Ashford and St. Peter's Hospitals
NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
13th March 2025, 4.00 – 6.00 pm

PRESENT:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	Susan Bell	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**SB**
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery	**TB**
	Andy Brown	Staff Governor, Volunteers	**AB**
	Kate Colban	Staff Governor, Allied Health Professionals	**KC**
	Heather Hall	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**HH**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Toc Husain	Staff Governor, Medical and Dental	**TH**
	Chad Lake	Public Governor, Spelthorne	**CL**
	John Machin	Acting Chair	**JM**
	Alex Palombi	Appointed Governor, The Royal Holloway, University of London	**AP**
	Trevor Sherwood	Public Governor, Elmbridge	**TS**
	Michael Smith	Lead Governor/Public Governor, Woking and Guildford	**MS**
	Anthony Tweh	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**AT**
	Mark Williams	Appointed Governor, Runnymede Borough Council	**MW**
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**DW**
APOLOGIES:	Miranda Alcock	Public Governor, Woking and Guildford	**MA**
	Aimee Aubeeluck	Appointed Governor, University of Surrey	**AA**
	Sue Doran	Appointed Governor, Spelthorne Borough Council	**SD**
	Richard Evans	Public Governor, Spelthorne	**RE**
	Karen Howkins	Public Governor, Spelthorne	**KH**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	Helen Pernelet	Public Governor, Elmbridge	**HP**
	Gavin Wood	Staff Governor, Ancillary, Admin, Clerical and Managerial	**GW**
IN ATTENDANCE			
	Jason Bincalar	Chief Digital Information Office	**JB**
	Andy Brooks	Non-Executive Director	**ABr**
	Jane Dickson	Non-Executive Director	**JD**
	Paul Doyle	Interim Chief Financial Officer	**PD**
	Becky Fairbairn	Director of Communications, Engagement and Experience	**BF**
	Don Iro	Non-Executive Director	**DI**
	Chris Kane	Non-Executive Director	**CK**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Julie Pearce	Non-Executive Director	**JP**
	Mark Roland	Chief Medical Officer	**MR**

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	Louise Stead	Group Chief Executive	**LS**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

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COG-01/25 **Apologies and Welcome**

Apologies as listed on the previous page.

COG-02/25 **Declarations of Interests in the Proceedings**

None

COG-03/25 **Minutes of the Meeting held on 11th March 2024**

The minutes of the meeting held on 11th December 2024 were agreed as a correct record.

COG-04/25 **Matters Arising**

The updated action log was noted.

FEEDBACK FROM GOVERNORS

COG-05/25 **Governor Activities**

A full list of activities undertaken by the Governors during the period after the last Council of Governors meeting was shared with the Council.

The Lead Governor advised that the agenda setting meeting with the Governors had been well attended with vibrant discussions taking place.

The Council NOTED the report.

COG-06/25 **Patient Experience Group Report**

Shirley Holmes was pleased to advise that the Chief Nursing Officer (CNO) had agreed to attend future meetings. The CNO had shared his initial impressions and how he was looking to improve the patient experience.

The Group said farewell to Charlotte Broughton, Head of Patient Experience and Involvement, and thanked her for the valuable contributions she had made during her time at the Trust.

The Council NOTED the report.

COG-07/25 **Group Chief Executive's Report**

The Group CEO tabled her report highlighting that the CQC had visited the Maternity Department to follow up from their previous inspection in 2023. Initial feedback received from the CQC had been reassuring since they were pleased with the significant improvements made. New leadership had been in place for five months now and there had been a real impetus on focusing on improving outcomes. The neonatal unit had

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some of the best outcomes across the country and prison work undertaken had been highly commended.

The CQC had also inspected Medicine in March 2024 and a report was due in two weeks' time. The next CQC visit was due to take place in Radiology.

The Group CEO and Acting Chair had attended the NHS Leadership Event that morning where planning for 2025/26 was discussed. One of the main targets set was to reduce non-patient facing staff by 50% by quarter 3. The Group CEO felt somewhat optimistic with this target, since being part of a Group Model would allow for opportunities to pool services.

In response to whether the 10 Year Plan had been referenced it was advised that the subject of health and inequalities had not come up. Capital spend had not been referenced either.

In response to how the Group Model was progressing on collaboration the Group CEO advised that two joint transformation meetings had taken place so far and lots of opportunities had been highlighted. It was considered that certain governance work needed to be addressed so that clinical matters might be better tackled. Examples of projects included learning from incidents and joined up policies.

