

**UN-CONFIRMED MINUTES** of a Public meeting of the Board of Directors held at 09:00 on Thursday 6<sup>th</sup> February 2020 in the Boardroom, King's Mill Hospital

<b>Present:</b>	John MacDonald	Chairman	JM
	Tim Reddish	Non-Executive Director	TR
	Claire Ward	Non-Executive Director	CW
	Graham Ward	Non-Executive Director	GW
	Neal Gossage	Non-Executive Director	NG
	Barbara Brady	Non-Executive Director	BB
	Richard Mitchell	Chief Executive	RM
	Paul Robinson	Chief Financial Officer & Deputy Chief Executive	PR
	David Selwyn	Medical Director	DS
	Simon Barton	Chief Operating Officer	SB
	Shirley Higginbotham	Director of Corporate Affairs	SH
	Julie Hogg	Chief Nurse	JH
	Emma Challans	Director of Culture and Improvement	EC
Clare Teeney	Director of People	CT	
<b>In Attendance:</b>	Sue Bradshaw	Minutes	
	Robin Smith	Acting Head of Communications	RS
	Jessica Woodward	Freedom to Speak Up Guardian	JW
	Dr Steve Foley	Endoscopy Lead & Consultant Gastroenterologist	SF
	Charikleia Kalogeri	Clinical Endoscopist	CK
	Jane Cartwright	Acting Sister - Endoscopy	JC
	Sharon Hudson	Clinical Endoscopist	SHu
<b>Observer:</b>	Philip Marsh	Public Governor	
	Kevin Stewart	Public Governor	
	Roz Norman	Staff Governor	
	Eve Davis	CQC	
	Emma Leeson	CQC	
	Wimalasena Thala-Bandaralage	Doctor	
<b>Apologies:</b>	Manjeet Gill	Non-Executive Director	MG

Item No.	Item	Action	Date
<b>17/477</b>	<b>WELCOME</b>		
1 min	The meeting being quorate, JM declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders.		
<b>17/478</b>	<b>DECLARATIONS OF INTEREST</b>		
1 min	<p>JM declared his position as Independent Chair for the Derbyshire Sustainability and Transformation Partnership.</p> <p>RM declared his position as Executive Lead of the Mid Nottinghamshire Integrated Care Partnership (ICP), Executive Member of the Nottingham and Nottinghamshire Integrated Care System (ICS), Chair of the East Midlands Leadership Academy, Chair of the East Midlands Clinical Research Network and Chair of the East Midlands Cancer Alliance.</p> <p>CT Declared her position as Director of Human Resources for Nottinghamshire Healthcare.</p> <p>GW declared his position as Non - Executive Director for The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust.</p>		
<b>17/479</b>	<b>APOLOGIES FOR ABSENCE</b>		
1 min	Apologies were received from Manjeet Gill - Non-Executive Director.		
<b>17/480</b>	<b>MINUTES OF THE PREVIOUS MEETING</b>		
1 min	Following a review of the minutes of the Board of Directors in Public held on 9 <sup>th</sup> January 2020, the Board of Directors APPROVED the minutes as a true and accurate record.		
<b>17/481</b>	<b>MATTERS ARISING/ACTION LOG</b>		
1 min	The Board of Directors AGREED that actions 17/425.1, 17/430.3, 17/430.4, 17/456 and 17/458.2 were complete and could be removed from the action tracker.		
<b>17/482</b>	<b>CHAIR'S REPORT</b>		
3 mins	<p>JM presented the report, noting over Winter there have been some weeks when the Trust has coped well, but there have been times when it has been pressurised for a few days. However, the Trust has recovered well from the busy periods. The times when it has been busy are unpredictable, both within SFHFT and in other trusts.</p> <p>JM acknowledged the significant number of apprentices within the Trust, noting the number is higher than originally planned. It is important to continue this and try to broaden the scope. Discussions are ongoing with the local college to try to build on this. Nottingham Trent and Nottingham University are working closely together and it would be beneficial for SFHFT to link in with them.</p>		

	<p>JM acknowledged the clinical and non-clinical stars of the month.</p> <p>RS advised the BBC have visited the Trust to undertake some filming in relation to apprenticeships.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p><b>17/483</b></p>	<p><b>CHIEF EXECUTIVE'S REPORT</b></p>		
<p>30 mins</p>	<p>RM presented the report, advising there are lots of things the organisation should feel proud of, whilst recognising the Trust is in the midst of Winter which brings high numbers of patients into the organisation and an increase in acuity and complexity. This leads to pressure for colleagues. JH, SB and RM attended the Urgent and Emergency Care 'mid-Winter' meeting on 5<sup>th</sup> February 2020. Staff reported they felt well supported by the organisation and the wider system. It was acknowledged there have been some 'difficult days' but staff felt they recovered quickly from those times. RM advised he was proud of the staff within ED and grateful to them in regards to their ability to offload patients from ambulances in a timely way. Despite the difficult days, the plans the Trust put in place for Winter 2019/2020 have been relatively successful. RM acknowledged a small number of patients waited over 12 hours for a bed from the decision to admit in January, but there have been none so far in February. In order to make sure, where possible, SFHFT continues to provide timely care there is a need to start the process of looking towards next Winter and working with partners. The reality of future Winters and activity growth is such that a reduction in demand is unlikely. Success is more likely to be measured by reducing the year on year increase.</p> <p>The detailed report on the 2019 national staff survey results is expected to be received on 18<sup>th</sup> February 2020. Some information has already been received and this has been shared with the divisions. The Trust has made a lot of progress over last the 12 months and the previous three years. Some issues have been raised through the responses and the free text comments. These will be worked through to identify further change and to grow the culture in the organisation.</p> <p>The Trust is moving towards the end of the CQC inspection. The core services assessment went well. The use of resources assessment took place on 4<sup>th</sup> February 2020 and the well-led assessment will take place on 11<sup>th</sup> and 12<sup>th</sup> February 2020. The draft report is expected to be received in 2-3 months' time. It is hoped the outcome can be communicated outside the organisation in May 2020.</p> <p>In terms of partnership working, members of the executive team met with colleagues at Nottingham University Hospitals (NUH) in January 2020 to discuss strengthening the relationship between the trusts. An update regarding services the trusts collaboratively provide and ways the trusts can work more effectively together to improve quality of care to patients and to improve the financial position across the system will be presented to the Board of Directors in April 2020 (March for NUH).</p>		

The Drivers of Demand work was discussed at the ICP Board meeting in January and at the last two meetings of the A&E Delivery Board. There are a high number of actions taking place. However, identifying the key areas to focus on to reduce some of the demand could be made clearer. Each organisation will review the elements of the plan they are responsible for. At the March A&E Delivery Board there will be a focus on the one thing which each organisation will be focussing on to reduce demand over the next 12 months. The biggest focus is on safely avoid conveying patients to A&E. To achieve this there will be a need to work with East Midlands Ambulance Service (EMAS), care homes and community partners to care for patients in the community, which is often the better place for patients to receive care and this reduces demand in ED.

