



**Moorfields Eye Hospital NHS Foundation Trust**

**2021/22 Annual Report and Accounts**

**Moorfields Eye Hospital NHS Foundation Trust**

**2021/22 Annual Report and Accounts**

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

© 2022 Moorfields Eye Hospital NHS Foundation Trust

Contents

|  |  |  |
| --- | --- | --- |
| 1 | Welcome from the chair and chief executive | 7 |
| 2 | Performance report  | 8 |
| 2.1 Performance analysis  | 12 |
| 2.2 Chief executive’s statement on performance  | 23 |
| 3 | Accountability report | 25 |
| 3.1 Director’s report | 25 |
| 3.2 Membership report | 31 |
| 3.3 Remuneration report | 37 |
| 3.4 Staff report | 40 |
| 3.5 Statement of the chief executive’s responsibilities as the accounting officer  | 46 |
| 3.6 Annual governance statement | 47 |
| 4 | Independent auditor’s report  |  |
| 5 | 2021/22 Annual Accounts  |  |

1. **Welcome from the chair and chief executive**

The Covid-19 pandemic continues to have a significant impact across the NHS, and once again we have been deeply impressed with the dedication and commitment of our colleagues who are still endeavouring to provide the highest quality eye care despite the ongoing challenges, developing innovative sight-saving treatments and taking further critical steps towards building Oriel, a world-leading eye facility.

Our teams have worked tirelessly towards recovery of services and to reduce the backlog created by the pandemic, as well as seeing new patients, continuing to meet national targets and maintaining a strong financial position throughout the year, despite cost pressures and our planned investment in services and Oriel.

Oriel, our project to build a new world class facility in partnership with the UCL Institute of Ophthalmology and Moorfields Eye Charity, moved ahead again during the year. We plan to design, build and operate a new, purpose-built centre of excellence for eye care, research and education. In November 2021 the board approved the decision to enter into contract negotiations with a preferred bidder for the City Road site, a key milestone in the project. Our governors have been with us every step of the way and the challenging yet constructive collaboration between the board and membership council has been a key element in allowing us to make such excellent progress.

We continue to be at the forefront of ground-breaking research, with two particularly exciting developments taking place during the year. Steve Verze was given the world’s first 3D printed prosthetic eye in November. Another patient from the trust has been able to detect signals in her blind eye thanks to a revolutionary new implant and is the first UK patient to receive this device that offers the hope of partially restored vision for people with geographic atrophy (GA), a form of dry age-related macular degeneration. We are proud that Moorfields continues to provide these innovations that make such a huge difference for patients and their quality of life.

This year we opened the new research-focussed Brent Cross diagnostic hub, the findings from which should make it easier to deploy hubs in new settings and assist learning in other specialties such as cardiac and cancer. This has been supported by a team of UCL architects and scientists led by Professor Paul Foster as part of a National Institute for Health and Care Research (NIHR) supported project and we look forward to seeing the outputs in the coming year.

We continue to demonstrate leadership across the wider NHS system, working with NHS England and NHS Improvement on new national clinical pathways for eye care and on initiatives such as the National Eye Care Recovery and Transformation Programme (NECRTP), the aim of which is to deliver rapid high impact improvements and support a sustainable future for eye care across England, working with systems to increase productivity and ensure safety by trialling/evaluating new, technologically-enabled ways of working

Following the departure of David Probert in July 2021, we were delighted to welcome Dr Martin Kuper as our new chief executive. Martin was previously the deputy chief executive for transformation and medical director at London North West University Healthcare NHS Trust and brings a wealth of experience, which will support us in the next stage of our development at Moorfields.

We can look forward to 2022/23, with the very real possibility of starting enabling works on the Oriel site as we continue to drive forward innovative practice through our dedicated team of clinicians. We are confident that the spirit, determination and ingenuity of our staff, together with their dedication to the best possible care, will guide us as we continually challenge ourselves to deliver the best for our patients.

**Tessa Green Dr Martin Kuper**

Chairman Chief executive

1. **Performance report**

Who we are

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. Our reputation for providing the highest quality of ophthalmic care has developed over 200 years. The trust has 2,349 (full-time and part-time) staff who are committed to sustaining and building on our pioneering history, and ensuring we remain at the cutting edge of developments in ophthalmology.

We were one of the first to become an NHS foundation trust in 2004 and are a founder member of UCL Partners, one of the UK’s first academic health science centres. Moorfields is one of only 20 sites nationally that has National Institute of Health Research (NIHR) Biomedical Research Centre (BRC) status, providing us with the infrastructure to support major innovative research initiatives and enabling us to fast-track projects to benefit patients more quickly.

We have a network of NHS sites in London and the south east of England, and provide private services both in England and internationally. We are registered without conditions and with an overall rating of ‘Good’ with the Care Quality Commission (CQC) from our last inspection in 2018.

**What we do**

We provide a wide range of ophthalmic services, caring for patients with routine eye conditions as well as those with rare and complex conditions. We serve the NHS and private sectors in the UK and deliver care through our international services. In partnership with the UCL Institute of Ophthalmology and other strategic partners, we conduct world-leading research and play a leading role in the training and education of eye care clinicians.

We have a unique patient case mix and more detail on our services can be found at <https://www.moorfields.nhs.uk/listing/services>

How we are structured

Moorfields North runs a number of network and partnership units across the division (north east, north west and Bedford). We provide a number of services in East London, including a local outpatient and surgical centre at St Ann’s Hospital in Tottenham and community clinics at Barking Community Hospital, Mile End and the Sir Ludwig Guttmann Health and Wellbeing Centre in Stratford, as well as our partnership based at the Homerton Hospital in Hackney.

We provide a wide range of services in north west London from two main sites, Northwick Park and Ealing. We provide comprehensive outpatient and surgical care in following sub specialities: adnexal, cataract, corneal, general ophthalmology, glaucoma, medical retina, paediatrics, uveitis and strabismus. We also provide services at our local outpatient and surgical centre at Potters Bar. We have two local partnerships,, one in Watford and one in Wealdstone, Harrow. We run a district hub from Bedford Hospital and this service is also responsible for activity in our community clinic at Bedford Enhanced Services Centre.

Moorfields has led the way with the development of digital asynchronous diagnostic pathways for safe, efficient monitoring of long-term chronic ophthalmology conditions. We run standalone diagnostic hubs in Brent Cross shopping centre and in Hoxton

**Moorfields South** division provides half the ophthalmic care in the South West London Integrated Care System where we run a district hub from St George’s Hospital in Tooting and a hub at Croydon University Hospital. The St George's hub has responsibility for the management of four other locations in south west London, including our surgical centre at Queen Mary’s Hospital, Roehampton and our diagnostic hub at Nelson Health Centre in Merton. The Croydon central site has additional responsibility for the busy diagnostic hub at Purley War Memorial Hospital.

**Moorfields City Road** is managed as a unified division and comprises outpatient services from all sub-specialities (including many referrals from highly specialised services), clinical support services, A&E, a dedicated paediatric centre and comprehensive surgical facilities. Other specialty services at City Road include adnexal, cataract, corneal, general ophthalmology, glaucoma, ocular oncology, medical retina, uveitis, strabismus, vitreo-retinal, neuro and genetics. The division is also responsible for our joint working arrangements with Barts Health, Guy’s and St Thomas’ hospitals, and Great Ormond Street Hospital for Children.

Each division is supported by a range of corporate services covering quality and safety, human resources, governance, strategy and business development and finance. Our access directorate is responsible for business continuity and emergency preparedness for the trust and also includes the trust’s outpatient booking centre, health records department, medical secretaries, referral to treatment (RTT) team and diabetic retinal screening team.

**Moorfields Private** is our private patient unit in London. The Moorfields Private Outpatient and Diagnostic Centre provides consulting and diagnostic facilities for both general ophthalmology and refractive laser services, together with a dedicated pharmacy service, minor procedures room and injection suite.

Ward facilities stretch across three separate locations on the fourth floor of the hospital, accommodating up to 27 patients in individual rooms at any one time. The Refractive Laser Surgery Suite is also located on this floor. Two theatres in the main theatre department are dedicated to Moorfields Private.

In December 2020, the London Claremont Clinic on New Cavendish Street, in the heart of London’s medical district, became part of the private division of Moorfields Eye Hospital NHS Foundation Trust. In January 2022, a lease for further premises on Wimpole Street, a building that will join onto the New Cavendish Street centre, was purchased, enabling the creation of a larger facility which will include a total of eleven consulting rooms, a range of diagnostic rooms, a laser eye surgery suite and a theatre for day case surgery. Extending services in the heart of London’s clinical district will provide patients with more choice when accessing private services, consultants and treatment.

In 2021/22, Moorfields Private fulfilled over 35,000 outpatient appointments, completed laser procedures on over 2,000 patients and admitted over 5,500 patients for surgical procedures. These figures were significantly up on the previous year, which was disrupted by Covid-19.

The year saw the consolidation of our fourteenth year of operations in **Moorfields Eye Hospital Dubai** and the completion of five years of operations in Moorfields Eye Hospital Centre in Abu Dhabi. Our hospital in Dubai has seen around 265,000 patients and performed over 22,000 surgeries since inception.

The healthcare market in the UAE continues to be dynamic. Throughout the year we focused on contracts beneficial to increasing the patient flow, developing our market share and increasing awareness of our services within the United Arab Emirates and Gulf Cooperation Council. We also added targeted marketing and advertising, resulting in a higher percentage of new to returning patients than in previous years which, with more corporate and healthcare referral agreements, helped to maintain and actively grow the Moorfields brand name.

**Moorfields Eye Hospital Centre Abu Dhabi** officially opened in 2016 at Abu Dhabi Marina Village as the first joint venture of Moorfields in the Middle East in partnership with United Eastern Medical Services – a local healthcare operator and investment group. On 11 October 2021 Mubadala Health LLC acquired 60.38% of United Eastern Medical Services. Mubadala Health is ultimately owned 100% by the Government of Abu Dhabi.

We have been very active in the media and in negotiations with insurance companies to facilitate access for Abu Dhabi residents to our facility. Since the commencement of operations in Abu Dhabi, we have seen around 95,000 patients and performed around 3,850 surgical procedures.

**Developing our new strategy**

Over the last year, we have been updating our strategy to cover the period 2022-27, following widespread engagement with our patients and staff, articulating what is most important to them. The new strategy reflects both continuity and change, with a re-statement of our purpose “working together to discover, develop and deliver excellent eye care, sustainably and at scale”. The addition of “sustainably and at scale” reflects our adaptation to the financial context in which we operate; the opportunities presented by more overt and tangible system working; our strengths innovating across our scientific work and our pathways; and the commitments made in our green action plan.



To implement our new strategy, we identified a number of transformation programmes that focus our efforts on the change we want to see, across all aspects of our work, for example: realising our move to St Pancras; optimising our network; pathway and service improvements; data collaborations; workforce development; and improved patient experience. These programmes will give further impetus to work done over the last year to advance how eye care is delivered – through diagnostic hubs, remote consultations and surgical centres. We will capitalise on the relationships we have been building across our systems to make early progress on more joined up and cost-effective care.

**Oriel 2021/2**

This year has been a year of significant milestone achievements for Oriel. Following extensive design and engagement work to prepare our planning application, the London Borough of Camden made a unanimous resolution to grant planning permission for our proposed centre in June 2021. The council has subsequently referred the scheme for approval to the Greater London Authority, given its strategic importance to the city, with approval granted in Spring 2022.

To ensure the design will meet the needs of the people that will use it, we ran a robust programme of engagement with patients, staff, students and charity partners to develop the internal designs of the new integrated centre. In line with social distancing requirements, an Oriel showcase exhibition was held in June, which was the first time many staff and patients had the opportunity to understand the design and share their feedback in person. Work concluded with the AECOM design team in November, with final technical design to be undertaken by the building contractor.

Following a global competitive marketing exercise for the sale of the City Road and Bath Street sites currently home to Moorfields Eye Hospital and the UCL Institute of Ophthalmology, Derwent London plc were the confirmed as preferred developers in December. NHS regulators approved the submitted land disposal business case; however the sale remains conditional to final approvals of the full business case by HM Treasury.

