

Council of Governors Public Meeting

Thu 24 October 2024, 09:30 - 12:00

Conference Room, William Harvey Hospital, Ashford TN24 0LZ




East Kent
Hospitals University
NHS Foundation Trust

Agenda

09:30 - 09:40 **24/34**
10 min **Chairman's introductions**
To Note *Stewart Baird - Acting Chairman*

09:40 - 09:40 **24/35**
0 min **Confirmation of Quoracy**
To Note *Stewart Baird - Acting Chairman*

09:40 - 09:40 **24/36**
0 min **Apologies for absence and Declaration of Interests**
To Note *Stewart Baird - Acting Chairman*

09:40 - 09:40 **24/37**
0 min **Minutes of Previous Meeting held on 11 July 2024**
Approval *Stewart Baird - Acting Chairman*
 24-037 CoG Public Meeting Minutes 11.07.2024 NY..pdf (12 pages)

09:40 - 09:40 **24/38**
0 min **Matters Arising from the Minutes**
Approval *Stewart Baird - Acting Chairman*

09:40 - 09:40 **24/39**
0 min **Ratification of Virtual Votes since the last meeting**
Approval *Stewart Baird - Acting Chairman*
 24-039 - Ratification of Virtual Votes.pdf (3 pages)

09:40 - 09:55 **24/40**
15 min **Chairman's Report**
Discussion *Stewart Baird - Acting Chairman*
Verbal

09:55 - 10:05

24/41

10 min

Chief Executive Officer's Report

Discussion Tracey Fletcher - Chief Executive Officer

Verbal

📄 24-041 CEO Report to Council of Governors - 24 October 2024.pdf (6 pages)

10:05 - 10:10

24/42

5 min

Lead Governor Report

Discussion Bernie Mayall - Lead Governor

📄 24-042 Lead Governor Report To Council October 24 (002).pdf (1 pages)

10:10 - 11:10

24/43

60 min

NEDs overview report - Board Committee Chair Reports to Public Board

Discussion Non-Executive Directors

24/43.1

Quality & Safety Committee

Discussion Andrew Catto - Non-Executive Director

📄 24-043.1 QSC Assurance paper to CoG October 2024.pdf (11 pages)

24/43.2

People & Culture Committee

Discussion Claudia Sykes - Non-Executive Director

Verbal Update

📄 24-043.2 - PCC Board report 25.9.24.pdf (4 pages)

24/43.3

Finance & Performance Committee

Discussion Richard Oirschot - Non-Executive Director

📄 24-043.3.1 - FPC Board Report 29 August FINAL.pdf (5 pages)

📄 24-043.3.2 - FPC Board Report 23 Sept FINAL.pdf (4 pages)

24/43.4

Charitable Funds Committee

Discussion Claudia Sykes - Non-Executive Director

Verbal

24/43.5

Integrated Audit and Governance Committee

Discussion Olu Olasode - Non-Executive Director

📄 24-043.5 - IAGC Board Chair Assurance Report June July 2024 FINAL.pdf (6 pages)

24/43.6

Update from Estates

Discussion *Simon Corben - Non-Executive Director*

Verbal update

11:10 - 11:25

15 min

24/44

Quality Accounts Update

Discussion *Hannah Smith, Director of Quality Governance*

 24-044 Quality Accounts Update Presentation September 24 V3 FINAL.pdf (10 pages)


11:25 - 11:35

10 min

24/45

Staff Council Update

Discussion *Khaleel Desai, Director of Corporate Governance*

 24-045 EK Staff Council - Presentation for CofG - October.pdf (11 pages)

11:35 - 11:55

20 min

24/46

Strategy/Estates Update

Discussion *Ben Stevens, Chief Strategy and Partnerships Officer*

Verbal

 24-046 Strategy Development and Refresh - Presentation for Council of Governors Oct 24.pdf (11 pages)

11:55 - 12:00

5 min

24/47

Council Committee Update

Discussion *Neville Daw, Governor and Membership Lead / Carl Shorter, Deputy Lead Governor*

 24-047 - MECC update Front Sheet.pdf (1 pages)

24/47.1

Update on MECC

Discussion *Neville Daw, Governor and Membership Lead / Carl Shorter, Deputy Lead Governor*

To Agree

 24-047.1 - Appendix 1 MECC Governor-guide.pdf (15 pages)

12:00 - 12:00

0 min

24/48

Any other questions

Discussion *Stewart Baird - Acting Chairman*

Verbal

Date of Next Meeting - TBC

UNCONFIRMED MINUTES OF THE COUNCIL OF GOVERNORS PUBLIC MEETING TO BE HELD ON THURSDAY 11 July 2024 AT 09:30AM – 12:00PM SEMINAR ROOMS 1&2 BUCKLAND HOSPITAL, COOMBE VALLEY ROAD DOVER, CT17 0HD AND VIA WEBEX

PRESENT:

Stewart Baird	Interim Chairman	Chair
Tracey Fletcher	Chief Executive Officer	TF
Khaleel Desai	Director Corporate Governance	KD
Bernie Mayall	Lead Governor/Elected Governor - Dover	BM
Carl Shorter	Deputy Lead Governor/ Elected Governor - Folkestone & Hythe	CSh
Olubunmi Akinlawonu	Elected Governor - Staff	OA
Janine Thomas	Elected Governor – Staff	JT
Sarah Barton	Elected Governor - Ashford (online)	SBa
Bernard Groen	Elected Governor - Ashford (online)	BG
Paul Schofield	Elected Governor - Thanet	PS
Monique Bonney	Elected Governor - Swale	MB
Chris D’arcy	Elected Governor – Dover	CD
Russell Wyles	Elected Governor - Canterbury	RW
Kieran Leigh	Elected Governor - Folkestone & Hythe	KL
Alex Ricketts	Elected Governor – Canterbury	AR
David Wimble	Partnership Governor	DW
Chris Holland	Non-Executive Director	CH
Claudia Sykes	Non-Executive Director	CS
Richard Oirschot	Non-Executive Director	RO
Dr Olu Olasode	Non-Executive Director (online)	OO
Dr Andrew Catto	Non-Executive Director	AC
Karen Edmunds	Patient Voice	KE

IN ATTENDANCE:

Neville Daw	Governor and Membership Lead	GML
Sylvia Robson	Board Secretary	SR

MINUTE NO. Conf.CoG/24		ACTION
24/018	CHAIRMAN’S INTRODUCTIONS The Chairman welcomed all to the meeting.	
24/019	CONFIRMATION OF QUORACY The Chairman confirmed the meeting was quorate.	
24/020	APOLOGIES FOR ABSENCE AND DECLARATION OF INTERESTS Apologies were received from: Shane Weller – Partnership Governor, Universities, Linda Judd – Partnership Governors, Volunteers. Saba Mahmood – Elected Governor Staff. Kieran Leigh, Public Governor, Folkestone Hythe.	

Chair’s initials

24/021	<p>MINUTES OF PREVIOUS MEETING HELD ON 11 July 2024</p> <p>The minutes from the previous meeting were APPROVED.</p>	
24/022	<p>MATTERS ARISING FROM THE MINUTES</p> <p>None</p>	
24/023	<p>RATIFICATION OF VIRTUAL VOTES SINCE THE LAST MEETING</p> <p>Chair asked the Council to fully ratify the virtual votes as per attached paper and all Governors present agreed.</p>	
24/024	<p>CHAIRMAN’S REPORT</p> <p>Chair took his report as read and would just summarise a few points. The Trust is on an upward trajectory with the Board focusing on some key priorities.</p> <ul style="list-style-type: none"> • Winter Planning had been started earlier so the trust is better prepared • ED is still a concern with the waiting times especially as we are not yet in winter season. • Still on plan to exit NOF4 in March next year. • Financially we are on plan and delivering the figures needed which NHSE are happy with. Robust plans are in place to reduce the budget on a risk adjusted basis. • Board has hired a new Director of Corporate Governance as recommended by the good governance institute. • Board is now made up of substantive members which makes a world of difference. • We are interviewing for a permanent CFO • Board is going to invite GGI to come back in to review the changes. <p>Chair stated that things do feel much better than last year. He then invited questions:</p> <p>BG Commented that in general he does get the feeling when visiting the hospitals that things are getting better, but did have concerns that even after everything that had been done the ED wait times had not really made any advancement and how this will impact the Trust ambition to get out of special measures.</p> <p>Chair agreed that these were valid concerns. However, the Trust was not trying to go from NOF4 to outstanding, although this was a goal we need to do things in stages. Chair, confirmed that what was needed was a longer-term strategy going forward as all of our plans only take us to March 2025. The Trust is building a 5-year strategy and this will be presented to the Council when completed. This should be completed by December 2024.</p> <p>OA wondered that as the ED still had an average 7 hour wait, was this down to the lack of staff or bad planning and if it was down to lack of staff is this a case that people do not want to come and work for the Trust.</p> <p>JT also confirmed that certain avenues to hire more qualified doctors has been closed down due to funding issues and that this may be what’s stopping people joining east Kent.</p>	

Chair's initials

	<p>TF stated that the long waiting time varied very considerably depending on the time of day and patient flow. One of the issues is the flow from the ED department in the main hospital and this is not giving a good patient experience and this is being looked at very closely. TF stated this was a priority for her as well as looking at the staffing levels with the ED across the Trust. She was expecting to be fully staffed within the WHH and QEQM ED sites within the next few months. This means moving from just 3 consultants to a total of 10. The Trust is looking at ways of better facilitating new doctors and how we can support them.</p> <p>Chair wanted the Trust to better use the Kent and Medway medical school that is now up and running. Which will produce 100 new doctors each year and so the Trust should be looking at how we can make them interested in joining our Trust.</p> <p>MB reflected on her recent visit to WHH ED and on talking to the staff where they had indicated a total of 15 vacancies. So was a little confused as to what was actually happening and is there a dashboard that can show how the ED staffing is improving. There seems to be no set plan or strategy/ corporate plan showing the direction of travel. Other Trust's seem to have a plan that is much more patient focused.</p> <p>Chair confirmed that KD is working on a dashboard for Governors to show how the Trust is performing. KD will work with the Governors to see exactly what you want to see. The Chair was in complete agreement that a corporate strategy was needed asap and as stated earlier he would hope to be able to share this to the Council by December and one of the requirements for us to come out of NOF4 is to have a 5-year strategy.</p> <p>MB was concerned that the Trust was only concerned with producing a 5-year Strategy to get us out of NOF4 and not for the bigger picture. MB also asked about are we recruiting just to get out of NOF4 or again looking longer term.</p> <p>TF agreed with the concerns that MB had but it was about building belief an empowerment with the organisation about what we deliver to our patients.</p> <p>MB again stated the fact that ED has 15 vacancies and there is a hiring freeze.</p> <p>TF confirmed that this position was wrong and that she would speak to MB outside of the meeting to fully understand.</p> <p>DW mentioned that at every meeting that he had attended MB had raised the same issues and that we do not seem to be moving forward and that management and the front-line staff seem to have differing opinions as to what was happening.</p> <p>Chair once again confirmed that the board would report back to council with a simple set of matrixes to show performance in the simple format.</p>	
24/025	<p>CHIEF EXECUTIVE OFFICER'S REPORT</p> <p>Chair felt that a lot of TF report had already been covered in the previous conversations.</p>	

Chair's initials

	<p>TF agreed but wanted to mention a few further points.</p> <ul style="list-style-type: none"> • The Trust is currently looking for two MD's of our care groups out of a total of 6 care groups. • We are now in a process of meeting with 36 services to meet with and understand how we work together. Also looking forward at innovation down the line as to how best we can work together. TF stated that she was going to make sure that she would be present at most of those discussions. That should get us to a position to understand synergises were we can work smarter. This will be ongoing over the next 9-10 months. • The Trust continues at looking at ways of bringing down the waiting lists and so improving patient experience. • Work is being done around what we are doing to improve things and how we can then relay this to the staff in a way that they understand and so feed back in a better staff survey. This is being conducted in a number of workshops with the staff. • Board is looking to set up a forum or staff council to again better understand what the feeling is among staff. • The number of change ambassadors has increased and looking to reach 100. • The trust is holding a celebration award event later in October to recognise staff. <p>Chair felt that pride in working for the Trust was now beginning to show</p>	
24/026	<p>LEAD GOVERNOR REPORT</p> <p>The paper was taken as read but 3 specific things that needed to be highlighted</p> <ul style="list-style-type: none"> • First of all, BM gave a warm welcome to Khaleel who joins EKHUFT as Director of Corporate Governance. He joins at an interesting and challenging time and has taken a flying start in his stride. The Council is looking forward to working alongside Khaleel and getting to know him. • The Councils meeting agenda is being refreshed and the new format trialled to establish a more accountable and useful way to use the time we have as a Council and to enable better decision making and discussion and some measurable and visible outcomes. • We are reviewing and refreshing our sub-committee structure which should make attendance more practical as there will be three rather than four subcommittees: • It is gratifying to report that the continued effective relationship development between the NEDs and the Council works well to ensure a proper circular governance and fewer chances for things to fall through the cracks. The openness and transparency we have all worked hard to achieve is a major factor in improving governance and in the monitoring and scrutinising of service delivery and process and we absolutely must keep this front and centre. This is a significantly different Trust to the one I joined pre-pandemic with more trust, better communication and a growing visible integrity between the internal stakeholders both executive and non-executive. • We were fortunate recently to have an in-person visit to the Reading the 	

Chair's initials

	<p>Signals working group from Dr Kirkup. It was great to see a larger than usual attendance at the meeting, especially from families. It is probably a good time to review that group to ensure we people’s time wisely and well.</p> <ul style="list-style-type: none"> • The Council continues to be kept up to speed on matters and events via Natalie Yost who delivers a summary round up every Friday to each Governor. This is very welcome and valued and supports the “no surprises” approach that works so well. • The Quality Accounts are an opportunity to shine and to demonstrate the work going in to the required improvement and the acknowledgement of the scale of what needs to be done and the plan for doing it. This year’s QA was simply not good enough. 	
<p>24/027</p>	<p>NEDS OVERVIEW REPORT - BOARD COMMITTEE CHAIR REPORTS TO PUBLIC BOARD:</p> <p>24.027.1 - QUALITY & SAFETY COMMITTEE (Q&SC)</p> <p>AC took the paper as read and that with chairs permission and because of the lack of time he just wanted to point out two items.</p> <ul style="list-style-type: none"> • The structure of the QSC was changed in 2024 to place greater emphasis on learning and improvement and to ensure balance with the frequency of discussions solely focussed on quality governance • AC referred to the “New Initiative” which is a concept of a single point of access and TF has mentioned about this in the ED concerns. When we consider ED overcrowding we are looking at a number of different steps. Such as prior to entry into the ED, what happened within ED and then what happens at discharge back into the community. What the committee has been doing is getting assurance that we are following correctly every part of that journey. This in turn should help to improve the overcrowded ED. The single point of entry is important as it shows how East Kent is interacting with other partners in the wider community. <p>MB wanted to know how long the single point of entry had been running and AC confirmed that it had been running for about 3 months.</p> <p>MB asked about when we can expect to se results and AC and TF confirmed that some of the results can already be seen, especially the collaboration with the Ambulance service.</p> <p>MB also enquired about patient discharge and if a record is kept of when this happens and how long it does take to discharge. AC confirmed that a lot of work was being done on the discharge flow to understand better areas that can be improved.</p> <p>24.027.2 - PEOPLE & CULTURE COMMITTEE</p>	

Chair’s initials

CS took the report as being read just wanted to highlight a few points

- There is a renewed focus on this across the Trust. Appraisal compliancy is particularly low in Corporate and Strategic Development & Capital Planning Care Groups accounting for 10% of total number of appraisals overdue and 30% of all admin and clerical appraisals overdue. These groups are 11% below the other Care Groups, who are close to, or at 80%, compliance. There are also large number of appraisals overdue in some key clinical areas e.g. maternity, radiology and theatres. The CEO and Executives present committed to a renewed focus on these specific areas. The Committee noted that meeting appraisal completion targets was only the first step towards improved staff support, there would also need to be work done to ensure the quality of appraisals and ongoing meaningful supervisions, training and development discussions, as part of the commitment to improving staff experience at the Trust.
- The Committee received a detailed report on mandatory and statutory training compliance to ensure that the headline figure of overall compliance in the IPR did not lead to false assurance over specific training areas. Good progress is being made, but areas of concern on hand hygiene and resus training due to the lack of trainers. The CNMO will review alternative approaches to training delivery to ensure compliance meets the target in both these areas in the next 3 months.
- The Committee received an update from the Doctors Voice Group. The group was receiving excellent support from the CEO and CMO and this was helping to resolve some of the issues the Group had identified in previous reports, for example ensuring doctors had line management support to attend the DVG meetings. Working groups were looking at specific improvement areas, for example rest areas and access to computers as well as staffing cover. There was a discussion around improving support for staff relocating from other countries.
- The Committee discussed specific staffing challenges, as detailed in the Significant Risk Register, as several of these risks had been present for some years. The CMO reported good progress recently in consultant recruitment, and felt that there was beginning to be momentum about coming to East Kent. The link with the Medical School was helping with this. The CNMO reported that there were still challenges with recruitment of nursing and junior grades.
- The Committee reviewed a presentation highlighting the concerns around accommodation provided by the Trust for some staff and students. The accommodation was often very old and in poor repair, and had suffered from a lack of funding for several years, as the limited Trust capital funding available had prioritised clinical delivery and patient care. The Committee requested an action plan to address what could be mitigated in the short term, and for clarity over compliance with relevant legislation. The Committee discussed the need for an accommodation strategy as soon as possible, to mitigate remaining risks with existing accommodation or to look at alternatives. There will be an ongoing need for accommodation for Trust staff and students, and this needs to be planned and funded.

