



Minutes of the Council of Governors Public Meeting

Tuesday 17 August 2021 – 14:00 – 16:00 hours

Via MS Teams LIVE

Present:

Rob Hughes	Chairman
Caroline Walker	Chief Executive Officer
Ray Harding	Non-Executive Director
Mark Sanderson	Non-Executive Director
Christine Hill	Non-Executive Director
Bev Shears	Non-Executive Director
Carmel O'Brien	Non-Executive Director
Tari Matanga	NExT Executive Director
Paul Denton	Deputy Company Secretary
Kevin Burdett	Lead Governor - Huntingdonshire
Rob Gardiner	Public Governor – Huntingdonshire
Kenneth Leafe	Public Governor – Huntingdonshire
Amanda Buckenham	Public Governor – Huntingdonshire
Zbys Fedorowicz	Public Governor - Huntingdonshire
Duncan Lawson	Public Governor – Huntingdonshire
Bob Mason	Public Governor - Huntingdonshire
Rebecca Neno	Partner Governor – South Lincs CCG
Sue Prior	Public Governor – South Lincs & Stamford
Irene Walsh	Partner Governor – Peterborough City Council
Asif Mahmood	Staff Governor – Peterborough

In attendance:

Kanchan Rege	Chief Medical Officer & Deputy CEO
Dr Rosanne Sterry-Blunt	Foundation Year 2 Doctor, Geriatric Medicine
Stacie Coburn	Deputy Chief Operating Officer
Eleanor Anderson	Communications & Engagement Specialist
Janice Thompson	Executive Assistant to Company Secretary & Minute Taker

Apologies:

Gareth Tipton	Non-Executive Director
Taff Gidi	Company Secretary
Junaid Bhatti	Public Governor – Greater Peterborough
David Evans	Public Governor – Greater Peterborough
Linda Parker	Staff Governor
Rebecca Wade	Public Governor – Greater Peterborough

Bernard Weiss
Joe Wey

Public Governor – Greater Peterborough
Public Governor – South Lincs & Stamford

1.0 Welcome, Apologies for Absence & any Declarations of Interest

Rob Hughes opened the meeting live at 1400 hours. Apologies were received from Gareth Tipton, Taff Gidi, Junaid Bhatti, David Evans, Linda Parker, Rebecca Wade, Bernard Weiss and Joe Wey.

2.0 Minutes from the meeting held on 18 May 2021 for approval

The Minutes were approved.

3.0 Action Tracker – for review

The Action Tracker was updated.

4.0 Staff Story

4.1 Dr Roseanne Sterry-Blunt, Foundation Year 2 Doctor in Geriatric Medicine at North West Anglia NHS Foundation Trust gave a presentation of her experiences from her training to her history of working at Peterborough City Hospital. She highlighted the highs and lows she had experiences during this time plus gave account of her considerable achievements.

4.2 Rob Hughes thanked Dr Roseanne Sterry-Blunt for the presentation, in particular for the account of working as a Junior Doctor and of her experiences of working through Covid-19.

4.3 Rob Hughes advised the Council of Governors appreciated hearing the voice of staff members at meetings and said if the opportunity arose it would be beneficial to have Junior Doctors on the Council of Governors. He thanked Dr Roseanne Sterry-Blunt once more for sharing her story and wished her luck for the future.

Dr Roseanne Sterry-Blunt left the meeting.

Trust Overview

5.0 Chairman Update – for information

5.1 Rob Hughes introduced Carmel O'Brien and gave a brief history of her career to date. He explained she had recently retired from the Queen Elizabeth Hospital in King's Lynn where she had been a Director of Patient Safety and had a wide range of experience both in the UK and in Australia. Rob Hughes noted compassion and caring were two key drivers for Carmel O'Brien.