DS provided an update regarding the current position in relation to the Coronavirus outbreak, advising over 500 people have been tested in the UK and there are two reported cases. It was acknowledged Nottingham University has a significant Chinese student population. The case fatality rate is currently 2% which is significantly less than Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) with fatalities mainly being elderly and co-morbid patients.

The risk within the UK is rated as moderate. The national Emergency Preparedness, Resilience and Response (EPRR) team have requested all EDs set up a priority assessment hub (POD) and all trusts have been asked to review and update pandemic flu plans. Actions being taken by SFHFT include establishing a daily SitRep meeting, training in PPE, stock building of supplies, identifying areas to care for patients with the virus and cascading information to staff.

TR noted there are a lot of elderly people in the local population with respiratory conditions which has the potential for a major impact if there was an outbreak in this area. TR queried if the Trust is able to cope if this happened, taking into account current capacity and demand. DS advised as far as is known currently, Coronavirus is not a super infective infection in comparison to others. If there was a major outbreak in the UK, it would be a pandemic flu type scenario. National medical directors are rating the risk as moderate for the UK. The key is to keep patients who are infected, but not desperately ill, away from hospital. There is a need to move away from secondary care undertaking the testing as soon as possible, but there is not yet the facility in the community to send out community teams to test people at home. SB advised if there is a growth in patients being hospitalised due to Coronavirus there are actions which can be taken, which would mainly be in relation to reducing elective care work.

JM queried what information and support is being provided to staff. DS advised this is at a number of different levels. There is wider communication to all staff and targeted information for staff who are more likely to come into contact with patients who are infected. It is important to include porters, cleaners, etc. in any communications. RS advised a Trust-wide communication will be issued 6<sup>th</sup> February 2020, with detailed information being disseminated through the divisions. In terms of keeping patients informed, there is a clear national message which will be added to the Trust website.

GW felt it may be useful to contact Nottingham University to find out how they are managing their situation, given their large Chinese student population. DS advised some specific university based guidance is being issued.

TR sought clarification regarding how Medirest staff will be kept informed. RS advised Medirest staff receive Trust communications but steps will be taken to ensure the message is reaching them. JH advised the Medirest lead was present at the Trust-wide meeting. There is a plan in place for Medirest and other partners.

BB noted within the ICS briefing, performance in relation to flu vaccination is below expected levels. BB felt there are actions which the Trust and partners can take, over and above GPs delivering vaccinations, to improve performance. RM advised as the Trust engages with the system, SFHFT can deliver what it can deliver. What is fully within the control of this organisation is the flu vaccination rate for colleagues, which was 86%. There is then a need to work across the ICP. While the ICS is an important mechanism, the main focus of effort for the Trust is ICP working. The importance of the flu vaccination rate has been discussed at the ICP Board and the A&E Delivery Board.

JM felt, given the Trust plays an important leadership role in the ICP, in future it would be useful for the Board of Directors to at look vaccination rates more widely and the likely impact of that and to consider what the Trust can influence.

NG felt there are challenges for next year in terms of demand and finance, expressing concern regarding assurance that planning within the ICS is at the stage it should be to deliver next year from an operational and cash point of view. RM advised he had written to Andy Haynes, Executive Lead of the ICS, raising concerns for next year. As a system the ICS has not delivered on everything it said it would in 2018/2019 and 2019/2020. If planning for 2020/2021 is to be a step change, there is a need to change behaviour and the way organisations interact with each other. At the moment assurance can be provided those plans are in place. At a transactional level colleagues, in SFHFT are working with commissioners, etc. to ensure plans are aligned. However, to see a change in system behaviour, there needs to be a joint plan and joint behaviours. PR advised joint planning is happening at the mid-Notts planning group. There are a number of project initiation documents in circulation.

JM felt there is a need to have an awareness of what is happening in the ICP in relation to flu vaccination and the potential material impact on the Trust. When system plans are finalised these should be presented to the Board of Directors to identify the level of risk for the Trust. There is a need to distinguish between the risks of working in the ICP and the risks of working in the ICS.

The Board of Directors were ASSURED by the report.

17/484	<b>STRATEGIC OBJECTIVES UPDATE</b>		
15 mins	<p>RM presented the report, advising this is the third quarterly update in relation to the 2019/2020 strategy and there should be some read across with the SOF.</p> <p>The strategic objectives and key areas of focus will not be changed for the next five years. For 2020/2021 a specific key, or breakthrough, objective has been identified for each area. These will be clearly aligned with strategies which are in place. For example, over the next five years the Trust has said it will be financially sustainable. The breakthrough objective for 2020/2021 is to deliver Year 2 of the Financial Strategy.</p> <p>Linking this to system working, senior SFHFT leaders will be meeting with senior leaders across the ICP, including Primary Care Networks (PCNs). SFHFT's breakthrough objectives for 2020/2021 and the ICP objectives will be discussed to ensure they are closely aligned.</p> <p>BB felt in some areas more information on actions being taken and progress is required. GW felt more information was needed in relation to the steps being taken to address areas which are amber and red.</p> <p>TR noted the importance of achieving the strategic objectives in Year 1 and queried the confidence level in relation to the achievement of key areas by the end of Year 1. RM advised the key areas of focus over the year are providing the best quality of care possible to patients. Information received in Public Board of Directors meetings, triangulation of information, CQC, etc. indicates this has been delivered. The Trust wishes to improve the focus on mental wellbeing, including reducing loneliness for patients and colleagues. Progress has been made, but there is more to do. SFHFT wants an engaged, motivated and high performing workforce. Indications from the staff survey are there are some things to feel proud about, but more work is required. Freedom to Speak Up (FTSU) has progressed well.</p> <p>In terms of providing better value, progress has been made in relation to the financial position, but it is acknowledged this is fragile. The uptake of digital technology and strategy has been slow, but the Digital Strategy is due to be launched in the next couple of months. In relation to working with partners, the Trust can evidence some improvement at ICP and ICS level, but there is a need to continually focus on this. Increasingly there is an expectation on this organisation to lead on system working. Lots of progress has been made and the areas of focus are known. The bar was set high, so the Trust has not delivered on everything but the most important things have been achieved.</p> <p>NG noted no progress has been made against the previous year in relation to the number of serious incidents (SIs). NG queried if there is any pattern to SIs and what actions are being taken to reduce the number of SIs. DS advised it is important to get the right balance between it being a positive and negative marker, noting if the number of SIs was very low, or there was a dramatic reduction, this would be a cause for concern. People feel secure to come forward and this enables learning. The key thing is to not repeat an error. SB felt as much if not more learning could be taken from near miss reporting.</p>		

