

**Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 12 October 2021, 14:00hrs  
via MS Teams LIVE**

<b>Members:</b>	<p>Rob Hughes Beverley Shears Caroline Walker Kanchan Rege Joel Harrison Louise Tibbert Phil Walmsley Arshiya Khan Mike Ellwood Ray Harding Mary Dowglass Mark Sanderson Christine Hill Carmel O'Brien Tariro Matanga</p>	<p>Chairman – Chair Non-Executive Director – Deputy Chair Chief Executive Chief Medical Officer/Deputy Chief Executive Chief Finance Officer Chief People Officer Chief Operating Officer Chief Strategy &amp; Transformation Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director NEXt Non-Executive Director</p>
<b>In attendance:</b>	<p>Taff Gidi Dr Sangeeta Pathak Penny Snowden Sylvia Zuidhoorn</p>	<p>Company Secretary &amp; Head of Corporate Affairs Consultant Obstetrician Head of Midwifery EA to Chairman &amp; Chief Executive - <i>Minute Taker</i></p>
<b>Observing:</b>	<p>Eleanor Anderson</p>	<p>Communications Team</p>

**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.
- 1.1 Apologies received**
- 1.1.1 Rob Hughes noted that no apologies had been received.
- 1.1.2 Rob Hughes noted that there were no new declarations of interest.

## MAIN MEETING

### **2.0 Patient Story – “Charlotte Video” Changing Learning Culture And Collaborative Team Environment presentation**

- 2.0.1 Jo Bennis introduced the Patient Story “Charlotte Video” Changing Learning Culture and Collaborative Team Environment to the Trust Board from Dr Sangeeta Pathak, Consultant Obstetrician.
- 2.0.2 Dr Sangeeta Pathak presented the “Charlotte Video” to the Trust Board and noted that she is representing the entire Maternity department and that this is a learning from the Maternity department who would like to share the story of Mother L who delivered her third child Charlotte at the Peterborough Maternity Unit. She continued noting that the Maternity department’s intention is for this story to be impactful for learning locally, regionally and nationally, which is what Mother L wanted and she is extremely keen to do something more impactful in terms of learning. She further noted that this video does contain some sensitive events and may upset some viewers.
- 2.0.3 Rob Hughes thanked Dr Sangeeta Pathak for the presentation and questioned if Mother L has now had her fourth child. Dr Sangeeta Pathak reported that she has and the whole experience has gone well at Peterborough City Hospital and she has been extremely engaged throughout the whole process.
- 2.0.4 Penny Snowden commented that it is now mandatory for all Maternity staff to complete Charlotte’s training and that there is further commitment to learning lessons within the regional and local learning system on diabetes in pregnancy.
- 2.0.5 Rob Hughes echoed Mother L’s point that even when a child dies they are still part of the family forever and that he attended a service at Peterborough Cathedral on Sunday which the Trust puts on annually for families like Mother L and that this was a well-received event and that we was shocked by the number of families who attended.
- 2.0.6 Rob Hughes noted that there is nothing extra to say as a Trust Board and thanked Mother L for her bravery which what she has had to deal with and for letting us share the story, and know that Charlotte is helping us make difference for future families.

### **3.0 Minutes of the meeting held on 10 August 2021**

- 3.0.1 The Minutes were agreed to be a true and accurate record of the meeting and officially approved by the Trust Board.

### **3.1 Matters Arising and Action Tracker**

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

### **4.0 Chairman’s Review of the Month**

- 4.0.1 Rob Hughes verbally presented the Chairman’s Review of the month to the Trust Board. He reported that he had had the first face to face meeting with the Council of Governors in over a year and half, which was held socially distanced in the Kingsgate Centre. He passed on his thanks for the help from the Non-Executive Directors who helped facilitate this session.

