Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
17 December 2025, 4.00 – 6.00 pm

PRESENT:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	Sue Bell	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**SB**
	Andy Brown	Staff Governor, Volunteers	**AB**
	Sue Bryer	Public Governor, Spelthorne	**SBr**
	Julie Callin	Public Governor, Woking and Guildford	**JC**
	Kate Colban	Staff Governor, Allied Health Professionals	**KC**
	Shimona Clington Fernando	Public Governor, Spelthorne	**SCF**
	Heather Hall	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**HH**
	Polly Harris	Staff Governor, Nursing and Midwifery	**PH**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Toc Husain	Staff Governor, Medical and Dental	**TH**
	John Machin	Acting Chair	**JM**
	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**
	Gloria Smith	Public Governor, Elmbridge	**GS**
	Michael Smith	Lead Governor/Public Governor, Woking and Guildford	**MS**
	Nigel Stapleton	Public Governor, Elmbridge	**NS**
	Yousri Waziri	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**YW**
	Mark Williams	Appointed Governor, Runnymede Borough Council	**MW**
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**DW**
APOLOGIES:	Aimee Aubeeluck	Appointed Governor, University of Surrey	**AA**
	Med Buck	Appointed Governor, Spelthorne Borough Council	**MB**
	Chad Lake	Public Governor, Spelthorne	**CL**
	Gavin Wood	Staff Governor, Ancillary, Admin, Clerical and Managerial	**GW**
IN ATTENDANCE			
	Andy Brooks	Non-Executive Director	**ABr**
	Jane Dale	Senior Independent Director (SID)	**JD**
	Simon Devonshire	Non-Executive Director	**SD**
	Jane Dickson	Non-Executive Director	**JDi**
Item 63/25 only	Jay Dungeni	Chief Nurse	**JDu**
	Becky Fairbairn	Director of Communications, Engagement and Experience	**BF**
	Chris Kane	Non-Executive Director	**CK**

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	Sal Maughan	Associate Director of Corporate Affairs and Governance	**SMa**
	Julie Pearce	Non-Executive Director	**JP**
	Louise Stead	Group Chief Executive	**LS**
SECRETARY:	Anu Sehdev	Membership and Engagement Manager	**AS**

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COG-51/25 **Apologies and Welcome**

Apologies as listed on the previous page.

The Acting Chair welcomed new Governors: Nigel Stapleton, Gloria Smith, Yousri Waziri, Sue Bryer, Shimon Clington Fernando, Julie Callin and Polly Harris to their first meeting. A special mention for Anthony Tweh, Public Governor for Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England, for his time and commitment over the past three years.

COG-52/25 **Declarations of Interests in the Proceedings**

None

COG-53/25 **Minutes of the Meeting held on 11 September 2025**

The minutes of the meeting held on 11 September 2025 were agreed as a correct record.

COG-54/25 **Matters Arising**

The updated action log was noted.

The ADCAG had agreed to provide an update on the actions resulting from the Council of Governors Evaluation Survey and outlined the progress highlighting ongoing efforts to align Governors with Non-Executive Directors (NEDs), the introduction of post-committee briefs and the streamlining of council papers and agendas. Actions such as improving NED visibility and arranging Governor development seminars were noted as either completed or in progress. Additionally, walkabouts would be looked at being reinstated the following year.

The ADCAG outlined the technical and financial barriers to implementing hybrid and recorded Board meetings, explaining that while Royal Surrey used a cost-effective solution, Ashford and St Peter's faced significant equipment costs. Governors stressed the importance of clear communication, effective chairing and monitoring during hybrid meetings to ensure all voices were heard and acknowledged the ongoing challenge of balancing accessibility with financial constraints.

The restriction on the number of Governors observing committee meetings was raised and it was advised that this was due to practicalities such as room capacity and historical attendance patterns that had influenced the decision, but the arrangement could be reviewed if demand increased.

The Council NOTED the update.