	<p>BB advised a report was presented to the Quality Committee in relation to using human factors approaches to analysis. This is in the early stages but it will help understand the context of some of these incidents. There is a need to distinguish between a never event and a serious incident</p> <p>JM sought clarification if assurance can be given to the Board of Directors in relation to learning and repeat issues as it needs to be clear there is learning from incidents. BB advised there is assurance now but there will be a step change when the human factors analysis is implemented as this will provide a better understanding of the context of events. TR felt cross-divisional learning from incidents has improved and there needs to be a continued focus on this.</p> <p>CT advised there is a need to ensure there is consistency in terms of approach and seek to understand what might have happened and learn from it rather than an investigation and isolation of the individual.</p> <p>JM felt there is a need to ensure actions are measurable and there is a role for the sub-committees to provide assurance when issues, which are not included in the SOF, are adverse.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>17/485</p>	<p><b>STRATEGIC PRIORITY 1 - TO PROVIDE OUTSTANDING CARE</b></p>		
<p>5 mins</p>	<p><b>7 day Hospital Services – Board Assurance Framework</b></p> <p>DS presented the report, advising this survey covers the 7 days from 25<sup>th</sup> November 2019 to 1<sup>st</sup> December 2019. A sample size of 250 patients was used, spread across four clinical divisions. There are a small number of outliers in terms of ENT and Urology, but overall this is a strong report in terms of the 7 day service agenda. Discussions have started in relation to developing this report and work is underway with AHPs and the pharmacy team to try to include additional information in the next report.</p> <p>In terms of the urology patients who were not reviewed by a consultant within 14 hours, these were two patients who were transferred from NUH. It has been identified they did have a consultant review and it was the same consultant but at a different location.</p> <p>In terms of ENT, there have been some process issues with ENT patients relating to how they are flagged up on the electronic system. Work is ongoing with ENT to ensure these patients are reviewed. The numbers are small but it provided a skew to the data.</p> <p>BB requested if trend information could be added to future reports.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Trend information to be added to future 7 day Hospital Services reports</b></li> </ul>	<p>DS</p>	<p>07/05/20</p>

	<p>JM noted urology and ENT are services which are provided across two sites and queried if there is something inherent in that model which creates problems for delivery. DS advised the issues in these services are different. The urology patients were transferred back to SFHFT for their ongoing care, while the ENT patients came into SFHFT. The Trust has a full week day ENT service but relies on support from NUH at weekends. Discussions have taken place regarding this service and there is work to do with NUH in terms of support. Processes are in place but need to be strengthened.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<p>17/486</p>	<p><b>STRATEGIC PRIORITY 3 – TO MAXIMISE THE POTENTIAL OF OUR WORKFORCE</b></p>		
<p>21 mins</p>	<p><b>Freedom to Speak Up (FTSU)</b></p> <p>JW presented the report, advising there are now 16 FTSU champions across the Trust and a further 7 awaiting training. The champions are representative of the Trust, with representation from the LGBT staff network, BAME staff network, chaplaincy team, etc. and champions are across a variety of bandings, disciplines and across all three sites. This provides good coverage to ensure accessibility for staff.</p> <p>The National Guardian’s Office released a revised version of the FTSU Self Review Tool during Q2. Areas which the Trust is particularly strong in are behaving in a way which encourages others to speak up, support for the FTSU Guardian and an effective FTSU policy. Areas which need to be developed are a FTSU Strategy, on which work has commenced, evidencing individual executive responsibilities as part of their appraisals and building on assurances that FTSU issues are being dealt with effectively.</p> <p>Through JW meeting regularly with Lee Radford in the OD team, it has been identified there are some overlaps in the areas where people are raising concerns and areas where management have requested OD interventions. If a particular area has concerns from staff level but there has also been a managerial request for support, this will be looked at in tandem when putting in support from OD.</p> <p>There is a need to work on a robust system for individuals who claim to have suffered some sort of detrimental treatment in response to speaking up. This is currently dealt with on an individual basis but there needs to be a process for dealing with such cases.</p> <p>The FTSU policy has been updated. 51 concerns were raised over the last two quarters and the number of concerns raised is increasing with each quarter. The most prevalent theme is bullying and harassment. All the bullying and harassment concerns which were raised in Q2 and Q3, except one, have related to management behaviours. There are other themes, such as incivility or leadership. When looked at as a whole, there have been 23 concerns relating to management behaviours. This could highlight possible issues with compassionate leadership in some teams.</p>		



