

**Trust Board Meeting in Public**

Minutes of the Trust Board Meeting in Public held on **Wednesday 12 November 2025**,  
Unipart House, Garsington Road, Oxford

**Present:**

Name	Job Role
Prof Sir Jonathan Montgomery	Trust Chair, [Chair]
Mr Simon Crowther	Interim Chief Executive Officer
Mr Ben Attwood	Chief Digital and Information Officer
Prof Andrew Brent	Chief Medical Officer
Ms Yvonne Christley	Chief Nursing Officer
Mr Paul Dean	Non-Executive Director
Mr Jason Dorsett	Chief Finance Officer
Dr Claire Feehily	Non-Executive Director
Ms Claire Flint	Non-Executive Director, [from Minute TB25/11/05]
Ms Lisa Hofen	Chief Estates and Facilities Officer
Ms Sarah Hordern	Non-Executive Director
Mr Terry Roberts	Chief People Officer
Prof Tony Schapira	Non-Executive Director
Prof Gavin Scream	Non-Executive Director
Prof Ash Soni	Non-Executive Director
Ms Felicity Taylor-Drew	Chief Operating Officer
Ms Joy Warmington	Non-Executive Director

**In Attendance:**

Dr Neil Scotchmer	Head of Corporate Governance
Dr Laura Lauer	Deputy Head of Corporate Governance [Minutes]
Joey and Faye	Patient and Parent [Minute TB25/11/06]
Ms Zoe Pooley	Matron, Oxford Children's Hospital [Minute TB25/11/06]
Ms Milica Redfearn	Director of Midwifery [Minute TB25/11/07]
Dr Victoria Hedges	Consultant in Palliative Medicine and Renal Supportive Care / End of Life Lead [Minute TB25/11/10]
Mr Lindley Nevers	Freedom to Speak Up Lead Guardian [Minute TB25/11/12]

Ms Wendy Cheeseman	Head of Sustainability and Carbon Management [Minute TB25/11/18]
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**Apologies:**

Ms Katie Kapernaros	Non-Executive Director
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**TB25/11/01 Welcome, Apologies and Declarations of Interest**

1. The Chair welcomed Ms Hofen, Chief Estates and Facilities Officer to her first meeting of the Trust Board. The Chair also extended a welcome to members of the Council of Governors and members of the public observing the meeting.
2. On behalf of the Board, the Chair thanked for Professor Schapira, who was attending his last meeting of the Trust Board.
3. The Trust would announce the appointment of three Non-Executive Directors (NEDs) as soon as all checks had been completed.
4. The Chair notified the Trust Board that Joy Warmington had succeeded Claire Flint as NED Champion for Freedom to Speak Up. The Chair would take the role of NED Lead for Safeguarding pending new NEDs joining the Trust Board.
5. There were no declarations of interest.

**TB25/11/02 Minutes of the Meeting Held on 10 September 2025 [TB2025.89]**

6. The minutes of the previous meeting were approved as an accurate record.

**TB25/11/03 Chair's Business**

7. The Chair addressed recent media coverage of the Trust. He had read all of the distressing testimonies of loss. He offered a personal apology to those who had experienced a standard of care that was lower than what we aspired to provide.
8. The Board's focus would remain on listening and learning.
9. The reports from the recent CQC inspections of the maternity units at the Horton General Hospital and John Radcliffe Hospital had not been received; the Trust was committed to implementing any recommendations.
10. There had been regularly updates on the improvement of maternity services, both directly to the Trust Board and through its subcommittees. This included formal reporting on safe staffing levels as well as the maternity development programme. There were examples of particular topics receiving additional attention: reducing delays in induction of labour was a Trust Quality Priority and the Integrated Assurance Committee reviewed stillbirths as individual cases as well as in aggregate.
11. There was confidence that issues would continue to be brought into governance processes; the Trust would not wait for the CQC reports to identify areas of focus.

**TB25/11/04 Chief Executive Officer's Report [TB2025.90]**

13. The Interim Chief Executive Officer (CEO) offered an apology to all those who had not received the standard of care expected. The Trust would continue to listen compassionately to ensure voices are not only heard but feel they have been heard.
14. The Trust had welcomed Baroness Amos and her team and were participating positively and transparently in the national maternity and neonatal investigation.
15. There had been improvement in maternity services but the Trust was not complacent and would continue to focus on further improvement.
16. The Trust Board noted the report.

