Ashford and St. Peter's Hospitals NHS Foundation Trust

Report title:	Group Chief Executive's Report			
Report to:	**Public Council of Governors**			
Date of meeting:	Tuesday, 03 March 2026		**Agenda item:**	6
Report summary:	This report highlights the key areas that Governors may be asked about by their constituent members. It covers significant external developments, including Integrated Care Board reform and the NHS Medium Term Planning update. It also highlights important internal matters, including winter pressures, industrial action and a recent critical incident. In addition, it provides positive updates on our performance against the new NHS England productivity metrics and an overview from the Joint Transformation Committee on progress with our group model with Royal Surrey.			
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 collaborative working across Surrey Heartlands			
Next steps	n/a			
Appendices:	n/a			

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 Christmas at Ashford and St Peter's

Over the Christmas period, we received an overwhelming number of donations from our local community. The generosity shown by individuals, local companies, local football clubs, and many other organisations made a visible difference across our sites. A special thanks to Jewson in Woking, who raised over £3,000 for our paediatric wards and delivered a huge number of toys and games for our young patients to enjoy.

We also held our annual Decorate a Door competition, where staff across the organisation brought festive cheer to the hospitals by decorating doors in an array of festive themes. Board colleagues judged this year's entries, which displayed an impressive range of creativity and imagination and helped to add colour and warmth for patients, visitors, and staff to enjoy.

Two of our ASPH colleagues were invited to attend HRH The Princess of Wales's annual Christmas carol service at Westminster Abbey, celebrating community and compassion. Stella Davey, Divisional Chief Nurse for Urgent and Emergency Care, and Shailini Bahl, Consultant Paediatrician, were invited to join the 'Together at Christmas' service in London which was broadcast on television on Christmas Eve and served as fantastic recognition for the excellent work that they do.

2.2 Winter Pressures and Industrial Action

It's been an incredibly busy time across our hospital sites. A further period of Industrial Action was undertaken by Resident Doctors between 17-22 December during which we managed to continue to deliver 98.9% of activity. Huge thanks to colleagues for their commitment and flexibility in the lead up and throughout the period, which enabled us to maintain safe and compassionate care. We received a letter from Jim Mackie, Chief Executive of NHS England, which recognised dedicated effort undertaken by all colleagues to support during the lead up to and during the festive period, which had positive results for national performance data in December. You can read the letter here.

We continued to see a high volume of people attending our Emergency Department at the end of December, January and February and our teams worked hard to assess and treat patients as quickly and effectively as possible to reduce delays, prioritising our most unwell patients. Externally, we focused efforts on encouraging members of our local community to ensure they seek the care they need, sharing alternative health and care services that can be utilised.

2.3 Critical Incident

Despite our efforts after this prolonged period of high demand, we continued to see very high attendances in our Emergency Department, with increased patient acuity and significant pressure on inpatient bed capacity. As a result, along with hospitals across Surrey, we declared a Critical Incident on January 13.

The declaration enabled the trust to access additional support from system partners, including adult social care and mental health services, and to strengthen command and control arrangements to prioritise patient safety. As part of the response, some non-urgent elective operations and outpatient appointments were postponed ensuring capacity was focused on patients with the most urgent clinical needs, while cancer and other clinically urgent care continued as planned.

Throughout this time, staff demonstrated exceptional professionalism, resilience, and teamwork, supported by enhanced executive and senior clinical leadership presence. The trust worked closely with partners across Surrey Heartlands to manage pressures and coordinate actions. Since the incident was stood down, learning has been captured to inform ongoing winter resilience, flow and demand management work.

2.4 Joint Transformation Committee (JTC) Update

During November and January, the Joint Transformation Committee reflected on the first year of operating under the group model and agreed the next phase of delivery. Progress to date includes the establishment of group executive roles, strengthened divisional collaboration (notably across pharmacy, diagnostics, and clinical support services), joint stakeholder and staff engagement activity, and closer alignment of corporate governance, risk, and strategy functions. While relationship-building has been positive, there was a shared view that the next phase requires a clearer delivery framework and stronger operational integration.