In December, our academic partner, UCL, approved their Oriel full business case, committing their support to create an integrated research, education and eye care centre. The completion for the Moorfields full business case took place in spring 2022.

A going concern disclosure

After making enquiries, the directors have a reasonable expectation that the services provided by the NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.

Key issues and risks

Our board assurance framework includes the high level risks to the organisation. These are rated depending on the level and potential impact of risk, with red being the highest. A summary following a review in March 2022 is included in the Annual Governance Statement on page 42.

**The year at Moorfields**

**Covid-19**

This year has been another challenging year for the NHS and a large focus of our work this year continues to be linked to the Covid-19 pandemic, addressing the backlog of patients that built up over the previous year as well as seeing new patients.

Our hospital sites remain subject to advanced infection control measures that are regularly assessed against national guidance. We continue to implement new ways of working to support staff and patients in delivering and accessing care, such as the Attend Anywhere video consultation platform used by A&E and multiple clinics. This allows patients to receive consultations via smart phones, laptops or iPads.

The majority of non-clinical staff have the option of hybrid working as we enabled wide access to remote working last year and we continue to undertake risk assessments to establish those staff most at risk, putting in place measures to protect the vulnerable.

We provided support to NHS London during the pandemic, with over 150 clinical and non-clinical staff trained and deployed to hospitals most in need of staff during the second wave. Collaboration and the provision of mutual aid have been incredibly important during the pandemic, and the trust is proud to have been a support to NHS colleagues.

The new hubs at Hoxton and Brent Cross have given us additional capacity for diagnostic work across glaucoma, cataracts and medical retina. These offer many patients testing closer to their homes, in just 45 minutes.

**Patient activity**

Moorfields’ NHS patient activity and the total volume of Moorfields’ NHS activity in 2021/22 are shown in the table below, with figures from 2019/20 and 2020/21 for comparison (*these figures exclude Bedford activity)*.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **Activity Totals** |
| **Point of delivery** | **2019/20**  | **2020/21** | **2021/22** |
| A&E | 95,523 | 61,173 | 61,404 |
| Inpatient day case | 40,383 | 15,999 | 31,272 |
| Inpatient elective (planned) | 1,582 | 704 | 856 |
| Inpatient non-elective (unplanned) | 2,957 | 1,244 | 2,089 |
| Outpatient | 643,343 | 340,180 | 567,553 |
| **Grand total** | 783,788 | 419,300 | 663,174 |

This activity profile across those years has of course reflected the national response to the Covid-19 pandemic with falls and rises in activity levels that mirror the timelines of government guidance and legislation. As can be seen in the graphs below the trusts response to bringing services back to pre-pandemic levels continues. When comparing 2019/20 data to 2021/22, Inpatient activity is achieving 86% of pre-pandemic activity levels and outpatients 91%.

******

**2.1 Performance analysis 2021/22**

The Integrated Performance Report (IPR) provides the board with in-depth information on the performance of Moorfields. Each month, the performance and information department report on the following areas:

* operational measures such as A&E measures, attendance rates, theatres utilisation and waiting time;
* workforce measures such as staff vacancy rate;
* quality and safety measures such as rates of infection;
* research and development measures such as number of studies closed;
* finance measures such as variance from financial plan; and
* commercial and private patient measures.

The report gives both an overview and detailed performance for each individual metric, comparing this month’s performance to previous months and the target. A red, amber or green rating method shows whether a target is achieved, with green indicating performance is on target. Importantly, the report also identifies additional information and remedial action plans for any metrics which are rated red or amber. The report is shared with internal and external stakeholders.

**18-weeks referral to treatment (RTT) standard**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **2019/20** | **2020/21** | **2021/22** |
| 18-weeks RTT incomplete – all pathways | ≥ 92%  | 94.1% | 59.7% | 78.1% |
| 18-weeks RTT incomplete – pathways with DTA\* | n/a | 83.9% | 50.9% | 71.2% |
| New RTT periods all patients | n/a | 144,338 | 74,001 | 123,954 |

**\*decision to admit**

Performance for the measure retained as the primary key performance indicator (18-weeks referral to treatment incomplete) has improved on the previous year’s position but has yet to return to pre-pandemic levels and remains below the annual target of 92%.

**A&E**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **2019/20** | **2020/21** | **2021/22** |
| A&E four-hour performance | ≥ 95%  | 98.50% | 99.98% | 99.9% |
| Total number of arrivals in A&E | N/A | 95,523 | 61,173 | 61,404 |
| Time to treatment in A&E department – median | ≤ 60 mins | 126 | 85 | 87 |
| Time to assessment in A&E department – median | ≤ 15mins | 18 | 10 | 18 |

The national requirement is to report the proportion of attendances lasting fewer than four hours from arrival to admission, transfer or discharge in A&E. This has a minimum target of 95% which we have consistently exceeded and improved upon – in the total of 61,404 patients only 31 exceeded the four-hour threshold.

**Cancer waiting times**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **2019/20** | **2020/21** | **2021/22\*** |
| Cancer two week waits – first appointment urgent GP referral | ≥ 93% | 96.40% | 97.80% | 98.5% |
| % cancer 14-day target – NHS England referrals (ocular oncology) | ≥ 93% | 91.10% | 94.50% | 97.8% |
| Cancer 31-day waits – diagnosis to first appointment | ≥ 96% | 99.20% | 100% |  99.0% |
| Cancer 31-day waits – subsequent treatment | ≥ 94% | 100% | 100% | 100% |
| Cancer 62-days from urgent GP referral to first definitive treatment | ≥ 85% | 85.70% | 100% | 100% |
| 28-day Faster Diagnosis Standard | ≥ 85% | n/a | 87.2% | 91.9% |

**\*2021/22 data reflects April – February data**

Cancer waiting times performance has seen all measures maintain their high levels this year and the national targets for these metrics have been exceeded. This includes the ’28-day’ Faster Diagnosis Standard, which requires patients to be informed about their diagnosis within 28 days of urgent GP referral for suspected cancer. For this metric we adopted a ‘stretch’ target of 85% rather than the national target of 75% and it is pleasing to note that this has been achieved.

Cancer targets are challenging and the relatively low number of patients makes performance percentages fluctuate. Performance can be influenced by patient choice or the fitness of the patient to undergo surgery, much of which is outside of the control of the trust. Despite this and patents’ reluctance to seek medication assistance due to their Covid-19 infection concerns, the trust has continued to ensure that cancer patients receive exceptional service.

**Access**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **2019/20** | **2020/21** | **2021/22** |
| Diagnostic waiting times – six weeks | ≥ 99% | 100% | 64.4% | 99.0% |
| Percentage of GP referrals from electronic booking | 100% | 97.3% | 96.2% | 98.0% |

Diagnostic waiting times have returned close to their pre-pandemic level. The electronic GP referral is short of target but reflects the trust’s commitment to patient safety whereby patients are not disadvantaged if their referral comes via an alternative, non-electronic route.

**Outpatient activity**



This table shows all activity for Moorfields systems *(not including Bedford).*

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **2019/20** | **2020/21** | **2021/22** |
| Outpatient total attendances – first appointment | 132,821 | 67,421 | 125,351 |
| Outpatient total attendances – follow up appointments | 467,400 | 278,644 | 442,245 |
| Outpatient cancellations (hospital cancellations)  | 4.6% | 28.4% | 4.0% |
| Outpatient DNA\* rate – first appointment | 11.8% | 13.3% | 13.3% |
| Outpatient DNA\* rate – follow up appointment | 10.5% | 14.4% | 13.2% |

The figures in the table above show that the trust has recovered to near pre-pandemic activity level for Outpatients. The number of first appointments has been approximately 94% of the 2019/20 position previous year while follow-up appointments are at 95%. The outpatient cancellation rate has shown a marked improvement from the 2019/20 position.

**Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Indicator** | **Target** | **2019/20** | **2020/21** | **2021/22** |
| Number of MRSA cases | 0 | 0 | 0 | 0 |
| Number of Clostridium difficile cases | 0 | 0 | 0 | 0 |
| Venous thromboembolism (VTE) screening | ≥ 95% | 98.5% | 97.5% | 99.4% |
| Mixed sex accommodation | 0 | 0 | 0 | 0 |

Performance within the safety arena has been strong with all key targets met.

**Service delivery measures**

Ward staffing levels are calculated for those wards with inpatient beds which, for Moorfields, includes the observation unit and Francis Cumberlege wing at City Road and Duke Elder ward at St George’s Hospital. The data included reflects the national methodology, which requires trusts to publish fill rates for both registered nursing staff and care staff separated into day and night periods. This data is shown in the table below.

|  |  |
| --- | --- |
| **Designation**  | **Percentage fill rate 2020/21**  |
| Registered nurses – day | 98% |
| Registered nurses – night | 94% |
| Care staff – day | 97% |
| Care staff – night  | 136% |
| **Total fill rate**  | 98.7% |

**Financial report**

2021/22 was again another exceptional period as a result of Covid-19 and transitional funding structures within the NHS.

During the financial period, the trust reported a surplus of £19.4m compared with a surplus of £5.4 million in 2020/21, predominantly as a result of receiving block funding income based on historical activity levels and the recovery of private patient income.

**Statement of comprehensive income**

Income for the year was £283.8 million (2020/21: £244.0 million), an increase of £39.8m on the prior year, as patient activity recovered from the unprecedented decrease in 2020/21.

**Income and expenditure**

|  |  |  |
| --- | --- | --- |
| **All figures in £ million** | **2021/22** | **2020/21** |
| **Income** |  |  |
| **Income from activities** |  |  |
| NHS income | 215.8 | 193.6 |
| Private patient income | 37.2 | 24.3 |
| **Total income from activities** | **253.0** | **217.9** |
| Other operating income | 30.8 | 26.1 |
| **Total other operating income** | **30.8** | **26.1** |
| **Total income** | **283.8** | **244.0** |
|  |  |  |
| **Expenses** |  |  |
| Pay costs | 145.8 | 133.2 |
| Non-pay costs | 108.9 | 95.9 |
| Depreciation and amortisation | 8.5 | 8.6 |
| **Total operating expenses** | **263.2** | **237.7** |
| **Operating surplus** | **20.6** | **6.3** |
|  |  |  |
| Interest and dividends | (1.5) | (1.0) |
| Other one-off gains for disposal of assets and share of JV profit / (loss) | 0.3 | 0.1 |
|  |  |  |
| **Surplus for the year**  | **19.4** |  **5.4** |

Income from our Private and Overseas Patient activities in London and United Arab Emirates increased during the year by £12.9 million (53%) to £37.2 million (2020/21: £24.3 million) increasing by £6.3m above the pre-pandemic 2019/20 level.

Other operating income, including Research and Development, Education and Training, Charitable Income, increased by £4.7 million (18%), to £30.8 million (2020/21: £26.1 million).

Operating expenditure excluding impairments increased in-year by £25.4 million (11%) to £263.1 million (2020/21: £237.7 million). Non–pay costs include £3.9m (£2.2m 20/21) on consultancy spend. This includes payments for specialist services and advice from external subject matter experts.

Pay costs increased by £12.6 million (9%) to £145.8 million (2020/21: £133.2 million), and non-pay costs increased by £13.0 million (14%) to £96.2 million (2020/21: £95.9 million), an impact of the return to increased patient activity levels from the low 2020/21 comparator.

**Income disclosures**

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

The trust met this requirement. In 2021/22, 14.7% of income from provision of goods and services was derived from non-NHS income (2020/21 11.3%).

Section 43(3A) of the NHS Act 2006 requires NHS Foundation Trusts to provide information on the impact that other income it has received has had on its provision of goods and services for the purposes of the health service in England.

Surpluses from other income the Trust received have been used to support the provision of goods and services for the purposes of the health service in England.

**Statement of financial position**

Total assets have increased by £23.4 million to £120.0 million as at 31 March 2022 (2021/21: £96.6 million). Non-current assets increased by £9.1 million to £111.6 million (2020/21: £102.5 million).

Current assets increased by £5.4 million to £97.7 million (2020/21: £92.3 million).

Current liabilities have reduced by £6.8 million at £55.5 million (2020/21: £62.3 million) due to reduction in accruals and deferred income. Non-current liabilities reduced by £2.2 million to £33.8 million (2020/21: £36 million) primarily as a result of loan repayments made during the financial year.

