

Agenda item 5

Chief executive’s report

Board of directors 22 September 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:   * Performance and activity review * Infection prevention control update * TIFF * Secretary of state visit * Transformation/ excellence progress * Sustainability update * Safer September * ICS/provider alliance update * New Cavendish laser/theatre opening * Change of structure and new roles / appointments * Awards - STARS * August 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 – 22 SEPTEMBER 2022**

**Chief Executive’s report**

**Performance and activity review**

Although in August the Trust had to manage the disruption caused by the upgrade of our Open Eyes system and the national rail strike, we managed to exceed 100% of the 2019/20 baseline for both elective and outpatient first attendances. Our new patient waiting list has remained stable for the past few weeks and the number of patients waiting over 52 weeks and 36 weeks have both reduced. We have plans in place which will begin to address this new patient backlog in the spring of 2023.

We have noted that the number of patients requiring a follow up has risen in two of our specialities (medical retina / uveitis and glaucoma) and in response we have instigated weekly meetings to address both issues. Some of the reasons for the rises are a reduction in the availability of international fellows and a rise in referrals in specific areas.

**Infection prevention control update**

The most recent national and regional Covid-19 data indicates that the rates of cases and the number of Covid-19 related hospitalisations have remained stable. The current Covid-19 rate in England is 44 per 100,000 cases and the rate in London is the 31.9 per 100,000 cases. In addition, the Trust -wide Covid-19 has shown a sustained decline in staff absences related to Covid-19 and a reduction in reported Covid-19 related elective care patient cancellations.

In light of the low prevalence of Covid-19 in England and the London region and in accordance with the Trust escalation and de-escalation guidance, the Trust has moved to the green category. This means that normal activities can resume with minimal, or no implications. Therefore, from the 20th September face masks in patient facing areas will no longer be required. Staff can continue to wear a face mask during close examinations, if risk assessed as vulnerable, as a personal choice, or if a patient asks a staff member to wear a mask. Also, patients and visitors will no longer be required to wear a face mask, unless they have respiratory symptoms or if they have a personal preference to wear a mask. In addition, the requirement for twice weekly lateral flow testing of asymptomatic staff in patient facing areas will no longer be required. Staff can continue to test, if they wish to and must test if they develop any respiratory symptoms. Staff who test positive for Covid-19 should follow the Trust staff self-isolation guidance.

The infection prevention and control team (IPCT) will continue to monitor the national and regional Covid-19 data daily and the Trust wide data weekly and share it fortnightly with the Infection Prevention and Control Operational Group members. If a significant increase in the data or an increase in trend is noted, the IPCT will inform the Director of Infection Prevention & Control and in line with the Trust escalation and de-escalation guidance some measures may need to be re-instated for the safety of staff, patients and visitors.

The Trust winter vaccination programme for Covid-19 and Flu will commence on the 3rd October. All patient facing staff will be encouraged to have both vaccines.

**TIFF**

We have been notified that our application to NHS England for additional capital funds under their TIFF scheme has been successful. This additional funding of C. £8m will allow the Trust to proceed with our planned development of a new hub in Stratford, which will provide a range of ophthalmology services to our patients in North East London. The funding will also allow us to further develop our research focussed diagnostic centre at Brent Cross to diagnose greater numbers of cataract patients and to begin a pilot of asynchronous diagnostics for our cornea patients at City Road. We are anticipating that our Stratford hub will open in March 2023.

**Secretary of state visit**

Stephen Barclay, the then Secretary of State for Health and Social Care, visited our City Road site on 25 August. He visited Sedgwick ward and followed the patient pathway through to a cataract surgery operation, delivered by Vincenzo Maurino and team. He then heard about our plans for Oriel before heading outside to announce national investment in new surgical hubs, from which Moorfields will benefit. Thank you to all involved in organising the visit – multiple teams across the trust worked together to make it possible.

**Excellence portfolio**

The inaugural Excellence Portfolio Board meeting took place on 2nd August. The meeting 9 excellence roadmaps and an approach to transferring projects onto the new project lifecycle were approved during the meeting. The group agree to add a rolling programme of roadmap review to the workplan of the portfolio board.

