

**East Kent Hospitals Update for Health Overview and Scrutiny Committee**  
**Intensive Recovery Programme: October 2026**

**1. Purpose**

- 1.1 To provide an update to HOSC on the Trust's actions after being placed in the NHS England Intensive Recovery Programme (IRP).

**2. Background**

- 2.1. East Kent Hospitals University NHS Foundation Trust (EKHUFT) has five hospitals: three Acute Hospital sites (William Harvey, Ashford; Queen Elizabeth The Queen Mother, Margate; Kent and Canterbury, Canterbury), and two Community Hospitals (Buckland Hospital, Dover; Royal Victoria, Folkestone).
- 2.2. In March 2026, Health and Social Care Secretary Wes Streeting placed EKHUFT into the NHS Intensive Recovery Programme (IRP). EKHUFT is one of only five trusts in the IRP, reflecting the seriousness of the challenges it faces. The Trust has undergone many improvement initiatives over the past decade, and delivered many improvements. Yet challenges remain and the Trust needs to go further to deliver the sustainable improvement required.
- 2.3. The aim of the IRP is to deliver sustainable step-change, informed by lessons from previous improvement work, that's trust-owned – and with aligned and streamlined support and oversight.
- 2.4. The IRP began with a statement of the Trust's challenges and their causes, informed by existing reviews and diagnostic work, covering all aspects of its work to provide high quality, safe, effective care for the people it serves, while being financially sustainable.
- 2.5. The next step is to develop – then deliver – an integrated IRP recovery programme and improvement plan that covers immediate stabilisation work, in-year recovery, and wider/long-term system strategic change – with short-term, 26/27 year-end and 27/28 year-end milestones and metrics.
- 2.6. It is important to identify and resolve long-standing issues sustainably in the Trust, and also as part of the wider Kent and Medway system. Partnership working as an alliance and through collaboratives is a key element of the improvement plan.

- 2.7. An integrated improvement plan that addresses these challenges is being developed. In the meantime, four short term improvement priorities have been agreed, with senior responsible officers – an executive director and a non-executive director - in place and leading each one. They comprise:
- Maternity and neo-natal improvement programme
  - Emergency Department pressure reduction
  - Financial performance and Cost Improvement Plan development
  - Strategy development

### **3. Governance and leadership**

- 3.1 In April, NHS England imposed additional conditions on the Trust's licence under section 111 of the Health and Social Care Act, which particularly focus on the stability of the Trust's Board of Directors at a time when so much needs to be delivered. This means tighter scrutiny from regulators so they, partners and patients, can be assured that the Trust is working effectively to improve patient care in East Kent.
- 3.2 The Trust's Board is working even more closely with its regulators, particularly NHS England, and its commissioners to ensure it is leading well and its governance (practices, rules and performance) is as robust as possible; something all organisations need, particularly large ones with multiple sites and complexity.
- 3.3 We have appointed a substantive chair, and the process to recruiting a substantive Chief Executive is also being progressed. We are also recruiting substantive Non-Executive Director posts, having recently appointed three interim Non-Executive Directors. The Trust is also receiving support on leadership including a Board development programme.

### **4. Maternity and neo-natal improvement programme**

- 4.1 The Trust is one of the 12 trusts that were chosen to take part in the Baroness Amos review, as a trust where a previous investigation had taken place. The report identified a number of positive changes within our maternity service since the publication of Dr Bill Kirkup's 'Reading the signals' investigation in 2022 – this included the CQC to rate services as 'good' at both William Harvey Hospital and QEQM Hospital, in 2025. It also describes concerns raised by families and staff that the Trust fully acknowledges and is responding to.
- 4.2 There were extensive improvements made during the first three years of the Maternity and Neonatal Improvement Programme (MNIP) and this current phase ends in October 2026. MNIP phase 2 has been coproduced and agreed and will begin in October 2026, carrying over any unfinished actions from the first programme. The recommendations for recent reviews and concerns underpin the four workstreams (People and Culture; Quality and Safety; Clinical pathways and person centred care; Infrastructure and digital) to ensure improvements required are captured.
- 4.3 The Trust has commissioned an external independent review of intrauterine deaths and early learning has already informed actions to improve awareness of reduced



foetal movements, access to care and triage responsiveness. A report is due to be published shortly.