Finally, the Group CEO referenced the forthcoming Team Talk for staff taking place on 2nd April and it was agreed to invite the Governors to this, in addition to the members' event on 30th April. **AS**

STRATEGY

COG-08/25 **Digital**

Don Iro, Non-Executive Director, advised that a number of positions across Digital had been recruited to and highlighted several bids that had been successful, including funding needed for work in cyber security, the wireless network and supporting paper-less working.

The Chief Digital Information Officer (CDIO) shared a slide highlighting the Digital Roadmap and the improvement work to be covered over 2025/26. Initiatives included:

- Replacement of legacy PCs
- Cyber security
- Wireless refresh
- Improving the Ophthalmology digital function
- Patient Portal – patients being able to reschedule appointments.
- Digitisation of ECGs
- Critical Care dashboards
- Re-establishing the self check-in outpatient kiosks
- Text messaging
- AI voice recognition technology

Potential issues with AI voice recognition were highlighted and it was advised that the patient would be able to use the patient portal to read the transcript generated to check for accuracy. Staff would be trained on how to get the best information from patients

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and clinicians would be required check the information provided. Don Iro added that the value gained from Ambient Voice would be enormous since it would free up nurses' and clinicians' time to care for patients.

The importance of staff confidence with technology and the need to support them to do their jobs were highlighted. The CDIO clarified that it was not the intention to overburden staff and that appropriate solutions were being sought, chosen and co-created with divisions. Don Iro added that digital services had been tasked with helping to introduce important changes to working practices and adoption would require taking people with them along the journey.

It was noted that working practices may differ from service to service and it was queried whether it would be possible to standardise processes where possible and practical to do so. The CDIO advised that Digital would assist with this work and cited as an example; the removal of unnecessary letter templates.

It was considered the slide presented did not reflect the issues highlighted at the recent MyCare meeting. The CDIO advised that he would speak with the team delivering the patient portal.

In response to issues with Cerner and the additional work needed to check the status of patients that would appear in the system, the CDIO advised that he was aware of this issue and that work was already underway to resolve it.

COG-09/25 **Integrated Performance Report – Improving Flow Programme (non-elective pathway)**

The Chief Medical Officer (CMO) advised that his paper had previously been presented to the Trust Executive Board. He referenced the table highlighting trolley waits in the Emergency Department (ED) and how a considerable proportion of these patients were in their 80s and 90s and the pathway not being conducive to good patient experience.

The CMO's early impression was that current admission pathways were designed along service lines and not with the patient journey and experience at their core. The patient could experience four or five different decision makers and several ward moves during their journey reducing continuity as well as increasing their length of stay. A programme of work had been developed to improve continuity of care and achieve better outcomes. Further details were shared with the Governors. The discharge process was highlighted and an example provided relating to how long patients had to wait for their medications to take out (TTOs) before being discharged which led to beds being occupied for longer than needed.

The CMO had brought together a group of staff and tasked them to analyse pathways across the Trust. A five-day workshop would be taking place in May to work through the programme with the aim of achieving a steady state by October 2025. Fortnightly Improving Flow Programme Board meetings would take place where five separate workstreams would report on their progress to the Chief Operating Officer. It was agreed to share the pathway review findings with the Governors. It was also confirmed that staff from Therapies would be involved in these meetings. **MR**

A query was posed around using AI to analyse data and the CMO stressed the importance of capturing the human experience and how he was keen to involve patient support representatives too.

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A question was asked about why the pathway work would focus primarily on the admitted medical pathway, rather than the surgical pathway. The CMO advised that data stratification supporting a transformational approach showed us that the largest cohort of patients experiencing delays were on the medical pathway. Focussing our work on the medical pathway would bring reductions in length of stay that would benefit all patients; for example, by reducing the number of medical patients outlying in surgical beds. The goal was to remove the need for corridor care, improve length of stay and experience for all patients.

When asked what was anticipated to be a quick win the CMO advised that the ambition was to have a certain number of beds ready and available by 09:30 each morning so that patients presenting that day and requiring a bed could be moved straight away. It was also important to improve the processes for TTOs and transport so there were no further delays in patients leaving the hospital once discharged.

FINANCE AND PERFORMANCE

COG-10/25 **Community Diagnostic Centre and Surrey Surgical Centre – Delays and Financial Impact**

It was clarified that both projects were progressing well and would be open on 24th March and in April 2025, respectively.