AR raised the concern around the meaning of partial assurance. CS stated that

Chair's initials

she understands the concern around partial assurance but what it is really showing is that the Trust is making progress and any concerns are now being managed.

JT wanted to know that as the Trust had changed the appraisal platform for junior doctors from the previous year and whether the trust had made adjustments for this in the overall figures as no training had been given to staff to support this new platform. TF confirmed that the target had not been adjusted and that the implementation of a new system should not affect the figures.

JT felt very strongly regarding the accommodation issue and was a constant complaint from the staff. Over the past 10 years she had seen no movement in the situation. CS said that she fully understood the frustrations and that the committee had requested a strategy going forward.

OA also wanted it noted that this was an area that was stopping people from coming to the Trust.

MB wanted assurance that lessons had been learned from the way the Trust had conducted the staffing review earlier in the year. CS stated that she felt that work was being conducted to make sure that the Trust had learned from the mistakes.

24.027.3 - FINANCE & PERFORMANCE COMMITTEE

RO took the paper as being read and as time was short wanted to highlighted the following points

- The Committee were encouraged by the Interim CFO's update that a new Financial Recovery Director had started with the Trust.
- The Committee noted that the CIP plan had achieved £48m with an imminent commitment to £49m.
- In this context, the COO also updated the Committee on theatre and outpatients. Crucially, there was a set level of activity to be delivered on the 2024/25 plan, with each Care Group now able to track on a daily basis, month on month performance.
- The Committee also received assurance on the work being done on Procurement within the wider CIP and confirmed the areas which were being looked at.
- The Interim CFO assured the Committee that the Group delivered the forecast deficit position of £117.4m for 2023/24, reflecting the revised deficit for 2023/24 agreed with the Board and NHS England in January 2024. This included £13.1m of cost improvements made in 2023/24 and a significant improvement in the last two quarters of the year. The Committee received information from the COO's report that the Trust was on target to ensure patients waiting over 104-weeks were booked by the end of May. In addition, any 104-week wait patients after May, would be treated as a never event. The Trust is also committed to eradicate the 78 week waits by the end of June. The Committee was also encouraged to receive confirmation that the COO was working

Chair's initials

with neighbouring Trusts to transfer patients across all pathways, particularly those patients who had been waiting for over 41 weeks for their first outpatient's appointment, in order to tackle waiting lists. The Committee took "Limited Assurance" of the target to eradicate the 104-week waiters by the end of May, 78-week waiters by the end of June and 65-week waiters by the end of September.

- The PWC contract for the cost improvement plan had now been extended for a further 3 months. Still a lot of work to do if we are to exit NOF4 in March.

MB asked for assurance that where patients are being moved to other Trusts because some of the waiting lists are long, that this is not in fact costing additional money. RO confirmed that each patient is given the choice and is not forced to move and we are fully aware of any extra costs.

24.027.4 - CHARITABLE FUNDS COMMITTEE

CS once again invited Governors to attend the Charities site visit but had nothing else to report.
No questions were raised

24.027.5 - INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

OO Took the paper as read and highlighted that the report was from April and since then a number of meetings have taken place and so I will update this report with some highlights.

- Internal audit committee has now issued a final report that shows where the Trust currently is on its journey of improvement. The Committee noted good progress and assurance was moving in right direction in respect of the management of follow up of actions, and that overdue actions are being progressed and completed.
- The lessons learned reported noted that in the past 2 years the Trust had filed the accounts late. However, pleased to confirm that for this year the Trust filed the accounts within the correct time.
- Nothing much to say about counter fraud apart from the fact that it is in a good place.
- On Good Governance the Committee received **Assurance** from the GGI governance review report, noting the recommendations and next steps for implementation. The Committee noted work already commenced on next steps and the Trust's Director of Corporate Governance (DCG) will lead and oversee the required actions. The Committee agreed a progress update report to be presented at its next meeting in July covering progress to date and review of the appropriateness of the maturity matrix. An action plan to be produced and presented at its October 2024 meeting and a progress update at its January 2025 meeting. To provide assurance for monitoring of progress on the recommendations, next steps, responsible leads, and timeframe for completion of actions.

Chair wanted it noted that the auditor went out of the way to commend the Finance team on its achievement on helping to prepare the accounts within the timescales.

CS made a comment that the Trust still needs to look at the value for money

Chair's initials

	<p>audit and that a long-term plan is needed for this. OO agreed with this and would feed back at a later date.</p> <p>MB had a concern around the way that when the funding is allocated how it effects other care groups when being implemented. OO stated that this was an issue for the finance report and not IAGC.</p> <p>RO mentioned that these pots of money were relatively small and the allocation was monitored to make sure that while these works were being done that it did not directly affect other care groups.</p> <p>24.027.6 – ESTATES UPDATE</p> <p>SC started by saying how positive the conversations have been and how he felt the tide was turning for the Trust. SC took the paper as been read and wanted to highlight a few areas.</p> <ul style="list-style-type: none"> • The first being Governance and it is fair to say that there needs to be a full understanding of how the subsidiary works with the Trust. PWC has been appointed to pull this work together and so each side has a better understanding. This work by PWC should be completed by the autumn. • The next area is around the workforce and the real living wage and consolidated pay. Both of these areas have now been resolved and the only unfortunate part was that industrial action did have to take place. This did lead to some repair issues being outstanding. However, these have now been resolved. • On capital although not largely increased we have some residual increase. Future demand on capital is now also being better understood. The conversation on additional capital has been ongoing and we have presented our case to ICB and this will be an ongoing discussion. • Compliance is in a good place, although, there are some significant issues across the estate in areas that were built a while ago and are now not compliant with modern day standards. A compliance audit is currently being conducted and this will be reported back in due course. <p>MB wanted to know if Estates had a clear estates strategy going forward and do we have a capacity to create projects as funding become s available.</p> <p>SC confirmed that TF and the team had engaged through a frame work called P23 and will be appointing a partner in the next couple of months. This will create an estates strategy. So, currently no estates strategy.</p> <p>TF confirmed that Trust had now gone back to employing small local teams to cover off any repairs that needed to be completed.</p> <p>MB stated that she felt property had such strong hold on how people felt that there should be someone at board level to take up the issues on this.</p>	
24/028	<p>GOVERNOR FEEDBACK ON BOARD COMMITTEES</p> <p>GML confirmed that Kieran Leigh, public Governor for Folkestone/Hythe was unable to attend so would not be reporting on his Board Committee.</p> <p>GML advised Council that Linda Judd was not able to attend wanted a few</p>	

Chair's initials

	<p>points to be given to Council as she observes the Quality and Safety Committee. Her observations were: Andrew Catto had contacted her before my first meeting and they had a good discussion about what he expected. Linda was attending not just as an observer but to participate in the discussions.</p> <p>Found first meeting was very interesting and informative but very detailed (400+pages!) Second meeting was not so "complicated"!</p> <p>Discussion was very open and detailed</p> <p>Much better understanding (on my part) by attending rather than just reading reports. I did participate and things went really well</p>	
24/029	<p>JOINT SITE VISIT REPORT</p> <p>Due to lack of time BG and CD explained that they had participated in a joint site visit to the WHH and KCH respectively which they had found very informative.</p> <p>Raised a few issues and one being that there was no physio coverage over the weekend that had the potential for delaying the discharge of patients. Due to the lack of time asked the Council to read the comments on the paper enclosed and should they have any questions then to revert back to them.</p> <p>The Chair said these visits were important to show the staff the presence of Governors and that these should continue.</p>	
24/030	<p>ENGAGEMENT UPDATE</p> <p>CS advised Council that things are continuing to progress positively. CS now has a regular slot in the "Looker" magazine. He explained that with the help of comms he is trying to do a similar piece in the Thanet news. The Membership Engagement day has been set for the 18 July at the WHH.</p> <p>BM confirmed that it was the plan of MECC to also engage with the public at local supermarkets and surgeries.</p>	
24/031	<p>PATIENT VOICE</p> <p>KM thanked the Council for having the opportunity to present a piece regarding Patient Voice. KM then explained how the team works and some of the team's achievements during 2023-24 as listed below</p> <ul style="list-style-type: none"> • Worked with the information team to develop a Theming PTL • Recruited 21 Participant Partners • Set up a Carers Task and Finish Group • Worked with the stroke service • Worked with IT on promote the Patient Portal • Developed a "Your Hospital Stay" booklet <p>KM then explained the priorities for 2024-25</p> <ul style="list-style-type: none"> • Engaging with children and young people to ensure the voice of the child is central to developing our children and young people's services. 	

Chair's initials

	<ul style="list-style-type: none">• Supporting services to meet patient’s communication and information needs through reasonable adjustments, interpreting and translation services and clear and accessible clinical patient information.• Armed Forces Covenant / Veteran Aware: we have completed the application. Next is the work to make EKHUFT a truly Veteran Aware organisation.• Supporting services to involve patients in co-designing quality improvement initiatives, including identifying actions based on patient / family feedback, Friends and Family Test (FFT) surveys and the annual CQC surveys. <p>Patient feedback was also highlighted</p> <ul style="list-style-type: none">• 80% of the comments on the Friends and Family Test (FFT) survey are positive.• Over the last two years the Trust’s overall satisfaction score on the FFT survey has been over 92%. <p>Themes of the positive comments on FFT surveys:</p> <ul style="list-style-type: none">• Quality of care / treatment: During an episode of clinical care, patient’s satisfaction levels are high, whether that relates to labor and birth, elective in-patient (planned) care, or day treatment.• Care given by staff: how we make feel when they are in our care – they say they feel safe and cared about. Staff often ‘go the extra mile’.• Feeling listened to: when with the clinician, most patients are being given information they can understand about their condition or treatment at the time of treatment.• Confidence and trust: Patients generally have confidence and trust in the doctors and nurses and other clinicians they see during clinical interactions. <p>Themes of the negative comments on FFT surveys:</p> <ul style="list-style-type: none">• Delays / or changes: Staff don’t explain what is happening when there is a delay or patients are waiting in the hospital to be seen or treated, or when being moved from one ward / area of the hospital to another.• Communication: staff ensuring patients/carers/ family understand what has been said to them especially those who do not speak English as a first language.• Involvement in decisions: Patients are not always involved in decisions about their care and treatment or given the information they need at the time they need it to make choices or decisions or to plan.• Seeing the person: Staff don’t always see the whole person, which can mean that people with disabilities or long-term conditions unrelated to their current hospital attendance or in-patient care are not always getting the reasonable adjustments they need or getting their communication needs met.• Discharge: we don’t always involve the patient or their family, consider transport needs, explain any new medications or treatment they have been given or any potential side effects – either initially or longer term. We are not always clear about who to contact if they experience side effects of treatment or medication after they leave our care. <p>KM then explained about the demographics of the Trust which explained were in her paper and so would not go through each and every one.</p>	
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Chair’s initials

	KM then invited questions from the Council	
24/016	ANY OTHER QUESTIONS No AOB.	
23/017	DATE OF NEXT MEETING Thursday 24 th October 2024.	

Signed _____

Date _____

Chair's initials

REPORT TO COUNCIL OF GOVERNORS (CoG)

Report title: Ratification of Virtual Votes

Meeting date: 24 October 2024

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
09/09/2024	That the Council sub-committees NRC, MECC, PAGE, are reduced in size to 5 Members and that the Quoracy is lowered to 3	13	0	3	16	Passed
09/09/2024	The proposal to now have just 3 Committees NRC, MECC, PAGE and the TOR	13	0	3	16	Passed
05/09/2024	The appointment of Catherine Walker as a Non-Executive Director as recommended by the COG NRC	13	0	3	16	Passed



CHAIRMAN'S REPORT OCTOBER 2024

My report should be read alongside Tracey's Chief Executive Officer (CEO) report providing an overall assessment of the Trust's operational performance and the Committee Chairs' reports providing assurance.

Opening remarks

I want to start by thanking East Kent's members for joining our Annual Members' Meeting at the Queen Elizabeth the Queen Mother Hospital (QEQM) on 5 September. Members of the public successfully found their way to the depths of our Education Centre from where we streamed the meeting online. Tracey, Tim Glenn (Interim Chief Finance Officer (CFO)) and Bernie Mayall (our Lead Governor) joined me on the platform and we presented our Annual Report and Accounts and gave a snapshot from the Trust over the last year. As always it was a good discussion and our members asked probing, helpful questions. This is a vital part of our engagement with members of our community and we are grateful to you for taking the time to show interest in the work of our Trust and our continuing journey to improve. It was important for us to highlight the range of activity of all of our colleagues and I was particularly taken by these numbers which demonstrate the scale of our services delivered in 2023/2024:



One of the privileges of my position is my responsibility as the Trust's Maternity Safety Champion. I wore this hat on extended visits to QEQM and William Harvey Hospital (WHH). First of all, my thanks to staff and patients who spoke to me. I once again saw close-up the commitment of all those involved in our maternity services to ensure we are expert, inclusive and compassionate in our work. I was also hugely encouraged by the clear recognition by staff that there is still work to do. Whilst staff were extremely proud of the fact that during the last year they have carried out more than 4,000 follow-up calls to discuss people's experiences six



weeks after giving birth (under 'Your Voice is Heard' scheme launched in 2022), they also made the point that there was work to do to follow-up on feedback and make changes.

The summer months also saw a General Election and the start of a new Parliament with new MPs for East Kent. As our hospitals form a central part of the East Kent community I am pleased that the Trust initiated both a welcome to our MPs and briefings to inform them of the Trust's experiences and challenges.

Board changes

The Trust is well underway in its search for a new Chief People Officer (CPO) and Chief Operating Officer (COO) – both positions becoming vacant in the New Year. These are critical roles on the Board and great care is being taken to secure candidates with the skillset and values required by the Trust.

In other recruitment developments, I am delighted to say the Council of Governors has approved the appointment of a new Non-Executive Director to the Board. Details will be made public soon. In the interim, I want to thank the interview and stakeholder panels who participated in a very robust and thorough process resulting in an excellent new appointment to the Trust Board.