September sees the first meeting of the five programme boards (Oriel Executive (Working Together), Discover, Develop, Deliver, Sustain and Scale). The Excellence Delivery Unit (XDU) have codesigned the digital PMO tool with a group of 5 pilot projects with positive feedback. Further work has commenced to move all live projects onto the project lifecycle and status reports from all live areas have been reviewed at the September programme boards. Two areas have had bespoke reports developed to reflect the nature of their work 1. Department of Digital Medicine pilots and 2. System Partnerships.

Following feedback from key stakeholders whilst preparing for the September boards, the structure of the Excellence Programme boards has been updated. From October the new structure will see excellence areas report to the new boards (Working Together, Discover, Develop & Deliver and Sustain & Scale).

Communications around the portfolio have been included an all staff briefing with a full communications plan developed with the central communications team. A lunch and learn session was held on 7th Sept (34 attendees) to introduce the project approach to leaders across the organisation. XDU have been linking with the OD team to consider an approach to supporting the organisation in response to the requirements of the portfolio.

Preparation for the Making Data Count KPI session with the board continues with XDU and Performance and Information teams collaborating. The session has been incorporated into the next board strategy day in October. XDU are also inputting to preparations for the 23/24 business planning cycle to ensure alignment.

**Sustainability update**

The trust has set up a sustainability steering group to deliver against the individual components within the green plan signed off by the board in January.

At present there are five workstreams underway with several projects at feasibility stage. These workstreams are governed as part of the XDU programme under the ‘Sustain and At Scale’ programme board. The five workstreams are.

* Sustainability awareness communication campaign
* Surgical instrumentation and consumables
* Paper usage
* Travel & transport
* General energy and waste management

Each workstream has several interrelated strands that are either managed as sustainability led projects such as increasing awareness via a trust wide communication campaign or monitor the sustainability elements within pre-existing projects such as the disposable versus reusable options appraisal within theatre improvement programme.

**Safer September**

Safer September is a concerted effort to improve awareness and action on important safety issues has been set up for the month of September.

Safer September encompasses:

* World Patient Safety Day 17September, which this year spotlights medication safety.
* Patient safety strategy launched from September with 12 month roll out
* Revisiting the learning from various incidents and areas of improvement

The focus of Safer September is disseminating simple key messages around key areas of safety, sharing learning from incidents and generating improvements. We have 4 themed weeks.

* deteriorating patients
* medication safety
* relaunch of the WHO checklist, and safer surgery
* communication

We have pulled these themes together under one banner to have more cohesion and focussed attention. There is an overarching communication campaign, coupled with senior and divisional safety walkabouts and themed daily huddles. We are encouraging all our teams to get involved across the month. All teams have a summary of what they are expected to do at all levels of the management structure. Themes, learning and things to be urgently fixed are fed back on a daily basis from the shop floor to a daily senior safety huddle led by our Chief Nurse and joined by our Chief Operating Officer.

Consistent themes are fed back via a communications loop. Learning is backed up by patient stories and incidents (on our visits to some of our network sites we have seen these being discussed during safety huddles). We have already been able to action change following feedback (such as laminated instructions on the resus trolleys to clarify checking), and we have learning to take forward into our patient safety strategy implementation work.

**UCL Health Alliance**

As colleagues area aware, Moorfields will be part of the alliance, which will involve the creation of a separate legal entity. This process is still underway, but the business plan and articles are with NHSE/I for review under their subsidiaries’ regulation process. There are still some additional documents to complete, focusing on risk as part of the board certification process with NHSE/I.

**New Cavendish laser/theatre opening**

The opening of the laser suite and theatres has been delayed by deliveries and commissioning of equipment, as well as supplies. The current market has also made it challenging to acquire the right staff with some even dropping out having accepted roles. To ensure flexibility with staffing for the laser suite and theatre, staff have been recruited such that they can cover both areas. As a result, most have had to be trained up in the area in which they are less experienced. We are now in the final stages of this training.

The laser suite opened on 9th September – it was originally scheduled for the beginning of June – and the theatre on 10th October – originally scheduled for the beginning of September. With staff recruited and overheads being paid this has had an impact on this year’s budget.

The first laser list went very well with patients and Consultant delighted with both the environment and quality of care and service. The facility is being internally marketed and there are many Consultants who are being booked to do lists at New Cavendish St. This will also increase the number of clinics per week as surgeons see patients for the whole pathway. Until now there has been a reluctance by some Consultants to start clinics as the theatre and laser suite has not been ready.

