Ashford and St. Peter's Hospitals NHS Foundation Trust

Report title:	Group Chief Executive's Update		
Report to:	**Trust Executive Board**		
Date of meeting:	Wednesday, 17 December 2025	**Agenda item:**	6
Report summary:	This report highlights the key areas that Governors may be asked about by their constituent members. This includes key external developments, including Integrated Care Board reform and the NHS Medium Term Planning Framework. It also contains internal items of importance and interest; including details of the £3.2m Community Infrastructure Levy (CIL) fund award from Runnymede Borough Council to expand the Cardiac Catheter Lab and enhance the Neonatal Intensive Care Unit (NICU).		
Recommendation:	The Council of Governors is asked to note this update		
Report lead:	Louise Stead, Group Chief Executive		
Report author:	Becky Fairbairn, Director of Communications and Engagement		

Purpose of report:	**For Noting** ☒	**For Decision** ☐	**For Assurance** ☐

Assurance level:	**Significant** ☐ High level of confidence / evidence in delivery	**Acceptable** ☒ General confidence / evidence in delivery	**Partial** ☐ Some confidence / evidence in delivery	**No Assurance** ☐ No confidence / evidence in delivery

Link to Strategic Objectives:	All strategic objectives
Link to CQC Domains:	WELL LED
Link to BAF risk:	Not applicable
Potential impact on stakeholders:	Report highlights areas of positive and collaborative working across Surrey Heartlands
Next steps	n/a
Appendices:	Group Executive Director Roles: Summary

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. Executive team update

Further to my update to the Council of Governors in September, we were pleased to welcome Ruth Colburn Jackson as the new Group Executive Director of Transformation and Digital on the 22 September.

Ruth's role will be central to shaping and driving transformation across the Group. She will lead the development and delivery of our strategic transformation plans, including our digital roadmap and evolving operating models, helping us to embed a culture of continuous improvement. I'd also like to take this opportunity to thank Jason Bincalar for the significant support he has given to the Board and his contributions to the executive team since January 2024. Jason will continue in his role as Chief Information Officer, leading our digital strategy, portfolio, and talented team.

I am also pleased to confirm that Tom Smerdon, Director of Strategy and Sustainability, returned to ASPH on 1 December following his interim CEO secondment with our local community provider, CSH Surrey. During Tom's secondment, Chris Attoe stepped into the interim Group Director of Strategy role. I am delighted that both colleagues will remain within a strengthened Group structure: Chris will continue to lead strategic portfolios across the Group, while Tom will take up the new role of Director of Neighbourhood Health, ensuring clear alignment with our emerging model for neighbourhood health and the direction set out in the 10-year plan. (Please see Appendix A)

Last month, James Thomas was appointed Deputy Chief Executive of ASPH, alongside continuing in his role as Chief Operating Officer. James's extensive experience and deep knowledge of the organisation make him exceptionally well placed to provide strong and effective leadership in this expanded role. He will serve as Deputy Chief Executive for one year, after which Hannah Hamilton, our Chief Finance Officer, will take on the role from November 2026.

I am confident that this appointment will further support our alignment with Royal Surrey and enhance the resilience of our Executive team.

2.2. Industrial Action

The recent period of industrial action by resident doctors, which took place from 7am on 14 November to 7am on 19 November 2025, was managed safely and effectively across the Trust and we were able to keep 99% of all planned activity going. My thanks to all teams involved for ensuring continuity of care, minimising rescheduled activity, and maintaining the integrity of our cancer pathways throughout.

While the dispute remains a national pay issue between the Government and the BMA, there has been continued national focus on the 10 Point Plan to improve resident doctors' working lives, addressing matters such as payroll accuracy, rota management, access to rest facilities, and duplication in training requirements.

At ASPH, this work is being led by the Medical Director, Dr Mark Roland. Several areas were already compliant, and progress has been made against others. Further improvements remain a priority.

This week we have been notified of a further planned period of resident doctor's industrial action from 17 to 22 December; careful planning for this period is already underway to ensure that we minimise the impact of services as far as we are able during this busy period.

2.3. £3.2 Million Investment in services at St Peter's Hospital

We are delighted that ASPH has been awarded £3.2 million from Runnymede Borough Council to expand the Cardiac Catheter Lab and enhance the Neonatal Intensive Care Unit (NICU), following successful bids to the Community Infrastructure Levy (CIL) fund.

