

Agenda item 05

Chief executive’s report

Board of directors 26 January 2023

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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:   * Performance and activity review * Urgent care update * Infection prevention control update * Sector update * Industrial action update * TIFF – Stratford and Bedford * Excellence programme update * New Electronic Patient Record System * December 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 JANUARY 2023**

**Chief Executive’s report**

**Performance and activity review**

In December the Trust continued to deliver a positive level of performance by increasing the elective activity undertaken to 102.6% and outpatient first appointment activity to 106.9% of the levels undertaken in 2019/20.

Although there has been a rise in the number of patients waiting over 18 weeks for their treatment, the overall number of new patients who are waiting for treatment has continued to fall through the month of December. As a result of a validation exercise, a number of patients were found to have waited more than 52 weeks for their treatment. It is anticipated that all of these patients will be seen by a clinician within the Trust before the end of January.

Work to reduce the backlog of patients requiring a follow up appointment back to pre-Covid levels has been successful, meaning that this group of patients only requires monitoring rather than active intervention.

**Urgent care update**

As part of our excellence Programme we are seeking to further improve our urgent care services. We are exploring how best to roll out our Attend Anywhere service to our satellite sites starting with our St George’s unit and we will then assess where we need to supplement this with additional support in each of the ICB’s that we serve.

We have begun discussions with representatives from the London Urgent Care Board and have agreed to receive all London eyecare related referrals from the national 111 service from February 2023.

**Infection prevention control update**

Covid Case Rates and hospitalisation rates continue to decrease at <30 cases/100 000 population and fewer than 100 hospital admissions per day across London with a positive Covid test. Flu rates have also shown a decline and staff absence related to Covid is static. Covid and Flu vaccination rates have remained lower than previous years sitting at just under 50% of staff for Covid booster and 44.2% of staff receiving flu vaccination. The Trust is in the upper quartile of London Trusts for these. There is unlikely to be much improvement on this over the next few weeks.

The highest rates of vaccination in Trusts in London are just under 58% for Covid (GOSH) and 55% for Flu (Kingston). The lowest rates are 29% for Covid (north mid) and 32% for flu (ELFT). A new code of IPC practice for the Health and Social Care Act has been published on 13th December, mainly to reflect the changes of responsibilities from CCGs to ICBs. A summary of changes will be reported through ManEx, ICC and Quality and Safety Committee.

**Sector update**

In North East London, we recently attended the Barking Health Overview and Scrutiny Committee (OSC) to discuss our plans for our new Stratford hub and the proposed Community Diagnostic Hub on the Barking Hospital site. Our plans were well received by the OSC and discussions continue with Barking, Havering and Redbridge NHS Trust regarding how best to jointly develop the CDC unit after we have fully opened our Stratford hub in August 2023.

Within NWL, we have begun discussions with the owners of the Brent Cross shopping centre who have indicated that they would like to move our diagnostic hub from one part of the centre to another. We are expecting to make this move between April and July of this year and are looking to maintain as much of the current service offering as possible within the proposed new unit.

At the end of November, we attended the North Central London Health Overview and Scrutiny Committee to clarify our plans for the Oriel Programme, focussing on the support that is being offered to non-MEH patients who are currently receiving treatment on the St Pancreas hospital site and who will be transferred to alternative facilities as part of us achieving full vacant possession of the site. The planned reconfiguration of NCL elective ophthalmology services continues to progress and is likely to go to public consultation later in 2023.

**Industrial action update**

MEH has not been affected by industrial action to date as the main unions, RCN and UNISON have not achieved a successful mandate for action in their ballots due to number of members participating in the ballot. The BMA is currently balloting junior doctors over strike action. The Director of workforce and COO have led on planning for industrial action and developed FAQs for managers and staff.

**TIFF – Stratford and Bedford**

Work continues to develop our Ophthalmology Hub at Stratford. We have prepared the shells of each floor and have agreed final designs with our clinicians and local stakeholders. We have held a number of patient engagement sessions and have received positive feedback about our plans. There has been a delay in reaching agreement regarding the external lift that we need to install at the back of the site, and this has meant that we now plan to open the unit in two phases. The majority of outpatient services will begin in March, with the remaining outpatient and all elective services going live in September.

