

Council of Governors - Cover Sheet

Subject:	Quality Account 2023/2024 update and presentation of Quality Priorities for 2024/2025		Date:	14 th May 2024	
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Purpose					
The purpose of this paper is to update the council of Governors on the progress of the Quality account and present the quality priorities for 2024/2025.				Approval	
				Assurance	x
				Update	
				Consider	
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
			X		
Principal Risk					
PR1	Significant deterioration in standards of safety and care				
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change				
Committees/groups where this item has been presented before					
Audit and Assurance Committee Quality Committee					
Acronyms					
QA – Quality Account			ICB - Integrated Care Board		
COG – Council of Governors			NHSE – NHS England		
NICS – Nottingham and Nottinghamshire Integrated Care System			Q4 – Quarter 4		
Executive Summary					
This paper is to provide assurance to the Council of Governors on the production of the 2023/2024 Quality Account (QA) and, to present the Quality Priorities for 2024/2025 that will be published in the QA.					
Patients want to know they are receiving the very best quality of care. Providers of NHS Trusts are required to publish a Quality Account each year. These are required by the Health Act 2009 and set out in NHS (QA) Regulations 2010.					
A Quality account must contain the following:					
➤ Part 1: Statement on quality from the CEO					
➤ Part 2: Priorities for improvement and statements of assurance from the Board					
➤ Part 3: Other information and 2 annexes. This section is to present other information relevant to the quality of services provided by the Trust and must include:					
➤ At least 3 indicators for Patient Safety					
➤ At least 3 indicators for Clinical Effectiveness					

- At least 3 indicators for Patient Experience
- Statements from ICB, Healthwatch and the Overview and Scrutiny Committee
- Statement of Directors responsibilities for the quality report.

The QA is collated from a wide range of authors with stakeholder engagement.

NHSE undertook a review of the QA process with providers during 2022. Guidance is normally received in Q4 from NHSE, describing the QA requirements required for publication of that financial year. The outcome of this review and requirements for the 2023/2024 QA remains outstanding. In the absence of published guidance for this year, SFHFT are following previous guidance requirements. This approach has been agreed and verified with the ICB and other NICS providers.

Pre-Covid-19, NHSE guidance was published early in Q4 so facilitated the COG to be involved in the selection of the quality priorities for improvement the following year (part 2). In light of the lack of guidance this year, and the timeline to produce the QA, the quality priorities have been agreed and presented at Quality Committee. They have been selected from the Quality Strategy 2022-2025 and are as follows:

Specific Campaign	Quality Priority	Success Measure
Campaign 2 Excellent patient experience for users and the wider community	<i>Increased service user/citizen engagement at key SFH meetings</i>	Assurance processes / Terms of Reference/Meeting Minutes.
Campaign 3 Strengthen and sustain a learning culture of continuous improvement	<i>Developing and embedding our approach to Patient Safety II by implementing and embedding Patient Safety Incident Response Framework (PSIRF).</i>	Embedded patient safety framework to match the national patient safety incident framework.
Campaign 4 Deliver high-quality care through kindness and 'joy at work'	<i>Reduce colleagues working experience of violence and aggressive behaviour</i>	Improved performance against the following key National Staff Survey indicators at a Trust level. We will report that staff have not experienced harassment, bullying discrimination or abuse from: <ul style="list-style-type: none"> • Patients / service users, their relatives or members of the public/Other colleagues/managers

The Quality Account 2023/2024 will be submitted and published on the SFHFT intranet website on 30th June 2024. The COG is asked to note the quality priorities and, take assurance that the timeline for publication of the SFHFT Quality account 2023/2024 is progressing, and, on track.