

## EKHUFT Board Chair's Report, April 2026

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The last few weeks have been extremely difficult for the Trust and the people of Kent. The meningitis epidemic across our County was unprecedented in lots of different ways. While I am pleased we seem to be over the peak I want to share the Board's sincerest condolences to the two families who lost loved ones in the outbreak.

Our hospitals were at the front line of the management of the meningitis outbreak. At its peak, our Emergency Departments (EDs) in Queen Elizabeth the Queen Mother Hospital (QEQM) and William Harvey Hospital (WHH) had nearly twice the attendances compared with other days over the winter. The epidemic saw our clinical and operational teams immediately mobilise emergency protocols and manage what was a fast-moving and evolving situation. The whole Board is extremely grateful to our staff for the way they responded and the close cooperation with our community partners to ensure we kept patients safe. That is not to say we don't need to learn some important lessons. The Trust has recognised that our reporting to UK Health Security Agency (UKHSA) in one of the early cases exceeded the 24-hour mandatory requirement.

The meningitis outbreak came on the back of the high seasonal demand in our hospitals. A particular concern in recent years has been the increasing use of our corridors as a treatment space, which is unacceptable to everyone. I have therefore personally engaged in national initiatives to address and eliminate corridor care in our hospitals. I attended a Corridor Care engagement event arranged by NHSE on Thursday 26 February 2026 along with several senior leaders. This has led to a Trust Corridor Care Elimination Action Plan which we will discuss and present at this Board and is designed to help us consign routine corridor care to the past. This will not be easy and may take a little time but we are determined and our position is clear – we cannot and will not accept the treatment of patients in the corridors of our EDs regardless of the pressures we face.

As we approach the end of this financial year, I want to recognise another very focused year in which the Trust made £60m of savings, which follows the £49m last year. While hugely significant amounts, it reflects the scale of the Trust's financial position. We will embark on this financial year – 2026/2027 - with a programme of savings to the value of £76m. We must do this. We all recognise this and the Board is determined to meet this target. I want to thank all of our colleagues who are equally determined to identify and deliver these savings ensuring we do not compromise quality and safety of care.

I also want to acknowledge the Staff Survey results for this year. I am extremely grateful to staff for their willingness to engage and share their views, which are clear – we have a long way to go to become the Trust the Board and our staff want it to be. The results still reflect a very unhappy workforce, which is very upsetting. I see the improvement in the Trust's culture as one of the key objectives of the Board. The People and Culture Committee (P&CC) are fully seized of this, as are the full Board. We will share our plan to improve things at the next Board.

Finally, we learned recently that our performance relative to other acute Trusts in England fell sharply in quarter three (October to December). The Trust is now in Segment 4 of the National



Oversight Framework (NOF). The Secretary of State for Health announced this would come with Intensive Recovery Programme support. We welcome this support and will update as we know more.

While the challenges the Trust face are considerable and deep-rooted I am certain with the support of our workforce we can address them and turn things around.

**Chair**  
**Dr Annette Doherty**



### REPORT TO BOARD OF DIRECTORS (BoD)

**Report title:** Acting Chief Executive Officer's (CEO's) Report

**Meeting date:** 2 April 2026

**Board sponsor:** Des Holden, Acting Chief Executive Officer (CEO)

**Paper Author:** Des Holden, CEO

#### Appendices:

N/A

#### Executive summary:

Action required:	Discussion
<b>Purpose of the Report:</b>	The Acting CEO's Report provides a bi-monthly update on key activities and events in the Trust. The report highlights the national context, the Trust's developments, achievements and provides strategic updates.
<b>Key recommendations:</b>	The Board of Directors is requested to <b>DISCUSS</b> and <b>NOTE</b> the Acting Chief Executive Officer's report.

#### Implications:

<b>Links to Strategic Theme:</b>	<ul style="list-style-type: none"> <li>• Quality and Safety</li> <li>• Patients</li> <li>• People</li> <li>• Partnerships</li> <li>• Sustainability</li> </ul>
<b>Link to the Trust Risk Register:</b>	The report links to the corporate and strategic risk registers.
<b>Resource:</b>	N
<b>Legal and regulatory:</b>	N
<b>Subsidiary:</b>	N

#### Assurance route:

Previously considered by: N/A



## CHIEF EXECUTIVE OFFICER'S (CEO'S) REPORT

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### 1. PURPOSE OF THE REPORT

The Acting CEO's Report provides a bi-monthly update on key activities and events in the Trust. The report highlights the national context, the Trust's developments, achievements and provides strategic updates.

### 2. INTERNAL UPDATE

#### 2.1 Performance update

Our Emergency Department (ED) performance improved in February, with overall four hour compliance increasing to 74.9% and Type 1 performance rising to 55.2%. The number of patients waiting more than twelve hours reduced to 995, representing 18.7% of attendances. Pressures remain significant, driven by capacity constraints, site level flow issues and delays associated with mental health pathways.