- 4.0.2 Rob Hughes noted that he is pleased to report on the increase in the Trust Board focus on Digital, who attended a course run by NHS Providers and was facilitated through Geraldine Wingfield-Hill (Chief Clinical and Information Officer), which was on top of the work undertaken for Cyber Security, which was about culture and Trust Board responsibility and accountability. He continued to note that it was good to hear from the Chief Executive Joe Harrison from Milton Keynes and how their Trust incorporates this into strategic support, which is something the Trust Board will take forward. Rob Hughes noted that he is pleased to report that Trust walkabouts with the Non-Executive Directors are back in diaries. This helps the Trust Board put into context what is happening on wards, with our staff and our patients.
- 4.0.3 Rob Hughes noted that the Trust Board are pleased to be able to take “live” questions today to items related to the agenda.
- 4.0.4 Rob Hughes noted that this is going to be one of the toughest winters the organisation has faced for some time. These are extremely challenging times and our job is to do the best we can giving the right support to the organisation, being realistic and leading with compassion.
- 5.0 Chief Executive Officer’s Report**
- 5.0.1 Caroline Walker passed on her thanks to Charlotte’s family who are brave enough to share their very sad story.
- 5.0.2 Caroline Walker presented the Chief Executive Officer’s Report to the Trust Board taking the paper as read, highlighting key areas which were discussed in more detail. She reported that the Trust remains under significant pressure for emergency care, whilst maintaining planned care. There are on average 50 patients with COVID within our hospitals each day and today there are 48 patients with COVID in the Trust. She noted that our hospitals are like many across the country, very busy and full and there is a significant amount of pressure on our staff to deliver safe care. Sadly the Trust is continuing to operate restricted visiting as a precautionary measure. This position is being regularly reviewed.
- 5.0.3 Caroline Walker reported that the Trust commenced clinics to administer the COVID-19 booster and the flu vaccination to all staff.
- 5.0.4 Caroline Walker reported that Stamford and Rutland Hospital’s Minor Injuries Unit (MIU) has reopened to patients as from 1 October 2021 and thanked local residents for their patients whilst the MIU was closed. Patient attendance has been quite low with an average of 20 patients in attendance each day.
- 5.0.5 Caroline Walker reported that the Trust Winter Plan is being drafted as planning is in place for additional services, care and winter services from November to end of March.
- 5.0.6 Caroline Walker reported that the Trust has submitted an Expression of Interest in to the future new hospitals programme for funding to rebuild Hinchingbrooke Hospital, which needs major redevelopment to address structural issues.
- 5.0.7 Caroline Walker thanked members, governors, staff and members of the public who joined the Trust for the Annual Public Meeting on Tuesday 5 October 2021.
- 5.0.8 Caroline Walker highlighted the many celebrations and achievements of the Trust Staff.

### **6.0 Integrated Performance Report (IPR)**

#### **6.0.1 Quality**

- 6.0.1.1 Joanne Bennis presented the Quality Performance section to the Trust Board, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.
- 6.0.1.2 Joanne Bennis noted that restricted visiting is to be reintroduced as from tomorrow, and the Communications team will publicise accordingly. This will include general visiting to non COVID areas and one visitor a day, where possible the same visitor during the allocated visiting hours. She confirmed that Personal Protective Equipment (PPE) requirements are still required within the healthcare environment and the Trust are still expecting visitors not to visit if they have COVID symptoms and that masks are to be worn all times, unless exempt.
- 6.0.1.3 Kanchan Rege provided an update on Mortality and was pleased to share the Trust's HMSR return to the expected range, which has been largely driven by Hinchingsbrooke Hospital data and rates coming down on both sites. It is assuring as it reflects the work being undertaken with coding and documentation.
- 6.0.1.4 Arshiya Khan thanked Joanne Bennis for comprehensive report and questioned around the safeguarding dashboard in maternity how assured is she that everything is being done in making referrals in a timely manner. She further noted that there seems to be a trend around misdiagnosis and delayed treatments within the Serious Incident reports and questioned if there are any underlying themes to this. Joanne Bennis confirmed that a more detailed quarterly report goes to the Quality Assurance Committee on the differing aspects of safeguarding, but will make this clearer within the next IPR. Kanchan Rege confirmed that there have been some delays in diagnosis and in reporting which is reflected in the percentage fill of the radiology establishment.
- 6.0.1.5 Carmel O'Brien asked if Joanne Bennis can comment on any current or future plans to do collectively across the Trust to reduce fundamental gaps. Joanne Bennis confirmed that there have been some challenges with fundamental care delivery and the matron and divisional nursing director are working closely focusing on the fundamental delivery of education and training from specialist nurses, as mandatory as it is important to share the learning from SIs and complaints. There are different forums that bring some senior clinicians together and these are being utilised more effectively.
- 6.0.1.6 Christine Hill noted the good news about mortality and asked if Kanchan Rege could share the HSMR figures for Peterborough and Hinchingsbrooke Hospital. Kanchan Rege confirmed that trust-wide the HSMR figure is 104.5 and at Peterborough is 114 and at Hinchingsbrooke it is 89.9
- 6.0.1.7 Christine Hill noted that the never event was due to a technical issue around specimen overlay due to poor cleaning of a slide and questioned if this has been resolved and whether it is a technical issue or a cleaning process. Joanne Bennis confirmed that there is a step process, however this is not always 100% accurate and is not purely a cleaning issue, as the arm that moves the samples onto the slides is a known risk, Christine Hill asked how this will be addressed going forwards. Joanne Bennis noted that this is the first time this has been an issue as a never event. Kanchan Rege noted

