnover shows an improving position (although there was a spike in May with 18 nurses leaving but HR have advised that this was not a material underlying issue). Nursing staff turnover was 8.7%. Healthcare Assistant (HCA) turnover is below the threshold and the Trust has been removed from the Healthcare Support Worker (HCSW) Support Programme in recognition of the improvement. Medical staff turnover was not reported and the Committee has requested data on this metric in future reports.</p> <p>• ASSURED: Vacancy Rate At 8.2%, the vacancy rate is below the threshold and improving.</p> <p>• ASSURED: Statutory & Mandatory Training Small improvements have been evidenced which are above the threshold.</p>



	<p>The Committee did review individual Care Group performance, but will continue to monitor 'hot spots' across the Trust.</p> <ul style="list-style-type: none"> • NOT ASSURED: Staff Engagement and Staff Involvement – No material improvements. <p>Generally, the P&C Team are conducting a review of the national and local position of the Trust to ensure we are measuring performance correctly. It was suggested that in several areas, the Trust is showing marked improvement and better than national trends. The Committee asked to review this analysis before commenting.</p> <p>The Committee noted that the 'Culture & Leadership Programme (CLP)' will map out the full cultural improvement plan, to include measures to assess staff engagement. Outputs will be shared regularly with the Board.</p> <ul style="list-style-type: none"> • NOT ASSURED: Premium Pay <p>This metric is owned by the Finance & Performance Committee (FPC) but it was noted that premium pay spend increased again in May which is at odds with activity levels. It was suggested that this may be a timing or 'cost recognition' issue (referred to the FPC Committee).</p> <ul style="list-style-type: none"> • NOT ASSURED: Appraisals <p>Staff appraisals fell further to 67.4% and have consistently fallen below the threshold. A credible recovery plan is required and the issue has now been escalated as a risk (to be included on the Corporate Risk Register and referred to the Integrated Audit and Governance Committee (IAGC)). It was acknowledged that the Executive are addressing the matter as a priority and data is being reviewed as more appraisals may have been carried out but have not been properly recorded.</p>
<p>Vacancy and Recruitment Update – Pipeline Against Establishment – To Include Medical Vacancies Review</p>	<p>The Committee was ASSURED in respect of the Vacancy and Recruitment Update. Overall staff turnover and vacancies were below the threshold and improving. Particular points to note:</p> <ul style="list-style-type: none"> • 407 Internationally Educated Nurse (IEN) colleagues had been recruited in 2022, with a further 70 staff being recruited between January and March 2023; • the Trust had received funding for an additional 150 IEN colleagues, April to December, and around 55 had already been recruited; • the Nursing Executive Team felt they were reaching required nurse staffing levels for general wards and had requested that the recruitment effort be slowed down; • to address nursing vacancies in speciality areas (such as Emergency Department (ED), Intensive Therapy Unit (ITU) and Paediatrics) the recruitment effort remained in full flow; • a detailed review of Maternity staffing would be carried out, a verbal update being provided at the July Board meeting.



<p>Chief Nursing and Midwifery Officer (CNMO) Quarterly Nursing and Allied Health Professions (AHP) Workforce Update</p>	<p>The Committee was ASSURED in respect of Chief Nursing and Midwifery Officer (CNMO) Quarterly Nursing and Allied Health Professions (AHP) Update. Generally, recruitment, training and workforce plans were progressing well. Key points to note:</p> <ul style="list-style-type: none"> • the Pastoral Team had been awarded a Gold Award from NHS England (NHSE) for their work supporting our IENs; • 40 Matrons had been through the Matron Development Plan (which is one part of the larger cultural development programme); • residential accommodation remains a significant challenge for new nursing colleagues joining the Trust (to be discussed at the August meeting of the Committee); • some challenges highlighted in deploying new Nursing and HCA colleagues into wards – generally this is due ward staff being removed to nurse escalation areas and hence struggling to train new colleagues. The Executive Team were seeing some improvements and continue to work on a ward-by-ward basis to address these issues.
<p>Tribunal Activity Report</p>	<p>The Committee was ASSURED by the Tribunal Activity Report, having reviewed a range of actual and potential employment tribunal activity. It was noted that the Trust was not an outlier in terms of the number of tribunal cases.</p>
<p>Board Assurance Framework (BAF) and Principal Mitigated People and Culture Risks (CRR)</p>	<p>The Committee was ASSURED in respect of the BAF and Corporate Risk Register (CRR) risks. Key highlights:</p> <ul style="list-style-type: none"> • BAF 40 - Risk of failure to address equality, lack of diversity and injustice - rating changed from significant to moderate, reflecting the work now in place with the Equality, Diversity and Inclusion (EDI) team and NHSE's 'gold' rating of our EDI Strategy. • BAF 35 - Risk to recruit and retain high calibre staff – rating reduced from catastrophic to significant, reflecting the significant work undertaken to increase headcount and improve staff retention. • CRR 118 - address poor organisational structure – rating reduced from 16 to 12 – reflecting the new structure being implemented. • CRR 88 - risk of failing to support staff wellbeing – rating reduced from 16 to 9 - reflecting the lowering sickness and turnover. • CRR 115 - sufficient nursing – rating reduced from 20 to 16, reflecting the significant recruitment work undertaken. • CRR 122 - sufficient midwifery staff – reduced from 20 to 16 (pending further review). • New Risk – Appraisals now escalated to the CRR as referred to above.
<p>Statutory and Mandatory Training Report</p>	<ul style="list-style-type: none"> • The Committee was PARTIALLY ASSURED by the Statutory and Mandatory Training Report.



Residential Accommodation	The Committee as PARTIALLY ASSURED in respect of Residential Accommodation challenges with a detailed report being considered at the August meeting of the Committee. It was noted that all Internationally-Educated Nurses now had an interim accommodation solution.
'Hot Items'	The Committee discussed a number of tactical challenges facing the Trust and was ASSURED in respect of: <ul style="list-style-type: none"> • Organisational Restructure – likely to be completed by August 2023 with several of the new senior roles recruited already; • Industrial Action – to understand the likely action and the Trust's response; • National Long-term Workforce Plan – this was issued by the Government last week and will be reviewed and reported back to the Committee at a future date • Care Quality Commission (CQC) Well-Led inspection - work and response in play.

Other Items of Business

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
Premium Pay	FPC to monitor the position	TBC
Appraisals	IAGC consider inclusion on CRR	TBC
The Committee asks the BoD to discuss and NOTE this P&CC Chair Assurance Report.	Assurance	6 July 2023



BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Finance and Performance Committee (FPC)

Meeting date: 27 June 2023

Chair: Richard Oirschot, Non-Executive Director

Paper Author: Executive Assistant, Sarah Farrell

Quorate: Yes

Appendices:

NONE

Declarations of interest made:

None

Assurances received at the Committee meeting:

Agenda item	Summary
Cost Improvement Programme (CIP)	<p>Significant points to note:</p> <ul style="list-style-type: none"> As at month 2, care groups have recognised £0.2m of CIP efficiencies against a plan of £3.1m. Currently, approximately £11m of ideas has been identified (£9m in year effect), and with many of those being less than £250k, the Group will need to make some difficult decisions to make substantial progress toward the £40m target. Care group recovery meetings are being arranged bi-weekly focusing on activity & productivity in week 1 and Finance and workforce in week 3 to drive through the efficiency ask. In addition, the Trust has re-established its non-pay controls and is working on further controls to be implemented. <p>The Committee discussed and NOTED the M2 Savings and Efficiencies Update and LIMITED ASSURANCE received of the Trust's progress of the programme against a £40m target.</p>
Patients no longer fitting the criteria to reside	<p>Significant points to note:</p> <ul style="list-style-type: none"> Recommendation for the Trust to move to report the nationally reported number for No Longer Fit To Reside (NLFTR) for those patients residing at midnight. For business planning this would result in a revised target for the Trust's NLFTR of 119 vs the current 174 as a target number to improve flow. The 'Improving discharge' workstream under the East Kent (EK) Health and Care Partnership Urgent and Emergency Care Plan is now several



	<p>months into development with target dates set for all workstreams. Monitoring through the EK Urgent Care Delivery Group is in progress.</p> <ul style="list-style-type: none"> The Trust has successfully employed additional senior resource to focus on discharge improvements due to start on Monday 26 June. <p>The Committee discussed and APPROVED the Patients No Longer Fitting the Criteria To Reside and agreed to the recommended revision to the reported NLFTR score.</p>
<p>Capital Plan</p>	<p>The Committee discussed and NOTED the Capital Plan and agreed to support the next proposed steps and any further steps to further mitigate risks, the following key points being highlighted:</p> <p>Background</p> <ol style="list-style-type: none"> National capital budgets ('Capital Departmental Expenditure Limit (CDEL')') are allocated to Integrated Care Boards (ICBs), who then delegate limits to Trusts. Annual allocations are not, currently, anticipated to grow significantly in future years. Capital covers estates, medical equipment and digital. Trusts can increase the available capital through a variety of avenues e.g. disposals or charitable donations. There are limited opportunities for EKHUFT in this area. Additional capital 'pots' are allocated by Department of Health and Social Care (DHSC) and NHS England (NHSE) in year, usually ringfenced to specific schemes. The core allocation to Kent and Medway ICB is low. EKHUFT's share for 2023/4 is a low £18.7m (operational capital). Additional sources (mainly ringfenced) bring the total available capital to £26.9m in 2023/24. In June, the DHSC New Hospital Programme (NHP) notified the Trust that it has not been included in the latest tranche of hospital rebuilds despite poor estates condition. <p>Capital forecast</p> <ol style="list-style-type: none"> In the coming year, the Trust will refresh its strategies. The forecast in this paper is based upon DE MINIMIS needs to keep services safe and mitigate risks. It does not allow for innovation, for example: <ul style="list-style-type: none"> Revised clinical service strategy; Revised estates strategy in light of the NHP decision; Impacts of digital strategy refresh; Any investment in medical equipment other than to replace current kit (e.g. to support clinical innovation); and Reducing replacement lifecycle/ repair and renew lifespan. The projected capital funding over the next five years is £130m. This represents a £140m funding gap, just to stand still, to cover today's known risks. It does <u>not</u> include the cost of any of the improvements or changes noted above. The Trust submitted a balanced capital plan for 2023/24. This required omitting capital projects of £8.8m which are of very significant risk and



	<p>have been escalated to the Kent and Medway ICB. In addition, further emerging pressures of £9.8m require mitigation in 2023/24.</p> <p>Next steps</p> <ol style="list-style-type: none"> 1. Escalation of short-and medium-term capital shortfall via ICB to NHS England (NHSE), regional and national teams (June/July). 2. Revised management/ governance/ reporting process to better monitor and manage capital projects and risks – complete by July. 3. Refresh of capital forecast as Trust strategies agreed throughout 2023.
<p>Month 2:</p> <ul style="list-style-type: none"> • Finance Report • Cash Position • Month 2 efficiencies 	<p>Significant points to note:</p> <p>The Group has achieved £19.7m against plan of £17.8m which is a £1.9m deficit variance to plan. The Strike action in April is estimated to be c£0.4m this increase in spend is outside of the original £72m plan and will be reported monthly to the Board for any increase in costs for industrial action.</p> <p>The Trust submitted a third update of the financial plan on the 4 May of £72m deficit with Board approval. This has now been approved and in addition the ICB has confirmed that the 2023/24 plan is the first year of the required three-year plan to get to financial balance.</p> <p>Delivery of the 2023/24 financial plan looks extremely challenging and the Trust is looking at other ways to enable the financial plan to be delivered.</p> <p>The Committee discussed the phasing of the plan which is predicated on achieving £40m of efficiency savings over the year, there is a step change for the required delivery of c£3.9m per month (rising from £1.6m in months 1 & 2). The Committee was assured that the plan was not back loaded.</p>
<p>Board Assurance Framework (BAF) and Principal Mitigated Financial and Performance Risks</p>	<p>The Committee discussed and APPROVED the Board Assurance Framework and Corporate Risk Register.</p> <p>Key Headlines:</p> <ul style="list-style-type: none"> • There are 3 BAF risks and 8 risks on the CRR relating to ‘Our Future’ and ‘Our Sustainability’. • Changes to the BAF during this reporting period: • Reduction in risk rating (1) - Failure to deliver the financial plan of the Trust as requested by NHSE for 2023/24. • Changes to the CRR during this reporting period: There are no new ‘Our Future’ and ‘Our Sustainability’ risks added. • Other key changes: Other changes to the risk records are included in the risk register summaries on Pages 5 - 13. • Tracker report: The tracker report is presented to the Committee on Pages 3-4 to enable the Committee to have oversight of risk movement over the past year.



<p>We Care Integrated Performance Report (IPR) (M2): National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics</p>	<p>The Committee members discussed and noted the We Care Integrated Performance Report (IPR) with partial assurance received of the performance against key metrics for 2023/24 including the Breakthrough objectives: Improving theatre capacity, Actual utilisation, Elective Orthopaedic Centre (EOC) utilisation, Same Day Emergency Care admissions, Emergency Care Delivery Programme, Direct Access Pathways, Phase 3 William Harvey Hospital (WHH) Emergency Department (ED) build, Use of Hot Slots, Hot Clinics, Staff involvement, National Staff Survey, Team Engagement and Development (TED) pilot, We Care Rollout and Premium Pay Costs.</p>
<p>Contract Awards 1 - Infusion Pumps and Consumables 2 - Orthopaedic Prosthesis</p>	<p>1. Infusion Pumps and Consumables</p> <p>The Committee discussed and APPROVED the Infusion Pumps and Consumables contract award.</p> <p>2. Orthopaedic Prosthesis – Hips and Knees</p> <p>The Committee discussed and APPROVED the Orthopaedic Prosthesis – Hips and Knees contract award.</p>
<p>Re-draft of new IPR Template for Committees – Verbal Update</p>	<p>The Committee discussed the re-draft of the new Integrated Performance Report (IPR) template. This will be represented to FPC in August.</p>
<p>Pay awards for 2gether Support Solutions</p>	<p>The Committee discussed at length and comments and points have been raised to the Board for onward discussion and consideration.</p>
<p>Back pay for Internationally Educated Nurses (IENs)</p>	<p>The Committee discussed and agreed that this would be taken forward to the Trust Board for further discussions before a final decision was taken understanding the potential quantum of cost pressure.</p>
<p>23/24 IEN Recruitment – Business case</p>	<p>The Committee discussed and agreed that given the revised numbers, an updated paper would be submitted to next month's FPC meeting, which would include details regarding the benefits of the recruitment, along with any cost pressures for the Trust.</p>
<p>Pathology Collaboration Agreement – Memorandum of Understanding (MOU)</p>	<p>The Committee discussed and NOTED the Pathology Collaboration Agreement – MOU and recommended this for approval by the Board.</p>



Commissioning for Quality and Innovation Programme (CQUIN)	The Committee discussed and NOTED the Commissioning for Quality and Innovation Programme (CQUIN).
Next steps of the deep dive into Activity, Workforce and Income & Expenditure (I&E) from 2019/20 to present	<p>The Committee discussed and NOTED the Next Steps of the Deep Dive into Activity, Workforce, and I&E from 2019/20 to present paper, arising out of the 8 half-day sessions Executives had with each of the clinical care groups. Corporate areas would similarly be reviewed with findings being presented to FPC.</p> <p>Discussions had covered increased establishments and associated cost bases, including a breakdown of approved business cases during the period. Each Care Group presented the cost pressures currently being faced and the plan for reducing or removing the cost pressure moving forward. It was acknowledged that there were three main areas which still sat outside of the Care Group baseline: increased levels of spend above 2021/22 outturn for all three elements, on escalation beds, 121 specialty nurses for mental health patients, and increased levels of supernumerary for Internationally Educated Nurses (IENs).</p> <p>Each care group were tasked with presenting 5 key themes for efficiency delivery which will be tracked and monitored via the care group Executive-led recovery meetings which are being established on a bi-weekly basis.</p>
Strategic Investment Group (SIG)	The Committee received an assurance report on the activities of SIG on 20 April 2023.
Financial Improvement Oversight Group (FIOG)	The Committee received an assurance report on the activities of the FIOG on 16 May 2023.

Other items of business

Endoscopy Capital Bid – late agenda item

The Committee discussed and recommended to the Board to **APPROVE** the Endoscopy Capital Bid paper (to be submitted on 7 July), subject to clarification from the ICB concerning revenue cost support, and secondly clarification over power supply.



Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
<p>The Committee asks the BoD to:</p> <ul style="list-style-type: none"> • discuss and NOTE this P&CC Chair Assurance Report; • APPROVE the Infusion Pumps and Consumables contract award; • APPROVE the Orthopaedic Prosthesis – Hips and Knees contract award; • APPROVE the Endoscopy Capital Bid. • APPROVE the Pathology Collaboration Agreement – MOU. 	Assurance	6 July 2023



BOARD COMMITTEE ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS

Committee: Charitable Funds Committee (CFC)

Meeting date: 20 June 2023

Chair: Claudia Sykes, Non-Executive Director (NED)

Paper Author: Committee Chair

Quorate: Yes

Appendices:

APPENDIX 1: Charity expenditure plan proposal

APPENDIX 2: Charity strategy update

Declarations of interest made:

None

Assurances received at the Committee meeting:

Agenda item	Summary
Financial controls	The Committee received ASSURANCE that there were effective controls over the Charity's financial income and expenditure. A report was presented to the Committee setting out the controls in place over the Charity's finances. The Charity adopts the same Standing Financial Instructions (SFIs) as the Trust. The recommendations highlighted by the Charity's auditors in their 2022 management letter had also been completed for the 2023 accounts preparation.
Audit tender	The Committee noted that the Charity's audit had been put out to tender, and this process was underway for the 2022/23 accounts. The Committee was assured that the process would be complete in time for the audit and filing of the Charity's March 2023 accounts.
Application for Grants	The Committee approved 2 grants: <ol style="list-style-type: none"> (1) £70k haemophilia counselling support Kent & Canterbury Hospital (K&C) – expanding a pilot which provides specialist counselling support to patients and families with a bleeding disorder, for a further 2 years. (2) £94k palliative care William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) – improving facilities for end of life patients and families.
Fundraising update	The Charity fundraising team have had another very busy quarter, working with individual and corporate fundraisers on marathons, climbing challenges, organising wing-walks and many fun and festive fundraising events. The Charity has just launched its website www.ekhcharity.org.uk
Expenditure plan	The Committee discussed and recommended for Board approval the expenditure plan of £1.2m (see appendix 1), with 3 main areas for Charity spend: Medical Equipment; Estates and Staff Wellbeing. Traditionally many of the larger grants have been for Medical Equipment and this was an effective and welcomed use of the Charity's funds. The Trust is still

	<p>developing its estates and capital plans in detail, and specific expenditure items for the Charity would also be highlighted as part of this process over the next few months. There was also considerable support for spending more on staff wellbeing, but this also needed more work from the HR team to draw up specific proposals. These proposals would all come back to the CFC Committee for approval (over £25k) and to the Board (over £100k).</p> <p>The plan would require taking funds out of the Cazenove investment portfolio. It was noted that investments were currently highly volatile, and withdrawals could crystallise a loss. However, this was difficult to plan, given the market volatility currently, and internal timing of when funds would be needed based on proposals. The unrealised investment gain in the portfolio was £111k at the end of April, but a loss at the end of March of £129k, and expected to be a loss currently. The Committee noted that such volatility underlined the need to spend the funds, given they had been donated by individual and corporate fundraisers to be spent on charitable activities, not invested.</p>
Strategy update	<p>The Committee reviewed the Charity's updated 3-year strategy (see appendix 2). This sets out to achieve higher income levels each year (£1m-£1.5m), but with additional resources needed internally to achieve this. It was noted that some of the resource was funded through new grants; others partly covered from cost savings on other areas. The Committee recommended the updated strategy to the Board for approval.</p>

Other items of business

None

Items to come back to the Committee outside its routine business cycle:

There was no specific item over those planned within its cycle that it asked to return.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
<p>The Committee asks the BoD to NOTE this assurance report from the CFC and APPROVE:</p> <p>(1) The expenditure plan in Appendix 1, specifically spending £1.2m of the Charity's assets over the next 12-18 months, on the 3 main categories of Medical Equipment, Staff Wellbeing, and Estates;</p> <p>(2) The Charity's updated 3-year strategy in Appendix 2.</p>	<p>Assurance</p> <p>Approval</p> <p>Approval</p>	<p>To Board on 6 July 2023</p>



Charitable Funds Committee 20 June 2023 Charitable Expenditure Plan

1. Introduction

- 1.1 The purpose of this report is to provide the committee with a report of potential areas where charitable grants can be made so as to provide a planned approach to charitable expenditure for 2023/24.