- 5.2 Rob Hughes thanked Carmel O'Brien for joining the Trust and noted the benefit of her additional insight and expertise. He confirmed she would be taking over from Mary Dowglass on issues relating to maternity.
- 5.3 Rob Hughes thanked Mike Ellwood in his absence at the meeting for his contributions to the Trust and noted the farewell from the Council of Governors to Mike Ellwood with best wishes for the future.
- 5.4 Rob Hughes advised he had met with Mike More to build a relationship for the two acute organisations within the same system. He confirmed good strides had been made with reinforcing a good working relationship. He also advised a meeting had taken place between Caroline Walker and the two Chief Executives of Healthwatch, with the aim to create good collaboration in the future.
- 5.5 Rob Hughes confirmed he would request Laura Stent, Assistant Chief Nurse, to provide an update to brief the Council of Governor on Healthwatch.
- 5.6 The Board Learning and Development Plan had been agreed, Rob Hughes reported, which would be shared with the Governors shortly. He confirmed the next Private Meeting would be face-to-face and assured a venue would be located in order to meet safely.
- 5.7 Rob Hughes informed that the Chief Executive Officer and Non-Executive debriefs were continuing, and commented on the usefulness of these during the pandemic. Rob Hughes thanked Caroline Walker for the continuation of these debriefs.
- 5.8 Rob Hughes confirmed a full business case had been agreed on the theatre development at Hinchingsbrooke Hospital, on which the Governors would be updated.
- 5.9 KPMG would be producing an external audit report said Rob Hughes, which would be shared with the Governors.
- 5.10 Finally, Rob Hughes confirmed that following a process, Ray Harding had been successfully appointed as the next Senior Director for the Trust, with Gareth Tipton moving to Chair the Audit committee.

6.0 Chief Executive Officer Update – for information

- 6.1 Caroline Walker clarified the report provided today as the same one presented to Board two weeks prior, and acknowledged the issues in the report as remaining relevant. She confirmed operational pressures remained on site however staffing issues had slightly improved however pointed out this was peak holiday time.

- 6.2 Caroline Walker informed the Governors of the closure of the Maternity Unit and reported on the long waits in the Emergency Department (ED), however assured the Trust was working hard to improve performance. She voiced that the Trust's performance in the ED was amongst the three worst in the East of England and this was being focussed on for improvement.
- 6.3 The Urgent Treatment Centre (UTC) had been moved to the Peterborough City Hospital site, Caroline Walker explained, resulting in the successful treatment of patients within four hours.
- 6.4 The Minor Injuries Unit (MIU) at Stamford, Caroline Walker stated, would be opening at the end of the summer. This was a result of talks with the CCG who confirmed the service was required to be reopened. She added that this will only be for minor injuries and this pathway would need reinforcing.
- 6.5 The RAAC panel defects were being addressed at Hinchingsbrooke Hospital, Caroline Walker reiterated.
- 6.6 Caroline Walker also gave news of winning reports, walls of reflection and pictures of success in her overall report, and invited questions.
- 6.7 Duncan Lawson thanked Caroline Walker for her very comprehensive report and asked if the new rules on not having to isolate if double vaccinated would help with the staffing issues.
- 6.8 Caroline Walker confirmed this would be the case however would not help if a person had symptoms, therefore it doesn't remove the scenario of a person having to go home and isolate.
- 6.9 Duncan Lawson asked about the "I'm Not Just" campaign. He highlighted the 'My Name Is' initiative was not always being practised in his experience. On arrival at the hospital the previous day he noted no staff member had greeted him with 'My Name Is', and he felt this was an important initiative.
- 6.10 Caroline Walker confirmed this is still current policy for staff to introduce themselves to patients using this introduction and assured staff would be reminded to do this.
- 6.11 Duncan Lawson confirmed the reopening of the MIU at Stamford was a positive move.
- 6.12 Duncan Lawson asked if there was anything to report on the sale of the land at Stamford Hospital.
- 6.13 This was proceeding as the buyer was still in place assured Caroline Walker with ongoing surveys for planning permission however she noted this would still take a number of months.