With the Cath Lab, the £2.9 million, in addition to the existing NHS allocation of £900,000, will be used to carry out a major upgrade and expansion, as well as purchase new equipment that will help us to meet the needs of the population of Surrey now and in the coming years. It will also allow for a focus on earlier diagnosis and intervention, further enhancing patient care and outcomes.

The Trust also received £296,000 of funding to refurbish and reconfigure our level 3 NICU, to enhance the service for babies and families.

These improvements will strengthen our ability to deliver timely, life-saving care in modern, purpose-built environments. They also reflect our ongoing commitment to continuous improvement and to working in partnership with our community.

We are incredibly grateful to receive this investment from Runnymede Borough Council, which will enable us to make important enhancements to two of our vital services which care for those in Northwest Surrey and neighbouring areas.

2.4. Emergency Department/Paediatric Assessment Unit NHSE funding

ASPH has been allocated NHSE funding to support improvements in our Emergency Department (ED) and to develop our first Paediatric Assessment Unit (PAU) for children and their families. It will enhance patient experience, improve ED 4-hour performance, and reduce temporary escalation spaces. Plans are currently being developed, with the programme to be finished by Summer 2027. Further details to be shared in due course.

Regular updates will be provided to the Council of Governors as planning and implementation progress.

2.5. Flu – staff vaccination programme

We've made fantastic progress with our staff flu vaccination campaign and were delighted to receive a letter from Andrea Lewis, Regional Chief Nurse from NHSE, recognising ASPH as the most improved Trust in the Southeast for staff flu vaccination uptake. Between 30 October and 6 November, we increased uptake by a further 26.3% – helping the region exceed the national average. This reflects outstanding teamwork across our clinical, operational, Occupational Health and Communications teams.

Our latest data shows that 38% of staff have been vaccinated. High staff vaccination rates play a crucial role in reducing sickness absence, maintaining safe staffing levels, and protecting our capacity through winter. Most importantly, getting vaccinated is one of the simplest and most effective ways we can protect ourselves, our families, colleagues and our patients.

2.6. Neonatal Unit Recognised as Positive Outlier in National Audit

In October, the Neonatal Intensive Care Unit (NICU) at ASPH was recognised as a positive outlier in the National Neonatal Audit Programme (NNAP) achieving outstanding results across four key measures of neonatal care.

In the latest audit publication, the Trust's NICU was identified as a positive outlier, achieving three or more standard deviations above expected performance, in deferred cord clamping, two-year

follow-up assessments for pre-term babies born under 30 weeks' gestation, non-invasive ventilation and on-time screening for retinopathy of prematurity (ROP).

This reflects the high standards we aim to maintain across our work and the quality of care we provide for babies and their families. We are grateful to the Little Roo Neonatal Fund for supporting our unit with advanced ventilators. These allow non-invasive ventilation for smaller babies, helping us continue our approach of less invasive treatment, which is linked to long-term health benefits.

2.7. Celebrating a new Charity Partner - The Juliet O Foundation

In October, we were delighted to welcome the Juliet O Foundation - established by acclaimed British rapper Dave and his mum Juliet Omoregie - as our newest hospital charity partner.

Each month, the Foundation will kindly donate a collection of discharge care bags for our staff to share with some of our most vulnerable patients as they leave hospital.

These thoughtfully prepared bags contain a small selection of food, drinks and essential toiletries - simple comforts to help patients settle back at home after a long hospital stay. For those without close family or friends nearby, these gifts can make a world of difference, providing both practical support and emotional reassurance- a helping hand and a friend in a bag.

3 VISITS, EVENTS, AWARDS AND ACHIEVEMENTS

3.1. Colorectal Nursing Team Win at Nursing Times Awards

The colorectal nursing team won the Patient Safety Improvement Award at the 2025 Nursing Times Awards, held in London on 22 October.

The team won the award for the early optimisation and ultra-enhanced recovery pathway in elective colorectal surgery. This holistic, nurse-led initiative, takes a comprehensive and inclusive approach with simple and effective improvements to the pathway. By proactively advancing pre-assessment and medical optimisation, often before diagnosis, the team eliminated delays, uncovered hidden risks early and accelerated vital referrals. This approach, including innovative joint clinics and a cutting-edge virtual ward, has driven improvements in 62-day targets, on-the-day cancellations, shorter stays with low readmission rates, and excellent patient experience.