<p>The majority of concerns raised have been confidential due to fear of repercussions. However, in Q3 there were no concerns raised anonymously with the FTSU team. This is a step forward as people are starting to build trust with the service. Although concerns may be taken forward confidentially, people trust someone is there to support them.</p> <p>Next steps include developing a FTSU strategy, holding monthly FTSU drop in sessions, doing further work with HR and OD teams to triangulate data and implementing recommendations from the self-review tool.</p> <p>TR queried how the Trust cross-references with system wide working as there may be a patient or staff member in the community who has a concern. In addition, how does the Trust link into the partnership workforce, i.e. Medirest. JW advised she works closely with Medirest and there have been some concerns which have come from Medirest staff. JW and the champions have visited Medirest teams to promote the service. Currently there is not a champion from Medirest but the aim is to achieve this.</p> <p>TR noted there are seven more champions awaiting training and queried if they cover all network focus groups. JW advised this will be looked at and if there are any gaps there will be positive recruitment in those areas.</p> <p>GW advised at a recent meeting of the Joint Liaison Committee, some concerns were highlighted in relation to bullying of cleaning staff. GW felt it would be useful to capture information in relation to what happens following a concern being raised in terms of if things have changed for an individual and has it made a difference. JW advised every person who speaks up is contacted afterwards and asked to provide feedback. While not getting 100% response rate, from the replies received 100% have said they would speak up again. This information can be included in future reports.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Information regarding feedback from staff who have used the FTSU service to be included in future updates</b></li> </ul> <p>SH advised the next piece of work will link FTSU with the staff survey results in terms of triangulation. SH advised when she does 15 Steps she always ask staff about FTSU. In almost every area visited, people know Jess and the FTSU champions.</p> <p>CT noted it is good to see FTSU Guardians from network groups as this is a positive cultural indicator. In terms of wider work with individuals who have raised concerns and find themselves in a difficult situation continuing in that particular job, it is possible to work across the system to see how an individual can be supported on a temporary or long term basis.</p> <p>NG noted bullying and harassment is a recurring theme and queried if there were any themes for learning across the Trust.</p>	<p>SH</p>	<p>06/08/20</p>
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<p>JW advised key themes are compassionate leadership and how people speak to each other, which links into some other things the Trust is looking at. From a FTSU viewpoint, guidance from the National Guardian's Office relates to making FTSU training mandatory. This has been discussed with Lee Radford to see how it could be linked in with compassionate leadership training. The training being proposed is three tiered, the first tier being Trust-wide, entry level FTSU training. The next tier will be middle manager training, which would include how to respond to staff when they speak up and this could be linked in with compassionate leadership. The final tier will be senior leader training. If someone does the higher level training, they will do all the training which would provide an overview.</p> <p>RM advised the evidence suggests progress is being made in relation to bullying and harassment but there is more work to do. RM advised recently there have been some concerns raised about individuals and individual departments and assured the Board of Directors these are being managed appropriately.</p> <p>JM acknowledged the Trust is in a better position in relation to FTSU than 12 months ago and thanked JW for her work. The bullying issue is important. The Board of Directors need to be aware of any particular trends or if there are more general issues and be provided with assurance there is an approach to address the issues. The People, OD and Culture Committee need to support JW and ensure issues are being picked up. JM noted the increase in people raising concerns as this is an indicator of a healthy organisation but queried at what point does the number of concerns raised become a sign of an unhealthy organisation. JW advised it is possible to undertake national comparison work. The Trust is almost on par with similar sized trusts.</p> <p>EC advised how the Trust responds is important and there is a need to demonstrate to staff the Trust is trying to make progress. There are some key initiatives which will support this, for example the people plan and leadership compact. This needs to be embedded into the development of people and leaders. Triangulation of information is rich but this needs to be communicated. There will be a point when the number of concerns raised will level off and the 'spikes' would be if a number of concerns are raised in one area. CT advised it is important not to look at one set of data in isolation. For example, if FTSU concerns increase and there is also an increase in turnover, sickness absence, etc. this indicates an issue. JM felt the SOF could include a reflection if the measures provide a balanced picture.</p> <p>TR asked JW if there was one thing which would make a difference now. JW advised she welcomes the open door culture and feels she gets the support she needs, but advised she struggles with time as she only works two days per week. This is being managed with SH.</p> <p>JM felt more discussion is required between, JW, EC and CT to ensure progress is being made in terms of the bullying issues. Triangulation of different measures to get a holistic view on the health of the organisation is important.</p> <p>The Board of Directors were ASSURED by the report.</p>		
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17/487	<b>STRATEGIC PRIORITY 5 – TO ACHIEVE BETTER VALUE</b>		
12 mins	<p><b>Update on work to create the Midlands and East 2 (ME2) Pathology Network</b></p> <p>DS presented the report, advising this details the work undertaken over the past 12 months and the key challenges for next year. The report details 8 steps which the Board of Directors are asked to consider. This is a draft report and acknowledged it is Derbyshire centric, with less detail regarding the joint work of SFHFT and NUH. The Trust is actively involved in some of the digital procurement work within the network.</p> <p>JM noted there are areas of pathology where there is a need to work more collaboratively in terms of sustainability and facilities but queried if wider working is going to make significant progress or should the Trust progress joint working with NUH as a step towards working with the wider network. DS felt there needs to be a dual approach. There is an issue in relation to pathology information systems as there are two pathology systems which do not ‘talk’ to each other. SFHFT, NUH and Derby have the same system which is linked but the rest of the ME2 group have a different system. This is hurdle in progressing information sharing. However, there are other advantages in terms of procurement, simple technological advances, etc.</p> <p>JM noted there are issues of sustainability of individual services in relation to workforce and there are issues in estates and investments, economies of scale, etc. JM queried what the potential benefits of a pathology network are. DS advised different organisations have developed different ways of working to suit their individual organisation. There is a need for a blended approach. The two key challenges are information sharing and transport.</p> <p>JM felt there is a need for the Trust to be part of ME2 but the immediate focus should be on building gains through the NUH partnership. Information regarding pathology should be included in the report to the Board of Directors regarding partnership working with NUH. DS advised there will be advantages for procurement with ME2. JM felt there is a need to establish what the Trust will do as part of ME2 and what is linked to NUH partnership working.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Include reference to pathology in report to Board of Directors regarding partnership working with NUH</b></li> </ul> <p>TR noted one of the challenges raised as being transport issues and felt the cost of testing is proportionately low compared to the cost of transport. TR queried if this has been factored in. DS advised that level of detail is not yet available.</p> <p>GW felt there is a need to be careful how this is taken forward. Partnership working with NUH is important. There is a need to be open with ME2 and explain the view the best way forward is to develop the NUH relationship but look how this can be transferred into ME2.</p>	RM / DS	02/04/20

