

Council of Governors

Minutes of the Council of Governors Meeting held on **Wednesday 12 November 2025** at Unipart House, Oxford.

Present:

| Name | Initials | Job Role |
|------------------------------|----------|--|
| Prof Sir Jonathan Montgomery | JM | Trust Chair, [Chair] |
| Ms Ariana Adjani | AA | Public Governor, Oxford City |
| Dr Robin Carr | RC | Public Governor, West Oxfordshire |
| Prof Lorraine Dixon | LD | Nominated Governor, Oxford Brookes University |
| Mr Alastair Harding | AH | Public Governor, Vale of White Horse |
| Mr Damian Haywood | DH | Public Governor, Oxford City |
| Dr Jeremy Hodge | JH | Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire |
| Ms Aliko Kallianou | AK | Staff Governor, Non-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 Chris Montague-Johnson | CMJ | Public Governor, Cherwell |
| Ms Jacqueline Palace | JP | Staff Governor, Clinical |
| Mrs Nina Robinson | NR | Public Governor, South Oxfordshire |
| Mr Graham Shelton | GS | 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 |
| Ms Hannah Watkins | HW | Public Governor, South Oxfordshire |
| Niamh | YPE | Nominated Governor, Young People's Executive |

In Attendance:

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| Mr Simon Crowther | SC | Acting Chief Executive Officer |
| Mr Mark Britton | MB | Senior Strategic Programme Manager |
| Ms Yvonne Christley | YC | Chief Nursing Officer |
| Ms Olivia Clymer | OC | Head of Strategy and Partnerships |
| Mr Paul Dean | PD | Non-Executive Director |
| Mr Jason Dorsett | JD | Non-Executive Director |
| Mrs Claire Feehily | CFe | Non-Executive Director |
| Ms Dawn Gilkes | DG | Head of Accreditation and Regulation |
| Mr Mark Holloway | MH | Chief Estates and Facilities Officer |
| Ms Sarah Hordern | SH | Non-Executive Director |
| Ms Katie Kapernaros | KK | Non-Executive Director |
| Mr Terry Roberts | TR | Chief People Officer |
| Mrs Caroline Rouse | CR | Governor and Membership Manager (minutes) |
| Dr Neil Scotchmer | NS | Head of Corporate Governance |
| Ms Felicity Taylor-Drewe | FTD | Chief Operating Officer |
| Ms Joy Warmington | JW | Non-Executive Director |

Apologies:

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| Mr Charles Adomah-Boadi | CAB | Public Governor, Buckinghamshire, Berkshire, Wiltshire and Gloucestershire |
| Mr Tony Bagot-Webb | TBW | Public Governor Northamptonshire and Warwickshire |
| Cllr Tim Bearder | TB | Nominated Governor, Oxfordshire County Council |
| Mr Stuart Bell CBE | SB | Nominated Governor, Oxford Health NHS Foundation Trust |
| Dr Gareth Evans | GE | Nominated Governor, Berkshire, Buckinghamshire and Oxfordshire Local Medical Committee |
| Prof Helen Higham | HH | Nominated Governor, University of Oxford |
| Dr George Krasopoulos | GK | Staff Governor, Clinical |

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| Ms Claire Litchfield | CL | Staff Governor, Clinical |
| Ms Fiona Morrison | FM | Public Governor, Cherwell |
| Ms Sneha Sunny | SS | Staff Governor, Clinical |
| Ben | YPE | Nominated Governor, Young People's Executive |

CoG25/11/01 Welcome, Apologies and Declarations of Interest

1. The Chair apologies from Charles Adomah-Boadi, Anthony Bagot-Webb, Stuart Bell, Fiona Morrison and Sneha Sunny. He formally welcomed Lisa Hofen, the Trust's new Chief Estates and Facilities Officer to the meeting.
2. JM advised that Graham Shelton and Chris Montague-Johnson had taken on new roles as members of the Primary Care and Community Board.

CoG25/11/02 Minutes of the Meeting Held on 4 September 2025

3. The minutes were approved as an accurate record of the meeting.
4. NR said the minutes had been comprehensive but suggested that more emphasis be placed on the issues raised by governors and a focus on measuring outcomes and the impact of changes.
5. It was suggested that there should be a regular catch-up after each of the Council meetings to identify matters that ought to be included in the Chief Executive's report or referred to the Lead Governor. GS emphasised the importance of having a small number of issues that could receive proper discussion.

