

**Minutes of the Public Meeting of the Council of Governors
held on Friday 19 November 2021, 12:15hrs
via MS Teams LIVE**

Members:	<p>Rob Hughes Kanchan Rege Taff Gidi Beverley Shears Ray Harding Christine Hill Carmel O'Brien Asif Mahmood Junaid Bhatti Kevin Burdett Bob Mason Duncan Lawson Rob Gardiner Amanda Buckenham Rebecca Neno Joe Wey Sue Prior Cllr Irene Walsh Michelle Turnball Linda Parker</p>	<p>Chairman – Chair Chief Medical Officer & Deputy Chief Executive Company Secretary Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Staff Governor – Peterborough Public Governor – Greater Peterborough Lead Governor – Huntingdonshire Public Governor – Huntingdonshire Public Governor – Stamford Public Governor – Huntingdonshire Public Governor – Huntingdonshire Public Governor – Huntingdonshire Partner Governor – South Lincs CCG Public Governor – South Lincs & Stamford Public Governor – South Lincs & Stamford Partner Governor – Peterborough City Council Staff Governor – Huntingdon Staff Governor – Peterborough</p>
In attendance:	Sylvia Zuidhoorn	EA to Chairman & Chief Executive - <i>Minute Taker</i>
Observing:	Katie Tarleton	Communications Team

WELCOME, APOLOGIES AND DECLARATION OF INTEREST

- 1.0 Welcome, Apologies for Absence and Declarations of Interest**
- 1.0.1 Rob Hughes welcomed members to the meeting.
- 1.0.2 Rob Hughes noted that apologies had been received from Caroline Walker (Chief Executive), Gareth Tipton (Non-Executive Director), Kenneth Leafe (Public Governor – Huntingdonshire), Mark Sanderson (Non-Executive Director), Cllr Elizabeth Sneath (Partner Governor), Zbys Fedorowicz (Public Governor – Huntingdonshire) and Paul Denton (Deputy Company Secretary).
- 1.0.3 Rob Hughes noted that there were no new declarations of interest.

2.0 Minutes of previous meeting held on 17 August 2021

- 2.0.1 The Minutes were agreed to be a true and accurate record of the meeting and officially approved by the Council of Governors.

3.0 Matters Arising and Action Tracker

- 3.0.1 The Action Tracker was reviewed and completed actions discharged. There were no new matters arising.

TRUST OVERVIEW

4.0 Chairman's Update

- 4.0.1 Rob Hughes presented the Chairman's Update for information to the Council of Governors, taking the report as read. He noted that it has been a very challenging environment, one that he has not seen before in his 9 years of Chairmanship at the Trust. He further noted the pressure from COVID and the continuing pressure from the emergency areas and as a Trust and Trust Board we are very conscious of this and working very hard to address this. He continued to note that within all of the pressures we are doing the upmost in ensuring that our staff are not taken for granted and as a Trust Board prioritising the workloads of our staff and increasing the collaboration with our partners both within health and social care. He continued to ask the public to please try to use alternative means of care where possible, such as 111 or local pharmacies etc., for non-urgent health concerns.

- 4.0.2 Rob Hughes reported that despite all the challenges, the Trust has undergone some significant transformation that benefit our patients, with the development delivered at Hinchingbrooke Hospital within the A&E department, the plans for the new Operating Theatres have been submitted and are awaiting final approval from the Department of Health. He continued to report that the Hospital at Home service is being piloted at Hinchingbrooke Hospital, which will enable patients to receive IV antibiotics at home, which will also be rolled out to Peterborough City Hospital this winter. The Urgent Treatment Centre at Peterborough City Hospital has been built to transfer and increase the service previously provided at the City Care Centre and work is also ongoing to redesign and improve our Frailty Services. He noted that it has been agreed in principle to develop an Integrated Cardiology Hub at Peterborough City Hospital. He further reported that at Doddington further work is ongoing in developing outpatient clinics and at Stamford Hospital the MIU has reopened and agreed to share the Clinical Strategy and the overall Trust Strategy to the next Public Council of Governors in the New Year.

