Trust Board Meeting in Public

Held on Thursday 7th March 2019

Lecture Theatre, Education Centre,
Queen Alexandra Hospital, Southwick Hill Road, PO6 3LY

MINUTES

Present:	Melloney Poole	Chair
	Roger Burke-Hamilton	Non-Executive Director
	Gary Hay	Non-Executive Director
	Inga Kennedy	Non-Executive Director
	Martin Rolfe	Non-Executive Director
	Christine Slaymaker	Non-Executive Director
	Mark Cubbon	Chief Executive Officer (CEO)
	Chris Adcock	Chief Finance Officer (CFO)
	Paul Bytheway	Chief Operating Officer (COO)
	John Knighton	Medical Director (MD)
In Attendance:	Penny Emerit	Director of Strategy and Performance (DSP)
	Lois Howell	Director of Governance and Risk (DGR)
	Emma McKinney	Director of Communication and Engagement (DCE)
	Debra Elliott	Deputy Chief Nurse
	Joseph Ajayi	Staff Nurse (minute 057.19)
	Ashin Jacob	Staff Nurse (minute 057.19)
	Ariane MacIntyre	Corporate Clinical Educator (minute 057.19)
	Helen Bland	Head of Midwifery (minute 060.19)
	Dave Gordon	Committee Clerk (minutes)

Item No	Minute
056.19	**Welcome, apologies and declarations of interest** The Chairman welcomed everyone to the meeting. Apologies were received from David Parfitt (Non-Executive Director) and Nicole Cornelius (Director of Workforce and Organisational Development). No declarations of interest were made.
057.19	**Staff Story** The presentation focused on the recruitment of overseas nurses. Having identified their desire to work in the United Kingdom, potential applicants had a series of tests to pass. Firstly, the IELTS English language test would be taken. Following this, the next stage was a Computer Based Test (CBT) relating to nursing knowledge. Finally, the Objective Structured Clinical Examination (OSCE) consisted of 24 exams taken in six stations. As this last stage was taken after recruits had made their move to the UK, staff from the Trust supported candidates at this juncture. Once the OSCE stage was cleared, the candidate would receive registration from the Nursing and Midwifery Council and be suitable for permanent employment with the Trust. The Corporate Clinical Educator outlined achievement by staff employed by the Trust; whilst the national pass rate for OSCE was 81%, it was 100% with the Trust (from 123 candidates). In addition, whilst no full time member of staff was dedicated to support this,

	an employee was being seconded into this role. In addition to this academic support, international candidates faced other issues regarding relocation. Examinations incurred a cost (increased by any resits required), and after three years in the UK a visa costing £1,600 had to be obtained; the Trust Leadership Team had discussed methods to assist overseas staff with this. The Staff Nurses introduced their stories; Joseph Ajayi had arrived from Nigeria and had considerable prior experience in orthopaedic and mental health nursing. Having had a long term desire to work in the UK, contact from the Portsmouth Hospitals NHS Trust alerted him to the opportunity available. In addition, the Trust's clear commitment to its core values on care and compassion made the chance to work here extremely appealing. The support he had received during the OSCE process was also greatly appreciated. The openness encouraged by the Freedom To Speak Up programme was another matter identified by as crucial to the Trust's appeal to Staff Nurse Ajayi.. Ashin Jacob had also been looking to move to the UK for some time (from India) and had arrived in November 2018. She had attended an interview in India but it had then taken 10 months to obtain all the necessary evidence of qualifications and address immigration matters. Whilst the CBT was daunting and paperwork was also an issue to organise, the Trust had provided support throughout. She appreciated the assistance offered prior to her arrival, with all matters resolved for the start of her post. The academic support for OSCE was also valued despite the time pressures involved. The Chair welcomed the pass rate for OSCE candidates and the improvement in this from previous presentations to the Trust Board. The Chief Executive Officer also wished to extend his thanks for the international nurses for their impact on the Trust, broadening the skill set and diversity of the organisation. The recruitment of international nurses, and the support required to ensure their employment with the Trust was beneficial for all concerned, would continue to be prioritised. The Trust Board extended their thanks to those providing the Staff Story.
058.19	**Minutes of the last meeting** The minutes of the meeting of 7th February 2019 were approved as a true and accurate record of the meeting.
059.19	**Matters arising / summary of agreed actions** The Board reviewed the Action Log. Clarification was given regarding the action relating to minute 006.19, which referred to the Trust's Operating Plan.
060.19	**Notification of any other business** The Director of Governance & Risk had circulated an action plan for the achievement of standards set by the Clinical Negligence Scheme for Trusts (CNST) relating to the avoidance of term admissions into neonatal units. The Director of Midwifery sought the Board's approval of the action plan by 10 March prior to its submission to CNST. The Chief Operating Officer / interim Chief Nurse advised the Board that he had not had the opportunity to review the document in detail and consequently could not advise the Board on its contents.

