

Annual Members Meeting 21 September 2021

Attendees

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| Philip Cave | Director of Finance | PC |
| Jane Ollis | Deputy Chair/ Non Executive Director | JO |
| Alex Lister | Elected Governor – Canterbury | ALi |
| Susan Acott | Chief Executive | SA |
| Neil Wigglesworth | Director of Infection, Prevention and Control | NW |
| Andrea Ashman | Director of Human resources | AA |
| Sarah Shingler | Chief Nursing Officer | SS |
| Liz Shutler | Deputy Chief Executive Director of Strategic Development | LS |
| Natalie Yost | Director of Communications and Engagement | NY |

Apologies:

Niall Dickson Chairman, who was unable to attend due to recovering from major surgery.

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| <p>CHAIRMAN'S WELCOME AND NOTES OF THE PREVIOUS MEETING</p> <p>Jane Ollis welcomed everyone to the meeting. JO was chairing in place of Niall Dickson who was not able to join the meeting. JO noted it was a virtual meeting but was looking forward to a face to face meeting next year.</p> <p>In terms of procedure JO reported that the annual report for the year and accounts were published on the trust website. These were discussed with the council of governors and agreed by the trust board and had since been laid before parliament.</p> <p>JO introduced the panel. SA, ALi and PC to deliver some short presentations on key achievements for the year, after which questions would be taken.</p> | |
| <p>HOW WE DID IN 2021/22 AND WHAT OUR AIMS ARE FOR THE FUTURE</p> <p>SA thanked the board and colleagues and to all the guests for joining and welcomed the staff who had joined as well.</p> <p>SA started by talking about the continuing covid pandemic. Last year featured the end of covid 1 and in Autumn there was a rise of covid 2. The Kent variant</p> | |

started in mid Kent around September which was highly contagious. This resulted in three times as many covid patients in wave 2 as compared to wave 1.

SA paid tribute to the bravery of all staff and also thanked staff who showed flexibility who supported and helped. SA also paid tribute to colleagues who had passed away during the pandemic.

The trust was the first in Kent to be asked to deploy the vaccine and asked to start with elderly patients over 80. SA commented this was a great honour and privilege. This was also special for the staff to be involved in the rollout of the vaccine. This started in Ashford and the vaccine hub was set up in Canterbury.

The pandemic caused a halt to many services. Cancer, managed to achieve good waiting times prior to covid and fortunately clinicians put a huge amount of effort into maintaining this during covid. This meant that coming out of covid, cancer standards had remained good.

The NHS was forced to stop most elective inpatient work as it was felt a risk for people to come into hospital but also requirements around the intensive care unit meant the recovery areas which support theatres were turned into intensive care units. Backlog for elective workload built up during covid which is one of the big tasks that is in hand to bring the waiting list back down.

Emergency care and urgent care, numbers of patients coming to A & E dropped during covid 1 then they rose again however during the 2nd wave people were encouraged to access urgent and emergency care so the activity increased, coming out of covid 2 there had been high levels of activity.

William Harvey was lucky to be one of the hospitals to receive an investment to build an enlarged and brand-new intensive care unit which was currently under way. This will result in a two storey 24 bed unit which is behind Richard Stevens ward next to Kennington. This will also help attract new staff to Ashford.

The other area where investment was obtained was major expansion for the A & E department at QEOM and WHH.

A brand-new surgical centre with four state of the art operating theatres dedicated to orthopaedic surgery opened in July at Canterbury as part of a national GIRFT pilot to improve care for planned and emergency patients.

The trust had begun offering robotic surgery for Head & Neck cancer this summer. Also, a robotic teaching centre, and invested in a brand-new robot. A clinical trial unit was being developed in Margate to build on the significant Research and Innovation programme operating throughout covid.

Another area of development which was interrupted by covid was the implementation of a quality improvement programme. The trust had managed to get financial support to do this.

Reducing inpatient falls, hydration and medication had been a key area of focus for the 'We care' work this year. Ideas were coming through to contribute to the significant improvement, like trialling yellow blankets and socks to highlight patients at risk of falls.

