Speak Out Safely
Action Notes – 2 October 2015

Present : Andrew Higgins (AH)
Alison Kelly (AK)
Sue Hodkinson (SH)
Hayley Cooper (HC)
Stephen Cross (SC)
Debbie Cleverley (DC) (notetaker)

1.	**Minutes and Actions From Last Meeting** These were accepted as a true record. Matters Arising • An on-call rota still needs to be set up. **ACTION :** SH to draft details re governance. • **ACTION :** DC/MC to set up bi-monthly meeting dates, alternating months with POD, with the next meeting early November.
2.	**Update on Issues Raised Since the Last Meeting** We currently have 5 issues open. The earlier problems with the database have now been rectified. • ODPs SH and AK have been dealing with this very complex case, meeting up with various groups of theatre staff in different forums, including some evening meetings. The latest meeting was with the ODP managers, where SH and AK fed back the high level themes identified - leadership, values & behaviours, communication, education & training and the way professional teams work together. It has been reiterated throughout the process that this is not an HR investigation, AK and SH are gathering the facts as part of the speak out safely work. We have now received a letter raising concerns around how we have dealt with these issues, in particular timeliness. We understand it is a difficult time for them, but this is a big piece of work and they do not appear to appreciate how much work is being done. We are waiting to hear back as to how they would like us to respond. What we hope will come out of this investigation is an awareness that if things aren't right it's ok to speak out. However, staff are starting to circumvent the management structure and go straight to SH and AK; the speak out safely process should not be seen as a way of circumventing the normal procedure. This has been the most complex case, both in scale and terms of issues. We did consider whether to do an external review, but we had already done so

	much ourselves by that stage it was not worthwhile. SH and AK will pull a report together with clear actions and timelines. Amanda Peat, the new theatres lead manager, will be supported by the HR/OD team. Key lessons learned ○ Timeliness in getting back to people ○ Time pressures of such a big investigation The original complaint had been received anonymously. HC said that everyone has known for a number of years that there has been a problem in theatres; a group of staff probably jointly decided together to send the anonymous complaint for fear of repercussions, whether rightly or wrongly. AH asked how we would be feeding back the report, as it was an anonymous complaint. AK said we are awaiting Amanda Peat's advice, she knows the culture and individuals so is best placed to decide. SH updated the group on each of the other open cases. The group discussed each one and the spreadsheet was updated accordingly.
3.	**Update to Board** AK/SH are drafting a paper to be discussed at Board on 13 October 2015. **ACTION** : AK/SH to circulate to the group for approval. Once we have had this discussion at Board, we will then sort out the wider communication. It is already being raised at induction and mandatory training, and as part of clinical human factors, but not all staff groups will yet be aware of the scheme. Our aim is to include a profile of someone who raised a concern, and the positives that have come out of it. There will then be ongoing regular reminders around the process. **ACTION** : AK/SH to liaise with Gill Galt following Board.
4.	**Roles and Responsibilities of the Group** SH and AK do not have the capacity to deal with all issues. We have already decided not to put in a designated person, as some trusts have, but we need to consider how we want to deal with this - as we communicate more widely, we expect more cases to come in. In order for it to be a speak out safely issue, we have said there must be a patient safety element, we need to be careful staff don't try to incorporate this into their issue to make it fit. Approximately one third of issues received so far have been anonymous. The Trust has made a commitment to speak out safely, so we feel duty bound to review all concerns, whether anonymous or not. SC noted that some areas will need executive input, separate to the day to day whistleblowing issues. We need to be clear which it is, using a triage/criteria process, this group needs to decide what level is needed. We need a process where once an issue is received, it is circulated to the group within an agreed timeframe, to decide how to proceed. SH suggested Martin Godfrey (MG) as the link for this, as he has been involved in formulating the policy. It was agreed that whilst we don't need a guardian, we do need administrative support to ensure a clear process and reporting procedure – an initial mini audit of each case against the policy. SH is mindful that MG can do some of the work, but it

	is not all HR based, other trusts have nursing based guardians. SH will ask MG to start drafting a process, with a summary of the position re the number of issues, plans going forward and triage process, with the focus on patient safety. AK/SH to think through with Gill around comms, in line with the board conversation. If an issue is judged not to be a speak out safely matter, it may still be a legitimate issue that needs dealing with via other routes. Investigations must be seen to be independent. There was discussion as to whether there may be scope in certain cases for MIAA to become involved, to help establish the facts. SC urged caution: MIAA can be hard-hitting, we don't want to send the wrong signals. HC commented that if we were going to involve MIAA, we may as well have the guardian. **ACTIONS** : • MG to pull a triage process together - HC to support. • Ensure clear direction around timeliness, with a robust procedure, including allocation to the appropriate on call person. HC expressed her concern that she is often not aware of cases until a later stage, we need a better process to ensure the group is updated. She finds it very difficult as an officer if she is not kept informed, as she can't reassure/defend actions. She felt she is the most exposed of the group, due to her position as staffside chair. SH apologised to HC, saying she appreciates her point, but that she has not been intentionally omitted. It is important to be able to have an open and honest discussion here.