	Given this position, the Trust Board was unable to approve the Action Plan as presented, but agreed that authority to approve the plan on behalf of the Board would be delegated to the Chief Operating Officer, who would meet with the Head of Midwifery to seek assurance on the associated risk factors before discussing with the relevant clinical staff. **Action: COO**
061.19	**Chair's opening remarks** The Chair referred to the need to ensure that care was compassionate, safe, respectful and dignified. The Trust Board needed to be explicit in this matter, and to ensure that staff were committed to providing such care on a daily basis. Whilst the recent focus had been on processes and patient safety, a move towards prioritising the patient experience and cultural change was now required. The pressures on staff were understood, however, behaviours required emphasis as well as policies and procedures.
062.19	**Chief Executive's Report** The Chair commented that she had valued the inclusion in the Chief Executive Officer's report of a table outlining the time the Trust had been operating at various Operational Pressures Escalation Levels (OPEL). The Chief Executive Officer mentioned that, in future, he will be including the OPEL statistics for the month as part of his CEO report to the Board. **Action: CEO** The Chief Executive Officer raised two other key issues: Chief Nurse Position: The Chief Executive Officer updated the Board; a Panel would be holding final interviews on 8th March 2019. In the interim period, the Chief Nurse's responsibilities within the Executive Team would be assumed by the Chief Operating Officer, a registered nurse. Other aspects of the role would be assumed by a series of appropriate senior staff. In addition, the Deputy Chief Nurse would also be leaving the Trust; the Chief Executive Officer wished to extend his thanks to her, and advised that the appointment process for her successor would start later in March 2019. Corporate Values and Behaviours: The Chief Executive Officer reiterated the need for the Board to provide leadership in the provision of privacy, dignity, compassion and care to the Trust's patients. The Trust currently observed inconsistency in the care it was providing, with some outstanding examples counterbalanced by instances where care was not offered at the desired standard. The Organisational Development and Communications & Engagement Teams will soon be relaunching the national 'Hello My Name Is…' campaign. This is currently in development and a launch date will be agreed within the Leadership Team. **Action: CEO** Gary Hay asked if the staff survey had identified areas where communication could be used to address concerns over values and the issues impeding progress. The Chief Executive Officer responded that the Director of Communications and Engagement was ensuring that any new platforms or communication channels would allow for the appropriate messages to be conveyed accurately. An update on this matter would be provided in the near future. The Chair raised the issue of patient involvement in analysing communications; Gary Hay added that staff required assistance in holding the conversations required to

