UNCONFIRMED MINUTES OF THE READING THE SIGNALS OVERSIGHT MEETING TUESDAY 31 OCTOBER 2023 - CONFERENCE ROOM, EDUCATION CENTRE KENT AND CANTERBURY HOSPITAL AND VIA WEBEX TELECONFERENCE

PRESENT

Claudia Sykes	Non-Executive Director (Chair)	CS
Tracey Fletcher	Chief Executive Officer	TF
Michelle Cudjoe	Director of Midwifery	MC
Sarah Hayes	Chief Nursing and Midwifery Officer	SHa
Andrea Ashman	Chief People Officer	AA
Natalie Yost	Director of Communication and Engagement	NY
Bernie Mayall	Lead Governor/Elected Public Governor – Dover	BM
Carl Shorter	Deputy Lead Governor	CPl
Sarah Hubbard	MNVP Lead	SH
Derek Richford	Family Representative	DR
Phil Linehan	Family Representative	PL
Tanya Linehan	Family Representative	TL
Siobhan Henderson	Patient Involvement Officer	SH
Jackie Huddleston	Locality Director Kent & Medway and BOB NHS England – South East	JH
Linda Dempster	Family Representative	LD
Helen Gittos	Family Representative	HG
Kaye Wilson	Regional Chief Midwife for South East Region	KW
Raymond Anakwe	Executive Director and Maternity Champion	Non-Executive Director and Maternity Champion RA
Lucy De-Pulford	Doula and Community Representative	LDP
Jen Essex	Obstetric and Gynaecology Consultant	JE
Rebecca Buckingham		RB
Fay Corder	Regional Maternity Governance Lead	FC

AGENDA ITEM NO

23/048

WELCOME AND INTRODUCTIONS AND APOLOGIES

Apologies were received from: Ben Stevens - Chief Strategy and Partnerships Officer, Becky Collins - Director of Maternity and Neonatal System Kent & Medway ICB

23/049

MINUTES FROM THE LAST MEETING HELD ON THE 08 AUGUST 2023

The minutes from the previous meeting were **APPROVED.**

23/050

MATTERS ARISING FROM THE MINUTES

RSOG/01 - Maternity Services Update - MC to bring back to the next meeting the final Maternity Transformation Plan and the review of the Your Voice is Heard first year feedback - Update 19.09.23 - The plan was taken to the Board of Directors in September 2023 and was **approved**. To be brought to the October 2023 meeting. To remain OPEN. **Update - 31.10.23** - On agenda for this meeting - To close

RSOG/04 - Maternity Services Update - MC to add an extra column in the MNIP Charters paper to include the title/initials of the responsible person for each - Update 12.09.23 **-** This has been completed and confirmed by MC on 08/09/2023 - to be seen in October's meeting 2023. **Update - 31.10.23** - On agenda for this meeting - To close

RSOG/07 - Your Voice is Heard Feedback - The Trusts' target needed to be changed to reflect the national average FFT percentage - Update 19.09.23 - MC informed there had been a conversation regarding this at the Maternity & Neonatal Assurance Group (MNAG) and it was felt that the regional average would be looked at. BC was to look at other organisations within the LNMS and come to an agreement for the region. The trust was at 11% which was positive, however, the trust needed to be ambitious around this. BC commented this would be discussed at a Performance and Quality meeting during this week and it was hoped an agreement would be made across Kent and Medway by the next meeting. **Update 31.10.23** - MC updated on this action in BC's absence - It was not possible for this to be discussed at the LMNS meeting as planned and the team were undertaking a piece of work to review the differing reporting of this important metric across the four maternity services in K&M with a view to aligning the reporting and agreeing targets and thresholds. To remain OPEN.

RSOG/09 - Any Other Business - Get input from family representatives on communications one year on from RTS and engagement in the MNIP - Update 19.09.23 - The Chair informed this would also be a standing item on the October meeting agenda. Family representatives were invited to get involved in the trusts communications and to contact Natalie Yost - Director of Communication and Engagement if they wished to do so - To CLOSE

RSOG/10 - Communications Update - MC to follow up LR's question in regards to the percentage of mothers who at the point of discharge, or after 28 days were assessed as having some form of mental health symptoms -

23/051

MATERNITY & NEONATAL IMPROVEMENT PLAN

MC discussed the Maternity and Neonatal Plan that was included in the papers. The following was highlighted:

- The MLU department at WHH would re-open at the end of the month.
- Guidelines would be reviewed and the final pathway was diabetes, which was a priority.
- Student midwives had returned and would qualify next year.

LD raised all other workstreams could not be seen. MC commented an updated progress report would be taken to MNAG and this group would be updated.

HG asked what areas MC felt were the main areas highlighted by Bill Kirkup in his report. HG was also concerned Bill Kirkup's message around action plans did not bring change and had not been heard. MC commented she was on the main floor and was monitoring hand-overs and engaging with staff.