CoG25/11/03 Matters Arising

6. The Chair stated that there had been activity concerning the development of neighbourhood plans by the ICB and the Health and Wellbeing Board and explained that it was uncertain whether current arrangements would remain unchanged. He stressed the importance of maintaining ongoing communication to ensure that no opportunities were missed.

CoG25/11/04 Chair's Business

7. The Chair noted that employment checks were underway on the new non-executive appointments and so these could not yet be formally announced.

CoG25/11/05 Lead Governors Report

8. The Lead Governor observed that the Board meeting had provided excellent insight into the strengths of the organisation. He remarked that issues lay not in those values but in the detail of how the organisation was organised. He noted that the processes were largely embedded within divisions, which limited visibility.

9. He commented that Board performance had been good, but that the organisation overall was not yet where it should be. He highlighted the opportunity presented by the Council's structure, which held Non-Executive Directors to account, and expressed confidence that success would be achieved through collaborative working. He described the current Council as one of the strongest ever, with a large range of skills.
10. GS described discussions at a recent governors' meeting, where an invited speaker, had spoken about work to improve on-time departures for airplanes and how luggage delays had also been addressed. He drew a comparison with hospital discharges, noting that although the processes were different, there were many similarities. Governors felt that systems-based thinking would be helpful in improving the discharge process. GS emphasised the need to make somebody accountable for each part of the process, and to continue working until the system functioned effectively.
11. SC agreed that system thinking was important and that safe and effective discharge required partnership working across the system. He agreed also that accountability still needed further development. He emphasised the importance of quality improvement and human factors work across the organisation and noted that quality improvement principles were already being applied to the discharge pathway.
12. The Chief Nursing Officer explained that extensive systems and process-mapping work had been undertaken to determine where attention should be focused on the discharge pathway. A core element of the quality improvement programme had been the human-factors component, which formed a significant part of the overall improvement work. The team had examined the discharge process to identify points of delay and understand why gaps existed. The initial focus had been on internal processes, with the intention of expanding the work of the wider system in due course. The group had also reviewed the data to determine whether they were using the correct measures.

ACTION: Chief Nursing Officer to produce a short update document outlining progress in the delivery of improved discharge processes, procedures and experience.

13. GS highlighted issues with the Bedford pharmacy system. JM explained that the system remained effective but that the Board understood that it was vulnerable. GS highlighted that one of the main barriers to timely patient discharges was the dispensing of medicines, which affected nearly every patient leaving the hospital. From the patient's perspective, leaving in daylight rather than after dark was important.
14. YC explained that the goal was for patients to be ready to leave hospital by lunchtime in future. JM outlined the headline metrics that 25% of discharges should occur by midday, with a further 25% by 3pm and the remainder by 6pm in

order to introduce predictability into the pathway. Another important component was preparing for discharge from the point of admission. A summary had been provided explaining why these issues were being prioritised and the pathway had been mapped from multiple perspectives. When the work was next reviewed, endpoint metrics and staging would be presented to illustrate where difficulties were arising.

15. JM acknowledged that the current position required improvement but that the work in place needed to be given time to deliver improvements. Within the improvement programme, key individuals had been assigned responsibility for specific elements of the work. A dashboard had been developed to hold each clinical area to account for its performance and this was expected to take between three to six months.

CoG25/11/05 Chief Executive's Briefing

16. Simon Crowther, Interim Chief Executive Officer explained that it had been a busy and pressurised period for Maternity services and its leadership. The Trust had welcomed the CQC a few weeks earlier for an unannounced inspection covering services at the John Radcliffe (JR) and the Horton General Hospitals (HGH) over a two-week period. Following the inspection, there had been a series of conversations with staff members, patients, and the public.
17. The CQC had provided feedback throughout their visit. They had raised issues regarding the observation area on the JR delivery suite and the bereavement services. SC explained that the latter appeared to have arisen from a misunderstanding and allowed the Trust to demonstrate some of the work already completed. Immediate actions had been taken on procedures, processes, and staffing, with further work continuing. The Trust expected the full reports in the New Year. Once received, the Trust would check these for factual accuracy and provide feedback, keeping the Council updated.
18. The National Maternity and Neonatal Team and Baroness Amos had visited both the JR and HGH over two days. Baroness Amos had met with several families who had experienced failures in care, as well as members of the leadership team, before visiting services and staff. Informal feedback had been positive regarding staff conduct. The inspection had been described as part of a systemic review of NHS maternity procedures. The process had been delayed due to industrial action, meaning other trusts had not yet been visited. Informal feedback was expected to be provided to the Secretary of State early in the new year, with a full report anticipated in the spring.
19. The Trust had also received a number of media enquiries from Channel 4 and the New Statesman, predominantly focused on patient experience concerns. Reporting resulting from this had aired and been published the previous week. Considerable work had been required from Maternity services to respond, reassure, and provide assurance to the Board and regulators. This work had