	disseminate the right messages. The Chair requested that any such messaging should be in plain English rather than being aimed at management. The Board accepted the Chief Executive Officer's report, and specifically approved the amendments to the Reservation of Powers and Scheme of Delegation Policy proposed therein.
063.19	**Pathology Strategic Outline Case** The Director of Strategy and Performance outlined the proposal. National pathology networks were being established, with the Trust part of the South 6 Pathology Network. The proposed reconfiguration of services was due to be submitted to NHS Improvement. The Director of Strategy and Performance had been involved in the steering group and had also taken the matter to the Trust Leadership Team. The Board was asked to commit the Trust to follow through on the outcome of the evaluation of the eight options available. However, the implications of these outcomes were not yet clear; as a result, this issue was included in the report as a risk. No reconfiguration proposed would cause a detriment to services as they stood. The Board was also asked to approve funding for a project team to make progress on the matter. Martin Rolfe questioned the request to commit to a process whose potential outcomes were not yet fully understood. Given this, he sought assurance that the Trust could deal with any proposal that was currently being considered. The Director of Strategy and Performance responded that risk assessments were being undertaken, with the findings of these to be fed into the selection process. This would include any impacts to services outside of pathology. The Chair asked what the implications would be should the Trust's scoring conflict with the selected option; the Director of Strategy and Performance responded that the Trust had to decide if it was in a position to make the requested commitment. Should the Trust decide not to make the commitment, this may have implications for its membership of the South 6 Pathology Network. The principle of no detriment to services was embedded in the Trust's policy. The Chief Executive Officer clarified that the matter had been a major challenge nationally. The Trust was committed to ensuring that any option made sense for the local public and ensured greater resilience. In the meantime, it would have to wait to see which options arose. Roger Burke-Hamilton sought assurance as to how any impact on quality was measured and how any outcome would be managed.. The Director of Strategy and Performance assured the Board that quality would be measured objectively. In addition, workforce feasibility and the cost of change would be included in scoring. In year change would also have to be considered as part of financial planning across the Trust. The Chief Financial Officer added that future financing from services may have to be developed in an alternative manner to the existing NHS payment system. Christine Slaymaker asked that the case be used as an example to ensure financial planning was better managed in future cases. The Board approved the continued submission of the outline business case subject to there being no detriment to services.
064.19	**Quality and Performance Committee Feedback** The Chair of the Committee for its last meeting (Inga Kennedy) summarised the discussions held. Despite the backdrop of a week which had placed significant pressure on the Trust, the Committee had noted the commitment of all present to improving

healthcare. The performance reports presented to the Committee were moving away from statistics towards analysis (e.g. use of run charts). Whilst this required further development, the Committee anticipated that this refinement of reporting would continue.

In terms of the issues emerging from the Integrated Performance Report, the inability to fill the nursing roster consistently in all areas remained an issue which had an impact on a number of services. Patient falls were also an ongoing theme of discussion; the Committee noted the actions taken but raised questions as to their efficacy. Further analysis had led to the conclusion that the timing of patient assessments and communication of their findings may be a contributory factor in some falls. The Committee had asked that run charts be used for similar investigations into the impact of new measures introduced within the Trust. The inability to complete serious incident investigations promptly, through lack of investigator capacity, was also highlighted as a concern, given the significant amount of learning which could be taken from such events.

The impact of the number of patients entering the Trust through the Emergency Department was clear. As a result, discussions with services in the community and how they can co-operate with local hospitals to reduce this pressure were to be prioritised. In terms of potential harm, the external review of the Ear, Nose and Throat service had been received and would be presented to the Committee imminently. The review of ophthalmology was progressing, whilst the Committee continued to monitor performance against cancer standards.

Risk registers had been on the agenda; Inga Kennedy stated that there had been too much focus on process rather than risk and mitigation. This was an area the Committee would continue to work on at future meetings.

Christine Slaymaker noted the reporting of the Quality Recovery Plan. She questioned whether this was in line with the Trust Board's request, which was that the first six pages of the report on the CQC Action Plan. However, the current reporting featured 'red amber green' reporting on progress made but lacked a commentary. In addition, some areas rated as 'requiring improvement' or 'inadequate' lacked movement. The Director of Governance and Risk would revisit reporting to the Trust Board on the Quality Recovery Plan.