Board Governance

Our improvement journey in the key areas of Finance, Emergency Department Performance, Elective Waiting Lists and Cancer Treatment continues. I will defer to the information shared by Tracey and my Executive colleagues who will report on our operational and financial performance, save to say the trajectory continues to be an improving one.

The Board received a fascinating and extremely illuminating presentation from Kent County Council's Director of Public Health, Dr Anjan Ghosh, at our last Board Development session. Focused on 'Health Disparities in Coastal Communities of East Kent', Anjan described how our coastal communities have higher needs compared to non-coastal communities. In particular, adjusting for age, sex and deprivation, the prevalence of long-term conditions is higher in coastal communities. This speaks to the very particular pressures faced by a Trust such as East Kent where we have 350 miles of coastline. Such data and insight will be critical in the Trust formulating its strategy in the next six months.

We also heard from representatives of Kent's Health Care Partnership (HCP). A vitally important discussion recognising the need for a cross-sectoral and region-wide solutions.

Finally, as we are in Autumn, the work on the Trust's winter preparedness plans have progressed in earnest. They will form part of our next meeting but we are building on the experience and insight of previous years to have a sustainable and robust plan that flexes to the uncertainties of winter pressures we will inevitably face. We are working with regional and national partners to ensure a coordinated approach. With that in mind, it is important I close recognising the dedication and commitment of all of our staff as they build up to what will undoubtedly be a uncertain few months.

**Acting Chairman
Stewart Baird**



REPORT TO COUNCIL OF GOVERNORS (CoG)

Report title: Chief Executive's Report

Meeting date: 24 October 2024

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.
Key recommendations:	The Council of Governors are requested to DISCUSS and NOTE the Chief Executive's report.

Implications:

Links to Strategic Theme:	<ul style="list-style-type: none"> • Quality and Safety • Patients • People • Partnerships • Sustainability
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, 03 October 2024

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. Operational update

The length of time patients are waiting to be seen continues to improve, however, as previously reported, we still have a long way to go.

Across all areas within the Trust, improvements are being made. At the end of September our Accident & Emergency (A&E) position was 76.8% with our Type 1 performance (for our sickest patients) 56.5%, the best reported position since June 2021.

At the end of September 2024, the Trust had 215 patients awaiting cancer treatment over 62 days. We have seen continued improvement with both the 28-day Faster Diagnostic and 62-day performance standards (74.4%); still the best reported position since December 2021.

The focus on reducing the number of patients waiting for an endoscopy across our surveillance, urgent and routine waiting lists continues. The backlog of patients waiting longer than 6 weeks for their diagnostic test or surveillance diagnostic is now down to 1,304. Across all our other diagnostic areas, comprehensive recovery plans are in place and we are reporting our best compliance since July 2022 at 68.4%.

Efforts to mitigate long waiting times for planned treatments have also seen marked improvements. The number of patients waiting 65 weeks or more for a planned treatment at the end of September was 572, down from a high of nearly 3,000 in January 2024.

3. Continuation of tier 1 status for Elective, Cancer and Diagnostics

Following the latest review of elective and cancer performance and in agreement with the regional team, it was confirmed that the Trust will remain in Tier 1 for Elective, Cancer and Diagnostics from week commencing 29 July 2024.

This Tier 1 status will require the Trust to attend regular meetings with the NHSE team, focussed on progress and delivery of the national elective delivery ambitions and any actions associated with recovery.

Performance progress for Trusts in Tier 1 is reviewed regularly between relevant National and Regional NHS England (NHSE) teams, which includes a formal review on a quarterly basis, the outcome of which is formally ratified at the sub-board Quality and Performance Committee of NHSE.

4. National NHS Annual Staff Survey

The 2024 National NHS Annual Staff Survey launched on Monday 16 September at 09:30 am. This launch date maximised the survey window, giving the Trust the longest survey fieldwork duration of any NHS organisation in the country. A comprehensive delivery plan, approved by Board in July and fully resourced, is currently being enacted. This has been developed to maximise the opportunity for staff to share their feedback, whilst minimising the impact on service delivery.

Spanning an 11-week period, the timetable includes more activity than ever before. An example of this being 'polling stations', which will be taking place on every site, every week – with a total of 32 planned throughout the next 11 weeks. These polling stations will provide staff with access to the space and facilities they need to complete their survey, along with the support staff to enable them to do so, answering questions and attending to concerns.

As at 16 October 2024, 4,731 staff had responded to the survey, giving a 47.7% response rate, which remains higher than all other Acute and Acute & Community NHS Trusts in the country and is the highest response rate in the Trust's recent history.

5. NHS Kent and Medway Integrated Care Board (ICB) health strategy

The Integrated Care Board has been leading a piece of work bringing together Primary Care, NHS Providers, and the ICB to develop a strategy for the population of Kent & Medway that will guide the way to equitable, sustainable and responsive healthcare. Using data from across the system, feedback from our patients, the public and stakeholders four strategic themes have been identified as the key areas of focus within healthcare. The four strategic themes are: (1) Patient experience, access and outcomes, (2) People, (3) Sustainable services and (4) Financial Sustainability.

Over the last three months all organisations in Kent and Medway have been working together to develop the areas of focus within each of the four strategic themes including describing the vision, goals and plans for delivery across each area. These are in the process of being finalised following the extensive joint work that has been undertaken and it is expected that these will come to Board for final ratification and approval between November 2024 and January 2025.

6. EKHUFT Celebration Awards

To recognise the many great examples of staff improving how we deliver services to our patients, and support for each other, we have re-introduced an annual celebration of colleagues across the Trust.

More than 260 nominations were received for our EKHUFT Celebration Awards, launched in June this year. The judging panel has had the very difficult task of shortlisting the teams and individuals to attend a final awards event on Thursday 24 October 2024.

Members of the Executive team have delivered certificates of recognition to colleagues who were nominated. The nominations spanned a wide range of roles at different levels and in different services, both clinical and non-clinical, with fantastic examples of great care, compassion and innovation from our colleagues.

It is important that we find different ways to acknowledge this and having a Celebration Awards event provides another way for us to recognise each other and reward excellence.

We continue to share examples of great practice highlighted as a result of the nominations.

There are a host of other ways to appreciate our colleagues who go the extra mile all year round, including our Golden Hearts, Encouraging Praise in Colleagues (EPiC) awards, and recognition e-cards themed around the NHS People Promise.

7. Specialist Adult Allergy Clinic

A new specialist adult allergy clinic, the first of its like in Kent, was opened to primary care referrals on 10 September 2024 at the Kent and Canterbury hospital. Adults with a range of allergic conditions, including airborne, drug, venom and food allergies, will have access to local specialist care, having previously often had to travel for services in London, Surrey or Sussex.

The new clinic will offer a range of services including advanced diagnostic testing, individualised treatment plans, ongoing allergy management and will also focus on patient education and support, helping individuals understand and manage their allergies more effectively.

8. Dedicated unit for respiratory patients

A new day unit at the William Harvey Hospital is helping support patients with respiratory conditions. The Respiratory Assessment Day Unit (RADU) is a dedicated area for people to receive care and treatment for urgent lung conditions such as asthma, chest infections or Chronic Obstructive Pulmonary Disease (COPD) and pleural diseases such as pleural effusion and pneumothorax, or collapsed lung.

It is the first time the Trust has had a specific unit for respiratory patients and allows people to be transferred from the hospital's emergency department or referred from other services for urgent care.

9. New MRI at Buckland Hospital, Community Diagnostics Centre (CDC)

As part of the Community Diagnostic Centre, Buckland Hospital in Dover welcomed the delivery of a state-of-the-art MRI unit this month.

This unit represents the final phase of NHSE CDC Capital project funding for the Buckland site and supports realisation of the local Community Diagnostic vision through the delivery of a new static MRI.

10. Launch of the Staff Council

As one of a number of ways we will be addressing how the voice of staff is amplified across the Trust, we have agreed to develop and implement a new Staff Council which will bring together the voice of the entire workforce to drive culture change.

Over the last month a range of activities have taken place to determine the size and make-up of the council and how the different sites, professions and staff groups would be proportionally represented.

A recruitment campaign has been developed and staff from all 29 areas of the Trust were invited to come forward to express an interest in becoming a member of the council for an initial period of six months, as part of the pilot, which will include designing and defining how the Staff Council will work, including its purpose and structure.

A “launch” event was held on 09 October 2024 where the purpose and vision for the council were shared as well as providing the opportunity for those who have come forward to ask questions and to explain the concept of the joint co-creation period.

Working with the Board and Executive team the Staff Council will drive change by listening to and acting on staff voice, directly impact our Trust's operations, policies, and culture.

11. National Inclusion Week

The Equality, Diversity & Inclusion (EDI) team and members of our staff networks held a series of events to showcase the initiatives and services that are available to staff and to highlight the importance of inclusion in the workplace and beyond as part of National Inclusion Week, which began on 23 September 2024.

12. Leadership Awayday

A Leadership Team awayday was held on 10 October 2024, attended by 145 leaders from across the Trust. The agenda was focussed on the Trust's current financial and operation position, the Financial Sustainability Plan, the 2025-26 Business Planning process, Quality Improvement (QI) and CQC readiness with a session in the afternoon facilitated by Kaleidoscope our strategy partner.

13. Annual Members Meeting

The Trust's 2023/24 Annual Members' Meeting, which brings together Board members, our lead governor, chair and members of the Board of Directors, was held at the Queen Elizabeth the Queen Mother Hospital (QEQM) on 05 September 2024, with patients, staff and members of the public invited to find out more about our work, the Trust's performance and our future plans.

I would like to thank all those who took the time to attend this meeting either face to face or online.

14. Executive Team update

I am pleased to announce that Angela Van Der Lem joined the Trust on 21 October 2024 as our substantive Chief Finance Officer. Angela's career has seen her lead a wide range of strategy, policy, finance and delivery teams, most recently at the

Ministry of Defence where she held the opposition of Director of Finance for Defence Digital.

Angela has taken over from Tim Glenn who joined the Trust in January on a one-year secondment from the Royal Papworth Hospital NHS Foundation Trust, to where he will return on 22 November 2024.

Rob Hodgkiss, the Trust's Chief Operating Officer, will also be leaving the Trust in the early 2025, having served just over one year in post. Recruitment is underway for both the Chief Operating Officer and Chief People Officer positions, with interviews to be held on 04 November and 31 October respectively.

I would like to take this opportunity to thank Tim and Rob for their commitment to East Kent throughout their time here.

15. Conclusion

The Council of Governors are requested to **DISCUSS** and **NOTE** the Chief Executive's report.

A warm welcome to Catherine Walker who has been appointed as our latest Non-Executive Director. An outstanding colleague with an impressive and fascinating history, we are looking forward to working alongside her. And it was an impressive field from which to choose - we had some splendid applicants and it was a genuine pleasure to meet all of them. It is encouraging to find such sterling people wanting to work with us and I hope they keep an eye on future opportunities.

Our recruitment process for the Trust Chair continues and gathers pace and, as always, it is a pleasure to work with Melanie Shearer from Gatenby Sanderson in the search for the right person. Our interim Chair, Stewart Baird, has led us through some challenges and some achievements and he will be a tough act to follow, and from what I have seen we have some truly fascinating people who are interested. Our Trust is unique in its scale, challenges and personnel and our next Chair will have some great foundations on which to build running alongside the undisputed challenges that remain. But we need to say a massive thank you to Stewart for his guidance and charm, ensuring a good trajectory and some clever planning and support.

The work on our constitution continues and we should have a refreshed and reinvigorated constitution early next year that supports and encourages the good positive governance which underpins good practice and culture. It was long overdue. It will be good to diarise a yearly review to ensure the constitution remains fresh and relevant.

The review and refresh of our sub committees is complete and we have a good and sensible new framework which should mean fewer meetings but more achievements and outcomes, both of which will be popular with governors. Governors are all volunteers who give their time willingly to benefit their communities and the NHS as a whole, and the Council is made up of a brilliantly diverse and committed group of people. Each Governor contributes a unique and important insight and skill. I would like to take the opportunity to thank them all again for their hard work and dedication.

Going forward this Council is building and creating improved pathways between the Council and other stakeholders – NHSE, ICB and others - in order to drive forward the improvements we can see starting to take a firmer root. There has been and continues to be considerable activity here at the Trust to both correct and improve the delivery of services to our local communities and each of the stakeholder groups brings opportunities for learning and good relationships and makes up the network that pins together the NHS and the work that it does. It matters that each component part of that network is valued and utilised and importantly that they all speak to each other, with respect and active listening.

And finally, a massive thank you and mention for the governors who turned out to the K&C hospital fete and took turns manning the Council of Governors stall – Chris, Russell, Alex, Bernard and star mention for Paul Schofield who was there all day – we all sweltered and tub thumped for the Council. It is a great place to meet our local people and encourage new membership. Speaking of which watch out for some of us in your local supermarkets, Malls and GP surgeries soon as we start out roll out of local engagement activities meeting people and sharing our stories, contacts and merchandise and hopefully recruit some more members to the Trust and possibly future Governors. Dates and venues will be published online and in the Trust communications.

Thank you to everyone for your support and for such positive contributions.

BOARD COMMITTEE ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS

Committee: Quality and Safety Committee (Q&SC)

Meeting dates: 23 July 2024

Chair: Dr Andrew Catto, Non-Executive Director (NED)

Paper Author: Dr Andrew Catto, Non-Executive Director (NED)

Quorate: Yes

Appendices:

None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interest.

Executive summary:

Action required:	Assurance Discussion
Purpose of the Report:	To update the CoG on the work of the QSC and provide assurance on the points of discussion and areas for development.

Implications:

Links to Strategic Theme:	Quality and Safety
Link to the Trust Risk Register:	Risk items discussed at QSC are listed on the Board CRR
Resource:	N
Legal and regulatory:	N
Subsidiary:	N

Assurance route:

Previously considered by QSC on 23rd July 2024 and Board of Directors Open Meeting September 2024.