2. Governance

- 2.1 The Trust Standing Financial Instructions (SFI's) contain the detailed responsibilities of the Board of Directors and the Executive Officers including those related to the governance and administration of the funds held in the East Kent Hospitals Charity.
- 2.2 The Scheme of Delegation for the Charity funds is separate from those of the Trust; the scheme is encompassed within the Trusts' SFI's as the charity adopts all the policies and procedures of the Trust and does not have its own SFI's.
- 2.3 Overall responsibility lies with the Trust Board of Directors acting for the Corporate Trustee but is managed by the Charitable Funds Committee (CFC) under the Terms of Reference as defined by the Trust SFI's.
- 2.4 The procedure for all applications follows the Trust policies and procurement processes.
- 2.5 The Charitable Funds Committee is responsible for agreeing all grants of £25k and above in addition to the above authorisation process, with Trust Board approval required for bids of £100k or more.

3. Approach

- 3.1 To successfully maximise the impact of grants made by the charity the following planning approach was taken;
- For each category of spend; Estates & Facilities schemes, Medical Equipment and Well-Being & Support. A request was made to each of the key leads responsible to provide their list of high priority schemes planned for 2023/24 and suitable for charity spend.
 - The Trust is currently working through its Estates and Facilities plan and a submission detailing schemes will be provided to the committee following completion of this work.
 - The lists received were reviewed by the charity team and recommendation made to the charity based on the following.

	Suitable for charity spend
	Elements of the scheme fulfil charitable spend
	Not appropriate for charity spend

23/26.4.2 – APPENDIX 1

- In addition, fund balances were considered to ensure that sufficient funds held within restricted/unrestricted funds could support the bid made.

3.2 The table below summaries the total value of approved initial bids by the Committee to proceed.

Category	Sum of Proposed Funding approved at June CFC
	£
Medical Equipment	299,120
Estates & Facilities	-
Well-Being & Support	19,456
Grand Total	318,576

4. Recommendation

4.1 As the expenditure plan requires additional work to developed proposals and to cost those bids proposed as part of this paper. To ensure that approvals can commence at pace the Charitable Funds Committee is requested to set an initial expenditure budget of £1.2m.

4.2 The proposed budget takes account of the funds held and committed balances reported to the Charity as below;

Total Funds Held as at 30/04/2023 **£2,297k**

Less Funds Committed **£ 499k**

Total Available Funds **£ 1,797**

The budget of £1.2m ensures sufficient reserves remain to meet future obligations. The budget does not include income for 23/24 and can be flexed accordingly.

Once the expenditure budget is set and approved by the Corporate Trustee (Trust Board) the spending plan can continue to be managed at Charity Team and Charitable Funds Committee Level whilst ensuring all appropriate governance and approvals take place.

4.3 Spending will be reported on a quarterly basis to the Committee and the Committee will have opportunity to review and adjust spending plan as appropriate.

Strategy 2023



East Kent Hospitals Charity

WHO ARE WE?

We are East Kent Hospitals Charity.

We are here to enhance the facilities and services delivered by East Kent Hospitals, by funding impactful and innovative projects: making a real difference to patients, visitors and staff.



WHY NOW?

Rupert Williamson stepped down from the Charity in May 2022, leaving us with 1.6 WTE in the Charity team (covering all functions of fundraising, marketing, management and administration). The finance team are 0.8 WTE.

The charity landscape has evolved rapidly since the pandemic began, and combined with external factors such as the economic pressures on individual giving, changing donor behaviour and public attitudes towards the NHS/ EKHUFT, we need to be proactive and resilient in order to maximise our income potential and therefore benefit to East Kent Hospitals.

We have been dedicated to improving our visibility, thus income opportunities in the past two years, and believe that we have significantly better brand visibility and confidence from our supporters in what we achieve.

Our Strategy was presented to the CFC in March 2022, detailing the key aims and objectives for the period between April 2022- April 2025. Given the significant changes to the Charity this year, and the challenges and opportunities that the changes bring, now is the time to refresh our strategy and outline our ambitions.





HOW WILL WE ACHIEVE THIS?

We have an ambitious and aspirational 3-year strategy: growing on our current achievements, understanding where our most likely sources of support are already rooted, and embracing opportunities that we have not previously approached, or had the resources to target.

However, in order to achieve our aspirations, we need additional resources and capacity, without which it is unlikely that we can change, grow and evolve.

Year 1- CHANGE (24/25)

AMBITION: £1M INCOME

Maximising Income	<ul style="list-style-type: none"> • Develop a legacy campaign • Introduce 'Make A Will' events • Engage with local solicitor firms to raise awareness of the Charity, encouraging legacy gifts. • Refocus on engaging with corporate opportunities, such as EKHUFT contractors, previous relationships and identifying new prospects. • Maximising partnership opportunities with NHSCT e.g. Starbucks partnership.
Maximising Visibility	<ul style="list-style-type: none"> • Developing and 'soft launching' major appeal, in readiness for high profile launch in 25/26. • Videography/ photography project completed- providing a strong bank of marketing imagery. • Increased visibility and giving opportunities for grateful patients and families across the sites, e.g. contactless giving points, improved donor journey, new website. • Social Media Campaigns focussed on seasonal asks and events offerings. • E Marketing due to new CRM- clearly stating how we meet need: make a further ask from supporters. • Improved impact reporting and gathering mechanisms.
Maximising Resources	<ul style="list-style-type: none"> • Increasing Gift Aid returns. • Community Fundraising, focussed on groups, organisations and societies. • Targeting Grateful patients and families. • Increasing donor engagement, encouraging repeat support, gift aid etc. • Supporting smaller fundraising initiatives, e.g. green token schemes, funeral director project. • Maximising visibility and impact. • Continue to develop Events/ Run for Charity offering.
Maximising Grants	<ul style="list-style-type: none"> • Strategic approach to grant making, according to identified areas of need. • Promoting the new grant-making process, changing the perception that accessing funds is difficult. • Ensuring that patients and families are keenly aware of the immediate benefit of EKHC, through projects funded. • Apply to relevant local and national grant-making bodies, having identified key projects that are attractive to grant makers and meet areas of increased need. Focus on engaging with corporate opportunities, such as EKHUFT contractors, previous relationships, and identifying new prospects.

Year 1- **CHANGE** (24/25)

AMBITION: £1M INCOME

Resources in place:

- Head of Charity (1.0 WTE)- in place
- Marketing and Projects Manager (0.6 WTE)- maternity cover being sought.
- Admin Support Officer (1.0 WTE 12-month FTC)- recruitment in progress.

Investment required:

- Fundraising Officer (1.0 WTE)- Cost: £36K
- Marketing Budget- cost: £20K

Year 2- **GROWTH** (25/26)

AMBITION: £1.25M INCOME

Major Appeal	<ul style="list-style-type: none"> • Additional resources needed before launch- additional fundraiser, increased marketing and admin support. • High profile launch and beginning of delivery of Appeal. • Trust staff support vital, assisting with promotion and delivery of Major Appeal.
Grants	<ul style="list-style-type: none"> • Continue to review EKHC grant process, addressing concerns and ensuring that the process is as efficient as possible. • Continue to grow grant income.
High Net Worth individuals	<ul style="list-style-type: none"> • Identify local high net-worth individuals. • Outsource this research. • Develop an attractive 'ask' and begin to make approaches.
Embedding in Trust Process	<ul style="list-style-type: none"> • Be at the genesis of the decision-making process for major projects, allowing our funds to be used strategically and for maximum impact.
Events	<ul style="list-style-type: none"> • Be the key charity at a large local event, offering potential supporters a new opportunity to engage with us, and increasing our visibility across East Kent. • Identify potential large fundraising opportunities, such as the 'Garden of Light' and develop relationship with businesses.
Income growth	<ul style="list-style-type: none"> • Continuing the excellent work achieved in 24/26, including growing the legacy campaign, marketing and visibility, reaching out to our community and corporate supporters, grateful family and patient opportunities, events offerings and grant identification. • Developing our Lottery, revitalising the promotion and increasing our return.



Year 2- **GROWTH** (25/26)

AMBITION 1.25M INCOME

Resources in place:	Investment required:
<ul style="list-style-type: none">• Head of Charity (1.0 WTE)- in place• Marketing and Projects Manager (0.6 WTE)• Fundraising Officers (1.0 WTE)	<ul style="list-style-type: none">• Marketing and Projects Officer (1.0 WTE/ £36K)• Fundraising Officers (1.0 WTE/ £36K)• Admin support officers (1.6WTE/ £43K)• Marketing budget: £25K• Outsource High Net Worth project- market cost TBC.

Year 3- **EVOLUTION** (26/27)

AMBITION: £1.5M INCOME

Trading/retail income	<ul style="list-style-type: none"> Should a retail trading opportunity arise, be prepared to seize this and implement it as part of the key source of income for the charity.
Volunteers	<ul style="list-style-type: none"> Major appeal ambassadors- maximising our capacity for community fundraising. General Charity ambassadors- as above. Event volunteers, supporting large, key events. Targeting corporates with CSR days, offering a positive experience, cementing future corporate opportunities. Lottery promotion.
Events	<ul style="list-style-type: none"> Using the 'Big Tea' premise, embed a regular 'coffee morning' event locally, potentially linked to the Major Appeal.
Major Appeal	<ul style="list-style-type: none"> Year 2 of delivering the Major Appeal- building on the engagement and support for the appeal from our communities, corporate supporters and high net worth donors.
Corporate Support	<ul style="list-style-type: none"> Continued investigation of opportunities, linking aligning with strategic direction of the Trust. Ongoing relationships being developed with Corporate Supporters- perhaps linked to Major Appeal of other area of core need.



Year 3- **EVOLUTION** (26/27)

AMBITION: £1.5M INCOME

Resources in place:	Investment required (subject to retail/ trading opportunity arising)
<ul style="list-style-type: none"> • Head of Charity (1.0 WTE) • Marketing and Projects Manager (0.6 WTE) • Marketing and Projects Officer (1.0 WTE) • Admin Support Officers (1.6 WTE) • Fundraising Officers (2.0 WTE) 	<ul style="list-style-type: none"> • Volunteer manager (1.0 WTE/ £36K) • Potential trading staff- TBC. • Marketing budget: £25K



Tell me more!

Please see Appendix A for the financial projections for the coming three years, demonstrating our plan and ambition to achieve these targets.

WHAT NEXT?

We will review and update the CFC of our progress, quarterly. We will be flexible and dynamic to emerging opportunities. We will evaluate and reflect upon our aims and objectives identifying what is successful, and what we could improve upon.

Recruitment is currently taking place for the Marketing & Project Manager's maternity cover, and the Charity Admin post. This provides us with sustainability for our marketing offer, and some increased capacity for income generation, thanks to the admin role.

In order to progress with our ambitious strategy this year, we require an additional fundraising role: focussing on community fundraising, donor engagement, and other emerging opportunities that we anticipate with our strategy. This role will provide the capacity for the Head of Charity to peruse corporate relationships, grant-making opportunities, and development of campaigns.

The investment required for a 1.0 WTE Band 5 fundraising officer is **£36,000**.

We are asking the Charitable Funds Committee to approve this request, allowing recruitment to begin as soon as possible.



Appendix A

East Kent Hospitals Charity Plan				
	Plan submitted to March CFC	Revised Plan to Reflect 3 Year Strategy June 2023 CFC		
	Plan	Plan	Plan	Plan
Statement of Financial Activities	2023/2024	2024/2025	2025/2026	2026/2027
	£000	£000	£000	£000
Income:				
Donations Individuals	195	325	425	475
Donations Corporate	20	75	105	125
Donations Groups and Societies	10	40	65	90
NHS Charities Together Grants	35	75	90	155
Other Grants	21	65	95	135
Legacies	280	325	375	425
Investment income	67	95	95	95
Total income	628	1,000	1,250	1,500
Expenditure				
Fundraising	(162)	(208)	(285)	(294)
Audit Fee	(41)	(43)	(44)	(46)
Governance & Support Costs	(92)	(94)	(96)	(98)
Expenditure to support equipment and services EHUFT	(505)	(500)	(500)	(500)
Total expenditure	(800)	(845)	(925)	(938)
Net gains on investments	175	225	225	225
Net income/(expenditure) for period	3	380	550	787

Notes

Fundraising costs reflect transitional staff change in 23/24 and increased establishment 24/25 - 26/27 together with marketing costs as outlined within the strategy.

Year 3 trading potential does not form part of income or expenditure planned above.

Expenditure to support equipment & services EKHUFT is indicative only and will be determined by the expenditure plan agreed at the June 2023 CFC



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✉ hello@ekhcharity.org.uk

☎ (01227) 866356

🌐 www.ekhcharity.org.uk



THANK
YOU



BOARD COMMITTEE ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee: Integrated Audit and Governance Committee (IAGC)

Meeting date: 28 April 2023

Chair: Olu Olasode Non-Executive Director (NED and SID)

Paper Author: Board Support Secretary

Quorate: Yes

Appendices:

Appendix 1: Standing Financial Instructions (SFIs) (accessible in reading room)

Declarations of interest made:

No additional declarations of interest were made.

Assurances received at the Committee meeting:

Agenda item	Summary
Risk Management and Governance	<ul style="list-style-type: none"> • The Committee discussed and noted an update report providing assurances on the work progressed to date about risk management and governance presented by the Chief Executive and Interim Chief Nursing and Midwifery Officer (CNMO). • The Committee received assurance and noted the key elements of the work undertaken; <ul style="list-style-type: none"> • Review of risk management and governance arrangements throughout the Trust, escalation through Committee and Group meetings, improving the systems, processes and governance to ensure these were streamlined, work included looking at the relationship with the Trust subsidiaries; • Further update report will be presented to next Committee meeting in July 2023. This will include a proposal with recommendations on the governance framework structure for Care Groups, with line of sight in respect of 'place of care to board' as not all patients received care in wards. Tools supporting staff in the management of risks, their accountability and responsibilities, and how improvements will be embedded; • Advice sought from governance expert in NHS England (NHSE); • Currently risk management was more around backward looking at risks, and the need for much more forward looking and achieving improvements; • Good discussions with Care Groups and staff, who recognised the importance of good governance and risk management, open and honest discussions, acceptance of the need for improvement, concerns raised about the complexity and suggestions on how this



	<p>could be better managed, recognition that shared learning was vital;</p> <ul style="list-style-type: none"> • Care Group and corporate processes needed to aligned, outcome would be around co-production and that the processes and system worked for everyone in the Trust.
<p>Internal Audit RSM Risk Assurance Services LLP – Progress Report</p>	<p>The Committee discussed and noted assurance from the Internal Audit Progress Report, noting good progress made to reduce the number of long outstanding overdue management actions, and implementation of actions.</p> <p>The Committee noted the Draft Head of Internal Audit Opinion 2022/23, consistent opinion with that issued the previous year. Overall management had a better understanding of what the challenges were and controls had been put in place. Adequate and effective risk management systems in place linked to Board Assurance Framework (BAF).</p> <p>The Committee noted the outcomes of internal audit reports since the last IAGC:</p> <ul style="list-style-type: none"> • Budgetary Financial Control (Care Groups) – Partial Assurance; • Consultant Job Planning – Partial Assurance; • Green Plan – Reasonable Assurance; • Emergency Department (ED) – Medical Staff Self-Rostering – Reasonable Assurance; • Single Tender Waivers – Partial Assurance; • Procurement – Partial Assurance; • Data Security Protection Toolkit – Substantial Assurance; • These reports provided reassurance around the processes in place as well as suggestions for further improvement work.
<p>Local Counter Fraud Specialist (LCFS) RSM Risk Assurance Services LLP – Progress Report Work Plan 2023/24 Annual Report 2022/23</p>	<p>The Committee received and noted assurance from the LCFS progress report on the LCFS activity, and the 2022/23 annual report. The Committee received and approved the 2023/24 work plan. The Committee noted key highlights:</p> <ul style="list-style-type: none"> • Updates about on-going investigations, three cases had been closed since the report had been published and these were with the Interim CFO for confirmation of approval to close; • 71% increase in referrals from last year, this was positive and recognised that LCFS were more integrated in the Trust, had provided staff training and awareness of fraud, as well as how to raise and report potential cases of fraud; • Proactive work within the work plan including to review processes and procedures, example testing, as well as reviewing counter fraud policies; • More work would be done with the Trust in respect of staff required to make a declaration of interest, ensuring these staff made their annual declarations, and embedding this annual practice. The Trust was currently rated red, the previous year was amber. The Executive Director of Communications and Engagement (EDoC&E) welcomed working with counter fraud to explore options to address and improve the Trust's



	position potentially using the new Electronic Staff Record (ESR)/Staff intranet.
External Audit Grant Thornton: External Audit Progress Report and Sector Update	<p>The Committee received and noted assurance from the External Audit progress report and sector update, noting:</p> <ul style="list-style-type: none"> • Annual external audit commencing 2 May, received report on the draft annual accounts, audit timeline agreed as well as detailed milestone delivery plan. Clear identification of the responsibilities of the Trust and external audit to meet the deadline for submission of 30 June 2023; • Weekly meetings would be held to ensure audit was on track and the dissemination of required information.
External Audit Plan 2022/23 Provider Licence – Annual Statutory Declaration	<ul style="list-style-type: none"> • The Committee received, and noted assurance of the 2022/23 External Audit Plan. • The Committee received, discussed and approved the annual statutory declaration of non-compliance and recommended this to the Board for approval, noting this will be considered by the Board at an additional Closed meeting at the end of June 2023 along with all the annual governance reports. It was noted non-compliance position as in previous years, reflecting the Trust's breaches, performance and NOF4 position.
Quality Account Report 2022/23	<ul style="list-style-type: none"> • The Committee received and noted the current version of the 2022/23 Quality Account Report, which was incomplete and further information was awaited to be included. A revised version will be presented to the Quality & Safety Committee (Q&SC) at its meeting in May 2023, following this the revised version will be circulated to the IAGC for consideration for virtual approval and recommendation to the Board for approval. Noting the deadline for laying before Parliament on 30 June 2023.
2023/24 Annual Programme for Clinical Audit	<ul style="list-style-type: none"> • The Committee received and approved the 2023/24 Clinical Audit Programme for 2023/24, noting ongoing monitoring via the Clinical Audit & Effectiveness Committee (CAEC) and Q&SC. • The Committee received assurance and noted there had been a review of the processes and systems, and the need for achievement of audits. • 2023/24 annual programme, would include 110 audits, of which 72 national audits and 38 local audits, each Care Group would formally agree an audit plan and any requests to undertake additional audits would need to be submitted for consideration by the central clinical audit team for review and assessment and will need to align with the Trust's quality priorities.
Draft Annual Accounts 2022/23	<ul style="list-style-type: none"> • The Committee noted the draft SOFI and SOFP for 2022/23, and agreed an additional IAGC meeting to be scheduled ahead of the additional Board meeting for 28 June to review the final annual accounts for approval prior to Board on 28 June 2023 for submission on 30 June 2023.
Informing the Audit Risk Assessment 2022/23	<ul style="list-style-type: none"> • The Committee received and noted the Informing the audit risk assessment 2022/23 document.



