Report title:	Developing the Quality Priorities for 2026/27		
Report to:	**Public Council of Governors**		
Date of meeting:	Wednesday, 17 December 2025	**Agenda item:**	10.2
Report summary:	This paper outlines the approach to the development of the Quality Priorities for 2026/27. This year, the Trust will build in engagement time with the Council of Governors ahead of the formal sign off at trust Board. This approach will be extended to the wider stakeholder group including the ICB, Local Authority, Patient Voice groups and Healthwatch.		
Recommendation:	To note the plan.		
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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:	Quality of Care -
Link to CQC Domains:	All CQC domains
Link to BAF risk:	SR4: There is a risk of failure to embed a culture of continuous improvement, and to deliver safe and effective care, impacting our ability to consistently deliver sustainable improvements
	SR4.1: The inability to effectively capture and act upon the patient voice, leading to missed opportunities to improve service quality, patient care, and experience...
Potential impact on stakeholders:	Quality priorities support and drive improvements in patient quality (safety, outcomes and experience) and align with national and local objectives.
Next steps	Continue stakeholder engagement and produce draft priorities for approval.
Appendices:	2025/26 Quality Priorities

Introduction

In the development of the Quality Priorities for the 2025/26 operational year, the Council of Governors (CoG) did not have an opportunity to see the draft priorities prior to approval. The feedback from the CoG has informed a revised approach for the 2026/27 Quality Priorities. The Trust, under the leadership of the Chief Nursing Officer and Chief Medical Officer, will ensure the CoG members are sighted on the rationale behind the draft priorities.

Design Principles

Consistent with prior iterations, the number of priorities will be capped at nine to maintain focus and fulfil the requirements of the Quality Account. The Trust, under the guidance of clinical executive leadership, will ensure that these priorities are outcomes-focused, measurable, and aligned with the following objectives.

- CQC key lines of enquiry
- NHS Long Term and 10-year Health Plans
- NHSE quality strategy
- Trust's strategic objectives
- Population health needs
- NHS Oversight Framework (quality metrics)

Priorities that are not fully achieved in 2025/26 will remain in consideration during the development of those for 2026/27. The priorities for 2025/26 can be found in Appendix 1 for reference.

Stakeholder Engagement Plan

Before presenting the final draft of the 2026/27 Quality Priorities to the Quality of Care Committee, various stakeholders (as shown below) will contribute to shaping each priority, focusing on how they reflect the things that matter in the delivery of health and care at Ashford and St Peter's Hospitals NHS Foundation Trust. Driven through the Patient Safety, Effectiveness and Experience Teams, the identified priorities will be socialised with the following stakeholder groups using principles of co-production.

<u>Internal Stakeholders</u>

- Clinical Divisions
- Nursing, Midwifery and AHP through their forums
- Corporate Services (e.g. HR, Digital, Informatics and Estates)
- Medical and Scientific and Technical Staff through their forums

<u>External Stakeholders</u>

- Healthwatch Surrey
- System partners (Local Authority, ICB and interfacing bodies in the community)
- Patient Voice Groups

Timeline and Next steps

The draft priorities will be identified by December 2025 through internal sub-executive and divisional quality governance. These priorities will, in turn, be communicated to CoG members in January 2026 before being submitted to the Quality of Care Committee and subsequently to the Trust Board for final approval.