Agenda item	Summary
<p>INTEGRATED PERFORMANCE REPORT (IPR)- INCIDENT CLOSURE FOCUS</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • Over the last 2 years the number of open incidents had reduced from 16,000 to around 1,300. • 28 incidents 'tip' into being overdue each day, so the issue required continual management, and team were working with the Care Groups to ensure it was part of their business as usual, and that the clinical teams managed their own incidents daily. • Daily trajectories had been set (which required 131 incidents to be closed each day). All Care Groups had agreed to meet their trajectories; however, site pressures could impact targets being achieved. • There was no additional resource for this work, as it was considered as business-as-usual. • There would be monthly updates to QSC, and performance was also monitored through Clinical Executive Management Group (CEMG) and the Care Group governance meetings. • Care Group leads lead on dealing with complaints from their areas and are held to account for meeting compliance with the agreed trajectories. <p>The committee commented that:</p> <ul style="list-style-type: none"> • We should celebrate progress that had been made increasing the number incident closures. • Outputs from incidents and the learning achieved, would be a useful deep dive for a future meeting of QSC. • The Trust appeared to have a good reporting culture. • Further work was required to increase Trust wide learning from incidents. <p>Explanatory note to the Council of Governors:</p> <p>Effective management of incidents is an important plank in learning and improvement. The Trust has been subject to a large historic backlog of incidents due to resourcing constraints and the sheer volume of incidents.</p> <p>This report notes a significant and apparently sustained upturn in closure rates, although the size and complexity of the Trust means that relatively large daily volumes of incidents will be a persistent feature. CoG members should also note that high volumes of incidents do not necessarily represent substandard care. Low / no patient impact incidents can act as an early warning system.</p>



<p>Quality Governance Report (Patient Experience, Inquests, Claims, Incidents, CAS and PSIRF Update)</p>	<p>The Committee received the report and NOTED the following key updates:</p> <ul style="list-style-type: none"> • An issue had been identified regarding the Duty of Candour Data was being addressed by the Information Team. • The Patient Safety Incident Response Framework (PSIRF) transition process was going well. Training sessions for staff were taking place on all sites. • There had been an increase in the number of complaints and PALS request being received. • NICE guidance compliance had not progressed as expected but an improvement plan was in place. This would be reviewed at the September 2024 meeting. • All specialties had been reminded about compliance with the Structure Judgement Review (SJR) and Mortality and Morbidity (M&M) processes, asking them to provide an update on their progress to a future Mortality Surveillance and Steering Group Meeting, and identifying if they needed any further support. • A trajectory to improve complaint response times was being developed. • There had been the positive step of clinical teams having phone calls with the family, once the complaint comes in, and working with families to resolve their concerns. • The committee noted that NICE Guidance compliance target was a challenging trajectory, but an improvement plan was in place. <p>Explanatory note to the Council of Governors:</p> <p>The bimonthly quality governance report contains detailed insights regarding the state of quality and is worth reading in its entirety.</p> <p>A point of concern has been the management of NICE guidance by the Trust. NICE is the National Institute of Clinical Excellence. An explanation of the work of NICE can be found here. NICE guidelines are evidence-based recommendations for health and care. Compliance with NICE guidelines should mean improved quality outcomes and resource utilisation. In common with incidents, there are large volumes of guidelines and many of these are complex. Under the new CMO and Dr Mehdi (who chairs the EKHFT clinical audit group) a new compliance process has been implemented. Although this QSC meeting did not show an improved position, by the September 2024 QSC, improved compliance was on track.</p>
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<p>Care Quality Commission (CQC) update report</p>	<p>The Committee received the report and NOTED the following key updates:</p> <p>The Trust had established a self-assessment programme and check and session with Critical Care, Anaesthetics and Specialist Surgery (CCASS) and Women, Children and Young People had now taken place, and were very helpful exercises.</p> <p>Quality visits had also taken place at WHH, K&CH and QEQM, and action plans were in the process of being developed.</p> <p>The closure of the 2023 actions was being progressed, many of which linked to statutory and mandatory training compliance. September 2024 was the target to have improved the compliance of medical and nursing staff.</p> <p>Work was also taking place to complete the overdue must and should do overdue actions.</p> <p>The team had seen an increase in CQC enquiries, continued work was taking place to address those.</p> <p>The CQC assurance group continued to meet, and meetings had been moved to bimonthly.</p> <p>The committee commented that:</p> <p>There were overdue policies, which presented a risk.</p> <p>A Standard Operating Procedure (SOP) for reviewing patients who had been in our Emergency Departments for over 24 hours was discussed.</p> <p>Nursing training compliance was on track to meet the September trajectory.</p> <p>There was an issue with the compliance data being updated on ERS, however the CMO confirmed that all consultants had time allocated in their job plans for training.</p> <p>The amount of statutory and mandatory training had increased significantly, and the CMO would be happy to explore the frequency that some training was required.</p> <p>Explanatory note to the Council of Governors:</p>
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	<p>When the CQC visit, they make recommendations (termed should do /must do) for improvement. Some are specialty specific, and some have wider applicability. Managing these recommendations to closure has proved challenging over the past 12 months, but we are now seeing progress. A key change has been working with the care groups to take direct accountability for closing their risks. As we as the potential impact on patients, a failure to close the risks will raise concerns with the CQC as to the effectiveness of our governance arrangements and present a potential clinical risk.</p>
<p>Monthly Significant Risk Register Report</p>	<p>The Committee received the report and NOTED the following key updates.</p> <p>There were currently 26 open quality risks, which was a reduction of 3 since the previous report. The residual risk scores had remained unchanged.</p> <p>There were overdue actions related to 12 of the quality risks and the Care Group leadership teams were working to address these.</p> <p>3 quality risks have been removed from the register, delay in diagnosis and treatments due to delays in vetting referrals (ref: 3666), Insufficient Tympanometers (ref: 3617) and Risk to storage room at QEQM (ref: 3665).</p> <p>The committee commented that:</p> <p>The risk report had progressed over the last 12 months, and we were now seeing that a process was in place to address our risks.</p> <p>Explanatory note to the Council of Governors:</p> <p>The Council are directed to the Trust risk register paper for details of the specific risks, but the point is that we now have a comprehensive line of sight on all the risks, a significant number of which are quality risks. A great deal of work has been done over the past 6 months to achieve clarity on the current risk position from 'ward to board' and we are all cited on the risks faced by the organisation. Council members should note that their assurance questions should focus more on the risk management <u>process</u> than the actual risks themselves. Inevitably, there is an operational interest in the risks and the discussion can stray in this direction!</p>
<p>Committee Board Assurance Framework (BAF) Review</p>	<p>The Committee received the report and NOTED the following key updates.</p> <p>It was advised that the BAF would be discussed at each QSC meeting and structured to the meeting agenda (with a substantive review of the BAF risks taking place on a quarterly basis).</p> <p>Work was well underway to link the significant risk register with BAF risks, (and this was evident in the additional papers circulated with the July meeting pack).</p> <p>It was confirmed that how the BAF linked into this Committee would be</p>



discussed in further detail at the Q&SC planning meeting between the QSC Chair, Director of Governance and the CNO/CMO scheduled for 6 August 2024.

Explanatory note to the Council of Governors:

The BAF or Board Assurance Framework is the management of risks that present a threat to the delivery of the strategy. To find out more about the BAF, read the explanation of the Good Governance Institute <https://www.good-governance.org.uk/publications/insights/ggi-jargon-buster-board-assurance-framework> . Council members will recall that GGI have been working with the Trust to improve our Board Governance. I will report at the next Council meeting how we have aligned the Quality and Safety Committee agenda with the 4 BAF risks that relate to quality.



<p>Maternity & Neonatal Assurance Group (MNAG)</p>	<p>The Committee received the report and NOTED the following key updates.</p> <p>A Maternity and Neonatal Improvement Programme visit was taking place on the 24 and 25 July 2024, to review the Trust's progress.</p> <p>Clinical pathways- enhanced maternal care is a priority workstream.</p> <p>Listening to Women and families - focus on equality, diversity and inclusion (EDI) and a scorecard had been developed to ensure there was targeted care for the women and families from those demographics, and senior staff had received training.</p> <p>Workforce – focus on both recruitment and retention and a recruitment video had been developed with Integrated Care Board (ICB) and the team had attended career cafes.</p> <p>Governance – the team had been working hard to drive down the backlog of overdue incidents and the maternity Patient Safety Incident Response Framework (PSIRF) plan was now being implemented.</p> <p>Key updates from the Clinical Negligence Scheme for Trust (CNST) work programme:</p> <p>Perinatal Mortality Review Tool (PMRT) Report - the report confirmed that all deaths were reviewed using the national tool, within the required timeframes.</p> <p>Workforce - the team were compliant with the required staffing levels and a full staffing review had recently been completed.</p> <p>Training – the Team were compliant with the PROMPT, Emergency and foetal care training. However, due to a change in the national standards further staff were required to attend neonatal staff support training.</p> <p>Claims - it was ensured that claims were being reviewed to identify learning and linked with PSIRF. There was a higher number of claims, but they were of lower value and were related to psychiatric injury following birth trauma. Any recommendation had been fed back into the improvement programme.</p> <p>4 Serious Incidents had been reported to Maternity and Newborn Safety Investigation (MNSI) and the Early Notification scheme (ENS) and any learning had been linked back into PSIRF.</p> <p>The committee noted the following key points from the Neonatal Death Review report:</p> <p>There had been an increase in the neonatal death rate, however it had remained below that of the national comparator. An external review had now been arranged to review the cases for learning.</p>
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	<p>The neonatal death data had been shared with the Reading the Signal Group, and it caused concern and anxiety for the family members attending (it would be useful to clarify the level of prematurity of the babies).</p> <p>Feedback from NED Board Safety Champion – the safety champion completed departmental walk rounds, and any issues identified were addressed.</p>
<p>Infection Prevention and Control Annual Report</p>	<p>The Committee received the report and NOTED the following key updates.</p> <p>For the first quarter of this year <i>Clostridium difficile</i> infections were below the threshold and at the lowest rates that had been seen. It was felt to be the result of the work completed by the antimicrobial stewardship.</p> <p>The Surgical Site Infections surveillance review highlighted that we had a significantly higher than average number of infections, following fracture neck of femur surgery. Considerable work had taken place Trust wide to address this and we had seen a notable improvement, the Trust was now only just above the national average.</p> <p>NHSE and ICB infection control teams visited the Trust on 23 July 2024 and were content with improvements made.</p> <p>All Infection Prevention Control Audits had been completed. There were on going challenges with our environment and our estate. Focused improvement had been made in surgery, maternity and in our emergency departments, to improve our environmental audit results.</p> <p>The Gram-negative blood stream infections remained above the national threshold. Following the adoption of PSIRF, a review of all our infections highlighted 75% of our E-coli infections originated from the community. As a result, we were engaging with partners regarding public health messaging.</p> <p>Line care and the clean campaign continued to be a key focus for the team.</p> <p>The team participated in the national point prevalence survey for infections and antimicrobial stewardship. Trust rates were slightly above the national rates.</p> <p>The Infection Control Gap analysis against the hygiene code showed there were no areas of non-compliance.</p> <p>The infection control improvement plan which had been developed following the implementation of PSIRF, recently had its quarterly review which identified further areas for improvement.</p>



	<p>The Infection Prevention Control Annual Report would be presented to the October 2024 Trust Board.</p> <p>Explanatory note to the Council of Governors:</p> <p>The QSC has a strong focus on infection prevention and again, we have seen a significant improvement in infection control metrics over the past year. Council members will have heard of <i>Clostridium difficile</i>, which can cause severe diarrhoea and prolongs hospital stay especially for frail older people. We appear to have had real improvements in this area. The main reason for this is the improved management of antibiotic prescribing. This process is called antimicrobial stewardship and is led by a pharmacist. Interested Council members can read the full annual IPC report published at the October 2024 Board of Directors.</p>
<p>Safe Systems for Controlled Drugs</p>	<p>The Committee received the report and NOTED the following key updates.</p> <p>The low rate of audit completion related to staff availability.</p> <p>Improvements needed to be made in relation to drug disposal and tracking the drugs to the patient.</p> <p>This report should come to QSC regularly and actions needed to flow out to the Care Group.</p> <p>Controlled drugs were an area of concern, and we needed to be assured that improvements were being made.</p> <p>It was agreed that it would be useful to carry out a deep dive at a future meeting of this Committee and invite wards to explain what the controlled drugs audits mean for them and to identify how improvement could be made in their areas.</p> <p>Controlled drugs deep dive to be added to the Committee work plan and CDs were a focus of the CQC quality visits, and she would pick out the most challenged areas.</p> <p>Explanatory note to the Council of Governors:</p> <p>This is an area of concern for the QSC and is being kept under close review. Resourcing effective audit is an issue, although as noted above, drug disposal and tracking is an area of focus for assurance.</p>
<p>Complaints Annual Report</p>	<p>The Committee received the report and NOTED the following key updates.</p> <p>There had been an increased in new complaints of 10.4%, however we had also seen an increase in complements.</p> <p>We were 94% compliant with acknowledging complaints within the agreed</p>



timescales.

The key themes identified had remained static.

Improving PALS team visibility was being worked on.

Complaint response times remained a risk.

With the centralisation of the complaint team, further training had been identified for staff.

The focus for the rest of the year was to clear the complaints back log, continued focus on communication and making those calls to families with the aim to resolve their issues and concerns and identify learning from complaints, and was passionate to take this further.

The complaints tended to relate to patients and relatives feeling they were not listened to sufficiently or responded to and delays in treatment.

The committee commented that:

We needed to understand how the complaint themes were allocated.

It would be useful to understand the Trust's increase in complaints, in comparison to other Trusts and it would be useful for further scrutiny to take place.

It would also be useful to see further assurance regarding how the Trust responded to patient feedback and from the friends and family test.

Tracking the percentages of complaints not being responded to within the agreed timescales would also be helpful.

Explanatory note to the Council of Governors:

What is important here is the organisational culture regarding complaints. An oft used metaphor is that complaints 'represent diamonds beneath your feet'. The QSC is interested in whether complaints drive improvement.

Several key changes to complaint management have been implemented such as PALS telephoning complainants early and ensuring a senior manager hears, and where possible, addresses those concerns. Secondly, greater responsibility for the ownership of complaints rests with the care groups and training and support has been provided by the central governance team.

Although initial response times are compliant, responding formally to complaints is behind target, although this appears to be improving. The quality of the compliant responses is assured by CMO/CNO sign off.



Referrals from other Board Committees

No referrals from other Board Committees were considered at this meeting.

<p>The Committee asks the CoG to discuss and NOTE this Q&SC Chair Assurance Report.</p>	<p>The CoG are asked to note the QSC focus on assurance of:</p>	<p>CQC outstanding actions</p> <p>Safe systems of controlled drugs scrutiny</p> <p>Management of complaints deep dive.</p>
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BOARD COMMITTEE ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG)

Committee: People & Culture Committee (P&CC)

Meeting date: 25 September 2024

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

Paper Author: Claudia Sykes

Quorate: No

Appendices: None

Declarations of interest made: None

Assurances received at the Committee meeting: see below

Agenda item	Summary
<p>Board Assurance Framework (BAF) risk: recruitment and retention</p> <p>Recruitment update</p>	<p>The overall Trust vacancy rate is 9.6% at 31/8, better than the alerting threshold of 10%. However, this includes a number of high-risk areas: Consultants: Successful recruitment has been seen in the Emergency Department (ED) with 2.6 Whole Time Equivalent (WTE) vacancies outstanding from 20 WTE total establishment. Gastroenterology has reduced the vacancy level to 4.92 WTE out of their 18.79 WTE establishment. The other hard to recruit areas remain consistent, with the largest vacancy gap being Health Care of Older people (HCOOP), with a 47.6% vacancy rate, holding 9.95 WTE against the 20.9 WTE establishment. Work continues to try to reduce the vacancies within these hard to fill areas, but many are shortages across the NHS nationally. The Chief Medical Officer (CMO) noted that his main area of concern was at Queen Elizabeth the Queen Mother Hospital (QEQM).</p> <p>The vacancy rate for Healthcare Support Workers has been increasing, to 204 WTE (14%). There is a review underway after which the Trust will resume recruitment on these positions.</p> <p>The midwife vacancy rate has also been increasing for the last year and is now at 35 Full Time Equivalent (FTE). The Trust is expecting c27 FTE newly-qualified midwives to join in January.</p>
<p>BAF risk: recruitment and retention</p> <p>Staff retention</p>	<p>Staff engagement is measured through the Trust Quarterly Pulse survey, with results at July 2024 showing 5.95%, from a response rate of 24%. This remains well below the target of 6.8%. The Trust has been working on a number of different engagement activities, leading up to the annual Staff Survey launch, with a comprehensive plan covering every week and involving all members of the executive team at different sites. The Staff Survey launched on 16 September and will close on 29 November, with results</p>