Ambulance handover performance remained strong at 94% within 30 minutes, supported by improvements in Same Day Emergency Care (SDEC), the Clinical Decision Unit (CDU) and revised streaming models.

A Rapid Improvement Plan aimed at eliminating corridor care by the end of the first quarter of 2026/27 is now underway, focusing on the implementation of clinical operating standards, enhancing ED streaming and decompression, strengthening pull based internal flow, reducing the number of patients who no longer meet the criteria to reside, and delivering a structured improvement programme.

Cancer performance remains challenged, although there are early indications of recovery in some areas. The Faster Diagnosis Standard (FDS) improved to 75.8%, supported by increased breast screening activity. However, 62 day performance declined to 65.8%, reflecting ongoing pressures within diagnostic pathways and workforce limitations. Work continues to improve radiology reporting capacity, increase endoscopy availability and strengthen oversight of the cancer backlog. Diagnostic performance under the DM01 standard improved marginally to 63.9%, though this position remains fragile. Capacity issues in CT and non obstetric ultrasound continue to restrict progress, and Trust wide action is underway to improve booking efficiency, reduce cancellations, expand diagnostic capacity and enhance vetting processes.

Elective performance deteriorated in February, with the proportion of patients treated within 18 weeks falling to 51.3%. Long wait numbers increased to 2,016 for 52 week waits and 88 for 65 week waits. As a result, the Trust has entered NHS England's Tier 1 support framework for Elective Care and Tier 2 support for Diagnostics. A recovery plan for quarter four is being delivered, supported by Sprint funding and involving increased insourcing, greater use of the independent sector, extended internal operating capacity and strengthened governance structures. The Trust achieved improved performance in March, and expects further increase to better than 55% by close down of this quarter's activity.



## 2.2 Finance update

As at Month 11 (February), the Group's financial position is £14.6m adverse to plan, with an actual deficit of £77.3m before the application of deficit support funding.

Deficit Support Funding (DSF) for the Kent and Medway (K&M) system has been withdrawn for quarters three and four, resulting in a further adverse impact of £23.0m, of which £19.2m relates to Month 11.

Year to date (YTD) financial performance continues to be heavily influenced by under delivery of the cost improvement programme (CIP), where the efficiency target included a significant stepped increase during the second half of the year.

Despite the challenging financial context, the Trust delivered an in-month position in line with the agreed reforecast and remains on track to deliver the revised year end position.

The Trust's financial plan for 2026/27 has now been submitted and, with the inclusion of DSF, delivers a breakeven position. This plan includes a cost improvement requirement of £75.9m for the coming year.

Detailed finance information is available in the finance report.

## 2.3 People update

Analysis of the 2025 NHS Staff Survey is now complete, with more than 5,300 colleagues having participated across all staff and Care Groups.

Staff engagement, which remains a strong indicator of organisational performance, shows further decline this year, continuing the downward trend observed over recent years. The findings reflect the ongoing pressures within the organisation and highlight the impact of operational pressures, such as corridor care, on how colleagues experience the workplace.

Through detailed analysis of these results, including year on year changes and comparison to national benchmarks, three priority outcome areas have been identified: advocacy (particularly in relation to corridor care), compassionate culture and development. The analysis also confirms that achieving sustained improvements in these areas will require strengthening leadership capability, enhancing team climate and improving access to growth and development opportunities.

In response to these results, we are implementing a refreshed leadership and management curriculum, expanding the Team Engagement and Development (TED) programme to support team development, and working to improve, and make for equitable, access to personal and professional development offers.

Care Groups have received detailed data packs and have been asked to identify one or two priority areas within their direct control to support focused, consistent improvement.



### 3. EXTERNAL UPDATE

#### 3.1 Meningitis community outbreak

The Trust responded to the meningitis community outbreak in March, alongside the Integrated Care Board (ICB), UK Health Security Agency (UKHSA), Kent Community Health NHS Foundation Trust (KCHFT) and other partner organisations.

Our thoughts are with everyone who has been affected by the outbreak, and the families and loved ones of the two young people who have sadly died.

The first patient presented to the ED at the Queen Elizabeth the Queen Mother Hospital (QEQM) on the evening of Wednesday 11 March. The Trust has publicly recognised that there was an opportunity prior to diagnosis being confirmed on Friday 13 March to notify UKHSA of this case and has reminded all staff of the requirement to inform UKHSA of suspicion of any notifiable disease within 24 hours, even if sometimes it may be shown later not to have been necessary. We are also developing additional visual reminders for wards and EDs.

The Trust has been in close contact with UKHSA since Friday 13 March to discuss the management of patients presenting with suspected meningitis.

