A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 27 January 2022 at 09:30am

via MS Teams

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
	Staff story – Brent Cross technicians				00:25	5
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 25 November 2021	Approve	Enclosed	TG		
4.	Matters arising and action points	Note	Enclosed	TG	00:10	3
5.	Chief Executive's Report	Note	Enclosed	MK	00:15	All
6.	Learning from deaths	Assurance	Enclosed	LW	00:05	1
7.	Oriel update	Discuss	Enclosed	JM	00:10	8
8.	Integrated performance report	Assurance	Enclosed	JS	00:10	1
9.	Finance report	Assurance	Enclosed	JW	00:10	7
10.	Green Plan	Approve	Enclosed	KMD	00:10	6
11.	Board assurance framework	Assurance	Enclosed	HE	00:10	6
12.	Report from the quality and safety committee	Assurance	Enclosed	RGW	00:10	1
13.	Report from the audit and risk committee	Assurance	Enclosed	NH	00:10	6
14.	Report from the people and culture committee	Assurance	Enclosed	VB	00:10	5
15.	Committee terms of reference	Approve	Enclosed	HE	00:05	6
16.	Identify any risk items arising from the agenda	Note	Verbal	TG		
17.	AOB			TG		
	Date of the next meeting – Thursday 24 February 2022					

* Strategic Objectives

1 Care 2 Research 3 Knowledge sharing 4 Policy 5 People 6 Infrastructure 7 Finance 8 Enterprise

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 25 NOVEMBER 2021 (via video link)

Attendees:	Tessa Green (TG)	Chairman
	Martin Kuper (MK)	Chief executive
	Vineet Bhalla (VB)	Non-executive director
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Richard Holmes (RH)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Peng Khaw (PK)	Director of research & development
	Tracy Luckett (TL)	Director of nursing and AHPs
	Johanna Moss (JM)	Director of strategy & partnerships
	Jon Spencer (JS)	Chief operating officer
	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Richard Macmillan	General counsel
	Nick Roberts (NR)	Chief information officer
	Michele Russell (MR)	Director of education
	Ian Tombleson (IT)	Director of quality and safety
Governors:	Allan MacCarthy	Public governor, SEL
	John Sloper	Public governor, Beds & Herts
	Jane Bush	Public governor, NCL
	Roy Henderson	Patient governor
	Una O'Halloran	Partner governor, LBI
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Naga Subramanian	Public governor, SEL
	Tricia Smikle	Partner governor, RNIB
	Robert Dufton	Chief executive, Moorfields Eye Charity
	Mervyn Walker	Chair, Moorfields Eye Charity
	Rachel Jones	Director of development, Moorfields Eye Charity
	Bhavini Makwana	

21/2636 Apologies for absence
Apologies were received from Sumita Singha and Kieran McDaid.

DRAFT

TG advised the board that this would be Tracy Luckett's last meeting. TL has been a great champion for the nursing profession and AHP, as well as having professional accountability for nursing education. TL has been the DIPC and shown strong leadership throughout the Covid period, and was recently recognised with a Chief Nurse gold award. TG wished TL well on behalf of the board in her future role at GOSH. TL thanked the board and membership council for their support throughout the journey despite the incredible challenges faced by the NHS. There has been real collaborative working with people pulling together for the sake of patients and staff.

21/2637 Declarations of interest
There were no declarations of interests.

21/2638 Minutes of the last meeting
The minutes of the meeting held on the 28 October 2021 were agreed as an accurate record.

21/2639 Matters arising and action points
All actions were either completed or attended to via the agenda.

21/2640 Chief executive's report
Good progress is being made on the backlog with only a few patients waiting over 52-weeks and the trust increasingly being able to offer help to other providers in the system. MK has been asked to sponsor the NCL ophthalmology network with the aim of reducing the backlog as fast as possible.

Trusts are awaiting further detail on vaccination as a condition of deployment and this is likely to be a focus over the next few months.

MK provided feedback from visits to a number of different sites including Northwick Park, Brent Cross, Ealing, St Ann's, Barking and the medical retina service. Staff are working extremely hard but often in working conditions that are less than ideal, so the team is working hard to identify areas where it might be possible to make improvements to the environment.

London is still relatively stable in terms of Covid figures although figures are rising rapidly in the rest of the country. It is not anticipated that there will be additional pressure although ambulance trusts and acute trusts in particular are seeing the usual winter pressures. Elective activity will continue as normal.

There has been a great deal of innovative and pioneering work reported this month, such as the first 3D-printed eye being supplied to a patient as their full prosthetic. It was noted that The Drayson Foundation are visiting the hospital today and that it is extremely positive for those that are funding philanthropic projects to be able to see the results of their funding.

Finances are generally in a good position but it is important that the board takes note of the underlying position.

DRAFT

The position on the digital strategy is evolving and will include digitalisation of patient pathways, overall IT infrastructure and sharing of patient information. Work is taking place to develop an overarching transformation programme with a clear plan for the digital work stream, what is prioritised in the medium term, and what is prioritised for Oriel but also network sites.

Finally it was noted that trusts are still waiting on further detail and guidance about vaccination as a condition of employment.

21/2641 Moorfields Eye Charity presentation

RD, MW and RJ took the board through an overview of overarching charity strategy, plans and collaboration with the hospital. The pre-existing charities were previously merged into one, but the objects are about patient benefit and the charity seeks to fund innovation in research, education and care to benefit MEH patients.

The charity has focus in areas other than Oriel, aiming to grow significantly as a charity in order to become more able to support the hospital. The relationship between the charity and the hospital is particularly important, providing a basis for the charity's ability to fundraise.

The board heard about some of the most recent highlights, including MEC becoming one of the first NIHR charity partners, raising £42.5m of the £57.5m target for MEH Oriel costs and funding of an MEC Chair in advanced ocular imaging.

The board was pleased to see how well advanced the position is in relation to Oriel funding and the benefits of increased collaboration and strong connections between the hospital and the charity.

Board members asked about the donor landscape and how the charity is experiencing the reductions in charitable giving. RJ advised that the charity had met and exceeded its original targets despite Covid. The supporter base is very committed to the trust and the charity has had clarity of purpose about the purpose and aims of its fundraising strategy.

The board thanked the MEC for their presentation and look forward to continuing to work in collaboration over the coming years.

21/2642 Leading and guiding awareness

TL advised that this update follows the patient journey the board heard about 18 months ago from BM who detailed her poor experience of clinics and staff. On World Sight Day the trust launched a training package for all staff that focuses on the experience of patients who have provided feedback on improvements they felt the trust could make. At this point over 1000 staff have accessed the training package.

BM said that she had been really pleased to be invited to the board to share her experience and that the trust has taken real action that will make a difference to staff and patients in all areas of leading and guiding, sight loss etiquette, how to talk to patients, etc.

DRAFT

One of the key issues for the board will be to make sure it is assured that the training is working and that it is embedded in the organisation and evaluated. It was agreed that this was an area of particular importance and that the team will review how best to audit the outcomes, either via user surveys or by introducing a 'mystery shopper' element.

The board agreed that this showed the power of patient stories and it was suggested that was something that could potentially be shared more widely for the benefit of the local community.

TS advised that this had been an excellent collaborative project and thanked TL, IT and the team for facilitating conversations with, and listening to the third sector. Putting in place something that is sustainable and long term is an achievement of which the trust should be proud.

The board was pleased to note the report and agreed to monitor progress through the quality and safety committee.

21/2643 Oriel update

JM provided an update on the current position with the Oriel programme. In order to support NHS assurance for the full business case the trust has submitted a case for the establishment of a joint development vehicle (JDV). This is a separate vehicle with partners that will oversee construction and then the operational management of the building once it opens.

The land disposal business case will be submitted later in the year and the full business case will be submitted to the board and membership council in March and then on to the regulator.

The trust has engaged extensively with the membership council with governors acting as a core part of the Oriel advisory group and patient advisory group. A series of briefings has been put in place to deep dive into specific topics. They are required to approve the sale of City Road, the decision to trigger the option agreement on the St Pancras site and then the full business case.

The board was reminded that the City Road disposal process is the key element of the funding for Oriel. The partners are at the point of selecting a preferred bidder with whom to enter into contract negotiations and the membership council will be assured about the process that has taken the partners to this point over the last year.

21/2644 Annual FTSU

IT advised that the guardians had spoken to 300 staff during FTSU month in October, receiving some excellent feedback.

The report provides a spread of data in terms of concerns raised. Extra support for health and wellbeing has been in put in place through the HR team. Focus has also been on learning the lessons and how the service has moved on and become a key part of the framework.

DRAFT

Even if complaints are raised anonymously it is important to establish whether there are themes that are coming through that triangulate with PALS or safety data. This is particularly useful when undergoing a lot of transformation and change.

The board noted the report.

21/2645 EPRR assurance report

The trust received two amber scores against all criteria with the rest rated as green, providing an overall green rating. The trust has been asked to put together an action plan to address those highlighted areas which relate to assessment of the business continuity plans of suppliers and appropriate training of staff in specific areas. Further work will be focused on communication with network sites and those on call know to make sure there is consistency of approach across the trust.

Cyber incidents are not something that have come up specifically and this would need to be tested as part of the action plan for the year.

A set of key emergency documents is now available on the portal and the trust has been testing and training individuals in the modernisation of the approach. Plans are also in place to recruit a new head of information security and business continuity.

The board noted the report.

21/2646 Integrated performance report

There has been a genuine increase in activity in November and a rebasing of the target to accommodate loss of Darent Valley figures in the baseline. Referrals have reduced so need to keep under review, although is allowing better handling of the backlog. There has been one breach of the 62-day backlog and steps have been taken to address this with the team.

The number of patients waiting 52-week patients is fluctuating month to month but remains relatively small. There are approximately 100 patients waiting 36 weeks and teams are now seeking to diagnose and treat patients waiting 0 – 35 weeks. There are a number of different ways of doing this such as increasing activity and use of asynchronous models, and these are being assessed with the team.

Complaint responses are improving but not as quickly as is expected. Additional focus will be put on this along with achievement of IG training and appraisal targets. There is a greater incidence of people isolating and a deep dive needs to be done on the reasons.

The board noted the report and advised that it was pleased to see the clear improvements in the booking centre.

21/2647 Finance report

This month saw a surplus of £2.44m with a £10.43m surplus YTD and a forecast year end surplus of £15.2m. Activity has been flat month on month with 750 fewer patient contacts, so percentages are static against 19/20 targets. Income is also flat and £2m lower than the prior month due to issues relating to high cost drugs and other non-pay items as a consequence of heavy accruals.

Cash is strong and the debt position is £1.4m up due to a £2m increase in current debt. One point of concern is the capital position which is £6.5m variable to plan. There will be a concerted move to fix the programme in December and review where to spend additional sums in the last quarter of the year.

It was stressed that the trust must not be complacent about cost and that an understanding of the underlying position is critical.

21/2648 QSC report
The committee was appraised of the short term plan to review all patients with outstanding appointments in the Bedford glaucoma service, which is seeing ongoing issues of capacity in terms of space, staff and working with the host trust.

A deep dive was done into theatres with a review completed showing areas of improvement, although it was noted that separate area working has led to high staff vacancies in some areas.

21/2649 Annual cycle of business
The annual cycle of business for 2022 was approved.

21/2650 Membership council report
TG highlighted the item on data commercialisation which was an important start to the discussion on a critical topic that is likely to become more important going into the future.

Governors approved NED appointments and the commitment to succession planning as well as the regular topic of patient communication.

21/2648 Identify any risk items arising from the agenda
The timing of the FBC is adequately dealt with under the Oriel BAF risks.

21/2649 AOB
None.

21/2635 Date of the next meeting – Thursday 27 January 2022

DRAFT

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
28.10.21	21/2626	Journey to FBC	Agreed to sequence a series of updates on FBC assumptions	JW/JM	27.01.22		Open

NB Items greyed out have been completed and will be removed from the next log
Bold shows updates

Moorfields Eye Hospital NHS Foundation Trust

NHS

Glossary of terms – January 2022	
Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
A&E	Accident & Emergency
AHP	Allied health professional
AI	Artificial intelligence
AIS	Accessible information standard
AMRC	Association of medical research charities
BAF	Board assurance framework
BAME	Black, Asian and minority ethnic
BRC	Biomedical research centre
C&I	Camden & Islington
CCG	Clinical commissioning group
CCIO	Chief clinical informatics officer
CIO	Chief information officer
CIP	Cost improvement programme
CQC	Care quality commission
CRF	Clinical research facility
CRM	Customer relationship management
CSC	Capital scrutiny committee
CSSD	Central sterile services department
DNA	Did not attend
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EIS	Elective incentive scheme
EMR	Electronic medical record
EQIA	Equality impact assessment
ERF	Elective recovery fund
FBC	Full business case
FFT	Friends and family test
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GMC	General Medical Council
GOSH	Great Ormond Street Hospital
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
ICO	Information commissioners office

ICS	Integrated care system
IOL	Intra ocular lens
IoO	Institute of Ophthalmology
IPR	Integrated performance report
JDV	Joint delivery vehicle
KPI	Key performance indicators
LCFS	Local counter fraud service
LDBC	Land disposal business case
MEC	Moorfields Eye Charity
MEH	Moorfields Eye Hospital
NCL	North Central London
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NPSA	National patient safety agency
NWP	Northwick Park
OBC	Outline business case
OD	Organisation development
PALS	Patient advice and liaison service
PAS	Patient administration system
PDC	Public dividend capital
PID	Patient identifiable data
PMO	Programme management office
PP	Private patients
PPA	Pre-planning agreement
PTL	Patient tracking list
QIA	Quality impact assessment
QSC	Quality & safety committee
QSIS	Quality service improvement and sustainability
RAG	Red amber green [ratings]
RCA	Root cause analysis
R&D	Research & development
RTT	Referral to treatment
SCC	Strategy & commercial committee
SI	Serious Incident
SLA	Service level agreement
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UAE	United Arab Emirates
UCL	University College London
UCLB	University College London Business
UCLH	University College London Hospital
UCLP	University College London Partners
VCOD	Vaccination as a condition of deployment
VFM	Value for money
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 05
Chief executive's report
Board of directors 27 January 2022

Report title	Chief executive's report
Report from	Martin Kuper, chief executive
Prepared by	Company secretary and executive team
Link to strategic objectives	The chief executive's report links to all eight strategic objectives

Brief summary of report

The report covers the following areas:

- Quality and the recovery of clinical services
- Regional update
- People and awards
- Infrastructure
- Financial performance

Action required/recommendation.

The board is asked to note the chief executive's report.

For assurance		**For decision**		**For discussion**		**To note**	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 27 JANUARY 2022

Chief Executive's report

Operational Response to COVID-19 and recovery of clinical services

Through November and early December the Trust increased the number of patients who received treatment near to the targeted level of 98% of that achieved in 2019/20. In November we delivered 97.5% and 102.2% respectively against the outpatient and elective categories and this trend continued into December until there was expected downtime over the Christmas period which caused a reduction in the December average to around 76%.

The number of patients waiting over 52 weeks for treatment has stabilised at 3 and the Trust has reduced the backlog of patients waiting for a follow up to the sustainable level that we were used to prior to the pandemic. The number of new patients waiting over 36 weeks and between 0 and 35 weeks have increased slightly as a result of the reduced capacity over the Christmas period and the subsequent rise in staff absence caused by the latest wave of Covid-19. Significant focus is now being given to increasing activity levels back to and beyond 98% and proportionately increasing the level of capacity which is available to see new patients.

In response to the latest wave of the pandemic, the Trust has re-established the gold / silver command structure. This structure has been focussed on communicating the latest guidance of infection control measures to staff and ensuring that the Trust is making the best use of the number of staff who are able to attend work on a particular day. To date there have not been any requests from other organisations within NCL for staffing mutual aid, however the Trust continues to explore options to support the treatment of ophthalmology patient from such Trusts and others in the wider London region.

54% of frontline staff have so far received the flu jab (52% of all staff), although the **flu vaccination programme** will continue over the coming months. In relation to **Covid vaccinations**, 90.4% of all frontline staff have received their first dose and 74.6% have received the booster.

Site visits

Over the last month I visited Croydon and a number of different teams and services in City Road. Planned visits for February are to Potter's Bar, Barking, Bedford, Stratford, Mile End, Northwick Park and St George's Hospital. It has been heartening to see the continued dedication of staff to providing the highest quality care to patients despite the ongoing pandemic. Staff briefings are now being held on different dates and times to try and give more staff the opportunity to attend and the last two briefings have seen attendance rise to over 150 per session which is a really positive step.

I would like to thank the Moorfields Eye Charity and Friends of Moorfields for the events they put on over the Xmas period and am keen to encourage as many people as possible to sign up to the MEC Eye to Eye walk on Sunday 20 March this year.

Regional update

Within the latest wave of Covid-19, it is believed that cases peaked in London on 20th December and admissions to hospital peaked on 31st December. Although the number of admissions due to Covid is remaining relatively stable, the number of cases and the number of patients occupying an inpatient bed have both gradually reduced since their respective peaks.

This reduction in pressure caused by Covid has been offset by pressures caused by high staff sickness rates and an inability to discharge patients to a community setting. These pressures are starting to ease but are being offset by a general increase in admissions due to winter pressures. As a result of these competing drivers, the pressure on individual providers has therefore been hugely variable at different points over the past few weeks.

People and awards

It was with great sadness that the trust announced the death of Roshan Ramsurran, accident & emergency (A&E) co-ordinator, who passed away on 1 January. Roshan was highly respected by both patients and colleagues and will be missed immensely by all those who had the pleasure of knowing him since he started working at the trust in 2004. I have written to Roshan's family to express the trust's sympathy and a book of condolence is available for any staff member who wishes to share a message.

I would like to welcome Sarah Needham into the role of acting chief nurse and executive director of allied health professionals following Tracy Luckett's departure on 31 December after 13 years of service. Sarah will act into this role until Sheila Adam, our new chief nurse and executive director of allied health professionals, starts in March this year.