There will no doubt be some transference of activity from City Road to New Cavendish St. Activity reporting will therefore be aggregated across all MP so that overall performance can be monitored.

**Change of structure and new roles / appointments**

**On 1st August the Trust introduced a new division,** the ophthalmology and clinical support services division. This division will be led by Kathryn Lennon, deputy chief operating officer, and clinical leaders who will work with Kathryn to lead and develop the different services in the new division:

* Gus Gazzard, our new director of surgery
* Jonathan Lord, our new clinical director for theatre productivity
* Kerry Tinkler, clinical director for support services

The new division will oversee:

* City Road theatres
* Access service; which includes access performance, Attend Anywhere, health records, the booking centre and the medical secretariat
* Clinical support services

Our new structure will allow our services which support more than one division to operate independently, as well as helping us to develop a new clinical strategy and improvements.

Supporting the new division in theatres will be Nicoletta Catteruccia, our anaesthetic service director, Rachel Gibbons, our interim theatre manager, and Susan Wicks, our interim head of nursing for theatres and operating department practitioners.

Our divisional teams in the North, South and City Road will be clinically led by:

* Annegret Dahlmann Noor, our new divisional director for City Road
* Branka Marjanovic and Jonathan Clarke, joint divisional directors for our North division
* Will Tucker will be stepping down as divisional director for our South division and we are therefore in the process of seeking expressions of interest in this role.

To help us achieve our ambitious strategic goals, the medical directorate will expand to include three deputy medical directors with specific strategic portfolios:

* Dilani Siriwardena, deputy medical director for ophthalmology services
* Robin Hamilton, deputy medical director for network strategy
* Will Tucker, deputy medical director for medical workforce development

Within the Chief Nurse’s office, the following changes have taken place:

* Sarah Needham, Deputy Chief Nurse has undertaken a secondment to the national New Hospitals Programme and Kate Falkner has been appointed to cover Sarah on an interim basis following an internal advert and interview process,
* Kate’s substantive role as the Divisional Head of Nursing for City Road is being undertaken by Christos Tsounis and Christos’ substantive role as the Divisional Head of Nursing for the South Division was also appointed to following an internal recruitment process. It is being undertaken by Xiang Yin (Matron for Surgery at City Road).

Kathy Adams joined the Trust in June to undertake a new role of Associate Director of Nursing and Allied Professionals and will have a particular focus on the transformation of our digital and workforce models

**Awards - STARS**

Moorfields’ Stars is our annual event to formally recognise and celebrate the achievements and outstanding work delivered by many of our excellent staff and the contribution made by volunteers. A record breaking 585 nominations were submitted this year to recognise the work of many individuals and teams going over and above their role for the trust. Judging panels, formed of representative staff from across the trust and patients, met to do the very difficult job of shortlisting the finalists. The winner of each award will be announced at the Moorfields’ Stars awards ceremony, on Wednesday 28 September 2022, and results will be published after. Moorfields’ world-class reputation is a product of an incredible workforce, working together day in and day out to offer excellent care for patients. It does not go unnoticed that there are many hundreds of people working incredibly hard across Moorfields for patients and colleagues alike, and this is our chance to thank them.

Congratulations and good luck to all the finalists and thanks to Moorfields Eye Charity for supporting the awards.

**August financial performance**

The trust is reporting a £0.75m surplus in August, £0.19m favourable to plan. Patient activity during August was 102% for Elective and 97% on Outpatient activity respectively against the equivalent month in 2019/20. On a like for like basis against 2019/20 capacity, is metric reduces to 85% for Outpatient activity. The trust cash position was £75.7m, equivalent to 104 days of operating cash with outstanding debt having reduced by £3.7m from March. Capital expenditure was £2.4m in-month as the adverse variance to plan reduced to £2.5m (£3.6m prior month) as schemes progress. Efficiencies were £0.14m in August, some £0.31m adverse to plan, with the adverse cumulative variance at £1.45m, with a further unidentified balance of £3.0m remaining. Further work across the organisation to reduce this sum is on-going.

**Martin Kuper**

**Chief Executive**

**September 2022**