

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 69/2022**

(Agenda item: 5)

# Board of Directors

**30 November 2022**

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

**For: Information/ Discussion**

**Executive Summary**

I recently visited our community hospital in Witney. On a mild autumn day amid the honey-coloured stone buildings of the Cotswold town, much seemed to be right with the world. Perhaps Witney is the kind of place where the public, perhaps even the local MP, might ask why, despite increases, the NHS keeps saying it needs more money. There is a cogent answer and it is in the fabric of the hospital’s buildings.

When they were built, between the wars, people were smaller. Now, door frames are not wide enough to accommodate wheelchairs; patients literally do not fit into bathrooms. The UK is not just an ageing society but it is one with more plus size people. Our physical estate is out of time and out of shape.

We talk a lot, rightly, about ‘moving upstream’, about addressing the causes of ill-health, about preventing people needing treatment. Nick Broughton is a fan of a recent book by David Haslam called Side Effects (Atlantic Books), which plots the increased costs of care and argues that hard choices have to be made, among them deciding what are genuinely medical problems and what are social issues, determined by the nature of our economy, our family structures and the individual choices we insist on making. We should shift the ground on which we argue about health spending. But today and tomorrow Witney hospital will still have patients needing rehabilitation, many of them too large to fit the available space – and the unit cost of providing for them will continue to rise, adding to the pressure on the NHS budget.

Last week, the director of NHS South East, urged us chairs of provider trusts to do more to reduce deficits – we look likely to end the financial year with a small deficit; the Buckinghamshire, Oxfordshire and Berkshire West integrated system will have a larger deficit; NHS South East will have an even larger deficit. She should be pushing us. No organisation, not least one as large as ours, lacks scope for cost savings. A potential prize of ‘integration’ is to share more services and reduce cost. Even accepting that cost saving is paradoxically a lot easier when money is not tight, we could do more to extract maximum value from our procurement and our buildings.

But from our staff? A year and a half ago, we talked about a post-Covid respite. When the pandemic eased, staff would have the chance to draw breath and take stock. The opportunity never arrived. Covid segued into trying to cope with increased waiting lists, expanding referrals and a universal sense of pressure. Within a few weeks, nurses are set to strike, rejecting a pay offer that, with inflation, is a pay cut. That is only one manifestation of the squeeze on public services. Staff willingness and capacity to address efficiency and effectiveness are reduced to near zero when they feel so stretched, and so ill rewarded.

**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*