Congratulations go to Professor Ian Murdoch, who was awarded an MBE in the 2022 New Year's Honours list. This has been in recognition of his services to health in West Africa and Professor Murdoch thanked his West African colleagues along with the teams at Moorfields and UCL Institute of Ophthalmology who have been involved in the project and allowed the work to continue. I am sure the board will join me in thanking Professor Murdoch for his continued commitment to improving the eye health of this population and look forward to hearing about further progress.

Open Eyes and IT remediation

We continue to prepare the trust for an upgrade to the latest community version of OpenEyes, our ophthalmology clinical noting system and electronic medical record. Our development partners are currently concluding important A&E and virtual clinics enhancements, alongside preparation work for hosting the system on the latest Google Cloud technology that will provide greater performance and availability. We plan to go live at the end of March, in order to ensure greatest levels of safety and assurance for such a significant system upgrade.

Our work on IT infrastructure improvement continues with most network sites links now upgraded to eight times the bandwidth and performance; our WiFi estate is upgraded for greater capacity and performance; our data retrieval speeds are improved; and our clinical desktop environment provided with greater accessibility to individual clinician's data. Work continues to improve desktop PC performance; expand WiFi to fill existing "not-spots"; further enhance clinical and administrative access to office productivity tools safely from anywhere, on any device; and improve our main imaging systems for stability and speed of use.

October financial performance

The trust is reporting a £0.73m surplus in December against a plan of a £0.59m surplus, a £0.14 favourable variance. The cumulative surplus now stands at £12.69m – £0.23m favourable to plan. Patient activity decreased slightly during December to 93% against the equivalent month in 2019/20, compared to 95% in the prior month. The trust cash position remains strong at £74.7m, equivalent to 112 days of operating cash. Capital expenditure stands at £4.8m, £9.3m adverse to plan, with significant capital now forecast in quarter four to close the underspend to plan.

Martin Kuper
Chief Executive
January 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 06

Learning from deaths

Board of directors 27 January 2022

Report title	Learning from deaths
Report from	Louisa Wickham, medical director
Prepared by	Julie Nott, head of risk & safety
Link to strategic objectives	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary

This report provides an update regarding how we learn from deaths that occur within Moorfields defined by criteria (see Annex below) as set out in trust policy. It is a requirement for all trusts to have a similar policy.

The trust has identified zero patient deaths in Q3 2021/22 that fall within the scope of the learning from deaths policy.

Quality implications

The Board needs to be assured that the trust is able to learn lessons from serious incidents in order to prevent repeat mistakes and minimise patient harm.

Financial implications

Provision of the medical examiner role for Moorfields may have small cost implications in the event that costs are required.

Risk implications

If the trust fails to learn from deaths there is clinical risk in relation to our ability to provide safe care to patients, reputational risk, financial risk of potential litigation and legal risk to directors.

Action Required/Recommendation

The Board is asked to receive the report for assurance and information.

For Assurance	✓	**For decision**		**For discussion**		**To note**	✓

Learning from deaths Board paper

This report satisfies the requirement to provide the trust board with an update regarding compliance with, and learning from, the NHS Improvement learning from deaths agenda.

The Q3 2021/22 data, as at 12 January 2022, is shown in table 1 below.

Indicator	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0	0	0
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	0	0	0	0
% of cases reviewed under the structured judgement review (SJR) methodology/ reviewed by the Serious Incident panel	N/A	N/A	N/A	N/A
Deaths considered likely to have been avoidable	N/A	N/A	N/A	N/A

Table 1

Learning and improvement opportunities identified during Q3

- As no patient deaths that fall within the scope of the learning from deaths policy have been reported during Q3, the opportunities for learning have been limited.
- Implementation of the action plan associated with the serious incident (SI) investigation into the patient death that occurred in Q3 2020/21, following endoresection of a choroidal melanoma is nearing completion. The remaining actions are in relation to the recording of next of kin information, the frequent audit of the use of name stamps and communication of updates in relation to the revised Admission, Discharge and Transfer Policy. Implementation is being monitored by the SI panel and the City Road Quality Forum.
- The current death of a patient policy is being reviewed and updated to take account of the role of the Medical Examiner (ME). Work with University College London Hospitals NHS Foundation Trust (UCLH), who will provide the ME service where a death occurs at City Road, remains on-going. A data sharing agreement is in the process of being developed.

ME role update

One national medical examiner update has been published by NHS England and NHS Improvement since the Q2 report:

- November 2021 https://www.england.nhs.uk/wp-content/uploads/2019/05/National-medical-examiner-bulletin-November-2021-.pdf

Annex 1

Included within the scope of this Policy:

- All in-patient deaths;
- Patients who die within 30 days of discharge from inpatient services (where the Trust becomes aware of the death);
- Mandated patient groups identified by the NQB Learning from Deaths guidance including individuals with a learning disability, mental health needs or an infant or child;
- The death of any patient who is transferred from a Moorfields site and who dies following admission to another provider hospital;
- The death of any patient, of which the trust is made aware, within 48 hours of surgery;
- All deaths where bereaved families and carers, or staff, have raised a significant concern about the quality of care provision by Moorfields;
- Deaths of which the trust becomes aware following notification, and a request for information, by HM Coroner;
- Persons who sustain injury as a result of an accident (e.g. a fall down stairs) whilst on Trust premises and who subsequently die;
- Individual deaths identified by the Medical Examiner or through incident reporting or complaints or as a result of the Inquest process;

Excluded from the scope of this Policy:

- People who are not patients who become unwell whilst on trust premises and subsequently die;

Oriel
Creating the centre for advancing eye health

Oriel Board update

20 January 2022

Moorfields Eye Charity

Moorfields Eye Hospital NHS Foundation Trust

NHS

UCL INSTITUTE OF OPHTHALMOLOGY

Overview

- Context
  - Reminder of the Oriel programme

- Preparation for Full Business Case (FBC)
  - NHS assurance to FBC
  - Membership Council briefing sessions

- Key risks

Oriel
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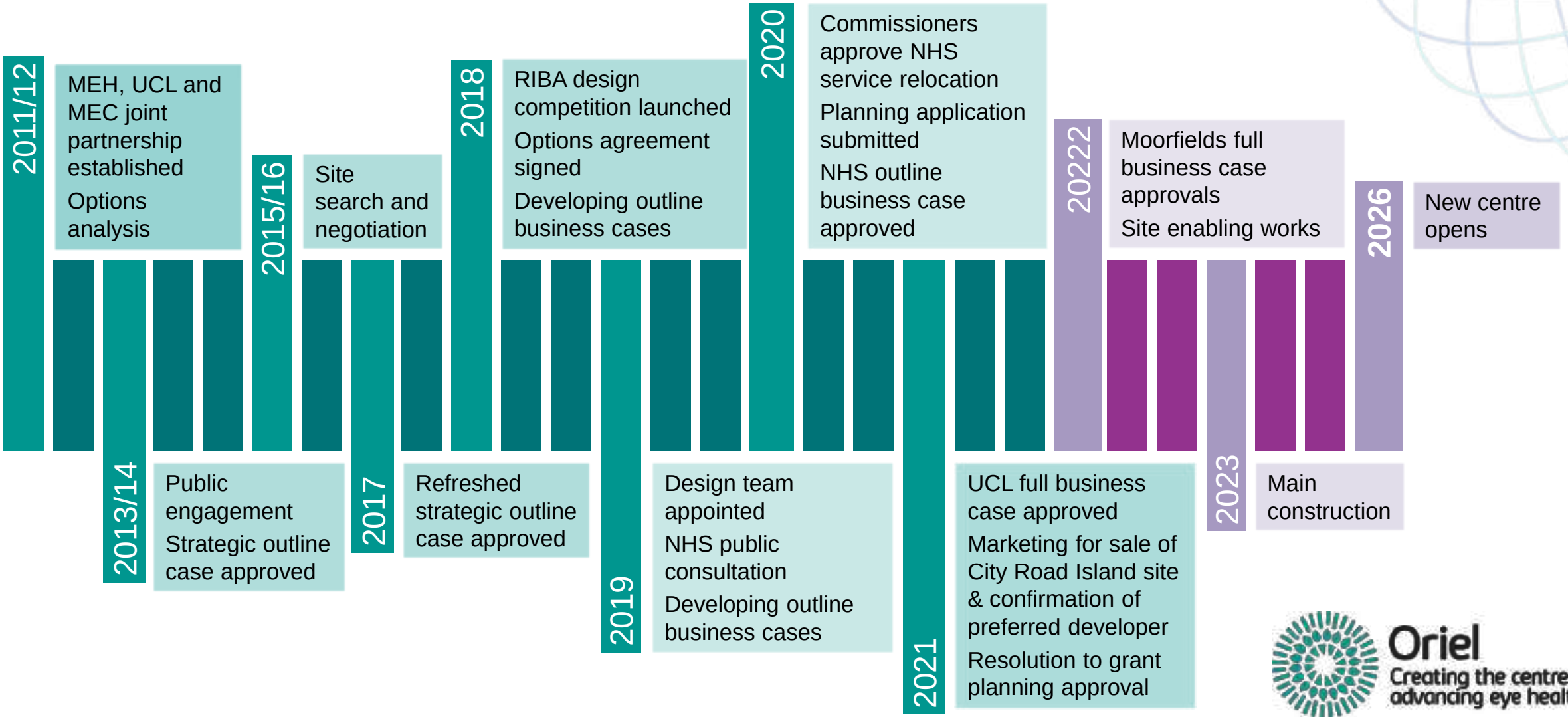
Oriel timeline



Oriel
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NHS assurance to FBC

- We submitted the Joint Development Vehicle business case to our regulator on 11 November 2021
- We submitted the Land Disposal business case to our regulator on 30 November 2021
- We submitted the OBC financial case affordability addendum to our regulator on 23 December 2021
- We are continuing to work with the New Hospital Programme (NHP) team as they complete an In Flight Project Review

Oriel
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Target date for FBC submission

- We have been planning to submit the Full Business Case to our regulator in March 2022

- We met with NHSE/I on 7 January who confirmed that;
  - We should ensure that all enabling business cases are approved in advance of submission
  - FBC financial case and LTFM must reflect the trust's final 22/23 annual plan, aligned to ICS capital programme

- In light of this feedback, a final draft FBC will be reviewed by the trust board at their March meeting but final decision-making on the FBC will be sought at the April board. This delay of one month does not have an impact on the overall critical path for Oriel.

Oriel
Creating the centre for advancing eye health

Membership Council oversight

- It was agreed in 2016/17 that the Membership Council would approve three key decisions in relation to Oriel;

Decision	Target date
Decision to sell the City Road site	March 2022
Decision to trigger the option agreement on the St Pancras site	April 2022
FBC	April 2022

- To support their decision-making, briefing sessions have been provided for the Membership Council on the following topics;
  - Sale of City Road
  - Clinical model and design
  - Financial case

Oriel
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Key risks

Risk	Mitigation	Update
City Road disposal – risk that bids are not in line with site valuations	Completion of City Road disposal process and confirmation of preferred bidder, with confirmed price by December 2021	Land Disposal case submitted; awaiting regulator approval
Partner decision making – risk that UCL business case is delayed	UCL Council to consider business case at their November 2021 meeting	Risk removed: UCL Council has approved Oriel FBC
Regulator decision making – risk that Moorfields business case is delayed	Active engagement with NHSE/I, DHSC and HMT on timelines for business case submission and approval dates	Engagement ongoing
Securing St Pancras site vacant possession – risk that this is delayed	Active engagement with Camden & Islington; NCL ICS; London Region team	Engagement ongoing
Contractor procurement – risk that tender prices do not align with OBC assumptions	Completion of contractor procurement process and confirmation of preferred bidder, with confirmed price by December 2021	Final bids received; tender evaluation due to complete in February 2022

Report to Trust Board	
Report Title	**Integrated Performance Report - December 2021**
Report from	Jon Spencer - Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee / Management Executive
Attachments	

Brief Summary of Report

The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.

Executive Summary

Following a strong month in November 2021, as a result of staff taking annual leave over the Christmas period and some patients choosing not to attend for their treatment, the volume of patients treated in December reduced significantly. In December the Trust saw 82% of the outpatient attendances that were seen in 2019/20 (compared to 102% in November) and 76% of the elective attendances (compared to 97.5% in November). The level of referrals received was reduced in both months (88% vs 77%) as was the level of emergency activity seen in A&E (62% vs 54%). The levels of outpatient and elective activity seen in November provides some confidence that the actions being taken to increase activity levels back to pre-pandemic levels are beginning to deliver and work is now underway to increase activity levels back up to and in excess of 100%.

Although the number of patients waiting over 52 weeks for their treatment reduced from 5 down to 3 in December, as a result of the reduced activity undertaken in month, the number of patients waiting over 18 weeks rose significantly. It is now the primary focus of the operational teams to seek to reduce the number of new patients waiting for their treatment.

The Trust did not meet the diagnostic standard as a result of a data quality error made by an external Radiology Team when calculating four patients' waiting time information. This has been addressed with the team in question. The Trust also did not meet the expected standard regarding theatre cancellations due to a combination of sickness absence caused by the latest wave of the pandemic and a number of local scheduling issues within the City Road and South Teams. A number of actions are being taken to plan theatre lists more effectively and ensure improved communication between the relevant teams within the Trust.

The final metric which the Trust did not achieve related to patients who had their operation cancelled and re-booked beyond 28 days. There was a single breach of this standard which was caused by a specialist lens not being available. Staff have been reminded to flag any issues regarding the availability of consumables which may prevent a case proceeding in a more timely manner.

The Trust did not meet either the appraisal and IG targets in December. Work is ongoing by the HR business partners to validate the respective data sets to remove individuals who are exempt and to work with managers to ensure that all relevant employees are booked in for their refresher training.

The rate of sickness absence rose to an amber level in December and this continued to rise in early January due to the latest wave of Covid-19. It is hoped that the wave has now peaked and we will start to see a steady reduction in the sickness rate back down to a manageable level.

Action Required/Recommendation

The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.

For Assurance	X	For decision		For discussion		To Note	

Context - Overall Activity - December 2021

		December 2021	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	4,447	8,230	45,775
	Number of 4 hour breaches	1	124	29
Outpatient Activity	Number of Referrals Received	9,225	12,051	91,530
	Total Attendances	42,130	51,427	420,747
	First Appointment Attendances	9,647	11,392	92,404
	Follow Up (Subsequent) Attendances	32,483	40,035	328,343
	% Appointments Undertaken Virtually	7.5%	0.2%	8.5%
Admission Activity	Total Admissions	2,493	3,281	25,554
	Day Case Elective Admissions	2,229	2,944	23,309
	Inpatient Elective Admissions	77	102	648
	Non-Elective (Emergency) Admissions	187	235	1,597

These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not

Moorfields Eye Hospital NHS Foundation Trust

NHS

Service Excellence (Ambitions)

December 2021

Operational Metrics

* Figures Provisional for December 2021
** RTT Figures Provisional for December 2021, RTT ratings will be re-introduced once initial recovery plan has been completed
*** December Performance at 99.98% (1 four hour breach)
**** Median Clinic Journey Time Metrics under review, definitions to be updated to further account for different clinic environments (e.g Diagnostic Hubs)

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	G		100.0%	100.0%		98.1%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		99.0%	98.1%		98.3%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		96.0%	97.4%		98.8%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		100.0%	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		94.3%
18 Week RTT Incomplete Performance **	Monthly	≥92%			79.3%	77.8%		78.2%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤1608 (Avg. 2019/20)			7162	7895		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches			5	3		350
A&E Four Hour Performance ***	Monthly	≥95%	G		99.8%	100.0%		99.9%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	R	4	100.0%	98.4%		99.4%

Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

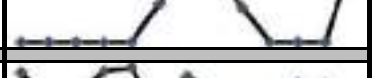
Moorfields Eye Hospital NHS Foundation Trust

NHS

Service Excellence (Ambitions)

December 2021

Operational Metrics

Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	G		88	68		
Average Call Abandonment Rate	Monthly	≤15%	G		5.7%	4.5%		13.6%
Median Clinic Journey Times - New Patient appointments ****	Monthly	≤ 95 Mins (tbc)			*Under Review*			78
Median Clinic Journey Times -Follow Up Patient appointments ****	Monthly	≤ 85 Mins (tbc)			*Under Review*			84
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	5	0.81%	1.35%		0.69%
Number of non-medical cancelled operations not treated within 28 days	Monthly	Zero Breaches	R	6	2	1		15
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		0.00%	1.37%		
VTE Risk Assessment	Monthly	≥95%	G		98.6%	97.5%		98.4%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		0.76%	1.19%		0.92%

Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

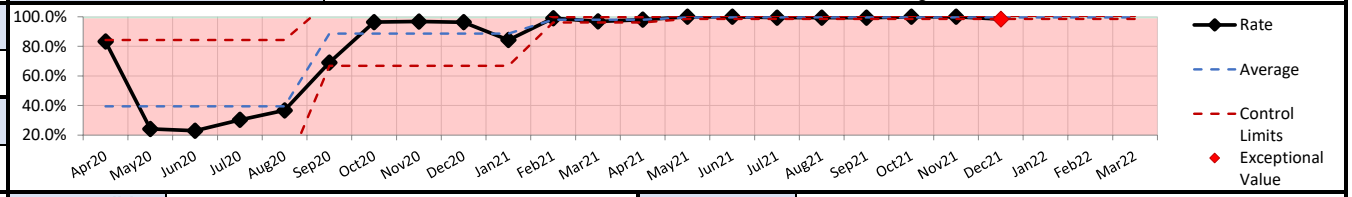
Remedial Action Plan - December 2021

Percentage of Diagnostic waiting times less than 6 weeks

Red		**Target**	≥99%
	YTD	**Previous Period**	**Current Period**
	99.4%	100.0%	98.4%
City Road	***North***	***South***	***Other***
100.0%	*n/a*	*76.9%*	*n/a*

Current Period Overview

The threshold was not achieved, Performance was low indicating indicating a special cause variance. There are no recent trends showing.