Taxpayers’ equity increased by £23.4 million during the year.

**Statement of cash flows**

The trust generated a net cash in-flow of £20.6 million from operations in 2021/22. The net cash surplus from operations was used to internally fund capital expenditure of £17.9 million (2020/21: £16.2 million) and loan repayment, net interest and Public Dividend Capital (PDC) payments of £3.1 million (2020/21: £3.0million)

The trust ended the year with an improved level of cash at £69.3 million (2020/21 £68.4 million), an increase of £0.9 million.

**Counter-fraud arrangements**

The trust has established a counter-fraud policy and response plan to minimise the risk of fraud or corruption. The trust’s local counter-fraud specialist (LCFS) reports to the chief financial officer and performs a programme of work designed to provide assurance to the board with regard to fraud and corruption. The LCFS also gives regular fraud awareness sessions for Moorfields’ staff and investigates concerns reported by staff. If these are substantiated, the trust takes appropriate criminal, civil or disciplinary measures.

**Political donations**

The trust made no political donations during 2021/22 (2020/21: nil).

**Commissioning arrangements**

During 2021/2, transitional funding flows were implemented to reimburse organisations on a block contract value basis to provide certainty during the emergency response to Covid-19.

Further information on the trust’s financial position can be found in the annual accounts.

**Better payment practice code**

The better payments practice code requires the trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The trust achieves the aims of the better payment practice code in the majority of cases and works with staff and suppliers throughout the year to minimise the remaining cases.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **2021/22** | **2021/22** | **2020/21** | **2020/21** |
|  | **Number** | **£000** | **Number** | **£000** |
| **Non-NHS** |   |   |   |   |
| Total bills paid in the year | 33,280 | 157,352 | 23,762 | 125,291 |
| Total bills paid within target | 30,237 | 142,952 | 19,497 | 103,515 |
| Percentages of bills paid within target | 91% | 91% | 82% | 83% |
| **NHS** |   |   |   |   |
| Total bills paid in the year | 1,830 | 15,251 | 1,736 | 13,063 |
| Total bills paid within target | 1,724 | 13,382 | 1,012 | 5,180 |
| Percentages of bills paid within target | 94% | 88% | 58% | 40% |
| **Total** |   |  |   |  |
| Total bills paid in the year | 35,110 | 172,603 | 25,498 | 138,354 |
| Total bills paid within target | 31,961 | 156,334 | 20,509 | 108,695 |
| Percentages of bills paid within target | 91% | 91% | 80% | 79% |

**‘Single oversight framework’ and ‘finance and use of resources’**

During the Covid-19 pandemic, the ‘single oversight framework’ and ‘finance and use of resources’ reporting was suspended.

The trust has complied with all cost allocation and charging guidance issued by HM Treasury.

The trust has no income-generating schemes with an individual cost exceeding £1m.

**Chief executive’s statement on performance 2021/22**

2021/22 was an exceptional period as a result of Covid-19 and the transitional funding regime for the NHS. During the financial period, the trust reported a surplus of £19.4m compared with a surplus of £5.4 million in 2020/21, predominantly as a result of a largely elective organisation receiving funding income based on historical activity levels, whilst performing reduced activity during the emergency phases of the pandemic.

The trust’s capital programme also supported the Covid-19 emergency response, and total capital expenditure for the year was £14.8 million (2020/21 £17.5m). With cautious management of working capital, this enabled the trust to maintain cash reserves to £69.3 million (2020/21 £68.4) and maintain a level of liquidity in order to respond to evolving external circumstances.

**Equality, diversity and inclusion**

The trust's aspiration for equality, diversity and inclusion (ED&I) is a culture that supports staff in realising their potential while helping patients in realising the best possible health outcomes.

Our equality, diversity and human rights policy sets out how we ensure that neither patients nor staff are treated differently because of any protected characteristic they may have. For new joiners, this is supported by a comprehensive recruitment policy and training for managers in managing equality, diversity and inclusion.

In 2020, an equality, diversity and human rights steering group, chaired by the chief executive, was set up with a strong governance oversight and representation from staff, ED&I leads, patient governors and executive sponsors.

The steering group has set four objectives for building a programme of work in 2021/22:

1. Supporting career progression for staff from ethnic minority backgrounds (previously BAME backgrounds);
2. Understanding patient population demographic and accessing language services;
3. Investing in infrastructure to support the capability and maturity of staff networks; and
4. Reducing bullying & harassment.

Further progress has been made against additional objectives to include recruitment of an organisational development consultant role and to establish an engagement officer role to drive forward our inclusion and diversity agenda. The trust intends to review the bullying and harassment pathway to relaunch with alternative pre-intervention support. We are also accredited with the 'two ticks' status, which guarantees people with a disability an interview if they meet the minimum criteria for a role.

A business case for additional resources is being developed to create a resource of ED&I expertise for the trust on these matters, researching and keeping up to date with all legislative requirements, best practice and NHS-specific initiatives to support the trust to be at the forefront of ED&I issues. This resource will provide strategic and operational leadership, coordination and support for delivering ambitious workforce equality, diversity and inclusion programmes for staff and patients at Moorfields.

**Our equality objectives**

To improve the equality outcomes for patients, carers and visitors, we are committed to:

* improving the experience of people identified by the protected characteristics when waiting for their appointment; and
* making information more accessible and specific to patients who have a clinical need.

**To improve the equality outcomes for our staff we are committed to:**

* increasing the diversity of people in leadership and management roles;
* continuing to build a strong and positive culture of inclusion;
* improving our collection of equality data;
* sharing our leadership of inclusion across our community; and
* broadening our reach to voluntary partners to gain different perspectives.

**Modern slavery and human trafficking**

The Modern Slavery Act 2015 establishes a duty for commercial organisations with an annual turnover in excess of £36 million to prepare an annual slavery and human trafficking statement. This organisation takes the following steps during the financial year to ensure that slavery and human trafficking is not taking place in any of its supply chains or in any part of its own business:

* identifies and mitigate the risks of modern slavery and human trafficking in our own business and our supply chain the trust:
* adheres to the national NHS employment checks/standards (this includes employees UK address, right to work in the UK and suitable references;
* follows NHS Agenda for Change terms and conditions to ensure that staff receive fair pay rates and contractual terms;
* consults Trade Unions on any proposed changes to employment terms and conditions;
* has systems to encourage the reporting of concerns and the protection of whistle blowers;
* purchases a significant number of products through NHS Supply Chain, whose ‘supplier code of conduct’ includes a provision around forced labour. Other contracts are governed by standard NHS terms and conditions;
* upholds professional practices relating to procurement and supply, and ensures procurement staff attend regular training on changes to procurement legislation;
* ensures the majority of our purchases utilise existing supply contracts or frameworks which have been negotiated under the NHS standard terms and conditions of contract, which all have the requirement for suppliers to have modern slavery and human trafficking policies and processes in place; and
* requests all suppliers comply with the provisions of the Modern Slavery Act (2015), through agreement of our ‘supplier code of conduct’, purchase orders and tender specifications.

Further information on policies and procedures and training can be found here: [Modern slavery and human trafficking statement | Moorfields Eye Hospital NHS Foundation Trust](https://www.moorfields.nhs.uk/content/modern-slavery-and-human-trafficking-statement)

**Improved facilities and sustainability**

The Covid-19 pandemic has affected much of the planned activity of the projects team, driving change through previously established schemes in favour of improved pathways and learning from our 2020/21 implementations of diagnostic hubs in City Road and Hoxton.

Specifically, the Moorfields estates capital projects team were instrumental in developing the Brent Cross diagnostic hub with our UCL colleagues. The facility is the next iteration of outpatient diagnostic hubs, with researchers striving to create the most time efficient and cost-effective layout for patient flow to guide further configurations.

The third floor of City Road saw more clinical development, with the introduction of a new glaucoma space with five diagnostic lanes. The same estates team that delivered Brent Cross designed and constructed the clinic, utilising much of the learning from the research project alongside further iterations undertaken at Hoxton.

Our team has also undertaken refurbishment work at our sites in City Road and Croydon, updating flooring, lighting and ventilation systems without disrupting our services to patients. As well as enabling us to continue to deliver the care our patients need in a modern environment, the upgrades also benefit the wider environment by being more energy efficient.

We took steps during 2021/22 to support the greener NHS campaign and commitment to net-zero emissions by 2040. At Moorfields, we want to work in a way that has a positive effect on our communities. We strive to be a truly sustainable trust, which means we must make effective use of public funding and make smart and efficient use of natural resources to support healthy, resilient, and greener communities.

Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met. We acknowledge this responsibility to our patients, local communities, and the environment by working hard to minimise our carbon footprint. The trust has now produced its board approved green plan, which details the efforts taken to meet our sustainability ambitions.

Climate change is one of the most pressing challenges facing our society, but it also has considerable implications for health and wellbeing. Because of this, the trust is committed to continually working towards integrating sustainability, and adaptation to climate change, into our core business.

By making the most of our social, environmental, and economic assets, the trust can improve patient health, ensure critical care pathways remain sustainable, and minimise risk as our service delivery grows.

We achieved our last target of a 28% reduction from our 2014 baseline, and we are targeting a further 10% reduction by 2025. These reductions will be made from optimising our control systems and changing the behaviours of our staff and visitors.

**Utilities – energy**

This section provides a high-level view of how the trust is performing in relation to its energy performance and carbon emissions. We have spent £ 1,117k on energy and emitted 3,471 tCO2e in 2021/22. This represents an increase of 5% in comparison to the previous financial year, mainly due to increased ventilation usage through Covid-19 guidelines.

**Carbon footprint from energy**

Though we met our 28% reduction target for 2020 from a 2014 baseline, this year there has been a small increase in carbon emissions due to the increased usage. However, this is still a reduction of 186tnCO2e from the previous, business as usual year 2019/20. We are still on track to meet our 10% target reduction by 2025.

From the energy and emissions table below, Moorfields successfully reduced our carbon emissions by nearly 2,000 tonnes from the 2013/14 baseline. Over the next year, we will benefit from renewable grid electricity, leading to another reduction in our carbon impact.

We continue to look to the future with Oriel, our plan to develop a new integrated centre for advancing eye health in the next five years. As our plans progress, we maintain our focus on our existing network site strategy which focuses on delivering low-cost improvements to our current sites to save energy in the short term.

**Energy and carbon performance table from baseline year 2013/14**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Unit** | **2013/ 14** | **2014 /15** | **2015/ 16** | **2016/ 17** | **2017/ 18** | **2018/ 19** | **2019/ 20** | **2020/ 21** | **2021/ 22** |
| Gas  | MWhs |  11,302  |  11,018  |  9,477  |  12,576  |  12,521  |  11,644  |  13,429  |  11,792  |  12,995  |
| tCO2e | 2080 |  2,038  |  1,748  |  2,314  |  2,306  |  2,142  |  2,469  |  2,168  |  2,380  |
| Oil  | MWhs |  18  |  63  |  |  |  |  |  |  |  |
| tCO2e | 5 |  17  |  -  |  -  |  -  |  -  |  -  |  -  |  |
| Electricity(Scope 2)  | MWhs |  6,833  |  7,154  |  5,926  |  4,317  |  4,179  |  4,359  |  4,284  |  4,069  |  4,720  |
| tCO2e | 3044 |  3,536  |  2,739  |  1,779  |  1,469  |  1,234  |  1,095  |  1,040  | 1002 |
| Electricity(Scope 3) | MWhs |  6,878  |  7,057  |  6,053  |  4,347  |  4,381  |  4,107  |  4,286  |  4,055  |  4,087  |
| tCO2e | 262 |  305  |  231  |  162  |  144  |  135  |  93  |  88  | 89 |
| **Total energy** **carbon emissions** | *tCO2e* | 5391 | 5,896 | 4,718 | 4,255 | 3,919 | 3,511 | 3,657 | 3,296 | 3,471 |

The graph below shows our gas and electrical energy usage from 2013/14 to 2021/22.

**Sustainability**

Over the past year the trust has continued to work with its staff and partner organisations to reduce its impact on the environment.

Our former sustainability policy has been revised to form a modern ‘green plan’, formerly known as a Sustainable Development Management Policy (SDMP), and associated action plan.

