

**Meeting of the Oxford Health NHS Foundation Trust**

**Board of Directors**

Minutes of a meeting held on

Wednesday, 25 September 2013 at 0900

in the Boardroom, Trust HQ

**Present:**

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| Martin Howell | Chair of Trust  |
| Stuart Bell | Chief Executive |
| Ros Alstead | Director of Nursing and Clinical Standards |
| Mike Bellamy | Non-Executive Director |
| Sue Dopson | Non-Executive Director |
| Anne Grocock | Non-Executive Director  |
| Mike McEnaney | Director of Finance |
| Clive Meux | Medical Director |
| Yvonne Taylor | Chief Operating Officer  |
| Lyn Williams  | Non-Executive Director  |
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| **In attendance:** |
| Hannah Smith | Assistant Trust Secretary (Minutes) |

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| **BOD****115/13**ab | **Welcome and Apologies for Absence**The Chair welcomed Governors and members of the public who had attended to observe the meeting.Apologies were received from: Alyson Coates, Non-Executive Director; Cedric Scroggs, Non-Executive Director; and Justinian Habner, Trust Secretary.  |  |
| **BOD 116/13**a | **Declarations of Interest**The Board confirmed that interests listed in the Register of Directors’ Interests remained correct. |  |
| **BOD 117/13**abcdefgh | **Minutes of the Meeting held on 31 July 2013**The Minutes of the meeting were approved as a true and accurate record, subject to the following: amending typographical errors on pages 6 and 8.***Matters Arising*** **BOD 103/13e – Bank & Agency target**The Director of Finance reported that the Bank & Agency target was being reviewed and would be reset.**BOD 105/13b – Dignity in Care event**The Director of Nursing and Clinical Standards noted that she supported the proposal for a whole system event on Dignity in Care and that she would discuss this further with the Director of Quality and Innovation at the Oxfordshire Clinical Commissioning Group (**Oxfordshire CCG**). *The Medical Director joined the meeting*. **BOD 106/13e – achievement against Care Programme Approach (CPA) target** The Director of Nursing and Clinical Standards reported that inconsistent recording of information on the RiO system had led to difficulties drawing out the appropriate data and inconsistencies in reporting. This was in the process of being resolved as, through the Clinical Effectiveness Committee, there was now clinical agreement on a standard place in RiO to record CPA results and guidance on this had been circulated to staff. Lyn Williams noted that he was still concerned that achievement against the CPA target was lower than he had expected. The Director of Nursing and Clinical Standards replied that information from the patient survey suggested that the results may be more positive than the previous reporting had indicated. The Chair emphasised that the Board needed to receive assurance in future Quality & Safety reporting that not only was the system to record CPA results operating effectively and meaningfully but also that CPA was being achieved to the extent that it should to meet targets for patients. **BOD 106/13g – recording of capacity and consent** The Medical Director confirmed that he had followed up concerns on appropriate recording of capacity and consent: with the relevant Clinical Director; through the Clinical Effectiveness Committee; and with some individual doctors directly. **BOD 107/13c – Commissioning for Quality and Innovation (CQUIN) targets**The Director of Finance noted that the Quality and Performance report on the agenda for this meeting (at Paper BOD 95/2013) provided details of how CQUIN targets were being addressed and any risks to achieving targets. Mike Bellamy confirmed that he was satisfied with the reporting on CQUIN targets and the detail provided on the milestones to reach targets. The Chief Operating Officer noted that previous reporting had not been able to include this level of detail when CQUINs had not yet been fully signed-off with commissioners.**BOD 111/13c – format of Annual Plan quarterly report**The Director of Finance noted that the format of the Annual Plan quarterly report would be considered and, if appropriate, revised for Q2 to demonstrate what was going well and what was not. The Board confirmed that the following actions were on the agenda for the meeting: 103/13d; 104/13c; 104/13d; 106/13f; 107/13b; and 108/13c. | **RA****RA** |