**TB25/11/05 Maternity Update on External Visits**

17. The Chief Nursing Officer (CNO) updated the Trust Board on the recent CQC visits of maternity services. The visits examined inpatient, outpatient and Midwifery-Led Units.
18. For the John Radcliffe, areas highlighted for praise included the effectiveness of safeguarding, positive feedback from patients and families, and multidisciplinary working across complex cases.
19. Recommendations for further improvement were made around the case mix in the observation area, staff understanding of bereavement services, and handover processes not aligning with best practice. The standard operating procedure for the observation area had been rewritten, submitted to and accepted by the CQC. Clarity was also provided regarding staff training on bereavement services, which was accepted by CQC. The handover process had been revised. The CQC would visit again in December to assure itself that these changes had been embedded.
20. A final report was expected in the new year.
21. Baroness Amos and team held separate meetings with members of the Oxford Maternity and Neonatal Voices partnership and members of the campaign group. The investigation team had also selected staff members to participate in panel sessions.
22. The Trust Board noted the update.

**TB25/11/06 Patient Perspective**

23. The CNO welcomed Joey, Faye and Zoe Pooley to the meeting.
24. Joey was a four-year-old boy who had originally presented with digestive issues. Faye outlined the route to Joey's 2023 diagnosis of a brain tumour and his subsequent surgeries and treatments. Due to the complexities of his case, Joey had been treated on almost all of the John Radcliffe Hospital's children's wards. She praised the nursing support Joey has received.
25. Tom's Ward stood out for two reasons: Joey liked the play specialists and the family was assigned two named nurses, one full-time and one part-time. Faye noted how having these named contacts allowed the family to get quick answers to questions, the

nurses acted as advocates for the family, and they promoted communication between the specialist teams treating Joey. This was especially important as notes were not always updated immediately on patient record system. Faye told members it should not be a parent's job to communicate what one clinical team had said to other clinicians.

**ACTION: Chief Digital and Information Officer to look at ways to reduce delays in updating patient records.**

26. Named nursing cover was not available 24/7; Faye told the Trust Board that 2 full-time nurses and 1 part-time nurse would provide better cover.
- ACTION: Chief Nursing Officer to consider how to improve continuity of named nursing cover.**
27. Joey's most recent stay in hospital was between January to June 2025; Trust Board members heard that the family incurred significant extra expense, as meals for parents were not provided and food outlets in the hospital were expensive.
28. Faye raised the importance of play specialists. As a patient receiving long-term treatment, Joey had open access to Kamran's Ward and had received chemotherapy there. The ward had fewer play specialists and it was often the case that nurses were not able to engage with Joey socially as they were seeing other patients. There were no play specialists at weekends, and Joey found this boring.
29. Through the hospital school, which Joey enjoyed, they had met other families with children receiving long-term treatment for complex health needs. Faye noted the valuable support and advice her family received from Young Lives vs Cancer, but this support was not in place for all families.
30. There was a charity-funded support worker which allowed Faye a short period of respite each week. There was limited psychological support for family members.
31. The Trust's Wi-Fi had some reliability issues but if you were able to connect, it was a great resource. The Chief Digital and Information Officer indicated that it was hoped to improve this in future.
32. A representative of the Young People's Executive (YPE) of the Council of Governors was present. It was agreed that further discussion of the experience of young children in hospital and how YPE could support would take place outside the meeting. *Post-meeting note: this has been placed on the agenda for the next YPE meeting.*
33. Faye related her experience of difficulty accessing Ronald McDonald House. Further charity support for families of children with complex health needs would be welcomed. Families would be happy to contribute, but there was an invisible financial burden that was not always met by charity support. The Chair of Oxford Hospitals Charity was observing the meeting and it was agreed that this would be discussed further with the Charity. *Post-meeting note: Charity support for patients at the Children's Hospital would be discussed at the regular meeting between the Trust and Charity in December 2025.*
34. The Chair thanked Faye and Joey for sharing their experience and Zoe Pooley and the team for the excellent care they provided.
35. The Trust Board noted the report.