that this is a recognised issue with anything involved in the cytology process involved in making a slide.

6.0.1.8 Rob Hughes thanked Joanne Bennis for the report and noted the good news on Mortality.

6.0.1.9 Rob Hughes further reinforced the message in the return to restricted visiting and noted that this information is on the Trust website.

## **6.0.2 Operations**

6.0.2.1 Phil Walmsley presented the Operations Performance section to the Trust Board, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.

6.0.2.2 Rob Hughes noted that the 2 year wait sounds disappointing and that there are some patients who cannot wait for more than 2 years and questioned the process to ensure we get to the patients who need our care sooner than 2 years. Phil Walmsley confirmed that all patients are prioritised by a clinician by: priority 1 for patients who have to be seen within a very short period of time; priority 2 for patients who need to be seen within a matter of weeks and priority 3 and 4 who have been assessed and are able to wait. He further noted that patients are re-assessed to see if their condition has changed and that they are safe to wait for that period of time.

6.0.2.3 Beverley Shears noted the delays in diagnostics and the capacity within diagnostics and questioned how are the staff being supported who are working in that highly pressurised environment. Phil Walmsley confirmed that he does receive weekly reports and noted that the Trust delivers some of the fastest referrals to diagnostics in the East of England. He further confirmed that the diagnostic team are receiving a lot of OD work to support the team, they have a good set of clinical managers who understand the levels of pressure. Kanchan Rege further noted that the CQC rated the leadership in diagnostic imaging as outstanding.

6.0.2.4 Carmel O'Brien noted that it has been a particularly challenging month in August in urgent pathway care and sepsis screening in the Emergency Department and questioned if any follow ups with patients who had long delays in being admitted been undertaken. Phil Walmsley noted that his not aware of any follow ups of patients waiting for a long period of time. Kanchan Rege noted that notwithstanding the Trust's compliance of sepsis, there have been CQC visits in the Emergency Department when it has been very overcrowded and the feedback has always been very good. Joanne Bennis noted that there was one incident where a patient was left on a trolley for a long period of time, the appropriate mattress was used.

## **6.0.3 Workforce and Organisational Development**

6.0.3.1 Louise Tibbert presented the Workforce and Organisational Development Performance section to the Trust Board, taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.

6.0.3.2 Arshiya Khan questioned how the Trust compares to other organisations in terms of vacancies, what are the pressures and plans overall within the System and is everything being done to support the plan for the winter. Louise Tibbert confirmed that some data is better than others. She noted that Cambridge University Hospitals do not rely on agency as they have built up a very strong staff bank which they use to

absorb the vacancies. There is a conversation around sharing resource around the System and this is starting to be worked on. She confirmed that she has a meeting with the Chief Nurse and HR Director at Addenbrookes Hospital to review the challenging aspects, to share intelligence and the offer of staff from Addenbrookes where there has been over recruiting.

- 6.0.3.3 Rob Hughes noted the challenges with workforce and the efforts going in to address this. There are some short term challenges to get through, but opportunity on going forwards to make sure there is a balance of work force within the System.
- 6.0.3.4 Rob Hughes welcomed the efforts around Black History and Menopause Month and for the host of other well-being initiatives and thanked all for their efforts.

#### **6.0.4 Finance**

- 6.0.4.1 Joel Harrison presented the Finance Performance section to the Trust Board taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.

