

# Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

*Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.*

*This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.*

## **Issue: John Radcliffe Hospital CQC Improvement Journey**

### **Lead Cabinet Member(s) or Responsible Person:**

- Eileen Walsh (Chief Assurance Officer, Oxford University Hospitals NHS Foundation Trust)
- Andrew Brent (Chief Medical Officer, Oxford University Hospitals NHS Foundation Trust)
- Lisa Glynn (Director of Clinical Services, Oxford University Hospitals NHS Foundation Trust)

It is requested that a response is provided to each of the recommendations outlined below:

**Deadline for response:** Thursday 9<sup>th</sup> May 2024

### **Response to report:**

We thank HOSC for their comments and recommendations. We offer a response against each recommendation in the below table.

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### Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Response
<p>1. For the Trust to continue to take improved measures to improve patient safety at the John Radcliffe. It is recommended that staff are sufficiently supported and trained in being able to maximise patient safety.</p>	<p>Accept</p>	<p>As a Trust, we take patient safety and quality improvement very seriously and so this work has been at both strategic and operational levels. As noted in our report to HOSC in February 2024, numerous developments across the Trust have taken place since the last inspections at the JR; all of which support and deliver improvements across each of the key questions: Safe, Responsive and Well Led.</p> <p>We continue to review all patient safety incidents with moderate or above impact at our daily Patient Safety Response (PSR) meeting which is chaired by senior clinical leaders with medical, nursing and governance representation from across the Divisions.</p> <p>In line with national requirements, we introduced Patient Safety Incident Response Framework (PSIRF) in 2023. This is an approach to developing and maintaining effective systems and processes for responding to patient safety incidents focussed on learning and improving patient safety. We have a new policy with associated training, and it is supported by a detailed Incident reporting and learning procedure. This has included the appointment of patient safety partners.</p> <p>We continue to monitor key patient safety metrics both internally and against national benchmarks. The latest Summary Hospital-level Mortality Indicator (SHMI) for October 2022 to September 2023 is 0.92 (0.89-1.12). This is banded 'as expected'. From May 2024, the Trust level SHMI will exclude deaths that occur in the two Trust hospices (Katherine House Hospice and Sobell House Hospice) in line with benchmarked Trusts. Provisional NHSE data shared with the Trust shows a SHMI excluding the hospices of 0.86 for January to December 2023, which is banded as 'lower than expected'. The Trust's Hospital Standardised Mortality Ratio (HSMR) is 88.8 (95% CL</p>

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		<p>85.1 – 92.6) for September 2022 to August 2023. The HSMR remains banded as 'lower than expected'. The HSMR excluding both Hospices is 80 (71.5-97.6). All deaths undergo a mortality review to identify and implement any potential learning.</p> <p>Huge emphasis has been placed on core skill compliance. This includes statutory and mandatory training across a range of clinical and non-clinical domains; patient safety training; and role specific training. Compliance is monitored via our MyLearning Hub electronic learning platform and through appraisal.</p> <p>Similar emphasis is placed on appraisal completion and monitoring to support staff in their personal development and delivery of the Trust objectives. Compliance is now recorded on a central system, with rates published in the monthly 'Integrated Performance Report' monitored by our Trust Board (papers are published on our website). We introduced a values-based appraisal (VBA) window for the first time in 2022 which has had a positive impact. 94.2% of Trust wide staff completed an appraisal in the last financial year compared to 65% in 2021-22.</p> <p>The OUH CEO launched our new 'Kindness into Action' programme in October 2022 with a Leading with Kindness training programme for our leaders and managers, something that has been integral to the improvement and development of core services across all sites. By the end of March 2024, 519 leaders in the organisation had completed this comprehensive training package and a further 969 leaders were in the process of completing the training. In addition, 1060 other members of staff had completed the complementary 'Kindness into Action' training for all staff.</p> <p>Underpinning all that we do is a strong focus on Quality Improvement (QI), with ~1,500 staff now trained in Quality Improvement. Reflecting this is our positive feedback from the NHS Staff Survey, which highlights a significant cultural shift within our</p>

