

## HOSC FEEDBACK TO OUH QUALITY ACCOUNT BRIEFING

Issue	Commentary
Staff safety and wellbeing	<ul style="list-style-type: none"> <li>- HOSC is aware that emotions for patients and families and staff will be heightened during a time across the health and care system which is recognised as totally unprecedented.</li> <li>- It is deeply regrettable that against this backdrop staff safety is far from assured when doing their work. HOSC commends OUH's recognition that there are clinical and non-clinical causes to this, which require different approaches. For non-clinically caused harassment of staff it would wish to see close working with the police to ensure that the trust's commitment to staff safety is being fully followed through</li> <li>- The fact only 28% of staff have undertaken the wellbeing check open to them may be suggestive of multiple things, both positive and negative: that staff feel resilient enough already, that they have insufficient time, or that they do not have faith in its value. With the pressures staff are under this level of take-up merits greater understanding and if this is not a mandatory national check whether there is value in exploring further with staff not taking up the checks whether there is anything else that might be helpful within local resources available.</li> </ul>
Transitions between children's and adult's care	<ul style="list-style-type: none"> <li>- This work is vital and is welcomed as a priority</li> </ul>
Ethnicity and inequalities	<ul style="list-style-type: none"> <li>- HOSC welcomes the depth of work which is being undertaken to ensure that data collection on ethnicity is not simply collected for the sake of it, but is used to ensure that this translates into better patient outcomes. The Trust is encouraged to make use of data from all suitable sources, including Public Health.</li> </ul>
Acronyms	<ul style="list-style-type: none"> <li>- It is asked that the Quality Account is checked to ensure acronyms are introduced in full the first time they are used throughout the document</li> </ul>

Staffing levels and profile	<ul style="list-style-type: none"> <li>- Given the high cost of employing locums the overall number is important to the Trust's level of resources. If possible, getting clarity on the number of locums employed beyond September 2022 would be valuable.</li> <li>- HOSC supports the development of career pathways, but it also recognises that as people skill-up and are promoted other people need to be attracted into the roles they vacate. Equally, it is important that staff are encouraged to stay working for the Trust so the investment made in staff is realised. The focus of the Trust through its People Strategy is deemed extremely important, but owing to its critical strategic importance there may be value in including some of its key measures as part of the Quality Account.</li> </ul>
Medicines Safety	<ul style="list-style-type: none"> <li>- HOSC welcomes that as part of the overall patient safety quality improvements that whilst the priority improvements are focused on specific medicines listed that these would be updated to include any medicine safety area that was brought to the attention of OUH as high risk.</li> </ul>
Mortality rates	<ul style="list-style-type: none"> <li>- Check consistency of figures within the document; both 2800 and 318 are referenced. Whilst there may be reasons for the differences the discrepancy is sufficiently large as to be worthwhile double-checking for accuracy.</li> </ul>
Waiting times	<ul style="list-style-type: none"> <li>- In addition to the publication of average (mean) waiting times, overall patient experience would be illustrated more fully by including both median and maximum waiting times also.</li> <li>- HOSC welcomes the offer of the OUH operations Director to meet with the sub-group of HOSC on recovery of clinical backlogs which are of great concern as part of a national issue of recovery. It would be helpful to know whether the national picture reported in the HSJ that March 2023 saw a rise in people being referred into the system and a marked increase in volume of those treated was also seen in Oxfordshire, the impact of this and whether April figures are also showing this.</li> </ul>
Avoiding and managing complaints	<ul style="list-style-type: none"> <li>- Although it is hard to make specific suggestions in relation to the avoidance of complaints and improvement of their management owing to the differences in the way they are handled, HOSC recommends that two overarching themes be incorporated so far as possible: ensuring that the Trust listens to complainants (high-level ones in particular), and ensuring there is a learning culture within the organisation to develop mitigations to the</li> </ul>

	<p>causes of those complaints. The Trust is asked to give consideration to it's development of new Quality Priorities on patient feedback to include complainants in a standardised evaluation about their experience of the process and indeed that being extended to members of staff who are complained about.</p>
Overall comments	<ul style="list-style-type: none"><li>- HOSC wishes to thank OUH for it's quality report and for briefing the committee and again to extend our thanks to all who are working in the NHS or working with the NHS during a time of unprecedented pressures.</li><li>- A learning culture is viewed as critical and welcomed by HOSC to the safety and wellbeing of all patients and staff. Whilst the Trust's priorities are laudible and have clear energy and commitment behind them, one measure by which they must be judged is whether they deliver improved outcomes. The resources of the trust, particularly staff time, are fungible, and work devoted to broader priorities can reduce the time and capacity available for front-line clinical activity. It is important that the Trust continues to monitor closely the quality improvements as absolutely vital to system recovery and patient safety. With this in mind HOSC would also advise that OUH liaison with stakeholders includes whether there are any processes which are not serving a purpose of improved patient or staff safety and wellbeing and are disproportionately time intensive and costly to the Trust.</li></ul>