| **BOD 118/13**abcde | **Chief Executive’s Report**The Chief Executive presented his report at Paper BOD 93/2013 which outlined recent national and local issues.The Chief Executive drew the Board’s attention to the Berwick Report and the emphasis on continual learning and improvement of patient care. As a starting point to embed Berwick’s recommendations, a day-session had taken place in September 2013 to map out the various development and learning activities taking place across the Trust. The Board discussed the 10 Berwick recommendations and noted that they fell into a few categories or headings. The Board suggested that these headings be used as a framework to structure the Board’s agenda and, in particular, the Board Seminar programme. By addressing the headings from the Berwick recommendations, the Trust could become more outcome-orientated. However, the Trust should be sensitive as to the most appropriate way to embed certain Berwick recommendations. The 3rd recommendation that patients and their carers should be present, powerful and involved at all organisational levels, from wards to boards, could be promoted through the use of patient video diaries to bring individual experiences to Board attention. However, some patients may prefer not to have their experiences aired in a public forum, such as the Board meeting, in which case the Board Seminar programme may be more appropriate. The Chief Executive noted that four members of Trust staff had been nominated for a Thames Valley and Wessex NHS Leadership Recognition Award: the Chief Operating Officer; the Clinical Director for Community Services; a Pharmacy Technician; and a R&D Accountant. The Board wished each nominee all the best at the award ceremony in November 2013. Mike Bellamy referred to the workshop on 12 September 2013 to discuss the Trust’s approach to Organisational Development and asked whether a Staff Development Strategy would be put in place following this; developing the workforce was important as staff were the Trust’s biggest resource and expenditure. The Chief Operating Officer confirmed that work had commenced on a Staff Development Strategy. The Chair requested that a progress report on the Staff Development Strategy be provided to the Board in 2-3 months, potentially through a Board seminar.   | **SB/JCH****YT** |
| fg | The Chair noted that the Trust’s AGM had taken place on 10 September 2013 and that this had been well attended and very good feedback had been received, in particular on the 3 presentations from clinical teams. The Chief Executive noted that the positive feedback would be passed on to the presenters and the plan for the next AGM was to continue to include staff presentations. **The Board noted the report.**  |  |
| **BOD 119/13**abcdef | **Quality , Safety and Patient Experience Report**The Director of Nursing and Clinical Standards presented Paper BOD 102/2013 which contained: summaries of complaints and Patient Advice and Liaison Service (**PALS**) activity; summaries of compliments and accolades received; an infection control status report; a Care Quality Commission (**CQC**) compliance update; summaries of patient experience surveys; and a proposed three year Patient Experience Strategy. The Board had historically been provided with information about complaints, PALS and compliments. Further to the Francis Report’s recommendations that Boards be more engaged and aware of complaints, it was important to maintain this and for information on complaints to be balanced with awareness of the compliments received. The Director of Nursing and Clinical Standards noted that her team had looked for patient experience data from other NHS Foundation Trusts (**NHS FTs**), for benchmarking purposes, and had not found other NHS FTs making this level of detail public. ***CQC Community Mental Health Service User Survey 2012***Patient feedback from the CQC Community Mental Health Service User Survey 2012 had demonstrated improvement in mental health services but that more work would be required around care planning, care review and crisis care. Although good feedback had been provided from those receiving crisis support, other patients who were not formally in the crisis system had requested that the service be extended to cover them. Mike Bellamy noted the improvement in the results of the CQC Community Mental Health Service User Survey but asked how the Trust ranked compared to other NHS Trusts in this survey and how far the Trust was from being in the top 20 per cent of NHS Trusts. The Director of Nursing and Clinical Standards replied that the Trust aspired to be in the top 20 per cent but noted that she had not seen national ranking figures published recently. She would investigate whether national rankings were available for NHS Trusts participating in the CQC Community Mental Health Survey and would circulate any available figures. ***Friends and Family Test***Minor Injury Units (**MIUs**) and Community Hospitals were triallinga Friends and Family Test to check whether patients would recommend Trust services to friends and/or family. The Trust’s overall Net Promoter Score in this area was better than for local Acute services although individual responses also highlighted some areas where patients had waited longer to be seen than they had expected to. Anne Grocock noted that the Didcot Community Hospital team had achieved an exceptionally high response rate to the Friends and Family Test and asked what plans were in place with other Community Hospitals to follow Didcot’s lead and techniques and increase their response rate. The Director of Nursing and Clinical Standards replied that more education could be offered to staff around the importance of the Friends and Family Test and it may be