

**UNCONFIRMED MINUTES OF THE READING THE SIGNALS OVERSIGHT MEETING  
 TUESDAY 9 MAY 2023 - BOARDROOM KENT AND CANTERBURY HOSPITAL AND  
 VIA WEBEX TELECONFERENCE**

**PRESENT**

Claudia Sykes	Non-Executive Director (Chair)	CS
Tracey Fletcher	Chief Executive Officer	TF
Rebecca Martin	Chief Medical Officer	RM
Andrea Ashman	Chief People Officer	AA
Derek Richford	Family Representative	DR
Tania Linehan	Family Representation	TL
Adam Littlefield	Lead for Patient Voice and Involvement	AL
Bernie Mayall	Lead Governor	BM
Catherine Pelley	Interim Chief Nursing and Midwifery Office	CP
Jennifer Hamilton	Chair East Kent Maternity Voices Partnership/Co-production and Engagement Lead LNM	Jha
Dame Eileen Sills	Chief Nurse NHS Kent and Medway	ES
Ben Stevens	Director of Strategic Implementation and Partnerships	BS
Kaye Wilson	Regional Chief Midwife for South East Region	KW
Helen Gittos	Family Representation	HG
Carl Plummer	Deputy Lead Governor	CPI

**IN ATTENDANCE**

Fiona Wise	Strategic Programme Director	FW
Jackie Huddleston	NHS E Regional Team Locality Director Kent and Medway	JHu
Natalie Yost	Executive Director of Communications and Engagement	NY
Lucy Cogan	Council of Governors Support Secretary (notes)	LC

<b>AGENDA ITEM NO</b>	<b>ITEM</b>	<b>ACTION</b>
23/009	<b>WELCOME AND INTRODUCTIONS TO NEW MEMBERS</b>  CS welcomed attendees to the meeting and introductions to new members were made.	
23/010	<b>APOLOGIES</b>  Apologies received from: Linda Dempster, Family Representation and Phil Linehan, Family Representation	
23/011	<b>MINUTES FROM THE LAST MEETING HELD ON THE 3<sup>RD</sup> APRIL 2023</b>  Minutes from the last meeting were <b>APPROVED</b> .	
23/012	<b>MATTERS ARISING FROM THE MINUTES</b>  <b>23/002 - AL to produce a paper for the next meeting around the community family voices engagement plan:</b> 09.05.2023 - Paper to be presented at this meeting - To Close  <b>23/004 - FW to re-draft ToR to reflect comments received:</b> 09.05.2023 - Updates received with a revised paper coming to the next meeting on the 9th May 2023 - To close  <b>23/004 - FW to circulate amended ToR for additional comments:</b> ToR circulated on 26/04 with comments received included in the revised document - To close	

23/013

## REVISED DRAFT TERMS OF REFERENCE

FW reported that a number of comments had been received following circulation of the revised draft and these were reflected in the document shared at this meeting. It was clarified this was not an assurance group and its role would be to provide oversight which gave an opportunity for people to think about how the Trust responded to the Reading the Signals Report and encourage feedback and ideas from members about what they would like to see going forward. The following highlights were noted:

- Clinical Executive Management Group (CEMG) would have oversight and responsibility for delivery of improvements and would want to hear the views of this group
- The community family meetings were to be established - This to be discussed during this meeting, however it needed to be reflected this would be ongoing as part of the ToR

In regards to the Membership:

- A second Non-Executive Director (NED) was needed to be part of this group - **ACTION**
- A third Governor had been nominated and BM would have the discussion with this individual to confirm - **ACTION**
- As FW was an interim and would step-down in the future, it was agreed that BS was to be a member of this group as he would co-ordinate the work of the Group

BS went on to explain that his role in the Trust was around the improvements that were in progress in the organisation and how the different improvements and change strands came together to form a single framework of how change was delivered across the organisations - the Pillars of Change were included in this.

DR was concerned the Maternity and Neonatal Group (MNAG) - the group that provided assurance to the Board, was stood down last month due to it not being quorate. It needed to be understood the importance of MNAG and the efforts and time families were putting in and this needed to be looked at. CP apologised for this and clarified the meeting was initially re-scheduled to the following week due to the doctors strikes. It was then at short notice it was realised the meeting would not be quorate. Some of the papers that were going to MNAG were still considered through to Board so traction on certain important information was not lost, however, going forward, communication needed to be managed better.

ES commented she felt, in terms of purpose and the oversight the ToR should include the wording 'and influence' **ACTION** - FW to include

FW commented that it was unusual to have no numbers stated under Family Representation, however, due to the uniqueness of this group it was not the right thing to include a number - CS agreed.