<p>Annual Report 2022/23</p> <ul style="list-style-type: none"> - Compliance Against FT Code of Governance - Annual Governance Statement (AGS) 	<ul style="list-style-type: none"> • The Committee received, discussed and noted the draft 2022/23 Annual Report, including the Compliance Against FT Code of Governance, and AGS. • The Interim Group Company Secretary (GCS), who has recently started with the Trust, will review these documents to ensure they included everything they needed to. • The final version will be shared with the Executive Team prior to presentation to IAGC and the Board. • The Committee will receive the final version for consideration and approval prior to this being presented to the Board for approval for submission.
<p>Executive Risk Assurance Group (ERAG) Chair Reports</p>	<ul style="list-style-type: none"> • The Committee noted assurance from the ERAG Chair reports from the meetings held on 24 March, 24 February and 27 January 2023, and approved the revised ERAG Terms of Reference (ToR).
<p>Board Assurance Framework (BAF)</p>	<ul style="list-style-type: none"> • The Committee received and noted assurance from the BAF. • Changes to the BAF and CRR. • Quarterly performance data in the BAF aligned to the IPR that has been reported for a full financial year, identifying the need to review and refresh the Trust's risk appetite. • The Risk Manager and Interim Director of Quality Governance (DoQG) will be reviewing the Corporate Risk Register (CRR) to support assurance going forward to the Board Committees, and that risks were being appropriately mitigated.
<p>Risk Management Workplan</p>	<ul style="list-style-type: none"> • The Committee received assurance from the workplan, and noted the recommendation that the Board undertake a session to set its risk appetite at the Board Development Day in August 2023 with the Risk Management Strategy and Policy revised as a result of this. Risk Maturity Assessment will be undertaken in December 2023, reporting to IAGC in January 2024 to assess the impact of the work undertaken as identified in the Integrated Improvement Plan (IIP), the internal audit and risk management and governance review. • The Committee noted the change in how the BAF had been presented that was helpful.
<p>Efficiencies Governance</p>	<ul style="list-style-type: none"> • The Committee received assurance and noted an efficiencies governance report around previous efficiency schemes. • The Committee noted a revised governance process report will be presented to a future IAGC detailing how efficiencies will be managed by the Chief Finance Officer (CFO) and Interim Executive Director of Strategic Development and Partnerships going forward. • The Committee noted the importance of recording the impact and measuring this, what the achievements needed to be and how these will be achieved.



Review of Standing Financial Instructions (SFIs)	<ul style="list-style-type: none"> The Committee noted the annual review of SFIs, approved the revised version, and recommended this to the Board for approval. The Committee noted the only change was updating Clinical Commissioning Groups (CCGs) to Integrated Care Boards (ICBs).
Anti-Fraud, Bribery and Corruption Policy	<ul style="list-style-type: none"> The Committee received and approved the amended Anti-Fraud and Corruption Policy. The Committee noted assurance of the Policy review to ensure it remained sufficiently robust from a counter fraud perspective, and that it was legislatively accurate and compliant with the NHS Counter Fraud Authority (NHSCFA) requirements.
Data Security and Protection Toolkit (DSPT) submission 2022/23 – Progress report	<ul style="list-style-type: none"> The Committee received assurance from the DSPT process and noted the progress report on the DSPT 2022/23 submission. The Committee noted the Trust's Cyber Essentials accreditation and working towards achieving Cyber Essentials Plus (CE+) accreditation. The Committee noted continued ongoing work to improve and sustain uptake of Information Governance (IG) annual mandatory training target to achieve the required 95%.
Losses and Special Payments Report to 31 March 2023	<ul style="list-style-type: none"> The Committee received assurance from the report, noting the losses and special payments report for 1 April 2022 to 31 March 2023. The Committee noted the Trust was not an outlier, and for the year to 31 March 2023, 395 cases totalling £317k, compared with 366 cases and £338k the previous year (presenting a decrease of £21k in year).
Single Tender Waiver (STW) Report	<ul style="list-style-type: none"> The Committee received assurance from the STW report and noted: <ul style="list-style-type: none"> 103 STWs approved during FY 2022/23 a total value of £4.69m; 48 STWs approved during Quarters 3-4 2022/23 with a total value of £1.76m; 26 STWs with a combined value of £1.65m were rejected during FY 2022/23; No Declarations of Interest; 5 Retrospective Approvals of STWs.
Spencer Private Hospitals (SPH) off payroll workers review	<ul style="list-style-type: none"> The Committee received and noted a report and recommendations following assurance of the review of contracts of off payroll workers.
Annual Committee Effectiveness Review	<ul style="list-style-type: none"> The Committee received and noted a verbal report about the upcoming annual Committee effectiveness reviews, these will be led by the Interim GCS, following completion of these the IAGC will receive a report on the outcome of the Board Committees annual effectiveness reviews at a future IAGC meeting.
Closed meeting with IAGC members	<ul style="list-style-type: none"> The Committee members (NEDs) held a Closed IAGC meeting to receive an update from the Chief People Officer (CPO) on behalf of the Chief Executive about Executive Team changes. This included an update on progress to recruit substantively and the interim cover in place.



Other items of business

There were no other items of business raised for discussion.

Actions taken by the Committee within its Terms of Reference:

None

Items to come back to the Committee outside its routine business cycle:

There was no specific item over those planned within its cycle that it asked to return.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
The Committee asks the BoD to discuss and NOTE this assurance report from the IAGC, and APPROVE the revised SFIs.	Approval	To Board on 4 May 2023



REPORT TO COUNCIL OF GOVERNORS

Report title: Operational update - June 2023
Meeting date: 13th July 2023
Board sponsor: Chief Operating Officer
Paper Author: Programme manager to the Chief Operating Officer

Appendices:

Appendix 1: ED Build Paper

Executive summary:

Action required:	Information
Purpose of the report:	To provide the Council of Governors with an operational update of the current performance and status across the Trust for both emergency and elective workstreams.
Summary of key issues:	<p>Emergency: To note the work in progress across the East Kent Hospitals UEC Improvement Programme.</p> <p>With the noted improvements to the front door pathways and the schemes of work in place, the Trust has been able to improve the time spend in ED for those patients requiring same day emergency care (note a further improvement in month to the reported 4hr standard to 71.5% for May, the highest reported compliance across the previous year). However, the flow of patients out of the EDs to specialty wards and the number of available beds for admitted patients remains a constraint contributing to the higher number of 12-hour Trolley Waits.</p> <p>Elective: To note the cited risk to the Trust position related to 104, 78 and 65-week breaches that are increasing and will fall below trajectory in June 2023.</p> <p>To note the reported increase in the number of incomplete pathways, essentially meaning the number of patients on the Trust's waiting list is growing at a faster rate than anticipated. Investigations outlined that 75% of this growth was attributable to 10 specialties with the main causes being driven by a lower number of 1st outpatient appointments being completed and therefore slowing the number of clock-stops and, for some specialties, an uplift in referrals greater than estimated numbers.</p>



	<p>Cancer</p> <p>To note that performance across the Cancer 62d standard dipped again in May due to the Endoscopy challenges, limited recovery following the industrial action, bank holidays throughout May and an increased demand for the organisation with 2ww referrals.</p> <p>To note the successes in the establishment and implementation of 'Straight to Test' pathways driving improvements in patient wait times.</p>
Key recommendations:	<p>For the Council of Governors to be briefed to the current operational position of the Trust.</p> <p>For the Council of Governors to ask any questions or outline any further points of clarification related to the operational position of the Trust.</p>

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • <i>Our patients</i> • <i>Our people</i> • <i>Our future</i> • <i>Our sustainability</i> • <i>Our quality and safety</i>
Link to the Board Assurance Framework (BAF):	BAF 34: Failure to deliver the operational constitutional standards due to the fluctuating nature of the Covid-19 pandemic necessitating a localised directive to prioritise P1 and P2 patients
Link to the Corporate Risk Register (CRR):	<p>CRR 78: Risk of overcrowding in ED compromising patient safety and patient experience</p> <p>CRR 68: Risk to the delivery of the operational constitutional standards and undertakings for planned care</p> <p>CRR 84: Deteriorating Patient</p>
Resource:	Y/N <i>If yes, state resource impact</i>
Legal and regulatory:	Y/N <i>If yes, state legal or regulatory impact</i>
Subsidiary:	Y/N <i>If yes, please indicate the Subsidiary and how its business will be impacted.</i>

Assurance route:

Previously considered by: N/A



REPORT TITLE: Operational update - June 2023

1. Purpose of the report

- 1.1 To provide the Council of Governors with an operational update of the current performance and status across the Trust for both emergency and elective workstreams.

2. Emergency workstreams - East Kent Hospitals UEC Improvement Programme

East Kent Hospitals UEC Improvement Programme was established in Autumn 2022. The programme outlines the intentions to deliver improved UEC pathways across East Kent Hospitals led by senior clinicians and aligns to the national targets and directives. The programme of work is focussed on four key workstreams: Patient flow, Front door, Simple discharge, SDEC/Direct access and is monitored through the Trust's Emergency Care Delivery Group. The Group also monitors the operational planning and developments of the two Emergency Department builds taking place at the William Harvey Hospital and the Queen Elizabeth The Queen Mother Hospital.

Key successes to date include:

- ED builds through winter delivered against significant changes required to UEC pathways to support the build progression
- Extension of the Same Day Emergency Care service (SDEC) - extended hours and therefore an increased volume of patients being able to access the service
- Implementation of clinical models within ED to support streaming to UTCs, SDECs, and Direct Access pathways to assessment units.
- Pilot of medical assessment unit commenced (WHH) – 'right place first time' for patients.
- Established virtual clinics within SDEC promoting patients to be managed remotely.
- PTL improvements to support the improved accuracy of discharge planning
- Cohort of P1 and P3 patients to enhance medical and therapy cover
- Palliative care – patient cohort to provide specialist family support.
- Frailty front door services established
- Development of access for GPs to refer to medical on-call directly, improving patient pathways to 'Right Place, First Time'.
- Roll out of internal Patient Choice policy at the beginning of the patients journey, improving discharge planning

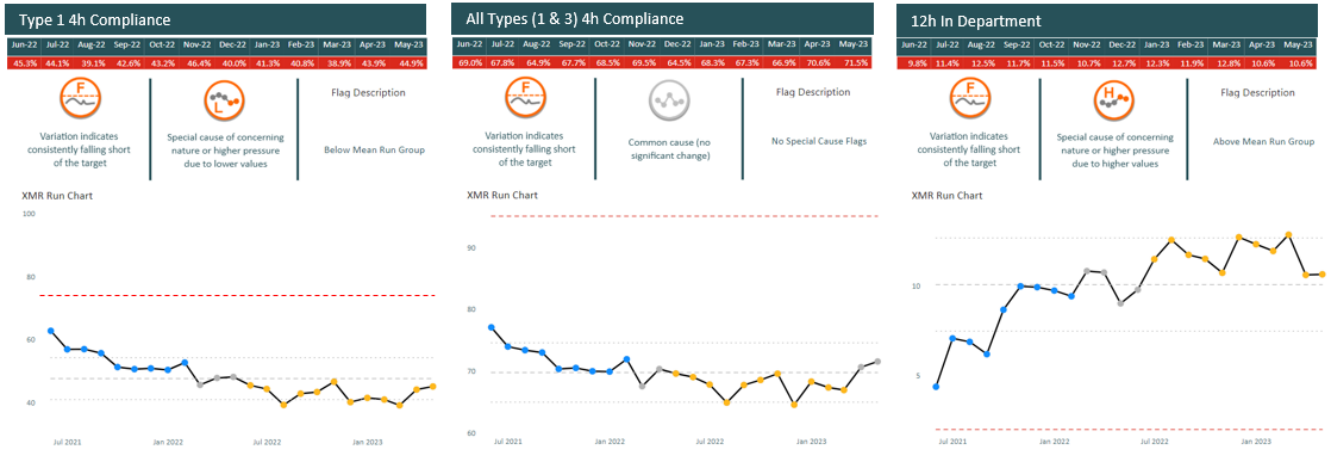
Whilst the programme of work has some recognised successes and brings benefits to the Trust's patients, there remain challenges to flow across Trust. Capacity across the wards remains limited with high numbers of patients remaining under the care of the acute Trust as they await packages of care to support their on-going care needs.

In recent weeks progress has been made with the planned implementation of clinical models at the front door to the QEQM from June, reflecting the models in place at the WHH (MAU, Short-stay acute medical wards). There are further developments planned across the months of June and July: The WHH team will be commencing a joint pilot for the Paediatric Direct Access Pathways with Children's Group; work continues with the development for the WHH clinical model for an ED CDU (Clinical Decision Unit); ED



leads are working in partnership with the ICB clinical leads to review the UTC and SDEC pathways this will take place in June.

3. Emergency performance



In May the percentage of patients dwelling for a total time of 12h in the ED departments was 10.7% v 10.6% in April and remains lower than the preceding 4 months. However, the total number of reportable 12-hour Trolley Waits in the ED increased from the previous month from 989 v 1,136.

With the noted improvements to the front door pathways and the schemes of work in place, the Trust has been able to improve the time spend in ED for those patients requiring same day emergency care (note a further improvement in month to the reported 4hr standard to 71.5% for May, the highest reported compliance across the previous year). However, the flow of patients out of the EDs to speciality wards and the number of available beds for admitted patients remains a constraint contributing to the higher number of 12-hour Trolley Waits.

4. SAFER Principles

The patient flow workstream, part of the Emergency Care Delivery Group, is launching a trust wide roll-out of the national SAFER Bundle (Senior Review, Assessment, Flow, Early discharge, Regular review) commencing in June which will focus on planned discharge processes to improve LoS, timely discharge and aims to show a positive impact on timely access to beds from the front door, with the outcome of reduced waiting times in ED. The Trust has successfully employed additional resource to focus on discharge improvements with an emphasis on improving early discharges thus supporting early flow through the hospital.

5. ED Builds

The ED Build at the WHH is near to being finalised with a project end date set for September 2023 with the new Paediatric area and the extended Majors areas making



up the final phases of the project. Operational planning and development is well underway to utilise the new ED space when opens in September.

QEQM work is due for completion in December 2023. To support the Phase 3 of the ED Build the focus has been on amendments to the front door pathway models to support the loss of 15 non-designated/non-funded spaces. The schemes include establishing a medical MAU, an ED Dedicated Observation Unit, expanding the Medical SDEC hours Mon-Fri.

A recent paper was requested by Trust Board detailing the operational planning that has taken place during the three main build phases at each site. The paper is included in Appendix 1 for the Council's review to provide the detail of the ED build status.

6. Elective

The Trust has been working to deliver against set targets, as per the national guidance, to reducing our elective back log and ensure that no patients are waiting longer than 18 months (78 week wait) for treatment.

At year end 2022/23, the Trust recording 87 breaches of the zero position for those waiting 78 weeks. 16 of these breaches are classified as 'acceptable exclusions' due to patient choice, covid and complexity. 71 of these breaches remain in the Trust's Otology specialty and have been driven by unplanned sickness of one of the Trust's medical team. All local, regional and national options have been explored to treat these patients but this was not viable before the end of March 2023. Detailed plans for treating these long waiting patients will continued to be monitored during Q1 23/24 with patient-by-patient planning in progress to ensure these patients get the treatment they required.

The Trust has been successful in continuing to reduce the backlog of patients waiting 52 weeks and has performed ahead of trajectory at year end. The Trust's target was 3276 at the end of 22/23, the Trust achieved 2997.

As we move into 2023/24 fiscal year there is significant work in progress to review the patients that remain on the Trust's elective wait list to ensure they still require surgery, understand if circumstances have changed or indeed deteriorated to determine that the Trust has a true understanding of the demand on the Trust's elective services.

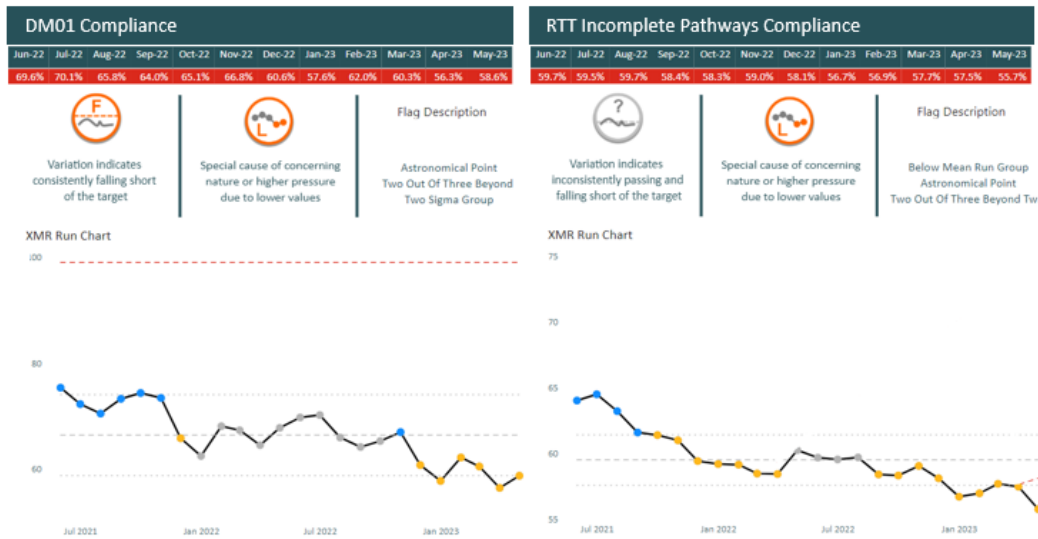
Detailed activity plans have been submitted to NHSE outlining the planned volumes of activity the Trust will complete in 23/24. This planned activity has been developed with two key criteria at their core:

- To maintaining the size of the Trust's elective waiting list
- To meet the target of zero patients waiting 65 weeks for their treatment by year end 23/24

The care groups across the Trust are focussed on developing and implementing schemes of work to support delivery and seek to optimise operational efficiency to make these targets a reality and further reduce the elective backlog.