ACTION : Rob Hughes to share the Clinical Strategy and overall Trust Strategy at the next Public Council of Governors in the New Year.

- 4.0.3 Rob Hughes reported that as part of the Trust Board's learning and development, the Trust Board meet every 8 weeks to cover various topics. At the most recent workshop the Trust Board focussed on Board effectiveness and engagement.

- 4.0.4 Sue Prior referred to item 4.16 within the Action Tracker, and questioned if communication is going out to East Rutland and South Lincolnshire CCG areas and covering all of our patient areas. Kanchan Rege confirmed that Phil Walmsley, Chief Operating Officer has put out a media statement and that constant contact is in place with the CCG, patients, the local Medical Committee and GPs, providing updates on the current situation. She further noted that this is a national situation that people are

very aware of. Sue Prior noted that communication needs to get out to all local media to help reduce the levels of pressure on our staff.

ACTION : Rob Hughes agreed to follow up with Mandy Ward about additional ways of communication that can be done.

5.0 Deputy Chief Executive Officer's Report

- 5.0.1 Kanchan Rege provided a verbal Chief Executive Officer's update to the Council of Governors, noting that she was deputising on behalf of Caroline Walker on this occasion. She reported that as of today the Trust has 91 COVID positive patients within its hospitals, noting that 47 of those patient are a symptomatic and have been identified as COVID positive upon admission swab. She continued to report that Peterborough is an enhanced response area, and because of this and the risk of nosocomial cases, the Trust has unfortunately taken the decision to restrict patient visiting again.
- 5.0.2 Kanchan Rege reported that at the end of September the Trust introduced the COVID booster and Flu clinics, which have been very successful with up to 60% coverage for our staff, noting that this year this is only being given to our staff.
- 5.0.3 Kanchan Rege reported that the MIU in Stamford opened on 1 October 2021 and a close watch is being kept on the footfall through the unit.
- 5.0.4 Kanchan Rege noted that in preparation for winter, the Trust continues with the vaccination of staff, finishing the winter plan, which involves recruitment into the Emergency Department and enhanced discharge planning therapy support. She continued to report that work was focusing on speeding up patient flow through the hospital to enable more prompt discharge, noting that Peterborough City Hospital is thought to be short of beds. The Trust is working with the STP/ICS to identify external beds.
- 5.0.5 Kanchan Rege reported that the ruling has recently come in for mandatory staff vaccinations for care home providers. Some of these providers have handed back their care packages as they are now unable to continue staffing these, which is putting additional pressure on the System.
- 5.0.6 Kanchan Rege reported that Trust have approximately 125 patients who are medically fit for discharge but cannot be safely discharged.
- 5.0.7 Kanchan Rege reported that the Hinchingsbrooke redevelopment is inching towards full agreement for the development of the new theatres. A written agreement in principle is awaited from the Department of Health.
- 5.0.8 Kanchan Rege reported that the RAAC panel project continues, and noted that panels have been identified at Stamford Hospital, for which the Trust may receive funding for remedial actions.
- 5.0.9 Kanchan Rege reported that the Trust held the Annual Public Meeting on 5 October 2021 and thanked our Members, Governors, Staff and Members of the Public who joined, it was an honour to present the achievement of our staff members.
- 5.0.10 Kanchan Rege reported that NWAngliaFT are pleased to have earned Associated University status of University Hospitals of Leicester. The Trust has 500 medical students per year at Peterborough City Hospital and 300 per year at Hinchingsbrooke

Hospital. In view of this associated university status the Trust are also taking on additional non-medical students such as radiographers and operating department practitioners. The Trust are now planning to start a journey toward becoming a University hospital.