Action: DGR

Roger Burke-Hamilton added that a more visual approach may also assist with trend analysis, but noted improvement in reporting. The Chair emphasised the need for the Board to be assured that improvement actions pledged to CQC were being enacted. The Chief Executive Officer assured the Board that the methodology of reporting was more in line with CQC policy and practice. The evidence base had increased; the next phase of improvement involved moving beyond compliance towards a focus on culture. Christine Slaymaker questioned whether the dependency on metrics meant that qualitative observations were being missed out. The Chief Executive Officer noted that these matters would be discussed by all relevant parties with a view to supporting quality improvement. However, Christine Slaymaker was concerned that the lack of progress in some areas limited the ability of the Trust to alter its focus. The Chief Executive Officer responded by saying that the context of the Trust's position in mid-2018 needed to be borne in mind when analysing how reporting should evolve. The Director of Strategy and Performance added that new forms of reporting (e.g. heat maps) would enhance the Trust's level of analysis. Martin Rolfe stated that the Quality and Performance Committee's role in providing accountability for improvement required clarity; the Medical Director agreed and re-emphasised the importance of adjusting the analytical focus of reporting to provide the right information to the Committee and Trust Board.

	The Board noted the Committee's report.
065.19	**Safety, quality and operational performance report analysis** The Medical Director highlighted the main themes present in the Integrated Performance Report. Reporting had been amended in the quality section, with headings altered for each data slide. Analysis and themes were being used to add value to the report and demonstrate necessary work either being undertaken or planned for the future. January 2019 had seen operational pressures significantly above average; bed occupancy and staffing had been challenges during the winter. As a result, quality issues (e.g. pressure ulcers, patient falls) had been highlighted by performance data. The period had also seen significant events increase in number. However, the proportion of all patient events which were classed as serious incidents had continued to decline, which was a positive indicator. The new serious incident reporting process involved a discussion of all such events, with an executive level nurse and director present. Medicine reconciliation rates had also improved. Influenza presentations to the Trust had followed a pattern similar to the previous winter, but with a two week delay in terms of peaks and troughs. The last three weeks had seen a reduction in cases, which was anticipated to continue. Almost all cases were Influenza A (a strain of H1N1-type flu) which might suggest a peak in Influenza B cases later in the spring of 2019. However, point of care testing had transformed the Trust's response to flu in 2018 – 19 and had allowed for far more effective triage of patients. In 2019 – 20, this form of testing would be extended to inpatients. Regarding sepsis, work continued on improving the response to suspected cases. New post holders within the Safety Team were working with the Deteriorating Patient Group and had agreed metrics which allowed for greater analysis of the impact of measures enacted. This would be in place from April 2019 onwards and should provide more reliable measurement of progress. The Chair requested that the End of Life Care Group's breakdown of figures regarding mortality should be incorporated into reporting. The Medical Director agreed with this proposal. **Action: MD** Services for patients presenting with mental health problems were an area where reporting required further work. Work had been undertaken with the Mental Health Liaison Team to pare down national reporting data and improve the interrogation of information held by the Trust. The Head of Safeguarding was leading on some areas of this work. It was intended that the next report to the Quality and Performance Committee would include some results of this collaboration. Meanwhile, patient experience research had identified recurring themes; some excellent examples from Northumbria Healthcare NHS Foundation Trust would be used as best practice in data use. Gary Hay raised the issue of patient falls and whether compassion was a contributing factor to performance. In particular, he asked if reporting on changing patient circumstances could have an impact. The Medical Director added that intense workloads could also be a key variable, not just in terms of numbers but also patient turnover. As a result, the Trust may need to consider the relative priorities given to all parts of the process to ensure that the highest number of positive outcomes was secured. The Chair also raised the fact that, at the final stages of life, such changes in both circumstances and the desire to move may change very rapidly. The possibility of using volunteers to help care for patients who have no or limited family support at this stage could also

