

Minutes of the Council of Governors Meeting held at 3.30pm on Wednesday 12 February 2020 at AFC Bournemouth, Dean Park, Bournemouth BH7 7AF

**Present:**

Andy Willis	Chairman and Non-Executive Director
Jan Owens	Lead Governor Public Governor (Dorset RoEW)
David Dickson	Public Governor (Dorset RoEW)
Alison Fisher	Public Governor (Dorset RoEW)
Scottie Gregory	Public Governor (Dorset RoEW)
Ken Lavery	Public Governor (Dorset RoEW)
Margaret Jackson	Public Governor (Dorset RoEW)
Scott Porter	Public Governor (Poole)
Colin Mitchell	Public Governor (Poole)
Xena Dion	Public Governor (Poole)
John Bruce	Public Governor (Bournemouth)
Stephen Churchill	Staff Governor
Emma Hooper	Staff Governor
Pete Kelsall	Staff Governor
Karen Parker	Partner Governor, Bournemouth University
Becky Aldridge	Partner Governor, Dorset Mental Health Forum
Chris Mathews	Partner Governor, Bournemouth, Poole and Christchurch Council
Nick Ireland	Partner Governor, Dorset Council
Steve Cole	Partner Governor, League of Friends

**In Attendance:**

Heather Bailly	Non-Executive Director
John Carvel	Non-Executive Director
Belinda Phipps	Non-Executive Director
Steven Peacock	Non-Executive Director
Engine Yafele	Chief Executive
Keith Eales	Trust Secretary
Mike Kelly	Clinical Director for Mental Health
Steve Jones	Community Mental Health Team Service Manager
Jacqueline Stratford	Membership Manager

**Apologies:**

Anna de Beer	Public Governor (Dorset RoEW)
Andrew Grundell	Public Governor (Dorset RoEW)
Helen Lawes	Staff Governor
Anne Hiscock	Staff Governor
Dave Corbin	Staff Governor
Andy Mayers	Public Governor (Bournemouth)
Scott Porter	Public Governor (Poole)

Governors met in Constituency Time to discuss items of common interest and to agree questions to be raised at the Council meeting.

The Chairman introduced Steven Peacock, Non-Executive who was attending his first Council of Governors meeting. Steve responded to questions about his previous experience and plans for his tenure at Dorset HealthCare.

#### **02/20 Welcome and Apologies**

The Chairman welcomed Governors and Board Directors to the meeting and reported the apologies received from Governors.

#### **03/20 Minutes**

The minutes of the Council of Governors meeting on 11 September were considered to be a correct record of the meeting.

Minutes of the non-quorate meeting held on 11 December 2019 were confirmed as being accurate (subject to John Carvel listed as an attendee).

#### **04/20 Matters Arising**

The Trust Secretary submitted the matters arising report.

Governors requested clarification regarding the status of St Leonards in the Estates Strategy. The Chief Executive agreed to give an update.

**The Council noted the report.**

#### **05/20 Briefing Reports**

##### Chairman

The Chairman welcomed new Governors to the meeting and introduced Steve Peacock, Non-Executive Director, who would join the Trust on 1 March 2020. He confirmed the appointment of Kris Dominy as Chief Operating Officer, Kris would be joining the Trust in April. He thanked the Governors for their participation in the recruitment process.

The Chairman advised the Council that his recent priorities had included:

- Attendance at the Trade Union Partners Forum;
- Service visits to Bridport, Westminster and Yeatman Hospitals in December;
- A Schwartz round with staff and a visit to Bridport Hospital to see the refurbishment of the Colmer's Ward; and
- An NHS Providers Dinner in London with Baroness Dido Harding.

The Chairman informed the Governors that the Board had held a Board Development Day yesterday.

The Chairman also advised the Governors that the System Partnership Board had met earlier in the day.

There was a request from Governors to hold a joint Board and Governor development session. The Trust Secretary suggested that there was merit in Governors considering the topic for such a joint session.

### Lead Governor

The Lead Governor briefed the Council on her recent priorities and outlined matters of interest and concern to Governors.

Particular attention was drawn to:

- Completion of meetings with all new Governors;
- The responsibility of Governors to attend Council of Governor meetings as a minimum, together with Governor Development Days. The Trust had offered the option of attending Board Committee meetings;
- The circulation of the Winter edition of the members' letter.

The Lead Governor reflected on the decision to cancel the Development Day in January and encouraged all Governors to attend the Development Day scheduled in June. The Lead Governor also invited Governors to attend the Membership Committee meetings. Governors were reminded that part of their responsibilities was to hold the Non-Executives to account and that attending Board meetings allowed them to see the Non-Executives fulfilling their roles.

The Lead Governor outlined her ideas for a Governor to be a childrens' champion to engage with young people and take the lead on this initiative.

The Lead Governor congratulated Helen Lawes, Staff Governor who had been appointed Locality Manager for North Dorset and Anne Hiscock, Staff Governor who has been appointed a Freedom to Speak up Guardian.