7. Elective Performance



- May RTT activity and performance position**
- **104-week breaches: 10 (Trajectory 0)**
(including 3 choice, 1 Independent Sector patient and 2 validation pathway corrections)
 - **78-week breaches: 156 (Trajectory 60)**
(including 55 ENT capacity, 4 Independent Sector returns, 9 complex, 22 choice, 2 validation corrections and delayed pathways due to endoscopy and awaiting decisions to treat in surgery and orthopaedics)
 - **65-week breaches: 984 (Trajectory 1208)**
(increase of 218 from last month)
 - **52-week breaches: 3608 (Trajectory 3416)**
(increase of 581 breaches from last month)
 - **Total incomplete pathways 81.2k (Trajectory 76.6k)**
(increase of 3,298 from last month)

- YTD (April & May 2023) activity vs plan**
- Referral plan: 64,255 vs actual: 67,674 (variance +3,419/105.3%)
 - First outpatient plan: 48,250 vs Actual: 51,508 (variance +3,258/106.8%)
 - Follow up plan: 76,784 vs actual: 81,421 (variance +4,637/106.0%)
 - Follow up with Procedure plan: 12,798 vs actual: 13,822 (variance +1,024/108.0%)
 - Elective plan: 16,040 vs actual: 15,493 (variance -547/96.6%)
 - Diagnostics plan: 41,295 vs actual: 39,966 (variance -1,329/96.8%)

104- and 78-week breaches remain a significant risk, with notable growth in May and further projected risk in June and July; declared by the Surgical and Anaesthetic Care Group. Increased oversight and PTL management have been initiated with a requirement for operational and clinical teams to accelerate the patient’s pathways at pace. It should be noted an element of surgical breaches are due to capacity



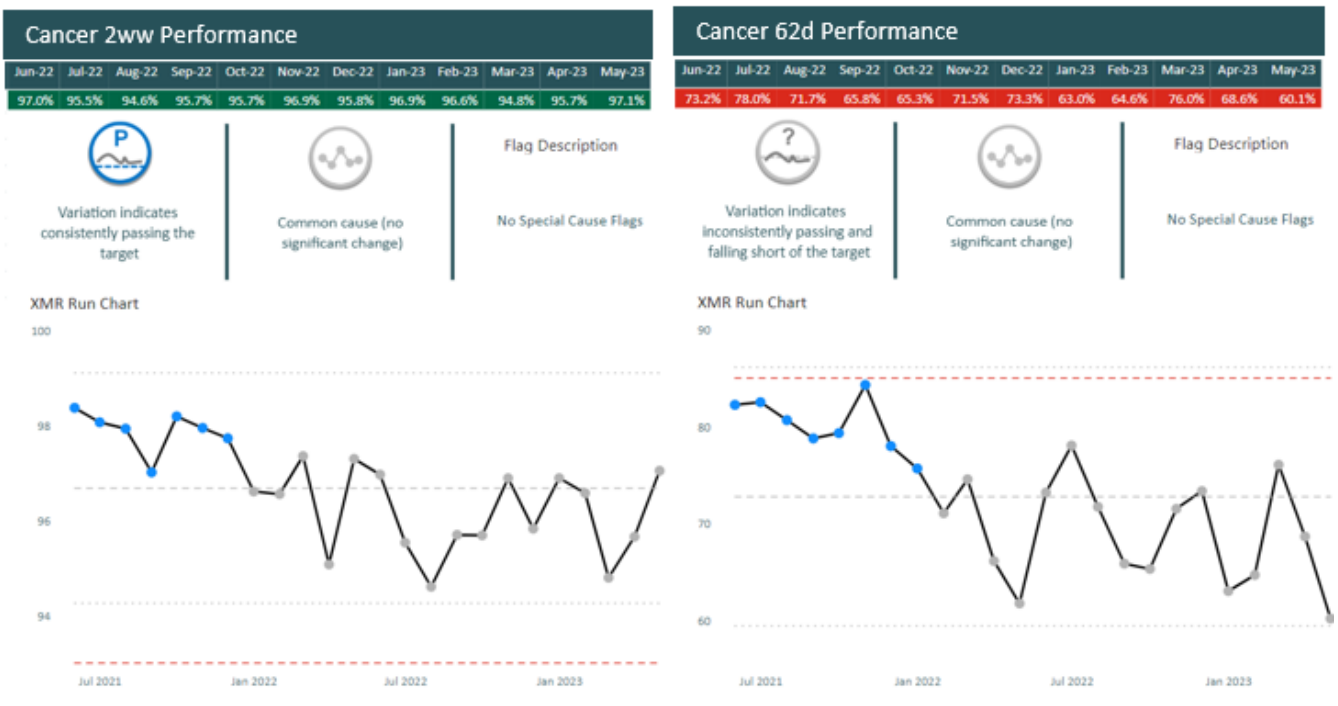
constraints within endoscopy but are not exclusively driving the deterioration in the position.

Since April 2020 (the start of COVID) the number of incomplete elective pathways has been steadily increasing as the Trust was unable to treat patients during a sustained period of time. From February 2023, however, the Trust reported a significant acceleration in the number of incomplete pathways, essentially meaning the number of patients on the Trust's waiting list is growing at a faster rate than anticipated. Investigations outlined that 75% of this growth was attributable to 10 specialties with the main causes being driven by a lower number of 1st outpatient appointments being completed and therefore slowing the number of clock-stops and, for some specialties, an uplift in referrals greater than estimated numbers.

Each Care Group representing the 10 key specialties are looking to flex outpatient services to extend the number of available clinics where feasible and to validate and review the source of the increased referrals to ensure patients being referred to the services of the Trust are valid and the right pathway for the patient.

These pressures are also impacting on the Trust's ability to reduce its long waiting patients and additional daily oversight has been introduced to mitigate this position.

8. Cancer



Performance across the Cancer 62d standard has dipped again in May due to the Endoscopy challenges, limited recovery following the industrial action, bank holidays throughout May and increased demand for the organisation with 2ww referrals.

The Trust remains in the top 3 performers nationally for 2-week wait access and is still making the biggest contribution to a Cancer Alliance that has the 3rd smallest backlogs for 62-day breaches and the Kent and Medway Alliance being the best performing Alliance in the country.

Endoscopy capacity and delays remain a key contributor to the deterioration in performance and a recovery plan is in progress with the Trust exploring options for an insourcing contract seeking to support additional scopes for a 12-month period. A procurement process is underway with the aim of having this additional capacity live in September 23.

Whilst there are recognised challenges across the Trust's diagnostic capacity there is good progress in the development of 'Straight To Test' pathways for Lower GI patients making significant improvements in the waiting time for patients and the pathway they follow. Straight to Test (STT) pathways (where a diagnostic procedure is arranged as the first episode of care), enable patients to be given a diagnostic appointment within 2WW in place of an outpatient appointment. A full rollout of the STT pathway is planned. STT within the lung pathway is also being supported with dedicated CT slots daily at the Community Diagnostics Centre at the Trust's Buckland site.

Urology pathway delays, primarily caused by a shortage in the number of available Consultants across the Trust, continues to be a significant risk in the treatment of the Trust's patients with Cancer. An agreement for mutual aid is being sought in partnership with the Cancer Alliance to provide additional capacity. Straight to Test implementation is required at pace to mitigate and move to an improved position for these patients. An ongoing recruitment strategy is in place however, recruitment of new substantive consultants has proved challenging. All options for recruitment are being explored.



Emergency Department Builds – Update

Introduction

This paper aims to respond to the Board's request for a detailed status update on the Emergency Department build work within the Trust and the impact of the works on the services provided.

The William Harvey build commenced in June 2021 and is due for completion in September 2023.

The QEQM build commenced in June 2021 and due for completion in December 2023.

William Harvey

The phasing of the William Harvey build has been as follows:

Phase 1 saw development of the new rapid assessment and treatment area and resuscitation area and ambulance offloading bays.

Phase 2 consisted of the closure of half the old majors area and the development of the newly appointed front door area/reception and clinical rooms plus the development of the new Paediatric Emergency Unit.

Phase 3 commenced in April 2023 and consists of the second half of the old majors, the move of the old Paediatric ED to the new area and the development of the old Paediatric ED into a co-located Children's Assessment Unit.

The new build also provides an enhanced number of clinical rooms and patient waiting areas, mental health adult and children's dedicated space, provision for trauma and orthopaedics, a seminar room for teaching, offices and a rest area for staff with fully kitted changing rooms and showers.

The ultimate benefit of the build will be as follows:

Capacity	Old	New
RAT (rapid Assessment and Treatment)	10	12
Resuscitation	6	9
Paediatrics	3	6
Majors – Adults	14	19
Mental Health Rooms	1	2
Total	34	48

As one of the key parts of the build required access to the old majors area it was essential that clinical pathways were developed to mitigate the risk associated with this.

Consequently, a clinical forum was established in October 2022 with the purpose of reviewing existing pathways and processes and to agree how these could be enhanced. At this time, EKUFT was a national outlier for how patients accessed urgent and emergency care with the Emergency Departments being a single point of access to care provision. The clinical forum therefore adopted the guiding principle: **right patients, right place, first time**.

This principle was kept at the centre of the planning when developing the changes required for the future.

This work led to a review of all existing emergency care action plans and the creation of the Emergency Care Delivery Group (ECDG) to focus on four key workstreams – Front Door, Patient Flow, Simple Discharge and Direct Access pathways. It was intended that these workstreams would support both sites with the ability to allow for local variation as required. Each workstream had a senior accountable officer appointed who held a senior clinical leadership role within EKUFT

The primary initial aim was to establish alternative pathways to reduce the footfall through the EDs given the immediate pressure of the build works. This was to be achieved by enhancing the services for patients accessing urgent care by developing dedicated and resourced assessment units, optimising same day emergency care services whilst improving flow through the department through schemes to enhance and improve timely discharge

Given the phasing of the William Harvey build, relevant new and agreed models were piloted with the plan being to share the learning across to QEQM.

The key interventions agreed by the clinical teams were:

- Reinforcing alternative pathways to ED by enhancing Urgent Treatment Centre (UTC) co-located utilisation.
- Delivering nurse initial assessment at the front-door in order to achieve effective streaming to appropriate care pathways.
- Introducing a doctor initial assessment role to improve the time to be seen by a senior clinical decision maker and optimising alternative pathways.
- Achieving same day emergency care (SDEC) provision for medicine, surgery and children.
- Setting up SDEC booked hot slots for patients to be discharged outside of normal working hours and return the next day.
- Implementing virtual SDEC clinics, to increase capacity and reduce the need for patients to reattend.
- Delivering front door frailty provision via a roaming model in advance of being located in a new physical space.
- Implementation of direct access pathways, underpinned by robust training, to provide direct access to more appropriate care locations such as SDEC and UTC from the point of initial assessment.
- Establishing medical and surgical assessment units with dedicated short stay wards for up to 48 hours to move appropriate patients out of ED more efficiently.
- Co-horting pathway 1 and 3 cases to optimise patients' therapy and future care needs.

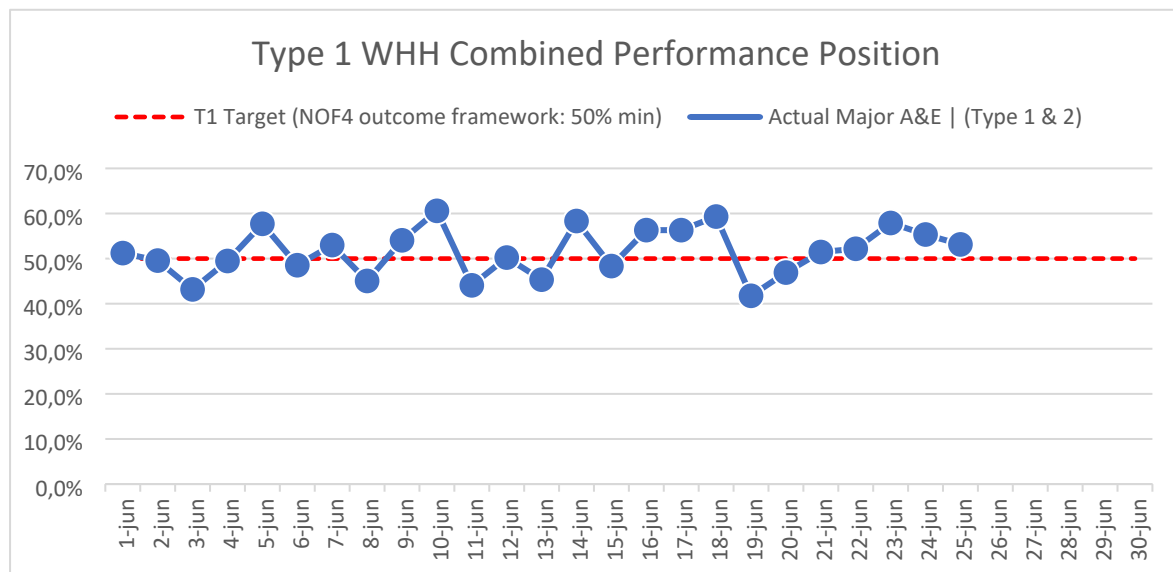
As can be seen, the programme was front-loaded to address the front-door challenge with the ECDG acting as the core governance throughout.

In terms of impact, there are growing signs that the model changes outlined above are having an effect and place the William Harvey site in a position to sustainably improve its emergency care position going forward. At the point of writing, the following comparisons between June 2023 and June 2022 are noteworthy for instance:

- Type 1 4-hr performance at 51% vs 40%
- All type 4-hr performance at 65% vs 53%
- Time to initial assessment at 52% vs 28%

- Number of patients not admitted seen within 4 hours at 61% v 51%

The chart below, furthermore, shows daily Type 1 performance for June (until the point of writing):



To reinforce this progress further actions are now occurring as follows:

- Review of ambulance conveyances to ED to identify opportunities for future avoidance.
- Utilisation of the Alt-ED tool on a system basis to map the extent of alternative available pathways in East Kent and the extent to which these are sufficient.
- A review of the Trust's urgent care provision by the national GIFT team to confirm key further opportunities and to peer-review current practice.
- Scoping of the need for a Clinical Decisions Unit on-site in order to offer provision for patients needing input for c12 hours in order to re
- Formation of a clinical forum to decide on the optimal way to configure the on-site bed base.

Whilst this should be viewed positively it is important to note that the metrics associated with waiting times for admission, particularly patients waiting above 12 hours, remain challenged. It can reasonably be concluded therefore that the innovation shown at the front-door at William Harvey (and the demonstrable impact this is now having) needs to be mirrored at the back-door in order to deliver improved flow through the site.

QEQM

The phasing of the QEQM build has been as follows:

Phase 1 included development of the UTC, paediatric area and majors development.

Phase 2 consisted of the rapid assessment and treatment unit.

Phase 3 commenced in June 2023 and consists of the development of the resus spaces and a corresponding impact on the old majors space.

23/027.2 APPENDIX 1

The new build also provides an enhanced number of clinical rooms and patient waiting areas, mental health adult and children's dedicated space, seminar room for teaching, offices and a rest area for staff with fully kitted changing rooms and showers

The ultimate benefit of the build will be as follows:

Capacity	Old	New
RAT (rapid Assessment and Treatment)	4	14
Resuscitation	4	7
Paediatrics	7	7
Majors – Adults	15	12
Mental Health Rooms	2	2
Total	35	42

Phase 3 of the build necessitated the loss of 15 undefined care spaces across the majors footprint thereby compromising the volume of patients that the department could hold at a given time. This change is permanent. To mitigate this risk, it was decided that implementation of revised clinical models, mirroring those in place at William Harvey, was essential.

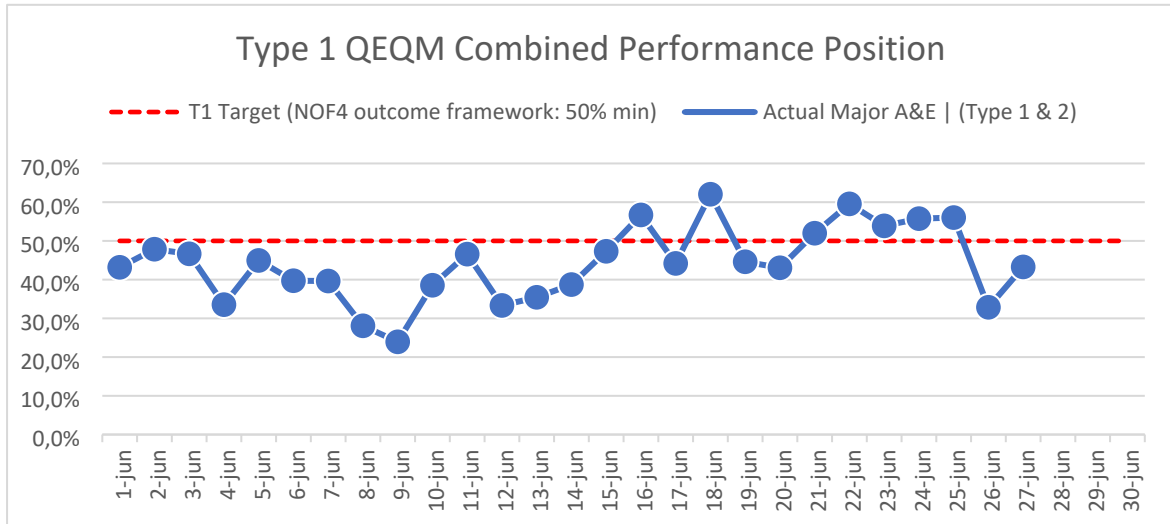
The main alterations have been as follows:

- Establishing a dedicated medical assessment unit and short stay medical ward in order to flow patients out of ED more effectively.
- Expanding medical SDEC provision Monday-Friday from 08.00-17.00 hours to 08.00-20.00 hours with weekend 08.00-17.00 hours.
- Implementing a dedicated ED Observation Unit for patients requiring between 4 hours and 12 hours of care (for instance, to receive IV antibiotics or fluids).
- Implementing direct access pathways from the front door.
- Introducing a doctor initial assessment role to improve the time to be seen by a senior clinical decision maker and optimising alternative pathways.
- Evolving the front door frailty service to enhance the capacity and increase the numbers of patients managed through this service including co-location within the ED.
- Creating dedicated space for a front door therapist to support early discharge back to the community with access to in-reach community services.

In addition, system partners within East Kent have also contributed by committing to:

- Increasing pathway 3 discharges for a period of 2-3 months.
- Increasing front door in-reach from community teams with access to increased pathway 1 capacity.
- Enhancing on-site mental health liaison to reduce the times for assessment for referred patients.

The interventions were introduced in the run up to the commencement of Phase 3 in mid-June and the chart below shows daily Type 1 performance at QEQM for June (up to the point of writing). As can be seen there are early signs of improvement following the actions outlined above and certainly the immediate risk of the Phase 3 works has been addressed. Needless to say, however, this progress needs to be embedded and taken further:



Conclusion

As this paper hopefully demonstrates, significant clinically-led change has been enacted within the organisation to address the challenges on both sites resulting from the ED build work. Not only have these changes offered short-term mitigation, they have also provided the Trust with updated clinical models focused on diversifying the flow of patients at the front-door of William Harvey and QEQM. Once the totality of the building work is completed and the new departments are functioning a fuller review will be undertaken to guide decision making as to the best permanent future arrangements.