RM commented it would be helpful and needed to be made clear how the effectiveness of this group would be measured. CS responded it would be about listening to families, did they feel these meetings were helpful and effective, and what could be changed. A lot of work was needed around communication and engagement. AA suggested that when looking at how effectiveness was measured, should it be aligned to some measures that were already in place rather than creating a new set of measures.

CS felt this group needed to be clear on what it was doing and what the family representatives needed it to do. FW suggested putting measures on effectiveness during the August meeting to allow time for discussions to be had and once it had

been established where the focus was. TL felt there needed to be a plan on what would be delivered before there was a plan on how it would be delivered.

BS commented the first piece of work needed to be around assurance that the change programme was underway, and the second was what was the output from that piece of work. BS suggested in the next meeting the assurance of the progress of the programmes themselves needed to be discussed, then once these programmes were in place, specifics around the deliverables could be agreed.

AL commented the Trust needed to make sure what this group was working towards were communicated effectively so anyone that joined later could still be involved.

Subject to the above amendments being made, the ToR will be submitted to Board of Directors meeting for sign off in June 2023, noting that it had been agreed the Trust needed to be focused on how this groups effectiveness would be reviewed.

23/014

## **DRAFT FAMILY VOICES ENGAGEMENT PLAN**

AL presented this agenda item and the following was noted:

- Proposals had been put together to deliver two family voices sessions - the name of which can be changed. Once these had been promoted and delivered, the information and feedback would be brought back to this group to review whether or not they needed to continue
- These meetings would be held in community settings and would be co-chaired by the individuals who ran the community settings.
- Work was being done to reach out to people and linking with the patient engagement midwives to ensure every voice was heard

AL asked for this groups approval to move forward with this work so by June there could be promotion and to have these meetings scheduled and held before the summer break. AL felt there were opportunities to share some of the work that was being done through these meetings, and a useful summary of the ToR which showed who was involved and where it fed back to would be helpful. Individuals had felt reassured by the work that was being done, but the Trust needed to focus on the 'so what' through the family voices meetings. Work had been done to help engage with parents who had children born with disabilities, or parents of children who had been living with disabilities.

AA asked if the executive director that would represent at these meetings needed to be clinical, or was this open to any execs to attend. AL felt whichever exec was in attendance they should not lead the meeting, but be there to listen, engage, learn and ensure the messages were followed through by this group and the relevant assurance teams.

NY felt it would be invaluable to know who this group would like to aim to engage, was this general public or a particular audience. AL responded the aim was to engage with as many people as possible. AL felt there wouldn't need to be too much communication from the Trust as this would be worked through with community groups and the existing conversations happening.

CP commented there could be a possibility that an individual may attend these meetings who may need additional support and the Trust needed to think about this was managed. There also needed to be thought on how things and individuals were followed up on. AL responded they would try to reach as many individuals before the meeting as possible and if they do have sensitive things they would like to discuss, then the Trust would ensure the right person was there to support them. If individuals arrived at the meetings that could not be contacted then it needed to ensure the venue had the right facilities to be able to take the person to one side, and with enough people on the ground these individuals discussions

could be had. Having a patient engagement midwife present would also be valuable.

JHa raised concerns around the psychological safety element of the environment and needed to ensure a mental health midwife was present. Also, JHa felt there was some replication of the work the MPV was doing. The plan was not clear on how did people who were feeding back then get involved with the service change.

CPI suggested something could be included in the 'Your Hospitals' magazine which was distributed around the hospitals and GP surgeries.

ES suggested contact should be made with the ICB comms engagement team to understand what had gone well and how they had engaged with families - there was a big piece of work across Kent to engage families around the SEN services. ES also suggested these meetings were done in partnership with the MVP, to help strengthen and have something in place to provide continuum.

HG felt the 'You Said We Did' stage needed to be meaningful and honest and not inappropriately positive.

TL asked how much engagement there was with ethnic minorities and those with religious beliefs - was there a different strategy around this. NY responded that it would be best for this type of engagement to be targeted, with individuals being approached. AA commented there was working being done with the EDI team and AL and there was a level of knowledge and expertise in this area. HG asked if there was a strategy for reaching out to men. AL felt it was important to constantly review what had been heard. It was also important to point out there had been an obvious gap in receiving feedback from men. It would take time to get thoroughly involved with every community. Trust was critical for everyone, and even more so for those who felt that did not have adequate support. The Trust needed to engage with people as they were actively involved with or coming out of using the services.