This board approved plan, whilst being an evolution from our previous sustainable development management plans, is a step change in the way we approach being sustainable. We have engaged a wide variety of staff from across the trust to inform us of where change is needed, and where it is most important.

The primary mechanism for this engagement is the recent formation of our sustainability steering group. This group meets fortnightly to assign responsibility for items under our action plan and is formed by representatives and directors from all divisions and departments within the trust. Each of these sustainability meetings are also used to discuss progress and propose further sustainability actions such as the green plan and associated action plan will continue to be live documents, ensuring we remain engaged and ambitious in our drive to become a more sustainable trust.

This year we added sustainability as a standing agenda item to division meetings and engaged a sustainability consultancy to help drive our progress. We have digitised areas of our services, including providing electronic invoices and access to an online version of our trust magazine, halving the number of print run copies compared to 2019/20.

In anaesthetics, we have eliminated the use of desflurane gas, which has over 26 times the global warming potential of sevoflurane.

To reduce waste, we have reduced the use of scrubs only to where necessary in theatres, and our catering partners have begun offering a 20p reduction on drinks if customers bring reusable cups. To address our oversight on waste at the trust we have reprocured our waste contract allowing us to better monitor future waste output and segregation of waste.

Procurement is a vital area for measuring and reducing our scope three emissions. We are now meeting monthly with the newly formed North Central London Integrated Care System (NCL ICS) anchor working group, whose vision is to embed sustainable procurement and social value within the ICS’ day-to-day procurement operations.

We have launched our sustainability communications campaign, which aims to engage our staff, students, visitors and patients in our journey to become more sustainable. The launch of this campaign and the subsequent sustainability case studies will be promoted on our new website.

**Emergency planning, preparedness and resilience (EPPR)**

Each year the we undertake an EPPR process review, the aim of which is to assure NHS England that we are prepared to respond to an emergency, and has the resilience in place to continue to provide safe patient care during a major incident or business continuity event. The most recent rating saw the trust awarded a green rating with substantial compliance in all standards.

**2.2 Chief executive’s statement on performance 2021/22**

Following on from an unprecedented and challenging impact on our services during the Covid-19 pandemic, this year has been a year of recovery for Moorfields as we return to ‘business as usual’ following the pandemic.

We continue to provide safe and effective services for patients, underpinning everything we do as we strive to maintain high levels of patient feedback in order to continually improve services according to the needs of our patients and carers. Our clinical outcomes and safety record remain excellent, with ophthalmic clinical outcomes evidenced amongst the best in the world. Once again, our infection control team have excelled and in 2021/22 we have had no cases of MRSA or Clostridium difficile.

Our national friends and family test stated that the majority of respondents would recommend us to their friends and family, with positive scores of 92%, 93% and 95% in our A&E, outpatient and admitted environments respectively.

We had 663,174 patient contacts across our sites (excluding Bedford) which, while not yet at pre-pandemic level, is an increase of over 243,000 compared to 2020/21. We are aiming to achieve levels of pre-pandemic activity during the next financial year. We had 61,404 A&E attendances, but also saw 11,432 A&E patients via telemedicine (online) consultation. In our outpatient settings, we also continued to provide telephone and telemedicine environments, with over 47,000 patient appointments seen in a virtual setting.

We have continued to maintain many of our key targets in 2021/22, including all cancer waiting time targets, the A&E maximum four-hour waits at 99.9%, and we have recovered our diagnostic waiting times to 99%.  We have not yet recovered our referral to treatment performance (71.2%) as we continue to reduce our waiting list while assisting other trusts with their longer waiting ophthalmic patients.

**Dr Martin Kuper**

**Chief Executive**

**21 June 2022**

3. Accountability report

## 3.1 Directors’ report

The board of directors holds overall accountability for the organisation and is responsible for its strategic direction and the high-level allocation of resources. It delegates decision making for the operational running of the trust to the chief executive. The board of directors is accountable, via the chair and non-executive directors, to the membership council who represent the public, patients and staff.

The directors are additionally responsible for preparing the annual report and accounts. Taken as a whole, they consider these are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess Moorfields’ performance, business model and strategy.

The board comprises 16 members, nine non-executive directors (including the chairman, eight are considered to be independent, the ninth being a representative of the UCL Institute of Ophthalmology as defined in the trust’s constitution) and seven executive directors.

Non-executive directors, including the chairman, are appointed by the membership council following recommendations from the remuneration and nomination committee for non-executive directors. Executive directors are appointed by the remuneration and nomination committee of the board.

The board of directors believes it has the appropriate balance and completeness in its composition to meet the requirements of an NHS Foundation Trust. As at 31 March 2022, the following individuals comprised the voting members of the board of directors (expiry of terms of office for non-executive directors are listed):

Tessa Green – chairman (F) (3 years – 31 August 2022)

Martin Kuper – chief executive from 1 September 2021 (M)

Rosalind Given-Wilson – vice chairman and senior independent director (F) (2 years – 30 April 2024)

Vineet Bhalla – independent non-executive director (M) (3 years – 15 March 2023)

Professor Andrew Dick – non-executive director (M) (3 years – 30 September 2022)

Nick Hardie – independent non-executive director (M) (3 years – 31 December 2022)

David Hills – independent non-executive director (M) (3 years – 31 March 2023)

Richard Holmes – independent non-executive director (M) (3 years – 15 March 2023)

Sumita Singha – independent non-executive director (F) (End of term April 2022, No further extensions)

Adrian Morris – independent non-executive director (M) (3 years – 28 February 2024)

Jonathan Wilson – chief financial officer (M)

Louisa Wickham – medical director (F)

Professor Sir Peng Tee Khaw – director of research and development (M)

Jon Spencer – chief operating officer (M)

Johanna Moss – director of strategy and partnerships (F)

Sarah Needham – acting chief nurse and director of allied health professionals (F)

The non-voting directors listed below attend board meetings, but do not have voting rights:

Nick Roberts – chief information officer (M)

Ian Tombleson – director of quality & patient safety (M)

Sandi Drewett – director of workforce & OD (F)

Kieran McDaid – director of estates, capital and major projects (M)

Full profiles of all board members can be found here: <https://www.moorfields.nhs.uk/content/trust-board>

**2021/22 attendance record – voting board of directors**

Page 31

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Apr 21** | **May 21** | **Jun 21** | **Jul 21** | **Sept 21** | **Oct 21** | **Nov 21** | **Jan 22** | **Feb 22** | **Mar 22** | **Total** |
| Tessa Green | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| Martin Kuper | \* | \* | \* | \* | √ | √ | √ | √ | √ | √ | 6/6 |
| Vineet Bhalla | √ | √ | √ | √ |  | √ | √ | √ | √ | √ | 9/10 |
| Andrew Dick | √ | √ | √ |  | √ | √ | √ | √ | √ | √ | 9/10 |
| Ros Given-Wilson | √ | √ | √ | √ | √ | √ | √ |  | √ | √ | 9/10 |
| Nick Hardie | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| David Hills | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| Richard Holmes | √ | √ | √ |  | √ | √ | √ |  | √ | √ | 8/10 |
| Peng Tee Khaw | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| Adrian Morris | √ | √ |  | √ | √ | √ | √ | √ | √ | √ | 9/10 |
| Johanna Moss | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| Sumita Singha | √ | √ | √ | √ | √ | √ |  | √ | √ | √ | 9/10 |
| Jon Spencer | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 9/10 |
| Louisa Wickham | √ |  | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| Jonathan Wilson | √ | √ | √ | √ | √ | √ | √ | √ | √ | √ | 10/10 |
| David Probert | √ | √ | √ | √ | \* | \* | \* | \* | \* | \* | 4/4 |
| Sarah Needham+ | \* | \* | \* | \* | \* | \* | \* | √ | √ | √ | 3/3 |

\* Not in post

+ Acting role

The **register of interests** of individual directors is available to the public on request and also via the trust’s website via <https://www.moorfields.nhs.uk/content/trust-board>. Please write to: Company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: foundation.moorfields@nhs.uk or phone: 020 7566 2490.

**Audit and risk committee**

The board is required to maintain a sound system of internal control to safeguard its NHS clinical services, assets, and non-NHS commercial services and investments. The audit and risk committee provides assurance to the board about the adequacy and effectiveness of the trust’s systems of internal control, its governance processes, service quality and economy, efficiency and effectiveness (value for money). The committee also recommends to the board the approval of the trust’s annual accounts and financial statements, management letter of representation and annual governance statement. Together with the quality and safety committee, the audit and risk committee recommend to the board the approval of the trust’s annual quality report.

In carrying out its duties, the audit and risk committee draws on, but is not limited to, the work of internal and external audit, the local counter-fraud specialist, financial, performance and other evidenced assurance reports from management.

The audit and risk committee provides written activity reports following each committee meeting. These reports increase the visibility of the audit process to stakeholders.

The audit and risk committee assists the board in fulfilling its oversight responsibilities in respect of the integrity of the trust’s accounts, risk management and internal control arrangements, compliance with legal and regulatory requirements, the performance, qualifications and independence of the external auditors and the performance of the internal audit function.

Management supplies the audit and risk committee with the information necessary for the performance of its duties. The internal auditors, the local counter-fraud specialist and the external auditors have direct access to the committee chairman and members separately from management.

The audit and risk committee comprises three non-executive directors, including the quality and safety committee chair. The board has satisfied itself that all the members of the committee are competent in financial matters. The chair has recent and relevant financial experience. The committee’s meetings are attended by the chief financial officer, internal auditors, local counter-fraud specialist, external auditors and others as required. The chief executive has a standing invitation to attend the committee on an annual basis.

During 2021/22, the audit and risk committee met as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Members/ dates** | **13.4.21** | **8.6.21** | **13.7.21** | **12.10.21** | **19.1.22** | **Total** |
| Nick Hardie (chair) | √ | √ | √ | √ | √ | **5/5** |
| Ros Given-Wilson | √ | √ | √ | √ | √ | **5/5** |
| David Hills | √ |  | √ | √ | √ | **4/5** |
| **Total** | **3** | **2** | **3** | **3** | **3** |  |

The audit and risk committee work plan covers a wide range of issues and reports were received during the year from a number of sources. Key areas and issues that were considered include core financial systems, board assurance framework, Covid-19 and recovery, theatre management, data quality and performance and divisional performance.

The trust’s **internal audit** function is performed by RSM. The role of internal audit is to focus on reviewing areas that either complement or underpin delivery of the trust’s strategy, based on risk assessment. RSM provide written updates on progress against an annual internal audit work plan and any recommendations made to management. This enables the committee to track both the timely completion of the work plan and the implementation of recommendations by management.

Where internal audit reviews indicate a material, significant or repeated theme of concern, the committee also makes recommendations for the board to assess and seek adequate assurance from executive management as necessary.

Moorfields’ **external auditor** is Grant Thornton LLP. The trust and Grant Thornton have safeguards in place to avoid the possibility that the external auditors’ objectivity and independence could be compromised. The audit and risk committee has responsibility for reviewing the annual report from the external auditors and ensuring their impudence from the trust. The committee also ensures that actions are taken to comply with professional and regulatory requirements and best practice.

The audit and risk committee also reviews the statutory audit and other services (as relevant) provided by Grant Thornton, and compliance with the trust’s policy which describes in detail the types of services which the external auditors can and cannot provide. The services provided by Grant Thornton relate to:

* external audit
* other audit services, for example work that regulators require the auditors to undertake, such as on behalf of a regulator

All engagements with the external auditors over a specified amount require the advance approval of the chair of the audit and risk committee. The policy is regularly reviewed and where necessary is amended in the light of internal developments, external requirements and best practice.

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware and the directors have taken all the steps they should in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

#### Recommendations from the audit and risk committee to the membership council

Following completion of the work of the external auditors, the audit and risk committee did not identify any matters where it considered that action or improvement needed to be reported to the membership council. The committee made a positive report to the governors which included that the external audit was of a sufficiently high standard and the fees were reasonable and in line with the agreed contract.