	<p>DS advised, considering the technological limitations, developing the network with NUH and Derbyshire will be easier for the Trust. Feeding that into the wider network may be Phase 2 or 3. SB queried if enough resource is being put in across the network.</p> <p>The Board of Directors were ASSURED by the report and supported the 8 principles laid out in the report, noting there is a need to concentrate on longer gain procurement issues as opposed to shorter term procurement issues.</p>		
<b>17/488</b>	<b>STAFF STORY – ENDOSCOPY</b>		
25 mins	<p>SHu, SF, JC and CK presented the staff story, which related to the work of the Endoscopy Team, particularly the Endoscopy Training Centre.</p> <p>JM queried if the training centre helps with staff recruitment. JC advised when candidates are interviewed for a post, they say they are aware of the training courses offered. SF advised the team will undertake training at other centres, so there is an element of external networking. People who come to the unit at the Trust are able to get an insight into the organisation. SHu felt the training centre helps with staff retention.</p> <p>DS noted Elizabeth Gemmill – Director of Research and Innovation, is part of the team and queried if opportunities for research and innovation were maximised within the training centre. SF advised the Trust has just signed up to and is about to initiate a national study looking at recorded endoscopist metrics and whether traditional interventions or a targeted interventions suite would help endoscopists whose scores in the metrics are below par.</p> <p>CT felt this is a good example of people wanting to continually improve through the mechanism of training.</p>		
<b>17/489</b>	<b>SINGLE OVERSIGHT FRAMEWORK QUARTERLY PERFORMANCE REPORT</b>		
50 mins	<p>RM introduced the report, advising this is an analysis of Q3. The Trust continues to be very busy, with higher than expected levels of demand across all patient pathways.</p> <p><b>ORGANISATIONAL HEALTH</b></p> <p>CT advised there has been a slight increase in sickness absence, which is in line with predictable seasonal variation. The split between long and short term absence is relatively equal. Given the time of year, some of the reasons for absence are noted as being coughs and colds. The Trust continues to be proactive in relation to occupational health provision and musculoskeletal (MSK). There is a new provider for face to face counselling services which will hopefully reduce the waiting time to two weeks.</p> <p>Turnover remains consistently low, although work is underway to understand the reasons for people leaving the Trust within the first two years of employment, given the costs associated with recruitment.</p>		