In January, the Committee endorsed a refreshed group transformation programme, structured around four priority pillars - outpatients transformation, productivity, patient flow, and neighbourhood development - with defined Senior Responsible Officers and workstream leads. An indicative timeline has been agreed to mobilise from April 2026, alongside the development of a strengthened PMO approach, recognising current financial constraints. Updated core messaging to support year two of the group model was approved, along with visual concepts to represent collaborative working (not a new brand).

2.5 NHS Oversight Framework – Capability Rating

The NHS Oversight Framework 2025/26 (NOF), published on 26 June 2025 and updated 24 October 2025, outlines a consistent and transparent approach to assessing integrated care boards (ICBs), NHS trusts, and foundation trusts. This seeks to ensure public accountability for performance and provides a foundation for how NHS England (NHSE) works with systems and providers to support improvement.

As part of the NOF, NHSE assesses NHS trust boards' capability, using this alongside their NOF segment to determine what actions and/or support may be needed. The Board was asked to self-assess our organisation's capability against a range of expectations across six areas derived from The Insightful Provider Board, namely: Strategy, Leadership and Planning, Quality of Care, People and Culture, Access and Delivery of Services, Productivity and Value for Money and Financial Performance and Oversight. We submitted this in October and NHSE then triangulated our self assessment with other information such as historical track record of delivery, any recent regulatory history, and relevant third-party information (including ICB and CQC) to enable them to assign a single overall capability rating.

We were allocated an overall capability rating of Amber-Red for 2025/26. We understand that this may be based on NHSE's perception of governance around finances. Since then, we have had external reviews and implemented most of the recommendations. As an organisation we accept this assessment and have already initiated targeted improvements

across a number of areas. We also recognise that further sustained action is required and remain committed to delivering the necessary improvements to progress beyond this rating.

2.6 NHS Oversight Framework - Tiering

The trust continues to face challenges in delivery of its elective waiting time reduction trajectory and as a result continues to be in Tier 2 of the NOF Performance Oversight. Additional internal and independent sector capacity planned for February and March is expected to lift performance to around 61.1% in March against a planned performance of 66.3%. The most material constraints stem from the prolonged closure of four inpatient theatres and one day surgery theatre due to ventilation and electrical issues, which has reduced activity across Orthopaedics, Ophthalmology and Specialist Surgery. Despite this, we remain broadly comparative to the national average which was 61.5% in December 2025.

3 VISITS, EVENTS, AWARDS AND ACHIEVEMENTS

3.1 NHS Excellence Awards

The NHS Excellence Awards has just launched, which is a new awards opportunity run by the NHS, for the NHS, to recognise outstanding care delivered through teamwork, with patients and families firmly at the centre. The awards are now open for entries and provide a national opportunity to celebrate and share the innovative, compassionate, and high-impact work taking place across the NHS. They are free to enter and recognise projects, teams, and individuals whose work is improving outcomes for patients, communities and staff, and helping to deliver the NHS's priorities.

We are developing strong entries that showcase examples of excellence, highlight the very best of what we do and reflect the breadth, quality, and impact of our services.

3.2 Positive Productivity Despite Challenging Months

From 12 February, NHS England published the first tranche of a new, routinely reported productivity metric for NHS trusts, setting out comparative data on activity growth relative to resource utilisation. This measure forms part of the national focus on improving value, reducing unwarranted variation, and strengthening operational performance across the system.

Despite significant operational challenges our trust has been recognised for outstanding productivity growth.

We are 5th in the South East and 29th out of 207 acute trusts in England for productivity from April to September 2025. This is a remarkable achievement and reflects the dedication, resilience, and creativity of all our teams across the trust.

Our staff have worked tirelessly to maintain patient care, optimise workflows, and innovate under pressure. This external recognition highlights not just our operational success, but the strength of our commitment to delivering high-quality care.

3.3 Pilot Community X Ray Service Transforms Care for Patients Who Fall at Home

A collaborative pilot between ASPH and South East Coast Ambulance Service has successfully tested a new community-based model for patients who have fallen at home.

From July to October 2025 (two days per week), one of our Consultant Radiographer, Andrew Moth, worked alongside an Advanced Paramedic Practitioner to review 999 calls,

assess patients at home and provide rapid mobile X-ray imaging. Images were transmitted to the trust for reporting, enabling clinical decisions within around 30 minutes and avoiding many unnecessary Emergency Department attendances and ambulance conveyances.

