COUNCIL OF GOVERNORS			
Date of meeting	13 March 2025	**Agenda Item**	6
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Exec Sponsor	n/a	**Date submitted**	
Title of paper	Group Chief Executive's Report		
Presented by	Louise Stead, Group Chief Executive		
Committee(s) where paper has been discussed previously and outcome of discussion:			
Strategic Objective(s)			

Quality of Care		**People**		**Modern Healthcare**		**Digital**		**Collaborate**	

Executive Summary	
To update Governors on key activities and key issues of relevance within the Trust.	
Recommendation	For: Decision ☐ Discussion ☐ Information ☒
Key issues: State impact/implications and mitigation	
Quality, safety & patient impact	
Employee	
Other stakeholder(s)	
Equality, diversity & inclusion	
Finance	
Legal	
Risk(s) Identified (include link to Corporate Risk Register / Strategic (Board Assurance Framework) Risks:	

CEO Report to the Governors

1 PURPOSE OF THE REPORT

1.1 To update Governors on key activities and key issues of relevance within the Trust.

2 INTERNAL UPDATES

2.1 Group Model

This is my first Council of Governors report since I began in the role of Group Chief Executive for Ashford and St Peter's and Royal Surrey in January.

I am enjoying the role and received a very warm welcome at Ashford and St Peter's. I have spent my first couple of months understanding the differences and similarities between our two trusts, building good relationships across the ASPH executive team and meeting other members of the senior leadership team and colleagues across the Trust.

Since January we have held our first board-to-board meeting with both executive and non-executive colleagues and two Joint Transformation Committee meetings, which were well attended by executive directors from both trusts. We also arranged a joint Chiefs of Service meeting for the leaders of all divisions to meet each other.

Through these meetings we have identified several key areas ideal for potential collaboration. A few examples include aligning our governance processes, sharing learning from PALS, complaints and our patient experience forums and leadership development opportunities.

It is still early days for our group model, but all the signs are positive. Many counterparts across both trusts are now in regular communication and there has been very positive engagement with the partnership and what we can achieve together in the future. We will be holding our first joint all-staff team talk and a joint session for all members in April and the governors are, as always, very welcome to attend these.

2.2 Regulatory and Statutory Reporting

In January, the board approved the Trust's submission for the Maternity Clinical Negligence Scheme for Trusts (CNST) - an NHS Resolution scheme that provides financial support for maternity-related clinical negligence claims. To qualify, NHS trusts must submit evidence demonstrating compliance with 10 safety actions designed to improve maternity care. This submission requires thorough internal assurance, and before submission, the trust board must formally approve the declaration, confirming that ASPH meets the required safety standards.

Through this year's assurance process, the board identified opportunities to enhance oversight of regulatory requirements, ensuring clearer accountability for statutory and regulatory reporting. Work has now begun to strengthen governance processes and establish clear executive-level accountability, ensuring a more robust approach going forward.

Separate to this process, the Trust has also embarked on an external governance review – it is an NHSE requirement to undertake this every three to five years with the last review having been undertaken in early 2022. The review, which is already underway, is composed of two phases; the first phase is focussing upon divisional governance, and the second will assess the effectiveness of the board and its committees. We anticipate the output, and recommended actions in quarter 1, and these will be presented to board with regular updates going forward.

2.3 Maternity Operating Suites and Recovery Area Compliance

Given the pressures of an aging estate and ongoing financial constraints, we continue to work through challenges in maintaining our maternity operating suites and recovery areas to ensure full alignment with Health and Safety requirements.

Recognising the importance of patient safety, quality care, and staff well-being, we have been working closely with our maternity clinical colleagues to implement essential improvements in these areas.

To drive a step-change in estates quality and compliance across the Trust, we are establishing a dedicated division within the team. This will enhance reporting, strengthen risk management, and include a dedicated role to lead and deliver these critical improvements.

In addition, Health and Safety governance will be refreshed as part of the trust-wide governance review. This will ensure that the board and governors receive timely, accurate, and relevant information to support informed decision-making and oversight.

2.4 Discharge Delays and Community Service Capacity

Ensuring patients can leave the hospital safely and promptly when they are medically fit remains a key priority, but limited capacity within community services continues to pose challenges. To address this, we are taking a dual approach - enhancing our internal discharge processes while working closely with our community partners to improve support beyond the hospital.