The judges were impressed by the innovative approach of reviewing the entire pathway and adopting a learning approach throughout. They were praised as being a passionate and proactive team who invested in transformation of the care model, with patient safety at its core. The collaboration between different nursing teams and the drive for constant improvement has led to a groundbreaking approach to improving outcomes and reducing risk. It is a whole-pathway, nurse-led redesign that makes patient safety and timeliness the default in colorectal surgery.

3.2. Celebrating Team ASPH

On 15 October, ASPH colleagues came together at the Oatlands Park Hotel in Weybridge to celebrate our annual Staff Achievement Awards. The occasion highlighted and recognised the outstanding and exceptional contributions of colleagues who have truly gone above and beyond. Alongside these achievements, long service awards were presented to staff marking 25, 30, 35 and 40 years of dedication and commitment to the Trust.

This annual awards event provides a brilliant chance to shine a light on the exceptional work and commitment of our staff. It was a real privilege to celebrate their achievements and dedication.

3.3. Annual Members Meeting

On 10 October, we held our Annual Members' Meeting (AMM) and were joined by around 60 of our colleagues, governors, members and people from our local community. It was a great meeting;

upbeat in celebrating all the positives from the last year but with honest and realistic conversation about the challenges we face.

During the evening, we heard from our specialist Bariatric Service, who continue to go from strength to strength, now delivering around 12.5% of all bariatric activity in England each year. Their presentation was a true highlight, showcasing outstanding teamwork, clinical excellence and the life-changing impact of their work for our patients.

3.4. Tim Spencer Award Celebrates Future NHS Leaders

Three students were presented with the Tim Spencer Award at the Brooklands Innovation Academy on 1 October, as part of a competition designed to inspire the next generation of NHS leaders.

The award, run in partnership with the Bourne Education Trust, invited students to submit a blog style essay exploring the positive and negative impacts of weight loss injections on health in the UK. The winners were invited to Brooklands Innovation Academy at Brooklands Museum in Surrey to receive their award from Chief Medical Officer, Dr Mark Roland. They were then invited to attend a special seminar with Professor Brian Cox CBE FRS, where they had the opportunity to ask questions and hear about his career in science.

The Tim Spencer Award is a fantastic opportunity to engage young people in real-world health issues and spark their interest in the NHS. It's inspiring to see the next generation thinking critically about the future of healthcare, and I hope this experience encourages many of them to consider a career in medicine or health leadership.

One of the workshops offered on the day was led by two clinical practice educators from the Trust highlighting the work they do in maternity and trauma and orthopaedics and their supporting clinical teams to care for patients.

4 SYSTEM AND PARTNERSHIP UPDATES

4.1. Update Re Potential Queen Victoria Hospital (QVH) Partnership

We have been exploring partnership opportunities across Surrey and Sussex to strengthen our emerging group with the Royal Surrey. Queen Victoria Hospital NHS Foundation Trust (QVH), a nationally recognised specialist centre for reconstruction and sleep medicine, recently invited our group and Surrey and Sussex Healthcare (SaSH) to submit expressions of interest as part of their review of long-term strategic options.

Following a comprehensive appraisal process involving clinical teams, staff, patients and wider stakeholders, QVH has identified our group as the preferred potential partner. Their Board will consider this formally at its public meeting on 16 December 2025.

This is a positive reflection of our group's strong reputation and offers many natural synergies. If QVH's Board agrees to proceed, the next phase will involve a period of joint planning, including detailed governance and finance work and a Memorandum of Understanding (MoU), to shape the partnership and assess benefits and risks. This work would run over the coming months, with a final decision on the way forward to be taken by all three Boards.

Governors will play an important role in this development, with dedicated seminar sessions planned for early 2026.

4.2. Integrated Care Board (ICB) Reform and Operating Cost Reductions

Plans continue for NHS Surrey Heartlands and NHS Sussex to collaborate and create a new organisation spanning the two counties from 1 April 2026. The vision is for one ICB working over

Surrey and Sussex (including the Farnham and Surrey Heath areas which currently sit within the Frimley system), responsible for a population of just over three million.

Aligned with the model ICB blueprint (published in May 2025) the new organisation will act as a system leader; allocating resources and being accountable for getting the best use of the local health budget to support long-term population health.