- 6.14 Sue Prior acknowledged the earlier report by the Junior Doctor and noted the reassurance this provided the Governors to have the experiences of a Junior Doctor illustrated and thanked Kanchan Rege for arranging this.
- 6.15 Sue Prior asked about the queues reported around the UTC and asked if this was related to the recruitment of staff.
- 6.16 Caroline Walker advised Stacie Coburn would be discussing the UTC as an agenda item and explained the reception of the UTC had not yet been completely refigured to date.
- 6.17 Sue Prior asked if information could be provided by the Communications Team to explain this to the public.
- 6.18 Rob Hughes asked Kanchan Rege if a revised clinical strategy would be produced for Stamford Hospital. Kanchan Rege confirmed the clinical lead Mrs Mary-Clare Mille had spoken to all surgical teams and found enthusiasm to offer specific cancer treatments. She added she was engaging with EMED around their plans for Stamford and the timescale to complete the process would be around two months.
- 6.19 Rob Gardiner queried the fact that in the Minutes from the Public meeting of the Governors held on 18 May were positive and optimistic and asked what events had been so dramatic to change the outlook since then. He also queried the number of patients currently in the Trust.
- 6.20 Caroline Walker confirmed 53 Covid-19 patients currently remained in the Trust and noted a peak had been forecast after 'freedom' day. She added the Trust was working with the local Peterborough system to understand vaccination rates. Caroline Walker agreed the picture was very different from May when there were 9 Covid-19 patients in the Trust, a low number which had been sustained for several weeks.
- 6.21 Rob Gardiner asked about the most recent press coverage on RAAC panels and the investment in new theatres.
- 6.22 Caroline Walker noted the Council of Governors were aware of the defect in the roof panels at the Hinchingsbrooke site and that this had been a feature on the BBC News along with King's Lynn and James Paget hospitals where RAAC panel were also installed. Caroline Walker noted the BBC feature indicated that heavy patients were not able to be operated on however this was not the case as they had been moved to other theatres.
- 6.23 Most remedial work on the RAAC panels had been carried out, Caroline Walker assured with a budget in place for this. She assured work was being done to continually survey and undertake remedial action. She agreed to keep the Council of Governors updated on this priority risk.

6.24 Rob Hughes thanked Caroline Walker for the report.

7.0 Urgent Treatment Centre Update

7.1 Rob Hughes welcomed and introduced Stacie Coburn to the meeting.

7.2 Stacie Coburn presented slides on the Urgent Treatment Centre (UTC) recently opened at the Peterborough City Hospital site.

7.3 Bob Mason asked if the UTC experienced exceptionally busy times of day and if so when were these.

7.4 Stacie Coburn explained that peaks occur however the anticipated peak between 0800 and 1800 hours had not materialised because patients had been aware that the unit is open 24 hours therefore patients would wait. She added that as demand was evidenced the staffing could be adjusted.

7.5 Rob Gardiner acknowledged the achievement of the opening of the UTC and gave his congratulations to Stacie Coburn and the staff involved, noting this had all be achieved whilst the Trust experienced many pressures.

7.6 Stacie Coburn highlighted the efforts of the excellent team that had worked together to accomplish the smooth opening of the UTC with the ultimate goal of getting it right for patients.

7.7 Sue Prior thanked Stacie for the excellent presentation which she felt had summarised everything the Governors had heard throughout the year. She asked where the Ambulatory Care Unit (ACU) fitted into the new plans. Sue Prior also asked about the shortage of GP's across Cambridgeshire and South Lincolnshire and asked if this is affecting the ACU and the demand.

7.8 Stacie advised the use of the ACU was being maximised and Bank and Agency staff were being deployed in the UTC. She added that advanced Clinical Practitioners were being used along with Emergency Department Doctors whose skills and flexibility had proved to be invaluable.

7.9 Sue Prior advised she had been using the 111 service to signpost patients to contact.

7.10 Duncan Lawson thanked Stacey Coburn for the presentation and added his congratulations for an extraordinarily well-managed project which had displayed good leadership. He asked how long the average wait for triage was.