Remuneration and nomination committee

The remuneration and nominations committee is responsible for two key areas:

* Setting the pay and terms of employment of executive directors and other board-level posts, as well as taking an overview of performance reward strategy in the trust; and

### Making recommendations to the board about the appointment of executive and other director positions.

### A rigorous selection process took place during 2021/22 to recruit a new chief executive and a new chief nurse and director of allied health professions.

The committee is chaired by the trust’s chairman and comprises all independent non-executive directors. The chief executive and the director of workforce and organisation development attend meetings of the remuneration and nominations committee in an advisory capacity. The committee’s decisions are informed by benchmarking information from published reward research, such as the NHS boardroom pay report, and surveys of other trusts’ remuneration for similar posts.

During 2021/22, the remuneration and nominations committee met as follows:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Members / dates** | **28.4.21** | **27.5.21** | **23.9.21** | **27.1.22** | **Totals** |
| Tessa Green | √ | √ | √ | √ | **4** |
| Adrian Morris | √ | √ | √ | √ | **4** |
| Ros Given-Wilson | √ | √ | √ |  | **3** |
| Nick Hardie | √ | √ | √ | √ | **4** |
| David Hills | √ | √ | √ | √ | **4** |
| Sumita Singha |  | √ | √ | √ | **4** |
| Vineet Bhalla | √ | √ |  | √ | **3** |
| Richard Holmes  | √ | √ | √ |  | **3** |
| **Totals** | **7** | **8** | **7** | **6** |  |

Accounting policies for pensions and other retirement benefits are set out in note XX. Details of employee costs can be found in note XX in the annual accounts.

### Performance evaluation

Executive directors each undergo formal annual appraisals led by the chief executive which are considered further by the board’s remuneration committee. The chairman appraises the performance of the chief executive, and all non-executive directors, and discusses the outcome of these meetings with the governor’s remuneration & nominations committee with a particular focus on those due for reappointment. The vice-chairman of the board discussed the chairman’s performance with non-executive directors. The outcomes of these discussions were taken to the remuneration and nominations committee of the membership council.

The following non-statutory committees have also been established by the board of directors:

**Strategy and commercial committee**

The purpose of the committee is to review, on behalf of the board, the following key areas:

* the development of strategic plans and in particular the network strategy;
* the development of business cases and investment proposals, including the approval of business cases within the limits set out in the standing financial instructions;
* oversight of the research strategy carried out by and for the trust;
* oversight of the education strategy carried out by and for the trust; and
* oversight of all commercial activity and areas of income generation.

**Quality and safety committee**

The purpose of the committee is to review, on behalf of the board, the following key areas:

* to provide oversight and board assurance about the quality and safety aspects of clinical services;
* to provide assurance about legal compliance with health and safety and related legislation;
* to steer the quality elements of the trust's strategy;
* to support the implementation of the quality strategy and quality improvement plan; and
* to oversee the development and implementation of the quality account.

**People and culture committee**

The purpose of the committee is to review, on behalf of the board, the following key areas:

* the recruitment, retention, management and development of the trust’s workforce;
* The workforce strategy of the trust and its implementation;
* the education strategy of the trust and its implementation; and
* the trust’s obligations under the public sector equality duty.

**Finance committee**

The purpose of the committee is to review, on behalf of the board, the following key areas:

* financial policies and strategy; and
* financial performance and delivery of the trust budget.

**Capital scrutiny committee**

The purpose of the committee is to provide advice and scrutiny to the trust board on all capital investment projects above £1m.

The committee is led by a property professional able to advise and challenge the executive responsible for the trust’s capital programme (currently the director of estates, capital and major projects).

3.2 Membership report

The **membership council** has a duty under the NHS Act 2006 to represent the interests of NHS Foundation Trust members and the public and trust staff in the governance of an NHS Foundation Trust. The membership council includes elected and nominated governors as shown in the table overleaf and has decision-making powers defined by statute. These powers are described in the constitution and are mainly concerned with holding to account the non-executive directors individually and collectively for the performance of the trust board; the appointment, removal and remuneration of the chairman and non-executive directors; the appointment and removal of our external auditors; the provision of views on strategic plans; and representing the views of members.

The council formally met five times during 2021/22 to discuss a wide range of subjects, including patient engagement and communication, digital and technology progress, Oriel engagement and progress, the sustainability agenda, artificial intelligence, the ethical use of patient data and diagnostic hubs. An extraordinary meeting was held in December 2021 to provide a detailed briefing on the sale of the City Road site and approved the sale of City Road in March 2022.The council also formally approved the appointment of the new chief executive in April 2021. All meetings were held online.

This year has been another challenging one for governors, who were still unable to come into the hospital and engage with members in the way they usually would. Therefore, the council has had to continue its 2020/21 approach to membership engagement and holding NEDs to account for the performance of the board.

Governors receive a copy of the public board papers and are actively encouraged to attend the meetings. The move to virtual board meetings has meant that more of our governors have the opportunity to attend, which is an extremely positive step and allows them to gain assurance that the trust continues to work well under considerable pressure. Feedback from membership council meetings is provided at the next available board meeting. Governors are encouraged to provide as much feedback to membership council meetings as possible, and this includes reporting from their established subgroups and any courses they attend.

The trust continues to schedule sessions for governors on specific topics; most recently, there has been a series of in-depth briefings designed to help governors through the detail of the Oriel full business case, which is due to come to the board for decision in April 2022. The topics for these briefings have been the sale of City Road, the clinical model and design and the financial case for Oriel, although governors have been updated as often as possible about the progress of Oriel.

Governors have also had their annual session with the chairs of the audit and quality committees as well as a session with Richard Holmes, chair of the strategy and commercial committee, and Adrian Morris, our most recently appointed non-executive director.

The process for resolving any dispute between the membership council and the board of directors is described in the constitution (paragraph 17).

### Membership Council composition and attendance report 2021/22

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name and constituency** | **29.4.21** | **29.7.21** | **21.10.21** | **1.12.21** | **1.2.22** | **Subgroup representation** |
| Jane Bush (NCL)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | RNCGDG |
| Andrew Clark (Beds and Herts)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | External audit panel |
| John Sloper (Beds and Herts)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | GDG |
| Kimberley Jackson (SWL)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | GDG |
| Roy Henderson (patient)Elected 1 April 2020 (3 years) | √ | √ | √ | √ | √ | GDGRNC |
| Rob Jones (patient) Elected 1 April 2018 (3 years) | √ | √ | √ | √ | √ | Lead governorChair, GDG |
| Allan MacCarthy (SEL)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | Vice-chair GDGRNC |
| Ian Wilson (NWL)Elected 1 April 2019 (3 year) | √ |  | √ | √ | √ |  |
| Paul Murphy (NCL) Elected 1 April 2018 (3 years) | √ | √ | √ | √ | √ | GDG |
| Naga Subramanian (SEL)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | RNC |
| Richard Collins (NEL and Essex)Elected 1 April 2018 (3 years) | √ | √ | √ |  | √ | Chair, RNCGDG |
| John Russell (NEL and Essex)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ |  |
| Marcy Ferrer (Patient)Elected 1 April 2021 (3 years)  | √ |  |  |  |  |  |
| Vijay Arora (NWL)Elected 1 April 2021 (3 years) | √ | √ | √ |  | √ |  |
| Modupe Gisanrin (staff: network sites)Elected 1 April 2020 (3 years) |  |  |  |  |  |  |
| Amit Arora (staff: City Road)Elected 1 April 2019 (3 years) | √ | √ | √ | √ | √ | RNCGDG |
| Remija Mponzi (staff: network sites)Elected 25 March 2019 (3 years) |  | \* | \* | \* | \* |  |
| Vijay Tailor (staff: City Road)Elected 31 March 2021 (3 years) | √ | √ | √ |  | √ |  |
| Una O’Halloran, London Borough of IslingtonAppointed 1 October 2022 | √ | √ | √ | √ | √ | Equality, Diversity and Human Rights group |
| Ian Humphreys, College of OptometristsAppointed 5 December 2019 | √ | √ | √ | √ | √ |  |
| David Shanks, University College LondonAppointed 14 November 2017 | √ |  | √ |  | √ |  |
| Tricia Smikle, Royal National Institute for the BlindAppointed 14 November 2017 | √ | √ | √ | √ | √ | RNC |

|  |  |
| --- | --- |
| GDG | Governance development group |
| RNC | Remuneration and nominations committee |
| √ | Present |
| \* | Not in post |

Elected governors usually hold their positions for three years. Nominated governors are proposed by their host organisation and hold the position until a new nomination is made.

The council has one formal committee and one subgroup:

The **remuneration and nominations committee** of the membership council met once in 2021/22. This committee is established to ensure that the selection and appointment process for non-executive directors is robust, and to regularly review non-executive director remuneration levels to ensure an appropriate balance between value for money and attracting candidates of sufficient calibre.

During 2021/22, the remuneration and nominations committee considered and recommended the reappointment of two non-executive directors for additional one and two year terms of office, and recommended that the chair be offered a further three-year term of office.

The **governance development group** is established to propose and carry out initiatives that will improve the role of the membership council in the governance of the trust and the development of governors individually and collectively. In 2021/22 the group was largely focused on how best to continue to engage with membership and the board during the pandemic, the membership magazine, decision-making required for the Oriel FBC, the changing ICS landscape and other engagement ideas.

The **register of interests** of individual governors on the membership council is available to the public on request. Please write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: foundation@moorfields.nhs.uk or phone: 020 7566 2490.

## Our membership

The trust has approximately 18,500 members, including 2,000 staff members.

Membership numbers in each public constituency reflect to some degree the size of the service provision in the area. For example, north west and north east London have the greatest number of members because they include some of our largest locations. North central London includes the main City Road site. The patient constituency is the largest constituency overall with members from across all services and geographical locations.

All members are invited to the annual general meeting (AGM), which took place virtually in July this year. The breakdown of our membership between constituencies is as follows:

|  |  |
| --- | --- |
| **Constituency** | **Number of members** |
| Patient constituency | 10,404 |
| Bedfordshire and Hertfordshire public constituency | 410 |
| North central London public constituency | 1,167 |
| North east London and Essex public constituency | 1,646 |
| North west London public constituency | 1,982 |
| South east London public constituency | 420 |
| South west London public constituency | 609 |
| Staff constituencies  | 1997 |
| **TOTAL** | **18,635** |

## Representing our membership

Members are represented by elected patient, public and staff governors on the membership council which meets at least four times a year. Governors participate in a range of activities, such as membership development and engagement, conducting site visits, reviewing quality initiatives and attending recruitment panels for non-executive appointments.

We draw our public membership from six geographic constituencies, set out in the table above. Any member of the public who lives in one of these areas and is aged 16 years or over can join as a public member. Any patient aged 16 years or over can join the wider patient constituency. Eligible staff will be automatically registered as members and are able to opt out. A member of the trust may cease their membership at any time via the contact below.

Members who want to contact their representative governor or a member of the board should write to: Company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London, EC1V 2PD, email: moorfields.foundation@nhs.net. This information is also available on the trust’s website: [www.moorfields.nhs.uk/membership](http://www.moorfields.nhs.uk/membership).

### Elections

Elections were held in March 2022. The constituencies and outcomes are set out below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Constituency** | **Number of seats** | **Successful candidate(s)** |
|   March 2022 | Staff City Road | 1 | 1 |
| Staff: Network sites | 2 | 1 |
|  | Public: NWL | 1 | 1 |
|  | Public: NCL | 1 | 1 |
|  | Public: NEL and Essex | 1 | 1 |
|  | Public: SEL | 1 | 1 |
|  | Public: SWL | 2 | 2 |
|  | Public: Beds and Herts | 2 | 2 |

If a successfully elected governor is unable or ineligible to take up their role at the start of their term of office, the vacancy is offered to the next placed candidate.

Full details of the composition of the membership council from 1 April 2022 and of election results are posted on our website at [www.moorfields.nhs.uk/membership](http://www.moorfields.nhs.uk/membership).

All elections are held in accordance with the election rules set out in the constitution. This has been confirmed by the returning officer for the elections held during 2021/22.