particularly useful to train reception staff to follow this up. Mike Bellamy referred to the comparison of the Net Promoter Scores of the Community Hospitals and MIUs with Acute Hospitals and Accident & Emergency (**A&E**) services. Although the Trust’s overall score was better than that of Acute services, Mike Bellamy asked why the MIUs had not scored higher than 49 in June and July 2013, given that: (i) the Net Promoter Score for A&E units in the Thames Valley Cluster was fairly close to this, at 40; and (ii) as the MIUs had previously scored more highly, at 68 in April 2013 and 80 in May 2013. Mike Bellamy suggested that small MIUs should consistently be able to provide a significantly better service than large A&E units on the Friends & Family Test. The Director of Nursing and Clinical Standards replied that the sample size could mean that feedback from a few people could have a disproportionate impact upon scores. The Director of Nursing and Clinical Standards to confirm why the MIUs’ Net Promoter Scores had decreased from 80 in May 2013 to 49 in June and July 2013.  | **RA****RA** |
| ghi | ***Complaints*** The number of complaints received overall had decreased over a 12 month period but there had been an increased focus on a couple of mental health wards in Buckinghamshire. A detailed review had identified that the acuity of the patients and the number of beds available had made these wards particularly challenging environments. This was being discussed with commissioners with a view to buying more Psychiatric Intensive Care Unit (**PICU**) beds as an interim solution. The move to the purpose-built Whiteleaf Centre in Buckinghamshire may help to provide a more long-term solution. Lyn Williams referred to the complaints about mental health wards in Buckinghamshire and asked what else would be done to improve the situation, other than buying in more PICU beds and the move to the more modern environment of the Whiteleaf Centre. The Medical Director noted that ward staff were currently doing a very good job in managing patients in a challenging environment. The Director of Nursing and Clinical Standards added that an external review of one of the wards would check how well learning had been embedded. As part of the Service Remodelling work, the Clinical Director and the Head of Nursing for Adult Mental Health Services were also developing the model of care to be used in the Whiteleaf Centre so that patients would be less likely to behave in a disturbed way. The Chief Operating Officer noted that an increase in staffing levels on those wards was also an anticipated outcome of the Service Remodelling work. In the interim, 2 additional PICU beds had been purchased and negotiations were on-going with the Clinical Commissioning Group for more beds. Anne Grocock asked why a larger number of complaints had been received in the category of insufficient care in the community. The report had noted that there was no significant pattern in the reason for concerns but Anne Grocock suggested that more detail of this would be useful. The Medical Director noted that this category included complaints about out-of-hours services; as these services were subject to a large volume of contact, some complaints were to be expected. The Director of Nursing and Clinical Standards added that detail on the individual complaints within this category would be circulated out-of-session and had already been reviewed by the Medical Director and the Director of Nursing and Clinical Standards as part of the regular cycle of complaints reporting presented to the Clinical Standards weekly review meeting.  | **RA** |
| jklmn | ***Infection Control***There had been 3 *CDiff* cases in August 2013 which took the Trust’s overall total to 6 *CDiff* cases. As part of a peer review process, the Trust worked with commissioners and Oxford University Hospitals NHS Trust (**OUH**) to: (i) review each case, using Department of Health (**DH**) criteria; and (ii) apply learning consistently across the local health economy. The outcome of the peer review process had been that only 1 of the 6 cases had been considered avoidable. The majority of cases had been unavoidable and linked to circumstances beyond Trust control, such as previous antibiotic treatment which had made *CDiff* reoccurrence more likely.***Patient Experience Strategy***The Director of Nursing and Clinical Standards presented the Patient Experience Strategy which had been recommended by the Integrated Governance Committee to the Board for consideration and, if appropriate, approval. The Chief Executive noted his interest as Chair of the Picker Institute Europe (a not-for-profit organisation specialising in measuring patient and service user experiences). The Director of Nursing and Clinical Standards highlighted the 5 steps to put patients at the centre of the Trust’s activities by: * regularly asking patients for feedback;
* analysing this feedback;
* sharing good feedback and identifying improvements;
* working with teams to implement improvements; and
* sharing feedback and actions with patients and public.