Domain	**Service Excellence (Ambitions)**	**Responsible Director**	**Jon Spencer**	**Lead Manager**	**Alex Stamp**

Previously Identified Issues	**Previous Action Plan(s) to Improve**	**Target Date**	**Status**
No Outstanding Issues or Actions			

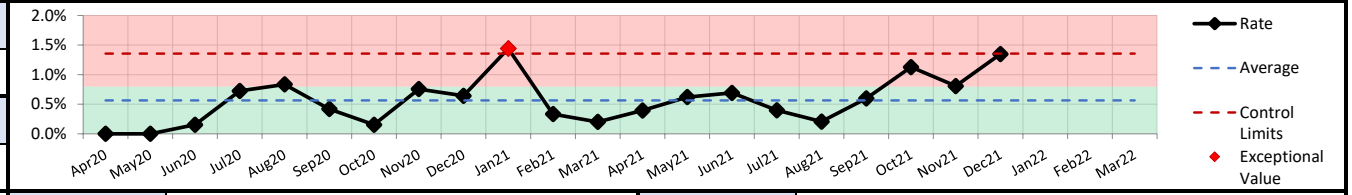
Reasons for Current Underperformance	**Action Plan(s) to Improve Performance**	**Target Date**
Breaches caused by data quality issues for the SGH Radiology team when they counted the clock start date as the referral date.	SGH Radiology team have admitted responsibility and was only declared after breaches were incurred and back-dated. MEH P&I team have linked with Radiology team to improve data quality to avoid this moving forward.	February 2022

Remedial Action Plan - December 2021

Theatre Cancellation Rate (Non-Medical Cancellations)

Red		**Target**	≤0.8%
	YTD	**Previous Period**	**Current Period**
	0.69%	0.81%	1.35%
City Road	***North***	***South***	***Other***
1.66%	*0.36%*	*2.59%*	*n/a*

Current Period Overview: The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation



Domain	**Service Excellence (Ambitions)**	**Responsible Director**	**Jon Spencer**
Lead Manager	**Alex Stamp**		

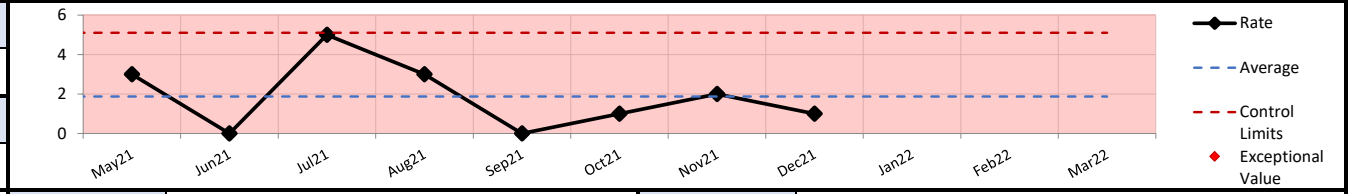
Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
South division: 10 cases - St George's - 5 cases - 4 cases due to Anaesthetic support - cover provided by SGH trust was cancelled at short notice so all cases requiring anaesthetic cover were cancelled - 1 case due to no toric lens being available in theatre - Croydon - 6 cases - Surgeon was unwell and no cover could be sourced at short notice therefore all cases were cancelled	- Continue linking in closely with SGH anaesthetic team to reduce the impact of short notice unavailability of an anaesthetist e.g. looking for partial list cover - Review of patients on the day for conversion to local anaesthetic if possible ongoing - Checking process around toric lens further reviewed - not all checks were being carried out for every list; matron now overseeing the process - Continue to link in with other sites to see if short notice cover can be provided in the case of surgeon sickness	February 2022	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
South division: 9 cases - St George's - 3 cases, 2 of which were due to the surgeon being unwell and 1 was due to unavailability of a toric lens which was not highlighted at the point of listing - Queen Mary's - 1 case, due to a complex case requiring additional theatre time that wasn not known until during the procedure - Croydon - 5 cases, all due to surgeon isolation (4 cases) or sickness (1 case), neither instance was not known prior to the day of surgery	- Medical team reminded to indicate lens requirement for all patients in OpeyEyes - Daily staffing levels and sickness absence rates being reviewed - Continue to communicate with other sites to transfer urgent patients if required when a list is cancelled due to sickness	February 2022
City Road Division: 21 cases - 6 were cases scheduled onto emergency lists that could not be accomodated as initially planned due to complexity - 6 cases coulld not proceed due to overuns with other schedueld patients (complexity) - 4 cases were booked in error onto a list with no cover and had to be cancelled - 2 were patient initiated cancellations; 1 unwell patient, 1 transport problem - 1 patient cancelled as no IOL had been selected and there were no staff available to do the requisite calculations - 2 cases were cacnelled prior to surgery date to accomodate more clincally urgent patients	- Service manager working with admissions to ansure complete visitbility of list cover - IOL processes reiterated to team concerned	February 2022

Remedial Action Plan - December 2021

Number of non-medical cancelled operations not treated within 28 days

Red		**Target**	Zero Breaches	**Current Period Overview**	Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation
	YTD	**Previous Period**	**Current Period**		
	15	2	1		
City Road	***North***	***South***	***Other***		
0	*0*	*1*	*n/a*		



Domain	**Service Excellence (Ambitions)**	**Responsible Director**	**Jon Spencer**	**Lead Manager**	**Alex Stamp**

Previously Identified Issues	**Previous Action Plan(s) to Improve**	**Target Date**	**Status**
Patients not prioritised for booking on other consultant lists within the site. This hasn't been an issue previously as only 2 weeks booked ahead at St Ann's but now 3-4 weeks.	Assistant Clinic Manager to share learning with admissions booking team. Use of new operational snapshot report in Wednesday performance meeting to identify potential breaches earlier.	December 2021	Complete

Reasons for Current Underperformance	**Action Plan(s) to Improve Performance**	**Target Date**
1 28-day breach in the period within the South division - patient could not be rebooked within the 28-day timeframe as the toric lens required for surgery was not available from the supplier. Notification of the delay was sent from the supplier on day 20 and the lens was not on site until day 43.	- Reminder to staff to escalate supply issues when they have the potential to cause a breach - Low likelihood of appropriate lens being available on another site however going forward staff will communicate with other divisions following supply issues going forward	February 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Service Excellence (Ambitions)

December 2021

Quality and Safety Metrics								
Metric Description	**Reporting Frequency**	**Target**	**Rating**	**RAP Pg**	**Previous Period**	**Current Period**	**13 Month Series**	**Year to Date**
Occurrence of any Never events	Monthly	Zero Events	G		0	0		2
Endopthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant	G		0	0		
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		95.4%	96.4%		95.1%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.4%	92.7%		92.8%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.1%	93.1%		93.3%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.2%	93.5%		93.8%

Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Moorfields Eye Hospital NHS Foundation Trust

NHS

Service Excellence (Ambitions)

December 2021

Summary Hospital Mortality Indicator		Zero Cases						
National Patient Safety Alerts (NatPSAs) breached		Zero Alerts						
Percentage of responses to written complaints sent within 25 days		≥80%						
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%						98.7%
Freedom of Information Requests Responded to Within 20 Days		≥90%						
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%						95.3%
Number of Serious Incidents remaining open after 60 days		Zero Cases						
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	≤ 20 Open						
** Metric frequency changed to Quarterly as data is measured over a 12 month period, a more responsive version of this metric is being investigated.*								
Median Time To Recruitment of First Patient (Days) *	Quarterly	≤ 70 Days						
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%						93.5%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800						22998
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%						

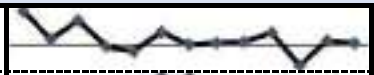
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Moorfields Eye Hospital NHS Foundation Trust

NHS

People (Enablers)

December 2021

Workforce and Financial Metrics								
Metric Description	**Reporting Frequency**	**Target**	**Rating**	**RAP Pg**	**Previous Period**	**Current Period**	**13 Month Series**	**Year to Date**
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	10	77.7%	77.4%		
Information Governance Training Compliance	Monthly	≥95%	A	11	93.8%	94.3%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	12	3.8%	4.1%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			13.3%	11.4%		11.6%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.33	0.14		0.23
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		0.20	0.02		1.52

Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

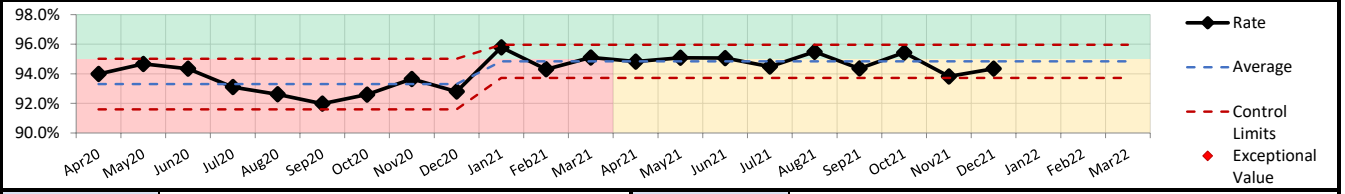
Remedial Action Plan - December 2021

Information Governance Training Compliance

Amber		**Target**	≥95%
	YTD	**Previous Period**	**Current Period**
	n/a	93.8%	94.3%
City Road	***North***	***South***	***Other***
n/a	*n/a*	*n/a*	*n/a*

Current Period Overview

The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation



Domain	**People (Enablers)**	**Responsible Director**	**Ian Tombleson**	**Lead Manager**	**Llinos Bradley**

Previously Identified Issues	**Previous Action Plan(s) to Improve**	**Target Date**	**Status**
Performance remains good although 1.2% below target. There are three main reasons for this position. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; some new starters have not completed IG training and/or their Insight record has not been updated.	Escalating to HR the anomalies in data reporting, removing leavers from Insight and also IG training for recruitment of new starters. Staff will continue to be sent reminder emails where IG compliance has expired.	January 2022	In Progress (Update)

Reasons for Current Underperformance	**Action Plan(s) to Improve Performance**	**Target Date**
Performance has improved although 0.7% below target. There are three main reasons for this position. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; small number of new starters yet to complete training. Moorfields benchmarks at the top of national performance for IG training.	Continuing to escalate to HR any anomalies in data reporting to remove leavers from Insight and also IG training for recruitment of new starters. Continuing reminder emails to individuals and line managers where IG compliance has expired	February 2022

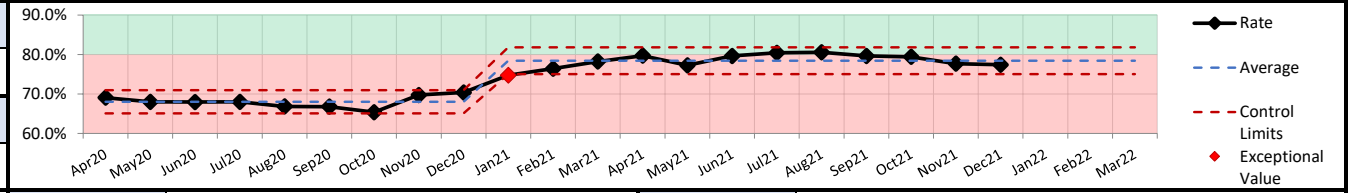
Remedial Action Plan - December 2021

Appraisal Compliance

Red		**Target**	≥80%
	YTD	**Previous Period**	**Current Period**
	n/a	77.7%	77.4%
City Road	***North***	***South***	***Other***
n/a	*n/a*	*n/a*	*n/a*

Current Period Overview

The threshold was not achieved, with performance slightly below average and showing an downward trend. It is within it's expected variation



Domain	**People (Enablers)**	**Responsible Director**	**Sandi Drewett**
Lead Manager	**Bola Ogundeji**		

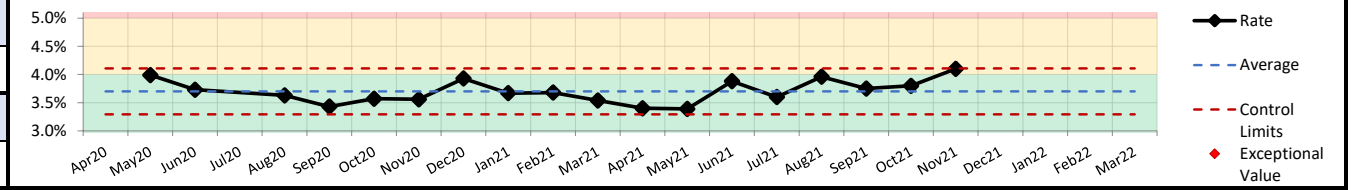
Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Despite ongoing monthly reminders from the L&D team's compliance lead to all of the managers in each directorate, compliance is still low. All those whose appraisals have expired receive system-generated reminders, sent to all individuals concerned, including their managers at 21 days and 41 days respectively before the expiry date. A system-generated reminder goes out every 20 days to the individual and their manager after the appraisal has expired. In spite of these consistent and clear reminders, individuals are still not taking action to complete them.	Data cleanse activity is underway to ensure those not in scope (i.e. those on maternity leave) are removed. A report by Division will be produced that details staff appraisal status and sent to Divisional leadership teams and HRBP to support conversations to increase compliance.	January 2022	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No Further Issues or Actions		

Remedial Action Plan - December 2021

Staff Sickness (Rolling Annual Figure) (Month in Arrears)

Amber		**Target**	≤4%	**Current Period Overview**	The threshold was not achieved, with performance slightly above average showing a recent upward trend. It is within it's expected variation
	YTD	**Previous Period**	**Current Period**		
	n/a	3.8%	4.1%		
City Road	***North***	***South***	***Other***		
n/a	*n/a*	*n/a*	*n/a*		



Domain	**People (Enablers)**		**Responsible Director**	**Sandi Drewett**	**Lead Manager**

Previously Identified Issues	**Previous Action Plan(s) to Improve**	**Target Date**	**Status**
No Outstanding Issues or Actions			

Reasons for Current Underperformance	**Action Plan(s) to Improve Performance**	**Target Date**
November sickness figures cover the period at the end of the month where the Omicron variant was becoming prevalent	Further details on the trust response will be included in the December report	January 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 09

Finance report

Board of directors 27 January 2022

Report title	Monthly Finance Performance Report Month 09 – December 2021
Report from	Jonathan Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

For December the Trust is reporting:-

- a £16.9m deficit year to date pre COVID support and top-up funding;
- £29.6m of COVD support and top-up funding; resulting in a
- £12.7m surplus year to date.

The Trust is receiving funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 53% of A&E activity, 92% Elective, 88% Core Outpatients, and 106% injections activity. Excess funding over activity levels contributed £1.94m in month and £13.7m year to date to the Trusts surplus reported position.

The Trusts full year forecast surplus contains a number of material assumptions and is assessed as a likely £17.2m surplus. The key dependencies are outlined in the key messages section.

Mitigation plans were approved in December to moderate a potential £3.2m capital underspend, and subject to supply chain delays expect to achieve a forecast range of £16m-£17m.

Compared to plan, the Trust is reporting: -

Financial Performance £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Income	£277.2m	£22.6m	£22.3m	(£0.3m)	£209.1m	£207.0m	(£2.1m)
Pay	(£140.1m)	(£12.0m)	(£11.7m)	£0.2m	(£104.3m)	(£104.2m)	£0.1m
Non Pay	(£112.4m)	(£9.3m)	(£9.1m)	£0.2m	(£85.3m)	(£83.2m)	£2.1m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.8m)	£0.0m	(£7.0m)	(£6.9m)	£0.1m
CONTROL TOTAL	**£15.2m**	**£0.6m**	**£0.7m**	**£0.1m**	**£12.5m**	**£12.7m**	**£0.2m**

Quality implications
Patient safety has been considered in the allocation of budgets.

Financial implications
Delivery of the financial control total will result in the Trust being eligible for additional benefits that will support its future development.

Risk implications
Potential risks have been considered within the reported financial position and the financial risk register is discussed at the Audit Committee.

Action Required/Recommendation
The board is asked to consider and discus the attached report.

For Assurance		**For decision**		**For discussion**	✓	**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report
For the period ended 31st December 2021 (Month 09)

Presented by	Jonathan Wilson; Chief Financial Officer
Prepared by	Justin Betts; Deputy Chief Finance Officer Amit Patel; Head of Financial Management Lubna Dharssi, Head of Financial Control Richard Allen; Head of Income and Contracts

Monthly Finance Performance Report

For the period ended 31st December (Month 09)

Key Messages

Statement of Comprehensive Income

Financial Position £0.73m surplus in month Including support	For December the Trust is reporting:- • A £16.9m deficit year to date pre COVID support and top-up funding; • £29.6m of COVD support and top-up funding; resulting in a; • £12.7m surplus year to date.
Income £18.87m in month	Total trust income was £18.9m in December, a £2.51m adverse variance to plan, largely linked to activity delivery. Material variances include:- • Commissioned Clinical Income £2.48m adverse (£16.60m YTD); • Other Clinical Income £0.13m adverse (£0.40m YTD); • Commercial Income £0.04m adverse (£0.24m favourable YTD); • Research Income £0.61m favourable (£0.50m YTD); The Trust is receiving funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 53% of A&E activity, 92% Elective, 88% for Outpatients outside of additional capacity, and 106% of Injection activity. Excess funding over activity levels contributed £1.94m in month and £13.7m year to date to the trusts surplus reported position.
Expenditure £20.80m in month (pay, non pay, excl financing)	Pay is reporting £11.7m in December, a £0.23m favourable variance to plan. This is due to reduced temporary staffing expenditure in line with lower planned activity levels. Bank and agency costs were lower in December against the prior month reflecting planned reduced activity, although this remains at approximately 11% of pay costs. Non-pay costs were £0.20m favourable to plan in December, due to elective activity levels being below plan. Cumulatively, non-pay budgets are £2.06m favourable, reflecting lower activity levels than funded, alongside delays to Oriel revenue costs compared to plan (£0.73m).