	contribute to avoiding falls. However, the Medical Director added that it would be impossible to achieve a zero rate of falls, given the need to remobilise patients wherever possible and appropriate. The Chief Operating Officer reported that the high level of demand had extended into February 2019. In order to mitigate these pressures, the Trust was trying to organise a Multi Agency Discharge Event to support a reduction in the number of complex discharges (with the response to the request expected on 7th March 2019). New working practices were also being trialled in the Trust; these had reduced the number of patients who were medically fit for discharge waiting over 14 days by 25. The Medicine & Urgent Care Division had also imposed a three day 'reset' to regain control of its work; there had been a high number of discharges in this period, with the Trust recovering to OPEL 2. Further improvements in discharge number were the subject of discussions with NHS Improvement. A multi-disciplinary team was working on ambulance holds, with an overview event to be held with key partners later in March 2019. This was an area which had deteriorated during the early part of 2019, resulting in the Trust looking to reset its practices to return to the positive position of late 2018. In terms of cancer standards, performance on the 62 day standard was set to be at 81% at the end of February 2019. Urology, colorectal and imaging services were the main areas for improvement; urology had presented a detailed action plan, and further work was being undertaken to compile the plan for colorectal. The Associate Medical Director was working on a project to improve performance against the 104 day standard. The Endoscopy Team was seeking to increase its administrative capacity in order to discharge its responsibilities in a more timely fashion. The Chief Executive Officer set out the challenges for urgent care, with attendance over 5% in excess of predictions. Admissions were over 13% up on the year so far, which was adding to the quality issues already in existence. This also had an impact on elective care and increased the possibility of cancellations to planned surgery and other procedures. Given this, it was imperative that unnecessary admissions were avoided and that sustainable levels of demand were maintained. Part of this would involve increasing the Out of Hospital Service and improving consistency; at present, 210 beds were occupied by patients who were medically fit to be moved but could not be discharged. A system-wide plan was to be agreed to correct this imbalance in capacity. The Board noted the report.
066.19	**Research and Innovation – Quarterly Feedback** The Medical Director introduced the report, detailing the breadth and volume of research projects undertaken by the Trust. In terms of overall recruitment, the Trust was ranked 2nd nationally and was outstripping its predicted trajectory. The Chief Executive Officer added that the Research and Innovation Steering Group had recently been established and was responsible for maximising the potential of this area of strength. Given the fact that over 10,000 patients had now been recruited to participate in trials, and the Trust could consequently become a national leader in the near future, it was vital to capitalise on the work that was being done. Discussions with the University of Portsmouth could also strengthen the Trust's position, and may be included in the next quarterly update depending on progress made. Christine Slaymaker questioned whether the present focus was solely on clinical work. The Chief Executive Officer responded that this was the primary focus at present, but that other areas were being explored; for instance, there were quality improvement

	specialists on the Research and Innovation Committee. The Board noted the update.
067.19	**Workforce and Organisational Development Committee feedback** The Committee Chair (Gary Hay) introduced the new Integrated Performance Report and the section relating to workforce. At present, it was not addressing the key areas of interest to the Committee; as a result, the Committee needed to work with officers to finesse reporting and align it with the Board's priorities. The Committee would receive information on how this was progressing at future meetings. The Committee was satisfied that it could be assured that work was being undertaken on recruitment. However, consideration was needed as to how this could be relayed to the Trust Board. Reports on health and wellbeing, employee relations and culture change had also demonstrated the Trust's improvements in these areas. The challenge had been identified as establishing suitable metrics and appropriate benchmarking standards to provide assurance on standards. The report on the Cost Improvement Programme had been an example of this, which had given details regarding the work being done, but did not offer an analysis of its impact. Safer staffing had been the subject of a report which also offered a wealth of information. However, the Committee had asked for this to be redrafted as it also could not provide assurance that practices were having the desired impact. The Workforce Plan would also require resubmission for similar reasons. The Chief Executive Officer agreed that work was required to support the Committee in its work. Part of this would involve ensuring senior leadership was present at its meetings, and also ensuring that the link between various items on its agenda was being made more clearly rather than treating discussions as discrete events. However, it should be noted that work on locking down the Establishment in month 10 was in train; this would allow for workforce planning in a manner not previously achievable. Any changes to the Establishment would then be visible to committees and subject to business control. The Board noted the Committee's report.
068.19	**Workforce and Organisational Development performance report analysis** Gary Hay indicated that the Integrated Performance Report had highlighted some key issues (e.g. agency spend, appraisals). He also suggested that the suite of metrics could be tested at a future Board Workshop to examine its utility in meeting the needs of the Workforce and Organisational Development Committee and Trust Board. Inga Kennedy requested more analysis on the reasons staff gave for leaving the Trust. Christine Slaymaker added that work was needed to formalise the remits of the various committees and the sign-off process for policies and decisions. The Chief Executive Officer assured the Board that they held the ultimate decision as to whether to sign off such documents. The Director of Governance and Risk added that workshop time had been allocated to key strategies. The Chair requested that the functioning of committees be made more uniform. The Board noted the update.

