

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**24 May 2023**

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

**For: Information/ Discussion**

**Executive Summary**

To fill today’s vacancies in Oxfordshire, we would have needed to recruit a third of all podiatrists completing their training in the UK last year. That example of our workforce problem could be repeated across nursing; there are parallel shortfalls among doctors, care coordinators, speech and language therapists and so on.

Two things are true at the same time. The NHS has expanded its staff in recent years. Indeed in some areas the shape of the workforce is relatively favourable – among European countries the UK has one of the lowest proportions of doctors aged over 55 (albeit one of the highest proportions of doctors trained abroad). Yet even an expanded workforce is too small to cope. Waves of demand for services surge ever higher. More people need the skills of podiatrists, because we are getting older; problems are both chronic and acute, because of the growing incidence of diabetes and because services that were once offered either in hospital or by GP are now expected from our community teams.

It is no comfort that across Europe pressures are similar, in health systems very different from the NHS and sometimes more generously funded. But we could be a lot more open, despite Brexit, to learning what does and does not work in our neighbours – and at home too, where there is no easy way of finding out about and taking inspiration from other NHS trusts. What used to be called NHS Improvement never did enough to promote mutual discovery. In education as in health, the regulators deny they are improvement agencies, preferring just to tick the boxes (though sadly they often seem happiest marking an x).

In the absence of an NHS workforce plan – said to be in the pipeline – it is up to us. The chief executive of the NHS Amanda Pritchard has recently suggested new ways of training, expanding apprenticeship and, given the vitality of our local educational institutions, schools, college and universities, there is probably more we could do to promote careers in healthcare and sustain people through early professional years. Recruitment has to cohere, of course, with our doing more to retain staff, convincing them continuously that Oxford Health is a good place to work, despite the pressures. Events such as the recent annual awards ceremony held at the Unipart Centre do help – it was a great occasion, expertly organised, generating a real buzz.

Talking of staff, I must record our regret at the departure of chief executive Nick Broughton, albeit to a job that matters much to us. Approached about seconding Nick to the integrated care board in Buckinghamshire, Oxfordshire and Berkshire West, I felt obliged to be positive. The magazine HSJ calls our system ‘troubled’. Let us leave it there and agree Nick has a big job to do in building confidence in BOB. We should celebrate the chief executive of a mental health and community trust operating in a space where the acute hospitals have been predominant.

One of BOB’s characteristics is the mixture of councils in our area – a county and districts in Oxfordshire, a large unitary in Buckinghamshire and three smaller unitaries in the former county of Berkshire. District councils have not had as much airtime in BOB as they merit – they are responsible for housing, leisure and other services vital to wellbeing. So I am glad to have assumed, in rotation, the chair of the Oxfordshire System Leaders Group, which is a forum bringing together the NHS, the Thames Valley police service and local authority leaders. Its next meeting has been delayed because the recent district council elections changed Oxfordshire’s electoral geography.

**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).*

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

*Strategic risk themes: Workforce Planning; Recruitment; Succession Planning, Organisational and Leadership Development; Culture; and Retention.*

*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*