	<p>published in March 2025. The Staff Survey response rate as at 25 September was 22.6%.</p> <p>The premature vacancy rate has been rising and now stands at 14.9%. The Committee discussed better use of exit interviews and processes to determine the reason why people are leaving the Trust within 12 months of joining. This was high in certain groups, e.g. health care support workers and nurses. The Committee also discussed how to ensure staff were supported more within their first year.</p> <p>The Committee was NOT ASSURED over appraisal completion, which remain below the target of 80%, at 74.8%. The Committee requested a further deep dive into this area for the November meeting. The Corporate area remains low at 52% completion, and the Chief Nursing & Midwifery Officer (CNMO) and Chief Executive Officer (CEO) will drive this area for improvement.</p>
<p>BAF risk: culture and values</p> <p>Culture and Leadership Programme (CLP)</p>	<p>The Committee received an update on the Trust's CLP.</p> <p>The Trust has been rolling out a 2-day leadership essentials training programme, which covers areas including managing sickness absence, resolving conflict and giving feedback. 794 staff have attended this training, with more booked on. The feedback has been excellent. The Trust has also commenced Management Induction training for all new managers, feedback has been very positive.</p> <p>The Staff Council is in the process of being established, with 29 representative roles scoped out.</p>
<p>BAF risk: culture and values</p> <p>Freedom to Speak Up (FTSU)</p>	<p>The Committee received a report from the Lead FTSU Guardian, which raised a number of concerns:</p> <ul style="list-style-type: none"> - There has been continued absence within the FTSU team for over a year which has reduced the effectiveness and resilience of the team; - The report stated that data for FTSU cases was inaccurate and currently unavailable, and so could not be reported. <p>No reports on FTSU activities and cases has been received by the Committee for eight months, with the last report covering the period up to December 2023. The Committee was NOT ASSURED over the effectiveness of the FTSU service at the Trust.</p> <p>The Interim Chief People Officer (CPO) is working on emergency measures to monitor FTSU e-mails and ensure current cases are being responded to, although due to the confidential nature of this work, she is having to do much of this herself. Due to workload, it would not be possible to provide any further assurance on FTSU at the next Committee in November.</p> <p>The Committee supported the emergency measures proposed, but also raised concerns about the impact on the Interim CPO's workload, and the</p>



	<p>need for the Committee and Board to receive assurance on the FTSU service as quickly as possible. The Chair noted that the Trust needed to ensure staff were confident in the FTSU service; that this service provided additional pathways to highlight issues on patient care and safety; and it was also a Care Quality Commission (CQC) requirement from recent inspections. The Committee and Board needed assurance as quickly as possible that this service was effective.</p> <p>The Chair will refer this to the Board.</p>
<p>BAF risk: culture and values</p> <p>Equality, Diversity and Inclusion (EDI)</p>	<p>The annual reports for Workforce Disability Equality Standard (WRES) and Workforce Race Equality Standard (WDES) were deferred to the November meeting as the deadline has been extended and these need to be reviewed by Clinical Executive Management Group (CEMG) first.</p>
<p>BAF risk: culture and values</p> <p>Occupational Health</p>	<p>The Committee received the bi-annual report from the Occupational Health (OH) team. This highlighted that the main reasons for referrals to OH were for musculoskeletal issues (back and neck, lower limb), followed by mental health concerns and stress. There were a total of 840 referrals for January-June 2024. The Committee discussed the high rates of referrals from some care groups compared with others, and the need to ensure managers were trained on supporting staff with reasonable adjustments and the right equipment.</p>
<p>BAF risk: culture and values</p> <p>Employee Grievances and disciplinaries</p>	<p>The Committee reviewed the report from the Employee Relations team on grievances, disciplinaries and Tribunal activity. Further information was requested on the protected characteristics of people involved in each, and with more data on trends and themes rather than stand-alone numbers.</p>
<p>BAF risk: organisational development and resilience</p> <p>Workforce planning</p>	<p>The Committee reviewed an update on workforce strategy. It was noted that the Trust's existing People Plans covered to 2025, and needed to be refreshed. The Interim CPO reported that she was putting in place outline strategy actions which would be reported to the November Committee.</p> <p>The Committee discussed the need for workforce planning to be addressed alongside the Financial Plan, Clinical and Estates strategies. These needed to address demographic changes, recruitment and retention challenges, and provide a robust forward view on the staffing needs for the future. This needed to be developed using input from system partners, the Kent and Medway Medical School (KMMS), Integrated Care Board (ICB) and others. This also needed to be considered in the context of the Darzi report, which reiterated the need for more care to be provided within the community, a greater use of digital and self-care support. There was also work needed on organisational development, career pathways and succession planning at all levels of the Trust. The Committee was Not assured on this work to date, and there were concerns around the capacity of the People and Culture team</p>



	<p>to deliver this within the timeframes needed alongside the other Trust strategies.</p> <p>It was noted that out of the three BAF risks within the People and Culture responsibility, this was the area with the most limited evidence and assurance so far.</p> <p>The Committee requested that this be added to the Risk Register.</p>
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Other items of business: None

Actions taken by the Committee within its Terms of Reference: None

Items to come back to the Committee outside its routine business cycle: None

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:

The Committee referred the lack of an effective Freedom to Speak up Service to the Trust Board for discussion and action.

Item	Purpose	Date
P&CC asks the BoD to discuss and NOTE this P&CC Chair Assurance Report.	Assurance	3 October 2024



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

Committee: Finance and Performance Committee (FPC)

Meeting date: 29 August 2024

Chair: Richard Oirschot, Non-Executive Director (NED)

Paper Author: Executive Assistant

Quorate: Yes

Appendices: None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interest.

Assurances received at the Committee meeting:

Agenda item	Summary
Significant Risk Register	<p>The Chief Nursing & Midwifery Officer (CNMO) presented the Significant Risk Report associated with the Trust's finance and performance risks. The Committee received confirmation that there were no additional risks added since the last report.</p> <p>The Committee also heard there remains one risk with overdue actions and this is around demand and capacity gap in respiratory, sleep and diagnostic services in the Queen Elizabeth the Queen Mother Hospital (QEQM) Care Group. This risk was escalated via the Risk Review Group (RRG) and with the Care Group and risk owners and is now being actively managed.</p> <p>The Committee received assurance on the management of the Trust's financial and performance risks.</p>
We Care Integrated Performance Report (IPR) (M11): National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics	<p>The Committee received an update and noted the following key points:</p> <ul style="list-style-type: none"> – Staff engagement score improved in July 2024 although it is not at the desired level yet. – Four-hour Emergency Department (ED) compliance was 54.7% against the target 48% in July 2024 and continues to improve in August 2024. – 65-week wait for treatment is improving and the number of patients waiting for treatment for 78 weeks is close to zero. The aim to eliminate 78 weeks wait completely by August 2024 proved difficult due to challenges in Paediatric ENT and Otolaryngology. The system-wide support was sought and secured to address these challenges.



	<ul style="list-style-type: none"> – Cancer 28 Days Faster Diagnosis Standard has been over 70% for two consecutive months, which is for the first time over the past two years, and the Trust is very close to achieving the 75% target. – DMO1 compliance was at 61.3% in July 2024 against a trajectory target of 70%. – Endoscopy backlog performance was slightly below trajectory in July 2024 but plans are in place to clear the surveillance backlog by the end of September 2024. <p>The Committee received assurance that all the positive changes had been embedded and had become part of business as usual. The Chief Operating Officer (COO) confirmed robust processes had been put in place and key posts had now been substantively recruited into. However, there are still gaps that may present risks and the Committee agreed that maintaining focus on those gaps was crucial.</p> <p>The Committee discussed and reiterated the importance of the Trust becoming an operationally sustainable organisation and building on the trajectory of improvements seen this year.</p>
<p>Patients No Longer Fitting the Criteria to Reside (RTS POST 7 DAYS) Length of Stay (LoS) and Bed Plan Update (Including Internal and NFC2R) – BAFFPC002</p>	<p>The Committee received an update and noted the report and focused on the following elements:</p> <ul style="list-style-type: none"> – The Trust has a target length of stay reduction of 10.6 days by the end of 2024. – Although the length of stay in July 2024 did not reduce, the level of activity the Trust had in July 2024 would have required 67 additional beds. – No Longer Fit to Reside target was 102 patients but the actual figure was 137 patients over seven days. However, there was no financial recompense for the Trust. – The Trust requires at least 10 discharges to the Community per day and over the last three days there were between one and three discharges per day meaning a significant cumulative effect. – The Committee received an update on plans to address elective length of stay. <p>The Committee had a detailed discussion around difficulties with discharges in view of approaching winter including challenges in the social sector and possibility of involving independent providers such as Home Link, the company providing “bridging” care.</p>
<p>Theatre Utilisation</p>	<p>The Committee received an update on Theatre Utilisation and noted the following key points in the report:</p>



	<ul style="list-style-type: none"> – Two phases of theatre transformation have now been completed. These two phases focussed on establishing central processes to better utilise resources, treating more patients and generating income. The staff embraced the changes once they began to see value of them. – Theatre booking process was reviewed with staff involved to ensure that lists are appropriate with staffing level and skills required for these lists. This in turn reduced cancellations and dropped sessions. – Focused work has been undertaken with regards to high volume low complexity lists (HVLC) especially in Orthopaedics and Ophthalmology in terms of pooling patients to be ready to list for procedures. – The next phase is around lists utilisation to achieve the 85% target and beyond across all specialities in the Trust. <p>The Committee was informed that the Head of Operations for Theatres would be leaving the Trust at the end of September 2024 and as yet, the replacement had not been recruited.</p> <p>The Committee discussed the importance of digitalisation of the theatres, which is part of the phase 3 of the theatre transformation.</p>
<p>BAFFPC003 Update on the 2024/25 Capital Programme (CIP)</p>	<p>The Committee received an update and noted the report.</p> <p>The Financial Recovery Director highlighted that the Trust had achieved its cost improvement plan in Month 4 and delivered the year to date (YTD) of £13.0m against the YTD plan of £12.9m.</p> <p>The Committee was made aware that additional opportunities to protect against slippage on the existing delivery plans were being considered.</p> <p>The Committee received assurance that the overall forecast to deliver the £49m CIPs was on track with the risks being managed on a scheme by scheme basis.</p> <p>The Committee was made aware the Model Hospital, the Estate Return Information Collection (ERIC) and Workforce Productivity benchmarking indicated that workforce, service productivity and estates were the key outliers. However, there are areas where the Trust performed better than peers, for example, outpatient attendance per Consultant and ED Type 1 admission rate.</p> <p>The Committee also received updates on the planned structure and next steps.</p>
<p>Month 4 Finance Report</p>	<p>The Interim Chief Finance Officer (CFO) confirmed to the Committee that since the last Committee meeting three weeks ago there had been no material change to the NHS macro-economic position.</p>



	<p>The Finance Director made the following observations on the financial report for the month of July 2024 (Month 4):</p> <ul style="list-style-type: none"> – The planned deficit of £8.3m was delivered in July 2024 bringing the total deficit to £31.4m, which is in line with the plan. – Patient care income overperformed the YTD due to increase in rechargeable drugs and income accrual relating to the Consultant pay award. – Other income was underachieving the YTD in Month 4 by £2m predominately within 2gether Support Solutions where income underperformance is offset by non-pay underspends. – Employee expenses – the Consultant pay award is outside of plan £1.3m YTD but is partly offset against the income accrual £0.8m). – The cash balance was £40.1m the end of July 2024. The payment of £10.5m was received on the 19 August 2024. – There was a capital underspend of £1.8 against YTD in July 2024. – Allocation of the remaining three CIP schemes into Care Groups is ongoing and is expected to conclude in Month 5. <p>The Committee discussed the possibility of gaining central support to manage Consultant pay award shortfall.</p>
<p>Finance Team Structure</p>	<p>The Interim CFO presented his analysis to the Committee of the size and appropriateness of the Trust’s Finance Team following the Corporate staffing reviews. It was highlighted that the size of the Trust’s Finance team was relatively small compared to peers and this posed a question as to whether the team was able to provide a full and adequate service to the Trust.</p> <p>Benchmarking data had been obtained and the Trust’s internal auditors were engaged to determine what elements were missing from the structure and what support was missing . A new structure will be presented to the Executives and then brought to the Committee for further assurance.</p>
<p>BUSINESS CASES: OVER £1.75M REQUIRING INVESTMENT £2.5M FOR SELF- FUNDING. CAPITAL BUSINESS CASES OVER £1M</p>	<p>There were no business cases to discuss.</p>
<p>Capital Investment Group (CIG) Assurance Report</p>	<p>The Following key points were noted by the Committee:</p>



	<ul style="list-style-type: none"> – YTD capital underspend is predominately around medical devices and equipment replacement programme. The Group is working closely with colleagues from 2gether to understand the detail of it and received assurance that this will come back to plan. – £4m were allocated to the Fire Compartmentalisation Programme and the works will begin week commencing 2 September 2024. Assurance was received from 2gether that allocated funds will be spent. Due to this programme being operationally challenging, detailed oversight arrangements were put into place. The progress will be reported to the Committee. <p>The Committee considered the impact of the fire compartmentalisation work would require temporary closure of some wards/areas and asked what impact this would have in the run-up to winter. The COO outlined the plans including not backfilling vacant beds and said that he anticipated there would be few or no issues at QEQM and Kent & Canterbury Hospital (K&C) but the William Harvey Hospital (WHH) site would be challenging due to increasing activity.</p> <p>The Committee received assurance that the fire compartmentalisation work at WHH would not be delayed and the corridor care would be adequately managed during these works.</p>
<p>Business Case Scrutiny Group (BCSG) Assurance Report</p>	<p>There were no Business Cases to report.</p>
<p>Board Assurance Framework (BAF) And Principal Mitigated Financial and Performance Risks</p>	<p>This item was not discussed.</p>

Referrals from other Board Committees

No referrals from other Board Committees were considered at this meeting.

Item	Purpose	Date
<p>FPC asks the BoD to discuss and NOTE this FPC Chair Assurance Report.</p>	<p>Assurance</p>	<p>3 October 2024</p>



BOARD COMMITTEE ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG)

Committee: Finance and Performance Committee (FPC)

Meeting date: 23 September 2024

Chair: Richard Oirschot, Non-Executive Director (NED)

Paper Author: Executive Assistant

Quorate: Yes

Appendices: None

Declarations of interest made:

No declaration of interest was made outside the current Board Register of Interest.

Assurances received at the Committee meeting:

Agenda item	Summary
Significant Risk Register	<p>The Chief Nursing & Midwifery Officer (CNMO) presented the report. Important progress has and continues to be made in the Trust's risk management processes. The Committee received assurance that the updating of risks was being actively managed and overseen.</p> <p>The Committee received assurance the Significant Risk Register is being kept up to date and any corrective/mitigating actions are being monitored.</p> <p>The risk manager position remains vacant and has been for some time although the role is being performed. However, the job description has been further refined and the CNMO is hopeful the position would now be successfully recruit to.</p> <p>A request was made by the Committee to include a trajectory between the target scores and their current position and to show a timeline of how we will get between the two. The CNMO agreed to address this and make it clearer in future reports to the Committee.</p>
Review of FPC Board Assurance Framework (BAF) Risks	<p>The Committee reviewed its BAF Risks as it does at each Committee recognising the agenda had been framed with reference to the BAF.</p> <p>The Committee discussed the wording of FPC BAF Risk 001 relating to the impact of Covid. The revised wording needed further refining, which would be discussed by the Executive.</p> <p>It was also noted by the Committee that the linked Significant Risks to the FPC's BAF risks were not entirely aligned with the risks highlighted in the</p>



	Risk Report. This would be picked up by the Director of Corporate Governance (DoCG) and CNMO.
Financial Sustainability Plan (FSP)	<p>The Committee undertook a detailed discussion of an emerging Financial Sustainability Plan presented by the Interim Chief Finance Officer (CFO). The FSP was discussed in the context of what had been achieved and what the Plan required of the Trust over the next three years – and the challenges that created. There was a wide-ranging discussion of the achievements, challenges and next steps recognising this was a first outline which would continue to be developed. The Committee welcomed the opportunity to hear with specificity the sources of the income and savings to drive towards break even. Recognising that there were inherent challenges which require external support and recalibration.</p> <p>The Committee also acknowledged the savings targeted in-year of £49 million were on track and the Trust's delivery in this area was ahead of trends in the wider sector.</p> <p>The Committee noted that a first complete draft of the FSP will be presented to the Board and discussed further at the Committee.</p>
We Care Integrated Performance Report (IPR) (M11): National Constitutional Standards for Emergency Access, Referral to Treatment (RTT), Cancer and Diagnostics	<p>The Committee noted the IPR operational metrics and in particular noted the following key points:</p> <ul style="list-style-type: none"> – Continued improvement in Accident & Emergency (A&E) for type one compliance which has continued into September and currently stands at around 57%. – All types are at 77% for 12 hours in the department on a reduction to 9.2%, currently on 9% for September. – 62-day cancer has seen some of the best performance for a number of years and that's continued as well into September with over 77 % currently. – 78-week breaches continued reduction. The aim is to eradicate those in September. – Diagnostics is the biggest challenge currently at 63.9 % for August which has continued to improve and currently for the month of September is at 66.3% with a range of schemes in place. – Cancer 28 Days Faster Diagnosis Standard has been over 70% for two consecutive months. – Endoscopy backlog is getting to a sustainable position.
Winter Plan	The Committee noted this is being prepared and will be available to the Committee at its October meeting.
BAFFPC003	The Committee noted that the Trust is at £17.24million against £16.96million on plan YTD, 0.3million better than plan at Month 5.