<p>There are currently nursing and medical vacancies. There has been an increase in the use of bank to fill some of those and to increase capacity to meet demand.</p> <p>BB noted information regarding why people leave the Trust within two years was being looked at and queried if information as to why people are choosing to stay was being gathered. CT advised feedback is available through the staff survey but those specific questions have not been asked.</p> <p>JM advised in the preliminary information from the staff survey, compared to other trusts, SFHFT has a low proportion of staff who are thinking of leaving. There is a need to try to gain an understanding of what it is which makes people want to stay longer.</p> <p>RM queried how this information could be gathered. CT advised this could be done via a survey with specific questions, focus groups, etc.</p> <p>NG noted the usage of temporary staff is rising but the Trust is within the agency cap and queried if the temporary staffing was from the bank. CT advised the figure for temporary staffing includes both bank and agency usage. There has been a rise in bank usage, but this does not necessarily mean agency usage is not increasing and there is a need to be mindful of that. In terms of the strategic objectives, there is a slight gap in some of the expectations set in relation to nurse vacancies. Going forward the Trust will look at a different workforce model and skill mix to reduce reliance on temporary staffing but not by relying solely on doctors and nurses looking at alternative roles in the organisation. SB advised a rise in temporary staffing usage is to be expected at this time of year.</p> <p>JM felt the increase was relatively small. However, there is a need to understand the reasons for the increase and to avoid further increase. CT advised there is seasonal variation for different reasons. For example, in July and August substantive staff are on holiday and in Winter there is extra demand on services and an increase in sickness. SB advised more doctors have been included in the Winter Plan this year than last year.</p> <p>EC felt there is a need to be mindful of people leaving SFHFT to work within the system and with partners. While they are not staying within the organisation, they remain part of the system workforce.</p> <p>CW noted the staff health and wellbeing drop in sessions are getting increased attendance and queried what these provide and what are staff finding valuable. CT felt they provide advice for people and also a recognition the Trust is interested in providing support. Some of the information provided creates discussion in relation to self-care, prevention, access to other services which are available, etc.</p> <p>RM felt it is not necessarily a 'bad' thing for people to leave the organisation, noting there are three main groups of people who leave, these being people who leave to further their career and then may or may not return to the Trust in the future, a minority of people where it is mutually agreed to be in their best interest to work elsewhere and people who the Trust would like to keep in the organisation.</p>		
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<p>RM queried if there is a formal way of following up with people who have been in the organisation for 6 or 12 months to identify if the organisation is living up to their expectations and if there is anything which can be done to improve their experience if there are any issues. CT advised there is no formal way of capturing this information but looking at the reasons for people leaving is part of the exploratory exercise which will also touch on are expectations being met. EC advised opportunities to strengthen the staff induction and follow on are being considered.</p> <p>TR felt part of a leader's soft skills is to identify why people want to leave through their intelligence network. EC noted being a mentor can help staff to continually develop their own skills as well as supporting someone. It is useful to have a 'buddy' in the first 6 months but it is also useful to connect throughout a person's career as necessary. This is something to explore and strengthen.</p> <p>JM felt considering what actions the Trust needs to take and develop to ensure SFHFT provides a place where people want to work and stay should be a topic for a future Board of Directors workshop.</p> <p>RM advised the breakthrough objective for next year linked to this is to establish a co-ordinated approach to recruitment and retention.</p> <p>GW queried if the length of time taken to recruit is measured. PR advised this is currently 18 weeks from initial advert to on-boarding. This has improved from 19 weeks. CT advised the Trust benchmarks well and has recently won a national award.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Staff recruitment and retention to be topic for future Board of Directors workshop</b></li> </ul> <p>EC felt there is a need to consider how the Trust describes and measures what it is aspiring to from an overall organisational effectiveness perspective, looking at leadership, the way the Trust continually improves and to receive assurance in relation to what the Trust is aspiring to achieve. There needs to be a professional and deliberate approach to how improvement is tackled and supported and developed in the future. The strategic objectives and prioritising on an annual basis is the starting point.</p> <p><b>QUALITY</b></p> <p>JH advised a proposal in relation to dementia screening was presented to the Quality Committee and invited BB to comment. BB advised the Quality Committee were assured by the audit data which was presented. The data contained in the SOF is only data taken from Nervecentre which is not in place in all areas. BB queried if there was a way of combining the data. DS advised this can be considered when the SOF is refreshed.</p> <p>JM felt this is a misleading picture due to the partial collection of data through Nervecentre. If the issue relates to data, there is a need to establish how to get a more accurate picture.</p>	<p>CT</p>	<p>TBC</p>
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	<p>DS advised every patient who needs an appropriate assessment is being assessed. BB confirmed this has been scrutinised by the Quality Committee. GW advised 360 Assurance have been asked to do a piece of work on one target area to provide further assurance once Nervecentre is embedded.</p> <p>JH advised the Trust was just under the national threshold of 95% for harm free care in December. This was driven by pressure ulcers. There was a significant increase in pressure ulcers in Q3 compared to Q2. A deep dive regarding this is due to be presented to the Nursing and Midwifery Board on 14<sup>th</sup> February 2020 and will be reported to the Quality Committee. There are concerns in relation to the number of pressure ulcers coming from the community. This requires further investigation and work with partners.</p> <p><b>OPERATIONAL</b></p> <p>SB advised the ED 4 hour wait standard was 87% for December, which is 3.5% below trajectory. Performance for Q3 was 89%, ranking SFHFT 7<sup>th</sup> of 117 trusts in the NHS. NHS overall performance was 79%. Four patients waited over 12 hours in December. These cases have been reviewed through the Root Cause Analysis (RCA) and harm process and no harm has been identified. The cases will be discussed at PSQG in mid-February 2020.</p> <p>Flu reached its peak during December, which was earlier than previous years. Demand remains high. There were 123 ambulance arrivals per day during December which is 12-15 more than December 2018. The Winter Plan was fully rolled out in December and has 'held up'. However, there have been some periods when the Trust was very pressurised. These have been short, 48 hour periods and the Trust has been able to recover quickly from these times.</p> <p>31% of patients are dealt with through same day emergency care, which is higher than the nationally recommended level. Patients who are in hospital over 21 days remains within the standard and length of stay is lower than last year. There is a need to maintain Winter capacity and start planning for the coming year. Bed capacity planning for the coming year and ED demand and capacity work has commenced.</p> <p>NG noted 607 more patients were admitted in December 2019 compared to 2018 and queried if that figure is correct. SB advised he would check the figure but there has been significant growth. The figure for admissions includes admissions into same day emergency care. The growth in majors and resus is 12% higher this year than last year. This is being driven by ambulances arrivals. ED consultants are managing this by making better use of same day emergency care. The admission rate into beds is higher than last year but not as high as it would be if same day emergency care was not used.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Confirm the figure for the increase in number of patients admitted in December 2019 compared to December 2018 (quoted as 607 in SOF)</b></li> </ul>	<p>SB</p>	<p>05/03/20</p>
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	<p>JM noted the increase in ambulance attendances and sought clarification as to the reasons for this. SB advised a lot of ambulance conveyances are driven by calls to NHS 111, who received 3,000 to 4,000 calls in December. Their 'disposal' rate to an ambulance remains relatively stable. Some patients brought into the hospital by ambulance do not have any intervention by ED. EMAS have recently appointed a non-conveyance project manager to work with crews regarding these conveyances. The challenge is those patients need something, but not ED. The issue facing EMAS crews is how to get patients into those services in a timely manner. The key issue within the Drivers of Demand work is to safely reduce the number of conveyances. GW felt streaming patients to PC24 is another opportunity.</p> <p>CW queried how Newark can be utilised, particularly NHS 111 referrals. SB advised when someone calls 111 there is an algorithm to identify where that patient can go. Currently, Newark UCC is above NEMS on the list which drives an increase in patients going to Newark rather than NEMS. Work is ongoing with the CCGs to try to change this.</p> <p>CW sought clarification if other local trusts were seeing the same increase in ambulance arrivals. SB advised the growth in ambulance arrivals is slightly higher for SFHFT than other local hospitals, but it is growth from the local population rather than import from elsewhere. SFHFT has the second best performance in the East Midlands for ambulance handover times.</p> <p>NG sought clarification regarding the benefits to the Trust from the actions being taken through the Drivers of Demand work. SB advised the benefits from specific actions has not been worked out as this is very complex. There is a full action plan with timescales for those actions. The challenge for the A&amp;E Delivery Board is are they the right actions which are simple, focussed and will lead to a better outcome.</p> <p>SB advised in relation to the 62 day cancer standard, SFHFT delivered 74% in November, which is better than the revised trajectory. The Trust is currently meeting the revised trajectory month on month. Demand remains high. Actions in the original improvement plan are either complete or nearing completion. The time to diagnosis remains a challenge. The radiology strategy was recently presented to the Trust Management Team (TMT). This needs to be annualised. Endoscopy remains an area of constraint in relation to the cancer pathway and there is a need for a more strategic approach. How quickly patients are seen within clinic for their first appointment and follow up is part of the pathway which the Trust can try to optimise without lots of investment. This will be reported to the Board of Directors as an indicator.</p> <p>Within the planning guidance for 2020/2021, the Cancer Alliance has been tasked with producing a clear plan in relation to delivery of 85%. The Trust will be working with them in relation to this and an improvement plan will be presented to the Board of Directors.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Improvement plan for achieving 85% 62 day cancer standard to be presented to the Board of Directors</b></li> </ul>	<p>SB</p>	<p>04/06/20</p>
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SB advised the third party review of cancer processes has been completed. The Intensive Support Team from NHS Improvement (NHSI) will prepare their report. This will be presented to the Board of Directors in April 2020.

JM noted 3 or 4 specialities are affecting performance and queried if strategies are in place to address this. SB advised there is a plan but a decision has to be made if this will be invested in. The Trust is doing outsourcing and other elements but radiology and endoscopy are critical to this pathway. JM queried the timescale for the decision regarding investment. SB advised it is in the planning for next year.