**TB25/11/07 Perinatal Quality Surveillance Summary [TB2025.91]**

36. The Chair observed that the new-format report was part of the Trust's commitment to placing more information in the public domain.
37. The Chief Nursing Officer (CNO) reported that a meeting scheduled with the campaign group had been cancelled at the group's request; written communication continued.
38. The CNO and Chief Medical Officer (CMO) would meet with one of the group's leaders at the end of the month. The Trust would take all opportunities to listen and engage with the group and ensure they felt heard and supported.
39. The neonatal nursing workforce was compliant with the British Association of Perinatal Medicine standard for nursing recruitment; however, an action plan was in place to train staff to ensure compliance with qualified in speciality (QIS). QIS was currently at 51% and there was a clear trajectory for improvement.

**Director of Midwifery Report**

40. September was a busy month for the service, with 637 babies born – a 10% increase from the previous month. Caesarean section rates had also increased.
41. The Trust's rates of postpartum haemorrhage, 3°/4° tears, and ATAIN (avoiding term admissions into neonatal units) remained within the national average.
42. Nine neonatal deaths were reported and noted with sadness; six of these had been extremely premature babies.
43. Four cases had been reviewed using the Perinatal Mortality Review Tool.
44. One case was graded as D related to care up to the delivery of the baby; following the birth, care was graded as A. A Patient Safety Incident Investigation had been opened.
45. As a result of this case, a QI project to improve cardiotocography monitoring and escalation was in place and guidance had been developed with service users.
46. The Chair observed that it would be important to understand why escalation had not happened. His experience of the Morecambe Bay and East Kent investigations provided two possible reasons: tribalism or consultants being unwilling to be called out of hours.
47. In response to patient feedback, the Trust was about to implement self-medication on the neonatal ward
48. Another case was graded C due to missed referrals for safeguarding and glucose monitoring. Safety alerts to disseminate learning and actions had gone out across the service.
49. There were two referrals to Maternity and Newborn Safety Investigations. One referral was declined by the family as they believed they had received exceptional care and the other was ongoing.

50. Patient feedback had increased, with 85% of those responding saying that they had received good or very good care. It was noted that the Friends and Family Test survey worked well for those whose first language was English. Work was in progress to ensure feedback from other ethnic groups. This was especially relevant as data indicated that outcomes for ethnic minority women were poorer.
51. Complaints had also increased; this may have been a result of the raised profile of maternity services nationally. The Trust aimed to address issues before discharge through its rapid response team. All feedback was considered by the Triangulation and Learning Committee to support improvement.
52. The data on complaints was welcomed and it was suggested that the Trust Board should consider the themes raised and the experience of those who made a complaint.
53. The Director of Midwifery told the Trust Board that the main themes of complaints related to clinical treatment, communication, and appointment delays. The Trust had acted positively on feedback on induction of labour and postnatal care and these areas had improved.
54. The CNO reported that she had commissioned an independent review of complaints which would provide qualitative data.

**ACTION: Chief Nursing Officer to present a report on the independent review of maternity complaints to the Trust Board.**

55. The service was showing as having a 3% vacancy; by December, the service will be overrecruited by 5%. This equated to 15 extra midwives. There was not a direct correlation between the numbers of midwives and the care experienced. It was planned to restructure the maternity section of the Integrated Performance Report to give Trust Board members greater assurance on care provided.
56. There were no concerns regarding compliance with the 10 Safety Actions of the Maternity and Perinatal Incentive Scheme.
57. Members sought assurance that staff were being well supported, given the demands of the service and current external scrutiny. Support was in the form of Professional Midwifery Advocates, access to a psychologist, and visibility of the leadership and Executive team but was kept under review.
58. The CMO praised the Schwartz Rounds pilot, which had originated in maternity and would be rolled out across the Trust. These rounds offered staff an opportunity to talk about the social and emotional impacts of delivering care.
59. The Trust Board noted the report.

**TB25/11/08 National Inpatient Survey Results [TB2025.92]**

60. The CNO summarised the five areas in which the Trust scored “somewhat better/better than expected”. There were no areas in which the Trust scored “worse than expected” when compared with other trusts.

61. A Patient Experience Committee has been created to focus on areas identified by the survey for improvement. Initial focus would be on noise at night and improving discharge, informed by the survey data.
62. The CNO confirmed that hydration and nutrition would be looked at through the Harm Free Assurance Forum, along with pressure ulcers and falls.
63. The Trust Board noted the report.