The 5 step cycle was already active but the next stage would be to ensure that, where appropriate, systems changed in response to feedback received. The Board welcomed the focus on patient experience and the Chair requested that future reporting include examples of system change in response to this. Mike Bellamy asked whether the Patient Experience Strategy used a framework which would make clear the aspects of patient experience which were being monitored. The NHS Patient Experience Framework set out 8 elements which were critical to patients’ experience of the NHS and which could be applied to guide patients if they were unclear what their comments were being sought upon. The Director of Nursing and Clinical Standards confirmed that the strategy did operate within such  | **RA** |
| op | parameters. The Chief Executive added that the parameters would also change subject to the service and patient group being surveyed and also whether questions were being asked for national surveys which had already identified specific areas of enquiry. The strategy could, however, be updated to clarify the general framework and parameters the strategy operated within, potentially within the section on the implementation of the strategy. Mike Bellamy asked for clarification of the comment at the end of the strategy that, in future, services would be managed and aligned through care areas rather than Divisions to support patient experience of integrated services. The Chief Operating Officer and the Director of Nursing and Clinical Standards confirmed that no decisions had yet been made on the future of Divisions but in future services would be developed around pathways of care. The strategy which the Trust used for ensuring a good patient experience needed to start from a patient-centred approach rather than being too closely aligned to whatever organisational structure may deliver services at a particular moment in time. **The Board noted the report and APPROVED the Patient Experience Strategy.**  | **RA** |
| **BOD 120/13**abcde | **Quality and Performance Report**The Director of Finance presented Paper BOD 95/2013 which set out the Trust’s performance against a range of indicators including Key Performance Indicators from Monitor and those related to CQUIN. He confirmed that all Monitor targets were being met with the exception of the targets for *CDiff* and the Early Intervention Caseload for Oxfordshire CCG: * in relation to the *CDiff* target, although the Trust had not yet met Monitor’s year-end *CDiff* target, it had more cases at this stage in the year than anticipated. The Trust would confirm with Monitor whether this would need to be reported as a failure to meet a target if the year-end target had not yet been reached. The Director of Nursing and Clinical Standards confirmed that all *CDiff* cases had been subject to peer review which had found that only 1 case had been unavoidable; and
* in relation to the Early Intervention Caseload, the Trust was slightly behind on the Oxfordshire CCG contract target. However, over-performance in Buckinghamshire meant that the Trust’s combined Oxfordshire and Buckinghamshire performance was on target.