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 31st December was £74.7m, an increase of £6.3m since the end of March 2021. The Better Payment Practice Code (BPPC) performance in December was 97% (volume) and 95% (value) against a target of 95 across both metrics.
Capital (both gross capital expenditure and CDEL)	Capital spend to 31st December totalled £4.8m against a plan of £14.1m as slippage within major schemes such as Oriel and London Claremont Centre delayed expenditure, and decision timelines surrounding network strategy consolidation would not be able to execute this financial year. Mitigation plans were approved in December to moderate a potential £3.2m capital underspend, and subject to supply chain delays expect to achieve a forecast of £16-17m.
Use of Resources	Current use of resources monitoring remains suspended.
2012/22 Financial Plan and Forecast Likely £17.2m surplus forecast	The Trust received a £15.19m surplus Control Total for 2021/22, having been given a H1 control total of £6.55m, which it exceeded its by £1.44m, reporting a £7.99m surplus. The Trusts full year forecast surplus contains a number of material assumptions and is assessed as a likely £17.2m surplus. The key dependencies with upside potential include:- • Core activity levels reaching 98% by March 2022; • Approved invest to save bids being fully executed by 31st March; • Commercial areas continued recovery; • Satisfactory judgement linked to external legal challenges; and • Review R&D of crystallised gains under IFRS15.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG	Forecast Plan	Forecast Actual	Forecast Variance
Income	£258.4m	£21.4m	£18.9m	(£2.5m)	£194.0m	£177.4m	(£16.6m)	(9)%		£258.4m	£236.7m	(£21.7m)
Pay	(£140.1m)	(£12.0m)	(£11.7m)	£0.2m	(£104.3m)	(£104.2m)	£0.1m	0%		(£140.1m)	(£139.0m)	£1.1m
Non Pay	(£112.4m)	(£9.3m)	(£9.1m)	£0.2m	(£85.3m)	(£83.2m)	£2.1m	2%		(£112.4m)	(£109.2m)	£3.2m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.8m)	£0.0m	(£7.0m)	(£6.9m)	£0.1m	1%		(£9.5m)	(£9.4m)	£0.2m
CONTROL TOTAL PRE SUPPORT	**(£3.6m)**	**(£0.6m)**	**(£2.7m)**	**(£2.0m)**	**(£2.6m)**	**(£16.9m)**	**(£14.3m)**			**(£3.6m)**	**(£20.9m)**	**(£17.3m)**
COVID Top-up/support	£18.8m	£1.2m	£3.4m	£2.2m	£15.1m	£29.6m	£14.5m			**£18.8m**	**£38.1m**	**£19.3m**
CONTROL TOTAL POST SUPPOR	**£15.2m**	**£0.6m**	**£0.7m**	**£0.1m**	**£12.5m**	**£12.7m**	**£0.2m**			**£15.2m**	**£17.2m**	**£2.0m**
Memorandum Items												
Research & Development	(£1.47m)	(£0.33m)	(£0.19m)	£0.14m	(£1.10m)	(£0.55m)	£0.54m	50%		(£1.5m)	(£0.8m)	£0.7m
Commercial Trading Units	£4.97m	£0.09m	£0.11m	£0.02m	£3.12m	£4.64m	£1.52m	49%		£5.0m	£6.3m	£1.3m
ORIEL Revenue	(£2.26m)	(£0.08m)	(£0.07m)	£0.01m	(£2.08m)	(£1.36m)	£0.73m	35%		(£2.3m)	(£2.0m)	£0.3m

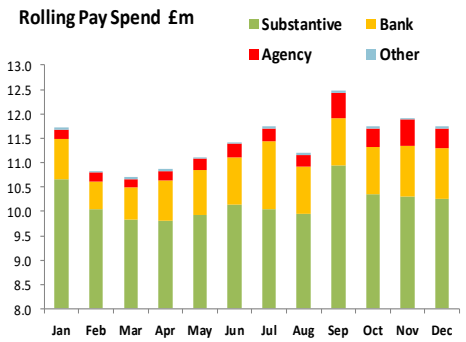
INCOME BREAKDOWN RELATED TO ACTIVITY

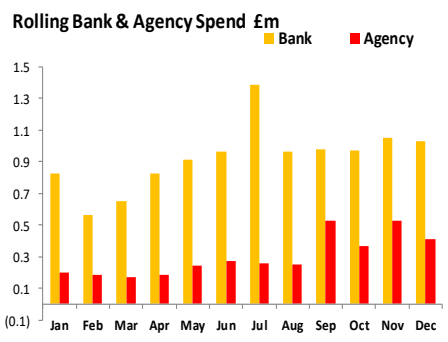
Income Breakdown £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£147.0m	£110.4m	£91.6m	(£18.8m)		£147.0m	£120.7m	(£26.3m)
Pass Through	£38.1m	£29.1m	£31.2m	£2.2m		£38.1m	£41.7m	£3.6m
Other NHS Clinical Income	£9.9m	£7.3m	£6.9m	(£0.4m)		£9.9m	£9.4m	(£0.5m)
Commercial Trading Units	£36.8m	£27.3m	£27.6m	£0.2m		£36.8m	£37.7m	£0.9m
Research & Development	£13.1m	£9.8m	£10.3m	£0.5m		£13.1m	£13.5m	£0.5m
Other	£13.5m	£10.1m	£9.8m	(£0.3m)		£13.5m	£13.7m	£0.2m
INCOME PRE TOP-UP	**£258.4m**	**£194.0m**	**£177.4m**	**(£16.6m)**		**£258.4m**	**£236.7m**	**(£21.7m)**
ERF/COVID Top up funding	£18.8m	£15.1m	£29.6m	£14.5m		£18.8m	£38.1m	£19.3m
TOTAL OPERATING REVENUE	**£277.2m**	**£209.1m**	**£207.0m**	**(£2.1m)**		**£277.2m**	**£274.8m**	**(£2.4m)**

RAG Ratings Red > 3% Adverse Variance, Amber < 3% Adverse Variance, Green Favourable Variance, Grey Not applicable

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	% Total
Employed	(£138.4m)	(£11.8m)	(£10.3m)	£1.5m	(£103.0m)	(£91.7m)	£11.2m	88%
Bank	(£1.0m)	(£0.1m)	(£1.0m)	(£0.9m)	(£0.7m)	(£9.1m)	(£8.3m)	9%
Agency	(£0.3m)	(£0.1m)	(£0.4m)	(£0.3m)	(£0.3m)	(£3.0m)	(£2.8m)	3%
Other	(£0.5m)	(£0.0m)	(£0.0m)	(£0.0m)	(£0.3m)	(£0.4m)	(£0.0m)	0%
TOTAL PAY	**(£140.1m)**	**(£12.0m)**	**(£11.7m)**	**£0.2m**	**(£104.3m)**	**(£104.2m)**	**£0.1m**	





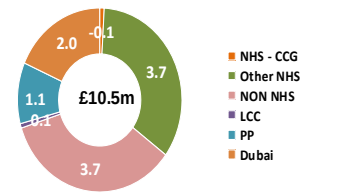
CASH, CAPITAL AND OTHER KPI'S

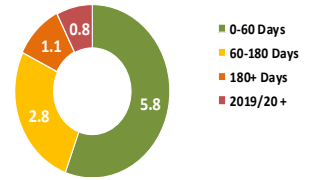
Capital Programme £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
Trust Funded	(£17.0m)	(£13.4m)	(£4.5m)	(£8.8m)		(£17.0m)	(£16.4m)	£0.6m
Donated/Externally funded	(£1.1m)	(£0.8m)	(£0.3m)	(£0.5m)		(£1.1m)	(£0.8m)	(£0.3m)
TOTAL	**£18.1m**	**£14.1m**	**£4.8m**	**(£9.3m)**		**£18.1m**	**£17.2m**	**(£0.9m)**

Key Metrics	Plan	Actual	RAG
Cash	74.7	74.7	
Debtor Days	45	25	
Creditor Days	45	42	
PP Debtor Days	65	66	

Use of Resources	Plan	Actual
Capital service cover rating	-	-
Liquidity rating	-	-
I&E margin rating	-	-
I&E margin: distance from fin. plan	-	-
Agency rating	-	-
OVERALL RATING	**-**	**-**

Net Receivables/Ageing £m





Trust Income and Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Year to Date %	Year to Date RAG	Forecast Plan	Forecast Actual	Forecast Variance	Forecast %	Forecast RAG
Income														
NHS Commissioned Clinical Income	185.11	15.22	12.73	(2.48)	139.46	122.86	(16.60)	(12)%		185.11	162.38	(22.73)	(12)%	
Other NHS Clinical Income	9.91	0.85	0.73	(0.13)	7.35	6.94	(0.40)	(6)%		9.91	9.41	(0.50)	(5)%	
Commercial Trading Units	36.85	2.83	2.78	(0.04)	27.34	27.57	0.24	1%		36.85	37.74	0.89	2%	
Research & Development	13.05	1.12	1.73	0.61	9.77	10.27	0.50	5%		13.05	13.53	0.47	4%	
Other Income	13.51	1.38	0.90	(0.48)	10.09	9.81	(0.28)	(3)%		13.51	13.66	0.15	1%	
Total Income	**258.43**	**21.39**	**18.87**	**(2.51)**	**194.00**	**177.45**	**(16.55)**	**(9)%**		**258.43**	**236.72**	**(21.71)**	**(8)%**	
Operating Expenses														
Pay	(140.10)	(11.97)	(11.73)	0.23	(104.34)	(104.21)	0.13	0%		(140.10)	(139.00)	1.10	1%	
Drugs	(42.62)	(3.57)	(2.90)	0.67	(31.83)	(30.17)	1.66	5%		(42.62)	(40.23)	2.39	6%	
Clinical Supplies	(20.57)	(1.71)	(1.65)	0.06	(15.25)	(15.39)	(0.15)	(1)%		(20.57)	(20.53)	0.04	0%	
Other Non Pay	(49.21)	(3.98)	(4.52)	(0.53)	(38.19)	(37.64)	0.54	1%		(49.21)	(48.46)	0.75	2%	
Total Operating Expenditure	**(252.50)**	**(21.23)**	**(20.80)**	**0.43**	**(189.61)**	**(187.41)**	**2.19**	**1%**		**(252.50)**	**(248.22)**	**4.29**	**2%**	
EBITDA	*5.93*	*0.15*	*(1.93)*	*(2.08)*	*4.40*	*(9.96)*	*(14.36)*	(327)%		5.93	*5.93*	-	0%	
Financing & Depreciation	(10.13)	(0.84)	(0.80)	0.04	(7.49)	(7.34)	0.15	2%		(10.13)	(9.91)	0.21	2%	
Donated assets/impairment adjustment	0.59	0.05	0.04	(0.00)	0.46	0.40	(0.06)	(13)%		0.59	0.53	(0.06)	(11)%	
Control Total Surplus/(Deficit) Pre ERF/Block and Top Up Payments	**(3.61)**	**(0.65)**	**(2.69)**	**(2.04)**	**(2.63)**	**(16.91)**	**(14.28)**	**(543)%**		**(3.61)**	**(20.88)**	**(17.27)**	**(479)%**	
Elective Recovery Funding	4.29	-	(0.00)	(0.00)	4.29	5.81	1.52			4.29	5.81	1.52		
Block funding in excess of activity	-	-	1.94	1.94	-	13.67	13.67			-	18.22	18.22		
COVID Top Up Payments	14.51	1.23	1.48	0.25	10.80	10.12	(0.68)			14.51	14.05	(0.45)		
Control Total Surplus/(Deficit) Post ERF/Block and Top Up	**15.19**	**0.59**	**0.73**	**0.14**	**12.46**	**12.69**	**0.23**			**15.19**	**17.20**	**2.01**	**13%**	

Commentary

Operating Income

£2.51m adverse to plan pre support

Clinical activity levels recorded were 92% for Daycase and 99% for Outpatients during December compared to 2019/20 levels, with activity-based income totalling £12.73m, £2.48m below the level of block funding. Other significant variances included:-

- Commercial Trading income was £2.78m; an adverse variance of £0.04m;
- Research and Development income was £1.73m; a favourable variance of £0.61m. The increased income in month relates to the realisation of patient activity billing for one large study, with a significant consequential non-pay cost reported this month related to this activity.
- Other income was £0.48m adverse in month driven by reduced wholesale drugs income through London Claremont Clinic (off set in non-pay costs)

Employee Expenses

£0.23m favourable to plan in month

Pay in December is reported as £11.73m against a cumulative trend of £11.97m.

- Bank and agency costs totalled £1.43m in December; an increase on the £0.95m reported in December 2019. Whilst the Trust has suffered a planned reduction in activity levels, temporary staffing costs have remained high due to sickness and operational restrictions in clinical areas. In addition, temporary staffing expenditure in corporate areas remains high.
- Clinical divisions (including Hercules) temporary staffing costs are £1.11m against £0.79m in December 2019.

Non Pay Expenses

£0.20m favourable to plan in month

(non pay and financing)

Non-Pay costs in December stood at £9.07m against a cumulative trend of £9.27m.

- Drugs expenditure was £0.67m favourable to plan reflecting no Voretegene treatments in month, and lower wholesale drug activity at the Claremont Clinic. Actual expenditure was £2.90m in month against prior month expenditure of £3.23m.
- Clinical supplies expenditure was £0.06m favourable to plan in month. Actual expenditure was £1.65m in December against a November spend of £1.69m.
- Other non pay costs were £0.53m adverse to plan. Actual expenditure was £4.52m in December against £3.58m in the prior month. The Trust accounted for additional legal costs in relation to legal challenges, whilst also reporting the £0.40m associated non-pay costs related to the R&D study for which income has been realised.

Trust Patient Clinical Income Performance

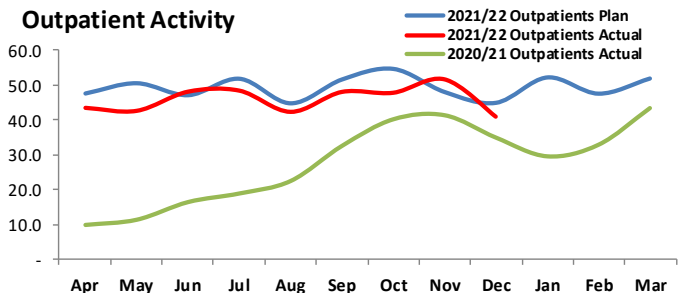
PATIENT ACTIVITY AND CLINICAL INCOME

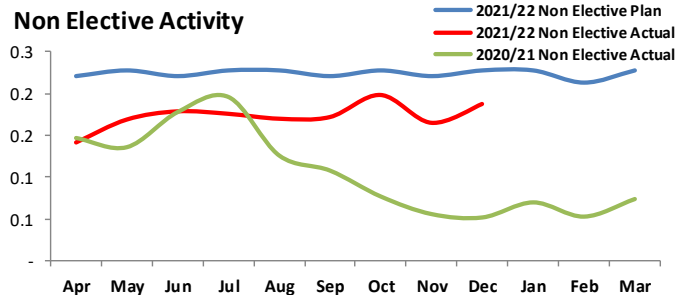
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,388	4,447	(3,941)	53%	74,411	46,025	(28,386)	62%	£11,622	£7,377	(£4,246)	63%
Daycase / Inpatients	2,454	2,247	(207)	92%	26,004	23,682	(2,322)	91%	£29,113	£28,661	(£452)	98%
High Cost Drugs	3,778	4,634	857	123%	40,213	44,160	3,948	110%	£29,761	£31,253	£1,492	105%
Non Elective	235	188	(47)	80%	2,093	1,559	(534)	74%	£4,086	£3,265	(£821)	80%
OP Firsts	8,806	8,919	113	101%	93,665	86,267	(7,398)	92%	£16,028	£14,538	(£1,490)	91%
OP Follow Ups	32,551	32,068	(483)	99%	346,473	326,865	(19,608)	94%	£35,522	£32,381	(£3,141)	91%
Other NHS clinical income									£3,347	£2,231	(£1,117)	67%
Total	56,212	52,503	(3,708)	93%	582,859	528,558	(54,300)	91%	£129,480	£119,705	(£9,775)	92%

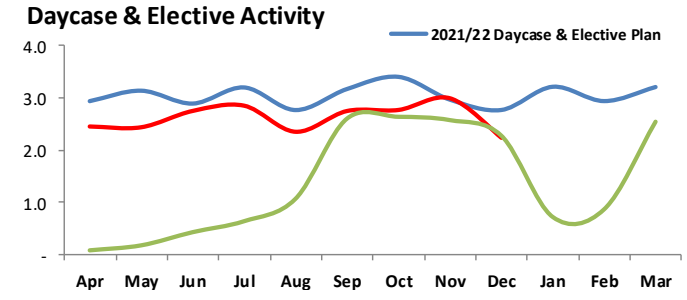
Income Figures Excludes CQUIN, Bedford, and Trust to Trust test income.

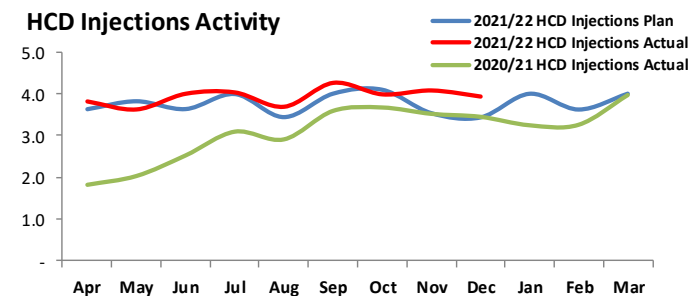
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND









Commentary

NHS Income

NHS Patient Clinical activity income in December was £12.7m if reimbursed via normal activity based contracting arrangements. Significant items include:-

Inpatient activity

- The trust achieved 92% of baseline activity levels in December (95% in November);

Outpatient Activity

- The trust achieved 99% of baseline activity levels in December (96% in November); however approximately 8% is via additive diagnostic hub activity and a further 2% is A&E attend anywhere activity, meaning Outpatient activity outside of these items achieved 88% of 2019/20 levels..

High Cost Drugs Injections

- The Trust achieved 125% of baseline activity levels in December (101% in November);

Activity Plans

2019/20 activity levels (pre-COVID) are being used nationally as a proxy to report organisations return and recovery to pre pandemic levels of activity during 2021/22.

The charts to the left demonstrate the in year activity levels compared to previous years, highlighting the material shift in activity as a result of COVID, and the pace of recovery towards pre-COVID activity levels. The 2021/22 plan represents 2019/20 delivered levels of activity adjusted for services transfers.