PR advised there are currently incomplete cases which are being worked on, some of which will increase internal capacity without reducing run rate. The timeline for the incomplete cases to be approved through the executive team is the end of February 2020.

NG queried if there is a correlation between the number of people who present for treatment and performance. SB advised not for treatment as this is only 1-2% of referrals. The treatment aspect is not the major problem as the issue lies within diagnosis. In next year's planning there is an expectation to diagnose and inform patients within 28 days. This will be a challenge.

SB advised in relation to elective care, diagnostics achieved the national standard at 99%. There are no patients waiting over 52 weeks. Referral to treatment (RTT) was 86% and more patients' clocks were stopped than were started in Q3, indicating more patients were treated than were added to the waiting list. The waiting list has reduced by over 2,000 during Q3. Waiting list size (PTL) is a major indicator in next year's planning guidance.

JM noted ophthalmology has been an ongoing issue and queried if the effects of the additional actions were being seen. SB advised two additional consultants are in post and things have started to improve. However, there is a need for a system solution to ophthalmology to ensure not all patients are coming to hospital. The triage system is working better, but is not optimised.

**FINANCE**

PR advised Q3 has been challenging. The Trust started and ended the quarter on plan due to the use of £3.4m of non-recurrent recovery actions. The underlying position has deteriorated by £5.9m during the quarter. The primary reasons for this being the cost of maintaining capacity, dealing with increased levels of activity and the inability to deliver recurrent financial improvements as per the plan.

At the end of Month 9, the Trust's YTD deficit is £32.8m before non-recurrent income sources, which is £140k better than plan due to the non-recurrent actions which have been utilised. The ICS is reporting non-delivery of the Q3 plan. Therefore, the Trust lost £350k of Provider Sustainability Funding (PSF) linked to that. When non-recurrent income sources are taken into account, the deficit is £15.24m, which is £210k adverse to plan.

	<p>Due to increased activity, income and pay costs are above plan. Financial Improvement Plan (FIP) delivery is £650k below plan at £8.1m, more than 50% of which is on a non-recurrent basis. Capital is on plan and cash is on plan. Achievement of the Q3 position has been key to maintaining the cash position as payment of PSF and Financial Recovery Funding (FRF) for Q4 is secured.</p> <p>The current forecast is to achieve the control total at year end but this is reliant on further use of non-recurrent solutions and divisional forecasts. Through the Finance Committee and executive team the Trust is working closely with divisions to achieve forecasts. The underlying deficit is £9.65m worse than plan and will impact on 2020/2021 planning.</p> <p>NG noted the increased levels of activity, with pay costs rising disproportionately in respect of this, more than 50% of the FIP is non-recurrent and the forecast for this year is predicated on achieving further non-recurrent savings.</p> <p>JM noted the Medicine Division is giving the most cause for concern and queried what discussions are ongoing with them. PR advised the Medicine Division attended the Finance Committee meeting on 27<sup>th</sup> January 2020 and provided information regarding the issues they are dealing with. They had no solution to all the issues but through the executive team some reductions in expenditure and a slight improvement in their forecast has been agreed. There will be more work through the budget setting process. The Medicine Division are due to report back to the Finance Committee in April 2020.</p> <p>JM noted pay costs are increasing by a higher proportion than anticipated and queried if this is part of the issue with medicine. PR advised some of issues are due to sickness absence and filling gaps with high cost locums. There have also been some gaps on the junior rotation which were not forecast at Month 6. The costs relate to maintaining capacity rather than additional capacity over and above the Winter Plan. In addition, the fire evacuation work at Mansfield Community Hospital needs to be factored in as there is a ward with half the usual number of patients which still requires a full complement of staff.</p> <p>NG advised there are high levels of sickness absence in the division and problems related to the pensions cap issue.</p> <p>JM acknowledged the assurance from the Finance Committee but felt it important for the Board of Directors to understand the two or three main issues driving the deterioration of the financial position. There is a need to be clear about the implications going into next year.</p> <p>The Board of Directors CONSIDERED the report.</p>		
<p><b>17/490</b></p>	<p><b>BOARD ASSURANCE FRAMEWORK (BAF)</b></p>		
<p>2 mins</p>	<p>RM presented the report, advising all the principal risks have been discussed by the relevant sub-committees. The changes and amendments which have been made are highlighted in the report.</p>		

	<p>The process of reviewing the principal risks for 2020/2021 has commenced to ensure continuity between this year and next year and to reflect some of the changing dynamics.</p> <p>JM advised the discussion regarding risk appetite, levels of risk, etc. at the recent Board of Directors workshop was very useful.</p> <p>The Board of Directors REVIEWED and APPROVED the Board Assurance Framework, taking into account the significant scrutiny undertaken by the sub-committees.</p>		
<b>17/491</b>	<b>LEARNING FROM DEATHS QUARTERLY REPORT</b>		
14 mins	<p>DS presented the report, advising the Trust has a strong and robust process for identifying and investigating patients with learning disabilities or mental health issue who die in SFHFT's care.</p> <p>The Trust has been identified by the Dr Foster Unit as being a mortality outlier for biliary tract disease. A deep dive has been undertaken by the medical examiner and consultant gastroenterologist. No harm was demonstrated in that report which was submitted to the regulators in November 2019. No response has been received yet.</p> <p>A mortality outlier alert has been received from the National Hip Fracture Database in relation to fractured neck of femur (NOF) patients. A multidisciplinary team (MDT) and working group have been established to look at all aspects of the pathway and to develop an action plan. Initial findings are this relates to patients who are frail and/or elderly but more detailed information is required. It may be due to patients who are waiting to get to theatre, but the data is being looked at to see if this is the case. Trusts with good outcomes for fractured NOF patients have a strong ortho-geriatrics service. This is an area to investigate. A deep dive report will be presented to the Quality Committee in March 2020.</p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>• <b>Deep dive into fractured neck of femur deaths to be presented to Quality Committee</b></li> </ul> <p>BB noted the biliary tract issue has been ongoing for a while. DS advised the Trust has submitted the evidence and a response is awaited. However, no harm has been found.</p> <p>BB felt in relation to fractured NOF, it is difficult to see the data in the report, the graphs are not clear and there are no confidence intervals. BB queried if the number of patients was relatively low. DS advised it is 35 patients.</p> <p>BB noted there is a care bundle / best practice associated with fractured NOF and felt it would be useful to know if there is evidence best practice was adhered to in the entire cohort. There is work to do through the ICP in relation to falls prevention in the community.</p>	DS	18/03/20