069.19	**Healthcare Worker Flu Vaccination** The Chief Executive Officer highlighted the improved vaccination rates compared with the previous year, although acknowledged the limitations on this and the need for further work in 2019 – 20. The Trust could not make vaccination mandatory (nor was such an approach desirable), but the areas where take up rates were lower had been identified and would be the subject of focussed improvement work. Conversations with leaders in these areas would be held imminently with a view to increasing vaccination rates next winter. The main areas where there was low take up of the vaccination appeared to be amongst contractors and clinical staff with doubts regarding the vaccination's efficacy. Staff engagement also appeared to have a key role in vaccination rates. The Medical Director informed the Board that, whilst the vaccine was better targeted at the prevailing strains than it had been in 2017 – 18, mutation in the virus had limited the impact of the campaign to a degree. However, the work the Trust had undertaken in advance of winter to promote vaccination did appear to have had a positive impact. The Chair sought information as to whether employment letters could be used to provide a clear message. The Chief Executive Officer responded that, in 2018 – 19, vaccinations had been provided at induction events to emphasise to new recruits the importance to the Trust of the vaccination programme. The Board noted the report.
070.19	**Finance and Infrastructure Committee feedback** The Committee Chair (Christine Slaymaker) stated that the last meeting had not received any updates which altered plans dramatically. The Year End Forecast of a £34.8 million deficit was on track and did not require revision. 2019 – 20 planning had also been discussed, with contract negotiations pending. The Joint Committee Chairs' meeting regarding the Operating Plan would be held on 26th March 2019 and consider the matter prior to its presentation to the Trust Board. The NHS Improvement Financial Improvement Plan was not ready for closure, as some actions had not become fully embedded or were yet to have an impact on the Trust. Instead, the remaining aspects would be included in a Financial Quality Improvement Plan, which would also cover internal audit findings, reports from Price Waterhouse Coopers and other such sources. Service Line Reporting was underway, but required work to ensure its message of assurance was clear. It was intended that this would start reporting fully to the Committee in June 2019. Christine Slaymaker also asked if the Committee or Board required a briefing on the national procurement agenda. Meanwhile, the IT Strategy had been welcomed and the Committee had asked if the process used to compile it could be applied to similar documents. The business case for endoscopy had been presented. Whilst the Committee understood the clinical arguments, it had been unable to provide assurance to the Board that the financial aspects of the case were adequately robust. It was requested that examples of best practice in this should be used to help ensure all such proposals were at the requisite level when they were considered by committees. The Chief Operating Officer, Director of Strategy and Performance and Chief Financial Officer would work on the resubmission of this case to the Finance and Infrastructure Committee on 26th March 2019. The Chief Executive Officer agreed with the Committee's decision on the endoscopy