### **TB25/11/09 Safeguarding Annual Report [TB2025.93]**

64. The CNO told the Trust Board that, while the number of safeguarding cases had declined, no diminution in complexity of the cases had been observed. The operation of Deprivation of Liberty Safeguards was under review.
65. While there had been an overall reduction in safeguarding cases, cases in maternity had increased significantly. An increase in incidents as well as improved detection had driven the increase in maternity.
66. The CNO had examined the resource implications of the increase. The Trust had a highly skilled safeguarding team but less complex safeguarding matters were not always addressed by clinical teams and instead referred to the central team. Further analysis of the case mix between complex and routine would be necessary as well as consideration of the resource taken up by the multi-agency safeguarding hub.
67. The Director of Midwifery mentioned that the service was considering further involving community teams in day to day safeguarding cases to enhance the service.
68. The Chair reported that the Health and Wellbeing Board was well-sighted on examples of the positive impact of the safeguarding service in the Trust.
69. The Trust Board noted the report.

### **TB25/11/10 End of Life Team Annual Report [TB2025.94]**

70. Dr Hedges presented the End of Life team's workplan which focused on improving planning for dying. She emphasised the importance of training to recognise end of life and the value of early conversations about end of life.
71. Review of the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT, a 2025/26 Quality Priority) had indicated areas for improvement, particularly around communication between clinicians, patients and their families and between primary and secondary care. The inclusion of community pharmacists in these conversations was suggested.
72. Early recognition of a dying patient could be challenging as clinicians rightly focused on treatment and patient pathways did not always offer time and space to have those sensitive conversations. When those conversations did happen, the process of dying could be managed with fewer interventions and in accordance with the patient's and their family's wishes.

73. According to the most recent (2024) National Audit of Care at End of Life (NACEL), the Trust scored above average in most areas. The team were also using data from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) End of Life Care (2024) to inform its action plan.
74. The Trust's Rapid Intervention for Palliative and End of Life Care (RIPEL) team was part of a network of community end of life care providers. There was confidence that there was no gap between hospital and community end of life care.
75. The Trust Board acknowledged the support of Sobell House Charity for its support of the End of Life Care team and agreed to return to the subject at a suitable opportunity.
76. The Trust Board noted the report.

### **TB25/11/11 Learning from Deaths Q1 Report [TB2025.95]**

77. Discussion focused on the completion of actions and assurance that those actions had become embedded in Trust practice.
78. The CMO confirmed that nearly all actions arising from the reported case had been completed.
79. The Clinical Governance Committee monitored action plans for completion and this gave some assurance. All structured judgement reviews and action plans were recorded in the Ulysses system for visibility.
80. It was suggested that further assurance on how completed actions were maintained following completion could be provided in the annual report.

#### **ACTION: Chief Medical Officer to include a section on how actions had been embedded to the Learning from Deaths Annual Report.**

81. The Trust Board noted the report.

### **TB25/11/12 Freedom to Speak Up (FtSU) Annual Report [TB2025.95]**

82. Mr Nevers reported that in 2024/25, the FtSU service opened 197 cases. This was more than twice the number in the previous year and was taken as evidence of a positive speaking up culture. About one third of cases were reported anonymously through the WorkinConfidence platform.
83. Reasons for speaking up included: staff safety and wellbeing (71% of cases), inappropriate behaviours or attitudes (25%), bullying and harassment (22%), and patient safety and quality (16%); the Trust Board noted that multiple elements could be present in any individual case.
84. To better understand the reasons for speaking up, how they related to each other, and what conclusions could be drawn, it was agreed that the 2025 NHS Staff Survey Data would be triangulated against FtSU data.

85. **ACTION: Chief People Officer to include analysis of FtSU data against the NHS Staff Survey results report to the Trust Board.**
86. The Trust's most recent (2024) NHS Staff Survey score on "We all have a voice that counts (relating to raising concerns)" was 6.76 out of 10. The national average was 6.67.
87. The report included a set of case studies which demonstrated the positive impact to the organisation of speaking up. The Trust Management Executive would provide assurance through exception reporting that actions from cases were followed up.
88. For the size of the Trust, the FtSU team was smaller than comparators and its workload had increased. A business case had been drafted and was being considered through Trust governance.
89. Mr Nevers expressed his thanks to Ms Flint and welcomed Ms Warmington.
90. The Trust Board noted the report.