From 1 October 2025, both organisations began working as a cluster together. Ian Smith was appointed as Chair and on 15 October, Karen McDowell (current Surrey Heartlands Chief Executive) became Chief Executive across both. I am pleased to be representing Acute Providers in Surrey on this Board.

4.3. NHS Medium Term Planning Framework

On 24 October the NHS Medium Term Planning Framework (for 2026/27 to 2028/29) was published. The ambition for the next three years is to reduce waiting times, improve access to local care and embed the changes outlined above across NHS England and the ICBs to release savings into frontline services.

There are some challenging delivery commitments between now and the end of 2028/29 contained within the plan across acute, ambulance, primary, community and mental health care. The ones most relevant to us include:

- Improve elective (including diagnostic) reform and activity to deliver 18-week referral to treatment times in 92% of cases;
- Improve performance against key cancer standards – maintaining performance against the 28-day Faster Diagnosis Standard at 80% and improving 31 and 62 day standards to 96% and 85% respectively;
- Improve performance for diagnostic waiting times so that the rate of those waiting over 6 weeks is 1%;
- Improve A&E waiting times, so that 85% of patients wait no more than 4 hours, as well as reduce the number who wait over 12 hours. Plus ambitions to return to 95% for paediatric A&E.

There are also changes to the way funding will be managed across the NHS. We have not yet had confirmation of how much money we will have to spend in the new financial year but we know it will be a challenge. We expect there to be changes to the way that money is allocated and we will have to adapt our approach to accommodate this. Making sure that we capture all the activity that we perform and demonstrating how efficient and productive we are, will be key.

4.4. New Emergency Care Data Set

Changes have been introduced to the Emergency Care Data Set which is published monthly by NHS England. The most significant changes are that data is now reported separately for each hospital site, rather than trusts as a whole; and new measures have been added for mental health patients staying over 24 hours and four hour performance for paediatrics in Emergency Departments.

The first of the new data sets was published on 13 November 2025 and whilst, like many trusts, we have operational performance improvements to make, we were not flagged as one of the more challenged providers against these metrics.

5 CONCLUSION

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

Group Executive Director roles: Summary

Across the new Group model, three senior Executive roles work alongside the Group Chief Executive to provide complementary but distinct leadership:

1. Group Director of Neighbourhood Health

Focus: Improving population health and shifting care from hospitals into neighbourhood and preventative models:

- Leads the Group's neighbourhood health strategy and prevention agenda.
- Creates and delivers a single neighbourhood health programme across West Surrey.
- Works extensively with local partners (PCNs, councils, VCSE, system partners) to reduce acute demand and improve population health.
- Ensures service models are equitable and locally responsive.

2. Group Director of Strategy

Focus: Developing and delivering one unified strategy for both Trusts across the entire Group.

- Leads the integration of a single Group strategy function.
- Shapes the Group's overall long-term direction and clinical priorities.
- Ensures strategic priorities are translated into clear business plans and transformation programmes.
- Leads engagement with system partners and the Provider Collaborative on Group-wide clinical strategy.
- Oversees operational planning and commercial opportunities that support financial sustainability.

3. Group Director of Transformation and Digital

Focus: Delivering large-scale change and digital innovation to improve efficiency, outcomes, and long-term sustainability.

- Leads the Group's transformation portfolio and digital roadmap.
- Oversees improvements to operating models within both Trusts.
- Delivers targeted transformation initiatives and ensures benefit realisation.
- Identifies shared opportunities to improve patient experience, outcomes, and efficiency.
- Plays the central role in embedding a culture of continuous improvement across the Group.

Organisation Chart

John Machin
Acting Chair

Jane Dale
Non-Executive Director

Chris Kane
Non-Executive Director

Simon Devonshire
Non-Executive Director

Jane Dickson
Non-Executive Director

Andy Brooks
Non-Executive Director

Julie Pearce
Non-Executive Director

To start Jan 2026
Non-Executive Director

Louise Stead
Group Chief Executive

James A. Thomas
Deputy Chief Executive and Chief Operating Officer

Hannah Hamilton
Chief Finance Officer

Jo Fanning
Chief People Officer

Ruth Colburn Jackson
Group Director of Transformation and Digital

Chris Attoe
Group Director of Strategy

Tom Smerdon
Group Director of Neighbourhood Health

Jay Dungeni
Chief Nursing Officer

Dr Mark Roland
Chief Medical Officer