COG-11/25 **Finance Update: Financial Year 2025/26 Planning**

It was advised that financial planning guidance had been received in late January this year and the Trust's assurance response was required by 27th March 2025. An extra board meeting to agree the response would be taking place. All trusts had been tasked with increasing efficiencies, due to the challenging financial landscape, and as such it was considered this year would be most challenging.

The Group Chief Executive advised that interviews for the new Chief Financial Officer would be taking place in a couple of weeks. There had been a good response to the vacancy.

COG-12/25 **Estates and Financial Risks and Quality Impact**

The Director of Strategy and Sustainability advised that the team was developing an Estates Strategy and workshops would be starting in April to work it through. It was agreed to share the Estates Strategy with the Governors once it was finalised. Work would then begin on a Property Strategy. **TS**

Finance continued to be a challenge in fulfilling Estates work and priority was being given to backlog maintenance. The Trust had bid for funding to support the extension to the Emergency Department and had also bid for work relating to estate's infrastructure, like electrical resilience.

The Director of Strategy and Sustainability was keen to evaluate the clinical risk and a deep dive was to be undertaken the following week. A paper will be presented to the Quality of Care committee. The compliance register, which covered areas like asbestos, fire, water etc. was referenced.

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	Chris Kane, Non-Executive Director, advised he had experience of resolving such issues for other organisations and expressed the importance of aligning work with patient experience. Backlog maintenance was a concern since it was important to ensure the estate was in good working order so that clinical teams could provide the best care for patients.	
	The Director of Strategy and Sustainability confirmed that the fire service visited the Trust regularly to highlight any potential issues.	
	Issues relating to parking and the lack of communications on plans for the St Peter's escalator were raised. It was agreed to take the query back regarding the escalator and provide a response. Parking continued to be a major challenge, due to planning restrictions, so other approaches were being investigated.	**TS**
	It was considered that services would evolve in the short term and assurance that services would continue to adhere to safety and effectiveness was welcomed. Chris Kane advised that it was intended to take a more risk-based approach. Work on ageing buildings and electrical resilience would be prioritised. The CDIO added that utilising virtual appointments more would help reduce the need to visit and park at hospital sites.	
	STATUTORY	
COG-13/25	**Constitution**	
	The Council of Governors AGREED the following additions/changes to the Constitution: • Group Model wording • Removal of wording relating to the need for 75% of non-executive directors to reside in the Trust's catchment area since Rest of England was included in the constituencies the Trust covered and this wording was now obsolete. • Amendment to the methodology used to decide how many Governors were needed per constituency in order to retain three Elmbridge Governors. The Council of Governors AGREED the Terms of Reference for the committee.	
COG-14/25	**Any Other Business**	
	The Digital update was welcomed, although the Governors' request for progress in relation to timelines through the timebound improvement plan (as well as where the challenges were) had not been included. It was agreed to provide this information to the Governors to include what issues had been raised by staff and what had been done to resolve them.	**DI/JB**
COG-15/25	**Date of Next Meeting**	
	Wednesday 2nd July 2025, 4.00 – 6.00 pm	

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Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
13.3.25	**COG-07/25**	**Group Chief Executive's Report**	Invite Governors to the staff Team Talk on the Group Model.	**AS**	ASAP	Complete	✔
13.3.25	**COG-09/25**	**Integrated Performance Report – Improving Flow Programme (non-elective pathway)**	Share findings raised at the Monthly Improving Flow Programme Board.	**MR**	ASAP	Verbal update at the next meeting (2 July 2025)	
13.3.25	**COG-12/25**	**Estates and Financial Risks and Quality Impact**	Share the Estates Strategy once it is finalised.	**TS**	ASAP	Work continues to progress as per the programme and the next update will be provided to the Finance and Performance Committee in July 2025. As agreed at the last Committee meeting, input from the new Chief Financial Officer will be obtained given that it will fall into their portfolio.	✔
13.3.25	**COG-12/25**	**Estates and Financial Risks and Quality Impact**	Update on the St Peter's escalator.	**TS**	ASAP	Currently in a hold position. Very unlikely that the escalator will be repaired or removed due to the expense involved.	✔
13.3.25	**COG. 14/25**	**Any Other Business**	Provide an update on progress in relation to timelines through the timebound improvement plan as well as where the challenges are.	**JB/DI**	ASAP	Complete – sent to Governors 29.4.25	✔

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