The Lead Governor reported on the items raised in the constituency session:

*Transport services.* Governors had expressed their concern that the transformation of services should take account of access to services including addressing the transport issues which patients face when accessing Trust services. Any reconfiguration of services should include a transport plan.

*Care of staff* had been discussed at length both in terms of sickness and stress and how the staff who maintain the service when colleagues were off were valued and thanked There were also issues around staff safety when staff are working late. Governors asked for reassurance that these issues were in hand.

### Chief Executive

The Chief Executive drew attention to a number of recent priorities and areas of work:

#### Coronavirus

The Deputy Director of Nursing has been appointed Trust Lead and an action plan has been put in place. The organisation was in escalation. The Chief Executive explained the Trust was monitoring how many people attended Emergency Departments and had a watching brief as the national picture was changing on a

daily basis. Governors were reassured that currently there were no confirmed cases of Coronavirus in Dorset. The Chief Executive agreed to update Governors.

### Urgent Care Service

The Chief Executive reminded the Governors that in April 2019 Trust had taken the lead on the Urgent Care Service (UCS) in a partnership which included the four healthcare providers in Dorset. There had been issues around connectivity but the Trust has instigated SystemOne which had made a significant difference to patients and GP practices. By April 2020 all GP practices would have this facility which would ease the difficulties experienced in filling shifts as GPs could work remotely. Consequently, the Trust had seen a steady increase in GPs who wanted to work in the service. Early indications were that, although the service was improving, some targets had not been met.

### Decision on reconfiguring Royal Bournemouth and Christchurch and Poole Hospitals

The Chief Executive explained that the plans for bringing together Royal Bournemouth and Christchurch with Poole Hospital had stalled when representation was made from the Joint Dorset Scrutiny Committee to the Secretary of State prior to the election. The green light had now been given and the Hospitals were working towards a merger date of July 2020 with full transformation expected to take six years. There was a shadow board for the new combined hospital which has been named East Dorset Hospitals NHS Foundation Trust.

### 2020/21 plan and budget

The Chief Executive reminded the Council that the Long-Term Plan had been submitted to the Council in 2019 and he updated on progress since. The Dorset health and social care system was working on a plan to guide the development of services. This currently demonstrated a significant funding gap. The system was working towards a solution. A plan had come before the Trust Board in January. The Chief Executive accepted that there was a challenge in closing the gap for the system which required a radical rethink in the Trust and across Dorset.

### Appointment of Chief Operating Officer

The Chief Executive announced that Kris Dominy had been appointed as Chief Operating Office and would join the Trust on 12 April. He thanked the Governors for their contribution to the appointment process.

### Reflections on 12 months as Chief Executive

The Chief Executive reflected on his first 12 months as Chief Executive at the Trust. He highlighted:

- How much time is spent on system working compared to the Trust. He estimated that it occupied 50% of his time;
- Retaining 0-9 public health service for children was a real achievement;
- Sexual health services was a good example of transformation and integration;
- The urgent care service contract was something the Board deliberated before taking on but was proof of how Trusts could come together to deliver a service;
- The Trust had become a leader in integration with the non-traditional path for mental health ie Retreats in Dorchester and Bournemouth and Community Front Rooms.

- Acknowledged the need to develop the urgent care offer and consider working on our borders with, for example, Yeovil and Salisbury Hospitals.

The Chief Executive responded to issues raised in constituency time:

*Transport Services;* The Chief Executive agreed that the commissioning and availability of transport was an issue. He acknowledged that it was high on the agenda but there had not been the traction necessary. He confirmed that the Trust was working with Dorset Council particularly in regard to the impact on patients in rural areas.

*Care of Staff;* Governors requested an update on staff wellbeing and staff sickness. The Chief Executive stated that this was a priority for Executive colleagues. The Director of People and Culture had a clear focus on reducing work related stress and to action the areas, indicated in the Staff survey, that needed to be addressed.

Governors sought assurance that there was adequate mental health capacity in community hospitals. The Chief Executive felt this would be addressed by the Trust's estates strategy.

Governors requested an update on the sale of the site at St Leonards. The Chief Executive explained that there had been a delay caused by the necessity of transferring the generator and appointing an external assessor to ensure a fair price for the site and that the Trust would be able to retain all proceeds from the sale.

**The Council noted the briefing from the Chief Executive.**

## **06/20 Service Presentation-Community Mental Health Services**

The Clinical Director for Mental Health and the Community Mental Health Team Service Manager gave a presentation on Community Hospital Theatres which included:

- Overview recent achievements;
- Long term plan for Community Health;
- Overview of what the NHS Long term plan means for Dorset;
- Key Opportunities and Challenges;
- Summary.

Governors asked a number of questions.

*Governors asked what training front line staff received for patients who present with mental health and perinatal issues.* The Consultant Psychiatrist in perinatal undertook group sessions and training for midwives and health visitors.

*Governors queried what feedback on Community Front Rooms (CFR) had been received from services users.* The feedback had been positive overall despite the shorter hours. Support for the CFR was through local charities and was community focussed. The CFR were well used and received in the localities particularly Wareham. This was the start of the model to engage with local communities and was an example of prevention in action. It was acknowledged there was further work to be done and the model needed to be advertised widely and used to outreach. The aim was to develop the CFR to meet the individual needs of the different areas.

