

Agenda item 05

Chief executive’s report

Board of directors 28 April 2022

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| **Report title** | Chief executive’s report |
| **Report from** | Martin Kuper, chief executive |
| **Prepared by** | Head of corporate governance and executive team |
| **Link to strategic objectives** | The chief executive’s report links to all eight strategic objectives |

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| **Brief** **summary of report**  The report covers the following areas:   * Operation Response to COVID-19 and recovery of clinical services * Vaccination update * Staff survey * Infection prevention control update * BRC update * Open Eyes and IT remediation * Oriel update/FBC timeline * Ockenden report * Well-led review * Rapid diagnostic centres * Election results * Ophthalmologist Power List 2022 results * People and awards * March financial performance | | | | | | | |
| **Action required/recommendation.**  The board is asked to note the chief executive’s report. | | | | | | | |
| **For assurance** |  | **For decision** |  | **For discussion** |  | **To note** | **✓** |

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST**

**PUBLIC BOARD MEETING – 28 APRIL 2022**

**Chief Executive’s report**

**Operation Response to COVID-19 and recovery of clinical services**

Although we continue to see a fluctuation in the level of staff sickness which has been caused by Covid-19, we have returned to a normal operating model and are attempting to deliver as much outpatient and elective activity as possible. Although the larger number of working days in March helped us to achieve nearly 100% of the outpatient and elective activity that we are required to, because referrals exceeded the levels seen prior to the pandemic for the first time we have seen a continued growth in our new patient waiting list.

Work to model how we can increase our activity levels further in 2022/23 is near to completion and we are also waiting on the outcome of our application to receive additional money from NHS England to support the development of our Site Strategy.

The Trust is maintaining the mutual aid which we are providing to the Royal Free Hospital Group and is due to receive a further batch of referrals imminently. Waiting times are being monitored across North Central London to assess when we should reverse the current demand smoothing policy which is in place

**Vaccination update**

The overall Covid vaccination uptake figure for frontline staff remains unchanged with 93% having received a 1st dose. Of this group, 95% have received a second dose and 84% have received a booster. Vaccinations continue to be offered and the Trust vaccination lead is visiting different sites over the coming months both to thank staff for stepping up and to understand what might help to increase uptake as we plan for the Winter vaccination programme. The uptake of flu vaccination has reached 56% (the average across London is 48%) and Moorfields has the 10th highest uptake rate in London. Most staff would prefer not to receive both flu and covid vaccinations at the same time

**Staff survey**

Our survey ran from 4 October to 26 November 2021 and was administered by Quality Health, a survey specialist, on behalf of the Trust to preserve anonymity. Our benchmark group is Acute Specialist trusts of which there are 13 in the Country. We were the lowest scoring Acute Specialist Trust in 4 out of 9 themes (we are compassionate and inclusive, we are recognised and rewarded, we each have a voice that counts and we are a team). Moorfields were above the NCL average in 5 themes.

I want to ensure that we learn from these results and we have taken the following actions:

* Break data down by Directorates to provide localised reports to share, and identify any bright spots that we can learn from and hot spots for targeted action
* Share Staff Survey results with our colleagues and ask for their feedback on areas of focus – opportunities include all staff briefing sessions, exec visits and local team meetings
* Identify areas for focus for trust wide action plan
* Develop local action plans, which are aligned with trust wide action plan, and communicate progress regularly

**Infection prevention control update**

Covid community case rates continue to fall in North Central London although inpatient numbers remain constant. Following release of further UKHSA and NHS England guidance as part of Living with Covid-19, adjustments to staff and patient testing are being made to Moorfields internal guidance.

Staff testing changes are:

* Symptomatic staff should test using LFT instead of PCR
* Staff who are contacts of a positive Covid-19 case, including a household contact can continue to work as long as they are asymptomatic and continue to do twice weekly LFTs with negative results
* PCRs currently taken by staff on the green pathway will be replaced with twice weekly LFTs from Monday 9 May 2022.
* All staff should continue taking twice weekly LFTs and report on the Government testing website

Patient testing changes are being finalised but are likely to include:

* Testing required prior to elective day case procedures will change from PCR testing to lateral flow tests for AGP (aerosol generating) procedures
* Non AGP elective day case patients will be risk assessed and complete a symptom checklist for low-risk patients.

**BRC update**

The final interview for the National Institute for Health Research Biomedical Research Centre at Moorfields and UCL (NIHR BRC) took place on Monday the 4th April.  This was the final part of a very long process taking a year during which centres and themes were eliminated during the process.  The NIHR BRC award facilitates significant NIHR and other funding including the clinical research Facility funding, Research capability funding, NIHR trainees and infrastructure for the AI and INSIGHT initiatives so is very important.  The interview team of seven and had extensive rehearsals and fielded a range of questions from molecular gene therapy and data science to governance structures, equity of healthcare, diversity and inclusion which were all answered very well. Much of what we hear about related to research was included, for instance the LiGHT laser trial recently incorporated into the NICE guidelines for UK, and all the 11 Moorfields UCL individuals on the world ophthalmologist power list have strong research profiles facilitated by the BRC. We will get the result next month.

**Open Eyes and IT remediation**

Our OpenEyes upgrade programme has completed clinical approval of the Community version 6 application development. Extensive work has been undertaken to make this version available on Google Cloud Platform to provide much improved performance, resilience, and scalability. This work is progressing well but has taken a little longer than planned and will now go-live over the weekend of 21/22 May.

