Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
2nd July 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**
	Sue Doran	Appointed Governor, Spelthorne Borough Council	**SD**
	Richard Evans	Public Governor, Spelthorne	**RE**
	Heather Hall	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**HH**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Karen Howkins	Public Governor, Spelthorne	**KH**
	Toc Husain	Staff Governor, Medical and Dental	**TH**
	Chad Lake	Public Governor, Spelthorne	**CL**
	John Machin	Acting Chair	**JM**
	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**
	Gavin Wood	Staff Governor, Ancillary, Admin, Clerical and Managerial	Gavin Wood
	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**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	Alex Palombi	Appointed Governor, The Royal Holloway, University of London	**AP**
	Trevor Sherwood	Public Governor, Elmbridge	**TS**
IN ATTENDANCE			
	Chris Attoe	Director of Strategy	**CA**
	Jason Bincalar	Chief Digital Information Officer (CDIO)	**JB**
	Laura Creaby	Head of Communications, Engagement and Experience	**LC**
	Jane Dale	Senior Independent Director (SID)	**JD**
	Simon Devonshire	Non-Executive Director	**SD**
	Jane Dickson	Non-Executive Director	**JDi**
	Paul Doyle	Interim Chief Financial Officer	**PD**
	Jo Fanning	Chief People Officer (CPO)	**JF**
	Chris Kane	Non-Executive Director	**CK**
	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**

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	Mark Roland	Chief Medical Officer (CMO)	**MR**
	Louise Stead	Group Chief Executive (Group CEO)	**LS**
Item COG-27/25	Rachael Westerman	Director of Estates and Facilities (DEF)	**RW**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

Minute		**Action**
COG-16/25	**Apologies and Welcome** Apologies as listed on the previous page. The Chair welcomed the Director of Strategy to his first Council of Governors meeting.	
COG-17/25	**Declarations of Interests in the Proceedings** None	
COG-18/25	**Minutes of the Meeting held on 13th March 2025** The minutes of the meeting held on 13th March 2025 were agreed as a correct record.	
COG-19/25	**Matters Arising** The updated action log was noted.	
	It was agreed to take the action on sharing the Estates Strategy forward to the next meeting.	**AS**
	The Chief Medical Officer (CMO) took the opportunity to update the Council on recent Monthly Improving Flow Programme Board discussions. The board was functioning well and had received positive feedback from the Community team. The team was focusing on developing their urgent care response, aiming to respond within two hours to those in need of additional support. This work was part of broader efforts to enhance community care. The matrons were also making progress in improving discharge processes. They had implemented ward round monitoring and coaching, pushing for early discharges and better use of the discharge lounge. A pilot was being conducted on medical wards to dissociate the medical prescription part of the discharge from the actual discharge process. Efforts have been made to follow best practices for ward processes, which have improved the flow in the hospital. Kingfisher Ward was temporarily closed for safety renovations, which impacted operations, but was necessary for addressing risk areas. Additionally, a patient pathway project involved mapping patient journeys and experiences with help from around 20-30 staff and patient representatives. A workshop was organised to encourage fresh perspectives in order to design the ideal patient pathway. The staff felt empowered to explore issues and propose solutions, leading to a strong cultural impact. Moving forward, it was important to sustain these improvements and ensure community work aligned with future goals. It was confirmed that further queries in relation to Digital would be addressed at the next meeting.	

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Minute **Action**

FEEDBACK FROM GOVERNORS

COG-20/25 **Governor Activities**

The Lead Governor shared the full list of activities undertaken by the Governors during the period after the last Council of Governors meeting. Many meetings and events had been attended by Governors during this time. It was good to hear that a joint seminar with the Royal Surrey was due to take place on 29th July and the Lead Governor encouraged Governors to attend.

The Council NOTED the report.

COG-21/25 **Patient Experience Group Report**

The Chair of the Patient Experience Group highlighted that the complaints process was being changed to allow for clinical input from the Chief Nursing Officer (CNO) and CMO which might increase the timeline for responses. The CMO advised that this was currently in the discovery phase. It had become apparent that the quality of letters could be improved upon and he would be supporting the CNO with clinical input.

The Council NOTED the report.

COG-22/25 **Group Chief Executive's Report**

The Group CEO highlighted the 10 Year Health Plan which was due to be published the following day. She and other CEOs had been in a meeting that day with the Rt Hon Wes Streeting MP, Secretary of State for Health and Social Care, where some of the detail had been shared which included a push towards neighbourhood health teams and new contracts for dentists and GPs. Digital money would be protected.

In response to the query on the Integrated Care Board (ICB) reform it was clarified that the Surrey Heartlands would need to find savings of 63% against current operating costs and was looking to merge with Sussex ICB. Bringing digital closer to the patient and moving emergency planning to the trusts would reduce costs further.

The changes to the Executive Team were clarified.