	<p>JM felt the graphs look alarming and there is a need to establish if there is a real issue and if best practice has been followed.</p> <p>The Board of Directors were ASSURED by the report.</p>		
<b>17/492</b>	<b>ASSURANCE FROM SUB COMMITTEES</b>		
17 mins	<p><b>Audit and Assurance Committee</b></p> <p>GW presented the report, highlighting the implementation rate for first follow up actions from internal audit recommendations is 95.7%, the highest of all 360 Assurance clients.</p> <p>In relation to register of interests, there have been significant improvements in compliance, with 69 staff non-compliant. The Clinical Chair for the Surgery Division and the Acting Divisional General Manager for the Medicine Division attended the meeting to update the Committee with proposed actions to improve compliance.</p> <p>The Committee have been working with 360 Assurance regarding developing the Committee. An action plan has been developed which is being implemented. Part of this is formalising the working relationship across the committees and this is starting to work well.</p> <p>JM acknowledged the inter-relationship between the committees and felt this is a welcome step forward.</p> <p><b>Finance Committee</b></p> <p>NG presented the report, advising the planning guidance has now been produced. There is a much greater emphasis on the system (ICS) performance. SFHFT has seen its underlying deficit increase by nearly £10m since the beginning of the current financial year, which causes issues in terms of the planning for 2020/2021.</p> <p>The main issues which came to light as a result of the deep dive into the performance of the Medicine Division are pressures resulting from the pension earnings cap for consultants, staff vacancies and increased sickness in the division. There has been a big deterioration in the last couple of months but some of the issues were predictable.</p> <p><b>Quality Committee</b></p> <p>BB presented the report, advising Ophthalmology provided an update regarding progress against the quality summit. While it was reassuring to hear about the progress, there is more work to do. This will continue to be an area of focus and a further update will be provided to the Committee in September 2020.</p> <p>With reference to the challenges relating to emergency care, the Committee is aware of harm assessments which need to continue to be seen through the Committee. However, to date there is no evidence of harm.</p> <p>Progress continues to be made in relation to the Advancing Quality Care Programme.</p>		

The 15 Steps Programme is to be reviewed. This is based on a clinical model but it is being used throughout the Trust to look at clinical and non-clinical areas. The review will establish if this is the best way of providing assurance and celebrating success. The review will be reported to the Committee in due course.

**People, OD and Culture Committee**

CT presented the report, advising an update on employee relations cases was received by the Committee who were assured all cases are being appropriately managed and there are no unexplained lengthy delays.

In relation to equality and diversity, progress is being made but this needs to be an area of focus going forward in terms of the overall approach to culture.

The Maximising our Potential action plan, which underpins the workforce strategy, needs to be looked at in more detail outside the Committee as a number of the actions have become ‘business as usual’.

A group has been set up to work with EU nationals in the Trust. Work is underway with staff side and unions to ensure EU colleagues are being supported.

EC advised the focus for 2020/2021 will be to take the intelligence from the staff survey results and engagement sessions with divisions and to pull that into defining what our leadership offer is. There will be stretch within Maximising our Potential strategy and action plan, looking at targeted approaches and being clear what ‘good’ looks like from a people and culture perspective.

**Charitable Funds Committee**

TR presented the report, advising the Gamma Scanner appeal has reached £485k. The Newark Breast Cancer Service appeal is completed and the equipment has been purchased. However, there has been a significant delay with the software supplier. The revised implementation date is April 2020.

The enhancements to the KMH ward entrances work will be completed by early 2020.

The ‘Dragon’s Den’ initiative was reviewed. Staff were invited to submit bids for patient experience service improvement projects, up to a maximum of £5k. There were 13 successful bids. It was acknowledged the process put a lot of strain on the community involvement team to support bids. It is hoped to implement the scheme again and to possibly run it twice per year rather than annually.

EC felt there is good learning which can be taken from the Dragon’s Den approach, where people can submit ideas at a fixed point or at any time. TR felt the biggest challenge is supporting the workforce to understand the process to implement ideas and to manage expectations.

	The Board of Directors were ASSURED by the reports		
<b>17/493</b>	<b>OUTSTANDING SERVICE</b>		
5 mins	A short video was played highlighting the work of the Specialist Heart Nurses.		
<b>17/494</b>	<b>COMMUNICATIONS TO WIDER ORGANISATION</b>		
2 mins	<p>The Board of Directors AGREED the following items would be distributed to the wider organisation:</p> <ul style="list-style-type: none"> <li>• Staff issues and how they align to patient care – staff story, FTSU, apprenticeships, Dragon’s Den</li> <li>• SOF, including recognising Winter pressures</li> <li>• 7 day services and what it means to patients</li> <li>• Coronavirus</li> </ul>		
<b>17/495</b>	<b>ANY OTHER BUSINESS</b>		
1 min	No other business was raised.		
<b>17/496</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next Board of Directors meeting in Public would be held on 5<sup>th</sup> March 2020 in the Boardroom, King’s Mill Hospital at 09:00.</p> <p>There being no further business the Chair declared the meeting closed at 12.35.</p>		
<b>17/497</b>	<b>CHAIR DECLARED THE MEETING CLOSED</b>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>John MacDonald</p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		

17/498	QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT		
2 min	<p>Roz Norman (RN) - Staff Governor advised as staff side chair she is invited to Medirest induction days. She will take this opportunity to raise the profile of FTSU and try to get a FTSU champion.</p> <p>RN noted the significant improvement in employee relations cases, feeling the 'Just Culture' principles are embedded.</p> <p>RN advised new starters used to have 30, 60 and 90 day meetings with their manager and queried if information relating to why staff wish to stay with the organisation can be gathered through that process. If these meetings are not taking place, could they be re-started. RM advised his view is staff enjoy their work if their manager is supportive. If people are not enjoying their job, they may not tell their line manager. This is a way forward but just one part of gathering information.</p> <p>Philip Marsh – Public Governor, queried if there are groups of staff who use the FTSU service more than others. SH advised this information is available and can be analysed.</p>		