TF commented balancing the continuation of an improvement programme against time to think and reflect on the report was difficult as the emphasis was what the trust were going to do in a short period of time. The question would be how the trust had implemented the awareness of themes coming out of the report into the rest of the organisation. A lot of work was being done around how confident did staff feel they could raise concerns. An evidenced based programme of work had been embarked upon to do this. Strong senior middle leadership was critical and was now in place with MC and Adaline Smith. There were practical things the trust had to change to ensure processes worked. The shift in how the trust operationally managed and the manner in which this was done was key to help get the trust shifted.

JE commented she had been a consultant in the trust for the last 4 years and there had been a big increase in Multi-Disciplinary Team (MDT) working and listening events. Managers were visible and approachable which was the same for consultants. There were a lot of MDT meetings between QEQM and WHH staff so there was less of a divide. Things felt more positive and staff were working together for change. Consultant numbers had increased and the rotas had been changed so there were gynae and obstetric junior doctors on duty at weekends, rather than 3 doctors trying to cover all. Gynae and obstetric on-calls had been separated during the

day to ensure the obstetric team could focus on maternity. JE felt there had been changes that had made a difference and made the trust a great place to work.

RA commented he had seen a lot of progress and change and felt the trust had real sight of the issues and problems and this was reassuring. One of the messages that had been highlighted out of the Kirkup report was a real sense of honesty. There were messages that were ignored or normalised and this was not sensed within the team now. There was a sense there were real issues that people were trying to get traction with. The test was not the action or improvement plan, but what was done with this and taking ownership of the plans - would team members on the ward recognise the plans and what actions were being taken to address the issues, and did staff have a sense of ownership and personal responsibility to do something about this.

BM commented there was improvement across the board and was confident in the culture and clinical practice that was happening in maternity. BM was concerned staff were not having supervisions and appraisals appropriately. It was her opinion staff were still not encouraged to read the report months after the publication.

SH commented it was important to acknowledge people had the report and key messages would stand out differently to people depending on their own experiences. How was openness and transparency communicated in a manageable way. There was still work to be done, but how was this acknowledged and communicated to the public. The MNVP were taking part in 'Walk the Patch' and the next step was the '15 Steps' and it was hoped that staff had read the report and the action plan was embedded in their appraisals, which still acknowledging things were not right. SH had walked the patch at QEQM last week and received positive feedback around being cared for with kindness, care and compassion. SH invited anyone who would like to join the 15 steps from this forum to contact her.

LDP informed there was a good sense of strong leadership in midwifery from the input at the East Kent Birth Workers Alliance - which was an organisation which took in voices from staff who worked within the trust. LDP asked what was the leadership equivalent for the obstetric team. TF responded there was obstetric, as well as operational leadership. MC, Karen Costelloe and ZW worked as a triumvirate. There was an issue around attendance at this meeting for Dr Zoe Woodward on a Tuesday due to clinical commitments. There was a balance with medical leadership between how much time could be extracted of their working week to be part of the management team and how they retained clinical practice. The organisation needed to be better at organising meetings around the more fixed sessions that doctors had. JE commented there was more specialist clinics now in place and more consultants taking ownerships of the patients within those clinics. JE saw her patients for continuity and ladies with serious mental health issues were always seen by herself and not registrars. This was the same with maternal medicine, pre-term birth clinics and fetal medicine, and these were all improving. Bereavement care and the de-brief service was also improving. MC commented all of the work that had been done in relation to clinical pathways - all process mapping sessions had been multi-disciplinary. A three-weekly meeting took place with the obstetric team where all cases that needed to be reviewed were looked at.

SH had joined the trust a few weeks ago, and one year on from the Kirkup report she had found it refreshing to see the work and discussion across the organisation about Reading the Signals, and this was not just around maternity. Joint leadership was in place which was refreshing to see.

PL asked SH how did the trust check staff had read the report. PL commented 'Walking the Patch' was great, however, failure to listen was one of the things highlighted in the report and PL felt this had not been addressed. PL believed that not all staff on different levels had read the report. PL also commented any other day other than a Tuesday would be difficult for him to attend these meetings.

HG felt the core Kirkup messages had been back-grounded due to the alignment with the Pillars of Change. The efforts could be seen that the things in the Kirkup report were in the action plan, however, they were not the centre of it.

The core messages were; Statistics, embedding compassionate care in undergraduate and postgraduate and continuing education, oversight and direction of clinicians and sanctions for con-compliance, establishing a common purpose objective and training, management of junior doctors, reputation management and restorative process. HG was concerned these messages were being hidden by the action plan having to align with the Pillars of Change. How could these be brought more clearly to the foreground and in doing so highlight how absolutely essential obstetric leadership was. The Chair commented this would be addressed later in the meeting.

23/052
MATERNITY UPDATE

Not discussed.

23/053
MATERNITY CLINICAL TEAM UPDATE

Not discussed.

23/054
FAMILY REPRESENTATIVE FEEDBACK

The Chair opened up for family feedback on what would make the difference and change.

DR commented there was still work to be done, however the trust was now in the right position. DR read a short quote from the Kirkup report and commented since the report was published compared to where the trust was at now, there was acceptance and denial had gone. There had been a huge shift, and although there was work still to be done DR felt the work being done was making a difference.