#### **6.0.5 Strategy & Transformation**

- 6.0.5.1 Arshiya Khan presented the Strategy & Transformation Performance section to the Trust Board taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.
- 6.0.5.2 Rob Hughes commended the work being done and service for the long term challenge on how this continues. He noted he was pleased that Q1 is back on track and will look forward to hear an update at Trust Board in the New Year.

#### **6.0.6 Governance**

- 6.0.6.1 Taff Gidi presented the Governance Performance section to the Trust Board taking the report as read and highlighted the successes, key messages and emerging issues within the summary section of the report, which were discussed in more detail by the Trust Board.

#### **6.1 IPR Annex : Maternity Report**

- 6.1.1 Penny Snowden presented the Maternity Report to the Trust Board for information, noting the paper as read. She highlighted the successes within the report which were discussed in more detail by the Trust Board.
- 6.1.2 Caroline Walker gave her thanks to the comprehensive report and questioned whether the ratio of 1:37 is not planned or funded and does it reflect that we cover some of the shifts with our own bank staff. Penny Snowden confirmed that the funding establishment is 1:28 in alignment with the investment appraisal, not 1:23 as recorded on the dashboard. The actual on leave adds back into those whole time equivalent. Caroline Walker asked if this reflects in the births being down significantly and if that ratio is actual or still planned. Penny Snowden confirmed that next month a 6 monthly review of staffing is being undertaken which will be submitted to QAC and Trust Board which will show that level of detail. Caroline Walker asked if it will reflect that there is a reduced birth rate at Peterborough City Hospital. Penny Snowden confirmed that potentially yes it could.

- 6.1.3 Rob Hughes questioned if there will be a further deep dive and assessment along with the right level of resourcing. Joanne Bennis confirmed that this will go through the People & Culture Committee with the statutory requirement and will provide Trust Board with a 6 monthly review of medical and non-medical staffing and will be part of maternity, along with BirthRate+.
- 6.1.4 Rob Hughes noted that now Carmel O'Brien is the Maternity Non-Executive Director she will be making contacts and progressing with the teams.
- 6.1.5 Rob Hughes noted that he will look forward to the report on the progress at the next Trust Board in December.

## **6.2 IPR Annex : Monitoring Approach**

- 6.2.1 Joanne Bennis presented the Monitoring Approach to the Trust Board for information, highlighting key areas to ensure the Trust Board are sighted on the CQC new monitoring approach. She reported that this is the shared transitional approach that the CQC took during the COVID-19 pandemic from July 2021, introducing a monthly review of the information they have on most of the services they regulate and this will include primary care.
- 6.2.2 Joanne Bennis noted section 7 within the paper detailing the monitoring approach and the way this will be presented and reviewed. Meetings shall be held with the Relationship Manager using this framework, with additional sections added to ensure they have the detail they require.
- 6.2.3 Rob Hughes confirmed that a structure is being formed of 6 weekly CQC Relationship Manager meetings
- 6.2.4 Caroline Walker noted that she liked the report and how it is logical in domains, and is good for cross checking with the Board Assurance Framework. She asked for regular updates when meetings have been held.  
**ACTION : Joanne Bennis to update the Trust Board after Relationship Manager meetings have been held**

## **6.3 IPR Annex : Board Assurance Framework**

- 6.3.1 Taff Gidi presented the Board Assurance Framework to the Trust Board for information, noting the paper as read and highlighted key areas.
- 6.3.2 Christine Hill noted a number of objectives are behind are rated as amber and questioned if they are truly amber or are red, and what can be done to satisfy these will be achieved. Phil Walmsley noted that the completion dates have not transferred yet and in theory still identify as green as consider the risk in delivery relates to cancer standards and length of stay. Christine Hill noted that it would be helpful for clarification about what red, amber and green mean. She questioned the rationale of the end date of March. Taff Gidi confirmed that he would clarify this point.  
**ACTION : Taff Gidi to clarify the rationale of meeting the deadline of end of March.**  
**ACTION : Rob Hughes to review how the Trust Board has a more structured conversation around the Board Assurance Framework.**

## **6.4 IPR Annex : Strategic Risks**

6.4.1 Taff Gidi presented the Strategic Risks to the Trust Board for decision. He noted that Datix Risk no 103344 has been updated to reflect conversations from the Cyber session, and new Datix Risk No 103438.

6.4.2 Caroline Walker requested that Paul Denton, Deputy Company Secretary liaise with the Executive Directors about bringing the risk action cards to the sub-committees for review.