Update on the 2024/25 Capital Programme (CIP)	Length of Stay (LoS) continues to be successful and Outpatients is overperforming.
TRUST Programme Management Office (PMO) Transition Plan	<p>The Committee received assurance in relation to the Trust's transition plan from the support being provided by PricewaterhouseCoopers (PwC) towards creating internal capacity in its PMO department to deliver the FSP including overseeing the Cost Improvement Programme (CIP).</p> <p>The combined approach of establishing internal capacity – including recruitment – ; the phased winding down of involvement of PwC; and the approach taken to formulate the FSP in collaboration with colleagues would mitigate the risks of a gap in delivery of the CIP or FSP following the end of PwC's engagement with the Trust.</p> <p>It was noted that a period of Handover applied equally to the transition between the current and new CFOs in October/November.</p>
Month 5 Finance Report	<p>The Trust is on track for month 5 and indications are good for run-rate and year end.</p> <p>The Interim CFO informed the Committee that the Integrated Care Board (ICB) – in-step with communication from NHS England (NHSE) - is concerned that there are increased financial pressures in the system as we all head into our the second-half of the financial year but we will all be keeping a close eye on his over the next few months.</p> <p>The Committee observed that there were some of the Care Groups which have a larger adverse variance this month than others. This was acknowledged and would be updated on at the next meeting.</p>
Business Planning Principles	<p>The Committee received a report from the Director of Strategy on the approach and principles adopted for business planning endorsed by the Executives.</p> <p>Building on the process and the governance which has been put in place for this financial year and taken lessons learnt from last year. On that basis, the team have devised the principles which will define the approach for business planning this year and it will launch in the coming weeks.</p>
Capital Investment Group (CIG) Assurance Report	<p>The Committee received an update and noted the following in the report:</p> <ul style="list-style-type: none"> – £2.9m year-to-date spend against plan of £4.7m. – Additional capital funding received from NHSE: £1.56m for procurement of Mobile CT Scanner for targeted lung health check activity and £70k for VAE/VAB Business Case.



Business Case Scrutiny Group (BCSG) Assurance Report	<p>The Committee noted the following recent business cases presented at BCSG :</p> <ul style="list-style-type: none"> • Transfer of service from Kent Community DSN's (Diabetes Specialist Nurses) to EKHUFT DSN's for Women in Pregnancy. • Smoking Cessation Maternity (Tobacco Control Service). • Fidaxomicin for over 60-year-old patients as first line treatment in Clostridioides difficile infections.
Financial Improvement Programme Board (FIPB) Assurance Report	<p>The Committee noted FIPB met with Clinical Executive Management Group (CEMG) last week in what was described as a positive meeting with good engagement.</p>
Referrals from other Board Committees	<p>There was one referral to the Board recommending the Business assumptions for the business plan.</p>

Item	Purpose	Date
FPC asks the BoD to discuss and NOTE this FPC Chair Assurance Report.	Assurance	3 October 2024



BOARD COMMITTEE ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG)

Committee: Integrated Audit and Governance Committee (IAGC)

Meeting dates: 26 June and 26 July 2024

Chair: Dr Olu Olasode, Non-Executive Director

Paper Author: Board Support Secretary

Quorate: Yes

Appendices:

None

Declarations of interest made:

No additional declarations of interest made

Assurances received at the Committee meeting:

Agenda item	Summary
<p>Audited Group Accounts 2023/24</p> <ul style="list-style-type: none"> • Management Representation Letter • Informing the Audit Risk Assessment for EKHUFT 2023/24 document • External Audit – Audit Findings Report (ISA260 Report) 2023/24 and Auditors Annual Report (Value for Money (V4M)) • Head of Internal Audit (HoIA) Opinion 2023/24 	<ul style="list-style-type: none"> • The Committee received Assurance and recommended to the Board of Directors (BoD) approval of the audited 2023/24 annual group accounts. • The Committee recognised the improvements in the annual audit process. The Finance, External Audit and all staff involved in the production of the accounts were commended for their hard work ensuring these were available for submission within the required deadline, that had not been achieved the last two years. • The Committee sought assurance that the lessons learnt will be embedded to ensure the deadline for submission was met the next year. This was important given the high level of risks associated with changes in the finance team. • An area of focus for the 2024/25 audit is to reduce the number of disclosure amendments. • The Committee requested a report at a future meeting on the medium term financial plan along with an updated action plan on achieving a breakeven financial position with clear timescale targets. • The Committee also requested further assurance embedding the ongoing grip and control work and the governance of the Trust's cost improvement programme. • The Committee reviewed and approved the Trust a Going Concern, and noted the Trust was Unqualified. • The Committee reviewed and recommended to the BoD approval of the Management Representation letter. • The Committee reviewed and confirmed the Informing the Audit Risk Assessment for EKHUFT 2023/24 document. • The Committee discussed and noted the External Audit – Audit Findings Report (ISA260 Report) 2023/24 and Auditors Annual Report.



	<ul style="list-style-type: none"> The Committee reviewed and noted the HoIA Opinion 2023/24, recognising the improvements made with recommendations for embedding further improvements.
Quality Accounts for 2023/24	<ul style="list-style-type: none"> The Committee received Assurance, signed off and recommended to the BoD approval of the 2023/24 Quality Accounts. The Committee noted a different process to be followed the next year in producing this document, in respect of design and focus, with the aim to identify at key points in the year the progress of key elements through the Quality and Safety Committee (Q&SC). The Committee thanked the Deputy Director of Quality Governance and all staff involved in producing this document, recognising the improved governance review process that had been followed. The Committee, however, noted that sufficient time should be given in future for input from Q&SC, fact verification, and proof-reading of the draft versions prior to presentation to the IAGC for approval and recommendation to the Board.
Annual Report 2023/24 <ul style="list-style-type: none"> Compliance Against FT Code of Governance Annual Governance Statement 	<ul style="list-style-type: none"> The Committee received Assurance and recommended to the BoD approval of the audited 2023/24 Annual Report, noting the content was in line with the NHS Foundation Trust Annual Reporting Manual.
Internal Audit Progress Report	<ul style="list-style-type: none"> The Committee received Assurance and noted the Internal Audit progress report: <ul style="list-style-type: none"> Five final audit reports issued since the last IAGC meeting: <ul style="list-style-type: none"> Cashflow Monitoring (Reasonable Assurance), good processes and control in place with opportunities for improvements; Risk Management (Reasonable Assurance), improved management of risks, all risks reviewed and updated, good controls and framework in place with oversight across the Trust of its risks from Board to ward. Recommendation for further improvement in respect of timely completion of actions; Data Security Protection Toolkit (Substantial Assurance), Trust rated green and positive position with training compliance; Doctor Payments (Advisory), no issues identified, recommendations to improve process for locum background checking, monitoring doctors working hours, and actions in place. The Committee requested assurance and evidence of embedded, sustained compliance against the required processes for locum doctors background checking, and that this was being regularly monitored to ensure compliance; Theatre Utilisation (Reasonable Assurance), good work and robust arrangements in place, recommendation to update Standard Operating Procedures (SOPs) to ensure sustained embedding of processes and procedures. The Committee noted continued good progress in respect of the management of follow up of actions, that overdue actions are being



	progressed and completed (currently four actions overdue and outstanding with one high priority).
Internal Audit Plan 2024/25	<ul style="list-style-type: none"> The Committee received Assurance and approved the 2024/25 Internal Audit Plan linked with the Trust's risks. The Committee noted the need to align internal audit work with the maturity of ongoing improvement programmes and the need for flexibility in its delivery. The Committee noted the Trust's award of the Internal Audit contract to RSM to be presented to IAGC for approval.
Local Counter Fraud Specialist (LCFS) RSM Risk Assurance Services LLP – LCFS Progress Report	<ul style="list-style-type: none"> The Committee received Assurance and noted the LCFS progress report and detailed activity. The Committee noted the 2024/25 LCFS Plan being produced and once completed will be presented to IAGC for approval. Local proactive exercises and training to raise staff awareness of fraud, as well as increased risks associated with cyber security and social media, with good engagement from staff and teams. LCFS working closely with the Trust around prompt implementation and completion of actions. Ten new referrals received.
External Audit Grant Thornton (GT): External Audit Progress Report and Sector Update	<ul style="list-style-type: none"> The Committee received Assurance from a verbal progress update. The Committee noted an internal annual review of lessons learnt from the 2023/24 annual accounts audit to be undertaken to identify any areas for further improvements building on the successful achievement of meeting the 2023/24 annual accounts submission deadline this year.
Governance Improvement Framework: Programme of Work	<ul style="list-style-type: none"> The Committee received Assurance from the report and noted the work being undertaken. The Committee acknowledged the review and improvements to the governance framework, with further assurance to be provided with an updated governance map. Board Committee work forward plans will be reviewed, as well as the frequency of meetings to ensure these Committees continued to work effectively and received the assurance needed. The Clinical Executive Management Group (CEMG) is operating within a robust, structured governance framework, with assurance at Executive level from operational areas across the organisation. The Good Governance Institute (GGI) will be undertaking a review to assess the progress and embedding of the governance improvements. The Committee requested a further progress update report to be presented at the next IAGC meeting to evaluate the improvements and how Board Committees are working. The Committee noted a review of the Trust's refreshed maturity matrix and risk appetite to be discussed at the BoD Development Strategy Session in September. The Committee requested for ongoing update and assurance across the various programmes in its action log as part of a holistic



	and integrated governance improvement programme, with timelines, milestones and expected impact.
Board Assurance Framework (BAF)	<ul style="list-style-type: none"> • The Committee received Assurance from the BAF, noting the responsibility of the IAGC for reviewing the BAF framework and the Board Committees responsible for reviewing the sections of the BAF that related to their area of accountability. • The Committee received assurance that the BAF shapes Board Committee agendas feeding into the Trust's strategic risks. This process was working effectively with the Finance and Performance Committee (FPC) reflecting areas of its accountability, this was being reviewed for implementation with Q&SC and the People & Culture Committee (P&CC). • The Committee also requested further work to be done to ensure that the BAF is aligned to the Significant Risk Register (SRR) and the Integrated Performance Report (IPR). • The Board Committee NED Chairs will provide regular verbal progress updates at future IAGC meetings on aligning Committee agenda items to the BAF risks.
Risk Register Report	<ul style="list-style-type: none"> • The Committee received Assurance and noted the Significant Risk Register and the IAGC's visibility of the key risks facing the organisation. • The Committee noted continued robust management of risks, with a current total of 34 risks, reduced from 40 in June, and 82 at the start of the risks review. • Escalation of overdue actions against 14 risks with the Care Group Triumvirate leadership teams to immediately address. • The current 4Risk system was not user friendly and the new system InPhase will support production of improved reports, and provide the evidence and assurance around robust risk management. • Five risks de-escalated. • Risk Review Group having mature, in-depth and challenging discussions about risks and progress of actions, identifying whether any should be de-escalated, with senior leadership and Executive oversight from CEMG.
Annual Risk Maturity Self-Assessment	<ul style="list-style-type: none"> • The Committee received Assurance and Approved the findings of the internal audit assurance around the detailed management actions and to undertake a repeat survey in Quarter 1 of 2025/26. • The Committee noted controls in place to manage risks, good response rate to survey, outcome confirmed the Trust's improved risk management and risk culture journey, with risk information sharing across the organisation, and opportunities for further improvements.
Single Tender Waiver (STW) Report	<ul style="list-style-type: none"> • The Committee received Assurance and noted the STW report. • The Committee Approved the recommendation that Care Groups and Corporate Departments remind budget holders of the need to engage with Procurement Services at an early stage to ensure competitive tenders are completed in line with the Trust's Standing Financial Instructions (SFI)s and Public Contract Regulations (2015) to avoid breaches.



	<ul style="list-style-type: none"> The Committee noted the roll out of Procurement Policy Training on a monthly basis during 2024/25, and encouraging Care Group and Corporate Departments to release key staff for these half day training sessions. Reduction in the number of STWs (decreased by 14% (14) compared to 2022/23), although a 91% (£4.28m) increase in value mainly due to one high cost STW. During quarter 4 2023/24 approval of 26 STWs at a total value of £3.78m, 16 STWs totalling £2.35m had been rejected, no retrospective approvals, and no declarations of interest.
Freedom of Information (Fol) Annual Report 2023/24	<ul style="list-style-type: none"> The Committee received Assurance and noted the 2023/24 Fol Annual Report and that staff at all levels needed to understand the need to respond to requests and approve Fol responses promptly in order that the Trust improved compliance with FOIA and achieved the Information Commissioner's Office (ICO's) targets. During 2023/24 increase in Fol requests received of 888 (up by 17.9% on previous year of 753), compliance increased to 84.1% (by 5.6% within the same resources). Challenges continued with the management of Fols within the small team resource available and the Trust was looking at a digital system to support the Fol management process. Broad and varied requests received with some complex responses required.
Freedom to Speak Up (FTSU) Report	<ul style="list-style-type: none"> The Committee received Partial Assurance and noted the FTSU report. The Committee expressed concerns on the high level of improvement actions, including Care Quality Commission (CQC) actions, that remain outstanding. The Committee noted the plan to review and revise the FTSU arrangements, the team and service delivery, looking at a site by site service. Increased activity of staff speaking up resulting in ongoing challenges in delivering the service. Looking at an effective electronic management system to record cases, actions and changes, to support efficient feedback to staff that speak up. This system will also enable the team to provide reports and dashboards. The Committee requested an update on progress made to address the outstanding actions, emerging risks, and the governance arrangement of the Trust's FTSU arrangements.
National NHS WTE Education Financial Return Submission	<ul style="list-style-type: none"> The Committee received Partial Assurance from a verbal report on this return submission. The Committee noted a report will be presented to the next IAGC meeting, and it requested this include Equality, Diversity and Inclusion (EDI) data.
Business Case Investment Policy	<ul style="list-style-type: none"> The Committee received Assurance and endorsed the Business Case Investment Policy following a review and update. The Committee noted the following key changes made: <ul style="list-style-type: none"> two new Groups;



	<ul style="list-style-type: none"> reflected the Trust's Governance; reflected working within the wider healthcare economy with the Kent & Medway Integrated Care Board (K&M ICB) and the K&M Integrated Care System (K&M ICS); flow chart detailing delegated limits of business case approval process; Sign-off attained from every Executive Director before proceeding and presentation to the Capital Investment Group (CIG) for recommendatory and oversight, and Business Case Scrutiny Group (BCSG) for consideration for approval.
Policy Compliance	<ul style="list-style-type: none"> The Committee received Assurance from the Policy Compliance report. The Committee noted currently 27 of 228 policies (12.5%) past their review dates (compared with 16.7% at the end of the last reporting period), majority were medical/clinical policies, and 90% of these will be in date by the end of July 2024. Oversight from Executive Directors, with weekly updates provided. Staff training and awareness around how to complete an Equality Impact Assessment (EIA) to support improving the quality of submission of policies and ensure these are timely signed off by the Policy Authorisation Group (PAG). The current system was a manual process and ineffective, and with the implementation of the InPhase system this will provide improvements and enable an integrated report to be provided.

Other items of business

The Committee noted the 2024/25 IAGC Annual Work Programme, there will be a future discussion of this with the Trust's DCG in liaison with the Chief Executive and Interim Chief Finance Officer. This will be to ensure the programme reflects the recommendations of the governance review and the Trust's governance mapping structure.