Appendix 1 – Quality Priorities for 2025/26

	Improvement Priority	Measure of Success	Rationale/data source
Patient Safety	Optimise our treatment of patients with infection and reduce cases of hospital-associated infection.	1. To implement the UKHSA surgical site infection surveillance programme, including post-discharge surveillance, where possible. **2. Achieve and/or exceed the Infection Prevention Control NHS Contract standard thresholds for 2025-26.** 3. To achieve or exceed 85% compliance with the 5 moments for hand hygiene 4. 90% of staff will have completed IPC mandatory training by the end of 2025 - 2026	1. To establish a baseline of SSI data via UKHSA (where possible), to inform future SSI surveillance needs and for driving change to achieve a reduction in SSI risk. 2. Focussed IPC targets to concentrate on this one key measure of all avoidable infections. Data provided by the IPC team. 3. Data is from the monthly peer hand hygiene audits, supplemented by IPC Team audits for areas reporting low or very high scores. 4. Increase from the previous year's outturn and improve IPC standards/practice.
	Ensure that we improve the Trust Safety Culture and support staff to learn and take action from incidents in a timely way. To progress implementation of the NHS Patient Safety Strategy and the revised Patient Safety Incident Response Framework (2022).	5. Reduce the number of overdue patient safety incidents/concern investigations by 80% from the 2024/25 outturn. **6. 90% of learning responses are completed within the timescales set in the Patient Safety Policy/Plan. 2025-2026.** 7. 95% PSII safety actions completed within the agreed timescale and where relevant have a test of effectiveness. 8. 100% investigations have nominated key contact in place for patients/family (PSII, MDT) and family contact schedule in place.	5. Continued focus on reducing the number of overdue Datix. 6. Focus on timely learning responses to identify learning and actions from incidents. 7. National requirement for all Trusts to transition to PSIRF from the SI framework with more effective engagement of QI to deliver the strategy. PSIRF KPI Dashboard aligned to the National Patient Safety Strategy and Trust safety priorities.
	Our Harms Free Care Team and Strategy to inform the QI work plan and reduce avoidable patient harm in key improvement areas.	8. A 10% reduction in all inpatient falls based on the 2024-2025 outturn. **9. 95-98% Lying and standing BP compliance for all ward areas** 10. **A 10% reduction in Category 3 and above pressure ulcers including unstageable, based on 2024-2025 outturn.**	8. Continuation of this target to encompass all inpatient falls. Data from Datix, validated by the HFC team. 9. The purpose is to improve the adherence to this component of the NICE guidelines for fall prevention for hospital inpatients. We are making improvement in the quality of care delivered from a baseline is too low for the standard of care we would like to deliver we hope to deliver reduction in harms.

			10. Focus continues on the category 3 PU Data from Datix, validated by the HFC team.
	Improvement Priority	**Measure of Success**	**Rationale/data source**
Patient Experience	As per the PHSO complaint standards promote a positive learning culture across the organisation.	1. **Develop and establish Trust best practice complaint handling training, including remedy, and equitable experience for vulnerable groups.**	1. Progress narrative via the quality report on establishing the training 2025-2026.
	Increase the volume of feedback we receive via our viewpoint patient feedback platform and the % positive responses.	2. **To achieve a 20% FFT response rate of all eligible patients.** 3. **To achieve a 10% increase in positive FFT responses from 2024/25 outturn.**	2. 5% increase in target. Data from Viewpoint. 3. Improving patient experience, reinforce a culture of patient centred care enhancing the Trust reputation, supporting staff moral and engagement.
	Use themes from feedback to focus on local quality improvement work and action plans from PSII investigations to enhance patient experience.	**4. Reduce the number of events, complaints, and PALS concerns related to patient discharge by 20% from the 2024-2025 outturn.**	**5.** Continuation of previous priority. Data from Datix
	Improvement Priority	**Measure of Success**	**Rationale/data source**
Clinical Effectiveness	Expand the use of co-design to empower patients and families to understand and effectively optimise their care.	**1. 5% increase in patients prescribed chemical thromboprophylaxis (CTP) within 14 hours of admission in the first 6 months of 2025-2026 from a baseline of 73% with a subsequent 5% increase in the following 6 months.**	1. To meet NICE guidance NG89. VTE in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism.
		2. Using an experience-based co-design model, previously used in maternity, establish a focused patient information programme to ensure patients admitted to surgery will have been informed of the reason for having a VTE risk assessment; how to reduce personal risk of VTE, what to do if they develop signs of VTE.	2. Continuation of 2024/2025 priority commenced in Maternity, now extending to include Surgery.
	Ensure timely review of deaths to promote education and progress of an integrated approach to learning from deaths.	**3. 95% of all deaths of babies, suitable for review using the Perinatal Mortality Review Tool (PMRT) have been started within two months of each death (including homebirths), and 60% of PMRT reports published within 6 months**	3. Part of the Maternity Improvement program. Data from WHP as reported to CNST. Reported quarterly