7.11 Stacie Coburn confirmed there was a large variation in how many patients were seen within four hours with some queues witnessed over several days. She added this had been partially because of issues

booking patients in which had now been addressed. In terms of a median Stacie Coburn noted there had been a very big variation, with two days where the challenges had been particularly difficult. She agreed to provide figures in future for comparison if these would be helpful.

- 7.12 Kenneth Leafe congratulated Stacie Coburn and her team and highlighted the importance of getting patient feedback, he stated many patients don't give feedback but still have a positive experience, he asked if a structured feedback system was in place for this.
- 7.13 Stacie Coburn advised the Friends and Family test was still being used, which the NHS had used for some time to receive routine feedback. She also explained that a text service was in place for patients to give feedback post-visit as many patients preferred to give anonymous feedback.
- 7.14 Rob Hughes noted one of the concerns had been over the car parking, and explained the numbers showed that one patient was arriving every four minutes, highlighting the pressure on the Trust. He also noted the project had been immense but had received Non-Executive support throughout.

Stacie Coburn left the meeting.

8.0 Associate University Status

- 8.1 Kanchan Rege explained the Trust Associate University status had been discussed at the Trust Board meeting the previous week, and confirmed Caroline Walker had been asked to sign a strategic partnership agreement.
- 8.2 The longstanding relationship between both Leicester and Cambridge hospitals for medical students was acknowledged, Kanchan Rege confirmed, with the links for medical and non-medical students being formalised. She noted the Trust's status as a large educational establishment for two universities which would benefit with this latest acquisition to raise the Trust's profile both locally and nationally.
- 8.3 Rob Hughes confirmed this move fitted into the remit of collaboration and would be the equivalent of the current relationship with Anglia Ruskin University and the Trust. He advised the next stage would be to make the steps to becoming a University Hospital which would rest on the research profile.
- 8.4 Caroline Walker agreed that Anglia Ruskin University remained very much a partner to the Trust, and whilst they did not have a medical school they remained important for other staff categories.
- 8.5 Bob Mason asked if any financial implications were attached to this status.

- 8.6 Kanchan Rege explained whether the status was obtained or not the financial regulations remained the same.
- 8.7 Michelle Turnbull highlighted the fact that as a Healthcare Assistant she had attempted to start the nursing association but felt not many places were available for progression.
- 8.8 Kanchan Rege explained when she spoke of non-medical students she was referring to radiographers and operation department practitioners, and felt this didn't relate directly to becoming a nursing associate.

Action: Rob Hughes to raise opportunities of staff training as nursing associates with Jo Bennis.

Rob Hughes thanked Kanchan Rege for her update.

Assurance

9.0 **Quality Assurance Committee**

- 9.1 Mark Sanderson thanked the Governors who had joined the Committee meeting each month to observe, and welcomed Carmel O'Brien to the Trust.
- 9.2 Mark Sanderson ran through the Quality Assurance Committee report, outlining the mortality statistics which he noted continued to rise. He assured a discussion was undertaken surrounding this every month and noted the assurance rating had been reduced on this item.
- 9.3 Sue Prior asked about coding for HSMR and how assurance was being sought.
- 9.4 Mark Sanderson explained a report was received every month from quality report with more extensive reports being presented every six months. He assured an action plan had been implemented to see how a trajectory in the right direction could be achieved.
- 9.5 Sue Prior requested further information be provided on this in the next couple of months.
- 9.6 Sue Prior asked about the increased number of safeguarding adult concerns raised by the Trust since the end of 2020 and whether this was related to not having sufficient members in the safeguarding team.

- 9.7 This was due to a variety of concerns, Mark Sanderson answered, including the clinician's ability to recognise the requirement for safeguarding when they see patients infrequently.
- 9.8 Sue Prior asked if safeguarding was a high priority.
- 9.9 Caroline Walker confirmed this had been increased with the actions being undertaken placing more demands on the safeguarding team. She added that this was a combination of staff training and instilling confidence to recognise that safeguarding was required to be invoked.
- 9.10 Rob Gardiner asked if any themes on client groups had been detected.
- 9.11 Mark Sanderson advised he would investigate this to see if any groups were showing more vulnerability.