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| <p>Moving forward there would be continued focus on the improvement journey through 'We care', restoring waiting times, investment in recruitment, retention and staff wellbeing. Also, a bid for investment in East Kent has been submitted.</p> | |
| <p>ANNUAL REPORT AND ACCOUNTS- HOW WE SPENT YOUR MONEY IN 2021/2022</p> <p>Philip Cave welcomed everyone to the meeting. He thanked the staff's hard work and also to the finance team for delivering the financial position this year. There were five areas the presentation covered. Income received, activity, how the money was spent then onto capital spend and financial performance for the current year.</p> <p>The accounts were completed for the second year in a row remotely, and had now been audited. Four key financial targets were met for 2020/21. These were breakeven financial position, to remain within capital spending limits which was £68million. Third target was around payment back to the government for assets employed, 3.5% was paid back for capital assets employed. The final one was to remain within cash limits. Ended financial year with cash balance of £78 million.</p> <p>Income was £806 million which was £2.2 million a day. This was up £146 million on the previous year and mainly related to the way the organisation had been funded. Normally funded by payment by results but this was suspended. £762 million was given to the trust by NHS England, CCG or department of health.</p> <p>In A & E 195,000 patients were seen which was an average 534 people a day. 600,000 patients were seen in outpatients. 59,000 elective operations/procedures were performed and 6,000 babies were delivered. In the first wave there was 186 inpatients as maximum at any one time, in the 2nd wave there were 424 inpatients at any one time.</p> <p>Expenditure was £806 million. Costs increased year on year by £100 million, largest influence was pay mainly driven by additional staffing to work on wards, frontline and to cover staff who were shielding or off sick during covid. Non-pay also increased by £27 million, due to increases in PPE expenditure. Third biggest area of spend was on drugs. Similar to previous years. There were over 1200 doctors/dentists, 2500 nurses, 1400 healthcare assistants, 1400 scientific and therapeutic staff and around 2800 admin and estates staff which is a huge workforce. PC thanked all staff for all their hard work last year.</p> <p>PC touched upon figures for 2021/22. Currently on plan for key financial indicators. First half of year the trust had been given block payments. Waiting for second half of the year planning guidance which was expected to have similar goals. Currently delivering breakeven. Limited savings had been achieved in the first half of year. Capital programme this year was £44 million with circa £23 million related to the ED expansion. Current cash position was £32 million which was better than planned. Overall strong financial performance last year and first half of this year.</p> | |
| <p>REPORTS FROM COUNCIL OF GOVERNORS</p> | |

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| <p>Alex Lister thanked PC and SA for their presentations. ALi thanked the members of public for attending this meeting.</p> <p>ALi commented that it had not been an easy year for anyone inside and outside the trust. ALi informed the meeting that they were listening, learning and always trying to improve how things were done. Challenges dealt with were amongst the toughest anywhere in the country especially with recruitment, aging estate in need of investment, also had fair share of internal issues. Over the last year, the new team in place were already beginning to make big changes to the way things were done. ALi commented that the council did not know what the future holds but could say if and when things do not go the way the trust hopes, they will confront problems, face up to these with honesty and truth and never hide away. As a council of governors, ALi wants all members to know they are here and to get in touch if they want to talk to them. Governors are here to represent the patients.</p> <p>ALi gave a brief overview of the activity of governors.</p> <p>Two new staff governors Sophie Pettifer and James Casha had joined the council. There were new public governors, Ross Britton, John Fletcher, Chris Pink, Alex Ricketts and Paul Verrill. There was also a new partner governor called Linda Judd representing volunteers. Some of the governors had reached the end of their time on the council, Carla Wearing and Julie Pain had stepped back and Debra Towse who represented Kent universities. Professor Shane Weller would be replacing her.</p> <p>Jenny Chittenden a much-valued member of the council died in service this year from covid. Her loss was felt by all on the council.</p> <p>October would see a significant milestone when Ken Rogers, public governor for Swale will reach his term of office after 9 years. Ken was a founder governor on the very first council. His knowledge and experience will be missed by everyone.</p> <p>It was advised that one of the functions of the council was to recruit and appoint Non-Executive directors (NEDs) and the period since the last annual members meeting had been particularly busy. The council had appointed a new chair, Niall Dickson. Also appointed Non-executive directors, Raymond Anakwe, Sarah Dunnett, Luisa Fulci, Olu Olasode and Martin Jolly. In October Sonny Adeusi would leave the trust and his successor was named as Stewart Baird.</p> <p>Council also considered and agreed temporary NED appointments in early 2021 to maintain the minimum number of NEDs on the board. Chris Corrigan, Sarah Dunnett and Chris Holland were serving on the board during the pandemic.</p> <p>ALi praised the staff for their work during the pandemic. He expressed his admiration for every single person from the chief executive to the work experience student. Each and every one of them deserved a medal.</p> | |
| <p>QUESTIONS</p> <p>Jane Ollis invited executive colleagues to join the panel to answer questions. The first question was to Sarah Shingler. SS was asked what steps had been taken to improve safety in maternity. She answered that over the last 12 months</p> | |

