Public Section: Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 27 May 2026** at Unipart House, Oxford.

Present:

Name	Initials	Job Role
Ms Sarah Hordern	SH	Acting Trust Chair
Ms Ariana Adjani	AA	Public Governor, Oxford City
Mr Charles Adomah-Boadi	CAB	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Mr Tony Bagot-Webb	TBW	Public Governor Northamptonshire and Warwickshire
Mr Stuart Bell CBE	SB	Nominated Governor, Oxford Health NHS Foundation Trust
Dr Robin Carr	RC	Public Governor, West Oxfordshire
Prof Lorraine Dixon	LD	Nominated Governor, Oxford Brookes University
Mr Damian Haywood	DH	Public Governor, Oxford City
Dr Jeremy Hodge	JH	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Ms Aliki Kalianou	AK	Staff Governor, Non-Clinical
Dr George Krasopoulos	GK	Staff Governor, Clinical
Mr Andrew Lawrie	AL	Public Governor, Northamptonshire and Warwickshire
Mr Tony Lloyd	TL	Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire
Prof David Matthews	DM	Public Governor, Vale of White Horse
Ms Christine Montague-Johnson	CMJ	Public Governor, Cherwell
Dr Jacqueline Palace	JP	Staff Governor, Clinical
Mrs Nina Robinson	NR	Public Governor, South Oxfordshire
Mr Graham Shelton	GSh	Public Governor, West Oxfordshire
Ms Sneha Sunny	SS	Staff Governor, Clinical

Dr Ascanio Tridente	AT	Public Governor, Rest of England and Wales
Mrs Megan Turmezei	MT	Staff Governor, Non-Clinical

In Attendance:

Mr Simon Crowther	SC	Interim Chief Executive Officer
Mr Paul Dean	PD	Non-Executive Director
Mr Jason Dorsett	JD	Non-Executive Director
Mrs Claire Feehily	CFe	Non-Executive Director
Mr Kenny Kamal	KK	Non-Executive Director
Ms Lisa Hofen	LH	Chief Estates and Facilities Officer
Mr Terry Roberts	TR	Chief People Officer
Mrs Caroline Rouse	CR	Governor and Membership Manager (minutes)
Dr Neil Scotchmer	NS	Head of Corporate Governance
Prof Gavin Screaton	GSc	Non-Executive Director
Prof Ashok Soni OBE	AS	Non-Executive Director
Ms Felicity Taylor-Drewe	FTD	Chief Operating Officer

Apologies:

Cllr Tim Bearder	TB	Nominated Governor, Oxfordshire County Council
Dr Gareth Evans	GE	Nominated Governor, Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee
Ms Lynne Graham	LG	Non-Executive Director
Mr Alastair Harding	AH	Public Governor, Vale of White Horse
Prof Helen Higham	HH	Nominated Governor, University of Oxford
Ms Claire Litchfield	CL	Staff Governor, Clinical
Ms Fiona Morrison	FM	Public Governor, Cherwell
Dame June Raine CBE	JR	Non-Executive Director
Ms Hannah Watkins	HW	Public Governor, South Oxfordshire

Ms Joy Warmington	JW	Non-Executive Director
Ben	YPE	Nominated Governor, Young People's Executive
Niamh	YPE	Nominated Governor, Young People's Executive

CoG26/05/01 Welcome, Apologies and Declarations of Interest

1. Sarah Hordern, Acting Chair of Oxford University Hospitals (OUH), welcomed those present and thanked governors who had attended the Board meeting earlier that morning. She also thanked governors for attending the lunchtime session with Non-Executive Directors and noted that the discussions had provided a useful opportunity for engagement.
2. Apologies for absence were noted as set out above. No declarations of interest were raised.

CoG26/05/02 Minutes of the Meeting Held on 5 February 2026

3. The minutes of the meeting held on 5 February 2026 were approved as an accurate record, subject to minor amendments including correction of the reference to the Discharge Assurance Group.

CoG26/05/03 Matters Arising

4. Simon Crowther reported that an update had been circulated to governors on progress in improving discharge processes, procedures and patient experience. It was agreed that consideration would be given to the appropriate level of detail to be provided to governors in future updates.

CoG26/05/04 Lead Governor Report

5. George Krasopoulos presented his first Lead Governor's report and thanked Graham Shelton for his contribution and commitment as Lead Governor. He also thanked governors for their engagement in developing the Council's work over recent months.
6. GK thanked Sarah Hordern, Sir Jonathan Montgomery and the Board for their support for the Council's proposals to strengthen communication pathways and improve engagement between governors and Non-Executive Directors. He reported that the first three areas of focus for governor questions to the Board would relate to litigation and claims, the effectiveness of whistleblowing arrangements, and the Trust's future strategy for digital transformation and AI.
7. GK noted that the lunchtime session had been the first structured opportunity to bring governors and Non-Executive Directors together in this way. He considered this to be a

positive starting point and emphasised that the approach would continue to develop, with feedback welcomed.