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 IAGC.	Assurance	To Board on 3 October 2024.

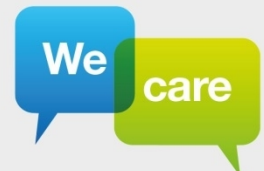


Quality Priorities Progress Update

October 2024

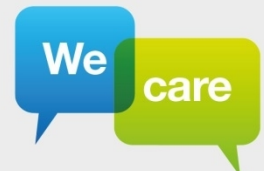
Sarah Hayes
Chief Nursing and Midwifery Officer

Hannah Smith
Director of Quality Governance & Compliance



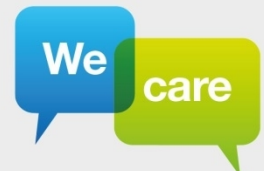
Quality Priorities for 2024/2025

- Patient Safety Strategy (Focusing on the transition to the Patient Safety Incident Response Framework, (PSIRF)).
- Maternity Services continued improvement in: Culture, Clinical Pathways, Infrastructure, Workforce and Listening.
- Timely Access to Services looking at ED waiting times as well as hip replacements and Stroke timeliness.
- The Deteriorating Patient focusing on sepsis tools and patient management, as well as developing a greater level of training for staff.
- NICE Guidance: implementing a robust system and process for compliance since September 2023, as well as completing a look back exercise to address guidance that requires further evidence of completion from September 2021.



Monitoring Quality Priorities for 2024/2025

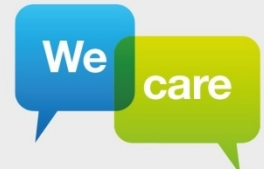
- The Priorities are monitored via local Governance forums such as Steering groups
- The Patient Safety Committee will receive a quarterly update with progress against the priorities
- Quality Account also receive a quarterly update but progressing to a workshop style review on a twice yearly basis



Patient Safety Strategy

Patient Safety Incident Response Framework (PSIRF)

- Good Progress has been made with the transition to PSIRF in June 2024.
- Successful procurement of InPhase to replace Datix and other systems in July 2024, which will enhance our ability to provide improved data and therefore learning.
- Quality Governance staff fully transitioned from the Care Groups to the Corporate Team.
- New design and development of all Patient Safety processes and structures to enable the implementation and embedding of PSIRF over the next 18 months.
- Training has commenced for both SWAM Huddles and After Action Reviewed (AAR). We have trained approx. 200 staff to date.



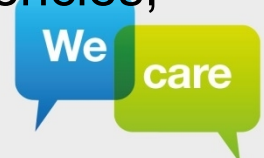
Maternity Services I

- Positive Culture – Improved metrics for Staff and other Surveys and in Maternity. Improved appraisal rates 82.1% September 2024 as well as continuing with the recognition awards for staff and departments.
- Safety Culture (embedding Governance and continuous improvement) - Improved internal oversight of progress against CQC areas of concern. Transition to PSIRF and the development of new processes. The key theme for maternity is the Deteriorating Patient (Maternal and Neonate). On track with compliance against the 15 Ockenden immediate and essential actions.
- Clinical Pathways – One Stop Shop pilot is live at QEQM, plans to replicate at WHH and KCH by March 2025. This workstream is supported by Project Plans and Task & Finish groups to deliver the improvements by March 2025. there has been collaboration with service users.



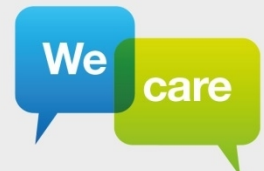
Maternity Services II

- Listening – Well established Equality Steering Group which reviews the Equality, Diversity and Inclusion (EDI) scorecard. Targeted improvements such as taking maternity services to the community using a bus. Maternity representation at the Trusts Accessible Information Standard (AIS) Steering Group. Noted improvements showing partners being able to stay as long as they wanted.
- Workforce – implementation of induction of labour task and finish group to improve access, the Professional Midwifery Advocates (PMA) team are fully established. Working with the People and Culture team to develop local succession planning.
- Infrastructure (Digital Strategy (DS), Improved Data, Procurement of Maternity Information System (MIS) – Introduction of the digital Diary management for antenatal appointments in the community. This will provide a patient portal planned for March 2025. Business case is in progress to secure funding for a theatre for Obstetric Emergencies, decision by March 2025.



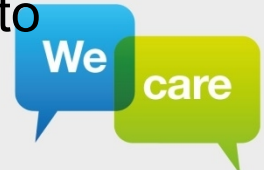
Timely Access to Services

- Good progress has been made
- ED 4 hour waits – 77.4%
- ED 12 hour performance (Type1, sickest patients) – 56.2%
- Stoke – access to the stoke ward within 4 hours has improved from 59.1% in September 2023 to 83.3% in August 2024.
- Fractured Hip – access to theatre within 36 hrs has improved from 56.6% in September 2023 to 73% in August 2024.



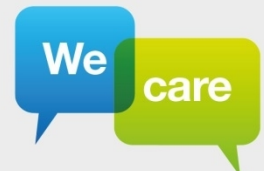
Deteriorating Patient

- Some progress has been achieved.
- There is a challenge to achieving the alterations necessary on the Sunrise system which will enable the Vital Signs to be available.
- This will enable the sepsis dashboard to be configured and senior medical and nursing to directly monitor those patients who appear to be at risk and provide essential oversight and support to staff at the front line.
- The NEWS2 module which provide training for staff on how to use the NEWS2 tool has exceeded compliance (80%) by achieving 84%.
- A 6 day training programme on the Deteriorating Patient has been developed with extra recourse to support delivery however there have been some challenges to the roll out however it is due to commence in Q3.



NICE Guidance

- Good progress has been achieved.
- In September 2023 a lookback exercise over the previous two years was completed that showed a significant backlog of NICE guidance that did not have adequate evidence to confirm compliance.
- A plan was made to address the backlog with a trajectory to achieve full compliance by the end of Q4.
- The improvement has been set by quarter and for Q2 it is 20%.
- The Trust has achieved 32.5% ahead of trajectory.
- It is expected that the Trust will be able to fully achieve this priority.



QUESTIONS?

For Further Information Please Contact:

Hannah.Smith83@nhs.net

Samantha.gradwell3@nhs.net



Staff Council Launch

9th October 2024

Amplifying the voice of colleagues



Council goals:

Colleagues feedback from the CLP findings

VOICE

Amplify the diverse voices of our staff and patients, so people feel heard and included, safe and supported to speak up and given autonomy to work effectively.



Our commitments...

1. **Listen & Act**
2. Safety & Support
3. Belonging & community

Goals:

1. **Voice:** amplify the views and diverse voices of colleagues.
2. **Act:** on the collective agreed council action.
3. **Partner:** with the senior leadership team to shape the future of the Trust.
4. **Share:** a feedback loop between constituent and council and joining up forums/committees.

Vision for the Council?

- ✓ Developed and led by staff, for staff.
- ✓ Bring together the voice of the entire Trust to influence change.
- ✓ Truly amplify, include and act on the diverse voices of staff.
- ✓ To work closely with the Senior Leadership Team.
- ✓ Council decisions will directly influence Trust operations, policies, and culture.
- ✓ Test, learn together and enhance the Council over the next 6 months.



Our constituents:

- **Whole** Trust separated into **14** constituents supported by **29** representatives
- **11** staffing groups **and** **3** influencer advocacy groups constituents

Constituents are the individual parts that make up a whole – essentially groups of a population.

To work collaboratively together to share ideas so they are heard and considered in key Trust decisions.

To represent and advocate for the needs and views of their constituents. Similar to how MPs represent their constituents in politics.

Constituents	Constituents Names (Temp/TBC)	Staff Group/profession:	Workforce Number	Option1: Rep proportion (divide by 460)	Option 1: Number	Total reps per staffing group
1	Staff and Associate Nurses	Registered Nurses Band 3-5 and associate nurses from clinical services	1766	3.8	4	7
2	Senior Nurses	Registered Nurses: Band 6-8 (629) and Managers (368)	1345	2.9	2	
3	Midwives	Midwifery (Registered)	334	0.7	1	
4	Transactional activity	Clerical and Admin workers - Band 5 and below	1726	3.7	4	5
5	Strategic activity	Clerical and Admin workers - Band 6 and above	450	0.9	1	
6	Clinical supporters	Other Clinical services	650	1.4	2	5
7	Health Care Assistances	Clinical Services	1199	2.6	3	
8	Consultants	Medicals and Dental	551	1.1	1	3
9	Junior Medics and Doctors	Medical and Dental	739	1.6	2	
10	Allied Health Professionals	Allied health professionals	640	1.3	2	2
11	Health Science (269) and scientific and technical (423)	Health Sciences and scientific and technical	692	1.5	2	2
12	Staff Diversity Networks	Staff Diversity Networks	TBC	n/a	2	2
13	Staff Governors	Staff Governors	TBC	n/a	1	1
14	Change Team	Change Ambassadors	150	n/a	1	1
Total:		Whole Workforce:	10164	n/a	29	29

Role of a council representative

Your role?

- ✓ Co-create the council
- ✓ Amplify the voices of colleagues
- ✓ Collaborators with CEMG/EMT
- ✓ Provide recommendations.
- ✓ Cultivate effective feedback loops and consult constituents.
- ✓ Create the architecture.
- ✓ Enable & participate in action.

Protected time

15 hours monthly (approx.)

Length of service?

Six months before formal election

Support provided?

- Training and development
- Dedicated council administrator
- Peer support
- Internal communications
- Senior responsible officer
- CLP team (initial phases)

Your scope of influence?

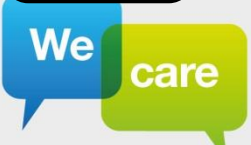
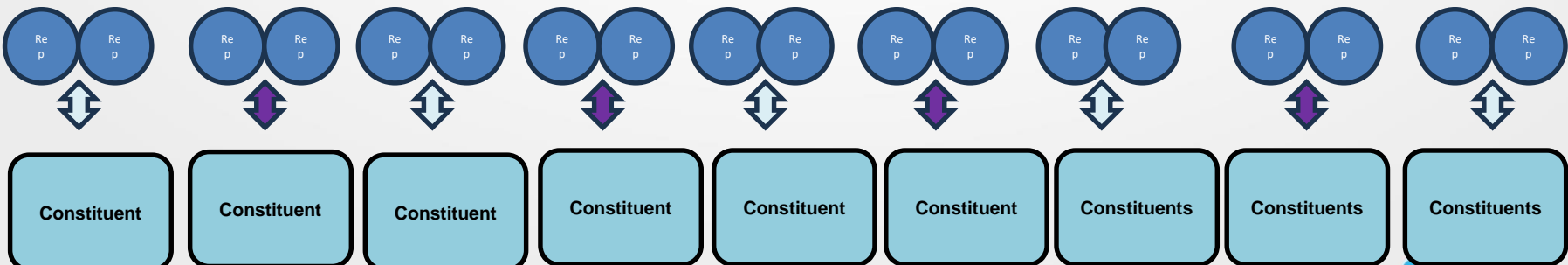
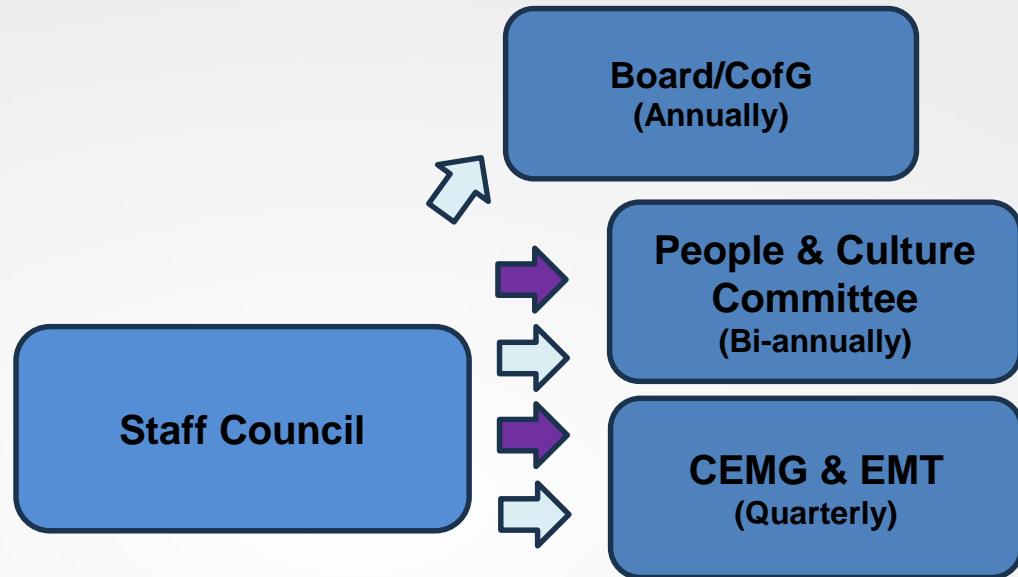
Council and constituent name, working with EMT, meeting: structure, attendees, frequency and agenda, council ways of working, constituent feedback mechanisms, recommendations to Board and more.

Governance & reporting

Staff Council

Keys:

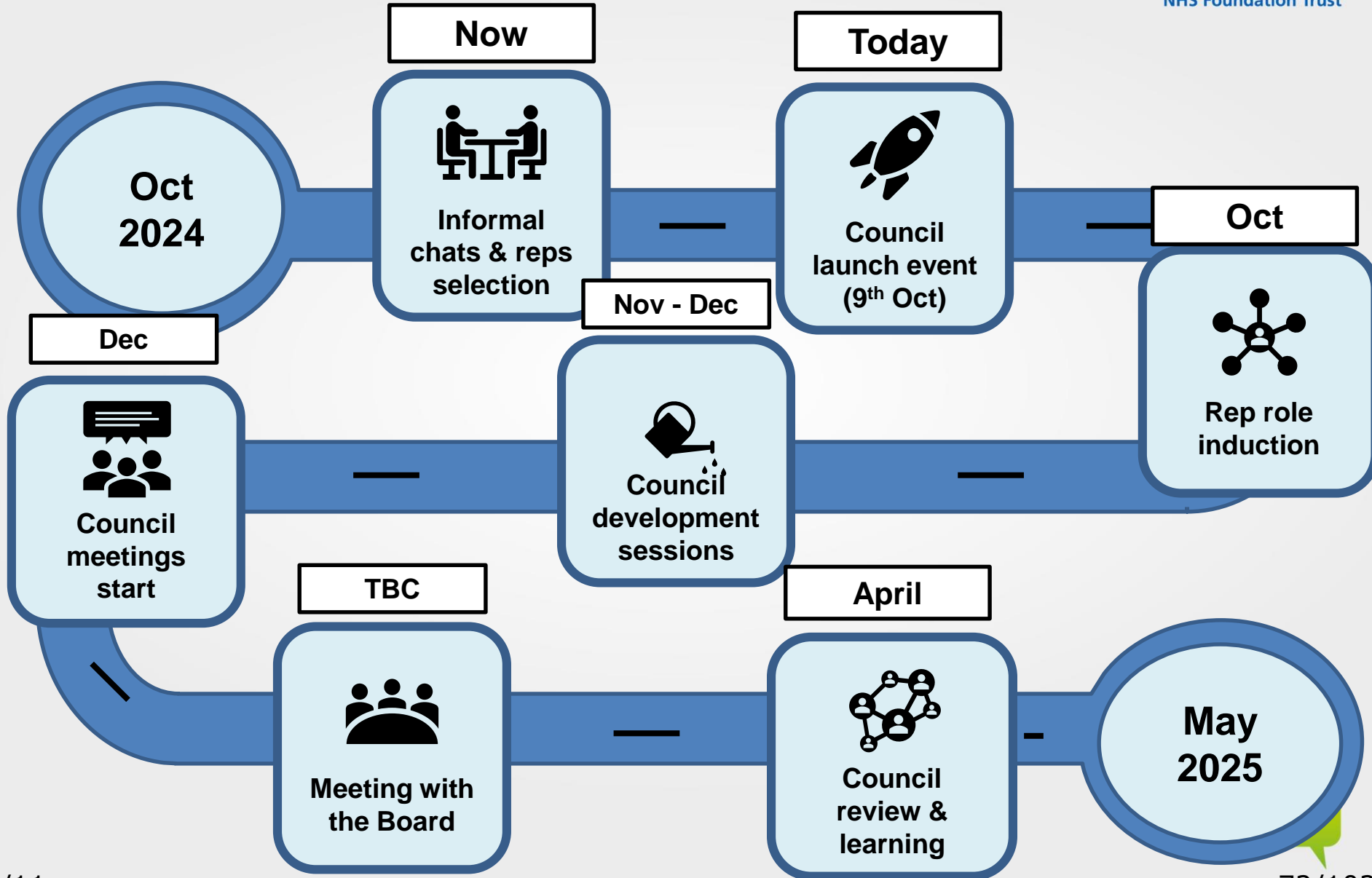
- Decisions are escalated
- Progress reported



Our Journey Ahead



Next steps: 6 months ahead



After six months: council's future

First: review the council's effectiveness and use your experience to learn & further enhance the council.

