Healthier Communities, Outstanding Care

Sherwood Forest Hospitals NHS Foundation Trust

UN-CONFIRMED MINUTES of the Board of Directors meeting held in Public at 09:00 on Thursday 7th September 2023 in the Boardroom, King's Mill Hospital

Present:	Claire Ward	Chair	CW
	Graham Ward	Non-Executive Director	GW
	Barbara Brady	Non-Executive Director	BB
	Steve Banks	Non-Executive Director	SB
	Manjeet Gill	Non-Executive Director	MG
	Andrew Rose-Britton	Non-Executive Director	ARB
	Paul Robinson	Chief Executive	PR
	Phil Bolton	Chief Nurse	PB
	Rob Simcox	Director of People	RS
	David Selwyn	Medical Director	DS
	Rachel Eddie	Chief Operating Officer	RE
	Richard Mills	Chief Financial Officer	RM
	Sally Brook Shanahan	Director of Corporate Affairs	SBS
In Attendance:	Claire Hinchley	Deputy Director of Strategy and Partnerships	CH
	Paula Shore	Director of Midwifery	PS
	Lucy Davis	Head Orthoptist	LD
	Sue Bradshaw	Minutes	
	Jessica Baxter	Producer for MS Teams Public Broadcast	
	Richard Brown	Head of Communications	
Observers:	Ian Holden	Public Governor	
	Sue Holmes	Public Governor	
	Andrew Fooks	360 Assurance	
	3 members of the public		
Apologies:	Aly Rashid	Non-Executive Director	AR
	Andy Haynes	Specialist Advisor to the Board	AH
	David Ainsworth	Director of Strategy and Partnerships	DA

Item No.	Item	Action	Date
23/276	**WELCOME**		
1 min	The meeting being quorate, CW declared the meeting open at 09:00 and confirmed that the meeting had been convened in accordance with the Trust's Constitution and Standing Orders. The meeting was held in person and was streamed live. This ensured the public were able to access the meeting. The agenda and reports were available on the Trust Website and any members of the public watching the live broadcast were able to submit questions via the live Q&A function.		
23/277	**DECLARATIONS OF INTEREST**		
1 min	There were no declarations of interest pertaining to any items on the agenda.		
23/278	**APOLOGIES FOR ABSENCE**		
1 min	Apologies were received from Aly Rashid, Non-Executive Director, Andy Haynes, Specialist Advisor to the Board, and David Ainsworth, Director of Strategy and Partnerships. It was noted Claire Hinchley, Deputy Director of Strategy and Partnerships, was attending the meeting in place of David Ainsworth.		
23/279	**MINUTES OF THE PREVIOUS MEETING**		
1 min	Following a review of the minutes of the Board of Directors meeting in Public held on 3rd August 2023, the Board of Directors APPROVED the minutes as a true and accurate record.		
23/280	**MATTERS ARISING/ACTION LOG**		
1 min	The Board of Directors AGREED that action 23/173.1 was complete and could be removed from the action tracker.		
23/281	**CHAIR'S REPORT**		
2 mins	CW presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chair's perspective, highlighting the appearance of Gerrie Edwards, Corporate Matron, in a national BBC documentary to celebrate the 75th anniversary of the NHS. CW informed the Board of Directors of her selection as the Labour candidate to become the first East Midlands Mayor. The Board of Directors were ASSURED by the report. **Council of Governors highlight report.** CW presented the report, advising the meeting held on 31st July 2023 was the first full Council of Governors meeting attended by the new cohort of elected governors.		