The reduction of 40% in agency costs was clarified as being for this year and added that this was a national directive. The Group CEO highlighted the reliance on bank and agency staff and if staff were recruited substantially then this would benefit both patients and the Trust.

In response to the outstanding CQC reports it was advised that action plans were already in place for both Maternity and Medicine.

The Council NOTED the report.

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STRATEGY

COG-23/25 **Integrated Performance Report – Financial Update Including Surrey Elective Centre**

Chris Kane, Non-Executive Director, advised that the overall goal was to break even. The Cost Improvement Plan (CIP) was the highest it had ever been and the way forward was informed by learning from other organisations and asking staff how they considered money could be saved. The Interim Chief Financial Officer advised that the Trust was not alone but was, fortunately, slightly ahead of plan. Quality and safety impact assessments were conducted on any proposed saving and the Acting Chair added that further savings would be achieved by reducing subsidies.

COG-24/25 **Integrated Performance Report – Contract Management and Learning**

Chris Kane, Non-Executive Director, advised that the Trust had spent a lot of money on construction of the Woking Diagnostic Centre and Surrey Elective Centre. The Trust needed to improve their scrutiny of future projects to ensure they were delivered on time. Concern was raised in relation to the failure of ventilation systems in the Surrey Elective Centre which had delayed procedures. This would be raised with the Director of Estates and Facilities (DEF) who would be attending the meeting later.

In response to how projects were achieved satisfactorily and the lowest tender not always being the best choice, it was advised that tenders were scored on a variety of issues and not just price. However, further analysis was needed in order to ensure best practice was applied when procuring construction.

The use of AI was raised and the Chief Digital Information Officer (CDIO) advised that the Trust used AI in a number of ways, including in diagnostics, reducing non-attendance of appointments in Paediatrics and ambient voice. It was confirmed that ambient voice was improving productivity and utilising Chatbot technology allowed responses to improve as further learning was gained.

In response to concerns in relation to the impact of CIPs on staff and patients the CMO advised that a quality safety impact process was in place and the policy had been re-written incorporating templates which were easier to navigate. The internal auditors, BDO, had also undertaken an audit of the CIP process. The Trust was already making better progress and would be bringing an update to the Quality of Care committee later this month.

The use of ambient voice with patients not being tech savvy was highlighted and the Acting Chair advised that a lot of discussion around this had taken place at the Quality Improvement (QI) event that day. The CDIO advised that Dora (AI used automate patient communication) called patients after Ophthalmology procedures to ask questions and gather information and this was shared with the clinical teams. There was a fail-safe mechanism in place whereby if the call was not picked up after several attempts or questions were not responded to satisfactorily the patient would receive a call back.

Governors were thanked for continuing to highlight concerns and proving to be such an asset. Finding a positive way AI could be used to empower individuals that were not tech savvy would be key.

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COG-25/25	**People – Safe Staffing and Temporary/Agency Workforce Controls** The Senior Independent Director (SID) advised there was a safe staffing policy in place for nursing and midwifery staff. The bi-annual safer staffing and maternity safer staffing reports had been presented to Trust Board in June. Medical rosters were developed in line with activity, demand and contracts, although the Guardian of Safe Working provided oversight of resident doctor working hours through quarterly reports to Trust Board. The safer staffing tools helped to establish how many nursing staff were needed depending on the nature of the ward and the sort of patients that could be looked after there. The senior nursing staff were very involved in reviewing daily to establish whether bank/agency staff would be needed. The CNO was very experienced in this area and discussions had taken place at the People Committee. The impact of the change to bank rates was highlighted and the Chief People Officer (CPO) advised that contact was being maintained with managers so that concerns could be raised. The SID advised that quality safety impact assessments were undertaken for any completed cost improvement plans including reductions in temporary staffing. In response to how safe staffing was analysed the CPO advised that managers looked at the service and areas that were red flagged would be followed up. It was agreed to provide further detail on areas that were proving problematic to the CPO. The CMO added that medical workforce guidance from the Royal College of Physicians was used and rotas evaluated nationally, with the Trust comparing favourably. Temporary staffing could cost twice as much as substantive posts and it was important to understand why their use continued in order to change working practices. The CMO advised that weekly meetings to look at quality safety impacts took place where the impact on staff and patients was taken into consideration.	**TB**
COG-26/25	**People – Staff Survey Results 2024** The Senior Independent Director (SID) reported there had been an increase in the response rate from 43% in 2023 to 51.46% in 2024 which was a little higher than average for similar trusts. The Trust had ranked 20th in the country for an overall positive score when compared against other acute and acute community trusts, which was an increase of 8 places since 2023. Triangulation of responses with harms and other data had been undertaken. Areas such as appraisals, wellbeing and violence/aggression in the workplace would be targeted and People priorities for 2025/26 had been refreshed. As much as 60% of staff did not feel there were enough staff members in their work area and Jane Dickson, Non-Executive Director, advised that the Quality of Care committee was looking at nursing during their meetings. It was suggested that the change to bank rates might lead to the reduced availability of bank staff and the CPO advised that this would be monitored in line with safe staffing. Substance abuse and mentally ill patients were highlighted and the importance of training for staff and support from mental health practitioners as well as supporting staff when incidents occurred. The CPO advised that the Trust was working closely with Surrey and Borders, particularly in A&E, although agreed there were incidents of abuse	