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		<p>organisation towards greater staff autonomy and involvement in decision-making processes related to their work areas. These survey results reflect our staff's increasing ability to contribute to improvements and compare favourably with many other NHS Trusts. The staff survey includes 3 questions on quality improvement. In all three questions OUH has seen improvement over the last few years and the scores remain above the average for staff survey results in England as shown below.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="920 635 1279 1203"> <p><b>Q3d I am able to make suggestions to improve the work of my team / department.</b></p> <table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Your org</td> <td>74.99%</td> <td>74.95%</td> <td>71.79%</td> <td>73.78%</td> <td>74.74%</td> </tr> <tr> <td>Best result</td> <td>83.24%</td> <td>81.60%</td> <td>78.73%</td> <td>79.63%</td> <td>77.96%</td> </tr> <tr> <td>Average result</td> <td>74.65%</td> <td>73.16%</td> <td>70.05%</td> <td>70.92%</td> <td>71.43%</td> </tr> <tr> <td>Worst result</td> <td>65.38%</td> <td>65.04%</td> <td>63.37%</td> <td>64.73%</td> <td>65.35%</td> </tr> <tr> <td>Responses</td> <td>5906</td> <td>6861</td> <td>7695</td> <td>6965</td> <td>6561</td> </tr> </tbody> </table> </div> <div data-bbox="1301 635 1659 1203"> <p><b>Q3e I am involved in deciding on changes introduced that affect my work area / team / department.</b></p> <table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Your org</td> <td>53.66%</td> <td>52.55%</td> <td>51.45%</td> <td>54.22%</td> <td>56.94%</td> </tr> <tr> <td>Best result</td> <td>62.53%</td> <td>57.46%</td> <td>56.61%</td> <td>57.98%</td> <td>59.18%</td> </tr> <tr> <td>Average result</td> <td>52.69%</td> <td>50.55%</td> <td>49.07%</td> <td>50.41%</td> <td>51.60%</td> </tr> <tr> <td>Worst result</td> <td>42.49%</td> <td>41.33%</td> <td>41.38%</td> <td>41.99%</td> <td>43.95%</td> </tr> <tr> <td>Responses</td> <td>5905</td> <td>6855</td> <td>7692</td> <td>6966</td> <td>6555</td> </tr> </tbody> </table> </div> <div data-bbox="1682 635 2040 1203"> <p><b>Q3f I am able to make improvements happen in my area of work.</b></p> <table border="1"> <thead> <tr> <th></th> <th>2019</th> <th>2020</th> <th>2021</th> <th>2022</th> <th>2023</th> </tr> </thead> <tbody> <tr> <td>Your org</td> <td>57.25%</td> <td>57.68%</td> <td>56.44%</td> <td>57.80%</td> <td>60.58%</td> </tr> <tr> <td>Best result</td> <td>67.76%</td> <td>63.68%</td> <td>61.57%</td> <td>61.93%</td> <td>62.79%</td> </tr> <tr> <td>Average result</td> <td>56.56%</td> <td>55.62%</td> <td>53.39%</td> <td>54.84%</td> <td>56.35%</td> </tr> <tr> <td>Worst result</td> <td>44.73%</td> <td>45.18%</td> <td>43.63%</td> <td>42.93%</td> <td>46.89%</td> </tr> <tr> <td>Responses</td> <td>5894</td> <td>6854</td> <td>7681</td> <td>6964</td> <td>6538</td> </tr> </tbody> </table> </div> </div> <p style="text-align: center; font-size: small;">Oxford University Hospitals NHS Foundation Trust Benchmark report <span style="float: right;">50</span></p>		2019	2020	2021	2022	2023	Your org	74.99%	74.95%	71.79%	73.78%	74.74%	Best result	83.24%	81.60%	78.73%	79.63%	77.96%	Average result	74.65%	73.16%	70.05%	70.92%	71.43%	Worst result	65.38%	65.04%	63.37%	64.73%	65.35%	Responses	5906	6861	7695	6965	6561		2019	2020	2021	2022	2023	Your org	53.66%	52.55%	51.45%	54.22%	56.94%	Best result	62.53%	57.46%	56.61%	57.98%	59.18%	Average result	52.69%	50.55%	49.07%	50.41%	51.60%	Worst result	42.49%	41.33%	41.38%	41.99%	43.95%	Responses	5905	6855	7692	6966	6555		2019	2020	2021	2022	2023	Your org	57.25%	57.68%	56.44%	57.80%	60.58%	Best result	67.76%	63.68%	61.57%	61.93%	62.79%	Average result	56.56%	55.62%	53.39%	54.84%	56.35%	Worst result	44.73%	45.18%	43.63%	42.93%	46.89%	Responses	5894	6854	7681	6964	6538
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<p>2. For ongoing stakeholder engagement and coproduction to be at the heart of the John Radcliffe Hospital's efforts to address the concerns identified by the CQC, and for there to be clear transparency and further evidence of this to be provided.</p>	<p>Accept</p>	<p>HOSC are thanked for their recognition of the importance of stakeholder engagement and co-production in NHS services.</p> <p>Stakeholder engagement is a vital part of both our strategic and operational efforts. The views of patients, families, carers, staff and partners help shape our services across the JR and the wider trust. By way of an example of our commitment to this, since the last CQC inspections we have published "Your Voice: Patient Experience and Engagement Plan 2023 – 26" which sets the vision and direction for improving how the Trust learns from lived experience and then puts this into practice with experts by experience working alongside us to implement change.</p> <p>We hold an annual patient safety engagement event which is geared to engage patients the public and our governors in helping set our annual quality priorities. In addition, as flagged in our report to HOSC, patient experience stories are presented to the Trust Board and our Integrated Assurance Committee, providing an insight into an individual's experience of our services. They often provide opportunities for learning. Supporting and involving staff and patients after a patient safety event is one of the four key elements of the Patient Safety Incident Response Framework and the integral work of our Patient Safety Partners.</p> <p>For our staff, we have worked to ensure everyone in the organisation feels they can have a say and that their voice is heard and listened to. Their views are taken into account when decisions are being discussed that affect them. Where we have improvement programmes across the Trust, we ensure there is a 'Development Programme' structure where staff can input, shape and influence those improvement programmes. We have also put mechanisms in place to enable an ongoing conversation with our staff, in different ways, to ensure every voice is heard and</p>