	business case, observing that it was part of the role of Non-Executive Directors to demand due process and correct governance. It was now for the Trust to ensure that the processes were in place to finesse business cases. Inga Kennedy was concerned that the business case had been pending for some time; the corporate knowledge was present within the Trust but the right people had to be used to compile the necessary evidence. Martin Rolfe asked if it was possible to approve such cases outside of the committee room; however, the Committee Chair stated that the size of the case meant that this would not be suitable. The Board accepted the report.
071.19	**Financial performance report analysis** The Chief Financial Officer set out the year to date position, with non-recurrent mitigation in place to offset the current run rate. As a result, the £34.8 million deficit forecast was on track. The capital position was also complex, as the timeframes within which funding could be used were limited and there was no ability to carry forward reserves into 2019 – 20. As a result, priority items would be brought forward to ensure that this money was not lost. The Finance and Investment Committee would be updated on the specifics on these matters on 26th March 2019. Roger Burke-Hamilton raised the possibility of using local supply chains in procurement. This would help improve the Trust's standing in the community. The Board noted the update.
072.19	**Data Security and Protection Toolkit** The Director of Governance and Risk reminded the Trust Board of its annual requirement to provide a submission on the Data Security and Protection Toolkit, previously known as the Information Governance Toolkit. The Trust's internal auditors had examined the interim submission made in October, and all queries raised in the associated report had subsequently been addressed. The final submission was due by 31st March 2019. The delivery of the required rate of training (95%) had been identified as a risk, and was being addressed through targeted communication with those who had not yet completed their training. However, it was unlikely that the Trust could reach the target by the end of the month, and would probably need to include an action plan for delivery of the required standard with its toolkit submission. A revised position statement would be submitted to the Quality and Performance Committee on 21st March 2019 before submission. Christine Slaymaker was satisfied the Board could authorise the Quality and Performance Committee to approve the further evidence for the portal. However, she sought assurance that relationships with the Procurement Services would become more consistent, as she had noted that some procurement information required for inclusion with the toolkit submission was outstanding. She also asked if the South of England Procurement Services required support in order to prepare for the national procurement agenda. The Chief Financial Officer assured the Board that benchmarking indicated the team was performing well, with South of England Procurement Services operating across a range of NHS Trusts and CCGs. However, he was content to work on providing committee oversight of the matter.

	The Board approved the uploading to the NHS Digital Portal of all Toolkit evidence, the authorisation of the Quality and Performance Committee to approve the uploading of further evidence and the authorisation of the Director of Governance and Risk to approve the uploading of any further evidence acquired after the Quality & Performance Committee's meeting.
073.19	**Trust Board Code of Conduct** The Chair recommended that the Trust Board adopt the proposed code of conduct on an interim basis, to allow for enhancement of the wording concerning the Trust's values. Martin Rolfe requested that the sections on values (11.3 – 11 .6) be moved to the start of the document to ensure that their message was clear. Inga Kennedy agreed, adding section 3.3 to this list. The Chief Executive Officer agreed that this was in line with the Trust Board's stated intention to put its values at the centre of its work. The Director of Governance & Risk agreed to revise the Code of Conduct to reflect the discussion. **Action: DGR** The Board adopted the revised Code of Conduct, subject to the comments previously noted in this minute.
074.19	**Directors' and Non-Executive Directors' reflections on the meeting** The Director of Communications and Engagement welcomed the messages regarding values and understood the importance of her role in disseminating this. Roger Burke-Hamilton raised the role of the Trust in the wider community and with partner organisations and how information from these relationships could improve services. Christine Slaymaker asked if balancing measures for finance could be used in relation to other questions (e.g. staffing); the Medical Director welcomed this and the relations between the Board and its committees. Further to this, the Director of Governance and Risk was encouraged by the extent to which Non-Executive Directors were holding Trust executives to account. Martin Rolfe felt that, whilst the Board often talked about areas where it could do more, little attention was given to areas where it could de-escalate attention. As a result, there was the risk that the Trust could become overworked. Adding to this, Inga Kennedy asked if standing agenda items had to be repeated on a monthly basis and whether the system was becoming overheated in terms of reporting pressures. The Chair understood these concerns, but stated that the need to monitor improvement meant that radical redesign of the committee system may not yet be advisable. The Chief Financial Officer stated that work would be required to make financial reporting more blended in terms of its impact on other areas. The Director of Strategy and Performance noted the message from the international nurses mirroring the statements made by the Board regarding values; the Chief Operating Officer added that the Trust had a key role in creating an environment in which these values could function. The Chief Executive Officer concluded that the views of CQC and other inspectorates should be seen as an opportunity. However, the driver for change needed to be a culture change with a daily impact. The Chair added that committees were working in an improved fashion, but that financial reporting across these bodies would require development.

075.19	**Record of attendance** The record of attendance was noted.
076.19	**Opportunity for the public to ask questions relating to today's Board meeting** No questions were raised by the public.
077.19	**Any other business** There were no further matters raised.
078.19	**Additions to Board Assurance Framework and Risk Register** No additions to either the Board Assurance Framework or Risk Register were requested.
	Next Trust Board **Date of Next Meeting:** Thursday 4th April 2019, 9.30 am in the Oasis Centre.