Led by Mark Roland (Chief Medical Officer), Jay Dungeni (Chief Nursing Officer), and James Thomas (Chief Operating Officer), we have launched a clinically driven improvement review that takes a holistic look at patient pathways, from Community Care, Emergency Department and Same Day Emergency Care resources, and admission through to discharge for those who need inpatient care. By refining our processes, we aim to reduce unnecessary delays, improve patient flow, and ensure a seamless, patient-centred experience.

In parallel, we have initiated a review with CSH Surrey, our community provider, to identify immediate actions that can help ease current pressures. This includes developing a targeted action plan while also exploring long-term solutions to strengthen discharge pathways and expand community capacity. Collaboration across health and care partners is crucial in tackling this challenge, and we will continue to work together to ensure patients receive the right care, in the right place, at the right time.

2.5 ASPH Executive Team Update

I would like to welcome Jay Dungeni who commenced in post as Chief Nursing Officer (CNO) at the beginning of January and also to thank Ellen Bull who has acted as Interim CNO following the secondment of the substantive CNO, Andrea Lewis to NHSE. Prior to joining the Trust, Jay held the role of Deputy Chief Nurse and also Executive Director of Equality, Diversity and Inclusion at Guy's and St Thomas' NHS Foundation Trust. He has worked in the NHS for over 25 years, with his first student placement at Ashford Hospital, before specialising in trauma and orthopaedics at Hillingdon Hospital.

I would also like to extend, on behalf of the executive board and the wider Trust, our deepest gratitude to Simon Marshall, Chief Financial Officer (CFO), who left ASPH on 31 January after 13 years of dedicated service. We are grateful for Simon's hard work, commitment, and many contributions and wish him every success in the future. Paul Doyle, current Deputy CFO, has stepped into the role on an interim basis, while we recruit to the permanent CFO role.

3 VISITS, EVENTS, AWARDS AND ACHIEVEMENTS

3.1 CEMIG Team Takes First at National Robotic Conference

Our Centre for Endometriosis and Minimally Invasive Gynaecology (CEMIG) team was awarded first prize for their robotic work at the British and Irish Association of Robotic Gynaecological Surgeons Annual Scientific Meeting which took place in November 2024. Our Fellow, Sarah Rizeq presented on the Trust's work using the da Vinci robot in conjunction with the urology and

colorectal surgical team and received the award on behalf of all those involved. The CEMIG team has gone from strength to strength in the last year, successfully establishing a multidisciplinary endometriosis robotic service and successfully completing 66 robotic-assisted surgical cases.

3.2 Ambulatory Care Centre Opening

On 16 December we opened our new Ambulatory Care Centre (ACC) at St Peter's Hospital. The unit takes referrals of all types of ambulatory patients from any speciality who require a follow up review, either from the Same Day Emergency Care Unit, Emergency Department or from a ward area. The unit is designed to help ensure patient flow throughout the hospital by treating those patients who do not need to be admitted into a bed but do require some additional treatment before safely being discharged. The ACC is open Monday to Friday 9am to 5pm, with some flexibility to provide the service across weekends if this proves to be required.

3.3 Breaking Ground Macmillan Cancer Support Centre

In partnership with Macmillan Cancer Support, the Trust broke ground on 31 January, marking the start of building works to create a long-awaited Macmillan Cancer Support Centre for our cancer patients, their families, carers and friends.

The £1.9million centre, funded by Macmillan, will be the first of its kind in North-West Surrey, providing a non-clinical space within the hospital with free advice and support for people affected by cancer every step of the way from the moment of diagnosis. This is an exciting new development at Ashford Hospital, which also complements the provision at Royal Surrey and will give our cancer patients a more holistic approach to living with and beyond cancer. The purpose-built facility will provide a much-needed space, closer to home, where experts and trained volunteers will listen, answer questions, and offer personalised information and support to help manage the impact of cancer.

3.4 St Peter's Untold Stories shared in New Exhibition

In February, I attend a special evening event with Trust colleagues past and present and members of the local community, to launch the new free exhibition featuring St Peter's Hospital's Untold Stories in collaboration with Runnymede Borough Council at Chertsey Museum.