been intense and was ongoing. The executive team had been heavily focused on these issues over the preceding three weeks.

20. Further work was expected, including internal reviews, improvement planning, and strengthening engagement with patients who used the Trust's services. The Secretary of State had pledged to review a particular scanning pathway used by the Trust and the Council would be kept informed.
21. DM asked how staff in Maternity were being supported during this period. SC explained that several organisation-wide measures were in place. YC had ensured psychological support services were available for Maternity staff, recognising the distress caused by these processes. YC expressed pride in the staff, noting that the CQC inspection had been the most advanced she had experienced. Staff had continued to engage with patients with kindness, compassion, and care.
22. Patient experience feedback particularly via QR codes had highlighted positive comments, and it was important that staff heard these also. The Trust needed to ensure that instances of poor patient experience like those reported did not recur. A Birthrate Plus staffing review was underway, but it was reported that Maternity services were better staffed than they had been for a long time. YC was keen not to lose the cultural improvements achieved, emphasising that such improvement must occur in conditions of psychological safety.
23. The Council heard that staff were unfortunately still being subject to threatening behaviours. The Trust was aware of these threats and was working to manage them.
24. LD noted significant improvement since becoming a governor and asked whether issues were historic or amplified by media attention and how staff were being supported. JM explained that some complaints were historic and that some of these were very concerning. It was emphasised that even though these were not recent it was important that they were appropriately investigated. Processes were in place to manage these. At the same time, many patients and families continued to report excellent experiences. Social media trends were shifting, with more balanced commentary emerging compared to five or six months earlier. The Trust was focusing on FFT feedback to ensure it was being interpreted correctly and to identify any gaps.
25. AA asked how feedback could be channelled constructively. YC said she wanted patients and families to approach the Trust directly. She and Prof Andrew Brent, Chief Medical Officer were willing to meet individuals to hear their stories and help understand their care. AA asked how improvement requests could be submitted and acted upon. YC explained that one of the ways was via the Perinatal Improvement Programme. There was a dedicated Maternity inbox, and enquiries could also be sent via PALS or direct to herself or Andrew Brent.

26. Andrew Lawrie raised the issue of patient confidence noting that media coverage occurred instantly, whereas CQC processes took time. AL reported having had an excellent experience at OUH maternity three weeks earlier. YC explained that staff were actively reassuring patients face-to-face, supported by a letter from AB and YC given to every patient. Despite negative narratives on social media, the Trust remained very busy, and many families still chose to come to OUH due to issues elsewhere.
27. JM said the Trust needed to take stock once the CQC and Baroness Amos reports were received. The scanning pathway would be reviewed without delay. Documentation and policies had already been updated. Communications capacity had been insufficient, so external crisis-communications support had been secured. Governance issues were being addressed, and care was being taken to communicate transparently and without appearing defensive.
28. TL asked about the role of the Maternity Services Liaison Committee (MSLC). YC confirmed it was intended as a safeguard and would be involved in ongoing work.
29. AK observed that when negative publicity occurred, the best response was to highlight what the Trust did well. Staff recognition in Maternity was important to remind both staff and patients of the high-quality work delivered.
30. Niamh commented on the impact of social media on young people. After visiting the JR, she had opened TikTok to find the Channel 4 report as the first video. Young people recognised the hospital name and were affected by negative coverage. JM acknowledged the need for support in this area.
31. AA noted that a year earlier there had been a constituency meeting involving the Hospital at Home service and she had asked about Maternity-linked provision, which was lacking. SC said that discussions with the ICB included commissioning intentions and expanding community-based services. YC added that community maternity services were strong and well developed. Antenatal care at the HGH had been strengthened with a consultant. The ICB intended to commission a review of Maternity services across Oxfordshire.
32. The Council noted this briefing.