### Compliance with the Foundation Trust code of governance

Moorfields Eye Hospital NHS Foundation Trust has applied the principles of the NHS Foundation Trust code of governance on a ‘comply or explain’ basis. The NHS Foundation Trust code of governance was revised in July 2014 and is based on the principles of the UK corporate governance code issued in 2012. The Board of Directors support and agree with the principles set out in the NHS foundation trust code of governance. The following areas have been identified as non-compliant with the code, or are in the process of being implemented:

The procedure for resolving conflicts between the Board of Directors and the Membership Council is outlined at section 17 of the trust’s constitution.

**Areas of non-compliance**

The code refers to the appointment of executive directors that should be on fixed term arrangements and reviewed every five years. All executive directors have permanent contracts of employment which cannot be changed without agreement by both parties.

**NHS oversight framework**

NHS England and Improvement’s oversight framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

* quality of care
* finance and use of resources
* operational performance
* strategic change
* leadership and improvement capability (well-led)

Based on information from these themes, providers are segmented from 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach, or suspected breach, of its licence. We are currently in segment 2.

**Dr Martin Kuper**

**Chief executive**

**21 June 2022**

## 3.3 Remuneration report

The trust’s remuneration committee makes decisions in relation to directors’ pay in light of benchmarking information derived from published research on reward, such as the NHS Providers remuneration survey, and surveys of other trusts’’ remuneration for similar posts. In 2021/22 existing directors received a cost of living increase in line with guidance from NHS England and Improvement. No other uplifts were agreed, although performance and appraisals of all executives were discussed at the remuneration committee. Details of the remuneration committee can be found on page 26.

Remuneration is not split into different elements. The committee is always mindful of the national NHS pay uplift for staff and the system within which staff are remunerated, including restraints that apply to trusts and foundation trusts in special measures, when considering each individual. The final determination of the pay level for any individual is based on an assessment of performance. All contracts are open ended. As at 31 March 2022, all trust executive directors are on a six-month notice period. There is no termination payment built into the contract and there are no contractual provisions for early retirement beyond that required by the law. In certain circumstances, an individual may benefit from the provisions of the NHS pension scheme. The trust does not provide any non-cash benefits within the remuneration package.

Accounting policies for pensions and other retirement benefits are set out in note XX. Details of the board of directors’ remuneration can be found on page XX, and details of employee costs can be found in note XX in the annual accounts. Information relating to off-payroll arrangements is included in the staff report.

Acting on the recommendations of the Hutton review of fair pay and the reporting requirements of HM Treasury, the trust makes the following declarations [these declarations are subject to audit]:

* For employees of the Trust as a whole, the range of remuneration in 2021/22 was from £23,154 to £220.000 (2020/21 £21,606 to £212,200). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 3%. No employees received remuneration in excess of the highest-paid director in 2021-2022
* The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £220,000 (2020-21, £212,200). This is a change between years of 3.68%.
* The median remuneration of staff employed at the trust during the 2021/22 financial year was £37,841 (2021/22: £36,738). The calculation is based on full-time equivalent staff of the reporting entity at the reporting period end date on an annualised basis.
* The mid-point of the banded remuneration of the highest paid director of the trust for the sample period 2021/22 was £220,000 (2020/21: £212,500) – only those directors whose remuneration the trust is directly able to determine are included in this calculation.
* The ratio of the two amounts was 5.81:1 in 2021/22 (2020/21: 5.78:1) – that is, the mid-point of the banded remuneration of the highest paid director of the trust was 5.81 times that of the median remuneration for all staff employed at the trust.
* The ratio for the 25th Percentile in 2021/ 22 is 8.10 (2020/21 8.28) and the 75th Percentile in 2021/22 is 4.47 (2020/21 4.63).
* No payments for compensation for loss of office were made during 2021/22.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

As required by section 156(1) of the Health and Social Care Act 2012, I declare that the total out-of-pocket expenses paid to governors of the trust in 2021/22 was nil (2020/21: £49), and that total out-of-pocket expenses paid in 2021/22 to the directors was £873 (2020/21 £322).

**Dr Martin Kuper**

**Chief executive**

**21 June 2022**

 Salary entitlements of the board of directors [the following table is subject to audit]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2021/22** |  |  |  |  |
| **Name and Title** | **Executive Salary(bands of £5,000)£'000s** | **Clinical / Research Salary(bands of £5,000)£'000s** | **Pension-Related Benefits(bands of £2,500)£'000s** | **Total Entitlement(bands of £5,000)£'000s** |
| Mr Martin Kuper - Chief Executive (start date 01.09.2021) | 125 - 130 | - | 37.5 - 40.0 | 165.0 - 170.0 |
| Mr D Probert - Chief Executive ( end date 30.08.2021) | 85 - 90 | - | 32.5 - 35.0 | 120.0 -125.0 |
| Mr J Wilson - Chief Financial Officer and Deputy Chief Executive | 155 - 160 | - | 0.0 - 2.5 | 155.0 -160.0 |
| Prof P Khaw - Research Director | 30 - 35 | 205 - 210 | 0.0 -2.5 | 240.0 -245.0 |
| Ms T Luckett - Director of Nursing & Allied Health Professions (end date 31.01.2022) | 100 -105 | - | 0.0 - 2.5 | 100.0 - 105.0 |
| Ms S Needham - Director of Nursing & Allied Health Professions (start date 01.01.2022, end date 31.03.2022) | 25-30 | - | 7.0 - 7.5 | 30.0 - 35.0 |
| Ms L Wickham - Medical Director  | 55 -60 | 120 -125 | 20.0 - 22.5 | 195.0 - 200.0 |
| Ms J Moss Director of Strategy & Buisness Development  | 135 - 140 | - | 52.5 - 55.0 | 190.0 - 195.0 |
| Mr J Spencer - Chief Operating Officer | 135 - 140 | - | 42.5 - 45.0 | 175.0 - 180.0 |
| Ms T Green - Chairman | 45 -50 | - | - | 45 -50 |
| Ms R Given-Wilson - Non-Executive Director | 15 -20 | - | - | 15 -20 |
| Ms S Singha - Non-Executive Director | 15 -20 | - | - | 15 -20 |
| Mr A Dick - Non-Executive Director  | 10- 15 | - | - | 10- 15 |
| Mr A Morris - Non-Eexecutive Director | 10-15 | - | - | 10-15 |
| Mr N Hardie - Non-Executive Director  | 15 -20 | - | - | 15 -20 |
| Mr D Hills - Non-Executive Director  | 15 -20 | - | - | 15 -20 |
| Mr V Bhalla - Non-Executive Director | 10- 15 | - | - | 10- 15 |
| Mr R Holmes - Non-Executive Director | 10- 15 | - | - | 10- 15 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2020/21** |  |  |  |  |
| **Name and Title** | **Executive Salary(bands of £5,000)£'000s** | **Clinical / Research Salary(bands of £5,000)£'000s** | **Pension-Related Benefits(bands of £2,500)£'000s** | **Total Entitlement(bands of £5,000)£'000s** |
| Mr D Probert - Chief Executive  | 210 - 215 | - | 47.5 - 50.0 | 260 - 265 |
| Mr J Wilson - Chief Financial Officer  | 145 - 150 | - | 10.0 - 12.5 | 155 - 160 |
| Prof P Khaw - Research Director | 30 - 35 | 200 - 205 | 0.0 - 2.5 | 235 - 240 |
| Ms T Luckett - Director of Nursing & Allied Health Professions | 120 -125 | - | 0.0 - 2.5 | 120 - 125 |
| Mr J Quinn - Chief Operating Officer (end date 21.12.2020) | 95 - 100 | - | 35.0 - 37.5 | 130 - 135 |
| Mr N Strouthidis - Medical Director (end date 31.12.2021) | 45 - 50 | 80 - 85 | 47.5 - 50.0 | 180 - 185 |
| Ms L Wickham - Medical Director (start date 04.01.2021) | 15 - 20 | 30 - 35 | 20.0 - 22.5 | 65 - 70 |
| Ms J Moss Director of Strategy & Buisness Development (start date 01.03.2021) | 10 - 15 | - | 2.5 - 5.0 | 15 - 20 |
| Mr J Spencer - Chief Operating Officer (start date 01.03.2021) | 10 - 15 | - | 2.5 - 3.0 | 15 - 20 |
| Mr A Stamp - Acting Chief Operating Officer (start date 21.12.2021 to end date 28.02.2021) | 20 - 25 | - | 10.0 - 12.5 | 30 - 35 |
| Ms T Green - Chairman | 45 - 50 | - | - | 45 - 50 |
| Mr S Williams - Non-Executive Director (end date 15.03.2021) | 15 - 20 |   |   | 15 - 20 |
| Ms R Given-Wilson - Non-Executive Director | 15 - 20 | - | - | 15 - 20 |
| Ms S Singha - Non-Executive Director | 15 - 20 | - | - | 15 - 20 |
| Mr A Dick - Non-Executive Director  | 10 - 15 | - | - | 10 - 15 |
| Mr A Morris (start date 01.03.2021) | 0 - 5 |   |   | 0 - 5 |
| Mr N Hardie - Non-Executive Director  | 15 - 20 | - | - | 15 - 20 |
| Mr D Hills - Non-Executive Director  | 15 - 20 | - | - | 15 - 20 |
| Mr V Bhalla - Non-Executive Director | 10 - 15 | - | - | 10 - 15 |
| Mr R Holmes - Non-Executive Director | 10 - 15 | - | - | 10 - 15 |

Pension-related benefits are intended to show the notional increase or decrease in the value of directors' pensions assuming the pension is drawn for 20 years after retirement. It is calculated as 20 x annual pension increase + lump sum increase, adjusted for inflation, less employees' pension contributions paid in the year.

Six members of the Board were paid more than the threshold of £150,000 per annum used in the Civil Service for approval by the Chief Secretary of the Treasury, which equates to the Prime Minister's ministerial and parliamentary salary. We are mindful of our responsibility in ensuring value for money.

Nevertheless we have an obligation to secure suitable individuals, and therefore the trust’s Remuneration Committee agreed the salaries in excess of the threshold following benchmarking and market testing.

 Pension benefits of directors [the following table is subject to audit]

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title** | **Value of accrued pension at 31 March 2021** | **Value of accrued pension at 31 March 2022** | **Real increase in year in the value of accrued pension** |
| **(bands of £5,000)£’000s** | **(bands of £5,000)£’000s** | **(bands of £2,500)£’000s** |
| Mr Martin Kuper – Chief Executive | 65- 70 | 70 -75 | 2.5 – 5.0 |
| Mr D Probert – Chief Executive | 60 – 65 | 65 – 70 | 2.5 – 5.0 |
| Mr J Wilson – Chief Financial Officer  | 25 – 30 | 0 -5 | 0.0 – 2.5 |
| Ms T Luckett – Director of Nursing & Allied Health Professions | 50 – 55 | 55 -60 | 2.5 – 5.0 |
| Ms S Needham – Director of Nursing & Allied Health Professions | 25 – 30 | 30 – 35 | 0.0 – 2.5 |
| Ms L Wickham – Medical Director  | 40 – 45 | 40 – 45 | 0.0 – 2.5 |
| Ms J Moss Director of Strategy & Business Development  | 35- 40 | 35 – 40 | 2.5 – 5.0 |
| Mr J Spencer – Chief Operating Officer | 25 – 30 | 30 – 35 | 0.0 – 2.5 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title** | **Value of automatic lump sums at 31 March 2021** | **Value of automatic lump sums at 31 March 2022** | **Real increase in year in the value of automatic lump sums** |
| **(bands of £5,000)£’000s** | **(bands of £5,000)£’000s** | **(bands of £2,500)£’000s** |
| Mr Martin Kuper – Chief Executive | 155- 160 | 165 – 170 | 10.0 – 12.5 |
| Mr D Probert – Chief Executive | 115 – 120 | 115 – 120 | 0.0 – 2.5 |
| Mr J Wilson – Chief Financial Officer  | 85 – 90 | 0 -5 | 0.0 – 2.5 |
| Ms T Luckett – Director of Nursing & Allied Health Professions | 150 – 155 | 165 – 170 | 12.5 - 15.0 |
| Ms S Needham – Director of Nursing & Allied Health Professions | 55 - 60 | 55 – 60 | 0.0 – 2.5 |
| Ms L Wickham – Medical Director  | 85 – 90 | 80 – 90 | 0.0 – 2.5 |
| Ms J Moss Director of Strategy & Business Development  | 60 – 65 | 65 – 70 | 0.0 – 2.5 |
| Mr J Spencer – Chief Operating Officer | 55 – 60 | 60 – 65 | 2.5 – 5.0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Title** | **Cash equivalent transfer value at 31 March 2021** | **Cash equivalent transfer value at 31 March 2022** | **Real increase in cash equivalent transfer value in 2021/22** |
| **£'000s** | **£'000s** | **£'000s** |
| Mr Martin Kuper - Chief Executive | 1,290 | 1,405 | 90 |
| Mr D Probert - Chief Executive | 919 | 997 | 62 |
| Mr J Wilson - Chief Financial Officer  | 536 | 0 | 0 |
| Ms T Luckett - Director of Nursing & Allied Health Professions | 1,136 | 1,268 | 111 |
| Ms S Needham - Director of Nursing & Allied Health Professions | 454 | 494 | 36 |
| Ms L Wickham - Medical Director  | 690 | 730 | 18 |
| Ms J Moss Director of Strategy & Buisness Development  | 476 | 529 | 30 |
| Mr J Spencer - Chief Operating Officer | 422 | 462 | 34 |

Prof P Khaw is not a member of the NHS Pension Scheme.