Bedfordshire Hospitals NHS Foundation Trust have been successful in gaining additional money through the NHSE TIFF scheme to develop the Ophthalmology Service which we provide on their behalf. We have developed capital plans in partnership with the hospital which will collocate all of our outpatient and elective services into a single building on their South Wing site. We are waiting for a final plan from them but currently anticipate all works being completed by Q3 of the new financial year.

Work continues with Bedford Hospital to finalise the building programme for the works which will centralise all the services which we provide for them into a single location on the South hospital site. It is currently envisaged that these changes will be complete by Q3 of the new financial year.

**Excellence programme update**

On 5th January we held a session with the executive team, Excellence area SROs and over 30 operational leaders to consider the national direction of travel for eye care pathways. In the session we heard an overview of the both the national picture and local E.G.S of innovation and pilots that are informing this. A follow up session is planned for 2nd March to consider what this might mean for Moorfields (both for our services and our role as a system leader) and how it will influence the prioritisation of the Excellence Portfolio.

The December reporting cycle saw KPIs reported for 5 projects. Working is ongoing to embed this for all projects in the implementation stage with an aim to share an outcome, process and balancing measure for all projects in implementation.

The Excellence Portfolio has been in place now for 6mths and we are currently undertaking our planned review. So far, we have invited Project leads to offer their views in a survey with 70% respondents (n=23) reported that the introduction of the Excellence Portfolio had had a positive or very positive impact on their project delivery. 22% felt the impact had been neutral, 9% negative and no one reported a very negative impact.

Themes of narrative feedback include people welcoming the increased visibility of project activity and structured approach to delivery. Improvement feedback has informed several immediate improvements to our reporting tools and templates that have been released w/c 6th Jan. The review will also seek to gain views from Excellence area SROs and other key stakeholders through January.

Work has also continued to embed the project lifecycle within existing business processes with a working group identifying opportunities to streamline the process. The XDU are conducting their first project health check with the Accessible Information Standards project. This is expected to inform a proactive schedule of health checks across priority projects as the XDU further embeds.

As part of the 23/24 business planning process, all areas have identified the Excellence Area projects planned for 23/24. During the gateway reviews, teams will validate the resource and support requires for planned projects and input to the prioritisation of projects across the portfolio. By gateway 2 we expect to have a 23/24 portfolio plan with all resource requirements identified. Where projects have financial benefits planned for 23/24 these are being reflected in CIP plans.

Work continues with Excellence area SROs to quantify the level of financial benefits anticipated from future year projects, led by the interim Deputy COO. Excellence areas are requested to outline the scope of the projects in order to inform an indicative costing exercise.

To support capability building across the trust, XDU have worked with the Learning and Development team to secure a slot at induction and ongoing training slots to support project management skills. The inaugural project Masterclass focussing on ‘setting up projects for success’ with an external speaker has been reschedule (due to an internal major incident) to 6th February.

**New Electronic Patient Record System**

We are developing the Full Business Case for a new Electronic Patient Record system and are at stage two of three: the Outline Business Case. This stage establishes a preferred option between doing nothing, wrapping an EPR system around our core clinical system OpenEyes, or procuring a fully integrated EPR Megasuite. Our EPR Programme Board has representatives from the national Frontline Digitisation programme and the NCL Integrated Care Board, and is supported by a broad clinical and operational working group and an executive steering group. We expect to bring the completed OBC to trust board in March, enabling our new trust Chair time to review with Board colleagues in advance.

**December financial performance**

The trust is reporting a £1.24m deficit in December, £0.97m favourable to plan, with a cumulative surplus of £2.08m, £3.42m favourable to plan. Patient activity during December was 102% for Elective and 103% on Outpatient activity respectively against the equivalent month in 2019/20. On a like for like basis against activity taking place within 2019/20 physical capacity, this metric reduces to 93% for Outpatient activity. The trust cash position was £76.1m, equivalent to 105 days of operating cash with outstanding debt having reduced by £2.3m from March. Capital expenditure is £10.0m cumulatively, with a review of major capital schemes having been undertaken and assurance as to completion provided, alongside further approval of schemes to spend up to the total capital plan. Efficiencies were £1.84m in December, £1.38m favourable to plan in-month, with an adverse cumulative variance of £0.17m. The forecast outturn for the year is achieved efficiencies of £4.64m, £0.79m adverse to plan.

**Martin Kuper**

**Chief Executive**

**January 2023**