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		actively listened to and the feedback used to guide action plans to address issues raised and celebrate when things are going well.
<p>3. For clear transparency around the Trust's efforts to address the CQCs concerns around the John Radcliffe. It is recommended that there are clear indicators that could help determine how improvements in the John Radcliffe are being driven overall as well as in the specific service areas of Gynaecology, Maternity, Surgery, and Urgent &amp; Emergency Care.</p>	Accept	<p>We acknowledge the importance of transparency around the quality and improvement in our services. We have therefore ensured that the key reports for us, that play a central a role in monitoring, compliance and improvements, are routinely taken through the Trust's governance structures up to the Trust Board. This includes the publication of associated papers on our website. For example, our Integrated Performance Report (IPR) is reported to the Board and it contains performance indicators, assurance reports and development indicators. The IPR identifies actions to address risks, issues and emerging concerns. This help assist us understand the progress and impact of improvements.</p> <p>The outcomes and overview of our progress in response to CQC Inspections have been reported in the Trust's Annual Reports and Quality Accounts. These are also published on the Trust's website.</p>
<p>4. For sufficient resources to be secured for the purposes of delivering and potentially expanding the Hospital at Home Service.</p>	Partially accepted	<p>The Hospital at Home service (H@H) is a successful initiative that has been introduced, providing an alternative to acute hospital admission, for the treatment and monitoring of patients, enabling them to stay at home during an acute illness. We are committed to having a continuous focus on improving our urgent and emergency services; of which the H@H initiative is an important part.</p> <p>We look to deploy our limited NHS financial resources and workforce according to the needs of patients. As models of care evolve, the range of healthcare roles develop</p>

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		and technology advances evolve, we will continually innovate to ensure the care we provide meets the needs of patients within the financial envelope we have available.
5. For a site visit to be orchestrated for the purposes of providing the Committee with insights into the measures taken by the Trust to improve patient safety at the John Radcliffe.	Agreed	OUH would be happy to host a delegation from HOSC to visit the JR to provide first hand illustration of some of the measures taken to improve patient safety.