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FEEDBACK FROM GOVERNORS

COG-55/25 **Governor Activities**

The Lead Governor shared the full list of numerous and varied activities undertaken by the Governors during the period after the last Council of Governors meeting.

The Council NOTED the report.

COG-56/25 **Patient Experience Group (PEG) Report**

The Chair of PEG advised that the report shared was very comprehensive and for noting.

The Council NOTED the report.

COG-57/25 **Group Chief Executive's Report**

The Group CEO advised that she had nearly completed a year as Group CEO. She presented a few highlights from the report which included three group appointments, the upcoming industrial action and the proposed partnership with Queen Victoria Hospital (QVH).

It was confirmed that QVH's board had selected Ashford and St Peter's and the Royal Surrey Group as its preferred partner, initiating a phase of due diligence and mutual discovery. The Group CEO clarified that the partnership model would differ from existing arrangements with Royal Surrey, aiming for a tailored approach that respected each trust's strengths. The strategic rationale for the partnership was described, including financial stability, leadership strength and alignment of specialisms such as reconstructive surgery and cancer care. It was noted that the partnership could enable repatriation of certain patient groups and enhance service provision.

The Group CEO and Acting Chair emphasised the importance of conducting thorough due diligence, referencing previous experiences and the need for governance and financial reviews. They assured Governors that the process would be cautious and collaborative, with both trusts sharing relevant documentation and learning from past experience.

Governors raised questions about the logistical challenges of the partnership, such as patient travel between sites and the influence of neighbouring trusts. The CEO advised that while some services would require patient travel, centres of excellence could attract patients and the new ICB structure would help to facilitate collaboration.

The flu vaccination take-up by staff was considered low at 43% but it was advised that this was almost double the previous year and that pop-ups and roving vaccinators had helped to improve take-up. Staff in cleaning, catering and reception roles had not been included in these statistics, even though they were considered to be "front-line" staff. It was considered that only staff that had their vaccination at work may be included although some may have had their vaccinations at their GP surgery or other centres. It was advised that staff should report this information to their trust if this was the case. Staff Governors were happy that accessibility to the flu vaccination was better this year and commended the Trust.

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In response to a query about what remained as issues for the Group CEO since taking up the Group role, she advised that the recommendations following the governance and financial reviews were still being worked through. The Group CEO would also like to see a culture embedded that allowed staff to speak up when there was a concern.

The Council NOTED the report.

COG-58/25 **Finance and Performance**

Andy Brooks, Non-Executive Director, provided an overview of the Trust's latest financial position, highlighting the discussions and challenges considered by the Board and Finance & Performance Committee.

It was noted that to meet the break-even plan over the next five months, the Trust must generate a £3.5 million surplus. It was queried whether pursuing this ambitious target could place the Trust at a disadvantage compared to other ICB partners and whether measures to achieve the target might negatively impact patient care, citing examples such as the cancellation of costly Sunday working to reduce waiting lists.

In response it was noted the financial plan included back-ended elements, requiring careful profiling and system-level discussion with the ICB and NHS England to optimise funding. Quality impact assessments were undertaken for all cost improvement measures, ensuring patient care was safeguarded. It was confirmed that both financial performance and patient care risks were actively monitored and managed by the Board and executive team.

Andy highlighted the ongoing tension between managing financial performance and ensuring timely patient care, noting the need to balance surgical activity and waiting times within budget constraints.

The Acting Chair confirmed that these issues were closely monitored, with active discussions ongoing with the ICB and NHS England regarding commissioning and funding. He also noted the Trust's robust approach in preparing the initial budget submission for the next year, taking into account financial uncertainties.

The Group CEO emphasised patient safety, noting that the primary NHS measure was 65-week waiting times. Despite challenges, including industrial action, only five patients were currently at risk of breaching this target, representing a significant improvement since the start of the year. She affirmed that quality remained a key consideration in all financial and operational decisions.

The impact of increasing costs associated with mental health presentations in A&E was highlighted and it was queried whether this was linked to reduced police involvement and how the new Silverwood facility might help to alleviate pressures in A&E.