FW highlighted this group was set-up to ensure the Trust had good family input to the Trusts response to Reading the Signals. It was also noted by FW that the exec director to be involved in these community meetings would be the Chief Executive Officer.

23/015

## **PILLARS OF CHANGE – UPDATE**

FW informed the Pillars of Change was the 3-year transformation programme for the Trust. The Trust had been put into NOF4, which was the highest level of the national oversight framework. This therefore required the Trust to deliver an Integrated Improvement Plan (IIP). There had been discussions on how the requirement of an IIP aligned with Reading the Signals - this was work in progress. The key highlights were:

- There was a programme being embarked upon which would involved 12,500 staff, which would be based on existing evidence and an evaluation done by the NHS Executive - Some initial work had been done with Professor Michael West, who was an expert in organisational development and improving culture. This programme would be led by the Trust staff
- An introductory workshop had been held for the clinical management executive and discussions around how a resourcing plan would be produced
- The CEMG would discuss the ToR of this group on the 17<sup>th</sup> May 2023
- FW was hoping some of the families involved in this group, would be part of the cohort of people to be interviewed to help feed into what they would like to see from the Culture and Leadership Programme
- The Trust was out for consultation on the new management structure

CS felt the questions most asked would be; what was different this time, and how was the Trust going to affect culture and how would this be real to patients. How would programmes and plans transform things for staff working for the Trust, and patients using services in the Trust - It would be good to see this within this group. AA responded the culture and leadership programme, if the emphasis was around culture - how did individuals behave, respond, values and behaviours - the work around this would be diagnostic which would be fed by the staff for the staff and taking into account the views of others.

BS commented the Pillars of change was the foundation for the three-year transformation programme and although they were drawn out of the Reading the Signals report, they relate to not just maternity but the Trust as a whole. Within the IIP there were 6 programmes of work, one of which was the maternity transformation programme.

TF commented it was important not to lose the impact of the report and continue using the it and its messages throughout the work.

HG asked to what extent had staff been involved in the creation of the maternity transformation plan, or were they being presented with something currently for consultation. FW responded an answered would be provided to HG after this meeting.

BM commented not all staff had read the report and until they had and understood it, it was difficult to move forward. CS recommended that all staff should read the full report, or at least be aware of the key messages. CP commented there were ongoing discussions around the importance of reading the report, especially with the transition of people. KW agreed the report needed to be in everyone's minds, and it was a must for all staff to read. There was a risk that action or transformation plans didn't succeed as staff didn't understand how it applied to them and why it was important. Staff need to understand fully what went wrong.

DR felt it was important that when the Trust spoke publicly or issuing board papers, not to use the term 'this was a nationwide issue' and instead look at it more positively that this Trust could be the first to solve this.

23/016

## **NEXT STEPS AND INFORMATION THE GROUP WOULD LIKE OVERSIGHT OF**

CS asked the groups what they would like to see evidenced to show the Trust was improving. TL commented it was important to know how much the organisation and staff on wards wanted to change. BM commented it would be useful to see evidence that staff had report the report or the main headlines of it. AA commented there had been a video produced by the comms team, the Chairman and the CEO, which had been uploaded onto the staff webpage - this had been helpful. There were responses that had been received that supported the work around culture and leadership.

HG was concerned staff would be presented with something they had not had not be involved in creating and the process of their response to Reading the Signals. HG highlighted the following from the Kikrup report:

- The Trust was asked to embark on a restorative process with external input - It would be good for this group to see how this would happen
- To think about reputation management - HG would like to see something around how serious incidents were reviewed and managed which took reputation management out of the criteria for assessing their seriousness
- Compassionate care should be embedded in practice and sustained in lifelong learning - HG would like to see how the Trust was engaging with the medical school and the training for doctors in the Trust
- Oversight of clinicians - How was the Trust doing this more robustly then it had been done in the past

- The inquest into the two maternal deaths - The Trust needed to be mindful they were being watched in regards to their response to this

FW informed there would be a conversation with the secretariat regarding Bill Kirkup producing a video for the Trust. Reading the Signals update would continue to be reported on at Trust Board meetings .

**ACTION** - FW and NY to review the comms and engagement strategy and bring back to this group.

AL left a comment that he would like the Patient Voice and Involvement team's email to be shared in case anyone would like to speak further about their feedback or experiences. The email address is: [ekhuft.patientvoice@nhs.net](mailto:ekhuft.patientvoice@nhs.net)

**Date of Next Meeting**  
**Tuesday 20 June 2023 in the Board Room, Kent & Canterbury Hospital/WebEx**

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_