8. The Council also recognised the professionalism and commitment of those involved in the recruitment and appointment process for the new Trust Chair.

CoG26/05/05 Chair's Business

9. SH formally recorded the Council's thanks to Sir Jonathan Montgomery for his work in chairing the Council over the previous seven years. It was noted that Sir Jonathan would be presenting an award at the forthcoming Staff Recognition Awards, which would provide an opportunity for further thanks to be expressed.

10. Lorraine Dixon was welcomed to her new role as Deputy Lead Governor. The Council expressed its thanks that she had agreed to take on the position.

11. It was reported that Claire Litchfield would be leaving the Trust on 14 June and would therefore cease to be eligible to continue as a staff governor. Claire had expressed her appreciation for her time as a governor. In line with precedent, and given the proximity of the next scheduled elections, it was agreed that the vacancy would remain unfilled until the next election cycle.

CoG26/05/06 Chief Executive's Briefing

National Context and Trust Strategy

12. Simon Crowther provided an update on the national context following recent meetings to review NHS delivery during 2025/26 and priorities for the year ahead. He reported that the NHS had been recognised for delivery against key access, diagnostic, outpatient and financial targets, while also noting that continuing improvement would be required against a challenging national backdrop.

13. SC highlighted the continuing national focus on the three shifts set out in the NHS ten-year plan, particularly the development of neighbourhood health, outpatient transformation, digitisation and automation, and reducing unwarranted variation. He noted that a national quality strategy, incorporating the cancer plan and quality and patient safety frameworks, was expected shortly.

14. The Trust's strategy refresh had continued, including engagement with stakeholders and governors. SC noted that the emerging strategy would need to reflect the national direction of travel while also setting out clearly how OUH would deliver its priorities. The Board Assurance Framework would also be reviewed to ensure that it reflected the Trust's principal risks and strategic priorities.

Staff Morale, Productivity and Risk

15. SC reported that staff morale remained a significant challenge across the NHS and within OUH. The Council discussed the relationship between productivity, financial delivery, staff wellbeing and organisational culture. It was recognised that the Trust

needed to communicate more clearly the impact of investment in staff and services, the rationale for change, and how feedback from staff was being used to shape action.

16. Governors emphasised the importance of ensuring that productivity improvements were not considered separately from workforce engagement and morale. SC noted that the Trust would need to continue balancing the delivery of safe, timely care with financial sustainability and the need to support staff. It was recognised that quality, operational, financial and workforce risks were closely connected and should be considered through the Trust's governance and risk arrangements.

Access to Patient Records

17. SC updated governors on recent concerns relating to inappropriate access to patient records. He assured the Council that the Trust maintained a zero-tolerance approach to inappropriate access and that expectations had been reinforced through staff briefings, emails, team meetings and leadership communications. Potential cases were under investigation and, where inappropriate access was confirmed, action would be taken in accordance with policy.

18. Governors discussed the importance of ensuring that the Trust's response was open, transparent and fair to staff, while also providing appropriate assurance to patients and the public. SC noted that the Trust was in a fact-finding phase and would use appropriate governance processes, including non-executive oversight and, if required, independent support. It was also recognised that legitimate access to patient records remained essential to support joined-up care.

2026/27 Annual Planning Update

19. Felicity Taylor-Drewe reported that the 2026/27 plan had been submitted to NHS England and that the associated delivery plan had been received by the Delivery Committee. The plan set out the Trust's strategic priorities and key enablers over the next three years, including digital and estates. It was described as ambitious and credible, with dynamic risks, including industrial action, kept under review. Oversight and reporting arrangements had been strengthened, and relevant metrics would continue to be shared through the Performance, Workforce and Finance Committee.

Outpatient Standards

20. FTD provided an update on outpatient standards, following previous governor questions on this area. She reported that e-outcome forms had been piloted successfully and formed part of both a safety and productivity improvement programme. The work aimed to improve the recording and management of outpatient outcomes and reduce the number of missing outcomes.

21. The Council heard that further work was focused on reducing Did Not Attend rates, reviewing outpatient models, developing advice and guidance, and implementing a single point of access in line with national expectations. The programme also included Patient Initiated Follow-Up, Perfect Week methodology and digital tools to support more effective outpatient management.

22. Governors discussed the importance of ensuring that outpatient transformation supported staff as well as patients. FTD noted that the programme required alignment between operational processes, workforce capability and digital systems, including training staff to use EPR effectively and ensuring that booking and outcome processes were completed accurately.

23. In response to questions, it was noted that Patient Initiated Follow-Up would be used in line with national guidance and was expected to apply more to routine elective pathways than to cancer pathways, where mandated follow-up requirements would continue to apply. Any deviation from established pathways would need to be clearly understood and justified.

