

Agenda item 05

Chief executive’s report

Board of directors 26 May 2022

|  |  |
| --- | --- |
| **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 |

|  |
| --- |
| **Brief** **summary of report** The report covers the following areas:* Performance and activity review
* Infection prevention control update
* Research NIHR BRC & CRF
* Open Eyes and IT remediation
* Learning from the Ockenden report
* April 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 – 26 MAY 2022**

**Chief Executive’s report**

**Performance and activity review**

Despite staff sickness absence levels continuing to rise slightly, as a result of the hard work of our clinical and operational teams, the Trust has seen an increase in the number of patients being diagnosed and treated through April, with a greater proportion of new patients being seen than those requiring a follow up.

An activity plan for 2022/23 has been produced and this will now be used to monitor our performance on a weekly basis. Work has begun to increase activity levels further within the current resources which are available and we then expect to hear the outcome of our application to receive additional money from NHS England to support the development of our Site Strategy at the end of June.

As part of our ongoing mutual aid to providers within North Central London we have received a further 450 referrals from the Royal Free Hospital Group. The demand smoothing of new patient referrals within the NCL sector has led to an evened the average waiting time between providers so the use of this will be monitored on an ongoing basis. We are in active discussions with the Royal Free to transfer their longest waiting patients so that existing patients who are waiting for treatment are also getting an equitable wait across the sector.

**Infection prevention control update**

As COVID prevalence and case rates continue to fall (the R rate for North Central London is now 0.7-0.9), further guidance has been issued to support returning to pre-pandemic social distancing and lifting some restrictions in the healthcare setting. Although requirement for face masks/coverings remains in place in healthcare settings, the Trust is otherwise working on a plan to move back to full use of outpatient and ward areas and to allow a companion other than carers into clinics and emergency departments.

All routine elective patient testing prior to procedure has moved to lateral flow tests rather than PCRs, which are now only used for specific Clinician-requested testing. A working group is currently looking at revision back to pre-pandemic social distancing in patient areas using a risk assessment approach to ensure that there is not overcrowding.

**Research NIHR BRC & CRF**

The recent UK University Research excellence framework (REF) exercise was recently published. UCL did very well. UCL was 1st in the country for research power in psychology, psychiatry and neuroscience (the area that includes Ophthalmology). 92% of UCL research in this area is graded as 4\* (‘world-leading’) or 3\* (‘internationally excellent) on a range of 4\* 3\* 2\* 1\* U.Our joint research projects were among the impact case studies highlighted: 1) [Transforming treatment for glaucoma patients and reducing healthcare costs](https://www.ucl.ac.uk/impact/case-studies/2022/apr/transforming-treatment-glaucoma-patients-and-reducing-healthcare-costs).  2) [World-first gene therapies transform lives of children with sight impairment](https://www.ucl.ac.uk/impact/case-studies/2022/apr/world-first-gene-therapies-transform-lives-children-sight-impairment).

**Open Eyes and IT remediation**

I reported last month that development work on the new version of our OpenEyes clinical noting system had successfully completed and the focus had moved to performance testing on Google Cloud Platform, which will provide high levels of resilience, scalability, and performance.  The system continues to be tuned for high levels of use and our clinical stakeholders will sign-off the system’s performance prior to a date being set to launch the new system.

Preparation continues for the launch of the upgraded Heidelberg imaging system at City Road on 22 June, improving functionality, stability, and resilience or one of our most used imaging systems.

**Learning from the Ockenden report**

In March 2022, the Ockenden report into maternity services at Shrewsbury and Telford Hospital NHS Trust was published.  The report focused on maternity care, however,  there is wider learning for all trusts.  The final report made recommendations under 15 broad themes. Of the 15 themes, five themes were particularly relevant for Moorfields:

* Workforce planning and sustainability
* Safe staffing
* Escalation and accountability
* Clinical governance - leadership
* Clinical governance (incident investigation and complaints)

A report was presented to the Quality and Safety Committee on 17 May, focusing on these five areas. A full review of the Ockenden report and all its recommendations, led by our Chief Nurse, Sheila Adam, will be undertaken to identify areas for improvement and actions for our organisation.  Key learning points will be shared with divisions at the clinical governance committee, serious incident panel, quality forums and other relevant committees. In addition, addressing a number of the recommendations will form part of our implementation of the National Patient Safety Strategy, in particular the Patient Safety Incident Response Plan (PSIRP). NHSE have indicated that trust’s will be asked to commence implementing the plan in June 2022.

**April financial performance**

The trust is reporting a £2.16m deficit in April, £0.23m favourable to plan. Patient activity during April was 103% for Elective and 94% on Outpatient activity respectively against the equivalent month in 2019/20. On a like for like basis against 2019/20 capacity, this metric reduces further for Outpatient activity. The trust cash position increased to £74.7m, equivalent to 103 days of operating cash as outstanding debt reduced by £6.7m from March. Capital expenditure was £0.5m in-month as the overhang of spend from the prior financial year was worked through. Efficiencies were £0.13m in April, some £0.26m adverse to plan, although it is to be noted that further identification of schemes to reduce the unidentified balance of £2.9m is being undertaken.

**Martin Kuper**

**Chief Executive**

**May 2022**