Finance & Digital Committee

Ray Harding presented the Finance & Digital Committee report.

- 9.12 Rob Gardiner asked in terms of the points of escalation and the RAAC panels was any contingency funding available in the event of unforeseen problems that could occur rapidly.
- 9.13 Ray Harding explained in terms of the £13M available, £8M had been drawn down to date. He added in terms of contingency there were costs associated with the RAAC panels that could continue for some years.
- 9.14 Caroline Walker reassured the Council of Governors that sufficient capital funding was available for immediate work to be carried out, with actions being taken on a need basis with constant observations being carried out. She added this was on the risk assessment provided by the quantity surveyors.
- 9.15 Duncan Lawson gave his congratulations on the Cost Improvement Plan (CIP). He asked if the deficient between the £7.6M identified out of a target of £10.1M would be achieved.
- 9.16 Ray Harding confirmed he was confident this would be achieved through empowerment of divisions and financial management. He added good progress was being made through the tight financial management of the divisions.
- 9.17 Sue Prior asked the reason behind the reduction in agency staff costing, and was this due to full-time staff returning.
- 9.18 Ray Harding said the progress here was due to three elements; substantive staff being recruited and the limiting of both bank staff use and agency staff use. He noted the genuine reduction in terms of agency

staff use, which was down to the previous point of empowering divisions to take responsibility for financial decisions.

Performance & Estates Committee

Rob Hughes presented the Performance & Estates Committee report which he explained had been written by Gareth Tipton.

- 9.19 Rob Gardiner asked about the issues recruiting staff to the senior level for the Estates Team and asked if this had been resolved.
- 9.20 Bev Shears advised this had been discussed at the committee when she had undertaken to present this issue at the People & Culture Committee the following day. She advised Eric Fehily, Head of Estates, had talked about resilience and wellbeing and the importance of ensuring staff were not being worked to a point where their performance had become counterproductive. Bev added that the use of a HR (Human Resources) Business Partner had been offered to ensure a resourcing and recruitment plan was put in place.
- 9.21 Bev Shears noted the difficulty in this area was the crossover from estates to strategic issues including the RAAC panels and she advised this required a forensic approach. She confirmed it was not a straightforward approach and acknowledged the critical resourcing issue for estates.
- 9.22 Caroline Walker agreed that the situation involved a combination of multiple strands of work, limited manpower along with staff leaving and new starters. She added that on a couple of large projects inadequate numbers of companies had been found to tender for the work.
- 9.23 Rob Hughes noted the work required to be carried out in this area which needed to be broken down into different areas.
- 9.24 Duncan Lawson asked if the four hour standard was changing and noted a performance percentages was not provided on ED performance.
- 9.25 Caroline Walker confirmed this was subject to change and noted 14 Trusts across the UK were asking for a change to the four hour standard however a date had not yet been decided. She advised all Trusts had been asked to monitor performance in a shadow format, with current reporting continuing to follow four hour performance on both sites.
- 9.26 Duncan Lawson asked what the meaning of MITIE was in relation to issues with security staff. Rob Hughes explained this was a company that worked for the Trust.
- 9.27 Duncan Lawson asked what the issues were with the security staff.

- 9.28 Caroline Walker explained the security staff recruited to Soft FM on a contract with MITIE, with no security provision at Hinchingbrooke Hospital. She advised MITIE had not been able to source enough staff who were trained in restraint for ED.
- 9.29 Bev Shears added the importance at interview level of ensuring staff were able to handle patients appropriately, especially ill and depressed patients who required specific handling.
- 9.30 Duncan Lawson asked for the meaning of UPS in the report. Caroline Walker explained this meant uninterruptable power supply.
- 9.31 Bob Mason asked if the RAAC panels could be propped or if replacements were being carried out.
- 9.32 Rob Hughes explained the Failsafe initiative which provided a more robust solution was being deployed. He added that continuous surveillance was being carried out along with the theatre rebuild planned for next year.
- 9.33 Sue Prior spoke of the report on the RAAC panels shown on the BBC Look East programme. She requested a summary from each site to be provided in the monthly Governor bulletin.
- 9.34 Rob Hughes agreed to look into ways of communicating updates and also to provide Governors with signposting areas on the RAAC panel situation at the sites.