	The Board of Directors were ASSURED by the report.		
23/282	**CHIEF EXECUTIVE'S REPORT**		
15 mins	PR presented the report, which provided an update regarding some of the most noteworthy events and items over the past month from the Chief Executive's perspective, highlighting reflections following the verdict in the trial of Lucy Letby, noting a review of governance arrangements which are in place at SFHFT will be provided to the Board of Directors in October 2023. **Action** • **Governance review following the trial of Lucy Letby to be undertaken and presented to the October meeting of the Board of Directors held in Public.** PR also highlighted industrial action, continued high demand for Trust services and commencement of the Autumn Covid Booster campaign. PR advised there was an error in his report on page 5, advising Melanie Williams is the Corporate Director for Adult Social Care at Nottinghamshire County Council. DS advised, in terms of industrial action, the British Medical Association (BMA) recently balloted the junior doctors as the mandate for strike action had expired. The ballot, which closed on 31st August 2023, had a 71% turnout, with 98% of those who voted being in favour of industrial action. It was noted the consultants will be taking industrial action on 19th September 2023. On 20th September 2023, both consultants and junior doctors will be taking industrial action, meaning the Trust will only be able to provide a Christmas Day service, which will be the provision of on call rotas across both junior doctors and consultants. This will be followed by industrial action by the junior doctors on 21st and 22nd September 2023. A further period of industrial action, by both junior doctors and consultants, is planned for 2nd, 3rd and 4th October 2023, which again will be the provision of a Christmas Day service for those three days. It was noted the national elective care backlog is nearing 8 million and the continued strikes come at a huge financial cost to the NHS. There is increasing evidence of 'strike fatigue' among the medical workforce and moral injury. Consultants are dealing with enormous backlogs and they are starting to feel conflicted about what and what not to do. This is causing concern and disquiet among the medical workforce. There is a potential impact on trainees as they are not getting the experience which would otherwise be provided. In addition, during periods of industrial action, it has been necessary to cancel training for other members of staff, which will impact on the Trust's ability to provide information about mandatory training to the Care Quality Commission (CQC). Other impacts of industrial action include the impact on the Trust's maternity accreditation, financial and organisational, plus the impact on Specialty and Specialist (SAS) doctors and, most importantly, patients. DS expressed his disappointment on the lack of progress by both sides of the dispute in seeking resolution.	**PR**	**05/10/23**

	PR advised the Nottingham and Nottinghamshire Integrated Care Board (ICB) has commenced a period of engagement with citizens and stakeholders in respect of the provision of urgent care services in Newark and opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital. The ICB have stated Newark Hospital is an important and vital part of the health and care landscape in Newark and the surrounding area. In addition, the Trust is committed to Newark Hospital being a valued and vibrant community asset. Following new guidance published by the Department of Education in relation to Reinforced Autoclaved Aerated Concrete (RAAC) and the impact of this on the education sector, NHS England (NHSE) has written to all trust chief executives to remind them of their responsibilities for identifying RAAC and taking mitigation actions as necessary. An urgent submission was requested by NHSE in 2019 and the Trust confirmed there was no RAAC in any part of the estate. Subsequently, confirmatory exploratory surveys have taken place in likely locations identified in the guidance and no RAAC has been identified. NHSE recently wrote to all acute trusts requesting further action and assurance in relation to progress of outpatient transformation plans. The return for NHSE requires sign off by the Board of Directors. Therefore, a report will be presented to the October 2023 Board of Directors meeting held in Public, following discussion by the Quality Committee on 3rd October 2023. **Action** • **Outpatient Transformation update to be presented to the Board of Directors in October 2023.** The Board of Directors were ASSURED by the report.	**RE**	**05/10/23**
23/283	**STRATEGIC OBJECTIVE 1 – PROVIDE OUTSTANDING CARE IN THE BEST PLACE AT THE RIGHT TIME**		
10 mins	PS joined the meeting. **Maternity Update** ***Safety Champions update*** PB presented the report, highlighting priorities identified from the Maternity and Neonatal 3-year plan, feedback from Safety Champion walkarounds, the new Maternity Services logo, Ockenden insight visit and CQC 'should do' actions. PS provided an update in relation to elective caesarean sections. BB noted the Score Survey of Maternity and Neonatal services is now closed and queried if there were any earlier indications of the outcome of this. PS advised the feedback is currently awaited. Once this is received, there will be a debrief session for the team. ARB noted cultural competency training is being rolled out over three years and queried if this timeframe could be shortened.		

