Ashford and St. Peter's Hospitals NHS Foundation Trust

OPEN MEETING OF THE COUNCIL OF GOVERNORS
3 March 2026, 4.35 – 6.00 pm

PRESENT:	Sue Bell	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**SB**
	Joss Bigmore	Group Chair	**JB**
	Andy Brown	Staff Governor, Volunteers	**AB**
	Sue Bryer	Public Governor, Spelthorne	**SBr**
	Julie Callin	Public Governor, Woking and Guildford	**JC**
	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**
	Toc Husain	Staff Governor, Medical and Dental	**TH**
	Chad Lake	Public Governor, Spelthorne	**CL**
	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**
	Gavin Wood	Staff Governor, Ancillary, Admin, Clerical and Managerial	**GW**
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead	**DW**
APOLOGIES:	Aimee Aubeeluck	Appointed Governor, University of Surrey	**AA**
	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**EA**
	Med Buck	Appointed Governor, Spelthorne Borough Council	**MB**
	Kate Colban	Staff Governor, Allied Health Professionals	**KC**
	Shirley Holmes	Public Governor, Woking and Guildford	**SH**
	Ellen Nicholson	Appointed Governor, Woking Borough Council	**EN**
	Ann Ooms	Public, Governor, Elmbridge	**AO**
	Yousri Waziri	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England	**YW**
	Mark Williams	Appointed Governor, Runnymede Borough Council	**MW**
IN ATTENDANCE			
	Chris Attoe	Group Director of Strategy	**CA**
	Andy Brooks	Non-Executive Director	**ABr**
	Jane Dale	Senior Independent Director (SID)	**JD**
COG-13/26 only	Jay Dungeni	Chief Nursing Officer (CNO)	**JD**
	Becky Fairbairn	Director of Communications, Engagement and Experience	**BF**
	Julie Fisher	Non-Executive Director	**JF**
	Hannah Hamilton	Chief Financial Officer (CFO)	**HH**

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	John Machin	Deputy Chair	**JM**
	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-01/26 **Apologies**

Apologies as listed on the previous page.

COG-02/26 **Welcome**

The Lead Governor welcomed the Group Chair to his first Council of Governors meeting and thanked the Deputy Chair for stepping into the Acting Chair role for just over a year. He acknowledged that during this period, the Deputy Chair had earned the confidence and trust of colleagues.

In response, the Deputy Chair expressed his appreciation for the opportunity, noting that he had come to recognise both the significant work still to be done as well as the many challenges ahead.

The Group Chair thanked the Lead Governor for the welcome and echoed the sentiments around the amazing job the Deputy Chair as Acting Chair had done in the interim period.

COG-03/26 **Declarations of Interests in the Proceedings**

Julie Callin, Public Governor representing Woking and Guildford, wanted to make put on record that she was a Trustee of Woking Beare Hospice.

COG-04/26 **Minutes of the Meeting held on 17 December 2025**

The minutes of the meeting held on 17 December 2025 were agreed as a correct record.

COG-05/26 **Group Chair's Vision**

The Group Chair welcomed the opportunity to address the Governors and reaffirmed his accountability to them. He emphasised his commitment to supporting delivery of the Trust's strategy and strategic objectives.

He highlighted the importance of securing greater external recognition for the Trust's strive for excellence. Key priorities would include restoring performance to pre-COVID levels and fostering a positive working environment in which staff feel supported and valued.

The Group Chair acknowledged the significant progress made in recent years despite considerable challenges. Having met with a number of staff members, he noted their strong commitment and evident team spirit. He observed that, in contrast, Board members were not yet as well connected; however, he recognised that many were

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relatively new and were still developing effective ways of working together, including maintaining openness and honesty when issues arise.

Reflecting on organisational design, the Group Chair commented that traditional hierarchical structures, characterised by a strict vertical chain of command, can be outdated. He stressed that patients and frontline, lower-banded staff are the most critical elements of any structure. To support this, it was essential to foster a strong culture of speaking up, with Governors playing a key role in championing openness and transparency.

The Group Chair acknowledged concerns from Governors that information sharing and engagement had not always met expectations. He emphasised the importance of learning from past challenges and being clear and transparent about why plans may not have proceeded as intended.

He noted the current instability across the NHS and cautioned that short-term solutions were unlikely to deliver sustainable improvement. He expressed confidence that working within a group model would strengthen resilience. Both Ashford and St Peter's and the Royal Surrey are in stable financial positions, providing a solid foundation to accelerate digital transformation and expand care closer to patients' homes.

The Group Chair concluded by stating that he looked forward to building strong relationships with Governors and encouraged open communication, advising that he had an open door policy.

The Council NOTED the update.

