

**SPEAK OUT SAFELY MEETING**

**Minutes of the meeting held on Monday 20<sup>th</sup> February 2017**  
**at 3.00pm in the Executive Office**

Member		Attendance	Apologies
Mr Andrew Higgins (AH)	Non-Executive Director	<input checked="" type="checkbox"/>	
Mrs Alison Kelly (AK)	Director of Nursing & Quality (Chair)	<input checked="" type="checkbox"/>	
Mrs Sue Hodgkinson (SH)	Director of People & OD		<input checked="" type="checkbox"/>
Ms Hayley Cooper (HC)	Staff side Chair	<input checked="" type="checkbox"/>	
Mrs Stephen Cross (SC)	Director of Corporate & Legal Services	<input checked="" type="checkbox"/>	

In attendance: Julie Weeks (JW), Head of Workforce Planning/HRBP  
 Debbie Cleverley (DC), notetaker

		Action
1.	<b>Apologies</b> Apologies were received from Sue Hodgkinson.	
2.	<b>Welcome &amp; review of the actions from the last meeting</b> <u>Research &amp; Development Investigation</u> - SC commented that we need to decide how to take this forward. AK noted that we have always been clear that this process is not an investigation; this is an important distinction. <u>Guardian Role</u> – AH noted that at the previous week's event, there was discussion around the guardian's role sitting alongside existing roles, potentially referring a lot back into the normal system, with some form of triage system. This needs to feed into the policy.	
3.	<b>Community Speech &amp; Language Therapist</b> JW commented that we must ensure we are all joined up in the decisions being made, bringing all the separate strands together. When these concerns were originally received, these were already being investigated by Karen Townsend (KT), which is why the review has been undertaken in a different way to usual. KT's findings have now been circulated to the Committee. KT's view is that there were no further concerns in relation to the two individuals this lady was complaining about. There is one query about note taking, which has been addressed by additional training, but no patient safety concerns. The Committee have not appointed a designated person; if we decide to do so, SH has suggested Ian Harvey. JW has taken legal advice from Weightmans Solicitors, who have said we can acknowledge it is a complex situation and the way in which issues were raised do not fit with the way the policy is written, but because the policy states that a designated officer will be appointed, we should do that to comply with our own policy.	

	<p>After discussion, the Committee agreed that a further investigation is not necessary as the issues raised are no different to those already investigated by KT. The Committee have had an opportunity to review the report and need to consider whether they are satisfied with the outcome of that investigation.</p> <p>SC asked for an overall narrative of what we have. However, JW noted that the matter has been dealt with under other Trust policies, so is not really for the Committee's consideration. SC said that whilst he appreciates this, he feels the Committee need the whole picture.</p> <p>JW said the important thing is for the Committee to be assured that the patient safety matters have been addressed by KT's report.</p> <p>DC shared the letter received by Tony Chambers this morning from a colleague of JP.</p> <p><b>ACTIONS:</b></p> <ul style="list-style-type: none"> <li>• All to confirm by Friday 24 February that they are happy with KT's response. If so, there is nothing further for us to do.</li> <li>• If anyone has any queries once they peruse the documentation, let JW know.</li> </ul>	<p><b>ALL</b></p> <p><b>ALL</b></p>
4.	<p><b>Research</b></p> <p>AK reported that since the last meeting, she and HC have met with a number of nurses. Some staff are still clearly unhappy, although a number of conversations and meetings have taken place with AK from a nursing perspective and Ian Harvey and AH from a management perspective.</p> <p>A key action from the action plan was setting up facilitation. This has not yet happened as following a number of conversations with that team, some changes are taking place. In particular, moving staff back with their clinical team instead of isolated at Bache Hall, which should help both in terms of morale and being cohesive to their clinical workplace. AK and SH both felt it would be more appropriate for facilitation to take place once a number of these have been actioned.</p> <p>AK has a meeting planned with Teresa Barnes, the clinical lead, about a potential plan from a nursing perspective. We are also considering, due to Gill leaving, who is the lead, with some temporary nurse leadership to support Steve, all of which is being discussed with Gill and Steve.</p> <p>HC said staff do not feel they are receiving sufficient feedback; they have heard Gill is leaving but have not been told officially. They are concerned about what will happen in March, with Helen leaving too. AK said Gill's decision to leave had only been made the previous week, so she had not been able to tell anyone, but this is now common knowledge.</p> <p>It was agreed that communication is very important and needs to be managed carefully.</p>	
5.	<p><b>Volunteer Whistleblower</b></p> <p>Nothing further has been heard from this individual. A final response letter is</p>	

	<p>therefore being prepared by SGR for SH to consider.</p> <p>SC noted that <b>I&amp;S</b> has been very worried by this, so he suggested SGR and SH meet with him to take him through what has happened. We cannot underestimate the worries this causes.</p>	
6.	<p><b>NNU</b></p> <p>AK said that we need to consider whether the concerns raised by paediatricians in NNU need to be formally logged.</p> <p>After discussion, it was agreed that unless we receive any further comments, we should monitor the situation through normal routes; it is discussed at QSPEC, and if anything arises it can be brought back here.</p>	
7.	<p><b>Feedback from workshop</b></p> <p>AH reported that 10 people attended, including Russell Parkinson from the National Guardian Office and a representative from a charity dealing with this more widely.</p> <p>This was a very interesting event, with a good cross section of attendees. Most of the trusts represented have gone live, or about to go live, with their guardian, but there was a lot of variation around number of hours designated to the role and the background of the guardian.</p> <p>However, the other trusts did not appear to have progressed any further than us; whilst we have not appointed a guardian, the Committee has been in operation for 2 years.</p> <p>A review of policies was helpful, with a very strong thread to say the guardianship role sits alongside existing policies and processes. There was a lot of discussion about the difference between raising a grievance and speaking up, looking to somehow get the message out that the SOS process is not there to deal with grievances.</p> <p>The AGM is on 8 March, at which they expect all trusts to be represented. SC confirmed that he is now able to attend.</p>	
8.	<p><b>Promotion of the Policy</b></p> <p>AK said she has just had a session with the CHAPS course – approximately half of the attendees were aware of the policy.</p> <p>It was agreed that more comms is needed. We are due to report to Board in April; if we do a launch then we may have a better understanding. <b>ACTION</b>: All to consider, for further discussion at the next meeting.</p>	All
9.	<p><b>Documents</b></p> <p>It was agreed to try to have attendees at each National Freedom to Speak Up events.</p>	