Sandra Cotter
Interim Hospital Director WHH

Dylan Jones
Chief Operating Officer

June 2023

REPORT TO COUNCIL OF GOVERNORS

Report title: Estates and Facilities – Capital Requirements

Meeting date: 13 July 2023

Board sponsor: Simon Corben NED and NED in common to 2Gether Solutions

Paper Author: Simon Corben NED and NED in common to 2Gether Solutions

Appendices:

N/A

Executive summary:

Action required:	Information
Purpose of the report:	This paper will provide the Council of Governors with an update on the Estate and our proposed actions, subsequent to the recent and disappointing news that we have not been successful in securing a place on the New Hospital Programme
Summary of key issues:	<i>The Council is invited to note the impact that the condition of the estate is having upon delivery effective care across the population of East Kent. It provides the Council with an overview of the core areas of focus and key areas of risk.</i>
Key recommendations:	<i>Council of Governors notes and discusses the report and agrees to support the Trust Board in its plans to secure additional investment and manage the estate</i>

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	Central office to complete
Link to the Corporate Risk Register (CRR):	Central office to complete
Resource:	Not Applicable



Legal and regulatory:	Please note legal advice has been sought with regards the condition of the estate, the limited funds allocated to ensure its compliance and the impact that this has on the Trust under the Health and Safety and Work Act.
Subsidiary:	"2Gether solutions

Assurance route:

Previously considered by: *N/A*



REPORT TITLE: SAME TITLE AS ON THE FRONT SHEET

Estates and Facilities – Capital Requirements

1. Purpose of the report

- 1.1 This paper provides an update on the Trust's Estate and the management's proposed actions, subsequent to the recent and disappointing news that the Trust was not successful in securing a place on the government's New Hospital Programme

2. Background

- 2.1 The decision not to include this Trust in the final phase of its new Hospitals Programme, has been met with considerable disappointment having spent so much time and effort preparing the business case and having waited as an organisation for badly needed investment for at least 30 years.
- 2.2 The impact that the estate has in East Kent or our ability to deliver the level of care and staff environment that we aspire cannot be overstated and the fact that we did not make this latest round of selection does not mean that the problem goes away.
- 2.3 Without significant capital investment, we will continue to be severely compromised in our ability to deliver care in the way we would want to. It also restricts our ability to be more efficient, thereby impacting on the financial position of the Trust and returning to a balanced position.
- 2.4 We should not be wholly surprised that we were not chosen, given that the selected hospitals include those with Reinforced Autoclaved Aerated Concrete which means they are in danger of imminent collapse. However, we should also acknowledge that the Secretary of State has indicated that the one-off capital programme is now a rolling one and that opportunities should arise from this.
- 2.5 At the same time, we are also acutely aware that our current capital allocation will not allow us to maintain our current estate and deal with the maintenance backlog to our critical infrastructure. We are **£18.8m** short for 23/24 alone
- 2.6 The executive team are preparing an updated report on this and the significant risks it creates and will share this with the Trust Board, the Integrated Care Board and NHS England. The Board does not regard the current position as sustainable.



- 2.7** The forthcoming paper will set out how we still can transform services/ infrastructure through significant incremental investment, that delivers a more productive service.
- 2.8** We will work closely with the ICB in the development of their Infrastructure Strategy to make sure our immediate and medium terms plans complement our long-term plan for new and improved health infrastructure across Kent, delivering the benefits that modern fit for purpose infrastructure brings.
- 2.9** Key areas of focus for the team will be as follows
- What areas of the estate provide the greatest areas of non-compliance and risk?
 - Linked to this, what additional capital do we need now to ensure that we can meet our responsibilities under the Health and Safety and Work Act?
 - What quick/ short term interventions, through additional capital can allow us to make an effective recovery to clinical services and financial balance and the impact if this is not forthcoming?
 - What level of capital do we need to eliminate our Critical Infrastructure Risk?
 - What reconfigurations can we make to improve services as a whole (e.g. maternity)?
 - Review the current business case and proposed care models and consider whether they are remaining the best long-term solution for East Kent
 - Work with the team at 2gether solutions to develop the best methods of delivery

3. Conclusion

- 3.1** The senior management team and the Board will work closely with the ICB and other key partners to develop a robust and rigorous short and medium plan that can be shared and subsequently supported by NHS England, DHSC and Treasury, together with a longer-term strategy.



REPORT TO COUNCIL OF GOVERNORS

Report title: Integrated Improvement Plan (IIP) Report including Metrics

Meeting date: 13 July 2023

Board sponsor: Chief Executive Officer (CEO)

Paper Author: Chief Strategy and Partnerships Officer (CSPO)

Appendices:

Appendix 1: Progress update on delivery of the iip since last month and agreed metric reporting

Executive summary:

Action required:	Discussion
Purpose of the Report:	To update the Board on progress of delivery of the Integrated Improvement Plan, performance against the agreed metrics and to provide oversight of key risks to delivery.
Summary of key issues:	<p>All programmes of work have made progress with some beginning to demonstrate signs of early improvement. The challenge however remains sizeable and there is a need to continue to increase the pace of delivery. It is important to recognise that the report highlights achievement of actions and not the impact that they have made.</p> <p>Metrics have been developed aligned to each of the programmes and performance against these is included in the board.</p> <p>All of the workstreams have had a review and reset with significant changes within Maternity and Quality and Safety so there is greater confidence of the programme milestones and measures of success and a clearer understanding of the resources required to deliver the plan.</p> <p>The plan and delivery approach has been aligned to the Pillars of Change work and the 'We Care Quality Improvement Programme'.</p>
Key recommendations:	Trust Board members are invited to DISCUSS the report and progress of delivery of the Integrated Improvement Plan to date.



Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • Our patients • Our people • Our future • Our sustainability • Our quality and safety
Link to the Board Assurance Framework (BAF):	BAF 32 – There is a risk of harm to patients if high standards of care and improvement workstreams are not delivered. BAF 34 – There is a risk that our constitutional standards are not met. BAF 38 – Failure to deliver the financial plan of the Trust as requested by NHS England (NHSE).
Link to the Corporate Risk Register (CRR):	N/A
Resource:	Y - discussions with National team regarding the use of available resources.
Legal and regulatory:	Y – regulatory impact.
Subsidiary:	Y – in the overall provision of services within the resources available to the Trust.

Assurance route:

Previously considered by: From June onwards, this report will be considered by the Strategic Improvement Committee ahead of the Trust Board. The Strategic Improvement Committee is being established to oversee delivery of the Integrated Improvement Plan.



Recovery Support Programme (RSP) Integrated Improvement Plan (IIP) Report

1. Purpose of the report

- 1.1 The purpose of this report is to update the Board on progress of delivery of the Integrated Improvement Plan (IIP). It is also intended to give the Board oversight of key risks to delivery.
- 1.2 As previously agreed the report will now include the performance against the agreed metrics for each programme of work.

2. Background

- 2.1 The IIP sets out the Trust objectives over the next 12-18 months to deliver sufficient sustained improvement to support an exit from the National Recovery Support Programme in March 2024.
- 2.2 The report set out in Appendix 1 provides an update on delivery of the Integrated Improvement Plan to date. Progress against the 'priority areas of focus in the first six months' are set out in a high-level summary, followed by a progress update for each of the six key programme areas within the plan. A progress update on the Communications and Engagement Plan which supports delivery of the IIP, covering June 2023 is also included in the report.
- 2.3 The Strategic Improvement Committee oversees the delivery of the IIP and is chaired by the Chief Executive, Tracey Fletcher. The Strategic Improvement Committee is due to meet fortnightly with a rolling review of three of the six programmes of work at each meeting.

3. What progress has been made over the last month?

- 3.1 There has been further progress across all six programme areas evidenced through the milestones that have been delivered to date. Whilst there has been some progress towards the agreed metrics this is not at the pace required in some areas.
- 3.2 Detailed updates and delivery of milestones in each programme area are provided in the attached report.
- 3.3 Funding for the programme from the ISCS (RSP) budget was presented at a meeting with the National Director of Intensive Support on the 12 May 2023. Subsequent to this meeting conformation has been given of approval of £1.25 million of the original bid. This is in the process of being deployed across the agreed programme areas.
- 3.4 Ben Stevens, the Senior Responsible Officer (SRO) for the programme, has continued to work with Programme SROs to align the Integrated Improvement Plan with the Pillars of Change work and 'We Care Quality Improvement



Plan'. This draft single framework has been summarised in a document for all staff and has been published on the Trust intranet and [public website](#). In addition, this has featured as a key topic on both the leaders and all staff briefing.

4. What are the risks to delivery of the plan and how are they being considered?

- 4.1** Through the process of developing the IIP a number of key risks have been highlighted. Initial risks have included: delays in cancer pathways, delays in Patient Safety Incident Response Framework (PSIRF) implementation and capacity to scale up the delivery of the leadership development programmes. These are in addition to the Trust risks of deficits in planned workforce; estates and equipment; industrial action and resource to deliver the programme. Mitigations have been developed to minimise the risks.
- 4.2** Additional workstream level risks have been captured in work programmes and have undergone a check and challenge at the Strategic Improvement Committee.

5. How is progress and delivery going to be tracked and monitored effectively?

- 5.1** Progress and delivery is tracked via the Strategic Improvement Committee. Programme SROs submit a monthly highlight report to this Committee which includes key progress updates, risks and issues for escalation, and key performance indicators (KPIs)/metrics and trajectories to measure improvements being made.
- 5.2** Wider supportive programme management arrangements are also in development.
- 5.3** The Programme SRO along with the RSP team and the programme SROs developed a set of KPIs that are reported in the progress report at Appendix 1.

6. Conclusion

- 6.1** Board members are invited to note the progress and the risks in delivery of the Integrated Improvement Plan and recommend any further actions.

6 July 2023



East Kent Hospitals University Foundation Trust Report on Integrated Improvement Plan (IIP)

Journey to Exit NHS Oversight Framework (NOF4)
1 July 2023

Final Draft

Purpose of Report



This report has been established to update the Board on progress of delivery of the Integrated Improvement Plan. It is also intended to give the Board oversight of key risks to delivery; and to update on key evidence that has been added to the evidence repository to support exit from the Recovery Support Programme (RSP).



Delivery of the Integrated Improvement Plan is overseen by the EKHUFT Strategic Improvement Committee which is chaired by the Chief Executive, Tracey Fletcher.



The Board will receive an update on the IIP on a monthly basis focusing on successes, challenges and actions to mitigate any key risks to delivery. We will also provide a quarterly deep dive to demonstrate impact and progress against the overall programme objectives.

High-level Summary on Programme Delivery

	Priority area of focus in IIP	Summary update
Leadership & Governance	Leadership Development	Good progress made with three substantive appointments made and two interims in place. A start date for the new Chief Nurse has been conformed for September 23. The advertisement for the Chief Medical Officer (CMO) role has been placed. The organisational restructure consultation has concluded and a number of key appointments have been made with the full care group structure planned to be implemented by the middle of August at the latest. The supporting corporate functions have begun the process of aligning to the new care group structure. The Leadership Programme for the Care Groups and Service Group triumvirates started in June and will support key leaders across the Trust to develop and utilise relevant skills and approaches to deliver the Trusts aims in a manner that reflects its values.
	Governance Framework	Progress is being made with the governance model review and the workstream is on track to report back in July 23. The next step will be to implement and embed the clear framework for governance oversight within and throughout the Care Groups, ensuring that all staff are clear on their responsibilities for the management and learning from risks, incidents and complaints.
Maternity	Maternity Transformation	The new Director of Midwifery and Deputy Director of Midwifery are making good progress with understanding the issues and challenges in the service and have begun to implement actions for improvement. The maternity transformation plan development is on track to be finalised in July 2023 and has included an engagement event with Trust staff, external partners and service users at the end of June. Progress has been made in the reduction of open Serious incident actions and datix incidents.
Operational Performance	Urgent and Emergency Care (UEC) Patient Pathways	There is continued progress in emergency care type 1 and all type performance. 4-hr performance at William Harvey Hospital (WHH) continues to improve following the interventions that have been introduced at the front door over recent months. The Trust secured the services of a discharge improvement expert during May and he commenced on-site at WHH on 26 June funded by RSP resource. The Trust, as part of the Tier 1 UEC process, is also in discussions with regard to securing corresponding support for Queen Elizabeth the Queen Mother Hospital (QEQM).
Quality & Safety	The Deteriorating Patient	Progress has been made with training by the Head of Nursing for the Deteriorating Patient. The monitoring data for this programme indicates a positive improvement in the programme. In addition There is collaborative work with critical care outreach and the PDN team.
	Ward Accreditation	Progress made with a full review and reset of the Fundamentals of Care work streams/Ward Accreditation programme with a new set of refreshed milestones as set out under the Quality & Safety programme.
People & Culture	Culture & Leadership	Good progress has been made with Culture & Leadership Development with programme milestones realised as set out in the programme slide. The culture and leadership programme change team recruitment is live with a positive response across the organisation.
Finance	Workforce Plan	Care group deep dive sessions have been completed with all care groups to assist with the improved understanding of service areas with high vacancy rates coupled with high premium payments with specific plans being developed.

High Level IIP Programme Risk Summary

Key Risks:

15 key areas of delivery risk have been recognised within the individual programmes (see appendix A). The risk log is now in place and utilises the trusts scoring matrix for consistency. Risks with a score of 16 or greater are summarised below including mitigating actions:

- **Diagnostic delays in cancer pathways – Risk score 20** - Mitigating actions include – Weekly Radiology improvement meetings with specific focus on Endoscopy and Urology pathways and capacity; prioritisation and clearance of reports waiting longer than 15 days post diagnostic; for all diagnostics to be booked within 5-10 days; heavy sedation capacity for endoscopy to be agreed; agreement of Mutual Aid plan for urology.
- **Delay to Patient Safety Incident Response Framework (PSIRF) Implementation – Risk score 20** - The workstream in relation to Datix and Learn from Patient Safety Events (LFPSE), which supports the PSIRF transition, and which replaces STEIS & NRLS in September 2023, is delayed owing to issues within the Datix company. In particular, not upgrading our system to the most up to date version (as with all Trusts using Datix). A business case is being developed to secure an alternative system, which will be aligned to other Kent and Medway Trusts.
- **Capacity in Ward Accreditation Team – Risk score 20** - Ward Accreditation Team are small in number and have long term sickness. This may impact the plan to achieve the first accreditation for all inpatient wards by end of November 2023, as planned. Alternative solutions are being explored, including the potential of utilising additional internal staff and reviewing the current accreditation timetable.
- **Capacity to scale up delivery – Score 16** - Capacity to scale up delivery of the Leadership Development Programmes at each of the levels (Leading Others, First Line Leader, Mid-level Leader). Currently each of these 5-day programmes are scheduled to run 3x per annum. In order to increase scale more facilitatory resource is required. Escalating current vacancies to Vacancy Review Panel (VRP) to progress. Assessment of possible increase to be taken to VRP June 2023.
- **No overdue (breached) Serious Incidents (SIs) / Healthcare Safety Investigation Branch (HSIB) investigations - Score 16** - Whilst pending development and approval of the new Quality & Safety Framework, the service is working to the published V2 of the QSF. Structures for maintaining oversight, and managing, of overdue governance related activities require further work (update from Head of Governance 28.06 - Maternity currently has 25 open SIs with 0 breaches). The service is working to published V2 QSF. There are trackers being used to monitor progress of all governance related activities, including backlogs. In addition Maternity have a dedicated patient safety team.

Funding to support Delivery of programme

- A Business Case for £1.5M was submitted to the National ISCS team to support the programme. £1.2m of this has been approved as an urgent requirement. The remaining portion is awaiting approval.
- Key urgent areas for the bid include:
 - Maternity Transformation Programme Support
 - Culture and Leadership Programme
 - Operational Performance (UEC and Elective Improvement)
 - Learning from Patient Safety Incidents

Integrated Improvement Plan

June 2023 Programme Summaries

May 2023 Performance Data



Leadership & Governance Programme



SRO: CEO

Progress over last month:

- Interim Chief Nurse in Post to cover the period before the substantive Chief Nurse Commences in post
- Substantive Chief Nurse start date confirmed for September 2023
- Advert published for Chief Medical Officer recruitment
- Organisation restructure consultation has concluded and a range of appointments made
- Corporates function are aligning form and function to deliver appropriate services to the new clinical care groups
- Remaining posts will be advertised externally
- Governance model review on track to report in July 2023
- Board strategy day scheduled for the 1 August
- Work has commenced to scope the options for the development of a revised organisational strategy.