Trust Statement of Financial Position – Cash, Capital, Receivables and Other Metrics

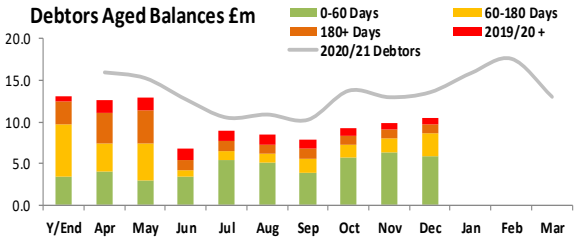
CAPITAL EXPENDITURE

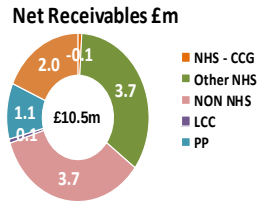
Capital Expenditure £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance
Estates - Trust Funded	0.9	0.8	0.6	(0.2)	0.9	0.9	-
Medical Equipment - Trust Funded	4.5	3.7	1.9	(1.7)	4.5	4.5	-
IT - Trust Funded	1.2	1.2	0.8	(0.4)	1.2	2.0	0.8
ORIEL - Trust Funded	2.6	2.2	1.0	(1.3)	2.6	2.9	0.3
Commercial - Trust funded	4.4	3.1	0.2	(2.9)	4.4	3.4	(1.0)
Other - Trust funded	3.4	2.3	-	(2.3)	3.4	2.7	(0.7)
TOTAL - TRUST FUNDED	**17.0**	**13.4**	**4.5**	**(8.8)**	**17.0**	**16.4**	**(0.6)**
Covid/Donated/Externally funded	1.1	0.8	0.3	(0.5)	1.1	0.8	(0.3)
TOTAL INCLUDING DONATED	**18.1**	**14.1**	**4.8**	**(9.3)**	**18.1**	**17.2**	**(0.9)**

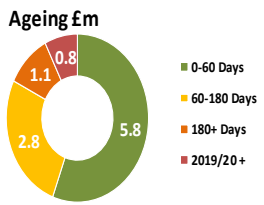
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.3	8.3		100%
Cash Reserves - B/Fwd cash	6.0	6.0		100%
Cash Reserves - Other (ICS)	4.5	4.5		100%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	**17.0**	**17.0**	**-**	**100%**
Externally funded	0.9	0.9		100%
Donated/Charity	0.2	0.2	100%	-
TOTAL INCLUDING DONATE	**18.1**	**18.1**	**0%**	**100%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2018/19 +*	*Total*
CCG Debt	0.0	(0.1)	0.0	-	(0.1)
Other NHS Debt	1.9	1.2	0.2	0.4	3.7
Non NHS Debt	1.7	0.8	0.7	0.4	3.7
Commercial Unit Debt	2.2	0.8	0.2	(0.0)	3.2
TOTAL RECEIVABLES	**5.8**	**2.8**	**1.1**	**0.8**	**10.5**







STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	-	102.3	102.3	-
Current assets (excl Cash)	-	22.3	22.3	-
Cash and cash equivalents	-	74.7	74.7	-
Current liabilities	-	(54.5)	(54.5)	-
Non-current liabilities	-	(35.0)	(35.0)	-
TOTAL ASSETS EMPLOYED	**-**	**109.8**	**109.8**	**-**

OTHER METRICS

Use of Resources	Weighting	Plan YTD	Score
Capital service cover rating	20%	-	-
Liquidity rating	20%	-	-
I&E margin rating	20%	-	-
I&E margin: distance from financial	20%	-	-
Agency rating	20%	-	-
OVERALL RATING		**-**	**-**

Commentary

Cash and Working Capital

The cash balance as at the 31st December was £74.7m, an increase of £6.3m since the end of March 2021.

Capital Expenditure

Capital spend to 31st December totalled £4.8m against a plan of £14.1m as slippage within major schemes such as Oriel and London Claremont Centre delayed expenditure, and decision timelines surrounding network strategy consolidation would not be able to execute in this financial year.

Mitigation plans were approved in December to mitigate a potential £3.2m capital underspend, and subject to supply chain delays expect to achieve a forecast range of £16m-£17m..

Use of Resources

Use of resources monitoring and reporting has been suspended.

Receivables

Receivables have reduced by £2.5m to £10.5m since the end of the 2020/21 financial year, but did increase by £0.5m from November due to further catch up billing for NHS provider service level agreements.

Payables

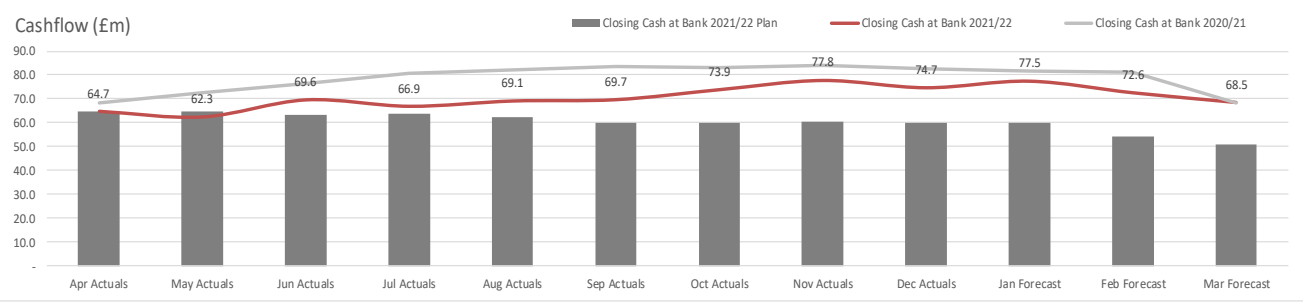
Payables totalled £12.6m at the end of December, a reduction of £14.6m since March 2021. The reduction is mainly attributable to significant capital spend in March this year.

The trust's performance against the Better Payment Practice Code (BPPC) was 97% (volume) and 90% (value) against a target of 95%. Prior month achievement was 95% and 95%.across both areas.

Trust Statement of Financial Position – Cashflow

Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Dec Plan	Dec Var
Opening Cash at Bank	**68.4**	**64.7**	**62.3**	**69.6**	**66.9**	**69.1**	**69.7**	**73.9**	**77.8**	**74.7**	**77.5**	**72.6**	**68.4**		
Cash Inflows															
Healthcare Contracts	15.4	16.4	16.0	15.9	16.4	17.0	18.4	18.3	17.1	17.0	17.0	16.3	201.4	17.0	0.1
Other NHS	1.6	0.3	7.2	0.9	4.2	1.9	1.9	2.0	0.3	1.4	1.4	1.5	24.6	1.4	(1.1)
Moorfields Private/Dubai	3.6	3.5	3.9	3.6	3.3	3.7	3.6	4.3	3.5	3.7	3.5	3.8	43.9	2.9	0.6
Research	1.1	0.9	1.8	0.8	0.7	1.7	0.8	0.9	0.9	1.0	1.0	1.0	12.5	1.0	(0.0)
VAT	0.6	0.2	0.3	-	1.2	0.2	0.3	0.3	0.3	0.4	0.4	0.4	4.7	0.4	(0.1)
PDC	-	-	-	-	-	-	-			-	-	-	-	-	-
Other Inflows	(0.1)	0.6	0.5	0.4	0.1	0.4	0.3	0.4	0.3	0.2	0.2	0.2	3.3	0.2	0.2
Total Cash Inflows	**22.2**	**22.0**	**29.5**	**21.5**	**25.9**	**25.0**	**25.4**	**26.3**	**22.4**	**23.7**	**23.4**	**23.2**	**290.4**	**22.8**	**(0.4)**
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.8)	(9.8)	(9.7)	(9.9)	(10.6)	(10.7)	(10.1)	(10.2)	(10.1)	(10.1)	(10.1)	(120.6)	(10.1)	(0.1)
Non Pay Expenditure	(13.5)	(11.5)	(11.0)	(12.4)	(11.8)	(11.2)	(9.1)	(10.8)	(12.5)	(8.8)	(10.3)	(11.7)	(134.6)	(10.6)	(1.9)
Capital Expenditure	(1.7)	(2.1)	(0.1)	(0.5)	(0.4)	(0.4)	(0.4)	(0.1)	(0.7)	(0.5)	(5.8)	(1.3)	(13.9)	(1.2)	0.4
Oriel	(0.3)	(0.1)	(0.6)	(0.7)	(0.3)	(0.2)	(0.1)	(0.2)	(1.0)	(0.1)	(0.1)	(1.8)	(5.7)	(0.1)	(0.9)
Moorfields Private/Dubai	(0.8)	(0.8)	(0.9)	(0.8)	(0.7)	(1.3)	(0.8)	(1.0)	(1.1)	(1.4)	(1.3)	(1.4)	(12.4)	(1.2)	0.0
Financing - Loan repayments	-	-	-	-	(0.6)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.8)	-	-
Dividend and Interest Payable	-	-	-	-	-	(0.1)	-	-	-	-	-	(0.3)	(0.3)	-	-
Total Cash Outflows	(25.8)	(24.3)	(22.3)	(24.2)	(23.7)	(24.4)	(21.2)	(22.3)	(25.5)	(20.9)	(28.3)	(27.3)	**(290.3)**	(23.1)	(2.4)
Net Cash inflows /(Outflows)	(3.7)	(2.4)	7.2	(2.7)	2.2	0.6	4.2	3.9	(3.1)	2.8	(4.9)	(4.1)	-	(0.3)	(2.8)
Closing Cash at Bank 2021/22	**64.7**	**62.3**	**69.6**	**66.9**	**69.1**	**69.7**	**73.9**	**77.8**	**74.7**	**77.5**	**72.6**	**68.5**	**68.5**		
Closing Cash at Bank 2021/22 Plan	64.7	64.9	63.2	63.7	62.4	59.8	60.2	60.3	59.9	60.1	54.4	51.1	51.1		
Closing Cash at Bank 2020/21	68.4	72.7	76.7	80.8	82.0	83.6	83.3	84.3	82.6	81.6	81.1	68.4	68.4		



Commentary

Cash flow The cash balance at the 31st December is £74.7m, higher than forecast due to the timing of receipts.

The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The Trust currently has 112 days (prior month: 117 days) of operating cash.

December saw a cash outflow of £2.8m against a plan of a £0.3m due primarily due to the timings of payments for trade and capital suppliers.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 10

Green Plan

Board of directors 27 January 2022

Report title	MEH Green Plan
Report from	Director of estates, major projects and capital
Prepared by	Deputy director of estates
Link to strategic objectives	Staff engagement, digital innovation, sustainable financial model

Executive summary

In line with the NHS campaign "For a greener NHS" and subsequent strategy "Delivering a net zero National Health Service", committing to a route to net zero emissions, MEH is required to develop a board-approved, three-year Green Plan in time for a system wide strategy by 31 March 2022.

The Green Plan has been completed following a gap analysis between Net Zero requirements and current sustainable development management plan (SDMP) alongside a series of workshops with relevant stakeholders.

With Oriel on the horizon, the Green Plan is less focused on building infrastructure and more on adapting and transitioning more sustainable ways of working so they instilled in business as usual ready for the move. Areas covered within the plan include workforce & system leadership, sustainable models of care, digital transformation, travel and transport, estates infrastructure and space, medicines & equipment, waste, food & nutrition, supply chain procurement, communication and adaption.

Quality implications

A sustainability steering group (SSG) has been formed to create, monitor and act as the conduit between Executive decision making and policy and a workforce encouraged to voice sustainability concerns and ideas.

Financial implications

As plan is developed via SSG, sustainability champions and network project groups, schemes will be presented to management executive and trust board for funding approvals.

Risk implications

Non-compliance with NCL system and national requirements for having this plan in place.

Action Required/Recommendation

Review of Green Plan for alignment with trust strategic objectives.

For Assurance		**For decision**		**For discussion**	**X**	**To note**	**X**

Moorfields Eye Hospital NHS Foundation Trust

Green Plan and Action Plan

Introduction

The NHS is responsible for about 4% of England's total carbon emissions and in January 2020, the campaign for a greener NHS was launched to mobilise more than 1.3 million staff and set an ambitious, evidence-based route map and date for the NHS to reach net zero. The NHS has committed to net-zero emissions by 2040, for the carbon emissions that they control directly (scopes 1 and 2), with an ambition to reach an 80% reduction by 2028 to 2032, and a target of 2045 for the broader emissions that they can influence (scope 3).

In line with this goal, we have developed this plan as a first step towards our net zero future. We have considered where we work, how we work and, most importantly, who we help, to create a set of objectives to become a sustainable trust. Whilst reaching net zero is a common goal in the NHS, as a beacon of excellence in eye care, this plan also helps in our ambition to become the leaders in our field, with collaborations with other NHS trusts and beyond.

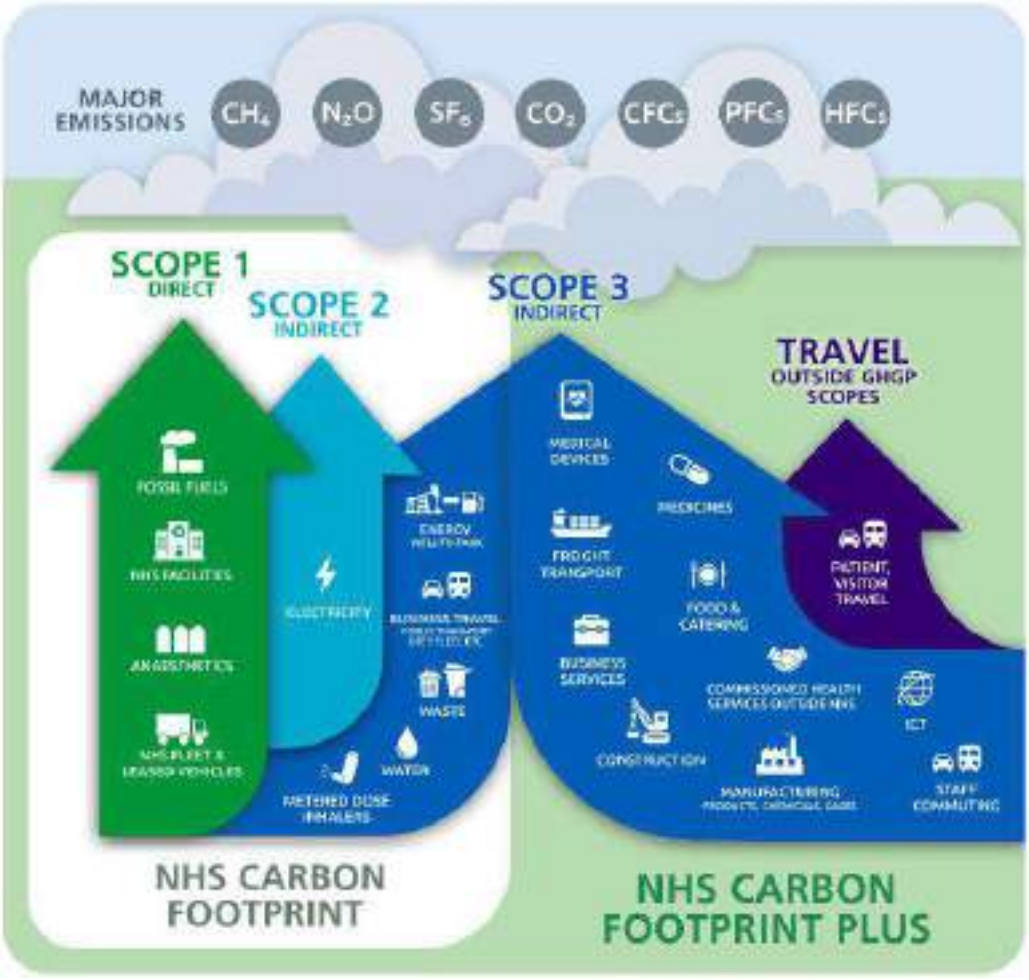
Moorfields Eye Hospital NHS Foundation Trust is a world-class centre of excellence for ophthalmic research and education and the leading provider of eye health services in the UK. With more than 2,500 staff, our reputation for providing the highest quality ophthalmic care has developed over 200 years and we are proud to be supported by one of the most diverse workforces in the NHS. We are committed to sustaining and building on our pioneering history and ensuring we remain a global leader whilst also providing almost 50% of the ophthalmology care delivered across London.

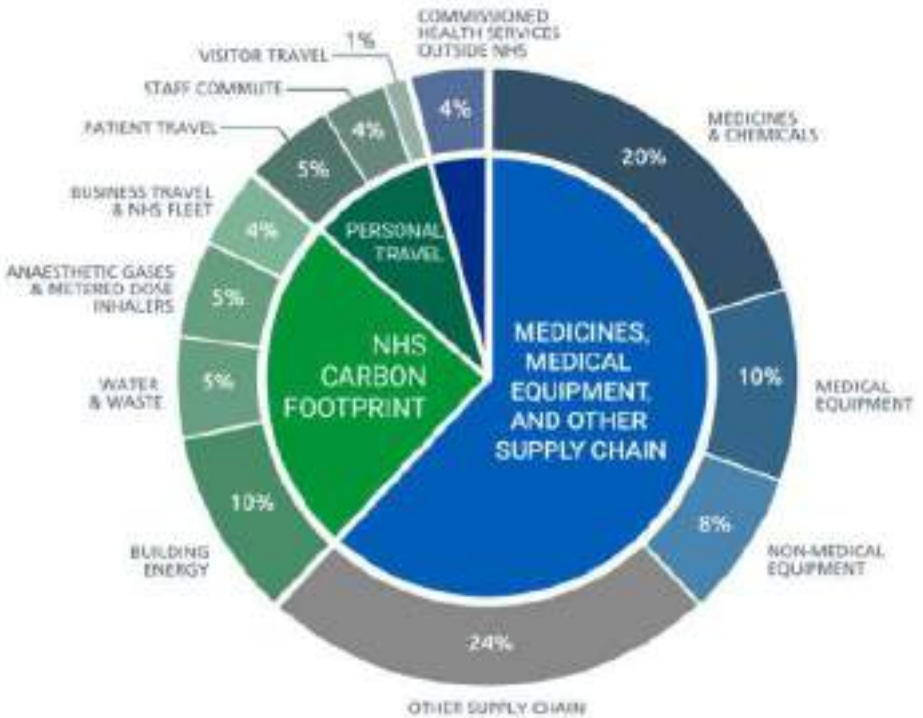
We occupy our main site at City Road in London, with satellite sites across greater London, including within other NHS trust sites.
Given our specialty in eye care, we have patients from all demographics, with clinics for glaucoma and cataracts serving primarily the older population. Cataract surgery is the most common surgery within the NHS, where 1 in 3 people over 65 will develop at least one cataract.