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	in outpatient areas also. Abuse over the telephone was highlighted and it was agreed to share experiences with the CPO after the meeting.	GW
COG-27/25	**Patient Experience – PLACE (Patient Led Assessment of the Care Environment)**	

The Director of Estates and Facilities (DEF) was welcomed to the meeting.

The PLACE assessments were undertaken annually by patient representatives and looked at the condition and environment from the patient perspective. Trusts were scored by NHS England on cleaning, food, privacy, dignity and wellbeing, condition and maintenance, dementia and disability.

Cleaning scored highly and food was just slightly lower than the national score and required a few adjustments. The Trust had improved its scores in dementia and disability areas.

There were issues with the condition and maintenance of the buildings with some concerns still needing to be addressed from the previous year. Jane Dickson, Non-Executive Director, welcomed an action plan being brought to the Quality of Care committee. The DEF advised that NICU and Kingfisher Ward had been refurbished recently.

The DEF responded to an earlier concern raised in relation to ventilation in theatres and advised this was a live issue. The team was currently working with IT to achieve a resolution.

In response to a query regarding the escalator in the main entrance at St Peter's it was advised that it was not a priority when backlog maintenance and safety work was deemed more urgent.

Finally, it was advised that when the new Chief Financial Officer came into post they would be developing a project to improve the estate.

COG-28/25 **Patient Experience – Quality Account**

Jane Dickson, Non-Executive Director, shared the Quality Account which covered safety, clinical effectiveness and patient experience. It contained a wealth of information and highlighted the quality priorities for the year as well as detail on audits and research work. The Quality Account was available in different languages and formats upon request. The CMO advised that he had looked at the Quality Account with fresh eyes and broke it up into parts. A lot of work had been undertaken especially around how activities were described.

It was highlighted that the Governors had not been consulted in relation to the quality priorities for the following year and it was advised that this statement would be removed from the Quality Account. Including Governors feedback in the future would be revisited.

STATUTORY

COG-29/25 **External Governance Review**

The Group CEO advised that the review highlighted a number of recommendations and good progress had been made already.

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The Team had mapped board processes against NHS England's Insightful Board guidance. There were several areas identified for improvement, with a target timeline within the current financial year. It was important to establish standard processes for effective reporting and communication within the organisation.

The Group CEO acknowledged there was so much good work undertaken at Ashford and St Peter's already, but there had been a number of changes in the Executive team leading to follow through not being as effective as it could have been.

COG-30/25 **Council of Governors – Effectiveness Survey Evaluation**

The Associate Director of Corporate Affairs and Governance (ADCAG) thanked the Governors that had responded to the survey and highlighted the actions that had been pulled out which she hoped was reflective of the feedback received. Updates on actions would be brought back to the Council. Jane Dickson, Non-Executive Director, considered improving communication with the Governors needed to be addressed and welcomed guidance. The ADCAG advised that previously there were more forums where Governors had opportunities to meet with the non-executive directors. It was advised that a response by the Governors would be shared in due course. **SB**

COG-31/25 **Membership of the Council of Governors**

The Membership and Engagement Manager advised the report reflected one change to the membership which referred to Helen Pernelet's retirement from her role as Governor representing Elmbridge due to her moving out of the area. On behalf of the Council, Helen was wished well in her new home and thanked for her service on the Council.

This vacancy would be filled when elections came up later in the year.

COG-32/25 **Any Other Business**

The Acting Chair reminded Governors of the Community Day taking place on Saturday 19th July. Andy Brown advised that Radio Wey would also be celebrating its 60th anniversary.

COG-33/25 **Date of Next Meeting**

Thursday 11th September 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-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) – **now complete.**	✔
2.7.25	**COG-19/25**	**Matters Arising**	Share the Estates Strategy once it is finalised.	**HH**	17.12.25	Work ongoing.	
2.7.25	**COG-25/25**	**People – Safe Staffing and Temporary/Agency Workforce Controls**	Provide detail on problem areas in relation to staffing to CPO.	**TB**	ASAP	Complete	✔
2.7.25	**COG-26/25**	**People – Staff Survey Results 2024**	Share detail of instances of abuse during telephone calls with CPO.	**GW**	ASAP	Update: GW to speak with teams and share his findings with the CPO.	
2.7.25	**COG-30/25**	**Council of Governors – Effectiveness Survey Evaluation**	Share response by Governors with ADCAG.	**SB**	ASAP	Complete	✔

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