Key risks and issues:

- Unable to appoint Chief Finance Officer (CFO) substantively
- Loss of focus on operational delivery due to the ongoing effect of the restructure

Plan for next month:

- Conclude and report on the Governance model review
- Full commencement of the revised organisational structure
- Finalise the strategy development scoping piece of work in preparation for reporting back mid September 23

Leadership & Governance Programme - Product Milestones to end July	Due	RAG
1.1 Executive Leadership Team		
1.103: Review and refresh Executive Leadership Development Plan	Jun-23	Green
1.104: Current vacant Executive Director posts successfully recruited to	Jun-23	Green
1.2 Governance		
1.201: Review and refresh Governance Model to ensure it is aligned with the organisation restructure	Jul-23	Green
1.3 Communications & Engagement		
1.303 Detailed Communications and Engagement Plan developed, based on feedback received, and rolled out across Trust	Jul-23	Green
1.4 Transformation Programme		
1.404: Develop the Leadership Behavioural Framework	Jun-23	Green
1.405: Develop and adopt the Behavioural Code in Maternity	Jun-23	Green
1.406: Pilot "Civility Saves Lives" in Maternity	Jun-23	Green
1.407: Introduce a simple tool to assist staff to challenge poor behaviours	Jun-23	Green
1408: Start the leadership programme for team leader, first line, middle manager	Jul-23	Blue
1.409: Undertake recruitment to new organisational structure	Aug-23	Green

Key: Delivery against plan

Blue	Action is complete
Green	Action is on track
Yellow	Action mainly on track with minor issues
Red	Action not on track with major issues
White	Action not started

Maternity



Progress over last month:

- Patient Information (Quality & Safety (Q&S) Boards) hardware installed at WHH pending chrome boxes, and pending installation at QEQM. Walkarounds with IT and Estates complete to identify immediate works required to activate the screens
- Multi-Disciplinary Team (MDT) Consultation session around rectification approach for sonography services
- Your Voice Is Heard post-implementation review held 19 June 2023; comment from Maternity and Neonatal Voices Partnership (MNVP) Chair "this is one of the best pieces of coproduced work that I've been involved with so far, literally from a blank page, and it continues to be coproduced"
- Maternity Transformation Plan (MTP) Engagement Away Day booked for Weds 28 June 2023
- Antenatal & Newborn Screening (ANNBS)/Fetal Medicine Unit (FMU)/Ultrasound Scans (USS) Project Plan re-shared with Public Health Matron and Consultant Midwife for reference re: NHS England (NHSE) scrutiny relating to compliance with national screening standards and work underway to improve local efficiencies / monitoring (request placed with IT for a Newborn Screening Patient Tracking List (PTL)). Project Plan also recirculated with project group for feedback / input / progress
- Obstetric consultant lead for Midwifery-Led Discharge at WHH has published a Standard Operating Procedure (SOP) and a pilot of midwifery-led discharge will go live for two months (Jun-Aug 2023) at WHH following an elective c-section - the circulation email contains clear roles and responsibilities for medical staff
- Joint review with Trust Clinical Audit team of existing clinical audit management processes in Maternity. Improved workforce involvement in audit activity
- Situation-Background-Assessment-Recommendation (SBAR) process mapping / improvement to action setting
- Scheduling of culture-related training sessions
- Identification of the current position within the Maternity Governance team (specifically the Patient Safety Workstream)
- Refinement of information slides for Quality & Safety Boards

Plan for next month:

- Internal and external stakeholder MTP consultation away day booked for 28 June 2023
- First draft of Birmingham Symptom Specific Obstetric Triage System (BSOTS) training video that highlights roles and responsibilities
- Installation and activation of TV screens for Triage PTL / MOSOS / Patient Information
- Approval and publication of Venous thromboembolism (VTE) Guideline
- Senior-level discussion regarding future approach of clinical audit / management processes
- [Linked to Project 2.1] Multidisciplinary review of clinical priorities within the Maternity Improvement Plan (MIP) v2 scheduled for 28 June 2023 to facilitate involvement of sonography and neonatal teams in the development of the transformation programme. Following this work, the MTP Clinical Pathways Project Group will commence from July 2023
- Installation and activation of MOSOS screens in Triage offices
- Activation of Modified Early Warning Score (MEWS) assessment in Sunrise for pregnant women presenting in Emergency Department (ED), including an alert system for notifying Maternity via the Maternity PTL
- Activation of Quality & Safety Boards in Triage and Postnatal wards at QEQM/WHH

Key risks:

- Non-compliance with Project 4 - Governance trajectory / plan
- Risks associated with postnatal / discharge processes e.g. EDN
- Management of pace and priority of RSP/IIP and MTP whilst managing a challenged maternity service
- Success monitored and identified through Your Voice is Heard (YVIH) metrics (listened to, trends and themes)

Maternity Programme



SRO: Chief Nurse and
Midwifery Officer



East Kent
Hospitals University
NHS Foundation Trust

Maternity Programme - Product Milestones to end July	Due	RAG
2.1 Team Working		
2.101: Ensure obstetric oversight of triage services is undertaken by an obstetric registrar in line with best practice	Jul-23	Green
2.2 Clinical Escalation and Handover		
2.202: Embedded quarterly audits supporting appropriate clinical escalation showing improvement; SBAR, MEOWS, sepsis and VTE	Ongoing	Yellow
2.3 Clinical Assessment & Care Pathways		
2.301: Centralisation of telephone triage	Jul-23	Yellow
2.302: Agree model and implementation plan for improved discharge pathway	May-23	Red
2.304: Implementation of discharge pathway	Jul-23	Yellow
2.4 Governance		
2.401: No overdue (breached) SIs / HSIB investigations	May-23	Red
2.5 Engagement		
2.504: Demonstrable improvement that staff feel listened to (quarterly survey)	Ongoing	Green

Milestones off track:

- **2.302** – There was an original local plan to have this delivered by 31 July 2023 and therefore the supporting postnatal guideline was scheduled to be presented for approval at the Women's Health Guideline Group on 23 June 2023, which takes this work beyond the milestone of the IIP. The original project plan remains on track to deliver by 31 July 2023, as per IIP milestone ref. 2.304
- **2.401** - Backlogs have increased over recent months; plans are in development to clear the backlogs and sustain service provision within mandated timeframes. Further information on numbers detailed within the Maternity performance slide.

Key: Delivery against plan

■	Action is complete
■	Action is on track
■	Action mainly on track with minor issues
■	Action not on track with major issues
	Action not started



SRO: Chief Nurse and
Midwifery Officer

Maternity Programme



East Kent
Hospitals University
NHS Foundation Trust

Domain	KPI	Thres.	Latest Date	Value	Variation	Assurance	LCL	Mean	UCL	Understanding the Latest Position
Maternity	Serious Incidents Maternity	Sigma	May-23	1			-3	3	9	Common cause (no significant change)
	Maternity Incidents Moderate / Sev...	Sigma	May-23	3			-3	2	8	Common cause (no significant change)
	Maternity Complaints	Sigma	May-23	8			-2	6	14	Special cause of concerning nature or higher pressure due to higher values
	Maternity Complaint Response	90.0%	May-23	20.0%			-28	46	121	Common cause (no significant change)
	Extended Perinatal Mortality	5.87	May-23	4.47			4	5	6	Special cause of improving nature or lower pressure due to lower values
	FFT Maternity Response Rate	5.0%	May-23	10.3%			4	9	15	Special cause of improving nature or lower pressure due to higher values
	FFT Maternity Recommended	90.0%	May-23	92.3%			83	91	99	Common cause (no significant change)
	FFT Maternity (IP) Recommended	90.0%	May-23	92.4%			82	92	103	Common cause (no significant change)
	Maternity Engagement Score	6.90	May-23	5.87			6	6	6	Common cause (no significant change)

May Performance Summary

Incidents: Maternity currently have 25 open SI's, no breaches – 11 have been submitted to the Integrated Care Board (ICB) (4 of these have been closed at the ICB panel 28 June). At 19/06/2023 Women's Health had 345 overdue SI actions, this reduced to 305 on 26/06/2023. Working to eliminate this backlog by end of July. At 01/06/2023 Women's Health had 762 open datix, this backlog had reduced to 569 on 26/06/2023. Working to eliminate this backlog by end of August. Additional resource has been identified for the Governance team to address an existing backlog of unreviewed datixes and SI actions. The team have been given a trajectory for reducing the backlog within the next month. The backlog of unreviewed datixes has reduced from 868 to 569. Open SI actions reduced from originally 750 to 305. A deep dive into SI actions is planned for 27th June with the MIA during which time SI actions will be themed. One new SI was declared which met the criteria for review by HSIB

Complaints: 8 new complaints were opened in May. There currently 49 opened complaints some of which date back to many months ago. A process of reviewing historical complaints as well as the current complaints review process needs to be discussed and agreed with the Chief Nursing and Midwifery Officer (CNMO). Some key themes include attitudes and behaviours, communication and failure to provide support with personal hygiene have been identified. These issues are being progressed within the care group – actions include reiteration of Trust values and how these translate into expected behaviours. Patient stories are being developed for staff to reflect on and learn from.

Patient Involvement: The 'Walking the patch initiative' was launched in May 2023 this includes the Director of Midwifery (DOM)/Deputy DOM (DDOM) obtaining information about experience. The 'leave your troubles at our door' initiative was also introduced to enable proactive involvement with families. Service users have been invited to the co design of the MTP on 28 June 2023. An MNVP chair has been recruited and a 15 steps review is planned.

Staff Engagement: The 'we hear you' initiative has been introduced which includes a specific email address to provide staff with direct access to the Quad team. An engagement session for the team to be involved with the Maternity Transformation programme has been arranged for the 28 June 2023. Daily GEMBA walks by DOM/DDOM enables visibility which promotes engagement. A monthly Safety Champion forum was launched to provide floor to board reporting. Freedom to Speak Up Guardian (FTSUG) asked to complete a report for discussion within the Care group.

Patients



Operational Performance Programme

SRO: COO



East Kent
Hospitals University
NHS Foundation Trust

Progress over last month

Urgent and Emergency Care (UEC)

- Continued good progress in performance in Emergency Care (ED) Type 1: 45.1% (above trajectory), all types 71.68% (above trajectory)
- Established Clinical Forum WHH bed reconfiguration, transforming services strategy
- The DAP pathways introduced and reviewed. The QEQM commenced the roll out there mid-June
- Missed Opportunity Audit Ambulance conveyances completed
- The WHH lounge is in place 24/7. It is a 10 bedded unit for pts with a planned discharge 24/48 that fit a criteria to ensure patient safety
- Agreement with ICB to run the Getting it Right First Time (GIRFT) Alt-ED tool

Elective Recovery

- Commenced weekly activity and performance monitoring/oversight meetings with each care group and established daily PTL meetings where breaches are increasing
- Refreshed monthly planned care meeting to focus on improvement and transformational actions in the next 4 months
- DM01 breaches reducing in radiology modalities: NOUS, DEXA and CT
- 65-week breaches below trajectory position for month 1 and 2 (growth noted in month 3)

Cancer

- Straight to Test (STT) for Lower Gastrointestinal (GI) has shown a significant improvement
- Review potential further Endoscopy improvement options

Key risks and issues:

- Reduction in No Longer Fit to Reside (NLFTR) position to support emergency flow and 12 hour breach reduction
- Compliance with 2023/24 activity plan at Trust level in order to stabilise waiting list and reduce long waiters
- Diagnostic delays in cancer pathways

Plan for next month:

- QEQM ED Build plan to be completed to include the provision of;
 - Extending hours of Same Day Emergency Care (SDEC) Medical
 - Established Medical Assessment Unit (MAU) - pilot
 - Established ED Clinical Decisions Unit (CDU)
 - Implementing DIA model at front door
 - DAP pathway training commences to support direct access to SDEC / Urgent Treatment Centre (UTC)
 - Surgical DAP to commence
 - Trauma & Orthopaedics (T&O) pathways to Kent & Canterbury Hospital (K&C)
 - System support for P3 and front door P1 to support flow
- Medical Decisions Unit (MDU) K&C - plans continue to support access for selected pt cohort from QEQM/WHH
- CDU WHH development plans continue
- Continue the implementation of Direct Access Pathways (WHH) Medical Assessment Unit (MAU) and optimisation of the Surgical Assessment Unit (WHH)
- Continue work on the re-design and roll-out of clinical model to QEQM (MAU, Direct Access pathways to SDEC and optimising SDEC opportunities)
- Cohort EoL plans for WHH continue
- Finalise the theatre improvement programme including inputting of additional resource and capacity
- Finalise the out patient transformation actions in line with Kent and Medway OP Transformation re-launch agreed at ICB Board meeting 27 June 2023
- Agree a system approach for ENT services which includes a short term plan to recover otology 78 week breaches
- Agree further roll out for STT in Lower GI
- Agree interventions to reduce Endoscopy waiting times and therefore prolonged colorectal pathways
- Urgently review the Urology pathway to mitigate capacity and efficiency risks



Operational Performance Programme

SRO: COO



East Kent
Hospitals University
NHS Foundation Trust

Operational Performance Programme - Product Milestones to end July	Due	RAG
3.1 Urgent and Emergency Care (UEC) and Whole System Interface Flow		
3.111: Established pathways to the MDU at KCH (nurse led)	Jun-23	Amber
3.112: QEQM Emergency Department Build Phase 3 started	Jun-23	Green
3.113: WHH End of Life Model implemented	Jun-23	Amber
3.2 Elective Recovery (including diagnostics)		
3.204: Outpatient transformation plan re-launched with key milestones and stretch targets for transformation including activity increases (1st OP) and decreases (follow-up)	Jun-23	Amber
3.205: Validation plan agreed and implemented for all diagnostic modalities utilising digital transformation available within the Trust	Jul-23	Amber
3.114: Patient Flow SAFER principles in place across Trust with metrics focussed on discharges by 10.00, golden patients, reduction in 12-hour ED waits	Aug-23	Amber

Milestones off track:

- **3.111** - The pathways have been established. The funding to support the staffing has been declared by the ICB supported by. Work in progress to determine finances and recruitment as a next step. The pathways element of the action is complete but the service is yet to start, hence the amber RAG.
- **3.113** - Medical cover arrangements have protracted this process. The medica model has been reviewed in light of the cover arrangements and End of life will be cohorted and will share a space with Frailty. This is on the agenda at the clinical forum taking place on 29th June. Unlikely to hit the June deadline but anticipate completion by mid-July.
- 3.204 - The finalised outpatient transformation actions are aligned with the Kent and Medway outpatient transformation re-launch to be agreed at the ICB planned care board meeting on 27 June. This will complete the action on 27 June and tip the milestone to green.
- **3.205** - The process of finalise the technical logic for patients to receive text message communication to support validation in diagnostics is near completion. This will be completed by end of July 2023.

Key: Delivery against plan

	Action is complete
	Action is on track
	Action mainly on track with minor issues
	Action not on track with major issues
	Action not started



Operational Performance Programme

SRO: COO

Domain	KPI	Thres.	Latest Date	Value	Variation	Assurance	LCL	Mean	UCL	Understanding the Latest Position
Operational Performance	ED Compliance	90.0%	May-23	71.7%			67	73	79	Special cause of concerning nature or higher pressure due to lower values
	Type 1 Compliance 4hrs	75.0%	May-23	44.2%			44	52	61	Special cause of concerning nature or higher pressure due to lower values
	Ambulance Handovers within 30m	95.0%	May-23	86.5%			78	86	93	Common cause (no significant change)
	12Hr Trolley Waits (MTD unvalidated)	0	May-23	1136			212	418	624	Special cause of concerning nature or higher pressure due to higher values
	Super Stranded >21D	107	May-23	272			145	177	209	Special cause of concerning nature or higher pressure due to higher values
	Not Fit to Reside (pats/day)	300.0	May-23	412.4			214	272	329	Special cause of concerning nature or higher pressure due to higher values
	Cancer 28d Performance	75.0%	May-23	60.4%			59	70	80	Special cause of concerning nature or higher pressure due to lower values
	Cancer Over 62d on PTL	67	May-23	371			98	176	255	Special cause of concerning nature or higher pressure due to higher values
	Cancer Over 104d on PTL	0	May-23	77			9	24	39	Special cause of concerning nature or higher pressure due to higher values
	DM01 Compliance	75.0%	May-23	58.6%			61	69	76	Special cause of concerning nature or higher pressure due to lower values
	RTT 52w Breaches	Traj.	May-23	3,608			2,872	3,526	4,179	Special cause of concerning nature or higher pressure due to higher values
	RTT 65w Breaches	0	May-23	984			989	1,479	1,968	Special cause of improving nature or lower pressure due to lower values

May Performance Summary

Emergency Department: 4-hr performance at WHH continues to progress following the interventions that have been introduced at the front door over recent months. Type 1 performance has moved from 40.4% in March to 49.8% May. Similar interventions are being introduced at QEQM during June. The overall Trust position has moved on Type 1 to 44.9% in May from 38.9% March and on All Types to 71.5% May from 66.9% March.

Hospital Discharges: Whilst the front part of the emergency care pathway is improving less progress is being achieved in terms of discharge numbers. In response, the Trust secured the services of a discharge improvement expert during May and he commenced on-site at WHH on 26 June funded by RSP resource. The Trust, as part of the Tier 1 UEC process, is also in discussions with regard to securing corresponding support for QEQM.

Cancer: Cancer performance is being hampered by challenges within two specific pathways. Lower GI pathways are being elongated by the constraints detailed below regarding endoscopy. Urology pathways are being delayed by consultant capacity constraints for surgical treatment and the Trust is seeking mutual aid from partner providers in response. Both pathways would benefit from the utilisation of straight to test pathways. This is partly in place for Lower GI and funding has been secured from the Cancer Alliance to progress this solution in Urology.

Diagnostics: DM01 performance has improved in month (April 56.3%), key improvements are due to a reduction in breaches across both CT and Non-Obstetric Ultrasound (NOUS). The scale of recovery required within the endoscopy service is significant; which is a key constraint for the Trust to reduce breaches at pace and improve performance. Demand from emergency/cancer pathways is further hindering the Trust's ability to deploy funded capacity to our longest waiting routine patients. A procurement exercise is underway in order to source additional capacity to address this issue.

Referral to Treatment Waiting Times: A consistent reduction in 65 and 52wk breaches has been observed monthly until April 2023 where breaches have started to increase in both categories. The volume of 78wk otology breaches remain with no immediate Trust or system solution and gen surg/colorectal have seen a sharp rise in 78wk breaches since April due to a significantly reduced capacity plan within the endoscopy service.

Quality & Safety

Quality & Safety Programme



SRO: Chief Nursing and Midwifery
Officer / Chief Medical Officer

Progress over last month:

- The Quality and Safety Programme has been fully reviewed and milestones reset supported by a new SRO
- Progress has been made against multiple milestones with the exception of the launch of the NEWSs-2 e-learning module which was planned to be completed by the end of May
- Revised terms of reference for the SI Declaration Panel function and membership was approved at the May Patient Safety Committee.
- The revised complaints process is now in place and a self-assessment against the Dec 2022 PHSO Complaints Standards is underway to identify further actions to aid increased compliance
- Training has commenced for the Corporate and Care Group staff that manage the complaints process
- A review of the quality of the application of the DoC process has started and is due to be completed by end of July 2023.

Plan for next month:

- Ensure that up to date safeguarding policies are in place consistent with national guidance
- Review current fundamentals of care work streams
- Confirm the Deteriorating Patient Safety Improvement Project building on the current Trust improvement capacity

Key risks and issues:

- Delay to PSIRF Implementation
- Capacity in Ward Accreditation Team
- Kent and Medway Medical School (KMMS) unable to support deteriorating patient training as proposed funded by Health Education England (HEE)
- Capacity in Business Intelligence (BI) team to support deteriorating patient dashboard

Quality & Safety Programme



SRO: Chief Nursing and Midwifery
Officer / Chief Medical Officer

Quality & Safety Programme - Product Milestones to end July	Due	RAG
4.1 Quality Governance		
Define and describe a quality governance structure and framework for senior leaders to work within to support the delivery of safe, effective and compassionate care	Jul-23	Green
4.104: Commence transitioning across to the new PSIRF	Aug-23	Yellow
4.2 Safeguarding		
4.202: Demonstrate up to date safeguarding policies that are consistent with statutory guidance and NHSE SAAF requirements relating to both children and adults.	Jun-23	Blue
4.204: Demonstrate effective process for safe working practices that is consistent with statutory guidance and responds and manages allegations against staff timely.	Aug-23	Green
4.205: Demonstrate an effective safeguarding process for responding and investigating safeguarding working practices that is consistent with statutory guidance.	Aug-23	Green
4.206: Review sub-contracted safeguarding arrangements as part of quality schedule and oversight arrangements and monitor the effectiveness and sustainability of these.	Aug-23	Green
4.208: Demonstrate an effective system for responding and managing restrictive and restraint practices that is in line with statutory duties and best practice guidance.	Aug-23	Green
4.3 Fundamentals of Care (FOC)		
4.303: Review current FOC workstreams	Jun-23	Green
4.304: Review FoC delivery plans	Jul-23	Green
4.305: Publish FOC framework and KPIs	Jul-23	Green
4.306: Develop trajectory for further reduction in FoC incidents resulting in moderate harm and above.	Jul-23	Green
4.4 The Deteriorating Patient		
4.402: Confirm The Deteriorating Patient Safety Improvement Project building on current Trust improvement capacity	Jun-23	Green
4.407: Commence roll out of deteriorating patient education programme	Jun-23	Blue

Key: Delivery against plan

Blue	Action is complete
Green	Action is on track
Yellow	Action mainly on track with minor issues
Red	Action not on track with major issues
White	Action not started



Quality & Safety Programme

SRO: Chief Nursing and Midwifery
Officer / Chief Medical Officer

Domain	KPI	Thres.	Latest Date	Value	Variation	Assurance	LCL	Mean	UCL	Understanding the Latest Position
Quality	Serious Incidents	Sigma	May-23	5			-1	20	40	Special cause of improving nature or lower pressure due to lower values
	Overdue Incidents	0	May-23	3,340			4,677	5,732	6,787	Special cause of improving nature or lower pressure due to lower values
	Incidents - Moderate / Severe	Sigma	May-23	39			8	33	59	Common cause (no significant change)
	HSMR	96.0	Feb-23	93.0			90	95	99	Special cause of improving nature or lower pressure due to lower values
	Pressure Ulcers	Sigma	May-23	127			69	100	132	Special cause of concerning nature or higher pressure due to higher values

May Performance Summary

Incident Reporting:

There is a continuing reduction in the number of overdue incidents, with approximately 500 being closed month on month, the majority of Care Groups are on track to achieve their trajectory by end of August. The two areas at risk of not achieving their trajectory are Maternity and General Specialist Medicine, both of whom are receiving additional support.