In order to manage the incident, clear case definitions were produced and shared, to identify 'strongly suspected' and 'possible' cases and ensure timely, appropriate and safe management. Patients meeting the 'possible' case definition were all tested and given antibiotics. In addition, there were a significant number who were referred to ED for routine prophylaxis. Individuals also attended Urgent Treatment Centres (UTCs) and were either discharged or referred to EKHUFT. Between Friday 13 March and Friday 26 March, over 500 people attended the William Harvey Hospital (WHH) and QEQM EDs with possible or strongly suspected meningococcal disease.

The Trust attended UKHSA National Incident Management meetings daily, and internal Incident Management meetings.

I want to thank all the staff who worked so hard for all the patients. A huge effort has been made by our urgent and emergency care (UEC) teams, paediatric teams, critical care, ward isolation areas, microbiology, pharmacy, infection prevention and control (IPC), and many other frontline and support teams, all working together to care for patients and create capacity within the EDs and across our busy hospitals. As we were in an unprecedented situation, we brought in extra staff, including nursing staff, to help wards and the UEC teams. We have increased our wellbeing support for the wards and departments most affected. Staff were advised on appropriate Personal Protective Equipment (PPE) in line with national guidance and our Occupational Health team have also been supporting staff.

Appropriate follow-ups are being arranged for patients.

#### 3.2 National Oversight Framework (NOF) and segmentation

The Trust has recently been informed that it has been moved from segment 3 to segment 4 of the NHS NOF.



This change reflects our challenges with patients waiting for a bed in ED, waiting times for elective patients and finance; This is a disappointing but accurate indication of our overall performance against national expectations and relative to other acute Trusts.

We know some of our challenges are deep-rooted and we will continue to work closely with NHS England (NHSE) to strengthen delivery, rebuild financial stability and accelerate improvement.

### **3.3 National Investigation into Maternity and Neonatal Services**

Baroness Valerie Amos has made further visits to both the WHH and QEQM as part of the National Maternity and Neonatal Investigation.

The Trust welcomes the publication of the interim findings and remains committed to sharing learning and supporting the continued improvement of maternity services across east Kent.

Staff across maternity services have delivered significant improvements, and the Trust remains committed to providing safe, high quality and compassionate care to women, birthing people and families.

## **4. OTHER AREAS TO NOTE**

### **4.1 Relaunch of internal professional standards**

On 9 March, the Trust relaunched its Internal Professional Standards (IPS), a set of ten operating standards that form a shared professional contract across clinical and operational teams to support safe and timely care for emergency patients.

The relaunch included professionally designed materials that are now displayed across key locations, an all staff communication with a video message reinforcing expectations, and the implementation of a new dashboard designed to provide timely performance feedback.

Two relaunch weeks took place across the WHH and QEQM, supported by presentations, senior leader walk arounds and focused work in the Acute Medical Units (AMUs), which helped improve understanding of specialty review delays. The WHH ED also tested revised escalation processes.

Ten wards reinstated improvement boards and daily huddles, with all showing progress against target measures. The Seabathing Ward achieved particularly strong performance, consistently completing 100% of electronic discharge summaries by 1pm on the day of discharge.

This work is at the heart of our integrated system plan, supported by community and mental health trusts, Getting it Right First Time (GIRFT) and the ICB, to get out of the care people experience in corridors.

### **4.2 Robotic Assisted Surgery**

Following the award of £4.7m of capital funding for two additional surgical robots, the new robots will be delivered during the final week of March and installed shortly thereafter, increasing the total number of surgical robots in the Trust to five.



Robotic assisted procedures have already commenced on the systems recently installed at both the QEQM and WHH, including the first robotic hysterectomies at QEQM as part of the NHS National Cancer Plan.

The expansion of the robotic programme is expected to support improved productivity by reducing post-operative complications, shortening length of stay, reducing readmissions and, in some cases, shortening operating times.

Once the two new robots are installed, the Trust will be able to offer an expanded range of robotic procedures, further improving outcomes and patient experience.

#### **4.3 Refurbishment project starts at Buckland Hospital**

A refurbishment programme to install state-of-the-art X-ray equipment has begun at Buckland Hospital in Dover and will continue until late April. During this period, X-ray services will be temporarily unavailable at the site, and patients requiring imaging will be redirected elsewhere, although the UTC, dental X-ray service and CT imaging will continue to operate. I would like to apologise for any inconvenience this causes to our patients and their families during this time.

#### **4.4 Cath lab at William Harvey Hospital (WHH)**

Work has begun on the £2.8m project to create a new catheter laboratory at the WHH. The new facility, due to open in the autumn, will provide improved clinical space for cardiac procedures and a dedicated recovery area, enabling more patients to be treated and improving the working environment for staff.

#### **4.5 European Association of Urology Nurses Conference**

I am pleased to share that Urology Stone Nurse Specialist Brenda McConnell recently represented the Trust at the European Association of Urology Nurses Conference in London, where she delivered a presentation on dietary, metabolic and fluid related factors in stone disease. This provided a valuable opportunity to showcase the work of our urology service on an international stage.

The Board of Directors are requested to **DISCUSS** and **NOTE** the Acting CEO's report.