CoG25/11/06 Perinatal Improvement Programme

33. Dawn Gilkes, Head of Accreditation and Regulation, and Mark Britton, Senior Strategic Programme Manager, who led the programme, outlined the next phase of work involving the neonatal teams and community partners to improve perinatal care.
34. The improvement programme had commenced in April. Three areas were identified for exploration and development: service user experience, staff experience, and the requirements for delivery of safe and effective care. This included reviewing safety metrics and bringing them together. The group reported

to the maternity safety champions, who in turn reported to the Clinical Safety Committee. The service user inclusion and engagement system was outlined.

35. The aim was not to duplicate existing work. The four areas of focus related to compassionate care, ensuring the right people were providing care, promoting continuous improvement, and considering how to enhance services by listening, learning, and implementing best practice based on research.
36. Key principles had been agreed for use across all areas of the work. Each area aimed to identify its objectives and opportunities to celebrate positive behaviours, as well as the range of positive feedback that had been received.
37. There was a continued emphasis on empowering staff to speak up, supported by a range of established mechanisms. It was also recognised that external reviews were under way; however, the team did not wish to delay making progress while waiting for the findings. The forthcoming CQC review was welcomed, and any initial actions arising from it would be incorporated into the programme. The intention was to provide an update on progress within each thematic area.
38. MB highlighted the importance of communication, the information shared by staff, and the actions taken in response. Each workstream was led by subject-matter experts who identified numerous opportunities for improvement, supported by key individuals across the Trust. These leads focused on developing sustainable actions that would benefit patients and families and deliver meaningful improvements.
39. Experience underpinned all aspects of the work. SMART action plans were being developed and co-designed with service users. An engagement meeting was scheduled for 12 December to ensure that members of the public could share their views and be heard. Themes emerging from feedback were being reviewed, drawing on substantial information from PALS and complaints to understand experiences. With approximately 7,000 babies born in the Trust each year, it was acknowledged that while not everything went well, the majority of experiences were positive, and it was important to share good news as well as areas for improvement.
40. There was a need to measure success and determine how improvements would be delivered. Work focused on reducing the number of complaints, particularly in two key areas: the mismanagement of labour and insufficient support. Plans were put in place to bring all improvement activity across the service together. One of the key successes was the introduction of real-time feedback through the “Say on the Day” system, implemented across all Maternity services. This provided immediate feedback, both positive and negative and had generated approximately 900 responses. While the Friends and Family Test remained valuable, “Say on the Day” offered more immediate insight.
41. The second theme related to safety, recognising that maintaining safety for all was imperative. Home phototherapy was scheduled to commence in January

2026. Staffing levels were stronger than ever, although further consideration of the skillmix was required.
42. A metrics report was being developed to support the transition from paper-based reporting. Information relating to induction of labour needed to be presented in a clearer and more accessible format.
43. The final element concerned staff experience. This was explored through the annual national staff survey, led by Byron Currie, who encouraged staff to define what success should look like.
44. The metrics for the KPIs indicated that performance was improving. Against NHS level 6 trends, both sickness and vacancy rates had improved significantly. Work was also undertaken to ensure that staff were kept informed about the actions being taken.
45. NR recognised the significant amount of hard work taking place in this area and the clear intention to improve. She noted a risk of being overwhelmed by the quantity of data and asked how priorities were being set, given that not everything could be addressed at once. She also emphasised the need for a system-based approach, observing that if the organisation continued to operate in the same way, it would fail to identify the underlying issues. The focus, she suggested, should not be on incremental improvements but on transforming the entire approach, including ensuring that the right measures were being used.
46. JM responded that there was no control over the external reporting requirements and that the organisation should not spend excessive time reporting on matters that did not support the delivery of better care. It was important that the Trust should be clear about its priorities for focus.
47. AK stated that this was an excellent piece of work and expressed appreciation for the enthusiasm and hard work involved. She noted that while there was a collective commitment to raising standards and driving improvements, it was important to understand which standards the service was currently falling below. She emphasised the need to remain mindful of capacity, avoiding overstretching or attempting to overachieve too quickly, and instead taking steady, sustainable steps.
48. YC reported on the implementation of triage measurements, explaining that clearly defined metrics had been established but could only be applied effectively when the service was fully staffed. She highlighted that these measures were essential to ensuring the safety and wellbeing of families. She confirmed that all elements of the programme were supported by clearly defined KPIs and stressed the importance of robust measurement properties.
49. JM added that there were several ways in which improvements were prioritised, including a significant amount of bottom-up input, with staff being provided with

the methodology to support this. He the need to consider whether efforts were being diluted by spreading resources too thinly.