The pilot demonstrated clear clinical, operational, and financial benefits, with 100% of patients reporting they were happy to receive imaging at home. Following its success, phase two has launched for a further four months, increasing delivery to five days per week to expand reach and build the case for longer-term adoption.

4 SYSTEM AND PARTNERSHIP UPDATES

4.1 Surrey and Sussex Integrated Care Board – leadership and transition update

Further progress has been made in the transition towards the establishment of a single Surrey and Sussex Integrated Care Board (ICB) from 1 April 2026. A new substantive Executive and Non-Executive leadership team has been appointed to lead the organisation through the remainder of this financial year and into the new ICB from April. With Ian Smith as Chair, and Karen McDowell, as Chief Executive across NHS Surrey Heartlands and NHS Sussex. I have been appointed on the new Board as a Provider Member representing Surrey Providers.

The new Executive leadership team comprises:

- Mark Smith, Deputy Chief Executive
- Dr Charlotte Canniff, Chief Medical Officer (0.6 wte), with a second 0.6 wte CMO to be appointed
- Allison Cannon, Chief Nursing Officer
- Clare Stafford, Chief Financial Officer
- Claudia Griffith, Chief Commissioning Officer – Strategy, Planning and Evaluation
- Amy Galea, Chief Commissioning Officer – Neighbourhood Health and Partnerships
- Indiana Pearce, Joint Chief People and Culture Officer (in partnership with NHS Kent and Medway)

Non-Executive Director appointments have also been confirmed, providing clarity of governance and committee leadership through the transition period:

- Mon Fletcher, Deputy Chair and Senior Independent Director (including Research and Development)
- Rahul Jaitly, Joint Commissioning and Outcomes Committee
- Faustina Bayo, Remuneration Committee
- John Marsh, People Committee
- Steve Hams, Quality Committee
- Caroline Rivett, Audit Chair for NHS Sussex (until 1 April 2026)
- Michael Parker, Audit Chair for NHS Surrey Heartlands until 1 April 2026 and joint Audit Chair until 1 January 2027
- Lynette Nusbacher and Peter Collis, continuing as Non-Executive Directors until the end of their terms on 31 March 2026

A comprehensive transition programme is in place to support the creation of the new ICB, including organisational design, staff engagement, and consultation in line with national requirements, and preparations for formal establishment from April 2026.

4.2 Medium Term Planning – Progress Update

Since publication of the NHS Medium Term Planning Framework, the trust has now completed the first phase of the 2026/27-2028/29 planning cycle in line with the national

timetable. Following incorporation of feedback from NHS England and our Integrated Care Board, we finalised and submitted our full medium-term plan on 12 February. This includes fully aligned activity, finance, and workforce trajectories, together with the required Board Assurance Statements.

The final submission reflects strengthened modelling across emergency pathways, theatres and temporary staffing, alongside clear delivery plans for elective recovery, cancer, and urgent care performance. It also sets out our approach to meeting the significant efficiency requirement through a tightly aligned Cost Improvement Programme and transformation portfolio.

With the plan now formally submitted, the focus shifts from planning to delivery. The real work begins in translating trajectories into operational grip - driving productivity, embedding pathway redesign, strengthening workforce sustainability, and ensuring robust programme governance and benefits realisation. Over the coming months, sustained executive oversight, clear accountability and system collaboration will be critical to ensuring that our plan is not only nationally compliant but deliverable and credible for our patients, staff, and partners.

4.3 Strategic Partnership Opportunity with Queen Victoria Hospital NHS Foundation Trust

We are pleased that Ashford and St Peter's Hospitals and Royal Surrey group have been identified as the preferred partner for a potential strategic partnership with Queen Victoria Hospital NHS Foundation Trust (QVH) in East Grinstead.

QVH's Board approved a proposal to proceed with a partnership with our group at its public board meeting on 16 December with further discussion at the Ashford and St Peter's and Royal Surrey January Board meetings, as well as a Governor-to-Governor seminar. A paper was included for discussion at today's earlier private Council of Governor meeting.

This will be followed by a period of mutual planning with QVH. We will keep members and supporters updated as these discussions progress.

5 CONCLUSION

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