- 5.0.11 Kanchan Rege reported that in November, Stacey Coburn the Deputy Chief Operating officer provided a presentation about the first 4 months of the Urgent Treatment Centre to Members, which was well received.
- 5.0.12 Kanchan Rege reported that the Board Assurance Framework and Risk Overview continue to progress all objectives under strategic priorities. The Trust Board have undertaken a Cyber Risk workshop as part of the well-led approach, which will be revisited in due course. She noted that as part of the strategic objectives, the Stamford Land sale had faltered, but some progress is now being made with the preferred bidder.
- 5.0.13 Kanchan Rege reported that there has been a delay in developing the Shared Care Record with System Partners.
- 5.0.14 Kanchan Rege reported that the Trust's first virtual awards ceremony was held on 10 September 2021 to honour our fantastic staff members as part of our Trust Outstanding Achievements programme. We heard some fabulous examples of how staff went above and beyond in their roles during the peaks of the pandemic to care for our patients and each other. A list of staff who won an award or who were highly commended, is available on the news section of our Trust website. She congratulated the three members of Trust staff who received accolades in the Peterborough Apprenticeship Awards which were held on 24 September 2021. She continued to congratulate the Obstetrics and Gynaecology team following the Annual General Medical Council Survey at Peterborough City Hospital who came out as one of the top 10 training units for Obstetrics and Gynaecology and were ranked in the top quartile of the 19 key domains, ahead of other Obstetrics and Gynaecology units in the East of England.
- 5.0.15 Rob Hughes asked if Kanchan Rege could share the maternity workload challenges that are being faced. Kanchan Rege reported that as with most Trusts in the Country we are facing pressures within the maternity service. For NWAngliaFT it is particularly difficult as the Trust runs two units. In response to safety concerns, there has been a report called the Ockenden Report which has been published and has necessitated an increase to the midwifery establishment. The Trust have altered the midwifery establishment to be compliant with the new standards, guidelines and the new expectation for safety in midwifery units. She continued to report that unfortunately the Maternity Unit has closed on 4 occasions since July, this does not however, mean it is completely closed, as it remains open for emergency cases, and redirects planned care towards other maternity units. Kanchan Rege reassured the Council of Governors that the situation within the Maternity Unit has improved and stabilised, noting that the Trust has recruited 40 full time equivalent midwives to both the Peterborough and Hinchingsbrooke units in total and who are now settling into their roles. She continued to confirm that the staffing situation is much better than in the summer months where we had the increased pressures of COVID with the "pingdemic", staffing issues with school holidays and other planned leave. She further reassured the Council of Governors that in relation to a concern raised where only one midwife was looking after more than 20 women at one time, that the Maternity Unit always has non-clinical midwives in attendance who are deployed when necessary, along with HCA's and

maternity support workers, and continued to confirm that although there was only one midwife on the ward at the time there were plenty of other staff to assist and support.

- 5.0.16 Sue Prior questioned when the Shared Care Patient Records will go live. Kanchan Rege confirmed this shall be in the next two months. Sue Prior asked if this will be for all of the CCG. Kanchan Rege confirmed that yes this will be.
- 5.0.17 Rob Gardiner questioned whether, as per the request of the Ockenden Report, the Maternity Report went to Trust Board. He further questioned if there is a figure for the Trust in terms of the number of beds where people are not being able to be discharged within a reasonable period of time. Kanchan Rege firstly confirmed that the Maternity Report goes through the Trust Board and the Staffing Report also goes through Quality Assurance Committee and the Trust Board for scrutiny. She further confirmed that as of today the Trust has 125 patients out of our 700 beds who are medically fit and cannot be discharged. Rob Hughes noted that the Trust take maternity services very seriously and are working hard to comply with the measures in the Ockenden Report.
- 5.0.18 Amanda Buckenham questioned if work is being undertaken in the wider public on how the Trust communicates with mums to reassure them. Kanchan Rege confirmed that the Trust are communicating in many way as well as via the Maternity Voices Partnership group and reassured that the situation is much better and has stabilised, with new staff recruited and settled in.