The Director of Finance reported that there had been a single sex breach on a ward for the first time in 20 months. A male patient had been temporarily transferred from one ward to another and then back again. As the ward he had been temporarily transferred to had been occupied by females, this constituted a breach. The Director of Finance noted that the Trust was at risk of not being able to achieve all or part of the CQUIN target relating to the NHS Safety Thermometer. Actions were in place to attempt to mitigate this and the Chief Operating Officer confirmed that services were doing what they could to attempt the target. There was a national issue with: (i) NHS Trusts receiving and treating patients with pressure ulcers which had not been caused whilst in the care of those NHS Trusts; and (ii) this activity counting against CQUIN targets. The Chair and the Chief Executive would discuss this issue in more detail with the Foundation Trust Network as penalties should not be applied for providing treatment. Anne Grocock asked whether the CQUIN list for Wiltshire, Bath and North East Somerset Children and Adolescent Mental Health Services was still in negotiation. The Chief Operating Officer confirmed that it was.**The Board noted the report.**  | **MME****MH/SB** |
| **BOD 121/13**abcde | **Workforce Performance Report**The Director of Finance presented Paper BOD 96/2013 which set out the key workforce performance indicators. The Director of Finance highlighted that: turnover was on target and had reduced to the lowest point in 12 months; Bank & Agency usage was on target and the previous upwards trend had been discontinued; live vacancies had reduced to below target; sickness absence was slightly above target but Occupational Health and the Staff Wellbeing Group were reviewing this; recruitment was taking slightly longer than targeted; and reporting on exit questionnaires would be developed to show reasons for staff leaving. The Director of Nursing and Clinical Standards emphasised that it was important to record the reasons for staff leaving, especially in areas which had recently undergone change such as where: service models had changed; new commissioning models were in place; staff had been transferred under the Transfer of Undertaking (Protection of Employment) (**TUPE**) Regulations; or higher than expected turnover levels were reported. The Chief Executive noted that it would be very useful to hear the experience of former staff who had transferred to new providers. The Chief Operating Officer referred to the high turnover rate amongst prison staff shortly before a TUPE transfer to a private healthcare provider. She reported that this had been a very difficult experience for staff subject to the TUPE transfer especially as the private provider had delayed accepting the TUPE transfer by a couple of weeks whilst it requested indemnities from the Trust on very short notice. The delay also impacted upon continuity of care for the patients in the prison. The Trust continued to provide care and pharmacy services during the interim period so patients were not left without support. The Director of Finance noted that this would be followed up and a complaint issued to the commissioner. The Medical Director noted that the Board should be aware of the increasing challenges with obtaining sufficient suitably qualified staff to maintain staffing levels on Mental Health Adult and Older Adult wards. The Clinical Standards weekly review meeting would consider the situation carefully and work with HR on this. The Board noted the situation. **The Board noted the report.** | **YT/MME** |
| **BOD 122/13**abcdef | **Chief Operating Officer’s Report**The Chief Operating Officer presented Paper BOD 97/2013 which provided an update on operational matters such as Urgent Care and winter pressures, Delayed Transfers of Care (**DTOCs**) and the Service Remodelling work. The Chief Operating Officer confirmed that Oxfordshire was one of the few counties to receive DH winter pressures funding to: create additional clinical capacity to meet increased demand; and accelerate service improvements to deliver sustainable performance on the urgent care pathway. The Trust had undertaken significant joint planning with OUH to meet demand. This had included increasing discharge co-ordination capacity jointly with OUH and agreeing a joint leadership approach to managing demand through a shared senior manager on-call function where decision-making spanned the shared care pathway to enable rapid response to surges. The Chief Executive noted that the shared senior manager on-call function was a significant development for the Trust as this would enable a senior manager from OUH to take tactical charge of Trust resources whilst on-call and, vice versa, a senior manager from the Trust to take tactical charge of OUH resources. The Chief Executive confirmed to the Board that a formal legal indemnity would be put in place to underpin these arrangements. In relation to DTOCs, the Chief Operating Officer noted that the audit of the Oxfordshire Discharge pathway had recently been completed and she would report to the next meeting on the actions which had been proposed. In relation to the Service Remodelling, a formal consultation with staff in Adult Mental Health Services had begun which was due to conclude in October 2013. This consultation focused on an aspect of the Service Remodelling work - changes to