there had been a comprehensive improvement plan that had been in place and delivered within the trust. Leadership structure and governance arrangements had been strengthened in maternity to achieve greater visibility of the whole pathway. Completed recently a comprehensive staffing review to increase the number of frontline midwives caring for patients. Recently the home birth service had been suspended to ensure safe staffing could be maintained. This had allowed the midwifery led units to be reopened on both sites which had given women a choice of where they wanted to give birth whilst community service provisions were paused. Had been successful in appointing 22 newly qualified midwives who had started in September and were currently going through the induction process. There was lots of work being done to look at culture, improving competencies of staff across whole service. SS expressed she wanted midwives to be able to work in any part of the service and that they have received the skills/training to do that. Focusing a lot with engagement with the general public and maternity voices partnership in order to make sure the families/women were engaged right at the start. Currently reviewing maternity strategy.

The next question was to Neil Wigglesworth, director of Infection, Prevention and Control. He was asked around work undertaken to improve infection control. NW commented that the organisation had to learn very quickly during the first wave of covid. With certainty NW stated this had happened. Demonstrated that significant improvements had been made. Infections were investigated and if any were preventable and if these could be learnt from, learning was shared across organisations. A significant amount of resource had been put into infection, prevention and control over the last year such as additional equipment, supplies and technology. The clinical environment had been improved by redevelopments and new departments which make IPC easier to manage and easier to work in. The organisation had invested and supported NW to build a resilient and expert IPC team to increase capacity and resource and was starting to attract specialists and experts into East Kent hospitals.

The next question was asked to Liz Shutler regarding getting funding into East Kent and what do we need to do to get new infrastructure for communities of East Kent. LS commented that the trust had been working with NHSEI around the pre-consultation business case and a month ago, passed through stage two assurance process for this. Business case had been approved by the regional team and nationally as well. LS advised the trust was the South East's number one priority for funding for capital. An expression of interest was put in for the next wave of the hospital improvement programme in September. There would now be a process which would look at a number of data sets and metrics, levels of backlog to begin to whittle down number of national bids that have been put forward. SA talked about some of the lobbying that had been done, working closely with MPs and royal colleges to make sure they supported the bid and will continue to do this. Will hear in the spring the outcome of the process. Also continued to work with Kent & Medway STP and CCG around capital.

Andrea Ashman was asked how the trust was being helped to be a great place to work. AA advised a people strategy had been developed aligned to the national people plan. Also implemented comprehensive package of wellbeing and support for staff. Also introduced cultural leadership programme within women, children and maternity services. Encouraging people to speak up and speak out, recruiting freedom to speak up guardians. Delivering healthcare from great people is the strategy the trust is aiming to achieve.

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| <p>Jane Ollis paid tribute to Dr Thirushika Sathialingham who passed away last Saturday. Her tragic death was a huge shock and immense grief was felt across QEQM where she worked. JO asked the meeting to take a few seconds to hold her family, friends and colleagues in her thoughts. There was a pause to the meeting.</p> | |
| <p>CLOSING REMARKS</p> <p>JO thanked the panellists for their presentations and contributions in the meeting. Thanked all the guests who had given their time and advised that if there were any other questions then these could be sent to foundationtrust@nhs.net or sent to the governors.</p> <p>JO closed the meeting.</p> | |

The meeting closed at 6:30pm

Signed _____

Date _____