ASSURANCE

6.0 Board Sub-Committee Assurance

6.1 Quality Assurance Committee

- 6.1.1 Christine Hill firstly noted that she chaired this Committee on behalf of Dr Mark Sanderson and presented the Quality Assurance Committee paper to the Council of Governors, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report.
- 6.1.2 Rob Gardiner thanked Carmel Hill for the report and information within. He questioned, relating to the last Public meeting in August, where Mark Sanderson was asked if the issue with safeguarding is related to the pandemic and staffing issues and whether he could forensically pin-down a particular client group that were affected. Christine Hill confirmed that the team did look at the Safeguarding information and that there are two figures, one relates to the number of adult concerns raised by the Trust, last month there were 160 about raising issues about the patients prior to admission to the hospital, which were mainly people in the community, who were not perhaps receiving the care they needed due to the pandemic. The other figure is 14 which were raised against the Trust, those relate to unsafe discharge, self-reporting about neglectful care, undiagnosed fractures, pressure sores and open cases. She continued to note that these themes will continue to be monitored.
- 6.1.3 Sue Prior noted the concerns about gap in omissions with regards the fundamentals of care as key issues in and Serious Incident and Never Events and questioned what level of assurance the Committee received. Carmel O'Brien confirmed that one of the key areas when you triangulate the detail in the reports is that there are lots of things that come to that place of error or omission, mainly it is the human factor element. It is about thinking about how did that incident occur at that point and it has been identified,

that it is the basic care fundamentals that are not being followed. Sue Prior welcomed an update on the impact of some of the causes of the Serious Incidents. Rob Hughes noted that the Trust are engaging with the new QI approach and are working on improving this and sustaining going forwards.

ACTION : Carmel O'Brien to update on some of the causes of the Serious Incidents at the next Public Council of Governors.

6.1.4 Rob Hughes thanked Christine Hill for her report.

6.2 Finance & Digital Committee

6.2.1 Ray Harding presented the Finance & Digital Committee paper to the Council of Governors, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report.

6.2.2 Rob Gardiner noted that the report alluded to the staff award and being out of budget and questioned how serious that will be, does the national insurance affect the Trust and is that something to be considered for the future. Ray Harding confirmed that these costs are calculated in the half 2 forecast and taken into terms for this years' projection. We continued to note that the Trust has a structural deficit but the debate is for the next few years and how that is reflected nationally or through the System. These are all factors that will impact on that structural deficit, which was largely caused by the PFI funding. There is not yet any guidance for next years' budget, but this will reflect the underlying deficit of a foundation trust funded with PFI and inequalities within the system are properly recognised within the ICS in terms of North and South of the county.

6.2.3 Sue Prior noted the level of risk of capital funds at this stage of the year, and questioned what level of assurance the Committee has received on how to reduce most of that risk. Ray Harding noted that this is not ranked as a risk with a number but is specific in referring to the £13m provided for provision for support for the RAAC panels within this year. He continued to note he is very confident that will not be affected one way or another and will be protected at all costs, funding cannot be lost on the biggest single risk affecting the Trust. In terms of other capital items, there are always changes. Sue Prior noted that Ray Harding was very confident and question what evidence the Committee has been provided with. Ray Harding confirmed that there are more ways of funding capital funds than physical infrastructure at the time. Rob Hughes noted that these are challenging times to get all projects delivered on the time. This is picked up at both the Finance & Digital Committee and Strategic and Transformation Committee and are fully focussed on that with the resources in place to make sure that happens.

6.2.4 Rob Hughes thanked Ray Harding for his report

6.3 Performance & Estates Committee

6.3.1 Beverley Shears presented the Performance & Estates Committee paper to the Council of Governors on behalf of Gareth Tipton, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report.