### **TB25/11/13 Guardian of Safe Working Q2 Report [TB2025.97]**

91. The CMO presented this regular report. It was noted that the Integrated Assurance Committee had received an update and a Deep Dive presentation on improving resident doctors' working lives.
92. The report provided assurance regarding resident doctors' working patterns and compliance with safe working hours regulations.
93. Exception reporting rates remained stable, with no significant increase in safety or rota concerns. A new exception framework would be implemented as part of the resident doctors' contract; this was expected to address some issues.
94. There was ongoing work to improve dialogue with the Resident Doctors' Forum. Some progress had been made in allocating the funding from exception reporting fines to projects identified by resident doctors.
95. The Trust had established the Improving Resident Doctors' Working Lives group last year; the CMO and a member of the Trust's HR team co-chaired the group.
96. The Trust Board noted the report.

### **TB25/11/14 Overview of ICB Commissioning Intentions [TB2025.98]**

97. The Chief Finance Officer (CFO) presented his analysis of the Integrated Care Board (ICB) commissioning intentions and their implications for the Trust's planning and service delivery.
98. He highlighted the following areas: neighbourhood health services, risks to clinician-developed services unique to Oxford, delivering services in the community, and shift of funding from acute care to community.

99. There was a risk that the Trust would be held accountable for financial balance and delivery standards, while the ICB may not be held accountable for funding the services required to meet these standards.
100. Scenario planning was underway to assess income risk associated and potential opportunities arising out of the ICB's intentions. It was expected that the Trust would need to submit its 2026/27 plan by 18 December 2025 but the NHS Neighbourhood Plan and planning guidance had not yet been released.
101. The Trust's current understanding was that NHSE would expect improvement in relation to plan. For the Trust, that equated to a 7% improvement on Referral to Treatment targets, which was challenging.
102. The Trust Board noted the report.

### **TB25/11/15 Integrated Performance Report M6 [TB2025.99]**

103. The Interim CEO introduced the report. The Trust benchmarked well on progress against operational targets; additional focus was provided in quarterly divisional performance reviews. Achieving all targets by year-end would be challenging.
104. The Chief Operating Officer (COO) provided an update on cancer performance.
105. Referrals had increased by 8.3% and detection rates were down. This was because patients had been referred when they did not have cancer rather than a fault in detection. For gynaecological cancers, the Trust was working with primary care to improve the referral pathway.
106. The Trust had again exceeded the requirements of the Faster Diagnosis Standard but not all cancer performance was at the desired level.
107. Work to improve cancer performance focused on five areas:
  - a. Longest-waiting patients;
  - b. 62 day standard. Challenges were noted in gynaecological and lung sites, but there was positive progress in head and neck, dermatology and neurology;
  - c. Urology backlog improvement;
  - d. Communications to patients without cancer; and
  - e. A total reduction in the overall cancer waiting list of those patients over 62 days.
108. The COO noted a demand/capacity mismatch for lung tumours. The team were fully engaged and had recently had a joint session with University Hospital Southampton NHSFT to learn from their improvement work.
109. In gynaecology, the team would deliver hysteroscopies in a non-theatre environment and would investigate whether benign tumours could be better treated by other providers to enable resource to focus on cancer.

110. The Integrated Assurance Committee would be briefed on the infection prevention and control metrics in the NHS Data Dashboard.
111. The Trust Management Executive had recently approved terms of reference for the Ophthalmology Improvement Group. This group would report regularly to TME and consideration would be given to how the Integrated Assurance Committee would be updated.
112. The Trust Board noted the report.

### **TB25/11/16 Finance Report M6 [TB2025.100]**

113. The CFO presented the report.
114. The data showed a financial shortfall at divisional level which was offset by a credit for Trust-wide services. The CFO reported that, due to uncertainty in the funding regime, the Trust regularly held some funding centrally. The Trust's policy was that centrally-held deficit support would gradually be withdrawn.
115. The intention was to disaggregate and allocate funds to divisions, to give services a clearer picture of their available resources. This would not affect the overall financial picture.
116. It was suggested that a small group discuss these issues in more detail.
117. The report met NHSE's requirement to produce a financial risk assessment for Trust Board review. As this was a short-notice request, NHSE methodology was used with the addition of some local calculations on risk.
118. The calculation showed £14m net risk but this did not mean that the Trust would finish the year off-plan.
119. The detail behind the risk assessment and scenario analysis would be presented to the December Integrated Assurance Committee. Members requested that PFI project management and clarity on one-off actions required to deliver.
120. The CFO outlined measures in place to maximise CIP delivery, including enhancing PMO support for cross-divisional programmes. In quarterly reviews, divisions had been asked to consider additional measures.
121. Clinical divisions were already subject to controls on recruitment; those whose performance was not aligned to budget could recruit to existing vacancies but were not permitted to recruit to new posts. This would now be extended to corporate areas. An override process was in place for posts deemed essential.
122. The Trust Board noted the report.