- 4.4 Workforce recruitment is improving, there has been significant progress in midwifery recruitment and a strong pipeline of applicants. Wider system issues have affected the workforce, including changes to bank rates, and the Trust is reviewing this while also maintaining constructive engagement with staff.
- 4.5 Estates and service development issues have been identified, including delays to antenatal education provision, completion of CQC environmental actions and reconfiguration of the William Harvey Hospital triage area. These are expected to be resolved later in year.

## **5. Emergency Department pressure reduction**

- 5.1 Corridor care is defined by NHS England as patients receiving clinical care for 45 minutes or more in non-designated, inappropriate areas (e.g., hallways, waiting rooms) of emergency departments or acute wards. It compromises safety, lacks dignity for patients and is demoralising for staff. We recognise that it is a challenge across our hospitals and not just our Emergency Departments – for example, strengthening the support to wards and discharging teams, in discharging patients who no longer need to be in an acute hospital to free up more beds.
- 5.2 The Trust has been working with NHS England's Getting it Right First Time (GIRFT) team at QEQM and William Harvey (WHH) hospitals for some months - the focus includes improving our four-hour, 12-hour and 24-hour performance. Improvement work has seen a range of operational and cultural changes embedded, plus positive system working across partners, including collaboration between acute, community and mental health teams.
- 5.3 In January, an average of almost 46 people a day were cared for in non-care spaces within our emergency departments, for a total of almost 20,700 hours throughout the month. By May, this had reduced to an average of 38 patients a day across both WHH and QEQM, and the total hours they spent in non-care spaces was down more than 70 per cent to a total of 6,130. The teams have broadly maintained those numbers throughout June and July, and into August.
- 5.4 The new Same Day Emergency Care (SDEC) units at QEQM and WHH are opening to patients this month. The SDEC units allow acute specialists to assess, diagnose and treat patients on the same day of arrival who would otherwise have been admitted to hospital. Under this care model, patients attending hospital with certain conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.
- 5.5 Further progress is dependent on support from system partners, particularly local authority services, community and mental health partners, and the Trust is preparing for winter pressures by continuing to focus on this area and work with key commissioners, partners and providers.



## 6. Financial performance

- 6.1 The short-term improvement priority is improving grip and control, particularly in relation to pay expenditure, and in developing and delivering the necessary savings required through the Cost Improvement Programme, including through productivity improvements. Enhanced pay controls have been implemented, including a vacancy freeze and measures to reduce reliance on temporary staffing, to support delivery of the financial plan.
- 6.2 The Trust has a CIP target of £76m for 2026/27 but is working to an internal stretch target of £90m to provide some headroom for the associated costs of delivering the programme and support delivery of the overall financial plan. The Trust has developed risk-adjusted plans covering the full £76m. The current focus is on delivery with progress and risks being closely monitored through established financial governance arrangements.
- 6.3 Medium term planning is also underway, with the objective of returning the Trust to financial balance by 2029/30. This will require sustained financial discipline, robust financial governance, effective cost control and delivery of recurrent efficiencies over the medium term.

## 7. Strategy development

- 7.1. The Trust is developing an organisational strategy to set out what our long-term future will look like and how we will continue to improve our services, including a clinical strategy. The key aims and priorities of the strategy include:
- **Improve quality, safety and access to care** – Safer, higher-quality care with better outcomes and more timely, reliable access.
  - **Reduce health inequalities** – More equitable access, experience and outcomes, with greater focus on communities facing the greatest inequalities.
  - **Transform how and where care is delivered** – More joined-up care, with prevention and care closer to home alongside strong acute and specialist services.
  - **Build sustainable services and workforce** – Resilient services and workforce, enabled by technology, innovation, infrastructure and financial sustainability.
  - **Strengthen partnership working** – Working with partners to improve pathways, reduce inequalities and deliver wider benefits for East Kent and Kent & Medway.
- 7.2. The strategy will support delivery of the Trust's Integrated Improvement Plan, and the ambitions set out in the NHS 10 Year Health Plan and the Kent and Medway five-year strategy. This includes working with system partners to redesign pathways, strengthen prevention and deliver more care closer to home and in community settings where appropriate.



- 7.3. The Trust will also develop supporting clinical, digital, workforce and estates transformation plans, alongside its Green Plan. Together, these will underpin delivery of the Trust Strategy and set out the longer-term direction for these key areas over the next five to 10 years.
- 7.4. Any future proposals arising from the strategy will be subject to the appropriate engagement and consultation processes, where required.

## **8. Recommendation**

It is recommended that the Committee consider and note the report.