6.3.2 Rob Hughes thanked Beverley Shears for the report and asked for feedback from any Governor Observers to the committee. Rob Gardiner noted the worrying bed occupancy levels and questioned if it has been broken down and what levels are at Hinchbrooke and if the correct safe level is 85%. He secondly noted that senior

staff deficits have been identified and that this can be counterproductive and questioned if this has got any better as he is concerned about the welfare and stresses for the senior managers dealing with these projects. Beverley Shears confirmed that the committee was made aware of some of the issues and that there has been some organisational development undertaken with the teams with the HR Business Partner. Feedback is that this has been addressed with some good specific well-being plans in place. This is something that is being watched across the hospital for all staff working in a very challenged and pressured environment. Beverley Shears noted that in respect to the bed flow question, and confirmed that with regards the flow and length of stay, the teams are very much aligned, with the focus on discharging patients safely. Kanchan Rege confirmed that pre pandemic the Trust were asked to aim for 92% bed occupancy and the Trust occupancy in the last week has been greater than 100%, this is due to the Emergency Department being turned into a ward. She continued to confirm that Hinchingsbrooke has better flow for a variety of reasons.

Rob Gardiner further questioned if it is more challenging to recruit to the senior manager in terms of external wage rates competition. Kanchan Rege confirmed that in certain professions for example in I.T wages are easily higher externally. Rob Hughes noted that for some key roles it is better in the short term to go out and bring in contractors, which is what has been done. There are some short term really challenging things to be done and we need help and noted that Professor Julian Redhead, National Director for Emergency and Elective Care is visiting both the Hinchingsbrooke and Peterborough Emergency Departments on Monday next week.

6.3.4 Sue Prior noted that as Governor Observer she observed that the committee is working very positively with excellent check and balances between the committee members, the Executive Directors and Non-Executive Directors, with realistic assurances or actions taken to provide further assurance. Whilst noted in the report for the Council of Governors she observed from the committee, the close working within the ICS System and exchange of information came through in the paperwork available in the committee.

6.4 People & Culture Committee

6.4.1 Ray Harding firstly noted that he chaired this Committee on behalf of Beverley Shears and presented the People & Culture Committee paper to the Council of Governors, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report.

6.4.2 Duncan Lawson reported that as Governor Observer to the committee he observed that he found this to be an excellent meeting and there to be no substantial comments.

6.4.3 Rob Hughes thanked Ray Harding for the report.

6.5 Audit Committee

6.5.1 Christine Hill presented the Audit Committee paper to the Council of Governors on behalf of Gareth Tipton, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report.

6.5.2 Rob Hughes thanked Christine Hill for the report.

6.6 Strategy & Transformation Committee

6.6.1 Rob Hughes presented the Strategy & Transformation Committee paper to the Council of Governors, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report.

6.6.2 Rob Gardiner questioned if more up to date information could be shared with the Council of Governors about the governance and organisation of the ICS and the North and South Partnerships. Rob Hughes reported that in terms of structures of the ICS he could confirm that John O'Brien has been successfully appointed to the role of ICS Chair Designate and that the appointment of Jan Thomas has been confirmed to the role of Chief Executive of the ICS. Recruitment is expected to start early January 2022 to the rest of the board of executives to the ICS. There will be at least two System Non-Executive Directors and a governance structure underneath that, which is very complex and detailed and confirmed that he will provide a more detailed update for further clarity at the next Council of Governors meeting in 2022. He further noted that as from 1 April 2022 the ICS will be a legal entity and will have the responsibility of operating as a System. The ICS Partnership in the North and South will need to take over commissioning of certain work within the System. He continued to confirm that work is in progress, with the right people involved and as a Trust Board we have a job to do and are accountable to our population in our community and our hospitals.
ACTION : Rob Hughes to provide a detailed update on the governance and organisation of the ICS at the next Council of Governors meeting in 2022.

6.6.3 Sue Prior confirmed that our ICS is much further ahead of other systems within the surrounding area.

6.6.4 Kevin Burdett reported that as Governor Observer to the committee he observed that there was nothing to add. It was a good meeting full of information, with very detailed discussion and a lot of excitement about things being planned for the future development and future for our patients.