**TB25/11/17 Board Assurance Framework and Corporate Risk Register [TB2025.101]**

123. The Chief Digital and Information Officer (CDIO) updated the Trust Board on the Bedford system risk. A new supplier had not yet been selected, but good progress had been made on integrating finance and reporting functionality. It was expected to have a provider in place after approximately three months.
124. The CDIO confirmed that the risk score of 25 was an error; the risk had remained unchanged from 20.
125. It was noted that changes arising out of the Integrated Assurance Committee would be considered at the Risk Committee on 13 November 2025.
126. Risk assurance in relation to maternity would form part of the next report to the Trust Board.
127. The Trust Board noted the report.

**TB25/11/18 Green Plan 2025-2028 [TB2025.102]**

128. The Chair reported that he had taken action to approve publication of the Provisional Green Plan.
129. On behalf of the Trust Board, the Chair congratulated Ms Cheeseman, Head of Sustainability and Carbon Management, on her receipt of the Public Sector Sustainability Managers Award at the recent Energy Managers Association Energy Management Awards.
130. Ms Cheeseman outlined the minor changes that had been made to the provisional plan. A key focus of the plan was on energy management, with actions in place to achieve ISO 50001.
131. Work on travel and transport would continue as would upskilling staff to create a culture of improvement.
132. A workshop was planned for the afternoon of the Trust Board meeting with NHSE procurement to maximise social value from supply chains to benefit our patients and population.
133. The Trust Board approved the Plan.

**TB25/11/19 Urgent and Emergency Care Oxfordshire System Dashboard [TB2025.103]**

134. The COO reported on a recent table-top scenario planning exercise. The current balance of risk was on day 5 and day 10 post-industrial action, noting an increase in flu.
135. There were two national requests: bed occupancy on day 5 following industrial action and occupancy on Christmas eve. The Trust's focus on day 0 patients resulted in it being the top three performer in the region.

136. The CMO told the Trust Board that a challenging flu season was expected. There had been exemplary vaccine uptake by frontline staff. Communications had been developed with the Director of Infection Prevention and Control to highlight how to keep ourselves, families and patients safe.
137. The COO confirmed that the Trust Board would receive regular updates on winter performance from December.
138. The Trust Board noted the Dashboard.

### **TB25/11/20 Regular Reporting Items**

#### Trust Management Executive [TME]Report [TB2025.104]

139. The Trust Board:
  - noted the regular report to the Board from TME's meetings held on 11 September, 25 September, 9 October and 30 October 2025 and the TME Annual Report;
  - approved the Work Related Stress Management Policy; and
  - approved changes to TME's terms of reference as outlined in its Annual Report.

#### Audit Committee Report [TB2025.105]

140. The Audit Committee had reviewed a summary and proposal regarding the Trust's insurance arrangements.
141. The Chair of the Audit Committee emphasised the Committee's scrutiny of three limited assurance internal audit reports, two of which related to financial controls. Stock Control and Divisional Financial Controls would be subject to improvement programmes and programme details would be shared with the Committee.
142. The Committee also focused on the completion of internal audit recommendations. It was noted that due to the interval between Audit Committee meetings, the Committee had requested that these be monitored by the Executive team.
143. The Interim CEO confirmed that all internal audit recommendations would be monitored by the Delivery Committee, with actions likely to miss completion dates flagged early.

144. The Trust Board:
  - noted the report; and
  - approved the recommendation of TME and the Audit Committee that the Trust retain NHS Resolution cover, explore top-up property insurance for claims above £1m but below the threshold for central intervention, and to consolidate ad hoc insurance policies under a single broker for better oversight and value.

#### Integrated Assurance Report [TB2025.106]

145. The CMO provided an update on Givinostat. This treatment had not yet been approved by NICE.

146. The Trust was recruiting to posts in preparation to deliver this treatment following NICE approval.

147. The Trust Board noted the report.

**Consultant Appointments and Sealing of Documents [TB2025.107]**

148. The Trust Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that have been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 10 September 2025.

**TB25/11/21 Any Other Business**

149. No additional business had been highlighted on this occasion.

**TB25/11/22 Date of Next Meeting**

150. A meeting of the Trust Board was to take place on **Wednesday 21 January 2026**.