People & Culture Committee

- 9.35 Bev Shears presented the People & Culture Committee report. She reiterated the points made a Public Board and noted that reasonable or substantive assurance on all of the items that had come before the committee had been provided.
- 9.36 Bev Shears advised she had drawn the Board's attention to the fact that the time was right to look at the leadership stance to ensure the organisation improves its culture.
- 9.37 Kevin Burdett asked about the response rate to the staff survey.
- 9.38 Bev Shears advised she was unable to give an exact number. Caroline Walker confirmed this was 32% and the national average being 36%. Bev Shears surmised this was not as high as hoped for and confirmed ways were being looked at to improve the response rate.
- 9.40 Rob Gardiner asked if the WRES standards were deemed deficient and should be replaced.

- 9.41 Bev Shears confirmed she was aware there was growing discomfort with BAME as this was creating generic grouping. She stressed the importance of ensuring that institutional unconscious bias was not created.

Audit Committee

- 9.42 Christine Hill presented the Audit Committee report and noted that Joel Harrison had assured the committee that all overpayments had been recovered.
- 9.43 Christine Hill advised the internal audit report would be reviewed against the plan and follow up actions would be made.

Strategy & Transformation Committee

Bev Shears presented the Strategy & Transformation Committee report.

- 9.44 Bev Shears highlighted the strategy and transformation work that was taking place with staff participation. She noted a piece of work currently being undertaken which would show how quality improvement work is released from the constraints of being in a pandemic, with this being mid-term and long-term therefore producing a different kind of assurance.
- 9.45 Rob Hughes thanked Bev for standing in on this committee.
- 9.46 Duncan Lawson advised he would like to hear a verbal update on this work.

Charitable Funds Committee

- 9.47 Rob Hughes advised a Charity Project Manager had been appointed to focus on what the charity does and ensure monies are spent well.

Governance

10.0 Lead Governor Update

- 10.1 Kevin Burdett spoke of the importance of exploring how Governors can be more involved, especially when a new Chair is appointed in the autumn.
- 10.2 Kevin Burdett confirmed his meeting with Gareth Tipton for the Chairman's appraisal.

- 10.3 Regular meetings with the Chairman along with agenda planning meetings were held, Kevin Burdett confirmed. He advised he had also observed the Strategy & Transformation Committee meeting and had the opportunity to comment. He added the reassurance gained to witness first-hand the direction the Trust was travelling in.
- 10.4 Kevin Burdett noted he had chaired the Non-Executive Appointments & Terms of Service Committee meeting, with updates given on this at Council of Governors Private meetings. Earlier this month Kevin Burdett advised he had been part of an interview panel for a new Non-Executive Director where unfortunately the Trust had not been able to recruit.
- 10.5 Paul Denton gave an update on Governor recruitment and advised courses for Governors were being researched, adding that a date for Effective Questioning for Governors would be finalised shortly.
- 10.6 Rob Hughes confirmed a Development Course was planned for the Governors in September.

13.0 Questions Received from the Public

Question from Andrew Nebel:

- 13.1 ***“Given the unsatisfactory state of primary care provision in Stamford has the Trust considered creating its own general practice service at the Stamford & Rutland Hospital? Most Stamford residents received their hospital care from NWAFT? The model at the Royal Wolverhampton where the Trust runs its own GP practices and has those doctors working a hybrid regimen in surgeries and in the main hospital A&E is apparently very successful and this variety of working environment enhances clinical skills and is motivating to those involved. Could this concept be piloted at Stamford Hospital?”***
- 13.2 Caroline Walker explained Primary Care had not been considered however whilst the Trust was not committed to primary care being core it was committed to supporting a hub at Stamford offering good care on community and public levels through all the services being given at that site. She advised that the Trust was working together with local services to ensure a neighbourhood hub was recognised within the Lincolnshire Integrated Care System (ICS).
- Question from Andrew Nebel:
- 13.3 ***“How is NWAFT intending to liaise and collaborate with the two Lincolnshire and Leicester, Leicestershire & Rutland ICS bodies to ensure care pathways recognise the reality that geography means many of the population receive care across borders from NWAFT?”***