Mortality:

Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality that measures whether the number of deaths in hospital is higher or lower than you would expect. A score of 100 means that the number of deaths is similar to what you would expect. Mortality data should be seen as a possible signal on quality of care but considered following triangulation of other quality metrics.

The Trust 12 month rolling position to February 2023 HSMR is below threshold target based on a 3 year timeframe and is demonstrating improvement in this context. At time of reporting this remains 'lower than expected' for the Trust when benchmarked nationally on the Telstra Health platform as a whole and the K&C site (70.4) and QEQM (92.3) with WHH (101.6) 'as expected'.

There are no new mortality alerts.

Harm Events:

There were five serious incidents (SI) reported in both April and May, which is an improvement on previous months. One of the incidents reported in May was a never event relating to a retained swab, in gynaecology, which is currently being investigated. The other incidents relate to a delay in recognising sepsis; development of a pressure ulcer; incorrect placement of a pacemaker and one incident in which a patient suffered a fractured femur following a fall.

A deep dive is currently underway to benchmark all Trust reported harm events (by level of harm) against similar size organisations and across Kent and Medway for the period April 2022 – September 2022. (This is the latest available data from the National Reporting and Learning System (NRLS))

People



Progress over last month:

- Development of pastoral care award in preparation for sign off
- Continued monitoring and actions related to absence
- Continued tracking of Healthcare Support Worker (HCSW) and Internationally Educated Nurse (IEN) recruitment and vacancy rates
- Ongoing engagement with Clinical Executive Management Group (CEMG) and other channels. Two sessions with Chief Executive Officer (CEO) and Programme Director to encourage people at all levels to be involved continues.
- Delivery of sessions with CEO via Staff Briefing / team brief.
- Culture and Leadership Programme (CLP) change team recruitment campaign is live - closing date for applications for Discovery Phase is 16 June.
- Leadership Development programmes (3 levels) launched and good uptake for current and future cohorts.
- Behavioural Framework created and currently developing a user friendly format with Comms
- Connectors training progressing (40 trained) 20 Resolution Facilitators trained
- Detailed social media and digital campaigns outlines by role along with development of hard to recruit actions fed from clinical adjacencies
- Completion of remainder of speciality workforce plans
- Completion of workforce and recruitment strategy
- Detailed hard to recruit plan signed off
- Social media plan signed off and active
- Launch CLP campaign for change team recruitment
- Continue with engagement activities for CLP

Plan for next month:

- Initial scoping and start development of appraisal dashboard
- Submit pastoral care award
- Close campaign for change team and inform applicants. Planning delivery of change team launch days in early July.
- Reviewing capacity to provide more cohorts of Leadership Development Programme, to double provision
- Developing an online learning space for LD participants
- Planning for an Exec to attend first day of all LD programmes
- Reviewing Resolution training to ensure a more comprehensive offering
- Provide proposal for developing new LTs as per of restructure

Key risks and issues:

- Awaiting information re funding for CLP to go ahead with additional resourcing to support CLP trust wide. At moment remains as 1 programme director and 1 seconded Programme Manager.
- Need to clarify alignment for CLP with wider programmes in this space, eg we care and potentially other People and Culture work
- Capacity to scale up delivery of the Leadership Development Programmes at each of the levels (Leading Others, First Line Leader, Mid-level Leader)



People & Culture Programme

SRO: CPO

People & Culture Programme - Product Milestones to end July	Due	RAG
5.1 Attract & Retain		
5.102: Workforce specialty developed plans linked to clinical adjacencies	Jun-23	Green
5.103: Workforce strategy inclusive of recruitment strategy developed and communicated	Jun-23	Green
5.104: Absence audit completed with analysis of outcomes	Jun-23	Green
5.105: Pastoral Care award	Jun-23	Green
5.106: Nursing pipeline plan developed 3-5 years	Jul-23	Green
5.107: NHSE absence tool	Jul-23	Green
5.108: Appraisal quality reviews	Jul-23	Green
5.2 Culture & Leadership Development		
5.208: Behavioural framework created	Jun-23	Green
5.209: Culture & Leadership Development rolled out Trust wide	Jul-23	Green
5.210: Define EDI Strategy & Plan	Jul-23	Green
5.211: Effective succession planning and cycle established	Jul-23 - Dec-23	Green
5.3 Medical Workforce		
5.301: Medical attraction programme plan developed for fragile clinical services	Jun-23	Green
5.302: Digital and social media targeted recruitment	Jun-23	Green
5.303: Dashboard for medical attraction and trends built	Jun-23	Red

Milestones off track:

- **5.301** – Milestone off track due to the vacancy in the information team. This has now been recruited too but will not commence until August 23. A training plan will be implemented for the new post holder to initiate this workstream.

Key: Delivery against plan

	Action is complete
	Action is on track
	Action mainly on track with minor issues
	Action not on track with major issues
	Action not started

People & Culture Programme



SRO: CPO

Domain	KPI	Thres.	Latest Date	Value	Variation	Assurance	LCL	Mean	UCL	Understanding the Latest Position
People	Sickness	5.0%	May-23	4.3%			3	5	7	Common cause (no significant change)
	Vacancy Rate	10.0%	May-23	8.2%			7	9	11	Common cause (no significant change)
	Staff Turnover Rate	10.0%	May-23	9.7%			10	10	11	Common cause (no significant change)
	Premature Turnover Rate	25.0%	May-23	25.9%			22	23	25	Special cause of concerning nature or higher pressure due to higher values
	Staff Engagement Score	6.80	May-23	6.20			6	6	7	Special cause of concerning nature or higher pressure due to lower values
	Statutory Training	91.0%	May-23	91.2%			90	91	92	Common cause (no significant change)
	Medical Job Planning Rate	90.0%	May-23	50.4%			24	35	45	Special cause of improving nature or lower pressure due to higher values
Leadership & Culture	Staff Advocacy Score	6.70	May-23	5.76			6	6	6	Special cause of concerning nature or higher pressure due to lower values

May Performance Summary

People Metrics: Sickness absence remained stable at 4.3%, which is the lowest level recorded since June 2021. This was mostly due to a drop in the levels of short-term absence related to coughs and colds. Stress and anxiety related sickness absence increased, with 16 more episodes, representing 11% of all absence – and appears a direct consequence of the withdrawal of *talking wellness* services by NHSE. The vacancy rate remained stable at 8.2%, below the desired threshold. Staff turnover has reduced further to 9.7% and continues to sit below the national standard (10%). The overall picture is a consistently improvement one, with turnover on a positive, downward trend. Premature turnover has improved to 25.9% and is approaching the target threshold. The value is acutely sensitive to improvements in total turnover so an alternative means of calculating has been proposed. Statutory training improved slightly to 91.2%, however compliance in the medical staff group remains an issue.

Engagement Metrics: Staff Engagement (6.20) is up 3 points against Q4 and is in the second quartile nationally, against a revised (and reduced) national average (of 6.5). It is recommended the threshold is reduced to 6.50 to reflect the latest national, system-level (ICB), peer and size (clinical output) averages. Staff Survey results have been well socialised across the organisation and action agreed at three levels; organisational, hotspots and locality (Specialty). At a specialty level, colleagues are identifying their key challenges and working to ‘change 3 things’. A People and Culture MDT has been initiated and, triangulating data alongside other key evidence, has identified critical hotspots for targeted intervention.

Leadership Metrics: Staff Advocacy (5.76) is up 1 point against Q4 but remains low, in the lowest 25% nationally. This is the primary contributor to reduced staff engagement levels across the organisation. Recent evidence has demonstrated advocacy levels are considerably (45 points) higher in We Care areas. Given this represents one of the areas the Trust is furthest from the national average (6.4) against, and where closing this gap has been placed as an urgent organisational priority, consideration ought to be given to how We Care can be used as a tool to enhance this alongside wider reputational improvements.

Financially Sustainable

Financially Sustainable Programme



SRO: CFO

Progress over last month:

- Care group sessions completed reviewing financial position from 19/20 to 22/23, focusing on activity, workforce and finance.
- Work has now completed on invigorating budget holder training, ensuring that it is fit for purpose. Rolling out early July 23.
- Forecasting from M4 and roll out of new style reporting from M3
- Interim Deputy CFO appointed, starting 17 July
- Tighter controls established on non-pay
- Further Cost Improvement Programmes (CIPs) identified by Care Groups
- Care group oversight approach finalised and in place. Governance presented
- Model Years 1 & 2 of Financial Recovery Plan (FRP) updating the overall FR to be presented at July Trust Board

Key risks and issues:

- Currently no project leads within the IIP workstream
- Updating of the FRP in the absence of the additional RSP resources
- Identify and prioritise development of “harder to achieve” improvements
- Develop multi-year productivity and efficiencies approach covering pathway improvement and GIRFT

Plan for next month:

- Implement strengthened oversight and governance for financial recovery with the care groups.
- Implement revised business case process.
- Continuous Ongoing work to re-establish financial controls across the Trust.
- Identify additional resource to support financial recovery including accelerating the cost improvement programme.

Financial Sustainable Programme - Product Milestones to end July	Due	RAG
6.1 Financial Governance		
6.102: Effective Care Group oversight approach in place	Jun-23	Green
6.103: Embed monthly finance reviews with Care Groups	Jun-23	Green
6.104: SFIs definition & refresh	Jul-23	Green
6.105: Meeting structure and review of TOR	Jul-23	Green
6.106: Review, relaunch and embed Strategic Investment Group (SIG)	Aug-23	Green
6.2 Financial Improvement		
6.203: Model years one and two of FRP	Jun-23	Green
6.204: Update FRP document	Jun-23	Green
6.205: Fully develop FY24 efficiencies	Jul-23	Yellow
6.206: Identify and prioritize development of “harder to achieve” improvements	Jul-23	Yellow
6.207: Develop multi-year productivity and efficiencies approach covering pathway improvement and GIRFT	Jul-23	Yellow
6.3 Financial Consciousness		
6.303: Regular communications on finance and efficiency	Ongoing	Green
6.304: Regular updates to and oversight by FPC & FIOG	Ongoing	Green

Key: Delivery against plan

- Green: Action is on track
- Yellow: Action mainly on track with minor issues
- Red: Action not on track with major issues
- White: Action not started



Financially Sustainable Programme

SRO: CFO

Domain	KPI	Thres.	Latest Date	Value	Variation	Assurance	LCL	Mean	UCL	Understanding the Latest Position
Finance	Efficiencies Green Schemes (£M)	40	May-23	1			2	11	21	Special cause of concerning nature or higher pressure due to lower values
	Efficiencies YTD Variance (£M)	0.0	May-23	-2.9			-8	-3	1	Common cause (no significant change)
	Premium Pay	Traj.	May-23	10.2K			6,050	7,821	9,591	Special cause of concerning nature or higher pressure due to higher values

May Performance Summary

Financial Position:

Premium pay spend is off track against the trajectory despite the focus applied to date.

Spend has increased to £10.2m in May 23. This is likely to be down to payment timings as the underlying temporary staff usage has not increased to the same extent. However, the number remains high in spite of a significant reduction in nursing vacancies and 2-weekly focus on spend at efficiency meetings.

A strengthened exec led financial governance and oversight framework will commence in August 2023. This will include oversight of finance, efficiency, activity and productivity as well as a strengthened vacancy control process.

Efficiencies:

Size of the challenge: The overall improvement challenge facing the Trust in Financial Year (FY24) is a c.£30m run rate reduction, and a c.£40m CIP target.

Approach to date: The care group focused ideas generation approach supported by the Programme Management Office (PMO) has only identified approximately £10m of improvements to date. While there are more schemes to value, the majority to date have been less than £50k benefit.

Change of approach: We are aligning the core improvement resource (PMO, strategy team, and We Care team) and switching to focus on 5 Cross Cutting themes with Executive Director leadership (key areas: Agency spend, Escalation beds, No Longer Fit to Reside, Theatres, and Outpatients alongside a renewed focus on cost control).

Financial consciousness: We have rolled out an efficiency communications strategy to improve the efficiencies culture across the Trust. This includes articles in staff news letters, an efficiency ideas generation button on the staff intranet site (68 ideas received to date), a 'hands up if you hate waste' campaign, and regular efficiency screen saver updates.



SRO: CFO

Progress over last month:

- Culture and Leadership Programme change team recruitment campaign completed, with the change team fully recruited to within the required timeframe
- 2023-25 Improvement Plan Summary published on our intranet and public website, along with detailed Integrated Improvement Plan, to show links between Strategic Objectives/Pillars of Change, 1 and 3 year aims and measures.
- The above shared and discussed at June's Team Brief and all staff forum (21 June)
- Dedicated 'Our improvement journey' section on Staff Zone (intranet) bringing together the different elements, drivers and enablers of the IIP
- Freedom to Speak Up training communications campaign begun
- Dementia strategy launch and Clinical Audit Awareness Week
- Celebrating success: First Healthcare Support Worker Awards event held
- Internal and external communications staff and patient stories
- Antenatal education classes user events
- Maternity We Hear You engagement maternity and neonatal event
- MP engagement included visit to new Children's Emergency Department at WHH

Key risks and issues:

- Number and pace of initiatives for staff to be aware of/engaged in. Mitigation: 'joining the dots' in the narrative to describe how each supports our improvement journey; a monthly focus on one key theme
- Capacity to engage staff and cascade information to the front line. Mitigation: Resources to streamline information and support managers

Plan for next month:

- With Maternity Voices Partnership, outreach to families in community to listen to maternity care experiences
- Developing next phase of Culture and Leadership Programme communications
- Continue the Freedom to Speak Up and caring with compassion communications campaigns, both elements are now mandatory training
- Feedback to all staff on savings ideas submitted so far through the financial consciousness campaign, and their progress
- Visual displays in hospital sites showing Integrated Improvement Plan in action
- 'Our people' staff magazine distributed, focussing on 'care and compassion' pillar of change and positive culture work
- Continue to link patient and staff stories to improvement plan and use campaign approach to engage all staff in individual projects
- Finalise detailed communications and engagement plan to support all key priorities in Integrated Improvement Plan by deadline of July 2023

Evidence of reach and outcomes:

- Change team fully recruited to within the required timeframe (120 people)
- The Improvement Plan page on staff zone has had 805 views and the plan summary was sent to 270 Trust leaders to use in team meetings
- Financial consciousness campaign ongoing, 428 staff have now visited the savings ideas portal on staff zone and more than 70 ideas have been submitted

REPORT TO COUNCIL OF GOVERNORS

Report title: Maternity Highlight Report
Meeting date: 13th July 2023
Board sponsor: Jane Dickson
Paper Author: Michelle Cudjoe - Director of Midwifery

Appendices:

Appendix 1: Maternity and Neonatal Highlight Report - Key action area 1: Monitoring Safe Performance
Appendix 2: Maternity and Neonatal Highlight Report - Key action area 2: Standards of Clinical Behaviour
Appendix 3: Maternity and Neonatal Highlight Report - Key action area 3: Flawed Team Working
Appendix 4: Maternity and Neonatal Highlight Report - Key action area 4: Organisational Behaviour

Executive summary:

Action required:	<i>For Discussion</i>
Purpose of the report:	The paper is submitted to the Council of Governors to provide an update on progress against the Maternity and Neonatal Improvement Programme developed further to the publication of the Reading the Signals report
Summary of key issues:	<ul style="list-style-type: none"> • <i>Further to the publication of the Reading the signals (RTS) report the Trust developed a transformation programme outlining the pillars of change which cover the key areas for action included in the reading the signals report. Whilst there are specific deliverables for the Maternity and Neonatal Services some recommendations are applicable to the Trust as a whole.</i> • <i>Since that time the Single Delivery Plan, a three-year plan for maternity and neonatal services across the UK was developed as a result of national high profile cases (Including the reading the signals report). This was published in May 2023).</i> • <i>The attached highlight report outlines the actions and quality improvement work undertaken by the Trust in response to each of the four key areas within the RTS report.</i> • <i>At a recent away day the team worked with families and external stakeholders to review the recommendations from the Single Delivery Plan and incorporate these into 'Our Maternity and Neonatal Improvement Programme'</i>



Key recommendations:	<ul style="list-style-type: none"> • Council of Governors to note that the improvement plan has been refreshed to include recommendations from the recently published Single Delivery plan, formulated as a result of national high profile maternity reports including RTS. • This was co-produced with local users, staff, regional and system leads • The refreshed plan will be shared with all maternity staff at a Safety Champions summit.
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Implications:

Links to 'We Care' Strategic Objectives:	<p><i>(State which 'We care' Strategic Objective(s) this report aims to support:</i></p> <ul style="list-style-type: none"> • <i>Our patients</i> • <i>Our people</i> • <i>Our future</i> • <i>Our sustainability</i> • <i>Our quality and safety</i>
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Assurance route:



Section 1: Project Summary

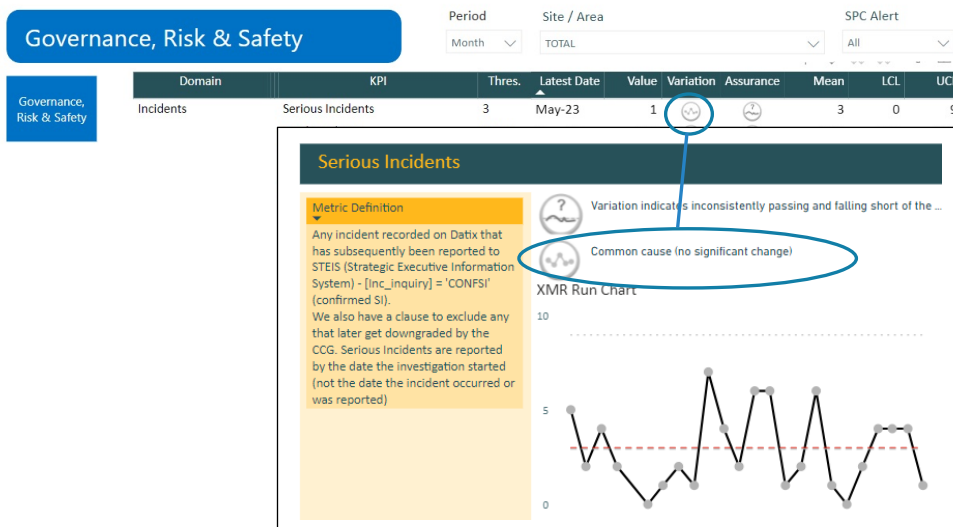
Report date	30 June 2023	Report Author	Michelle Cudjoe, Director of Midwifery
Project Start date	31.10.2023	Project End date	TBA
Current Project Status	On track	Previous Project Status	On track