Council effectiveness process:

1. **Evaluation form:** Qualitative & quantitative – mid and end point
2. **Reflection sessions:** evaluate strengths, barriers and opportunities/aspirations – whole council cycle.
3. **Continuous improvement** - stop, start, accelerate and modify exercise
4. NHS Trust **peer review** of council (if possible)
5. **Lessons learnt paper** – learnings and recommendations for substantive council - enable longer term rollout.



Further help & support?



We are here to help and support if needed.
Please get in touch by emailing:

- **CLP Team email:** ekhft.culture@nhs.net



Search 'Staff Council' on Staff Zone:

- [Overview about the CLP](#)



Any questions?



Clinical Strategy Council of Governors

23 October 2024



What is a clinical strategy and why do we need one?

- A clinical strategy enables an organisation to set out its medium and long term aspirations and priorities. It will:
 - Guide the Trust's direction over the next 10 years.
 - Set out our vision for delivering efficient and sustainable services, and explore different ways of working that deliver national standards and improve the experience for local patients and families in the years ahead.
 - Focus on improving our services and reduce health inequalities across east Kent.



Organisational Context


- East Kent Hospitals is a large complex organisation delivering services across five sites plus a range of other community locations
- The full range of district general services are provided across the three larger sites with the addition of some tertiary services serving all for Kent and Medway
- There is duplication of some services between sites
- Significant challenges have built up over a number of years relating to quality, staff experience and finance
- The organisation does not currently have a single clear organisational strategy to support long term sustainability
- A large amount of effort and work was put into the development of the bid to the new hospitals programme however the organisation was not successful in this bid
- The Trust was unsuccessful in securing monies as part of the New Hospitals Programme. The refresh will focus more in the way of pathway and care transformation.
- It has been strongly featured in staff surveys and listening events that there is a need for an organisational strategy to be developed to underpin long term transformational change to deliver sustainable services.

Development of the strategy is a key priority for East Kent Hospitals in 2024/25



Strategy Development Principles

The following key principles need to underpin the development of the strategy for East Kent Hospitals:

Quality & Safety	Patients	People	Partnerships	Sustainability
<ul style="list-style-type: none"> Improves patient outcomes Supports the delivery of quality improvements 	<ul style="list-style-type: none"> Services are planned that enable the delivery of national standards Improves the experience for patients and families Delivers local services for local people but also seeks to consolidate services where quality a efficiency improvement opportunities exist 	<ul style="list-style-type: none"> Enables improvements in staff experience, engagement and value Includes workforce transformation and modernisation 	<ul style="list-style-type: none"> Includes working with Health Care Partnership (HCP) and wider system partners to reduce health inequalities Includes opportunities to work with HCP partners to deliver services off acute sites where appropriate The developing strategy reflects the limited capital availability 	<ul style="list-style-type: none"> Enables the delivery of financial balance and long term sustainability Supports the green plan Includes digital solutions 

Programme of Work - Overview

Phase One

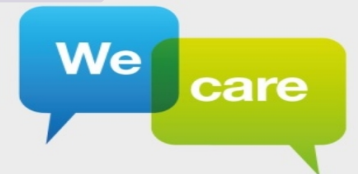
- Project co-ordination and management
- Situational Analysis – background information collation and summary analysis
- Circulation of information packs to speciality group meeting representatives
- Speciality specific structured meetings – clinically led discussions reviewing known risks, issues, guidance and current performance and exploring vision and ambition or service over short, medium and long term

Phase Two

- Analysis of phase one outputs
- Prioritisation process
- Wider impact – sharing the facts
- Extensive internal and external engagement
- Analysis of outputs
- Collation of draft clinical strategy
- Finalisation of strategy.



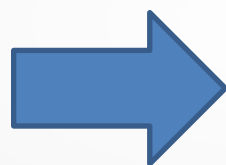
Programme of work– timeline



Clinical Strategy Review Meetings (Phase 1)

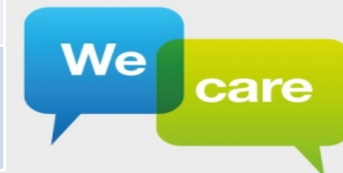
Inputs (by speciality and as relevant)
Soft Intelligence: Finance Business Partners, HR Business Partners, Governance team
Risks (from Corporate Risk Registers)
Previous Clinical Strategy
Previous / Current Strategic Development Work
Health Inequalities Data
PPAG and patient surveys
Care Group Workforce Plans / Culture and Leadership Programme
Integrated Improvement Plan
Digital Innovation Possibilities
Medical Education Horizon Scan
Financial Recovery Programme
Business Intelligence Review

A pre-populated strategy review template and information pack is being shared with each service/speciality area prior to their meeting. Corporate Teams inputted into the packs to identify all information that should be included to ensure a robust and informed conversation.



Consideration has also been given to potential outputs from each meeting and where these could feed into.

Possible Outputs
Operational Issues – Care Groups
Additional Risks – Organisational Risk Register
Short Term – Annual Business Planning Cycle Process
Long Term - Strategy Prioritisation Process
Identifying Interdependencies (group comprised of corporate teams)



Strategic Estates Review

Work has commenced with 2gether Support Solutions to gain a shared understanding of the risks associated with the condition of Trust estate, priorities and future opportunities.

Inputs (by site and as relevant)

A shared understanding of the 6 facet survey

What does a sustainable estates strategy look like?

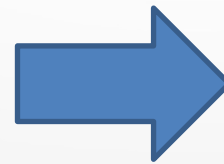
External Appraisal of site refurbishment opportunities

Engage Health Planners and external architecture

Current site opportunities

Understanding infrastructure issues.

Recommendations for understanding occupancy and utilisation of space.



Possible Outputs

Additional Risks

Short Term – PEIC for 2 – 3 year capital plan.

Long Term - Strategy Prioritisation Process

Identifying Interdependencies (group comprised corporate teams)



Working with An External Partner – Phase 2

- Kaleidoscope has been appointed as our strategic partner who will support defining the strategic direction for the organisation by undertaking:
 - Executive and Non-Executive engagement
 - Staff engagement on a wider organisational level
 - Patient and Community engagement events
 - Partner engagement

Kaleidoscope has been externally funded from the RSP (Recovery Support Programme)



Prioritisation Process – Phase 2

Aggregate strategy outputs by care group and site

Consider suitability for inclusion and identify if any further information that is required.

Describe and agree process for prioritisation

- Assess strategic developments against a defined set of criteria (TBC) linked to the strategic direction of the organisation (as defined by an external partner).
- Debate the benefits and risks of ideas put forward.

Stage 1: Care Group Triumvirates to prioritise strategic outputs.

To be led by Strategic Partner.

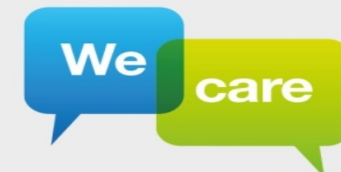
Stage 2: Exec Team with Managing Directors and Patient representatives

Shortlist and prioritise strategic outputs against estates outputs. To be led by Strategic Partner.

Stage 3: 3– 10 year strategy priorities defined.

Strategic Document drafting.

Further detail on strategic priorities to be worked up in 25/26.



Next steps

- We are now over two thirds of the way through the 45 speciality meetings, which are scheduled to be completed by the middle of November. There has been good engagement from all service/specialty teams.
- Themes are emerging relating to workforce, digital opportunities, supporting enablers and wider system partnership working.
- Short term vision and goals (1-2 years) will be collated and fed back to Care Groups for consideration as part of business planning. Any immediate risks identified are being escalated.
- Kaleidoscope (our external partner) joined us on 1st October and work has commenced on the planning for phase two of the programme – Prioritisation Process of Medium to Long term vision and goals.
- We will continue to use the Staff Zone and Trust News to communicate updates to people in the organisation
- We will commence wider engagement later in year, when there will be opportunities for wider involvement in the strategy's development.



REPORT TO COUNCIL OF GOVERNORS (CoG)

Report title: MECC PUBLICATION

Meeting date: 24 OCTOBER 2024

Board sponsor: CHAIRMAN

Paper Author: GOVERNOR AND MEMBERSHIP LEAD

Appendices:

APPENDIX 1: MEMBERSHIP DOCUMENT

Executive summary:

Action required:	Approval
Purpose of the Report:	To present to the Council of Governors for approval documentation for presentation to the general public.
Summary of key issues:	This document is designed to support Governors when they engage at events with the public
Key recommendations:	MECC is recommending to Council for final ratification.

Implications:

Links to Strategic Theme:	<i>(State which Strategic Theme(s) this report aims to support:</i> <ul style="list-style-type: none"> • <i>Patients</i> • <i>People</i> • <i>Partnerships</i> • <i>Sustainability</i>
Link to the Trust Risk Register:	No
Resource:	Y/N NO
Legal and regulatory:	Y/N NO
Subsidiary:	Y/N NO

Assurance route:

Previously considered by: MECC



A guide to becoming an NHS Foundation Trust Governor

Shining a light on the future



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Introduction

Thank you for your interest in becoming a Governor of our NHS Foundation Trust.

This leaflet briefly explains what an NHS Foundation Trust is and how a Governor can represent the interests of members and the public.

If you need any more information or would like to talk to someone in our membership office, please do contact us on 01233 616806.

Additional contact details are at the back of this leaflet.

What is an NHS Foundation Trust?

NHS Foundation Trusts were first set up in 2004 as part of the Government's drive to make sure NHS organisations:

- make more local decisions,
- have more financial freedom,
- are more accountable to local people for the services they provide.

East Kent Hospital University Foundation Trust (EKHUFT) was established on the 1st April 1999.

NHS Foundation Trusts are different from NHS Trusts because they:

- are not directed by Government so have greater freedom to decide, with their governors and members, their own strategy and the way services are run,
- can retain their surpluses and borrow to invest in new and improved services for patients and service users,

- are accountable to local communities through their members and governors and therefore can be more responsive to the needs and wishes of their local communities,

- are also accountable to:
 - their commissioners through contracts,

 - Parliament (each foundation trust must lay its annual report and accounts before Parliament),

 - the Care Quality Commission (through the legal requirement to register and meet the associated standards for the quality of care provided),

 - Monitor, through the NHS provider licence.

Membership

We want our membership to be representative of the communities we serve.

You can be a member of our Foundation Trust if you are at least 14 years old and:

- live in England or Wales, or
- have used any of our services in the last four years (regardless of where you live), or
- have cared for someone who has used any of our services in the last four years (regardless of where you live), or
- are a member of our staff on a permanent contract or a fixed term contract of more than 12 months, or

If you are not sure whether you are eligible to be a member, please ask us. Our contact details are at the back of the leaflet.

The Council of Governors

What is the role of the Council of Governors?

The role of the Council of Governors is set out in the NHS Act 2006 and as amended by the Health and Social Care Act 2012.

It includes:

- appointing and, if appropriate, removing the Trust Chair and other Non-Executive Directors,
- deciding the remuneration and allowances and other terms and conditions of office of the Chair and the other Non-Executive Directors,
- approving (or not) any new appointment of a Chief Executive,
- appointing and, if appropriate, removing the Trust's auditor,

- receiving the Trust's annual accounts, any report of the auditor on them and the annual report, at a general meeting of the Council of Governors,
- providing views on the Trust's forward plan,
- holding the Non-Executive Directors, individually and collectively, to account for the performance of the Board of Directors,
- representing the interests of the members of the Trust as a whole and the interests of the public,
- approving significant transactions,
- approving an application by the Trust to enter into a merger, acquisition, separation or dissolution,
- deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose, which is to provide goods and services for the health service in England, or performing its other functions,
- approving amendments to the Trust's constitution.

Who can be a Governor?

You can stand for election to the Council of Governors if you are a member of our Foundation Trust and are at least 16 years old.

You can only stand for election by the constituency in which you are a member. For example, if you are a carer member you cannot put yourself forward for election as a public Governor. However, some

people may be eligible to be a member of more than one constituency. Please contact us for clarification if this applies to you.

We also ask our partner organisations to put forward representatives to sit on our Council of Governors; so you can be an appointed Governor if your organisation asks you to be its representative.

There are a small number of people who can be a member but not a Governor. These include people who:

- are Governors of other NHS Foundation Trusts,
- have been convicted of an offence (or equivalent sections of the Mental Health Act) within the last five years leading to imprisonment of three months or more,
- have been declared bankrupt.

If you are not sure if you are eligible to be a Governor, please ask us. Contact details are at the back of this leaflet.

Who is on the Council of Governors?

The Council of Governors is made up of elected and appointed Governors. It is chaired by the Trust's Chairman. The Council of Governors has 18 Governors:

How do I get elected?

When there is a vacancy for a Governor, we will inform all eligible members to ask if they would like to stand as a Governor.

If you would like to stand as a Governor, you just need to complete a simple form which includes a short statement saying why you want to be a Governor. You may also want to include a photograph of yourself.

If you need help to fill in the form or would like it in a different format such as large print or easy read, please ask us.

Do I have to run an election campaign?

No. Members will choose a Governor to represent them based on the short statement you give. And don't worry, your home address and contact details will not be given out – we will keep your information confidential.

What happens if only one person stands for election?

If only one person stands for election in a constituency, he/she will automatically become a Governor.

How long are Governors members of the Council?

Governors will be elected or appointed for three years initially up to a maximum of 9 years. If you are unable to carry out your duties or are no longer eligible to be a Governor, you will stand down earlier.

How much time will I need to give?

The Council of Governors meets four times a year. In addition to this there will be a programme of engagement sessions, training and service visits.

The times, dates and venues of our Council of Governors' meetings will be agreed in advance to try to make sure that as many Governors as possible can attend.

The Council of Governors has also set up working groups or sub-committees to look at various issues, eg membership and quality of services. If you have a special interest, you may want to get involved in one or more of those groups.

Will I be paid?

No. Governors are volunteers and so are not paid, but we will make sure you are reimbursed any travel expenses and other reasonable costs, by agreement.

Why we want you

By becoming a Governor, you will help us to:

- understand and respond to the views of our service users, carers, staff, partner organisations and members of the public,
- shape how the Trust develops to meet future local need,
-
- recruit more members to help make our membership representative of the people we serve.

Want to know more?

If you would like more information about becoming a Governor or want to talk to a member of the Membership Office, please contact:

Neville Daw Governor Membership Lead 01233 616806

Neville.daw@nhs.net

or e-mail: governorquestion@nhs.net

or log on to our website www.ekhft.nhs.uk and click on the 'Get Involved' box and follow the link.

For more information about Foundation Trusts in general, log on to the Foundation Trust Network site:

www.foundationtrustnetwork.org

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