The Group CEO explained that there had been no significant change related to police involvement. She outlined a pilot initiative at Royal Surrey, to be rolled out at Ashford and St Peter's, where an additional home treatment team would attend the "front door" of A&E to help manage patients in crisis within four hours. She emphasised that only a small proportion of patients presenting with mental health crises required admission and many cases reflected social, rather than clinical, mental health issues. She added that Silverwood, while a new mental health facility, has had limited impact on reducing

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pressures in A&E, with some patients transferred there subsequently presenting in A&E.

Upskilling mental health nurses was considered as a potential solution to help reduce A&E admissions, noting the potential benefits of multidisciplinary teams. The Acting Chair confirmed this was under discussion within the Trust Provider Collaborative.

Concerns around the decrease in substantive staff and temporary staffing levels were raised, questioning the potential impact on workload and staff well-being. Jane Dale, Senior Independent Director, confirmed that workforce costs remained a significant part of the Trust's expenditure and that the People Committee, in conjunction with the Quality Committee, monitored safe staffing data and deployment to ensure compliance and continuity of care. She noted that substantive staff numbers have remained stable and there has been a concerted effort to reduce reliance on bank and agency staff, particularly off-tariff agencies, to improve cost-effectiveness and maintain high-quality care.

There was a request that future financial reports include data on research income, noting that higher research activity can generate additional funding from the National Institute for Health Research and other research funders. The Acting Chair acknowledged the request and the Group CEO responded that currently research activity at St Peter's did not contribute positively to the Trust's profit line. She outlined plans for a comprehensive review and restructuring of research, including potential collaboration across a wider footprint (Royal Surrey, QVH, and St Peter's) to attract larger commercial studies. The Group CEO indicated that a more detailed report could be provided in due course.

The challenges of admitting psychiatric patients to wards while they awaited psychiatric beds, noting the high cost of one-to-one nursing care and lack of therapeutic interventions, were highlighted. The Group CEO explained that the Trust had spent approximately £1 million more than planned on mental health services in the current year. She described initiatives such as employing trained Band 3 nurses (Mind and Body initiative) to reduce reliance on agency staff and improve staff safety. The Group CEO noted that the ongoing cost and care challenges and emphasised the need for greater psychiatry and psychology support within acute trusts.

The Finance Report was commended for its clarity and transparency. Improved communication to staff regarding weekend lists and recruitment restrictions to reassure staff about operational decisions was suggested. It was also queried how the Trust ensured quality of care in areas where safer staffing levels could not be maintained.

It was advised that safer staffing guidelines focused primarily on nursing care, but the Trust was exploring metrics for other staff groups. Quality impact assessments and other data (for example: waiting lists, discharge data) were used as barometers for staffing adequacy. Ongoing work was underway to quantify staffing impact across medical, therapy and other staff groups.

Staff understanding of the Trust's financial position and its implications was queried. The Group CEO acknowledged the issue and highlighted existing staff engagement forums, including a senior leadership forum and a shadow board model at Royal Surrey, as mechanisms to improve financial awareness among staff. She committed to further review and action to enhance communications.

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The Acting Chair confirmed the importance of clear, concise communication, particularly in relation to strategic initiatives.

The Council NOTED the report.

COG-59/25 **People Update**

Jane Dale, Senior Independent Director, reported that workforce vacancy levels had improved to 3.99%, with successful recruitment of graduate nurses and midwives. While bank staff utilisation was on plan, agency usage remained high, particularly among therapists, prompting a review of service delivery models.

Jane highlighted ongoing concerns about staff willingness to raise issues, noting a high number of anonymous reports to the Freedom to Speak Up Guardian. Efforts to increase leadership visibility and direct engagement in general medicine had improved staff confidence in that division.

The People committee had reviewed data showing disparities in employment relations processes for staff from ethnic minorities and those with disabilities. Jane also reported an increase in staff exposure to verbal and physical abuse, particularly in emergency care and described measures such as body-worn cameras and legal action to address these issues.