Section 2: Project progress summary

Requirement 1: Generate measures that are meaningful, risk adjustable, available and timely / **Requirement 2:** Analyse and present these measures through statistical process charts and / or funnel plots

There is already an array of data garnered from across Maternity services and activities; this includes key patient safety, and clinical performance measures. In addition, the Service has converted its maternity data into statistical process charts, as required. The images below are snapshots of the new Maternity Dashboard:

Maternity Dashboard (Month)



Between September 2022 and March 2023 there were 0 Serious Incident cases meeting the threshold criteria for HSIB referral. In April and May 2023, this increased to 1 case in each month. Because these referrals broke a trend of 0 cases the SPC highlights this as an inconsistency so prompts exploration of the cause

Section 3: Key risks and issues (potential problems) for this reporting period

- Patient safety related activity backlogs have increased over recent months; plans are in development to clear the backlogs and sustain service provision within mandated timeframes. Governance, Risk and Compliance is also one of the workstreams within the new Maternity and Neonatal Improvement Programme

Section 4: Work to complete for next reporting period

- Continue to reduce the patient safety related activity backlogs
- Clearly identify the link between data and areas of improvement
- Include national benchmarks to local scorecard metrics

Section 5: Change requests (time, cost, scope, risk, benefit, quality)

- The original closure date for all backlogs was May 2023; this was on target until the recent repeated increase. This has been escalated to the Strategic Improvement Committee, which has oversight of the Trust Integrated Improvement Plan (IIP)

Section 1: Project Summary

Report date	30 June 2023	Report Author	Michelle Cudjoe, Director of Midwifery
Project Start date	31.10.23	Project End date	TBA
Current Project Status	On track	Previous Project Status	On track

Section 2: Project progress summary

Activities completed towards the improvement of clinical behaviours, as part of the new Maternity and Neonatal Improvement Programme [formerly the Maternity Improvement Plan (MIP)], and required of the Trust’s Integrated Improvement Plan, include:

2021/22

- Women’s Health pilot of the NHSI Culture and Leadership Programme (CLP) - 2021/22

2022/23

- Leadership ‘Connector’ training – 2022/23
- Launch of ‘Compassionate Customer Service’ eLearning
- Publication of Trust Resolution Policy and supporting toolkit
- Staff listening forums facilitated by Interim Director of Midwifery

2023/24

- Reiteration of Trust Values
- Service user feedback: Walking the patch, ‘Leave your troubles at the door’ initiative, Your Voice is Heard (YVIH) 6-week feedback service, Friends and Family Test (FFT), identification of themes from complaints
- Launch of a new ‘Safety Summit’ to share key learning with staff
- Linking information from complaints and feedback to the Training Needs Analysis (TNA) and training plan
- Bereavement project group and redevelopment of care pathway
- Development of Principles within the new maternity improvement programme includes ‘Active and responsive listening to families and staff’
- Multidisciplinary ‘Civility Saves Lives’ sessions
- Multidisciplinary review of maternity improvement workstreams
- MNIP Engagement (Coproduction) Away Day

Section 3: Key risks and issues (potential problems) for this reporting period

- None to report

Section 4: Work to complete for next reporting period

- 15-Steps review with MNVP (send 2020 to Ads)
- Annual training programme to include a session on dignity and respect
- Recording Triage calls for training and monitoring purposes
- Women’s Health senior quartet Perinatal Culture and Leadership training that will include an assessment of the current culture
- Roll-out of ‘Compassionate Customer Service’ eLearning
- Exploration of military-based ‘Frontier Leadership’ model / framework

Section 5: Change requests (time, cost, scope, risk, benefit, quality)

- None to report

Section 1: Project Summary

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Section 2: Project progress summary

2022/23

- Review and reiteration of roles and responsibilities with job descriptions
- Refresh of the Maternity Escalation Policy and MOPEL levels and subsequent roles and responsibilities
- Cross-site daily safety huddles
- Site-based daily safety huddles
- Multidisciplinary training including skills drills and PROMPT

2023/24

- Multidisciplinary coproduction of the new Maternity and Neonatal Improvement Programme, with defined roles and responsibilities for areas of improvement including clinical pathways
- Recognition within the new improvement programme of the need for ‘staff who work together, train together’ – plans to be further developed
- NHSE-led demand and capacity review of obstetric workforce
- Clinical guidelines review and alignment to national guidance
- Midwifery representation on ward rounds
- ‘Lunch and Learn’ sessions

Section 3: Key risks and issues (potential problems) for this reporting period

- Recruitment of consultant midwife to lead on care outside of clinical guidance / pathways
- Making time available for essential joint clinical simulations
- Capacity across partner services for joint training e.g. anaesthetics

Section 4: Work to complete for next reporting period

- Mid-term: Clinical shared-decision making tools
- Developing guidelines for women who request care outside of clinical guidance / pathways

Section 5: Change requests (time, cost, scope, risk, benefit, quality)

- None to report

Section 1: Project Summary

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Section 2: Project progress summary

2021/22

- Appointment of NHSI Maternity Improvement Advisors
- Maternity Safety Support Programme (MSSP)

2022/23

- Review of existing Maternity governance systems and processes and development of supporting plan for improved systems of control, including the application of the Duty of Candour procedure
- Review of the tone and language within complaints response letters
- Maternity and Neonatal Safety Champions roles embedded, including Board-level Champions
- Dedicated Maternity Freedom to Speak Up Guardian (FTSUG)

2023/24

- Collaboration with Trust corporate Risk department to plan for the implementation of the Patient Safety Incident Response Framework (PSIRF)
- Oversight from external stakeholders e.g. every PMRT has independent reviewer, full implementation of Perinatal Quality Surveillance Model (PQSM) using the Perinatal Quality Surveillance Tool (PQST) that enables oversight at departmental, Board and regional levels
- All Duty of Candour letters reviewed by Director of Midwifery (DoM) or Deputy Director of Midwifery (DDoM)
- Openness and transparency in external messaging e.g. scanning waitlists
- Work with Trust Communications team on sharing issues (as well as progress) externally via public platforms / media
- Joint working with external partners e.g. Healthcare Safety Investigation Branch (HSIB)
- Representation of Maternity on Trust Board
- Monthly communication and assurance reviews with regulators
- First Safety Champions summit held 23 June
- 'We Hear You' platform for staff to raise concerns
- Increased service user involvement in all key forums, policy development and improvement workstreams

Section 3: Key risks and issues (potential problems) for this reporting period

- None to report

Section 4: Work to complete for next reporting period

- Reach out to women and families wishing to share their views
- Detailed benchmarking by new Maternity senior leadership team against Reading the Signals as part of MNIP development; identified learning to be shared at the Maternity Safety Summit
- 'Walking the patch' and 15-Steps with service users

Section 5: Change requests (time, cost, scope, risk, benefit, quality)

- None to report

REPORT TO COUNCIL OF GOVERNORS

Report title: 22/23 and 23/24 End of Year Finance Report

Meeting date: 13 July 2023

Board sponsor: Interim Chief Finance Officer

Paper Author: Interim Chief Finance Officer

Appendices:

Appendix 1: 2022-23 2023-24 Financial Position

Appendix 2: Exec Summary

Executive summary:

Action required:	Discussion
Purpose of the report:	To update the Council of Governors the year end position of the Group and to update on the month 2 YTD position.
Summary of key issues:	The Group achieved its revised forecast position of £19.3m for 2022/23. The current month 2 position is an overspend of £1.9m on a planned deficit of £17.8m
Key recommendations:	To note the year end position (2022/23) of the Group and to note the month 2 position of the Group

Implications:

Links to 'We Care' Strategic Objectives:	<ul style="list-style-type: none"> • <i>Our patients</i> • <i>Our people</i> • <i>Our future</i> • <i>Our sustainability</i> • <i>Our quality and safety</i>
Link to the Board Assurance Framework (BAF):	BAF 38: Failure to deliver the financial breakeven position of the Trust as requested by NHSE/I.
Link to the Corporate Risk Register (CRR):	CRR 137: There is a risk that the Trust will not be able to meet its 23/24 efficiencies target equating to £40m CRR 136: Failure to secure planned income due to underperformance against the Elective Recovery Fund baseline
Resource:	¥/N



Legal and regulatory:	Y/N <i>If yes, state legal or regulatory impact</i>
Subsidiary:	Y/N <i>If yes, please indicate the Subsidiary and how its business will be impacted.</i>

Assurance route:

Previously considered by: *July FPC*





Update on 2022/23 & 2023/24 Finance Position

Michelle Stevens – Chief Finance Officer (Interim)



2022/23 Year End Position

Executive Summary Month 12 (March) 2022/23

Executive Summary

The group achieved a £4.2m surplus in March, which brought the year-to-date (YTD) position to a £19.3m deficit which is £19.3m adverse to the plan.

The Trust worked with Kent & Medway NHS system partners to resubmit a financial plan for 2022/23 at the end of June following a national announcement confirming additional funding to mitigate inflationary pressures. In the resubmitted plan the Trust receives £22m of additional funding, consisting of £6m inflationary funding and £16m of non-recurrent income, bringing the overall plan to a breakeven position. Since then additional £10.7m non recurrent funding has been received by the Trust.

Delivery of this breakeven 2022/23 financial plan was extremely challenging as it requires that the Trust:
Delivers £30m of efficiency savings.

Receives £18m of additional Elective Recovery Funding for treating planned patient activity above a nationally-set threshold.

Reduces the average spend on incremental Covid-19 costs by £9m as compared to the previous financial year.

Supports delivery of a further £16m of K&M system financial efficiency which does not yet have identified plans.

Group Position

£'000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
EKHUFT Income	70,701	96,595	25,894	846,994	898,886	51,892
EKHUFT Employee Expenses	(42,737)	(61,912)	(19,174)	(511,898)	(569,740)	(57,841)
EKHUFT Non-Employee Expenses	(27,103)	(50,067)	(22,964)	(337,043)	(369,379)	(32,336)
EKHUFT Financial Position	861	(15,383)	(16,244)	(1,947)	(40,232)	(38,285)
Spencer Performance After Tax	36	(41)	(77)	209	153	(56)
2gether Performance After Tax	100	513	413	1,196	1,908	712
Rephasing/Sub IFRS16 Adjustment	50	(783)	(833)	467	(981)	(1,448)
Consolidated I&E Position (pre Technical adjs)	1,046	(15,695)	(16,741)	(75)	(39,152)	(39,077)
Technical Adjustments	6	19,933	19,927	75	19,835	19,760
Consolidated I&E Position (incl adjs)	1,052	4,238	3,186	0	(19,317)	(19,317)

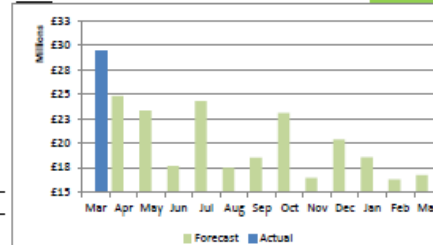
All NHS systems have access to funding in 2022/23 through the Elective Recovery Fund (ERF), subject to meeting the required threshold of 104% of 2019/20 activity levels. We have assumed to receive full ERF funding in April to March as it is expected that activity shortfalls for the full year are underwritten by national funding which has recently been announced.

Income and Expenditure

The key drivers to the YTD deficit are:

- Escalation Areas opened of around 80 beds across the Trust due to patient demand and flow £10.7m. This is the direct nursing cost only and does not include increases in non pay, overheads, therapy & medical staff. Full cost of the additional capacity is c£20m FOT.
- CIP Slippage £10.4m
- Drugs £5.9m
- Premium pay for increased levels of tafting to meet clinical c£6.3m
- 1.1 speciality/mental health £7.0m
- Work permits £1.4m
- Parking income £2.3m
- Additional allocation of £10.7m & non recurrent benefits of £14m offset the costs listed above

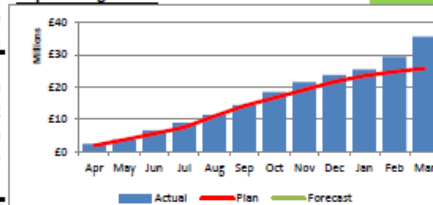
Cash



The Group cash balance (including subsidiaries) at the end of March was £29.4m.

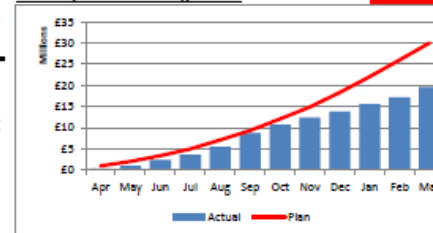
Trust cash balances were in line with the planned balance in March.

Capital Programme



Total capital expenditure at the end of March was £35.6m against an £35.7m plan which included external capital allocations.

Cost Improvement Programme



The Trust achieved efficiency savings of £2.4m in March which is £1.6m below plan bringing the year end position to £19.6m. £10.4m below the plan of £30m. £10.9m of the achieved CIP's in year are non recurrent.

Executive Summary

The group achieved a £1.9m deficit YTD against plan. From the 1st of April electives and outpatients (apart from follow ups) have been reinstated to payment by results, however current guidance states that Trusts need to report on full delivery of the activity plan due to timings of data collection.

The Trust worked with Kent & Medway NHS system partners to resubmit a financial plan for 2023/24 at the beginning of May. The plan is a deficit position of £72m post a small inflationary allocation. The rest of the ICB need to deliver a breakeven position to achieve the ICB target of £72m deficit. The Trust has now had approval for the £72m deficit position and conformation that 2023/24 is the first year of the three year trajectory to achieve financial balance.

Delivery of this deficit plan for 2023/24 is a stretch for the Trust as it's based on a higher level of activity than 2022/23 and requires £40m of efficiency savings on a CRES basis and full adherence to cost control measures.

At present there is an outstanding consolidating adjustment between the Trust and 2gether which will be resolved in June. The position below shows this as outstanding but is included within the month end position.

Group Position

£'000	This Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
EKHUFT Income	71,733	72,066	334	139,846	139,202	(643)
EKHUFT Employee Expenses	(50,264)	(51,874)	(1,611)	(97,832)	(100,327)	(2,494)
EKHUFT Non-Employee Expenses	(30,451)	(30,131)	319	(60,118)	(58,434)	1,683
EKHUFT Financial Position	(8,982)	(9,939)	(957)	(18,104)	(19,559)	(1,455)
Spencer Performance After Tax	50	1	(50)	96	(11)	(108)
2gether Performance After Tax	59	103	44	118	232	114
Rephasing/Consolidation Adjustments	13	(84)	(97)	26	(500)	(526)
Consolidated I&E Position (pre Technical adjs)	(8,859)	(9,919)	(1,060)	(17,864)	(19,838)	(1,974)
Technical Adjustments	51	94	43	104	187	83
Consolidated I&E Position (incl adjs)	(8,808)	(9,826)	(1,018)	(17,760)	(19,651)	(1,891)

All NHS systems have access to funding in 2023/24 through the Elective Recovery Fund (ERF). The Trust has received funding to meet a threshold of 104% of 2019/20 activity levels, the Trust has submitted a plan that delivers 106% of the 2019/20 baseline. YTD the Trust is behind its activity plan by c£0.5m. the guidance for ERF for month 2 is to report as per plan due to the timings of the freeze and flex activity reporting.

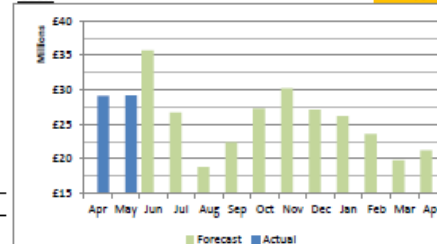
Income and Expenditure

R

The key drivers behind the deficit are: Strike action £0.4m by the junior doctors, Non-delivery of efficiency savings £2.9m YTD of which £2m has been allocated to Pay and £0.9m to non pay, Pay overspent by £2.5m due to non delivery of CIP and increased levels of staffing utilisation mainly in nursing (c183 WTE) & Medical & Dental (c76 WTE) and high cost of agency premium & Non Pay underspend £1.7m on Drugs £1.4m and £0.6m underspend on clinical supplies & services and other smaller underspends off set against non-delivery of CIP of £0.9m

Cash

A

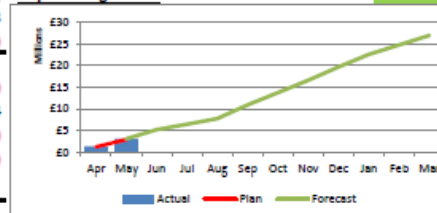


The Group cash balance (including subsidiaries) at the end of May was £29.2m.

The Trust did not draw revenue PDC as working capital to support its in-month deficit but plan to draw PDC in June to support the Year to date deficit.

Capital Programme

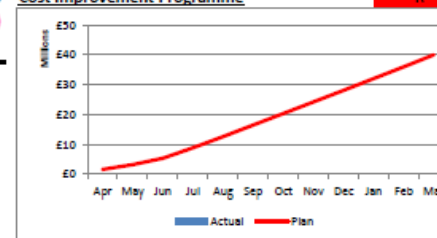
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Total capital expenditure at the end of May was broadly on plan with a £3.1m spend against a plan of £2.9m plan.

Cost Improvement Programme

R



The Trust has achieved very little efficiency savings so far this year against the £3m plan.

This has contributed to the trust not meeting it's planned year to date deficit of 18.1m in May.

Executive Summary

Month 02 (May) 2023/24

Executive Summary

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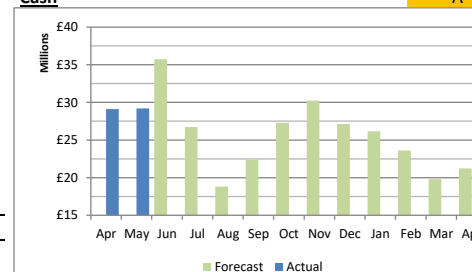
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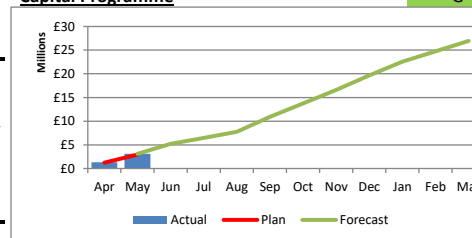
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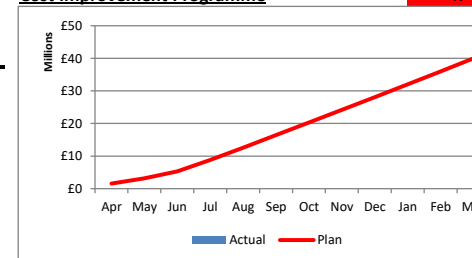
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