	PS advised senior leaders will be cascade trainers and, therefore, will be first to receive training. Training will then be a rolling programme over three years. It is known the Trust has a high number of new starters, including rotational doctors. It is likely this training will become a 'business as usual' part of mandatory training. PB advised there is a wider challenge to roll out this training in other areas. The Board of Directors were ASSURED by the report. ***Maternity Perinatal Quality Surveillance*** PB presented the report, highlighting obstetric haemorrhage and third and fourth degree tears. It was noted there were no still births or suspension of service in month. BB noted a risk has been identified in relation to the procurement of equipment and sought further information in relation to this. PS advised this relates to a move from manual to digital blood pressure cuffs, noting a particular brand has been recommended by NHS Resolution (NHSR). The Trust has requested an adjustment to this element, given supply issues caused by all trusts trying to source the same product. The Board of Directors were ASSURED by the report. PS left the meeting.		
23/284	**STRATEGIC OBJECTIVE 3 – EMPOWER AND SUPPORT OUR PEOPLE TO BE THE BEST THEY CAN BE**		
16 mins	**Guardian of Safe Working** DS presented the report, advising a shortened version of the report was presented to the Local Negotiating Committee prior to the full report being presented to the Board of Directors. DS highlighted the appointment of Dr Sathi as Guardian of Safe working, the number of vacancies, comparison exception report data, data relating to the closure of exception reports and progress in relation to the refurbishment of the Doctors' Mess. DS advised there were 37 exception reports in the period from 1st May 2023 to 31st July 2023, noting the breakdown of those reports is detailed in the report. Four of the reports were categorised by the trainee as an immediate safety concern, all of which relate to capacity or staffing issues. It was noted two Datix reports have been received relating to those four reports. A review into Acute Medicine has previously been undertaken by the Director of Medical Education. These four reports have triggered a further review and a working group has been established take this forward. A progress report on this task and finish work will be provided to the People, Culture and Improvement Committee. **Action** • **Progress report to be provided to the People, Culture and Improvement Committee regarding review into issues within Acute Medicine following exception reports raised by junior doctors.**	**DS**	**02/11/23**

	DS referenced concerns raised in relation to the high number of outstanding tasks which were not completed during the working day and were, therefore, handed over in the evening. It was noted during times of industrial action by junior doctors, a similar accumulation of jobs on handover was not evident. The learning to take from this relates to the need to embed team working and prioritisation of tasks with junior doctors. The Trust has now introduced, as part of induction process for junior doctors, a series of educational events to specifically address these issues. MG sought clarification in relation to the statement in the report that eight exception reports are unresolved due to the doctor in training needing to accept the outcome. DS advised usually doctors will submit an exception report and consider that is all they are required to do. However, the final component is to go on the electronic system and close the report and this is often not completed. If a doctor went onto the system to raise another report, there is a reminder to close any previous reports. In some circumstances there may be a conclusion which the doctor does not agree with and there is a process in place for discussion and escalation as required. SB noted the number of vacant training posts and queried if there was anything further the Trust could do to increase the number of trainees in the East Midlands Deanery. DS advised there is a national recruitment process, which the Trust has very little influence over. Additionally, the allocation of training posts is national and outwith the Trust's control. However, there is sometimes a re-prioritisation of posts and the Trust is active in bidding for posts as part of that process, being recently successful in bids for 16 foundation trainees and 12 senior trainees. In terms of attracting people into those training posts, there is a need to promote the East Midlands and the hospital. SB queried how people can be encouraged to come to the East Midlands, rather than elsewhere. DS advised it is recognised the East Midlands is a net exporter of medical workforce. Word of mouth is a factor in attracting trainees. Therefore, it is important to influence and develop what can be controlled by the Trust, for example, offering a good training programme, vibrant Mess, car parking, good onboarding system, etc. RS advised the Trust has a role to play in influencing, as far as possible, to ensure a fair distribution of people resource and to work collectively through the Provider Collaborative to make Nottinghamshire a vibrant place to work. There is a need to work collaboratively to describe the opportunities available. ARB queried if the Trust offers any help to trainees in terms of finding accommodation. DS advised help in finding accommodation is part of the package offered to clinical fellows and international medical graduates. As trainees are often on a rotational programme and will usually have a base when they come to the Trust, this is not something which is offered. The Trust will signpost them to accommodation, but there is no bespoke onsite accommodation. The Board of Directors were ASSURED by the report.		