50. The Council noted this update.

CoG25/11/07 2024 Trust Strategy Refresh

51. Olivia Clymer, Director of Strategy and Partnerships stated that the Trust strategy was due to expire in 2025 and that it was hoped to launch the new strategy at the Annual Public Meeting.

52. She explained the rationale for refreshing the strategy. The Government's ten-year health plan and wider national agendas required consideration of what these developments meant for OUH, including how services were being delivered in the community in ways not previously envisaged. There was substantial national activity, including Michael Marmot's work on health inequalities. Marmot principles and anchor-institution approaches would be woven into the Trust's ways of working, ensuring cost-effective practice. She also noted that changes within local government structures, including district-level arrangements through the Place Board and other partner organisations which would influence the strategy.

53. Dr Clymer emphasised the need to remain mindful of time pressures and competing demands, and to consider how work could be done differently or more effectively. She highlighted the strong desire among staff to find solutions, their shared commitment to patients, and the importance of addressing challenges collectively.

54. A strategy refresh plan-on-a-page had been developed. The intention was to involve people fully and ensure their voices were heard, with a particular focus on staff engagement.

55. Engagement numbers were satisfactory but had the potential to improve. Additional outreach within local communities was needed to ensure a balanced perspective, and work would continue with community organisations and stakeholders. A toolkit had been launched to support teams in facilitating conversations, recognising that it was important for them to understand developments and become involved.

56. It was noted that meetings could be arranged with individuals or workshops could be facilitated to gather further feedback.

57. Niamh shared her individual perspective, noting that she had recently completed the DBS checking process and was about to begin her role as a Patient Safety Partner. She expressed the hope that she would be able to contribute to work relating to patients with disabilities as part of this role. She asked what she could do to support the work as a PSP. Olivia agreed to follow up regarding the learning disability strategy.

58. TL observed that increasing numbers of people were living with neurological conditions and encouraged the Trust to consider the role Neurology should play in these strategic considerations.
59. MT highlighted that the organisation was research-rich and that there was significant national activity relating to research and its benefits. She suggested that Oxford Academic Health Partners be involved in discussions and JM confirmed that a call had already been scheduled.
60. NR raised the issue of shifting care into the community and the importance of partnership working, asking how closely aligned work was with Oxford Health NHS Foundation Trust (OHFT). OC explained that OHFT was undertaking similar work and that the organisations were connected through the Place structure and shared intelligence. She also noted the interface work with primary care to address challenges between the sectors.
61. SC noted that OHFT was collaborating with the Trust on several initiatives, and meetings were being held to determine which priorities should be taken forward over the coming years. He emphasised the need to ensure alignment with commissioning.
62. LD raised the issue of education and how engaged it had been at the start of the process. She noted that education had not always supported the evidence base needed to drive some of the changes forward.
63. The Council noted this update and would be briefed further on the development of the Strategy.

CoG25/11/08 Patient Experience, Membership and Quality Committee Report

64. Robin Carr, Chair of PEMQ explained that the Committee had raised points about patient experience, noting that discussions had recently been dominated by Maternity services. RC expressed sympathy for the families involved and for the midwives. He indicated that the plans in place were sensible and that a more forensic approach was needed. Feedback from the Patient Experience Lead had been very valuable, offering an important way to review how all departments delivered medical care.
65. PEMQ had emphasised that the needs of younger patients must remain in focus.
66. It was noted that membership activities had included a wide range of meetings, and that public engagement events had been undertaken. It was recognised that this approach had been effective.
67. Dr Carr noted that Tony Schapira's departure had provided an opportunity to reflect candidly on what had worked well and what had not. He had commented on the volume of data and the need to focus on what was important. Joy Warmington had been asked about the challenge of measuring the

immeasurable, and it was noted that other hospitals approached this differently. The sheer volume of data could be difficult to navigate.