24. Governors raised issues relating to digital interoperability between OUH, primary care and external providers. SC noted that interoperability remained a wider NHS challenge. SH added that improving integration between Trust systems, the NHS App and broader digital processes would form part of the Trust's strategic discussion on the shift from analogue to digital.

25. The Council also discussed the importance of recognising OUH's role as a teaching hospital when redesigning outpatient services. It was noted that clinical education, training, research and wider workforce development would need to remain visible within the Trust's emerging strategy and service transformation plans.

CoG26/05/07 2025 Staff Survey

26. Terry Roberts presented the 2025 Staff Survey results and reported that the overall response rate had fallen to 40.2%. He noted variation between divisions and staff groups, with response rates declining across divisional areas but increasing within corporate services. Clinical areas had not engaged with the survey to the same extent as in previous years.

27. TR reported that OUH continued to perform above the lower national benchmark across the People Promise indicators. However, morale had declined, both at OUH and across the NHS more widely, and the Trust was not consistently achieving the highest levels of performance. Turnover had continued to reduce, although it was recognised that this might not necessarily indicate improved staff experience and could be affected by wider workforce conditions.

28. The Council heard that actions in response to the survey were being taken at both corporate and local levels. TR emphasised that some issues required organisational action, while others reflected staff experience within local teams and therefore needed local ownership. He highlighted work already underway through the People Plan, the bullying and harassment programme, appraisal improvement, management training, staff recognition, and health and wellbeing initiatives.

29. TR noted the importance of helping staff understand the connection between their individual roles and patient care. He also emphasised the need to communicate more

clearly how financial delivery supported investment in services and how staff feedback was being translated into action. Practical issues affecting staff experience, including estates, digital systems, access to facilities and the working environment, were recognised as important areas of focus.

30. Governors welcomed the work underway but challenged whether the Trust was sufficiently ambitious in its response. They suggested that greater attention should be given to organisational culture, local benchmarking, practical improvements to daily working life, and the measurement of outcomes rather than the number of initiatives delivered. It was suggested that comparison with neighbouring organisations, including high-performing local trusts, could provide useful insight.

31. The Council discussed the need to ensure that wellbeing initiatives were evaluated for their effectiveness and that staff were not asked to engage in activities that inadvertently increased pressure. Governors also noted that reduced turnover might reflect limited opportunities elsewhere in the NHS rather than improved morale, and that changes to overtime arrangements could have an impact on some staff.

32. TR acknowledged the challenge and agreed that the focus should be on outcomes as well as activity. SC added that listening events were valuable but would only be effective if staff could see clear evidence that concerns raised had led to action. It was agreed that the Trust needed to continue strengthening the link between staff feedback, local action and visible improvement.

CoG26/05/08 Performance, Workforce and Finance Committee Report

33. Andrew Lawrie presented the report from the Performance, Workforce and Finance Committee and noted that it accurately reflected the Committee's recent discussions. He reported that the Committee had begun to strengthen scrutiny of workforce and HR matters, with a particular focus on how narrative reports translated into measurable outcomes.

34. Governors were invited to submit any further questions for consideration by the Committee. It was noted that the Committee had also reviewed outpatient services and would continue to work closely with relevant Non-Executive Directors over forthcoming meetings, including in relation to the analogue-to-digital transition. Future meeting dates would be confirmed.

CoG26/05/09 Patient Experience, Membership and Quality Committee Report

35. Damian Haywood presented the report from the Patient Experience, Membership and Quality Committee and thanked Robin Carr for his work as previous Committee Chair.

36. DH reported that the Committee had considered patient experience and engagement matters, including themes arising from maternity complaints and the development of the Patient Experience and Engagement Strategy. He noted that Aletha Bicknell had produced a helpful short report in response to governor questions, and that the

Committee would continue to consider how themes emerging outside formal meetings could be brought into its work.

37. Rustam Rea had presented the draft Quality Account, which had generated good discussion at the Committee. The Committee had discussed the increase in incident reporting and recognised that higher reporting levels could be a positive indication of a stronger reporting culture. Members also considered how patient safety data could be brought together more effectively to support oversight and assurance.

38. The Committee received updates on Martha's Rule, which was now operational, digital capability, and quality improvement activity across the Trust. It was noted that digital matters would also link to the work of the Performance, Workforce and Finance Committee.

39. DH emphasised the Committee's role in supporting quality improvement and ensuring that improvements translated into meaningful benefits for patient experience and patient safety. TL also provided an update on the vascular network.

CoG26/05/10 Any Other Business

40. There was no further business.

CoG26/05/11 Date of Next Meeting 24 September 2026

41. The meeting will take place on Thursday 24 September, in Seminar Rooms 4A/B, George Pickering Education Centre, John Radcliffe Hospital.