23/285	**PATIENT STORY – ORTHOPTICS – A SMALL PROFESSION MAKING A BIG DIFFERENCE**		
11 mins	LD joined the meeting. LD presented the Patient Story, which highlighted the work of the Orthoptics Team. PB advised it is good to see the work of teams and services which are not as visible as other teams and expressed thanks to the Orthoptics Team for their work. CW noted there is no longer an orthoptics service in schools and queried how parents can be encouraged to check for symptoms of lazy eye and raise any concerns with their GP or health visitor. CW queried if there was anything the Trust could do to support identification through Primary Care Networks or other parts of the system. LD advised the Gold Standard is orthoptic lead vision screening in schools. This is available in many counties but it is not currently available in Nottinghamshire. CW noted this would need to be raised with the ICB as it is outwith the Trust's responsibilities. MG referenced the recent Levelling Up White Paper, which identifies specific targets, with funding to support those, and queried if there is any opportunity through the Place Based Partnership to access funding. LD advised a lot of patients are referred late, noting the optimum time for treatment of a lazy eye is before the age of 7 years. The eye clinic also sees people at the other end of the age spectrum, with issues related to diabetes or age related macular degeneration. There are patients who come to the low vision clinic as they had a lazy eye which was not treated and they are now registered as visually impaired. The more which can be done to improve vision within the community, the better. DS queried if there was a roving community service, perhaps in the form of a 'health bus' to help with identifying any sight issues in the community. LD advised she is not currently aware of any such service. The service used to be provided by school nurses. However, the Gold Standard is for this to be orthoptic lead to enable better identification of children who need a referral. This is more cost effective as there will be fewer inappropriate referrals into hospital services. RE advised she was aware Nottingham University Hospitals (NUH) used to offer an outreach service into schools. RE advised she would discuss this with the Integrated Care System (ICS) to gain an understanding of the history of the commissioning decisions. RE queried if there is a streamlined pathway for referrals from high street opticians. LD advised this is currently via the GP. **Action** • **RE to discuss commissioning of eyesight testing in schools with the ICS.** LD left the meeting.	**RE**	**05/10/23**