This plan, whilst being an evolution from our previous sustainable development management plans, is a step change in the way we as a trust go about 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.

Scopes

The following graphics define the different "scopes" of carbon emissions, and what makes up the NHS Carbon Footprint and Footprint Plus.





We do not yet have a total figure for our scope 3 emissions. Over the next three years, we will work to quantify this so that we can target reductions, as well as identify areas that we can eliminate before we move to Oriel.

Our next step: Oriel

Oriel is the joint initiative between Moorfields Eye Hospital, the UCL Institute of Ophthalmology (IoO) and Moorfields Eye Charity that would see services move to a new, integrated centre on the St Pancras hospital site in Camden.

This is our opportunity to create a world-leading centre for advancing eye health that is in keeping with the excellence of our talented workforce. Harnessing the expertise of the partners under one roof will enable us to deliver the highest quality eye care, research, and education.

The new centre will enable clinicians and researchers to collaborate more closely and allow for earlier patient involvement in trials to speed up the delivery of new treatments. The new centre has the potential to be a national exemplar for accessibility, providing our patients with an environment designed to accommodate their varying needs.

From a greener NHS point of view, moving to the Oriel site will allow us to take advantage of the most recent technology to ensure that our building is ready for the NHS net zero challenge.

But the main challenge we face is that we are not yet ready to move to Oriel.

With such a big change in our infrastructure, our services, processes, practices, and mind-set, will all have to adapt. Space with the Oriel centre has been designed to be used flexibility to improve estate utilisation and maximise collaboration between clinicians, researchers and educators.

Our goal over the next three years is to adapt our ways of working so that when we move to Oriel, we are as close to business as usual as we can be. This makes it a perfect time to instil sustainable practices into all we do, and some of these are highlighted in this plan.

Whilst we will enjoy the benefits of LED lighting, solar PV panels and heat and hot water generated without the use of fossil fuels, the most important part of our trust will not change: our people.

1. Workforce and system leadership

We are starting to see an increased desire to promote sustainability throughout our trust. To facilitate this, we have now officially launched our sustainability steering group, and plan to have monthly meetings with our members, whose expertise range from finance to optometry.

Our trust is split into five divisions: North, South, City Road, Private and Corporate. Each of our clinical divisions has a divisional director, divisional manager and head of nursing, with regular meetings between them already in place. Our Corporate division has a different structure with several director level posts.

For all divisions, we will be adding sustainability as a standing agenda item for regular meetings, as well as seeking representation from all divisions in our sustainability steering group.

We will also recruit a subset of network groups consisting of sustainability champions across our sites. These groups will be tasked with reducing carbon, reducing energy, and promoting sustainability at a local level, such that the many small activities we currently undertake are not only recognised, but can build into a larger scheme of works to create a truly sustainable environment.

From this hierarchy we expect to be able to filter ideas upwards, and push wider decisions downwards to enact change across our trust.

Where further sections of this plan mention training, this will be rolled out through the network teams so it can impact as many staff as possible.

We will be inviting guest speakers to our sustainability groups to help us share in good ideas across the NHS and beyond, with speakers from charities and sustainability groups such as GASP (Greener Anaesthesia and Sustainability Project). We will also look to other cross sector and pan-London NHS members that have undertaken sustainable activities that we can emulate or learn from.

Our finance team are in the process of updating our KPI dashboard for reporting to the management team. As the current version doesn't have any focus on the sustainable agenda, we will be producing KPIs for sustainability to add in.

In the short term, this will include energy and water cost, as well as detailing how many internal projects have been considered from a sustainability aspect (with the aim of removing this once we are confident that all projects are).

We also work with several other partners that can help us to become a sustainable trust, including the Islington Sustainable Partnership and other national and NHS partnerships

These include our food and catering partner Gather & Gather, who already offer a reduction of 20p on drinks if customers bring their own reusable cup. Our logistics and transport partner DHL have recently implemented an anti-idling policy, particularly at the front of our hospitals, and we will soon have access to the data from this exercise to understand the positive impacts this has had.

Finally, we have engaged an energy and sustainability consultancy to help us drive the actions detailed in this plan, and report on the progress at our meetings.

2. Sustainable models of care

Our trust operates clinics and diagnostic hubs across London and beyond.

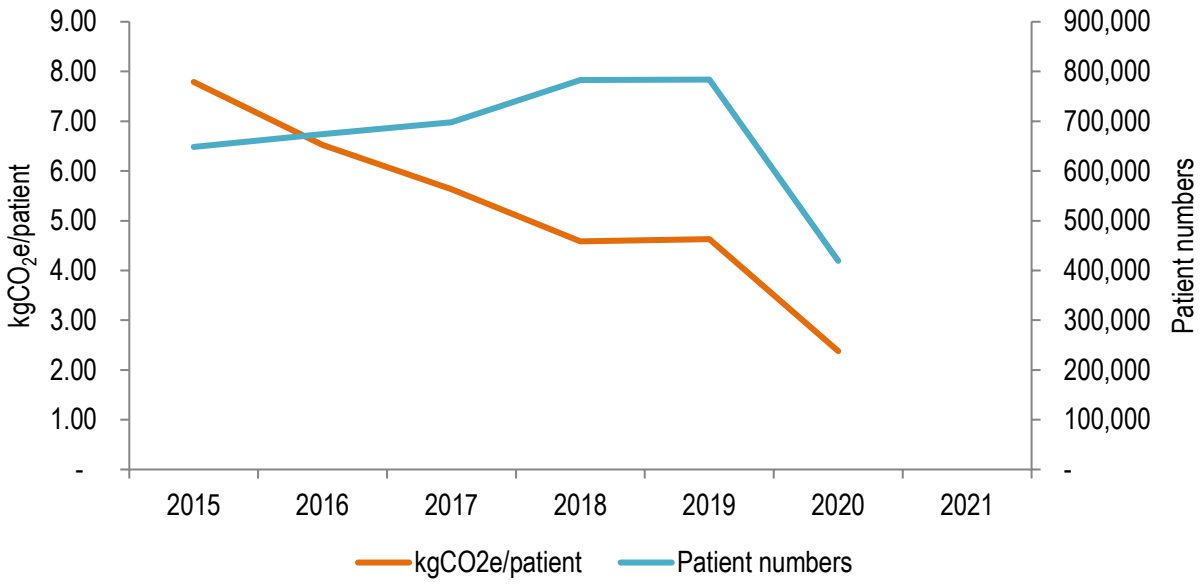
In the next three years, we will undertake a review of the services we can provide on our sites so that we can optimise the implementation of local diagnostic centres, resulting in reductions in visits to our main sites. This in turn will reduce the footfall to a level that we can sustainably take with us to Oriel, whilst ensuring the smaller service hubs are operating effectively and sustainably.

We will combine this work with a review of our estate, which we are currently undertaking to produce our network site strategy, which will be ready next year.

We understand that many of our staff, such as clinical teams, have a need to be patient facing and cannot fully perform all of their roles from home. We will be reviewing our care pathways to maximise our efficiency of care and reduce variations between sites and divisions.

Whilst we have a management structure for each division, we will be asking that our staff teams review their on-site and off-site working habits. By restructuring the way our staff work, we can ensure a close collaboration between teams, whilst also reaping the benefits of home working that we have been forced to adopt over the last two years.

The following graph compares our carbon emissions from gas, oil and electricity with patient numbers over the last seven years. We see the ratio improving, not only as the overall carbon emissions reduce across our buildings, but more crucially, as patient numbers increase. We have already achieved a reduction from 7.79kgCO_2e per patient in 2015, to 2.38kgCO_2e per patient in 2020.

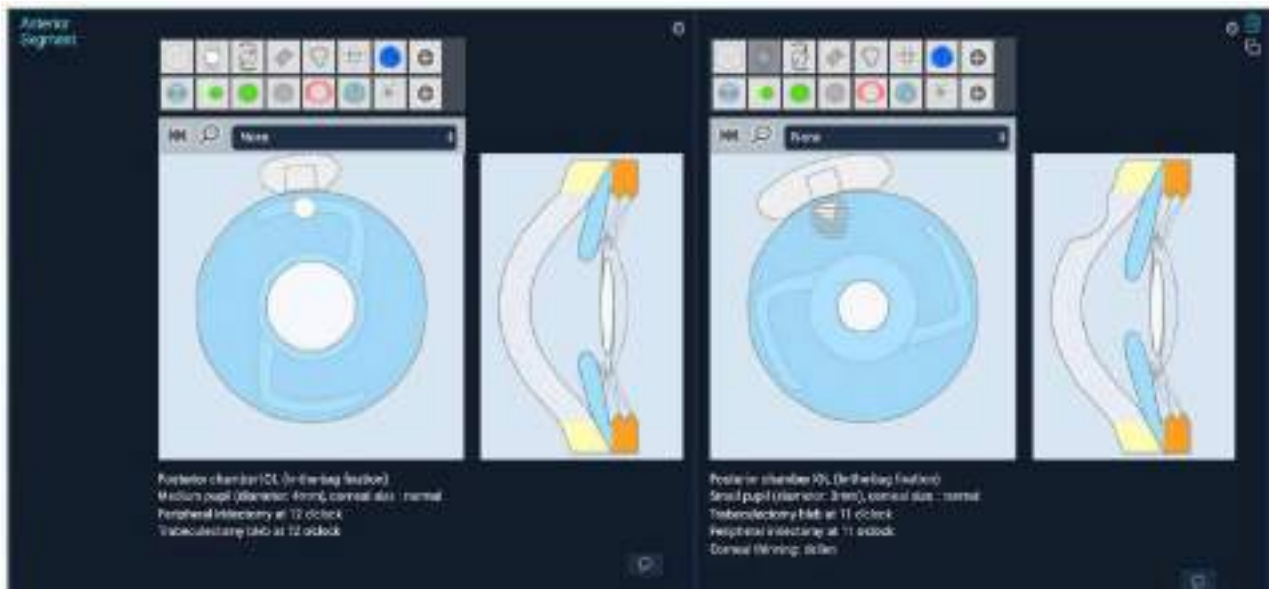


Despite a 15% increase in patients to 2019, we had reduced our carbon equivalent (Co_2e) emissions per patient by 50%

3. Digital transformation

We have already made great progress in our journey to become a digital service without paper records.

Our digital platform OpenEyes is at the centre of our medical records system, and we are currently in the process of upgrading to a newer version. This will allow clinical notes and recommendations to be added without the need for paper notes, which helps us step towards our paperless targets.



The OpenEyes platform allows clinicians to keep accurate records on eye health and conditions

We understand there is still a need for paper use within our trust, as we still need to offer an accessible range of communications to our patients. However, the recent advancements in accessibility on digital platforms, such as being able to zoom into a digital letter, means we can communicate with many of our patients digitally.

We currently have paper systems in place such as our RTT form, where the form acts as an information packet between our clinical and administrative teams. We will review these systems to see if they can be digitised in the short term. If not, as it is an internal process only, we will look to physically minimise forms. For example, being able to print in a smaller font to A5 instead of A4, would immediately reduce our paper waste and print toner in this area by 50%.

On most of our sites, letters to GPs, with copies to the patients, are delivered digitally. However, on some of our smaller sites in other trusts, we are bound by the systems that were in place before OpenEyes. Whilst we are working to convert these systems to OpenEyes, we still currently must send letters by post from some locations.

Over the next three years, we will look to port these systems to our own OpenEyes platform, or engage with the current developers to be able to switch away from paper letters and systems.

We have already identified that communication between some platforms currently happens by printing from one and scanning into another, and so we will be producing a solution for this in the short term. Where documents are being printed for information only, and nothing is being added (such as clinicians notes), we can adopt a download/upload system, and where informal details are being added, we will investigate a device-based system such as a tablet.

In our finance team, we have identified that whilst we have ported some activities to online meetings, we still have a regular need for face-to-face meetings. However, during these meetings we use several printed copies of documents to inform our discussion.

With extra screens or projectors installed in our meeting areas, we can plug in from our laptops to collaborate on documents digitally, and vastly reduce the paper we use in our department.

Many teams, including our board, no longer produce hard copy meeting papers and instead use digital solutions (including dedicated meeting software such as Ibabs and MS Teams) to share and review papers. This development has accelerated as a result of the Covid-19 pandemic.

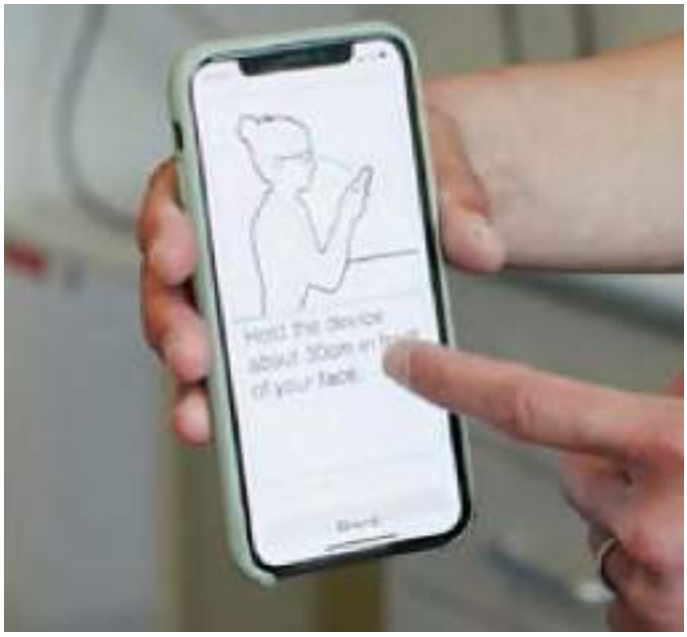
Our finance department have recently partnered with CloudTrade to provide electronic invoices. This has ked to a significant reduction in paper invoices.

On our estate, we will be reviewing all our billing to ensure we are paperless. Where we have equipment that has remote monitoring, we will work with our suppliers to continue to limit their site visits as we have in the last two years. This will continue to minimise the carbon emissions associated with the maintenance of equipment. We are working towards an “only if needed” approach to on site equipment checks implementing more condition-based monitoring into our maintenance regimes, outside of scheduled planned preventative maintenance and failures. Clinical engineering is also reviewing their maintenance regimes, identifying areas where carbon emissions can be reduced, such as working in tandem with clinic downtimes to assist with extending grouping of assets.

In our quality system, we use Tendable, a tablet-based digital assessment tool, to ensure that paper use is minimised. This also helps us keep an accurate improvement trail as we further develop our clinical pathways and procedures.

A pre-selected cohort of Moorfields medical retina patients can now use a smartphone-based app to remotely test and monitor changes in their vision at home, invaluable during the Covid-19 lockdown.

Previously, patients would attend an in-person appointment, but now they can test their own vision at home, with results sent instantly to their clinician. If the tests show any deterioration in the patient’s eye health, an alert is automatically triggered, which allows the clinician to intervene at an early stage of disease progression, with the possibility of a better outcome. We plan to extend the use of this technology to a wider group of patients in the future.



The app allows for self-testing at home that can be shared with the team.

4. Travel and transport

Given the location of our main site, we already have many staff using public transport and cycling to work. We have secure cycle storage, and our main changing rooms have been refurbished in the last two years. We provide access to lockers and showers, and are currently auditing their use.

However, on all of our sites, we have staff that still commute by car. Given that some require parking on another trust's estate, we will be rolling out a staff transport survey to understand the needs and challenges for our teams. This will lead to us being able to effectively engage with host trusts on their travel plans, as well as communicate any travel systems we have in place or are introducing.

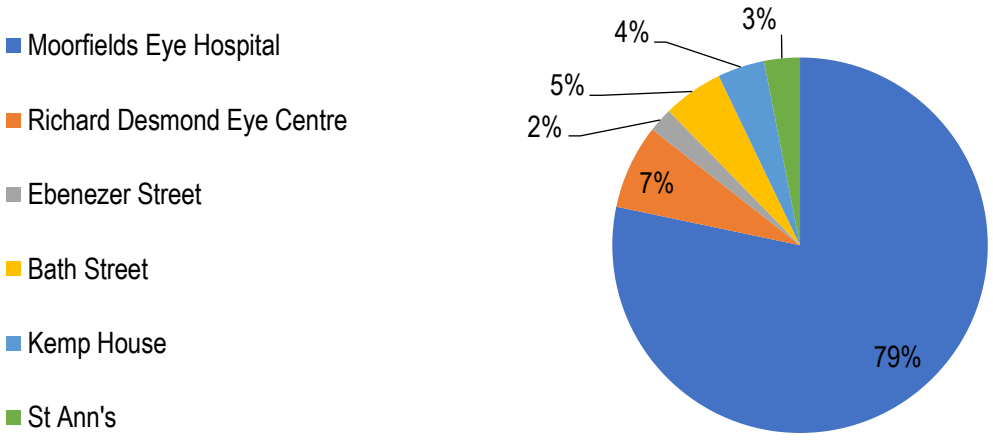
We currently have a cycle scheme that helps staff purchase bicycles, but are aware that we have not yet communicated this well to our staff. This will become part of a new communications plan that we will develop in the next year.

We have a single vehicle that we will look to switch to ULEV or ZEV when the lease expires, and will be installing suitable charging points where needed. However, given our site locations, we expect to be able to use the EV network without having to add many chargers of our own.

After our travel survey, we can understand our carbon footprint of staff and business travel, and will be producing a travel hierarchy to train staff in how we can reduce this.

5. Estates and facilities

Whilst our goal is to move our main site services to Oriel, we are also aware that our current sites can be improved in the short term. We will be producing a new energy and water reduction plan in line with our estate strategy, that will allow us to minimise energy use through efficient use of building controls, upgrades to windows and insulation where practical, and further optimisation of systems such as heating and cooling, utilising modernised controls and practices such as we have in theatres.