*Governors asked if the Trust used the mental health teams' skills fully and what would help them to do their jobs better.* A single care record across the system was considered a priority together with building on the success of the Retreats to develop

a retreat for young people. Cultural safety was also an issue and the Trust was aware of hard to reach communities who do not access services together with and awareness that our services needed to be inclusive and the LGBT community should feel safe in our wards and services.

*Governors considered how outcomes were measured.* Out of area placements had reduced due to better offers in the community and crisis services. Capacity had increased due to measures taken now in the Retreats and beds were available. The Trust developed the Retreats and CFR without the evidence base as a leap of faith that this option would work for mental health patients in preference to attending Emergency departments or the Police.

*Governors asked if the fall in out of area levels was due to Community Mental Health Services holding an increased level of risk as patients are more complex and unwell.* The Team agreed that this was the case as drug and alcohol remained a major issue and complicated existing mental health cases. It was noted that if beds increased and the risk in community was reduced the Trust would not be able to staff the additional beds safely. The profile of people in hospital had changed with the very ill and psychotic in hospital beds rather than social issue patients.

*Governors asked if Dorset had a sufficient number of retreats.* There were a number of third sector organisations offering support including Safe Stop, a retreat for intoxicated people working with SWAST and St Pauls Association who were commissioned to run overnight to enable people to sleep safely. It was felt that the Retreat model was robust and had the support of partners, Police, Emergency Departments and Dorset Mental Health Forum.

**The Council thanked the Clinical Director for Mental Health and the Community Mental Health Team Service Manager for the presentation.**

## **07/20 Developing Integrated Care System in Dorset**

The Chief Executive introduced this item and gave an update on the developing Integrated Care System (ICS) in Dorset with emphasis on the role of Governors and the Council in the ICS which included:

- The change in focus with a coalition of health and social care and the third sector in Dorset;
- the Trust proposition for local services, as outlined in in the Clinical Services Review, together with the reorganisation of local government, put Dorset HealthCare in a strong position;
- Dorset had commissioned a report on the ICS to be clear on what will be delivered through the ICS framework;
- An independent Chair had been appointed to lead and build infrastructure around the Dorset ICS;
- The purpose was to create opportunities within the system and avoid duplication and to continue delivering services.

Governors queried how the ICS was being governed and why Governors had not been involved at an earlier stage. They requested a regular update at meetings and news on future plans.

It was explained there was no statutory requirement for the Council of Governors to contribute to the ICS and it was not yet clear what the connection points would be for governors and the system. However, it had been recognised that accountability and ownership was required for the ICS to succeed.

Governors asked to what extent success was built on personal relationships in partnership working. The Chief Executive acknowledged this was a significant feature of the ICS and sufficient trust and confidence in all partners was essential in order to make bids/transact business on behalf of other partner members.

The Chief Executive accepted that in order to create a vision of what the ICS was trying to achieve for the Dorset population there were local authority challenges in some areas, including Weymouth and Boscombe and an alignment of some of these priorities with community healthcare was necessary. Weymouth had been a testbed as the Trust together with primary care had demonstrated confidence in working in partnership and he felt the Trust would be able to demonstrate how we could make a difference to the population.

Governors suggested primary care networks should be used to structure services from the bottom upwards. The Chief Executive agreed that the Trust had aligned services around how primary care networks could provide a service but whilst there may not be enough GPs in Dorset community services could fill the gap in local communities.

**The Council thanked the Chief Executive for the presentation and agreed that the Chief Executive would provide a brief update on the ICS to the Council of Governors at future meetings.**

#### **08/20 Regulatory Dashboard**

The Chair introduced the Dashboard. There were no comments on the Dashboard.

**It was agreed that the Director of Finance and Strategy would update the Council on the Data quality maturity index.**

#### **09/20 Reports from Council Committees**

The Council noted the report from the Membership Committee.

#### **10/20 Information Pack**

The Trust Secretary submitted the information pack for February 2020 which included:

- Governors' Action Log;
- Report of the Charitable Funds Committee on 11 December 2019;
- Report of the Quality Governance Committee on 15 January 2020;
- Report of the Audit Committee on 22 January 2020;
- Report of the Appointments and Remuneration Committee on 29 January 2020;
- Share Public Engagement with DHC Paper from Membership Committee 13 January 2020 including;
  - a ALB PCF paper Engagement Principles
  - b Healthwatch Evolving Voices – DHC Statement of Intent;
- Report from the Governors Advisory Committee January 2020;
- Governors Advisory Committee Update January 2020;
- Acronyms;
- Feedback from King's Fund Course: Health and Care explained: how the system works and how it is changing.

## 11/20 Future Meetings

The Council noted that future meetings would be held on:

- 27 May 2020 at Merley House, Wimborne
- 15 July 2020 at The Crown Hotel, Blandford
- 9 September 2020 at Merley House, Wimborne
- 9 December 2020 at Merley House, Wimborne



Signed

Date 28 May 2020

Andy Willis, Chairman