

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 14/2023**

(Agenda item: 6)

# Board of Directors

**29 March 2023**

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

**For: Information/ Discussion**

**Executive Summary**

Looking at what I have done since our last board meeting, I ashamedly record an imbalance between the in and the out. By the latter I mean what we do for patients and people, which is the reason we exist. The former is all sorts of processes and procedures, activity that can seem a long way from the work done on our wards, by local teams, in the research suites. It is what often gets summarily dismissed as ‘bureaucracy’. Of course some processes and procedures are necessary to provide and support health services – they are needed to promote diversity and inclusion, to ensure we are accountable to the public and those who fund us. But how much process and procedure do we need? A lot of my and colleagues’ time has recently gone on the Integrated Care System in our main area of operations, Buckinghamshire, Oxfordshire and Berkshire West (**BOB**) and, truth to tell, it is so far hard to point to any tangible benefit for patients and public from its existence. The beginnings of a road map are there and it is legitimate to hope and aspire. BOB could be a force for good. But so far it has largely been process and very little product.

It is not that the work done on our wards, community hospitals and teams is uncomplex. I have been talking recently to some of our psychologists. Their formation and professional culture are distinct from those of our psychiatrists. There are welcome areas of overlap between these two but important differences of method and even philosophy. Psychiatrists are doctors, with all the vocational authority of medicine. Psychologists are schooled in the functioning of mind, plus deep understanding of the brain, fed by a strong experimental tradition. In an ideal world, confronted with a patient, someone needing help, the two professionals pool their expertise and decide which of their approaches best suits that need. In reality professional jealousy may get in the way of collaboration; one group can feel marginalised or taken for granted. And of course there are other skill sets and understanding, carried by our nurses, occupational therapists, speech and language experts and so on. Ensuring there is an optimal mix of skills and methods is not easy. Wards and teams also have their cultures and power dynamics, which may be difficult to break into.

So – sometimes – lots of ‘process’ and procedure are both unavoidable and necessary, to ensure that patients are not just well treated but treated with maximum effectiveness. Ideally (again), because we employ staff with the skill to spot, analyse and treat dysfunction in the behaviour and mental life of people, you might think they are going to be sensitive to gaps and problems in the behaviour and mental life of organisations. That is not necessarily so and great case workers may be somewhat oblivious to social group life let alone the dynamics of organisations – and, rest assured, we are a complicated organisation. That said, by next board meeting, I intend to have spent more time on the out rather than in.

**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*

*Strategic risk themes: triangulating data and learning to drive Quality Improvement; Demand and Capacity (Mental Health inpatient and Learning Disabilities); and Demand and Capacity (Community Oxfordshire).*

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

*Strategic risk themes: planning and decision-making at System and Place level and collaborative working with Partners; governance of external Partners; Financial Sustainability; Governance and decision-making arrangements; Business Planning; Information Governance & Cyber Security; Single Data Centre; Business Continuity and Emergency Planning; Environmental Impact; and Major Capital Projects*