Our City Road site accounts for 79% of our building carbon emissions

Whilst we cannot directly affect much on our sites that are hosted by other trusts, we can still provide advice and guidance to our staff to reduce energy and carbon emissions on their estate. Where we identify solutions for energy reduction and decarbonisation outside of our control, we will report this to the estates teams in charge of the site, as an agenda item at our regular building user group or landlord/tenant meeting,

and work with them to develop a solution that helps both to reach our net zero goals. We will also be looking to submeter our sites so that we can understand our usage, and have visibility on reductions through our changes in behaviour.

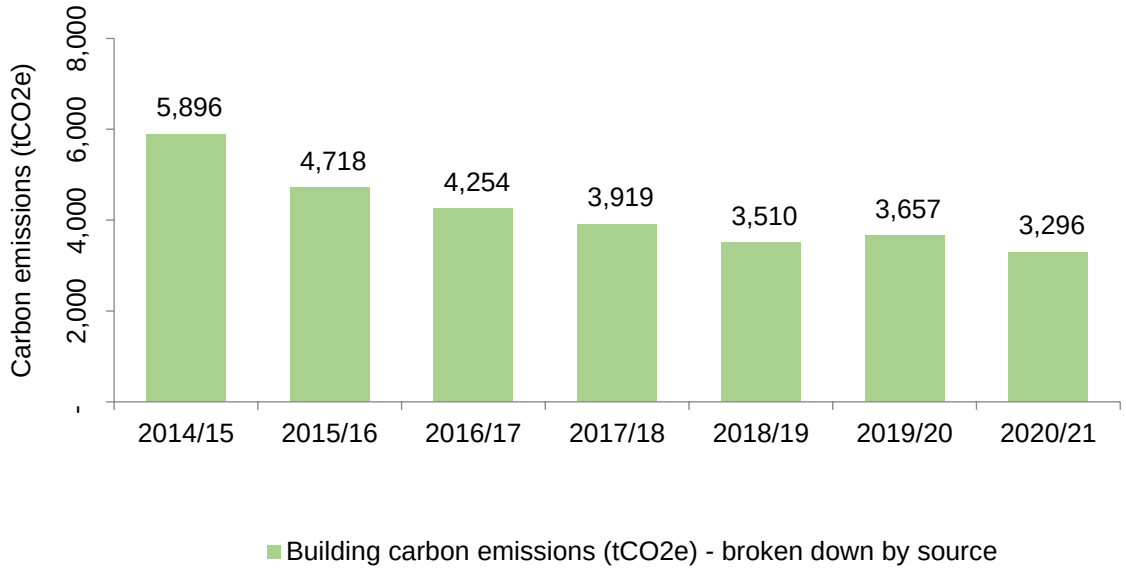
As part of our reduction plans, we will be setting goals for set points and heating and cooling timings, so that savings can be made with minimal investment.

Where we can, we will adjust our heating and cooling policies to account for the changes in our climate. This will ensure that areas are not unnecessarily heated or cooled because of expected changes in weather at certain times of the year, and instead are governed by outside air temperature.

In some areas of our main site, we have lights that can benefit from sensors to produce a saving. We also have some areas such as the paediatric department, where the BMS is 15 years old, and an upgrade would allow more efficient control. This is part of a payback feasibility project.

Where we need to understand our energy use more, we will be strategically submetering areas to understand how best to optimise energy use. We also need to make better use of the existing sub-meters on site which can help us more with evaluating energy saving opportunities.

Although we are moving to Oriel, we continue to undertake projects to ensure we provide a world leading service. This year we have converted some of our office space to clinical areas, with new ventilation plant and LED lighting, and we will be assessing future projects for anticipated energy impacts, be they reductions or increases.



We will be targeting a further 10% reduction by 2025, through reductions made in our control systems and behaviour change of our staff and visitors.

We have already made a 28% reduction from our 2013 baseline

6. Medicines and equipment

Within our specialist field, we have a need for soft and hard contact lenses, solutions for eye inspections and dyes for diagnostics to name a few.

Given that all our medicines and implements need to be sterile, and are currently provided through the NHS supply chain, we do not expect to be able to alter the packaging they currently are delivered in. However, where we identify unnecessary extra packaging, we will be creating a reporting process to inform our supply chain of our recommendations.

One of the main themes of this plan that we have identified is the levels of waste we produce from packaging and single use implements, such as tonometer probes and heads. Because some clinic appointments can involve two or more of these per patient, we will review the benefits of single use vs reusable implements including cost, sterilisation, and practicality. Given that the switch to single use implements was undertaken nearly a decade ago, we are now able to assess whether it is still the best solution.

Likewise, there is significant use of single use instruments and instrument sets in theatres. A sustainability review of their current use (as opposed to reusable instruments), as well as a standard sustainability check for any proposed future implementation, will be an area of focus.

Given our specialty, we supply our patients with a range of equipment for improving their sight, from accessibility aids to glasses and lenses. Over the next three years, we will review the specification of these products to ensure they are being produced using sustainable materials, and whether items such as glasses frames can be recycled.

In anaesthetics, we have already eliminated the use of desflurane gas, which has over 26 times the global warming potential of sevoflurane. Over the next three years, we will work to minimise our nitrous oxide and Sevoflurane use to further reduce our impact, but are conscious that these tools are particularly useful when children require surgery. We will work with anaesthetic groups and charities to ensure that as techniques to replace these are developed, if not by ourselves, we will assess them as suitable alternatives.

We have eliminated desflurane gas from our theatres

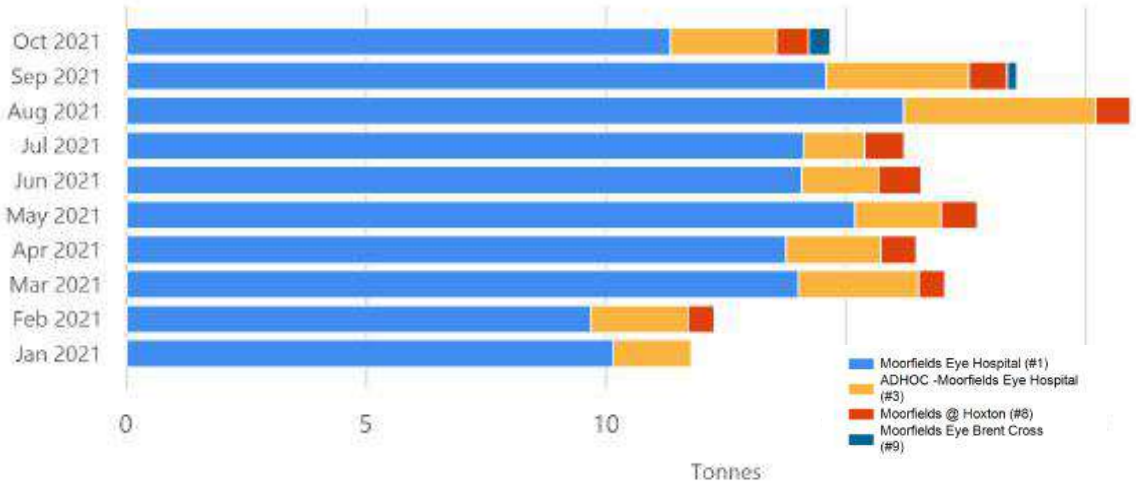
7. Waste

Over the last two years, our attention has been drawn to PPE and infection control. Whilst the NHS has had to act quickly to ensure a supply of cleaning and sterilisation supplies, we are now at a point where we can assess these areas for sustainability and waste reduction opportunities.

We have already identified that the use of scrubs across the trust was unnecessary and now only use them in theatres, reducing waste and cleaning bills for the trust. We have also identified that our cleansing wipes that we use during patient consultations, are available in refillable containers instead of the disposable ones we currently have. We also will look to use a biodegradable version of these wipes, as they are widely used and are currently not recycled. For our sites on host trusts, we will share our choices with them so that we can source these items through their procurement chains.

Our recycling contract is currently up for renewal, and we have a temporary system in place on our main site. However, given the importance of recycling and waste segregation, we will look to provide staff training on this once our new contract is in place. Combined with our single use implement review, we expect to vastly reduce the waste figures we currently have.

Some items do not require a review. We will phase out single use plastic cups as we have identified a suitable paper alternative, and will be asking our on-site partners to review any single use plastics for alternatives.



Once we have our new waste contract in place, we can report monthly on recycling rates compared to total waste

8. Supply chain and procurement

We are a member of a shared procurement service, PPS, who are responsible for procurement and supply chain management for us and three other NHS trusts in north central London. PPS have developed a sustainable procurement policy that aids the trust in improving the environmental credentials of the products and services we buy.

The vast majority of our consumables are purchased through and delivered by NHS Supply Chain. The NHS Supply Chain also have a sustainability plan, working in partnership with the wider NHS to deliver Net Zero targets.

To support this, we will be routinely reporting to the NHS supply chain via PPS with anything we identify to have superfluous or unwanted packaging, or other related opportunities.

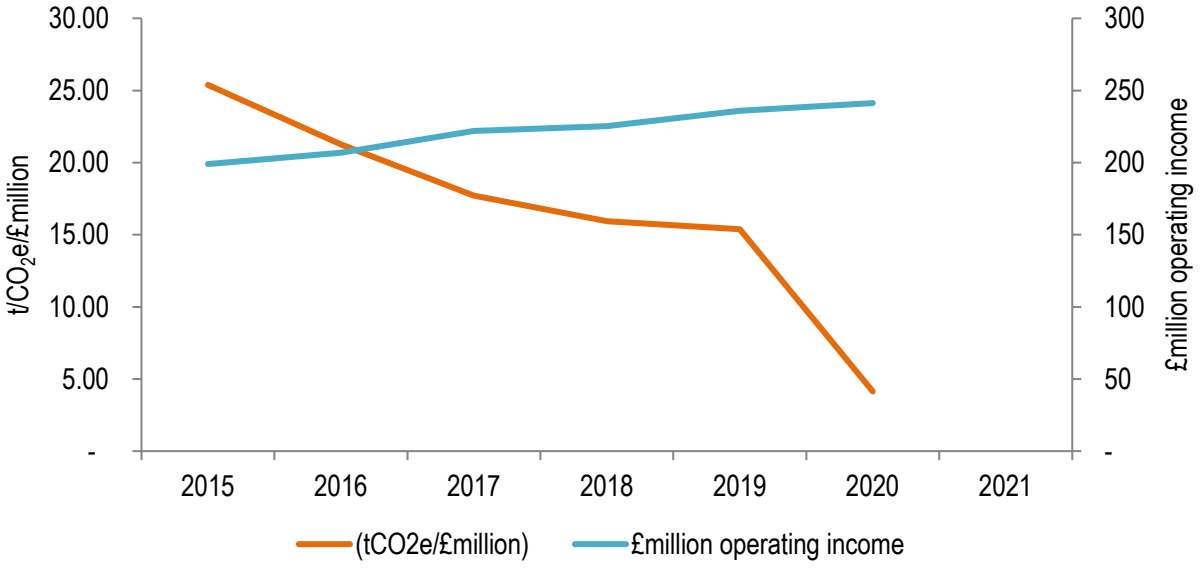
Through PPS and the NHS supply chain, we are now starting to see contracts with social value and sustainability as a scoring criterion, and this will be refined over the next three years by our team and PPS.

The North Central London Integrated Care System (ICS), of which we are members, are also working towards sustainable procurement.

Recently, the ICS level anchor working group has been formed, with us as a committed member, which represents all organisations within the ICS, and whose vision is to embed sustainable procurement and social value within the ICS' day-to-day procurement operations.

Sustainable procurement is defined by the ICS as a process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis. This is used in terms of generating benefits not only to the organisation, but also to society and the economy, whilst minimising damage to the environment.

The ICS have PPS's policy and procedures so that they can be aligned at PPS, ICS, and NHS supply chain levels. The group is now meeting monthly, and we will be working alongside this group at trust level to inspire change.



Whilst our operating income has increased, we have seen a reduction in our building carbon emissions.

9. Food and nutrition

As mentioned in the introduction, our catering partner Gather & Gather offer a 20p discount on drinks when customers use their own cup. They also have an internal sustainability working group and a ten-point assessment of their own practices, so we are confident of their ability to deliver our catering sustainably. We will be engaging with them on sustainable themes over the coming years as we investigate practices such as “meat free” and other theme days.

On our local sites, we have partners that work with the host trusts on sustainability, and will be reviewing their green plans to ensure we have a sustainable food choice for all our staff, not just on our main sites.

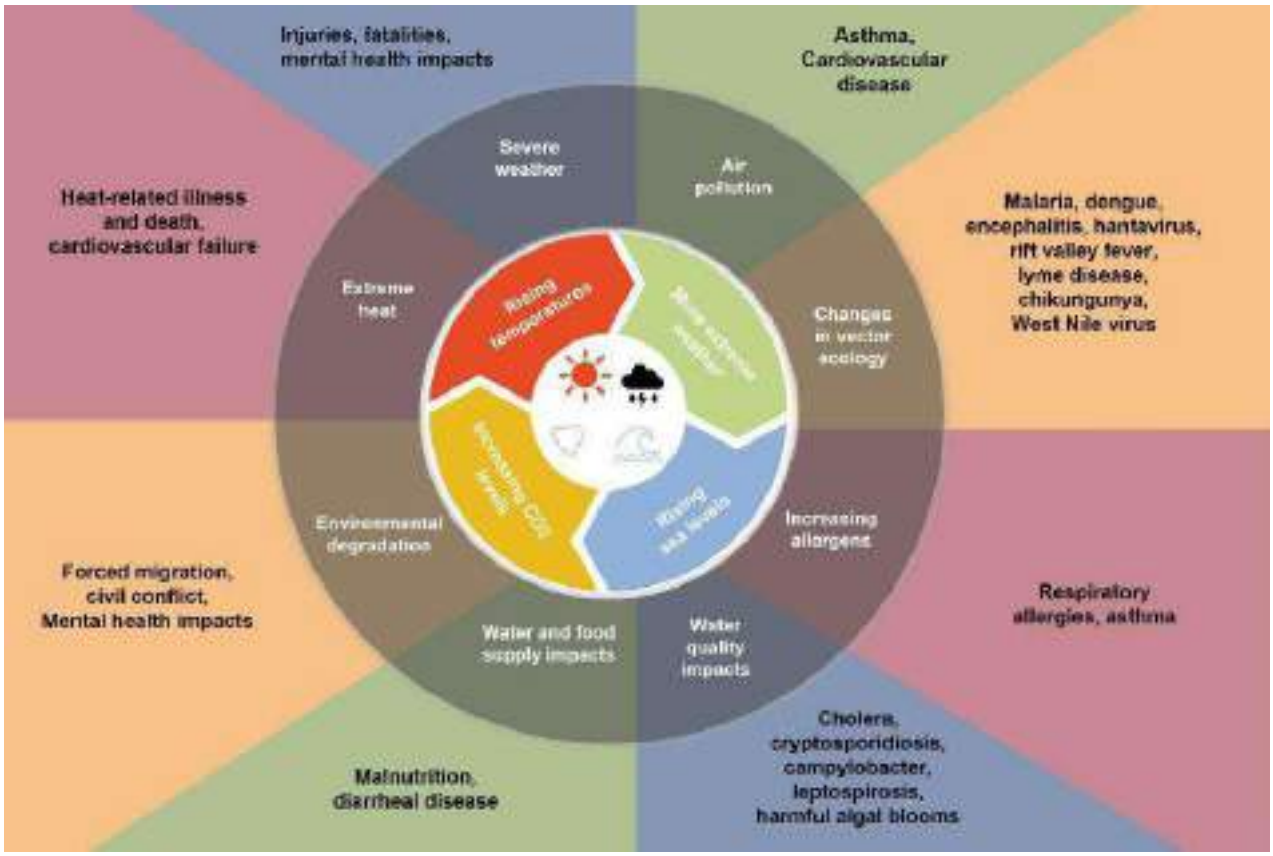
10.Adaptation

As the worldwide temperature increases, changes in local climate carries the risk of affecting our care and services we provide. From snow and heat waves, that can limit a patients' ability to visit our sites, to ice that can be dangerous, particularly for our patients with eyesight limitations, we need to understand what we can do to minimise the risk.

Over the next year, we will develop a climate change risk assessment that covers all our sites, to ensure that we understand the impact the climate has on our ability to provide world leading care.

This will be combined with our current heat wave and extreme weather plans, and will be reviewed regularly within our current risk register.

Possible mitigations will include localised diagnostics and virtual appointments, as well as robust planning for changes we expect in the near future.



11.Communication

We recognise that communicating our sustainability agenda is key, which is why, over the next year, we will develop and roll out our communication package. We also understand that our biggest stakeholders are our patients and staff, and even though we are starting our sustainability journey, many staff have already shown interest in what we do and how.

Internally, this communications programme will include promoting sustainability days and events, sustainability messaging and information on trust progress for key actions in the plan.

We will adopt a "Can we promote this?" approach to all our activities to maximise visibility of the good work we do, and will update our intranet, incorporating a sustainability page.

We will use our lock screens across site for messaging over and above the current email format, and will include sustainability in our newsletters, and will include sustainability stories and news in our magazine.

Currently, we publish our trust magazine three times a year. We have already reduced the print run from thousands to 500 copies, with many of our readers doing so digitally.

Externally, we will "port" our successes in energy and carbon reduction to metrics that our patients and visitors can easily understand. For example, when an LED light can save 40 Watts an hour, we can compare that to boiling a kettle. When we make energy and carbon savings across the trust, we can equate this to cataract operations,

Our communications team work with our researchers to produce stories on innovative equipment and techniques, and in future we will be highlighting any energy or carbon saving features of these technologies.

We also will look to include some parts of our trust that do not access email or use computers regularly as part of their role, such as portering staff. We will be investigating portable media such as podcasts and apps, as well as the possibility of accessing the sustainability page of the intranet on phones. As a communications office, we try not to use printed media in our day-to-day activities, and have been working to reduce the number of printed reports, for example the annual review. Whilst we understand that some reports may need to be printed at times, we know that many printed reports go unused and are then pulped.

We have also adopted a hybrid work from home system ensuring our office is always manned.

Our annual review will now include energy and carbon performance, as well as details of any sustainability activities and energy reduction projects we have completed.