COG-06/26 **Group Chief Executive's Report**

The Group Chief Executive presented the key highlights from her report, noting that the Trust had experienced a particularly challenging winter period. In response, a refreshed Group Joint Transformation Programme has been developed by the Group Director of Transformation. This programme focuses on outpatient transformation, improving productivity, enhancing patient flow and strengthening neighbourhood development.

The Trust is now working towards meeting the new 78% Emergency Department (ED) performance standard.

For 2025/26, the Trust has been assigned an overall capability rating of Amber-Red. However, there is confidence that performance improvements underway will support a stronger rating in 2026/27.

The NHS Excellence Awards have recently launched. This new initiative, run by the NHS for the NHS, aims to recognise outstanding care delivered through teamwork, with patients and families firmly at the centre.

In terms of productivity, the Trust ranked 5th in the South East and 29th out of 207 acute trusts in England for the period April to September 2025, based on NHS England's productivity metric.

In response to a question regarding assurance on IT systems across neighbourhood services, it was confirmed that funding has been allocated to support neighbourhood

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requirements. The Director of Neighbourhood will provide a further update once additional information and assurance have been gathered.

Addressing capacity pressures ahead of next winter was highlighted as a priority. It was acknowledged that a more robust winter plan is required, with closer partnership working alongside social care. Virtual wards and increased community bed capacity will play a key role in mitigating pressures.

The Group Chair emphasised the ambition to eradicate corridor care, noting that reducing bed occupancy is a critical factor in achieving this. It was recognised that corridor care has become normalised in parts of the system and decisive action is needed to eliminate the practice. The Group Chief Executive added that too many patients are currently receiving care in inappropriate settings and addressing this will be a key focus.

The proposed reorganisation of West Sussex, replacing the current two-tier system with new unitary authorities, was discussed in terms of potential risks to community care. The Group Chair advised that business would continue as usual until the planned transition in April 2027. Proposals also include the introduction of a combined mayor for Surrey and Sussex. While unitary structures offer potential benefits, it was emphasised that organisational stability must be secured before further improvements are pursued.

The Council NOTED the report.

FEEDBACK FROM GOVERNORS

COG-07/26 **Governor Activities**

The Lead Governor presented the report advising that it had been a very busy time for Governors.

The Council NOTED the report.

COG-08/26 **Patient Experience Group (PEG) Report**

In the absence of the PEG Chair, the Lead Governor presented the report and summarised the minutes from what had been a particularly informative meeting. The Chief Nursing Officer had attended and provided detailed insight into the draft Quality Account priorities. There had been a specific focus on mental health.

The Council NOTED the report.

COG-09/26 **Patient Experience Group (PEG) Annual Report and Terms of Reference**

The Lead Governor presented the PEG Annual Report and Terms of Reference.

The Council NOTED the report and APPROVED the PEG Terms of Reference.

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FINANCE AND PERFORMANCE

COG-10/26 **Finance Report Month 10**

The Chief Financial Officer (CFO) reported that the Trust was on track and had delivered the planned Month 10 deficit of £1.4 million and was slightly ahead of plan in achieving its Cost Improvement Programme (CIP) targets. Consequently, the Trust remained on course to achieve a break-even position by the end of the financial year.

Key risks included winter pressures, income underperformance, potential CIP shortfall and the loss of Quarter 4 system deficit support funding. However, these risks had been mitigated through additional funding secured from NHSE for Industrial Action and the ICB.

Over the remaining two months, the principal risks relate to managing additional costs arising from operational pressures and maintaining delivery of the elective programme.

Looking ahead, achieving a break-even position in the next financial year will be more challenging and will require difficult decisions.

The Chair commended the team for their excellent work in securing the additional funding.

The Council NOTED the report.

COG-11/26 **Overview of 2026/27 Planning Submission**

The Chief Financial Officer (CFO) advised that the Trust had submitted its final planning return on 12 February 2026, the detail of which was set out in the paper. The plan was currently awaiting assessment and approval by NHS England.

The final submission included:

- 3 year revenue and 4 year capital plan return.
- 3 year workforce return.
- 3 year operational performance and activity return.
- Integrated planning template showing triangulation and alignment of plans.
- Board assurance statements confirming oversight of process.
- 5 year narrative of ‘integrated transformation plans’ to deliver the 10YFP with local partners.

It was noted that the planning process had involved close collaboration with partner organisations, particularly Surrey and Sussex Integrated Care Board (ICB). The plan had been developed to align financial, workforce and activity plans to ensure consistency across the organisation. While the process had been challenging, the CFO confirmed that strong foundations had been established alongside a clear delivery plan.

In response to a query regarding the 2026/27 budget, the CFO advised that this remained subject to ongoing negotiations with commissioners. Activity levels and performance targets would form part of these discussions.