staff terms and conditions, as set out in the report. Lyn Williams asked whether the Finance Team had advised on the costing implications of the Service Remodelling work. The Chief Operating Officer confirmed that Finance had been closely engaged and the Service Remodelling proposals were based on a fully costed model and the costing would be reviewed and, if necessary, amended once the latest consultation had been completed. The Director of Finance confirmed that members of the Finance Team were working as part of the relevant project teams on the Service Remodelling. The Board discussed the potential benefits of the Service Remodelling work. The Director of Nursing and Clinical Standards noted that the potential significant benefits of moving services forward in this way should also be weighed against the need to avoid losing benefits where existing teams were functioning well. The Medical Director cautioned that the impact of the changes upon staff and their daily lives should not be underestimated; staff were to be praised for engaging well with the proposals. Mike Bellamy asked how benefits or improvements would be monitored. The Chief Operating Officer replied that a series of outcomes from the Service Remodelling | **SB/YT****YT** |
| g | work would be determined and monitored against. Anne Grocock asked what wider publicity about the Service Remodelling would be made available. The Chief Operating Officer replied that once the consultation had completed, further communication and publicity would be considered.**The Board noted the report.** |  |
| **BOD 123/13**abc | **Quality Account Q1 Report**The Director of Nursing and Clinical Standards presented Paper BOD 98/2013 which outlined Q1 performance against the measures in the Quality Account 2013/14. The report had previously been considered and commented upon by the Integrated Governance Committee. The Chair noted that the new format was good and requested that other comments upon the format and content be provided out-of-session to the Director of Nursing and Clinical Standards. **The Board noted the report.**  |  |
| **BOD 124/13**ab | **Medical Staff Employer Based Clinical Excellence Awards (CEAs) 2013**The Medical Director presented Paper BOD 99/2013 on the options regarding awarding local employer based CEAs to consultant medical staff in 2013. The Board discussed the options in the report. The Chief Executive noted that the Trust’s procedure for awarding CEAs had been inclusive and subject to a high level of scrutiny to ensure that CEAs were awarded appropriately and recognised contributions over and above the standards expected of roles. Mike Bellamy and the Director of Nursing and Clinical Standards suggested that the Trust should also consider providing a similar scheme for other staff. The Medical Director supported this but noted that the funding for CEAs was specifically for consultant medical staff and did not exist as a general fund for all staff. The Chief Executive noted that the wider question of a similar scheme for other staff across the local health economy could be considered through the Oxford Academic Health Science Centre to emphasise the development of clinical excellence across a range of professions.  | **SB** |
| c | **The Board APPROVED Option 1 to commit to the number of CEAs recommended by national Advisory Committee for Clinical Excellence Awards guidance (at a rate of 0.20 x eligible consultants), which was consistent with the approach taken by the Board last year.**  |  |
| **BOD 125/13**abc | **Equality Objectives 2013/14**The Director of Nursing and Clinical Standards presented Paper BOD 100/2013 which set out the objectives for the Trust to comply with the Public Sector Equality Duty. Managers from across the Trust had been involved in the identification and refinement of the Equality Objectives and these had been reviewed by the Executive, Extended Executive and Integrated Governance Committee meetings. Mike Bellamy welcomed the report but noted that it may be useful if the content was simplified in future.**The Board APPROVED the Equality Objectives 2013/14 and noted that these would be published on the Trust’s website in line with the Public Sector Equality Duty.**  |  |
| **BOD 126/13**abc | **Safeguarding Children and Safeguarding Adults Annual Reports 2012/13**The Director of Nursing and Clinical Standards presented Paper BOD 101/2013 which provided an overview of progress against the safeguarding priorities for 2012/13. The Director of Nursing and Clinical Standards noted that the Safeguarding Team would provide an update to the Board on safeguarding training at a future Board seminar. Mike Bellamy asked what work was taking place to promote information sharing between agencies, early-warning systems or pro-active identification of potentially high risk care settings such as care homes for those with learning disabilities, children’s homes and nursing homes. The Director of Nursing and Clinical Standards replied that these would be good issues for the Safeguarding Team to develop in more detail at a Board Seminar. The Director of Nursing and Clinical Standards added that over the last 3-5 years, the role of local safeguarding boards and inter-agency safeguarding teams had developed so that more work was being done to identify high risk care settings, improve local knowledge and provide appropriate support. **The Board noted the progress of the safeguarding children and safeguarding adults priorities and APPROVED the safeguarding children and safeguarding adults priorities and areas for development for 2013/14.**  | **RA/JCH** |
