

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 58/2022**

(Agenda item: 5)

# Board of Directors

**28 September 2022**

**Trust Chair’s report and system update**

**For: Information/ Discussion**

**Executive Summary**

We live in a world ‘besieged by crises’, said a recent newspaper headline. In the NHS pressure is severe…on caseloads, on clinicians, many of whom face a hard winter as the cost of petrol, housing, food and heating (the cost of living) rises, causing deep anxiety among staff who are supposed, through their care and skills, to be assuaging the anxiety of patients, many of whom now face additional difficulties.

Few meetings of the Board and its committees go by without yet again focused attention on how we attract and retain staff, in order to stem our reliance on temporary, locum and agency staff. Logic says either we have to spend more money on our staff, to attract and keep them (acknowledging the savings made if we deploy fewer expensive agency people), or else we find some way to maintain our services while using less input. The only alternative is to do less, but demand for our services is high and the cost of living crunch is highly likely to add to it. Not meeting that demand translates in human terms into bigger lists and longer waits and untreated pain and suffering. Logic also says that either health spending (and community and mental health’s share of it) increases as a proportion of total spending, meaning less for schools, social care, welfare and so on, or total spending increases. And that proposition, this autumn, is at the very centre of political conversation and action, amid the impact on households and businesses of energy bills and the call for public spending to mitigate it. In these circumstances calls to ‘shrink the state’ sound somewhat counter cyclical or even counter cultural.

August is supposed to be the quiet month, recuperation time for harried staff, the season for annual leave to be taken. No such luck, this year. Aside from drought, politics and the pressure of prices, staff have struggled to cope with cyberattack – not directly on the NHS but on a company supplying software and systems. Once it was proposed that IT in the whole NHS should be organised in a single system. Then the pendulum swung in the other direction, leaving individual trusts to sort out software and informatics and the NHS largely eschewing its leverage in procurement. The market for ‘solutions’ (for patient records, finance and so on) has become highly concentrated, meaning a small number of firms selling to many trusts, on a divide-and-rule basis. In the procurement of systems choice is severely limited and the initiative passes to the suppliers, however mixed their performance. A thoroughgoing review of the supply side in NHS IT is now due.

Yet this summer, we once again saw just how resilient staff are, coping with the loss of patient records and the collapse of systems with workarounds and fixes, making huge efforts to keep the show on the road. Martyn Ward, Executive Director for Digital and Transformation, remarked that the NHS is seen at its best in a crisis. He is right – but what happens if crisis becomes endemic?

**Recommendation**

The Board is asked to note the report

**Author and Title: David Walker, Trust Chair**

1. *A risk assessment has been undertaken around the legal issues that this report presents and there are no issues that need to be referred to the Trust Solicitors*
2. ***Strategic Objectives/Priorities*** *– this report relates to the following Strategic Objective(s)/Priority(ies) of the Trust:*

*1) Quality - Deliver the best possible care and health outcomes*

*2) People - Be a great place to work*

*3) Sustainability – Make best use of our resources and protect the environment*