J Wilson is not a member of the NHS Pension Scheme in 2021/22

Non-executive directors do not receive pensionable remuneration.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real Increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the year.

The value of trust contributions to the NHS Pension Scheme in 2021/22 in respect of executive directors was £91k (2020/21: £89k).

During the year, the Government announced that public sector pension schemes will be required to provide indexation on the Guaranteed Minimum Pension element of the pension. NHS Pensions has updated the methodology used to calculate CETV values as at 31 March 2021. The impact of the change in methodology is included within the reported real increase in CETV for the year.

 **3.4 Staff report**

|  |
| --- |
| **Staff sickness absence** |
| Average full time equivalent (FTE) | 0.84 |
| FTE days lost | 33,708 (12 months) |
| Average sick days per FTE | 6.8 |

|  |
| --- |
| **Staffing WTE & Headcount 2022** |
| Permanently employed:Staff with a permanent (UK) employment contract directly with the entity | HC 1997 WTE 1785.43 |
| Other:Staff that do not have a permanent (UK) employment contract with the entity. | HC 377 WTE 353.95 |
| Blank Assignment | HC 8 WTE 3.19 |

The following figures show our staffing breakdown by staff group, age, gender, ethnicity, disability and sexual orientation, as at 31st March 2021.

|  |
| --- |
| **Workforce by staff group** |
| Additional Prof Scientific and Technic | HC 251WTE 167.89 |
| Additional Clinical Services | HC 380WTE 350.52 |
| Administrative and Clerical | HC 805WTE 762.51 |
| Allied Health Professionals | HC 52WTE 42.61 |
| Estates and Ancillary | HC 34WTE 33.92 |
| Healthcare Scientists | HC 59WTE 55.63 |
| Medical and Dental | HC 365WTE 326.68 |
| Nursing and Midwifery Registered | HC 436WTE 402.81 |
| Students | HC 4WTE 4.00 |

|  |
| --- |
| **Workforce by ethnicity** |
| Asian | HC 593WTE 525.76 |
| Black | HC 392WTE 366.68 |
| Chinese | HC 51WTE 45.68 |
| Mixed | HC 92WTE 84.18 |
| Not Stated | HC 323WTE 290.67 |
| Other BME | HC 133WTE 124.69 |
| White | HC 798WTE 704.91 |

|  |
| --- |
| **Workforce by sexual orientation** |
| Bisexual | HC 18WTE 16.47 |
| Gay or Lesbian | HC 40WTE 34.14 |
| Heterosexual or Straight | HC 1,436WTE 1,313.37 |
| Not Stated | HC 857WTE 757.52 |
| Unspecified | HC 27WTE 17.07 |
| Other sexual orientation not listed | HC 4WTE 4.00 |

|  |
| --- |
| **Workforce by disability status** |
| No | HC 2223WTE 2,005.07 |
| Yes | HC 53WTE 50.82 |
| Not Declared | HC 60WTE 52.87 |
| Prefer Not to Answer | HC 15WTE 13.04 |
| Unspecified  | HC 31WTE 20.77  |

|  |
| --- |
| **Workforce by gender** |
| Female  | HC 1632WTE 1,454.32 |
| Male | HC 750WTE 688.25 |

|  |
| --- |
| **Workforce by age** |
| -20 | HC 7 WTE 6.00 |
| 21-25 | HC 119WTE 115.49 |
| 26-30 | HC 270WTE 250.55 |
| 31-35  | HC 333WTE 302.34 |
| 36-40 | HC 327 WTE 284.41 |
| 41-45 | HC 304WTE 265.87 |
| 46-50 | HC 334 WTE 311.16 |
| 51-55 | HC 293WTE 270.93 |
| 56-60 | HC 198WTE 178.42 |
| 61-65 | HC 133 WTE 113.19 |
| 66-70 | HC 47 WTE 34.02 |
| 71+ | HC 17 WTE 10.19 |

Note: All figures above are based on a snapshot as at 31 March 2022.

Information on the gender pay gap can be found on our website (https://www.moorfields.nhs.uk/content/inclusion-equality-and-diversity-reporting). Further information can be found on the Cabinet Office website (https://gender-pay-gap.service.gov.uk/).

[Analysis of staff numbers and staff costs is subject to audit]

### Staff friends and family test (FFT)

Due to the COVID-19 Pandemic, The FFT was suspended. Since then, we have started using the National Quarterly Pulse Survey via NHS England and Improvement. This does not consistently ask the same set of questions, and the FFT questions are not routinely asked. We have therefore reported the results from our last Staff Survey, in 2021.

|  |
| --- |
| **Friends and Family Test results 2021** |
| % staff recommending Moorfields as a place for treatment | 87%(Q21d) |
| % staff recommending Moorfields as a place to work | 63% (Q21c)  |

NB: The phrasing of the questions is as follows:

* Q21d - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
* Q21c - I would recommend my organisation as a place to work

 **Data for the period April 2021 – March 2022**

|  |  |
| --- | --- |
| **Relevant union officials** |  |
| **Number of employees who were relevant union officials during the relevant period** | **Full-time equivalent employee number** |
|   | 9.95 |
|  |   |
| **Percentage of time spent on facility time** |
| **Percentage of time** | **Number of employees** |
| 0% | 0 |
| 1-50% | 11 |
|  |   |
| **Percentage of pay bill spent on facility time** |
|  | *£* |
| Provide the total cost of facility time | 64,626 |
| Provide the total pay bill | 508,634 |
| Provide the percentage of the total pay bill spent on facility time, calculated as: | 12.71% |
| (total cost of facility time ÷ total pay bill) x 100  |
|  |  |
| **Paid trade union activities** |
| Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: | 100% |
| (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100 |

**Staff exit packages 2021/22 [this information is subject to audit]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exit package cost band** | **Number of compulsory redundancies** | **Number of other departures agreed** | **Total number of exit packages by cost band** |
| <£10,000 | - | - | - |
| £10,001 – £25,000 | - | - | - |
| £25,001 – £50,000 | - | - | - |
| £50,001 - £100,000 | 1 | - | 1 |
| Total number of exit packages by type | - | - | - |
| Total resource cost £000s | 60 | - | 60 |
|  |  |  |  |
| **Exit packages - non-compulsory departure payments** | **AgreementsNumber** | **Total Value of Agreements£000s** |
| Voluntary redundancies including early retirement contractual costs | - | - |
| Mutually agreed resignations (MARS) contractual costs | - | - |
| Early retirements in the efficiency of the service contractual costs | - | - |
| Contractual payments in lieu of notice  | - | - |
| Exit payments following employment tribunals or court orders | - | - |
| Non-contractual payments requiring HMT approval (special severance payments)\* | - | - |
| Total | - | - |
| Of which:non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months of their annual salary | - | - |

**Staff exit packages 2020/21**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exit package cost band** | **Number of compulsory redundancies** | **Number of other departures agreed** | **Total number of exit packages by cost band** |
| <£10,000 | - | 5 | 5 |
| £10,001 – £25,000 | - | 2 | 2 |
| £25,001 – £50,000 | - | 1 | 1 |
| £50,001 - £100,000 | - | 2 | 2 |
| Total number of exit packages by type | - | 10 | 10 |
| Total resource cost £000s | - | 230 | 230 |
|  |  |  |  |
|  |  |  |  |
| **Exit packages - non-compulsory departure payments** | **AgreementsNumber** | **Total Value of Agreements£000s** |
| Voluntary redundancies including early retirement contractual costs | 8 | 212 |
| Mutually agreed resignations (MARS) contractual costs | - | - |
| Early retirements in the efficiency of the service contractual costs | - | - |
| Contractual payments in lieu of notice  | 2 | 18 |
| Exit payments following employment tribunals or court orders | - | - |
| Non-contractual payments requiring HMT approval (special severence payments) | - | - |
| Total | 10 | 230 |
| Of which:non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months’ of their annual salary | - | - |

**Off payroll engagements**

|  |  |
| --- | --- |
| **For all off-payroll engagements as of 31 Mar 2022, for more than £245 per day and that last for longer than six months** | **2021/22** |
| **Number** |
| **No. of existing engagements as of 31 Mar 2022** | - |
| **Of which, the number that have existed:** | **-** |
| for less than one year at the time of reporting | 8 |
| for between one and two years at the time of reporting | 1 |
| for between 2 and 3 years at the time of reporting | 2 |
| for between 3 and 4 years at the time of reporting | - |
| for 4 or more years at the time of reporting | - |
|  |  |
| **For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2021 and 31 Mar 2022, for more than £245 per day and that last for longer than six months** | **2021/22** |
| **Number** |
| **Of which:** | - |
| Number assessed as caught by IR35 | - |
| Number assessed as not caught by IR35 | 11 |
| Number engaged directly (via PSC contracted to trust) and are on the trust's payroll | - |
| Number of engagements reassessed for consistency/assurance purposes during the year | - |
| Number of engagements that saw a change to IR35 status following the consistency review | - |
|  |  |
| **For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2021 and 31 Mar 2022** | **2021/22** |
| **Number** |
| Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year. | 0 |
| Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements. | 18 |

**3.5 Statement of the chief executive’s responsibilities as the accounting officer of Moorfields Eye Hospital NHS Foundation Trust**

The National Health Service Act 2006 states that the chief executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of the public finances for which he is answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Moorfields Eye Hospital NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Moorfields Eye Hospital NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the accounting officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

* observe the accounts direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
* make judgements and estimates on a reasonable basis
* state if applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
* ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
* prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned acta. The accounting officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust’s auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity’s auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

**Dr Martin Kuper**

**Chief executive**

**21 June 2022**

**3.6 Annual governance statement**

**Scope of responsibility**

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust’s policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

**The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Moorfields Eye Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, to manage them efficiently, effectively and economically. The system of internal control has been in place in Moorfields Eye Hospital NHS Foundation Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

**Capacity to handle risk**

The board of directors is responsible for ensuring that a system of internal control is in place. As accounting officer, I have overall accountability for risk management in the trust and chair the management executive, through which executive responsibility for risk management is exercised. The control of risk is embedded in the roles of executive directors through to the managerial staff within the organisation.

The risk management strategy of the organisation is to maintain systematic and effective arrangements for identifying and managing risk to an acceptable level which fits within the trust’s risk appetite. The strategy provides a framework for managing risk across the organisation which is consistent with best practice and Department of Health guidance. The director of quality and safety has responsibility for the design, development and maintenance of operational risk systems, policies and processes. Divisional and directorate governance arrangements implement and maintain risk management processes, including the maintenance of risk registers. The day-to-day working of risk systems is therefore managed through the trust’s operational and departmental teams. The risk strategy provides a clear, systematic approach to the identification and assessment of risks to ensure that risk management is an integral part of clinical, managerial and financial processes across the organisation. The audit and risk committee, comprising non-executive directors, oversees the system of internal control and overall assurance processes associated with managing risk.