**ACTION : Paul Denton to liaise with the Executive Directors about bringing the risk action cards to the sub-committees for review.**

6.4.3 Rob Hughes questioned if the Trust Board can do more in terms of reviewing of the risks progress against objectives on a month by month basis

**ACTION: Taff Gidi to look into further whether the Trust Board can do more in terms of reviewing the risks against objectives on a month by month basis.**

6.4.4 The Trust Board gave their approval.

## **6.5 IPR Annex : Risk Appetite Statement**

6.5.1 Taff Gidi presented the Risk Appetite Statement to the Trust Board for decision. He highlighted that the Trust Board are asked to review and approve the revised Risk Appetite Statement which now includes a new domain for information risk. The proposed changes have been discussed with Geraldine Wingfield-Hill, the Trust's Chief Digital Information Officer who agrees with the proposed risk appetite level of 2.

6.5.2 The Trust Board gave their approval.

## **6.6 IPR Annex : Risk Fact Sheet**

6.6.1 Taff Gidi presented the Risk Fact Sheet to the Trust Board for information which the Trust Board duly noted.

**BREAK**

## **GOVERNANCE AND ASSURANCE**

### **7.0 EPRR Annual Report and NHSE Core Standards Assessment 2021**

7.0.1 Kanchan Rege presented the Emergency Preparedness, Resilience and Response (EPRR) Annual Report and NHSE Core Standards Assessment 2021 for decision to the Trust Board and took the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board. She further reported that (Chemical, Biological, Radiological, Nuclear and Explosives) CBRN/HazMat Decontamination training needs to be kept up to date, which has been discussed with the Clinical Commissioning Group who have suggested the Trust reports as fully compliant against these measures. She noted that last month an exercise was undertaken on our response to a ceiling collapse and assured the Trust Board that work is ongoing with regards data sharing and transferring of patients within the System.

7.0.2 Rob Hughes noted that this has gone through Hospital Management Committee who have given their support.

7.0.3 The Trust Board gave their approval.

## **8.0 Gender Pay Gap**

8.0.1 Louise Tibbert presented the Gender Pay Gap for decision to the Trust Board, taking the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board.

8.0.2 Ray Harding noted that this was reviewed at the People & Culture Committee and the gap is still substantial, with a review of actions taking place. He further noted that the Committee recommended this to the Trust Board for approval.

8.0.3 Phil Walmsley noted that in graph 6.3 there seems to be a significant difference between male and female and asked if the graph can start at zero like other graphs. Louise Tibbert noted unfortunately not as when loading this data to the national website it is very prescribed.

8.0.4 Gareth Tipton questioned whether the data has been submitted yet or not. Louise Tibbert noted that it shall be submitted straight after this meeting.

8.0.5 Joel Harrison noted that the report asks the Board to approve the Improvement Programme presented; however the Programme reflects actions in 2020/21 and therefore requested this be reviewed and re-presented to the Trust Board. It was noted this does not stop the report itself being submitted. Louise Tibbert noted that the work on this has stopped over the last year due to COVID and it will be appropriate for this to go back through People & Culture Committee.

8.0.6 Rob Hughes noted that the Trust Board confirmed and approved the submission of the data and that the Improvement Programme is to be reviewed at the People & Culture Committee and then Trust Board on a bi-annual basis so see the progress being made.  
**ACTION : Louise Tibbert to take the Improvement Programme to People & Culture Committee for review and to Trust Board on a bi-annual basis.**

## **9.0 Annual Organisational Audit – Medical Appraisal**

9.0.1 Kanchan Rege presented the Annual Organisational Audit – Medical Appraisal for information to the Trust Board, taking the report as read. She highlighted key areas, which were discussed in more detail by the Trust Board.

9.0.2 Ray Harding noted that this paper has gone through People & Culture Committee and is recommended by the Committee for Trust Board approval.

9.0.3 Rob Hughes asked for clarification for understanding that you can have exceptions to the number of appraisals taken and that is okay. Kanchan Rege confirmed that yes if there is a reason for non-compliance. Last year during the COVID pandemic NHSE suspended appraisals, however our Trust continued with appraisals throughout the pandemic.