7.0 Maternity Non-Executive Director Update

7.0.1 Carmel O'Brien provided a verbal update as Maternity Non-Executive to the Council of Governors. She reported that she commenced in post in August 2021 and spent some time with Joanne Bennis, Chief Nurse and Penny Snowden, Head of Midwifery, getting to grips to the programme of work that is in place in the Trust. She confirmed this to be a really comprehensive plan of work, which is presented and discussed in detail through the Quality Assurance Committee and then goes through to the Trust Board on a monthly basis, which details where the Trust are in relation to maternity services to the recommendations from the Ockenden report. The Team know what has to be done, the dates and times of achievement which are regularly reviewed.

7.0.2 Carmel O'Brien continued to report that there are number of structures in place with Trust Board safety "walkarounds". She noted that she has been involved in site walkarounds with Joanne Bennis and Penny Snowden at both Peterborough City Hospital and Hinchingsbrooke Hospital. In early October 2021 she attended a walkaround at Hinchingsbrooke Hospital where they visited the Lilac Ward and Delivery Suite. She found the ward to be really calm, clean and the staff welcoming. She talked with the Ward Manager who noted that had only recently returned to work at Hinchingsbrooke Hospital and that there had been some tangible changes in the culture and working with medical teams. She welcomed the new manager operational structure. She discussed with me the feedback that is given to staff about learning

from incidents and that there is a closed Facebook discussion group for the maternity staff and midwives. She continued to report that on the delivery suite it was relatively quiet and midwifery co-ordinator takes personal responsibility with the staff when an incident occur. She noted that there are good relationships held with the Gynaecology and Midwifery teams and that she had met with a new Consultant who was very sighted and very supportive of the maternity transformation programme. She reported that she further attended a walkaround visit to the Peterborough City Hospital maternity unit, in which Simon Pitts the General Manager joined. She noted that the unit was particularly busy that morning and that she saw how the midwifery co-ordinator was juggling all the boards to ensure safe staffing was in place at all time. She continued to note that as the midwives were busy with deliveries she did not want to distract them from their job, but did observe staff on the ward supporting the delivery suite, pulling patients through quite quickly. She felt very confident that the maternity services are improving and that the staff could describe the process for feedback around learning and the use of the BirthRate+ staffing tool.

7.0.3 Carmel O'Brien confirmed that the Maternity Voices Partnership is to be connected to the maternity services and Penny Snowden is reviewing the programme of work about afterthoughts after birth and to ensure care and experience is fed back.

7.0.4 Carmel O'Brien highlighted the piece of work the Trust are to be very proud of, in relation to the video "Charlotte's story", which is a very emotive piece, where mum worked with the maternity services allowing us to her experience to improve the care for women and children.

7.0.5 Rob Hughes thanked Carmel O'Brien for her valued verbal update.

7.0.6 Amanda Buckenham questioned if anything has been around the care of ladies having miscarriages. Carmel O'Brien confirmed that she has not been sighted on this and will take this as an action to liaise further with Joanne Bennis and Penny Snowden and report back at the next Council of Governors.

ACTION : Carmel O'Brien to further liaise with Joanne Bennis and Penny Snowden about care of ladies having miscarriages and report back to next Council of Governors.

GOVERNANCE

8.0 Lead Governor Update

8.0.1 Kevin Burdett provided a verbal update as Lead Governor to the Council of Governors. He reported that earlier this morning he attended a Private Council of Governors meeting and updated on the successful recruitment of James Rolfe as Non-Executive Director. He further noted that discussions are ongoing around the recruitment to the Chair of NWAngliaFT as Rob Hughes steps down from post at the end of March 2022 and confirmed that the recruitment agency has a list of candidates and are holding a longlist meeting this afternoon of those candidates with a shortlist meeting taking place in a weeks' time. He finally reported that Governor elections are taking place from next week until 15 December 2021. Rob Hughes wished all those luck who are standing again.