The risk and safety committee provides additional support to ensure that risk management processes are working effectively. The committee reviews themes and trends in risk and incident management and shares and encourages best practice across the trust’s network. As well as having individual and team responsibilities for policies, the risk and safety committee also supports divisions and directorates in ensuring policies are kept up to date and compliance is maintained.

The board of directors routinely receives updates from board committees. The board receives assurance from the medical director and director of nursing and allied health professionals, through comprehensive quality and safety reports, about the management of “never events”, serious incidents, complaints, claims, revalidation and incidents. The Trust undertook an externally assessed, well-led review in January and February 2022.

Risk management training is provided through the induction programme for new staff and this is supplemented by local inductions organised by managers. These include the induction of junior doctors in relation to key policies, standards and practices in clinical areas. Staff are required to undertake and maintain mandatory training in a number of areas relating to risk management. Examples of this are safeguarding of children and adults, fire, general health and safety, infection control and risk and safety management. Different roles and responsibilities have associated training requirements; for example, those staff who work most closely with children are required to have a higher level of safeguarding, whilst all staff are required to have a minimum of level one training.

**The risk and control framework**

The trust has a risk management strategy and policy that has been updated to ensure that it remains relevant and fit for purpose. Levels of accountability and responsibility for risk are set out within this document. The trust has risk management systems in place for identifying, evaluating, monitoring, controlling and recording risk. The management of risk is embedded in management roles at all staff levels, and primary control for risk management takes place through divisions, departments and frontline teams. All risk registers have been migrated onto our risk management module of our Safeguard system which enables a more robust and consistent system of reviewing risks.

The principles of risk management are core to the organisation’s business. The first stage of the risk process is the systematic identification of risks via structured risk assessments. Risks that are identified are documented on risk registers. These risks are analysed in order to determine their relative importance using a risk scoring matrix. Where relevant, risks are managed and mitigated locally. However, where they cannot be resolved, systems exist, and are described in the policy, to progressively escalate risks to higher level risk registers. Achieving control of the higher scoring risks is given priority over lower scoring risks. Key Performance Indicators (KPIs) related to risks are identified to improve board assurance and compliment risk management process.

Incident reporting is openly encouraged through the trust’s policies on incident reporting, being open and duty of candour, and staff training. The trust has an open culture which is demonstrated through staff survey results and reporting rates which increase year-on-year.

Divisional operational and quality dashboards are available for monitoring many types of performance activity, both clinical and non-clinical. The board assurance framework (BAF) has been developed using the trust’s corporate risk register and is linked to monitoring the trust’s annual corporate priorities. The BAF details the principal strategic risks to the organisation and how those risks are being mitigated. The BAF and corporate risk register were reviewed during the year by the management executive, audit and risk committee and the board of directors.

The organisation continues to have a low appetite for risk in relation to patient safety and aims to minimise avoidable risk – this approach is built into all our risks systems although it recognises that healthcare is not without risk. The trust has a higher risk appetite in respect of developing its commercial divisions of which it has two, Moorfields Private and Moorfields United Arab Emirates and in the area of research, enterprise and innovation.

The trust has a range of quality governance systems including a quality governance framework in place which have been proactively developed over the previous three years and include systems for collecting, assessing and presenting quality and safety information from operational to trust board level. Oversight and scrutiny of these governance arrangements is provided by the quality and safety committee which is a subcommittee of the board.

A programme of annual health and safety assessments is in place led by the risk and safety department. In areas where this process has matured sufficiently, self-assessments take place. These reviews are complemented by a programme of patient safety data reviews which consider data and information about patient safety including trends and the need for any remedial action.

The trust is registered and is fully compliant with the Care Quality Commission’s (CQC) registration requirements. Systems exist to ensure compliance with the CQC’s fundamental standards.

Quality and safety performance is monitored through a range of quality reports that are provided to the trust management committee, the quality and safety committee and trust board. These reports are structured around the three Darzi themes of patient experience, patient safety and clinical effectiveness and the CQC domains. The organisation also uses various dashboards to review both operational performance as well as quality indicators. These dashboards enable divisions and services to scrutinise data in a timely manner to drive improvements and share learning across the network.

The board assurance framework includes the high level risks to the organisation. These are rated dependent on the level and potential impact of risk with red being the highest. A summary is included below.

### Six risks were rated as red:

* If the key assumptions behind **Oriel** are not achieved, then there may be insufficient capital and resources available leading to a failure to be able to deliver a new facility that is fit for purpose and improves the patient and staff experience
* **Future funding models** are now being provided under a block funding approach rather than payment by results, creating significant uncertainty in funding.
* If the trust cannot attract sufficient **research funding** to maintain its position, then its capacity to conduct appropriate research will diminish, leading to an inability to compete effectively for funding and a significant risk to the trust brand and reputation in the field.
* If the trust fails to put in place sufficient support for staff and processes/procedures to manage **staff health and wellbeing**, both during and after the pandemic, then this will lead to increased stress and sickness absence, poor staff engagement with the organisation, poor recruitment and retention and a significant impact on staff morale.
* If there is a successful **cyber-attack** then the trust may suffer from a loss of service and/or corruption of data leading to poor patient care or experience, loss of income and damage to reputation.
* If the trust’s **digital infrastructure** fails to provide robust resilience and adequate performance, then treatment of patients may be compromised through either a lack of access to digital patient and administrative data, or a slowness of information delivery that reduces patient throughput enough that some patients may need to re-book and return for their treatment.

### A further four risks on the board assurance framework are rated as amber:

* If the trust is unable to appropriately manage the ongoing impact of the **Covid-19** virus there will be an impact in a number of areas, including significant harm to staff and patients, significant financial risk both in the short and long term, reputational risk, workforce impact and system working risk.
* If the **recovery of clinical services** post Covid-19 does not ensure timely access to ophthalmic care for both new and existing patients then this may lead to patient harm reputational risk and potential financial risk through litigation.
* If the **growth in commercial activity** is not to plan then there will not be sufficient revenue generated leading to pressure on trust finances elsewhere and a lack of ability to effectively compete in the market and to continue to provide high quality NHS services to patients, as well having an impact on the assumptions for Oriel.
* If the trust does not have a **robust workforce plan** in place then there will be staff shortages and skill gaps leading to insufficient numbers of staff available in key areas and a subsequent impact on the quality of patient care, pressure on staff and a decrease in morale which will affect both the staff and patient experience.

The board has oversight of the board assurance framework and receives an update twice a year. This is supported by reviews by the relevant board committee, for example workforce risks are reviewed by the people committee. The level of board assurance in relation to individual risks forms part of the corporate risk register. Day-to-day management of corporate risks is the responsibility of directors with review by the management executive. Each risk has a linked mitigation plan led by the respective director, and the corporate risk register contains an assessment of how mitigations aim to reduce overall risk scores.

Moorfields has excellent engagement with its host commissioner, NHS Islington Clinical Commissioning Group. The commissioner-led joint clinical quality review meeting provides a regular forum to raise risks and issues and the corporate risk register is also reviewed at these meetings with a focus on quality.

The Moorfields board has seen some change within the year, with a new chief executive starting in September 2021 and an interim chief nurse and director of allied health professions in place as at 31 March 2022. The chairman and all non-executive directors have been in place for the full year. The trust published on its website an up-to-date register of interests for decision-making staff (as designed by the trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS guidance.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the scheme. This includes ensuring that deductions from salary, employer’s contributions and payments into the scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure compliance with all the organisation’s obligations under equality, diversity and human rights legislation.

### The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. The board has a nominated executive level Senior Responsible Officer, and an identified operation lead.

The trust is fully compliant with the registration requirements of the Care Quality Commission. The trust received an overall rating of ‘Good’ in its last CQC inspection in 2018/19.

### Review of economy, efficiency and effectiveness of the use of resources

The trust’s annual plan, which contains the financial plan, is approved by the board and submitted to NHS Improvement although planning has been delayed in 2021/22. The board receives monthly financial reports. The trust’s resources are managed via financial controls set out in the standing financial instructions, and on a day-to-day basis local financial and performance controls are in place in divisions and departments. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

### Information governance (IG)

Information governance at Moorfields is overseen by the information governance committee which reports to the quality and safety committee. The information governance committee is chaired by the senior information risk owner (SIRO) who is the director of quality and safety; membership includes the Caldicott Guardian, deputy Caldicott Guardian, chief information officer and head of information governance who is also the trust’s data protection officer.

The information governance agenda is driven by key standards set down in the NHS Operating Framework and measured by compliance with the Data Security and Protection Toolkit (DSPT - which replaced the former Information Governance Toolkit from April 2018).

The Trust is required to process information (personal and corporate) in line with the standards set out in statute, regulation and guidance. Information governance at Moorfields includes strategy, policy and procedures that enable staff to handle information in line with these requirements. Annual data security awareness training is mandatory for all staff.  During 2021/22 (as in previous years) Moorfields achieved close to the target 95% of staff completing their training, a leading national performance.

The DSPT annual submission is used to demonstrate compliance with IG standards and the national Data Security Standards. For 2020/21 the date of the annual submission changed nationally from 30 April to 30 June 2021. The trust submitted a standards met return for all mandatory items. The DSPT internal audit for 2021/22 commenced 9 May 2022 and the annual submission will take place by 30 June 2022.

The trust reported one data related incident to the Information Commissioner’s Office (ICO) within the year. This related to investigation of a patient referral system where referrals were not monitoredclosely or processed efficiently. This incident remains under investigation by the ICO.

### Workforce

The board receives regular reports on staffing issues, such as the guardian of safe working report and the staff survey. Safer staffing levels are also reported through the monthly integrated performance report. The board has a workforce strategy that includes short, medium and long term objectives.

### Data quality and governance

The trust has a comprehensive data quality assurance framework which reviews organisational data capture processes and identifies any issues. The data covered includes the trust’s key indicators and those that are included in the quality report. The framework works as an integral part of the trust’s data quality policy and strategy and is underpinned by an audit function for ensuring compliance with national data completeness targets, an area in which the trust performs extremely well. Process audits, which utilise ISO9000 methodology, are also undertaken to ensure the compliance with standard operating procedures for the collection, collation and submission of data and these audits are currently being expanded across the trust. Similar audits are also undertaken by a dedicated RTT team to specifically ensure the accuracy of patient waiting times and reduce risks to patients. All of this activity is overseen by the information management and data quality group which reports to the information governance committee.

### Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit and risk committee and the quality and safety committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review of the effectiveness of the systems of internal controls has been informed by the outputs and the outcomes of the systems themselves and by the executive directors and managers within the organisation. Internal audit provides me with an opinion about the effectiveness of the assurance framework and the internal audit plan. Work undertaken by internal audit is reviewed by the audit and risk committee.

### The process that has been applied in maintaining and reviewing the effectiveness of the system of internal controls has involved:

* the trust board’s work programme which includes ensuring that the key compliance and regulatory requirements are reported and reviewed, and that the key risks are considered which are collated through the board assurance framework
* the audit and risk committee providing the board with independent review of financial and system controls. There has been a programme of internal audit to review the systems, controls and processes and the outcomes of these reports have been reviewed by the audit and risk committee.
* review of progress in meeting the Care Quality Commission’s standards by divisional teams and the trust management committee
* review of serious untoward and other incidents by the board and the quality and safety committee

The overall opinion from the head of internal audit for the period 1 April 2021 to 31 March 2022 is that ‘the organisation has an adequate and effective framework for risk management, governance and internal control’, however further enhancements were identified to ensure that it remains adequate and effective.

This opinion covers the period 1 April 2021 to 31 March 2022 inclusive, and is based on the eight audits that were completed in this period.

**The design and operation of the assurance framework and associated processes**

The trust’s assurance framework does reflect the trust’s key objectives and risks and is regularly reviewed by the board. The audit and risk committee and executive reviews the assurance framework on a quarterly basis and the provide reviews as to whether the trust’s risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments are contained within our risk-based plans that have been reported throughout the year

**Conclusion**

The board has a wide range of governance assurance systems in place. These include an effective incident reporting system and systems for the identification and control of risk through the board assurance framework. Internal and external audit reviews, audits and inspections and walkabouts provide sufficient evidence that no significant internal control issues have been identified during 2021/22 and that control systems are fit for purpose with potential areas for improvement

**Dr Martin Kuper**

**Chief executive**

**21 June 2022**