9.0.4 The Trust Board gave their approval for this to be submitted.

## **10.0 Infection Control Annual Report**

10.0.1 Joanne Bennis presented the Infection Control Annual Report for information to the Trust Board, taking the report as read. She highlighted key areas which were discussed in more detail by the Trust Board. She noted that this report has been approved by the Quality Assurance Committee on 29 June 2021 who are assured that

this report represents and details the information that is seen in the monthly DIPC reports throughout the year. She continued to note that we underplay the Emergency Department and the part the Infection Control Team has played, as this is a key part of their role which they are trained for and manage. She confirmed that this shall be uploaded to the Trust website for information.

## BOARD SUBCOMMITTEE ASSURANCE REPORTS

### 11.0 Assurance Reports from Board Subcommittees

#### 11.1 Quality Assurance Committee

11.1.1 Mark Sanderson presented the Quality Assurance Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read.

#### 11.2 Finance & Digital Committee

11.2.1 Ray Harding presented the Finance & Digital Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read.

11.2.2 Joanne Bennis asked for clarification where it says unnecessary agency spend. Ray Harding confirmed this is the context from necessary agency usage.

11.2.3 Rob Hughes noted that he attended as an observer at the last Committee and was pleased to see an emphasis on digital.

#### 11.3 Performance & Estates Committee

12.3.1 Gareth Tipton presented the Performance & Estates Committee report to the Trust Board and highlighted points of escalation, key issues, risks and spotlight outstanding practice and innovation, taking the report as read.

12.3.2 Rob Hughes noted that he attended as an observer at the last Committee and felt the meeting had good discussion and feedback.

#### 11.4 Strategic & Transformation Committee

11.4.1 Rob Hughes presented the Strategic & Transformation report to the Trust Board. He highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read.

11.4.2 Rob Hughes noted the great work the North Alliance team has done and for winning the HSJ Award.

#### 11.5 People & Culture Committee

11.5.1 Ray Harding presented the People & Culture Committee Assurance report to the Trust Board. He highlighted the points of escalation, key issues, risks and spotlight outstanding practice and innovation and took the report as read.

## FINAL ITEMS

### 12.0 Any Other Business

12.0.1 Rob Hughes reported that there was no other business to discuss. He continued to thank the Trust Board for the meeting today and for the Public who have dialled in.

**13.0 Questions from the public**

**13.0.1 Topic :** Please can you explain what are the plans for an Urgent Treatment Centre in Stamford and how they fit within the overall clinical strategy. **Questioned asked by Elua Hoo-Fatt.**

13.0.1.1 Arshiya Khan thanked for the question and confirmed that the MIU at Stamford and Rutland Hospital has already started but there is not a lot of activity with on average 20 patients a day. There are no plans for an Urgent Treatment Centre at Stamford & Rutland Hospital, however a strategy is being agreed to ensure services meet the demands of the local community and there continues to be in dialogue between the commissioners and ourselves.

Kanchan Rege confirmed that with regards the Trust's clinical strategy there are exciting plans for Stamford and Rutland Hospital which include cancer treatments and there is a good and strong plan for the Trust's activity regards Urgent Treatment Centre which will be a commissioning decision.

**13.0.2 Topic :** As Co-Chair of the PPG for Empingham Medical Centre, I have recently had sight of the Rutland place based plan for 2022-25. This was launched on 5 October for public consultation and I wondered if NWAFT was aware of its content and considering how it will integrate with its own plans given many Rutland residents obtain care from the Stamford and Rutland hospital. **Questioned asked by Andrea Nebel**

13.0.2.1 Arshiya Khan thanked for the question and confirmed that the Trust Board are sighted to that element of the plan and contributed to the arrangements. There are elements around the long term positions with greater access to primary care, better transport and technology, children's services and mental health. In reviewing the strategy given the great importance to this. Stamford and Rutland Hospitals will provide some appointments for long term conditions, try to make one-stop clinics, creating hubs for infusion procedure rooms, more around eye care. The Trust has a big agenda.

13.1 Rob Hughes thanked all staff for their hard work for the reports being presented today and to the Trust Board members for their contributions. He also thanked the members of the public for listening live or the recording. Rob Hughes asked that in order to support the Trust with the challenges, to please get your COVID booster and flu vaccination.

**The Chairman closed the Public Trust Board at 17:20hrs**

**Date of next meeting: Tuesday 14 December 2021 at 14:00hrs**

Signed.....

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