Our IT Remediation Programme has continued to make improvements to clinicians’ day to day technology experience. This month, we have completed work on our largest imaging platform from Zeiss that enables clinicians to sign-in faster and identify patient details rapidly prior to taking an image, significantly improving data quality. Positive feedback has been received from clinicians on IT performance generally; for speed of desktop devices, network and wifi performance, and beneficial use of iPads for patient data access and eConsent. A major upgrade of our Heidelberg imaging system at City Road will take place on 22 June to make it more performant and resilient**.**

**Oriel update/FBC timeline**

I am delighted to confirm that following consideration at the March meeting of the DHSC and NHSEI Joint Investment Committee, and subsequently by HM Treasury, the Oriel Land Disposal business case has been approved. This allows the trust to enter into a conditional sales contract for the City Road campus with the preferred bidder and to use the income generated to fund Oriel. This is an exciting and important milestone in the realisation of our ambition with UCL and MEC to create a new integrated centre for eye care, research and education.

In addition, the Joint Investment Committee approved the OBC financial case affordability addendum, and NHSEI approved the Joint Delivery Vehicle Business case to allow the set up of the entity that will manage the construction and operation of the facility as a partnership between UCL and MEH.

**Ockenden report**

The Ockenden report was published on 30 March 2022. The report follows an independent review of maternity services at The Shrewsbury and Telford Hospital NHS Trust (S&T), which was led by Donna Ockenden. The review has examined cases involving 1,486 families between 2000 and 2019, and reviewed 1,592 clinical incidents where medical records and family consent was gained. The Ockenden review team spoke to the families involved about their care and examined medical records. In addition, current and former members of staff completed surveys, were interviewed and contacted the review team to talk confidentially. The review found repeated failures in the quality of care and governance at S&T throughout the last two decades, as well as failures from external bodies to effectively monitor the care provided. This final report identifies hundreds of cases where S&T failed to undertake serious incident investigations, with even cases of death not being examined appropriately. There are numerous actions for S&T to undertake following the report.

Although the report focused on maternity services, the Trust will review the report and consider any implications for Moorfields. We will report to the Quality and Safety Committee for scrutiny, before reporting further to the Trust board in due course for further discussion and assurance.

**Well-led review**

As colleagues are aware, the CQC led “well-led review” of our governance has just taken place. We have received an initial draft report, which we are reviewing and considering presently, although no major concerns are identified. Some initial comments will be fed back to the review team at RMS before a further draft report is issued. It is our intention to share this with the board, together with a suggested action plan, with a view that we have a workshop with the review team at the June board strategy day. A final report will then be issued and circulated.

**Rapid diagnostic centres**

We are looking to further develop our diagnostic hub model over the next 12 months through a number of planned initiatives. The first of these initiatives will focus on a change in the types of appointments which we offer in our hubs. Although we will continue to see patients who require an MR or glaucoma follow up, we will also begin to see new patients who need to be assessed for these conditions and for cataract treatment.

We will then be looking at expanding the capacity that we have available to diagnose patients within our hubs through an application for additional capital investment. If the application is approved then it will facilitate a new centre being created at Stratford and it will allow us to expand the capacity that we have available at our current Brent Cross facility.

Finally we are exploring the option of developing a community diagnostic hub model at Barking which would allow us to continue to support the diagnosis of particular patient groups at that site and would be run in partnership with the Barking, Havering and Redbridge NHS Trust.

**Election results**

The 2022 Governor elections concluded in March, and I would like to welcome to welcome Jeremy Whelan, Robert Goldstein, Emmanuel Zuridis, Joy Sherifah Adesanya and Anup Shah as our new governors. You have all joined at an exciting time for Moorfields and I look forward to working with you over the coming months. I would also like to take the opportunity to say goodbye to Jane Bush, Ian Wilson and Amit Arora, who have each made valuable contributions to our Membership Council.

**Ophthalmologist Power List 2022 results**

The Ophthalmologist has just announced the results of its annual power list, the top 100 most influential people in the world of ophthalmology. Each entry is considered by an international panel of 20 judges to determine their expertise in clinical practice and vision research.

Moorfields is very well represented in this year’s listing, with 11 associated names: Pearse Keane, Gus Gazzard, Alan Bird, Adnan Tufail, Anthony Khawaja, Ted Garway-Heath, Keith Barton, Louisa Wickham, Mariya Moosajee, Sir Peng Tee Khaw & Sobha Sivaprasad. Pearse and Gus have also been counted amongst the Power List’s Top 10 for 2022, representing an even higher level of recognition for their impact in ophthalmology. This is a fantastic result and demonstrates the excellence of Moorfields in both the clinical and R&D spheres, continuing to enhance our reputation globally.

**March financial performance**

The trust is reporting a £3.08m surplus in March, £2.15m favourable to plan. The cumulative surplus now stands at £19.77m – £4.59m favourable, and close to the forecast outturn of £19.9m for the year. Patient activity during March was 88% for Elective and 91% on Outpatient activity respectively against the equivalent month in 2019/20. On a like for like basis against 2019/20 capacity, this metric is reduces to 81% for Outpatient activity. The trust cash position decreased slightly to £69.3m, equivalent to 104 days of operating cash as significant amounts of capital creditors were paid in-month. Capital expenditure ended the year at £14.8m, an increase of £5.1m in month, although still £3.3m adrift of plan. The outturn was below the capital forecast by £1.7m as some remediation schemes were pushed into 2022/23.

**Martin Kuper**

**Chief Executive**

**April 2022**