It celebrates St Peter's Hospital's history and the invaluable contributions of our very own NHS heroes. Exploring the evolution of the hospital from its origins as an emergency war hospital in 1939, to the establishment of the NHS in 1948, and the modern healthcare facility it is today through memories and experiences from those who have worked there.

3.5 Ashford Ophthalmology Suites

Following a great deal of work over the past few years, I am delighted to share that our new Ophthalmology Suite has opened at Ashford Hospital on the 25 February. This state-of-the-art facility has been designed to the highest specifications, providing both patients and staff with a modern, vibrant space for eye care.

The new suite will significantly increase our capacity to treat ophthalmology patients, enhancing access to high-quality care. A huge thank you to everyone who made this milestone possible, especially our theatre colleagues at Ashford. Their patience, support, and unwavering commitment to patient care throughout the building works - despite occasional disruptions - have been truly commendable. These works are part of the larger development of a Surrey surgical centre at Ashford.

3.6 The Surrey Surgical Centre (formerly Elective Centre, Ashford)

The increased orthopaedic theatre capacity commenced on the 24 February with one of the main theatres coming back on-line for orthopaedics, as its current occupants from the ophthalmology service moved up to the new Ophthalmology Unit. The two new dedicated orthopaedic theatres and new recovery capacity comes online in the main theatre complex on the 17 March.

An established Cross trust oversight board, comprising senior leaders from the three Surrey Heartlands acute trusts (Ashford & St Peter's, Royal Surrey Hospitals and Surrey and Sussex Healthcare), is currently driving work on the clinical and operational pathways. The board's focus is upon leading the cross-trust pathways and overseeing patient transfers across from the SASH and RSFT partner trusts and supporting clinical leaders in working towards enhancing patient clinical pathways to align to best practice and delivering GIRFT (Getting it Right First Time) programmes of work. Patient transfers are tracked weekly at a Cross Trust Patient Tracking List meeting, ensuring close monitoring of the patients who are having their care transferred to the Elective Centre.

3.7 Woking Community Diagnostic Centre

Work is progressing to complete the Woking Community Diagnostic Centre (CDC), which is due to be open to patients over the coming weeks. Currently, teams are finalising the equipment testing, conducting an Infection Prevention and Control (IPC) audit and installing IT in the new, extended part of the centre which is connected to the current hospital. The building extension will house a new set of imaging services, including computerised tomography (CT), magnetic resonance imaging (MRI), as well as expanding the ultrasound capacity. The new main entrance of the hospital will also be relocated in this part of the building.

Updated and improved signage is currently being developed in conjunction with partners to simplify and improve wayfinding for patients and staff, and new artwork is also being installed to enhance the experience of all who access the community hospital. Once open, the centre will deliver around 100,000 additional diagnostic tests a year within Woking, preventing the need for travel outside of the borough and providing residents with a vibrant and modern health facility.

3.8 Silverwood NHS Mental Health Unit

Surrey and Borders Partnership NHS Foundation Trust opened Silverwood, a state-of-the-art £45 million adult mental health inpatient facility serving North West Surrey and beyond at the end of February. Located on the St Peter's Hospital site in Chertsey, this cutting-edge unit will provide high-quality holistic specialist care and support for adults experiencing severe or acute mental health conditions.

4 SYSTEM AND PARTNERSHIP UPDATES

4:1 Change to leadership of the North West Surrey Alliance

Surrey Heartlands ICB has recently realigned its executive team to ensure portfolios are structured to best support several key developments and maintain effective operational delivery, including at Place.

- **NHS England's proposed new operating model**
- **Changes in local government arrangements**
- **A new group model between Ashford and St Peter's and Royal Surrey**

To better prepare for potential local government changes, foster greater collaboration across our Places, reduce duplication, and develop a more consistent neighbourhood health offer, the four existing place footprints, including our own Alliance will increasingly work together across two footprints:

- **West** (North West Surrey and Guildford & Waverley)
- **East** (Surrey Downs and East Surrey)

Sumona Chatterjee, the ICB's Chief Delivery Officer and lead for East Surrey Place, will take executive leadership for the development of the West Surrey footprint and as such will take over from Jack Wagstaff our current lead executive for NW Surrey Alliance from 1 April.

5 CONCLUSION

I welcome any feedback or questions from the Council of Governors and look forward to discussing these key areas further.