23/286	**EAST MIDLANDS ACUTE PROVIDER COLLABORATIVE**		
21 mins	PR presented the report, highlighting the background to the formation of the East Midlands Acute Provider Collaborative (EMAP), membership of EMAP, funding arrangements, progress to date, terms of reference and purpose statement. It was noted the Trust is also a member of the Nottingham and Nottinghamshire Provider Collaborative and how both collaboratives fit into the working of the Trust is important. Consideration needs to be given as to what issues are to be discussed in which collaborative. DS highlighted the development of EMAP, governance arrangements, the involvement of specialised commissioners and commissioning support unit (Arden and GEM), potential relationships in the future, opportunities, work to date and ambitions. DS felt it important not to overcomplicate EMAP, noting there is a desire for 'less talk, more action'. Solutions to issues such as fragile services require a collective approach. MG queried how the maturity and level of working of EMAP will assist in terms of learning which can be taken forward into the Nottinghamshire Provider Collaborative. MG queried what action will be taken to ensure people have the 'bandwidth' and capacity to undertake tangible work to deliver outcomes. DS advised EMAP grew from an existing forum into a formalised process. Therefore, this is replacing work which is currently being undertaken with something 'better', but acknowledging there will be challenges in terms of 'bandwidth'. The creation of the Chief Executives' Group is a positive step, but there is a need to ensure the clinical voice is still heard. There is an appetite for groups such as Arden and GEM to be involved, which is helpful as this provides resource. In terms of learning, EMAP is still 'finding its way'. There is a need to avoid overcomplicating the governance aspects and this is learning which is across all collaboratives. MG noted the need to increase and empower the clinical voice. PR advised there was a useful session for chief executives with Sir Julian Hartley, Chief Executive, NHS Providers, and former Chief Executive of Leeds Teaching Hospitals, who are a member of the West Yorkshire Acute Providers Collaborative. That collaborative has been in place for six years and has a considerable track record. Useful learning was taken from the experience of the West Yorkshire collaborative, with the key takeaway message being to identify two or three big issues to work on and not to overcomplicate governance, noting decisions can be taken through individual organisations' Schemes of Delegation. BB queried how EMAP will help shape, inform and deliver the local clinical services strategy, along with the Nottinghamshire Provider Collaborative.		

	DS advised this is currently unclear, but there will be opportunities. Within EMAP there are eight organisations, all of which have local services and require a local service strategy to support delivery. There will be significant shared learning from those strategies as they mature, particularly in relation to areas such as health inequalities, equity of access, workforce, etc. As a district general hospital, SFHFT sends a lot of regional, or tertiary, services into a number of the other organisations in EMAP and wider. It was noted specialised commissioning is going through its own period of change and as this evolves to localised commissioning, there is the opportunity for EMAP to help shape regional specialised commissioning services. GW noted there are a lot of positives, but felt the dynamic may change with the appointment of a managing director. The group has been in place with minimal governance and the introduction of more formal governance might undermine some of the informal arrangements and ways of working which have been in place to date. SB felt there is a need for some form of check and balance in relation to the many partnerships which the Trust is growing and participating in. There is a need to ensure there is sufficient focus on the core within the Trust and ICB, with the right focus on wider partnerships. SB felt over time it appears as though more time and money is being spent further and further away from the patient. While recognising the need to collaborate, this needs to be defined. PR advised there is a need to clearly articulate, in the Clinical Services Strategy, the actions which are being taken. The Board of Directors were ASSURED by the report.		
23/287	**PROPOSED BOARD COMMITTEE STRUCTURE**		
12 mins	PR presented the report, advising a review of the responsibilities and roles of each of the Board of Directors sub-committees, in respect of ownership and responsibility for strategic objectives and the Board Assurance Framework (BAF) principal risks, has been undertaken. PR outlined the resulting proposal, as detailed in the report, noting the new arrangements would be reviewed in 12 months' time. CW advised if the revised arrangements are approved, she would have further discussion with the non-executive directors (NEDs) in relation to membership of the sub-committees and appointment of committee chairs. MG queried how the Trust will ensure there is cross-working between the sub-committees, for example, in relation to the improvement agenda. PR advised there is a need to carefully consider the membership of the sub-committees in order to ensure there are links for key relationships between the committees. MG expressed concern in relation to the workload for executive colleagues and queried if the new structure will result in a number of separate reports being presented to committees and the Board of Directors.		