The issue of staff repeatedly caring for patients lacking capacity who exhibited aggressive behaviour was raised. Jane acknowledged the need for additional support and training, especially as the number of mental health patients on wards increased.

The support provided to staff who were the subject of anonymised complaints was queried. It was agreed that more support was needed for both complainants and those complained against and the committee was encouraging more support in these areas.

The Council NOTED the update.

COG-60/25 **Board Assurance Framework and Audit and Risk Committee**

Julie Pearce, Non-Executive Director, presented an overview of the Board Assurance Framework (BAF) and the work of the Audit and Risk Committee. She explained that the BAF is a key governance tool used to identify and monitor the Trust's strategic risks and their alignment with corporate and local risks, enabling assurance over the effectiveness of controls and risk management.

She reported good progress by the Executive Team, supported by the Risk Manager and governance leads, in strengthening risk management arrangements. The Trust currently had 11 strategic risks, each owned by an Executive Director, reviewed regularly by the Trust Executive Board, scrutinised by the Audit and Risk Committee, and reported to the Board.

Julie highlighted ongoing challenges in managing complex risks, particularly financial risks associated with the Cost Improvement Programme (CIPs) and emphasised the importance of ensuring that financial pressures do not adversely impact quality or patient experience.

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She reported that at its meeting on 12 December, the Audit and Risk Committee agreed to increase the risk score for the strategic finance risk to 20 and for strategic risk 3 relating to estates, reflecting findings from an external estates review and concerns regarding the maintenance backlog. The Finance and Performance Committee would be overseeing this work through the Chief Finance Officer.

Julie concluded that the Trust's risk management framework was maturing, supported by recent reviews of the risk policy and approval of the risk appetite statements. Further work would focus on strengthening organisational understanding and management of risk at all levels.

Discussion took place around the need to balance effective risk management with avoiding excessive risk aversion that could inhibit innovation, transformation, and professional autonomy. It was emphasised that a shared organisational understanding of risk was essential.

Julie explained that the Trust's risk appetite statements supported this balance, with a low appetite for risks affecting patient and staff safety and a managed appetite for risk in areas such as transformation and partnership working. She noted that excessive risk aversion could itself have adverse impacts and that developing a balanced approach required ongoing learning and support at team, divisional and corporate levels.

The impact of risk aversion within clinical teams and its effect on patient flow was highlighted and Julie acknowledged this and confirmed that team-based discussions and additional support may be required to address risk culture.

The Council NOTED the update.

COG-61/25 **Quality of Care Update**

Jane Dickson, Non-Executive Director, presented an overview of key quality performance metrics. She reported improvements in a number of areas, including a reduction in falls, particularly within refurbished areas, achievement of the target to reduce the risk of clotting, and compliance with all three cancer standards.

She noted that there remained ongoing challenges in other areas, in particular four-hour Emergency Department performance, which was currently at 70%, as well as stroke care and neonatal infections.

Concerns were raised regarding the routine use of corridor care within A&E, with capacity constraints identified as a contributing factor. In response, Jane assured Governors that patients placed in the corridor continued to be cared for and with dignity. She outlined the actions currently underway to improve patient flow, including enhancements to discharge processes and the strengthening of community care pathways, with the aim of reducing reliance on escalation areas.

The Council NOTED the update.

COG-62/25 **Draft Quality Priorities**

The Chief Nurse outlined the proposed process for developing quality priorities for the forthcoming year. He emphasised the importance of early and meaningful engagement with Governors, the use of behavioural metrics and a commitment to addressing

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priorities that have not yet been achieved. He provided clarification on the proposed timeline, which would likely be January 2026, and the mechanisms through which Governors would be invited to contribute.

STATUTORY

COG-63/25 **Membership of the Council of Governors**

The Membership and Engagement Manager advised that the register reflected the changes to the membership after the recent Council of Governor election and welcomed seven new Governors to the Council.

COG-64/25 **Any Other Business**

None

COG-65/25 **Date of Next Meeting**

Tuesday 3 March 2026, 4.30 – 6.30 pm

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