68. NEDs had been invited to take a much closer role so that they could develop a deeper understanding of the issues, enabling governors to hold them to account rather than relying solely on executives. The intention was to use NEDs differently and to observe their contributions within subcommittees, recognising them as a valuable resource, with three additional NEDs expected to join the Trust soon.
69. The importance of maintaining a unitary, non-siloed Board was emphasised, ensuring that strategic focus was retained and that feedback was incorporated into Board development meetings.
70. AL asked whether the Board could ensure that NEDs were challenging the effectiveness of feedback mechanisms. He stressed the importance of people knowing how to provide feedback. YC was expected to attend the next meeting of PEMQ to explain how feedback was being used. It was noted that the organisation did not always explain clearly how feedback was acted upon.
71. RC raised concerns about private taxi firms being used to transport people home, highlighting safety considerations. He had requested an assessment of the volume of such usage and had raised questions about training and safety. It was agreed that these issues would be followed up further.

CoG25/11/09 Performance, Workforce and Finance Committee Update

72. JH reported that the Committee had only one NED, Paul Dean, present at its last meeting. This meeting had covered three topics: digital strategic objectives, the new approach to national league tables, and financial performance.
73. It had been noted that an AI working group had been established to consider how the Trust would use AI in the future.
74. The new national accountability framework, which used a 50-point scoring mechanism, had not produced a strong result for OUH; the Trust had been positioned in the middle of the pack. Some Committee members had felt that performance should have been stronger across several areas, and where the Trust had not scored highly, action would be required. Infection control in particular had been rated lower than expected. Differences in how the Trust measured and reported compared with other trusts were to be reviewed ahead of the next assessment.
75. Financial performance had shown that staffing reductions had progressed reasonably well and had delivered savings, but there were challenges across other areas. Cash at year-end was not expected to be as strong as hoped, and a further update had been provided at the Board. It was noted that several governors had attended the Integrated Assurance Committee, which had been a

valuable opportunity to gain insight. Attendance was encouraged, as the confidential discussions provided a deeper understanding of how issues were being addressed.

CoG25/11/10 Lead Governor and Committee Succession Arrangements

76. It was agreed that the most appropriate approach was to proceed with the proposals as outlined and assess the outcome in practice, making revisions to the approach if required. The intention behind the proposal was considered sensible.

77. The Council of Governors is asked to:

- approved the amended terms of reference for PEMQ and PWF, permitting each committee to select both a Chair and a Vice Chair from amongst its members;
- noted that, if approved, individuals wishing to stand as Vice Chair should contact the Head of Corporate Governance to express their interest;
- approved the amended role description for the Lead Governor which allowed for a Deputy Lead Governor role;
- approved the proposal that, following the annual election of the Lead Governor, a separate election for Deputy Lead Governor would be held, with unsuccessful Lead Governor candidates eligible to stand should they choose;
- noted that there was no requirement for a strict annual rotation of the Lead Governor; incumbents might continue in the role if supported by the Council; and
- approved the proposal that, if these arrangements were approved, the process for electing a first Deputy Lead Governor would be initiated.

CoG25/11/11 Any Other Business

78. MT reported that she had attended a joint constituency meeting in Thame with Oxford Health and expressed thanks to CR and others who had organised it. Alex Green had provided a highly informative presentation.

79. TL emphasised the need to work through key matters appropriately and recognised that NEDs could not answer detailed operational questions. He observed that NEDs spent two days per month in Board meetings, and what was seen publicly represented only around 50% of their contributions. He stressed the importance of having evidence to demonstrate that NEDs had received appropriate assurance. He added that more insight was often gained through informal conversations than through formal meetings and suggested that additional time be allocated for such discussions.

CoG25/11/12 Date of Next Meeting 5 February 2026

80. The meeting will take place on Thursday 5 February, venue to be confirmed.

Part II Confidential

CoG25/11/13 Minutes of the meeting

81. The minutes of the meeting were confirmed as an accurate record.

CoG25/11/14 RNAC Report

82. The Council accepted RNAC's recommendation to leave remuneration for the Chair and non-executive directors unchanged.

83. The Council approved the reappointment of Paul Dean and Claire Feehilly, subject to their continued willingness to remain on the Board.