	PR advised there would not necessarily be separate reports required, advising, by way of example, there will be a quarterly feature on the workplan of the Quality Committee in relation to the Timely Care domain of the Integrated Performance Report (IPR). This will coincide with the production of that report for the Board of Directors meeting. Therefore, the Quality Committee will have sight of the report which will be presented to the Board of Directors in advance to enable a deeper dive to take place. BB advised she is supportive of the proposals. However, there is a need to consider the sub structures which support the committees, noting these take executive director time and energy. PR advised this will be discussed and considered by the Executive Team to ensure the right level of governance is in place. In terms of the new Partnership and Communities Committee, David Ainsworth, Director of Strategy and Partnerships, is considering what the underpinning architecture will be in order to provide assurance to the Committee. BB noted, as part of the Well Led Review, the committee chairs are expected to attend a meeting, on a yearly basis, of each of the individual sub-groups which feed their committee. PR advised part of the discussion by the Executive Team will be to look at which of those groups form part of the formal support mechanism and architecture of the sub-committee and which are executive groups and meetings which provide assurance to individual executive directors. GW advised the best way of achieving co-ordination across committees is to ensure the membership is correct and provides the relevant links between committees, noting part of the NED role is to bring issues in to one committee from another. In addition, as chair of a committee, if there is a heavy interface with another committee, there is the ability to establish a joint meeting. Committee chairs also need to consider topics for Board of Directors' development sessions as this is another way of linking committees. DS advised there is a need to ensure the new Partnerships and Communities Committee has a recognised output value, noting there is a cost to establishing a new committee. CW acknowledged the interconnectivity across committees is important and this will be considered when deciding the membership of committees. There will be a review of governor observers of the sub-committees and this will provide the opportunity to refresh scrutiny from that perspective. The Board of Directors APPROVED the creation of an additional sub-committee, to be named the Partnerships and Communities Committee, and for the Quality Committee to move to monthly meetings to reflect increased responsibilities and NOTED the planned re-allocation of committee chairs and membership.		

23/288	**USE OF TRUST SEAL**		
1 min	SBS presented the report, advising in accordance with Standing Order 10 and the Scheme of Delegation, which delegates authority for application of the Trust Seal to the directors, the Trust Seal was applied to the following documents: • Seal number 106 was affixed to a document on 17th August 2023 for Nottinghamshire Healthcare NHS Trust. The document related to the lease of Room 034075, Level 4, Tower 3, King's Mill Hospital. • Seal number 107 was affixed to a document on 17th August 2023 for Newark and Sherwood District Council. The document related to a Deed of Variation. The Board of Directors NOTED the Use of the Trust Seal numbers 106 and 107.		
23/289	**ASSURANCE FROM SUB-COMMITTEES**		
10 mins	**Finance Committee** ARB presented the report, highlighting the letter received by the ICB from NHSE Regional Office relating to financial performance, governance and controls. It was noted the Financial Recovery Plan will be reviewed at the next meeting of the Finance Committee. RM advised the letter from NHSE to the ICB mainly related to financial controls which should be in place. The letter included a list of 83 controls which should be considered by all organisations and which should be in place given the current financial climate within the NHS. SFHFT has undertaken a self-assessment. The Trust is fully compliant with approximately half of the controls and partially compliant with the others. The Trust has set out an action plan in relation to increasing controls and progress will be reported to the next meeting of the Finance Committee and will also link into the Audit and Assurance Committee. The Trust continues to operate at a financial deficit. Various scenarios have been discussed by the Finance Committee. A financial recovery plan is being developed and the terms of reference for a Financial Recovery Cabinet have been drafted. The Trust has set ambitions for financial recovery, which includes optimisation of escalation beds, maximisation of the Elective Recovery Plan and delivery of the Financial Improvement Programme. GW noted there are 83 controls listed in the letter from NHSE and felt the Board of Directors will be able to take assurance from seeing how this is responded to and actioned by Finance Committee and Audit and Assurance Committee. MG referenced the segmentation letter from the ICB to the Trust, which was presented to the Board of Directors alongside the Chief Executive's report, noting in terms of the deficit, the drivers for this were focussed on industrial action and efficiency targets. MG felt it did not adequately highlight demand pressures and delayed discharges.		