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The Group Chair added that the Trust's overall position had improved due to increased capacity achieved through group working arrangements and the opening of the Surrey Heartlands Elective Centre.

Assurance was sought regarding whether the Cost Improvement Plans (CIPs) delivered benefits across the Trust as a whole. It was confirmed that divisional input had informed the development of the plans, with ideas and opportunities shared across the wider group.

The Council NOTED the paper.

COG-12/26 **Estates and Capital Plan**

The Chief Financial Officer (CFO) presented the Estates and Capital Plan, advising that she had sought to address concerns previously raised by Governors within the accompanying paper.

The Plan was scheduled for Board approval in March. The CFO explained that capital funding available to the Trust would increase during 2026/27. Funding sources included:

- Trust Capital Allocation from NHS England: £15.456 million
- Donated Capital: including Community Infrastructure Levy (CIL) funding for the Cath Lab and NICU, and completion of the Macmillan Cancer Centre
- National Estates Safety Fund: £6.9 million
- Estates Safety Strategic Fund: yet to be determined, but expected to exceed £300 million across several large projects
- Return to Constitutional Standards funding: several sub-schemes and proposals for expenditure over the next three years.

Further detail on the development of the £15.456 million Trust capital programme, including the key areas it would support, was provided within the paper.

Following the removal of the escalators and redecoration of the main entrance, Governors asked how the area would be utilised. The CFO advised that a working group was currently considering options. One proposal was to install additional tables to increase income generated by the front-of-house café.

Governors also queried issues relating to project delivery timescales and the actions being taken to address delays. The CFO advised that an external review had recently been undertaken, resulting in a number of recommendations which the Trust would be taking forward.

A Governor highlighted the proposal for a lift in the Abbey Wing and asked whether this was included within the Plan. The CFO confirmed that she would investigate this further. **HH**

In response to a query about the more than £300 million identified for essential estate works, the CFO advised that the Trust may not receive the full funding requested for

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	the Abbey Wing. As a result, smaller and more achievable solutions may need to be considered.	
	Governors commented that the entrance hall at St Peter's Hospital looked significantly improved. A suggestion was made that the piano could be moved to a more central location, which the CFO agreed to consider. Concerns were also raised regarding the availability of cups for the water fountain and the cleanliness of toilets.	**HH**
	It was noted that Andy Brown, Staff Governor for Volunteers, was a member of the working group considering the use of the entrance area.	
	The Chair commented that the paper provided a high level of assurance that significant investment would be directed towards important priority areas over the coming years. It was also noted that communication with staff had improved considerably.	
	A Governor asked whether Ashford and St Peter's would seek to learn from the improved project delivery track record at the Royal Surrey. The CFO agreed that sharing intelligence presented a valuable opportunity. The Group Chair clarified that Royal Surrey outsourced expert project management, whereas Ashford and St Peter's currently managed projects in-house.	
	The Council NOTED the update.	
	QUALITY OF CARE	
COG-13/26	**Draft Quality Account Priorities 2026/27**	
	Julie Pearce, Non-Executive Director and Chair of the Quality of Care Committee, advised that the Chief Nurse had adopted a slightly different approach to developing the priorities this year, which had been positively received by the Committee. The draft priorities were structured around three areas: Patient Safety, Patient Experience and Clinical Effectiveness. Julie Pearce provided further detail on the key priorities within these areas.	
	The Chief Nursing Officer advised that the team was well prepared and had set a high level of ambition. A range of feedback had been used to understand the issues and to challenge the team to address concerns that were most important to patients.	
	Governors noted that the priorities were smart and measurable objectives and welcomed regular updates on progress.	
	It was confirmed that progress against the priorities would be reviewed twice yearly, with outcomes reported to the Board. Governors would also receive updates through their twice-yearly meetings with the Non-Executive Directors.	
	The Council NOTED the update.	
COG-14/26	**Any Other Business**	
	None	

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COG-15/26	**Date of Next Meeting** Tuesday 2 June 2026, 4.00 – 6.00 pm via MS Teams	

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Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Status
3.3.26	**COG-12/26**	**Estates and Capital Plan**	Will a lift for the Abbey Wing be included in the Estates and Capital plan	**HH**	2.6.26	Update was provided to Andy Brown. There was a plan to install new lifts back in 2023 within the Abbey courtyard. The Trust team developed the design and costs to circa £3m but it was reviewed by the Modern hospital Board committee and it was decided not to take it forward, we assume on a value for money/affordability basis. It hasn't been mentioned recently or appeared on any lists put forward by Divisions so we assume this is no longer a priority.	Closed
3.3.26	**COG-12/26**	**Estates and Capital Plan**	Look into the possibility of moving the piano to a more central area.	**HH**	2.6.26	HH referred this to the working group lead for consideration	Closed

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