| **BOD 127/13**abc | **Finance Report**The Director of Finance presented Paper BOD 103/2013 which set out the Trust’s financial position for the year-to-date and the forecast year-end position. The Trust was presently operating behind plan and action was being taken to address this. Cost pressures had, however, been offset by underspend in Corporate Services and a Financial Risk Rating of 3 had been maintained which was in line with plan. There were adverse cost pressures due to: higher than planned Out of Area Treatments, which were now being managed tightly; staffing pressures due to high activity levels in Mental Health inpatient wards, Community Hospitals and Community nursing services, which were now subject to discussion with commissioners; under-performance on the Community Services Re-ablement contract, which was subject to discussion with Oxfordshire County Council; and shortfall in delivery against Cost Improvement Plans (**CIPs**). Robust action was being taken on CIPs to accelerate delivery of existing plans and develop new plans. **The Board noted the report.** |  |
| **BOD 128/13**abcde | **Minutes from Committees*****Integrated Governance Committee – 17 July 2013***The Chair presented the minutes of the extraordinary meeting for information and highlighted the discussion on clinical audit summaries and the Patient Experience strategy. ***Finance and Investment Committee (FIC) – 08 July 2013***Lyn Williams presented the minutes of the meeting for information. A final version of the Estates Strategy was now due for presentation to the FIC and then the Board in November 2013. Progress on the Whiteleaf Centre continued to be timely and cost effective although the Section 106 agreement for the land sale was still to be renegotiated to mitigate a potential shortfall in income from the land sale.***Charitable Funds Committee – 31 July 2013***Anne Grocock presented the draft minutes of the meeting for information. The Charitable Funds annual report and statutory accounts had been recommended to the Board for approval. The OUH Charitable Funds department had also been awarded a 3-year contract, subject to a mutual 12 month break clause, to provide administration services for the Trust’s Charitable Funds. ***FIC Annual Report 2012/13***Lyn Williams presented Paper BOD 107/2013 which summarised the performance and work programme of the FIC for 2012/13. Lyn Williams noted that no changes were proposed to the Terms of Reference. **The Board RECEIVED the minutes and the FIC annual report.**  |  |
| **BOD 129/13**abcdefg | **Any Other Business*****Workforce Development Report Q1 2013/14***The Director of Nursing and Clinical Standards presented the report which provided information on activities within the core part of Learning & Development in Q1, including: Clinical & Professional Development; Leadership, Team & Individual Skills; Patient & Personal Safety Training; and Technology Enhanced Learning. The Director of Nursing and Clinical Standards proposed that this become a regular quarterly report in the future. Mike Bellamy asked how the outcomes of Performance & Development Reviews (**PDRs**) were followed up and what mechanisms were in place to identify themes for development. The Director of Nursing and Clinical Standards replied that until recently the focus had been on ensuring that all staff received PDRs but this could evolve. The Chair noted that individual team managers were also responsible for using PDRs and their outcomes as tools to manage their teams; at a local level this may already be happening. The Board noted the report and agreed that this should become a regular quarterly report. ***Leagues of Friends***The Chair reported that he had met with a few Leagues of Friends connected with the Trust and discussed charitable funds with them. The Chair suggested that a future Board Seminar should discuss Leagues of Friends and their fundraising activities, access to charitable funds, common themes to unite various Leagues and their potential to grow the membership of the Trust. ***Flu vaccinations***The Director of Finance noted that the DH winter pressures funding for Oxfordshire had been granted with an expectation that the Trust would achieve 75 per cent in staff flu vaccinations. The Medical Director added that next year no hospitals would receive winter pressures funding without at least 75 per cent of staff having received the flu vaccination. Plans were in place for the Trust to achieve this target; flu clinics had been timetabled and advertised; large workshops with significant concentrations of staff would also be targeted for flu vaccinations; and a flu vaccination clinic would take place after the Board meeting today. ***Feedback / Questions***The Chair invited those present who had observed the meeting for any feedback or questions.One Governor said she had been in contact with a District Nurse from the Abingdon and Wantage area who had reported that she and her team felt under work pressure, were regularly putting in overtime as no extra support had been made available and that the current version of RiO was an unhelpful system to use. The Board noted the feedback.  | **MH/JCH** |
|  | The meeting was closed at 12:27.**Date of next meeting:** **25 October 2013** |  |