9.0 Any Other Business

9.0.1 Rob Hughes questioned Kanchan Rege given recent national media coverage on hospital mortuary security as to how the Trust are ensuring and taking actions that our

mortuaries are operating in a safe and appropriate way. Kanchan Rege reported that Peterborough City Hospital mortuary has been recently inspected by the Human Tissue Authority Council of Governors and the Trust has been commended for our practices and the Lead Investigator noted that if they did return back into clinical practice then they would like to work with us. She further noted that the issues around the mortuary relate to its security, which are based on events that have been notified in the press from Kent. A plan has been drawn up with the Estates department which details CCTVs and swipe card access and we are confident that our plan will deliver all compliance to all the required standards. There is no CCTV currently in the Trust that someone is monitoring all the time and there is a plan to upgrade the hardware and software to motion sensitive capture.

- 9.0.2 Rob Hughes apologised for the internet struggles had by some. He felt the Governors had received a good debrief from the various committees.
- 9.0.3 Rob Hughes noted that the next Members meeting is at Hinchingsbrooke Hospital on 30 November 2021 at 6pm.
- 9.0.4 Rob Hughes further noted his acknowledgement of all the hard work of all our staff at that they are continually thought about and thanked for all that they do.
- 9.0.5 Rob Hughes thanked the Governors for their good support and challenge this year and wished all a good festive period and all to take care.

10.0 Questions from the Public

- 10.0.1 Live question from John Thackery in Godmanchester. What percentage of total beds are COVID related and what actual affect have these had. He also noted that he is very thankful for all that the Trust has done.

Kanchan Rege thanked John Thackery for his question, and confirmed that approximately 16-19% of the Trust Bed based was currently affected by COVID. As the Trust has very vigorous infection prevention and control measures, clinical care does become less efficient as all COVID patients are in one ward, rather than in their appropriate clinical ward, with clinical teams visiting patients rather than caring for them on their own specialist wards.

- 10.0.2 Rob Hughes noted that at the last Council of Governors, Bill Proudlock asked If the Trust was pursuing initiatives to improve diagnostic performance as piloted in other Trusts across the country. The responses from the Chief Executive at the meeting and then the Chair by email can be summarised that this was not a priority and the Trust was meeting NHS targets. He questioned that in light of the current diagnostic performance should these innovative approaches be developed with urgency.

Kanchan Rege thanked Bill Proudlock for his question and confirmed that when talking about diagnostic imaging there are 2 phases, the actual investigation being performed and then being reported. There is a bottle neck in reporting due to the number of radiologists employed and confirmed that some non-radiologists have been trained up to do specialist radiographer reporting. She reported that a bid has been submitted to NHSEI to upgrade the MRI at Stamford to enable the scanning of patients more quickly, with patients on the scanner for a shorter period of time, which will increase throughput by 30%. She further detailed the augmented reality technology for the interventional radiology suite for the management of enlarged benign prostates. Finally

the Trust is 1 of 17 sites for an NHSx trial of artificial intelligence software for the detection and follow up of lung nodules.

10.0.3 Rob Hughes received the an additional question from Bill Proudlock. Given that we await a clinical strategy for Stamford Hospital, the note that usage of the reopened urgent care Centre is low, and there is little evidence that the STP/ICS processes do not seem to be producing tangible results, should the public be given a clear and concise statement about the plans for Stamford Hospital and integration of primary and secondary services for Stamford. Given the difficulties faced by primary care in Stamford and that our services are split between two ICS groups some assurance that a coordinated response/strategy has been progressed is overdue.

Kanchan Rege confirmed that the Stamford Strategy is going to be presented for final sign off, with the plan to increase ophthalmology, have local anaesthetic surgery and to expand the medical day unit. She noted that discussions had been held with the CCG, who have confirmed they have no appetite, to integrate Primary with Secondary Care even though there has been growth in South of Lincolnshire this is not in Stamford and the CCG are the main drivers in that debate.

Rob Hughes confirmed that he shall share the Strategy for Stamford and Rutland Hospital in the Public Council of Governors in the New Year.

ACTION : Rob Hughes to share Stamford Strategy to the Public Council of Governors in the New Year.

The Chairman closed the Council of Governors at 12:25hrs

Date of next meeting: Friday 15 March 2022

Signed.....

Name..... Date.....