HG commented the feedback she had heard from families and current service users was not as re-assuring as she had hoped it would be. If Bill Kirkup's report was implemented things would change and HG would like the organisation to take it seriously and not get side-tracked in emphasising on things regulators would like the trust to do. HG suggested and commented the following:

- These meetings should have been started by asking 'what would implementing Kirkup look like for the families' HG would like to be assured that this had happened with staff in the organisation and would like to know what staff had said.
- More discussion needed to be seen on the restorative process, although it was in the action plan, it appeared yet to begin.
- Reputational management - HG would like assurance that serious incident reviews were no longer classified on their likely damage to the trust.
- Team working - what was being done to establish a common purpose - tackling this was at the core.
- Oversight and direction of clinicians and sanctions for con-compliance - It was really important to the Kirkup report really serious non-compliance of professional standards in a repeated way was problematic. How was the trust facing up to occasional examples of these.
- Embedding compassionate care in undergraduate and postgraduate and continuing education - How was the trust seriously engaging with the education of doctors within the trust and what did it mean to embed compassionate care at that level and to think about this in terms of ongoing training.

TL felt although the Kirkup report was published one year ago, it had been 11 years since change was promised to her and yet change was still being fought for. TL agreed with DR and HG that this time things felt different, however, what was the trust doing to make people like herself feel like they had been heard. For those that had suffered incredible losses, something good might come of it and this needed to be communicated in a simple way. Assurance was needed that staff were taking the Kirkup report seriously.

LD was unsure if this meeting would bring the change that was needed and asked if the exec team members present felt the meeting was beneficial. There were little things that were so

significant and important to make a big impact on people's lives. People needed to know things were better, what was being done and that the trust were listening when things didn't go right. The Chair commented this meeting was not necessarily about making change, but to evidence some of the improvement. AA commented she had visited maternity at the William Harvey Hospital and there was value in the exec team listening, sharing and having an insight into the families' perspectives at these meetings. SH commented there had been some valid points from families raised during this meeting on what they would like to see going forward. Making 15 Steps real in this meeting in a different way for those who did not wish to walk around the unit needed to be thought about.

TF felt it was important this was unitary and the discussion was more important as it gave more influence. Listening to experiences from the past and the current, as well as those that might happen in the future was also important. Anyone who contacted the trust were not complaining, they were raising concerns and the board needed to be concerned about the concerns being raised. This meeting was valuable and this was about children, people and families, no matter what the figures were. HG raised it was hard for families to have faith that people within the organisation really wanted to prioritise patient safety given what they faced when things went wrong. People who were suffering most were those looking after seriously ill children and the fight they faced with legal departments to get any recognition and help. HG asked what was happening to stop the legal approach to try to silence people who raised concerns. PL agreed, and said the "win" over his family was used as an advert. TF expressed dismay at hearing this and asked PL to share details with her. One of the themes many families shared in the Kirkup report was fear of lawyers, and the awareness of them had a clinical impact in the delivery room. TF responded this was a complex issue, and some of this was how it was handled in the organisation. It was really important for clinicians to feel supported when raising things had gone wrong. The whole focus should be concerned on what was the best interests of the patient and everything else was then in support of the trust, and families, understanding better what went wrong. -

It was agreed the trust would take the feedback from families about the legal process and look at how this could be addressed in future meetings - **ACTION**

23/055
NEXT STEPS

The Chair commented she was keen to continue with this group and was appreciative of the efforts people made to attend these meetings and prepare reports. The general feedback that had been received were these meetings were still useful and were still needed in the context of where the trust was. This was a unique opportunity for family representatives to be able to speak directly with the leadership team and influence the trust. The Chair recommended these meetings to continue for another year, at which point the effectiveness of them will be reviewed, with a recommendation to hold these once every two months. There was also the Maternity and Neonatal Assurance Group (MNAG) which family representation was welcomed to, along with patient participation groups. The Chair welcomed feedback on this. DR commented he felt this meeting was the conscience of the board and the role of the family representatives was to influence the board from a family perspective. This was a unique opportunity, and this meeting was not to make change, but to monitor those individuals who were putting the change into place and ensure the trajectory stayed in the right way. NY suggested, one or two members of staff were invited to this meeting to talk about what was changing and how it felt for them, which would be powerful. TF agreed with this idea. SH suggested the patient experience midwife should be invited to this meeting going forward and commented it may be useful to have those families, within the last year who had challenges, or raised complaints that had now been resolved, to be invited to this meeting to share their thoughts. The Chair responded any family member was welcome to this meeting and it was open to the public. MC commented family stories were being developed, and often families were unable to attend meetings and it was suggested patient stories could be brought to this meeting. MC also recognised JE was present at this meeting to discuss mental health and had produced a presentation which was not discussed. The Chair commented this would be deferred to the next meeting and thanked JE for her attendance.

23/056

ANY OTHER BUSINESS

The Chair advised if anyone had any questions regarding those agenda items not discussed to please email MC with any questions.

The Chair thanks all for their attendance and involvement.

23/057

DATE OF NEXT MEETING - 16 January 2024

Date of Next Meeting – 16 January 2024

SIGNED: _____

DATED: _____