	RM advised the letter does attempt to reflect demand, highlighting the sentence, "The main driver was reported as being UEC [Urgent and Emergency Care] stretch capacity and impacts from Industrial Action", noting this refers to escalation capacity. The Trust has kept NHSE well informed of the financial position and what the drivers are. In terms of escalation capacity, the planned ambition was the number of patients medically safe for transfer would reduce and, as a result, the Trust would be able to reduce bed capacity, including escalation beds. MG queried if the letter relates to what actions the ICB expects SFHFT to take, or actions the system as a whole need to take. PR advised the letter refers to the application of NHSE's framework. The letter from the ICB follows the segmentation review process for SFHFT. DS felt it would be helpful for all quadrant reports from the sub-committees to include assurance on the BAF risks. RE advised a deep dive into the medically safe for discharge issue will be presented to Finance Committee in September, which will include reference to the actions being taken at a system level. In addition, the Winter Plan, which will be presented to the Board of Directors in October, will include reference to the system plan which will support the Trust's plan. BB requested a copy of the report be placed in the Reading Room for the Board of Directors. **Action** • **Copy of deep dive report into the medically safe for discharge issue, as presented to the Finance Committee, to be placed in the Reading Room for the Board of Directors** The Board of Directors were ASSURED by the report.	**RE**	**05/10/23**
23/290	**OUTSTANDING SERVICE – THE SPIRITUAL AND PASTORAL CARE TEAM – PROVIDING HOPE, HEALTH, AND SUPPORT TO ALL**		
7 mins	A short video was played highlighting the work of the Spiritual and Pastoral Care Team.		
23/291	**COMMUNICATIONS TO WIDER ORGANISATION**		
1 min	The Board of Directors AGREED the following items would be disseminated to the wider organisation: • Recognition of the work of the Trust volunteers • Recognition of the impact of industrial action • Importance of Speaking Up • Annual General Meeting on 26th September 2023, followed by Step Into the NHS Showcase event • Appointment of Dr Sathi as Guardian of Safe Working • Development of the Junior Doctors' Mess • Work of Orthoptic Service • Work of Spiritual and Pastoral Care Team • Financial position and focus on the need for financial control		

23/292	**ANY OTHER BUSINESS**		
	No other business was raised.		
23/293	**DATE AND TIME OF NEXT MEETING**		
	It was CONFIRMED the next Board of Directors meeting in Public would be held on 5th October 2023 in the Boardroom, King's Mill Hospital. There being no further business the Chair declared the meeting closed at 11:05.		
23/294	**CHAIR DECLARED THE MEETING CLOSED**		
	Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted. Claire Ward **Chair** **Date**		

23/295	**QUESTIONS FROM MEMBERS OF THE PUBLIC PRESENT**		
2 mins	CW reminded people observing the meeting that the meeting is a Board of Directors meeting held in Public and is not a public meeting. Therefore, any questions must relate to the discussions which have taken place during the meeting. CW advised a question had been received via the Q&A function on the live broadcast in relation to the safety of Covid vaccinations and drew attention to previous statements made in relation to this and information which is published on the Trust website. DS advised, in July 2023 the European Medicines Agency released a statement which stated global regulators have confirmed the good safety profile of Covid-19 vaccines. The statement was made in support of a statement released by the International Coalition of Medicines Regulatory Authorities, who looked at the evidence in relation to the safety and efficacy of 13 billion doses of Covid-19 vaccine. DS acknowledged people have strong views about vaccinations. However, the above statement and evidence is definitive and no further discussion is required, unless new evidence appears.		
23/296	**BOARD OF DIRECTOR'S RESOLUTION**		
1 min	**EXCLUSION OF MEMBERS OF THE PUBLIC - Resolution to move to a closed session of the meeting.** In accordance with Section 1 (2) Public Bodies (Admissions to Meetings) Act 1960, members of the Board are invited to resolve: "That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest." Directors AGREED the Board of Director's Resolution.		