13.4 Caroline Walker explained that the Trust was now officially part of the footprint that is part of the ICS in Lincolnshire and Rutland, and work was being carried out in the neighbourhood as opposed to attending Director's meetings. She reinforced the Trust's connection to the leaders of the ICS in Lincolnshire for acute services.

13.5 Rob Hughes added the large population for these areas was important to consider in the ICS.

Question from Bill Proudlock: Stamford:

13.6 ***The NHS is poorly provided with key scanning systems per head of population compared with the rest of Europe. Some NHS Trusts are addressing this problem and their backlog by new initiatives. Separating emergency and routine scan processes, adjusting scan times and revising who assesses results are examples. What is the Trust doing to improve efficiency in this area and outcomes for patients? I'd appreciate an answer that gives actual facts not simply an assurance that 'we're working on this'.***

13.7 Caroline Walker confirmed this was being worked on, and agreed the NHS was required to improve performance against diagnostic test waiting times. She explained that community diagnostic hubs had been set up and will be continued for the next five years. She agreed there was a national deficient for diagnostic testing.

13.8 Waiting list initiatives were also being added, Caroline Walker confirmed, adding that it was important to carry out more diagnostics in the community and in community hubs to improve in this area.

13.9 Sue Prior also raised some points she has received from local Stamford residents:

13.10 ***"I am frequently being asked about the Stamford Minor Injuries Unit (MIU) reopening date as it had been announced that it would be July /August. I noted in the strategy and transformation NED report there was reference to it reopening in October 21 and that it would be brought to a Board meeting in August .It would be helpful if a definite date or a clear explanation provided of why, if it is to be further postponed?"***

13.11 Caroline Walker confirmed the Stamford MIU would be opening in October. Post meeting this was later confirmed to be 1 October 2021.

- 13.12 ***“Has a decision been made about the location of the NWAFT breast screening mobile unit in south Lincs?”***
- 13.13 Caroline Walker confirmed the mobile breast screening van had previously been used around the county to carry out breast screening and this had now been moved to the Peterborough City Hospital site due to issues around Covid-19 therefore moving to different locations had for now ceased. She explained it had not been necessary to look for another location to move to as the required times were being met.
- 13.14 “The future plans for proposed use of Stamford and Rutland hospital is also a question frequently asked .I note from the board subcommittee reports there was reference that the revised clinical strategy for Stamford was moving forward. When is planned that Governors will see it and also when the communications relating to the Hospital and its future will be made public?”
- 13.15 Caroline Walker advised the surgical aspect of the clinical strategy for Stamford and Rutland Hospital was now complete and there had been considerable enthusiasm to develop the use of the hospital. She explained the medical element of the clinical strategy was still to be undertaken with a target date of November for a revised draft strategy to be completed and subsequently reviewed by the Board followed by the Council of Governors before formal approval by the Board. Caroline Walker noted Public communications regarding the plans for the hospital and its future should then be possible in the early part of 2022.
- 13.16 Rob Hughes introduced Tariro Matanga to the Council of Governors, explaining the scheme introduced by NHS England for trainee Non-Executive Directors known as NExT Directors. He explained Tariro’s background was in pharmacy and confirmed her mentor would be Bev Shears.
- 13.17 Rob Hughes thanked all those at the meeting who had provided Papers and thanked all the Governors for their attendance.

Rob Hughes closed the meeting at 16:40 hours

Next Council of Governors Public Meeting:

Friday 19 November 2021

10:00 to 12:30 hours – Via MS Teams LIVE/ Board Room PCH (TBC)

Minutes signed as an accurate and true record of the meeting:

..... Rob Hughes – Chairman

..... date