12.Space

Our use of space in waiting areas, clinics, and theatres will need to change to accommodate the physical footprint with Oriel.

We will prepare and undertake a transition plan over the next three years that will:

- Help us understand why we use the space we currently do
- Identify changes in processes and resources we'll need to reduce our space
- Identify risks and mitigations before we move premises, so they can be eliminated

By starting this work now, we can ensure that we are as close to business as usual when we move, saving energy and time so that we can focus on delivery of our service in our new site.

Alongside this, we will be reviewing the rest of our estate under our network site strategy, whose results will inform the first steps of this transition. The aim will be to ensure that key services are functioning optimally when we move to Oriel, with supplementary services being able to support with minimal disruption to staff and patients.

This will have to include a trust review of hybrid working, so that all our workforce understands the best solution moving forward.

Oriel will be a centre of excellence for ophthalmology

13.Appendix -Tracking Progress

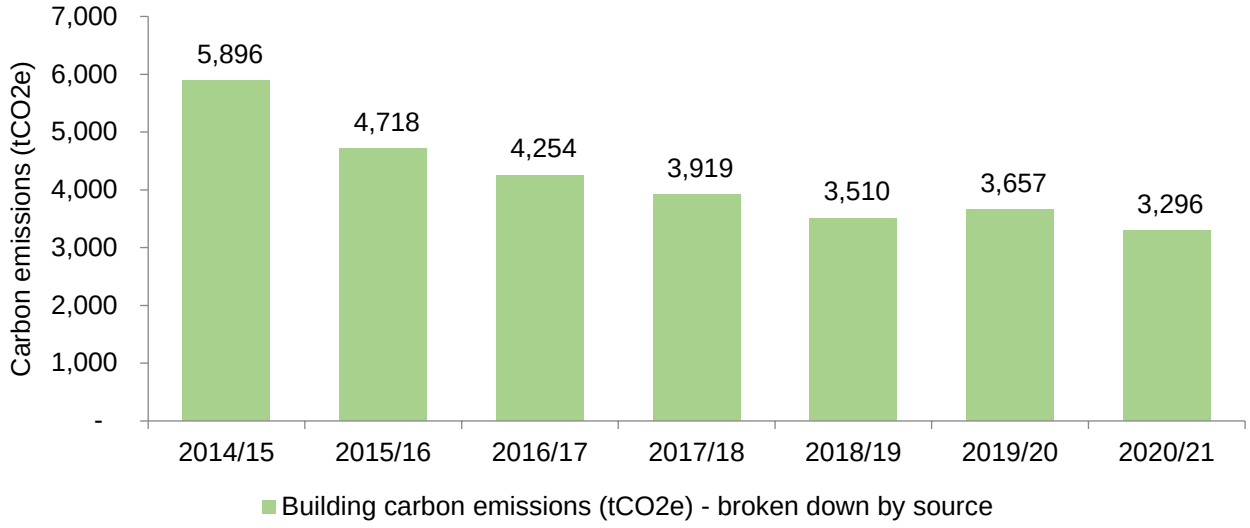
Energy

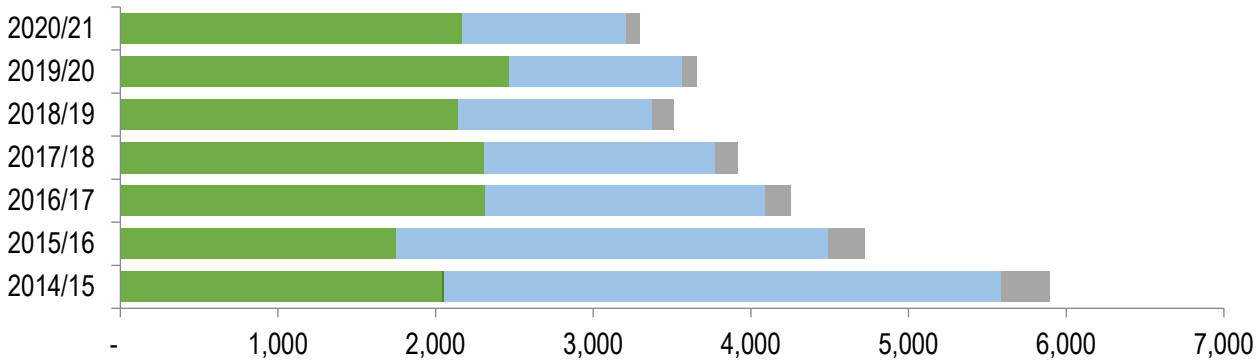
Our latest scope 1 and scope 2 carbon data for our sites is below. We achieved our target of a 28% reduction in carbon from the 2013/14 baseline.

Between March 2022 and March 2025, we are setting ourselves a target to further reduce scopes 1 and 2 by 10% over the three years.

Building carbon emissions (tCO_2e) - broken down by source

		2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Scope 1	Gas	2,038	1,748	2,314	2,306	2,142	2,469	2,168
	Gas Oil	17	-	-	-	-	-	-
Scope 2	Electricity	3,536	2,739	1,779	1,469	1,234	1,095	1,040
Scope 3	Electricity - T&D	305	231	162	144	135	93	88
Total		5,896	4,718	4,254	3,919	3,510	3,657	3,296
Target		5,301	5,212	5,122	5,032	4,942	4,852	4,742





Moorfields Eye Hospital NHS Foundation Trust

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Agenda item 11
BAF summary update
Board of directors 27 January 2022

Report title	BAF and corporate risk register – Q2 2021/22 and Q3 2022/23
Report from	Helen Essex, company secretary
Previously discussed at	With individual risk owners, audit and risk committee
Link to strategic objectives	The board assurance framework links to all strategic objectives

Brief summary of report

The trust's corporate risk register is the means by which the management executive holds itself to account and defends its patients and staff as well as the trust. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care. Along with the board assurance framework, this should support the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities.

Quality implications

The trust must have a robust approach to risk management in order to maintain the highest standards of quality care provided to patients. Identification and mitigation of risk is an important tool in being able to manage events that could have an impact.

Financial implications

There are no financial implications arising from this paper.

Risk implications

As detailed in the paper.

Action Required/Recommendation.

The audit committee is asked to note the report and discuss risk updates.

For Assurance	✓	**For decision**		**For discussion**	✓	**To note**	

Board assurance framework executive summary report
July 2021 – December 2021 (Q2 &Q3 2021/22)

1. BAF analysis and summary of changes

The top-rated risks to achieving the strategic objectives are as follows:

1. Impact of Covid-19 in all areas of the trust and on the wider system as a whole.
2. Delivery of our long-term plan for a new centre for research, education and clinical care.
3. Financial impact of COVID and future planning.
4. Recovery of clinical services.
5. Robust workforce planning.
6. Staff health and wellbeing.
7. Attraction of sufficient research funding.
8. Digital infrastructure.
9. Growth in commercial activity.
10. The risk of cyber attack.

All have been identified as risks that will have a significant impact on the delivery of patient care, the patient and staff experience, the financial sustainability and reputation of the trust or a combination of these. The identified areas are those that require the most focus from the Board in terms of scrutiny and provision of assurance from the executive team. Particular attention is also being given to those risks that are not wholly within the trust's control to mitigate and a strategy developed as to how to manage such external factors.

1.1 Amendments made in these quarters

Covid risk from 4x2 (8) to 4x4 (16) – although the trust has robust protocols and procedures in place that have been embedded and are working effectively, the emerging risk of the Omicron variant is likely to significantly impact the workforce and NHS as a whole.

The following risks have had their score reduced due to mitigating actions in place:

Oriel risk from 5x3 (15) to 5x2 (10) – the two key gaps in control have been addressed (surety over the proceeds from the sale of City Road and the approval of the UCL FBC). The key risk now relates to completion and approval of FBC but a number of the outstanding risks have been mitigated, and in particular the programme risk with a potential 12-month programme improvement.

Workforce plan risk from 4x4 (16) to 4x3 (12) due to increased assurance following work done on workforce modelling in conjunction with E&Y.

Commercial activity risk from 4x3 (12) to 4x2 (8) – at the moment all commercial activity is on plan to achieve year end trajectories. There are a number of initiatives in place that should have a positive impact on commercial income.

Financial regime risk from 4x4 (16) to 4x3) 12 – high level plans for H2 have been provided and a continuation of the current arrangement. Risk to be reviewed again once regime for 22/23 is known.

1.2 Risks added in these quarters

No risks have been added.

1.3 Risks removed in these quarters

No risks have been removed.

1.4 Emerging concerns from the corporate risk register

A number of risks have been escalated from divisional and corporate services risk registers and are under consideration for inclusion.

Vaccination as a condition of deployment poses a potentially significant risk to the trust and an impact on workforce, teams and ability to provide a service to patients.

Tissue availability – this risk has two elements; the worldwide shortage of available tissue and its impact and the escalation process by which PPS notify the trust when there is a tissue shortage. This has been escalated from the City Road risk register. It is suggested that this be included on the residual risk register as there is no intervention required at this stage.

Vacancies in theatre nursing – for City Road and Moorfields private.

If the **outsourced payroll provider** does not provide a robust and efficient service then this may lead to increased numbers of claims and queries putting pressure on the HR team and leading to significant financial and reputational risk.

Board Assurance Framework (BAF)

December 2021

Risk Scoring Matrix and Colour Codes					
	Likelihood				
Consequence	1. Very Unlikely	2. Unlikely	3. Likely	4. Very Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

Risk score:	Strategic Outcome:	Risk description:	Lead:	Lead Committee/s:
16	We will have an infrastructure and culture that supports innovation	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.	Chief information officer	Capital scrutiny committee and management executive
16	All strategic objectives	If the trust is unable to appropriately manage the 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.	Chief operating officer	Management executive
16	We will have an infrastructure and culture that supports innovation	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.	Director of quality and safety	Audit and risk committee
15	We will be at the leading edge of research making new discoveries with our partners and patients	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	Director of R&D	Strategy and commercial committee BRC monitoring group
10	We will have an infrastructure and culture that supports innovation	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.	Director of strategy & business development	Capital scrutiny committee
12	We are able to deliver a sustainable financial model	**Future funding models** for the second half of the year remain unknown and are likely to be a variation of the current block funding methodology put into operation from April. The addition of a marginal rate for material activity variations is also considered possible. This approach therefore marks a potential significant shift since the introduction of Payment by Results in 2004.	Chief financial officer	Management executive
12	We will attract, retain and develop great people	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.	Director of workforce & OD	People committee
12	We will be enterprising to support and fund our ambitions	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 as having an impact on the assumptions for Oriel.	Chief financial officer	Strategy & commercial committee
12	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	If the **recovery of clinical services** post-COVID 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.	Medical director	Quality & safety committee
12	We will attract, retain and develop great people	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 an impact on staff morale.	Director of workforce & OD	People committee

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 12

Report from the QSC

Board of directors 27 January 2022

QUALITY AND SAFETY COMMITTEE
SUMMARY REPORT

18 January 2022

Committee Governance	• Quorate – Yes • Attendance (membership) – 100% • Action completion status – 100% • Agenda completed – Yes
Current activity	**Serious Incidents:** The committee received two reports, both concerning incorrect IOL insertions (City Road, and Potters Bar). The common themes were discussed including the issue of complex patients moving from one site to another and whether that supported the best possible care and also lens availability, the importance of a common pathway, and the need to make the choice of lens earlier in the pathway. The introduction of the Barrett formula was also discussed. The committee also received the SI progress tracker. **COVID-19 Impact:** Staff sickness levels overall had increased (but not substantially) and there were some hotspots. The trust had not been asked to provide mutual aid in terms of staffing. Moorfields may still need to move patients from other trusts as we have been doing over previous months. As a result of the improving situation, the focus now is on increasing productivity. **Infection control & vaccination booster**: the committee received a summary focused on the recently updated COVID-19 guidance. It was noted that the IPC Board assurance and visiting healthcare guidance have been updated. International travel guidance and PCR testing requirements have changed. The vaccine rate is 89.1% (first dose), and 74% (booster). For the flu vaccine it is 51% for all staff (the London average is 45.5%). **CITO referral system**: Good progress has been made with reviewing all affected referrals and is anticipated that the remaining referrals will be reviewed by the end of January 2022. Of the referrals reviewed, 123 had been identified as potential harm; of these 55 were subsequently declared as no harm. It is intended to see all affected patients by the end of February 2022. The committee was also informed of the mechanisms in place to oversee the on-going safety of the CITO system. **EBME**: The committee received a detailed presentation from EBME setting out its core responsibilities and duties, the governance arrangements, and the standards and regulations governing the function. There was a particular focus on the 5-year capital replacement programme (including the results of a recent audit), the improved relationships with information technology, and also the impact of risk and safety and safeguarding. The item concluded with a look at future challenges and opportunities.

	Fire Safety: The issue of fire warden training was highlighted and discussed. Consideration is being given to making this training 2-yearly instead of the current annually. Fire safety would be discussed again at the next meeting. **Quality & Safety**: this included a Q3 Quality and Safety Report, the Q3 Quality and Safety Report from UAE, Q3 Complaints Report and the WHO audit reports for Q2 and Q3. There was discussion about the complaints figures and whether the trended increase was continuing. It was reported that these had decreased in Q3 as had PALS contacts. The Q&S update concentrated on the draft quality priorities for 2022-23 and the process to develop these. **Summary reports from committees:** summary reports of the following committees were received: • Risk and Safety Committee (meeting on 15/12/2021) • Clinical Governance Committee (meeting on 22/11/2021) • Information Governance Committee (meeting on 23/11/2021)
Key concerns	• The two SI incident reports identified possible transcription errors (use of '+' and '-'). They also highlighted issues about complex patients moving from one site to another, and the complex pathway. • Staff sickness (including as a result of COVID-19) was around 6%; there were particular 'pockets' where the impact is more greatly felt. • The impact of the mandatory VCOD (vaccination) programme was discussed. Given the February target date for staff to receive the first dose of vaccine, concerns were expressed about any impact of non-vaccinated staff on particular departments. Potential higher impact areas include technicians and administrative and clerical staff. This is being risk assessed and managed. • Although there are additional checks in place to oversee the on-going safety of CITO, these can only provide a certain level of assurance. The aim is to move to ERS as soon as possible. • Concerns have been raised about the implementation of CITO. An end-to-end review of this is underway, and lessons learned will be shared; some have already been shared ahead of any formal report. • As part of an EBME presentation, it was recognised that there are challenges around on-going training to ensue equipment is used safely. Discussions with Learning and Development about this are on-going. • The challenges of running fire drills for Moorfields staff at non-Moorfields sites was raised. Normally, these are run in conjunction with the trusts; Mile End and Potters Bar have suspended their fire drills as a COVID-19 measure.
Escalations	• Mandatory vaccination of staff as a condition of deployment through VCOD, particularly in terms of upcoming deadlines and the potential impact on parts of Moorfields. • Moving away from the CITO referral system to ERS as soon as possible.
Date of next meeting	8th March 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 13
Report of the audit and risk committee
Board of directors 27 January 2022

Report title	Report of the audit and risk committee
Report from	Nick Hardie, chairman, audit and risk committee
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We are able to deliver a sustainable financial model

Brief summary of report

Attached is a brief summary of the audit and risk committee meeting that took place on 19 January 2022.

Action Required/Recommendation.

- The Board is asked to NOTE the report of the audit and risk committee and gain assurance from it.

For Assurance	✓	**For decision**		**For discussion**		**To note**	✓

AUDIT AND RISK COMMITTEE SUMMARY REPORT – 19 JANUARY 2022	
Governance	• Quorate – Yes • Attendance (membership) - 100%
Current activity (as at date of meeting)	**Internal audit** • RSM completed five reports, four of those with an opinion of reasonable assurance but a partial assurance report on theatres management. • *Divisional performance* – good progress made but need to make sure there is clear accountability for actions and in particular from meeting to meeting. • *Covid-19 recovery* – positive in terms of how the waiting lists were drawn up and taken forward but not always clear to see how harm would be assessed so this area needs some focus. • *Theatres management* – some issues relating to how timings are input on Galaxy, which can undermine the ability to get accurate reporting provided to teams. There could also be better alignment between MEH private and NHS teams. Changes will need to be in place before the revised structure is implemented and embedded. • *Data quality and performance* – this audit looked theatre cancellation rate, PCR rate and appraisal rates. The trust has a strong data assurance framework. Appraisal is hindered by assurance over the quality of the data. There are still some manual systems in place as well as the e-appraisal system and it is not as easy to determine the quality of appraisal. • *Key financial controls* – the opinions on this were split out into substantial on treasury and financial ledger and reasonable on AP/AR and payroll. The audit found potential areas for improvement on the processes for new suppliers and supplier amendments and obtaining evidence about leavers and how any reimbursement on annual leave is calculated. • The internal audit plan has progressed well and the remaining reports will be issued to the next meeting head of internal audit opinion in time. • Discussion took place about the management of contracts and the potential option to put in a business partnering arrangement to provide additional support to departments in managing and monitoring performance. • The Covid recovery report identifies the issues surrounding waiting lists and it will be important to think about how to conduct ongoing assessments of harm. • Issues identified as part of the theatre management report will be monitored through QSC unless there is a heightened level of risk. • The report will form part of the induction for the new leadership team to make sure the learning from the report is not lost. **External audit** • Work is yet to start for 21/22. The timetable now confirmed for accounts submission and audit sign off this year and 22 June 2022 is the deadline for reports to be submitted to NHSI/NHSE. **Local counter fraud services** • The fraud prevention guidance impact assessment has been approved and submitted. • The fraud and bribery risk assessment has also been completed and this will inform the direction of all counter fraud activities going forward. • Transfers of value/gifts and hospitality from the pharmaceutical industry is an area of focus as we need to make sure staff are complying with all relevant guidance. • A range of activities were delivered during international fraud awareness week. • There have been two new referrals and one ongoing investigation.

	• Emerging risks relate to incidences of fraud getting busier over Xmas and using Covid as a fraud technique but there have been no losses attributable to the trust. *Benchmarking report* • Single tender waiver activity – this report is useful for raising questions but every organisation has their own standards in their SFIs. • The trust has higher incident rate of SFIs with comparable organisations although it was acknowledged that there are various reasons why a tender process migth not take place but there is work to do to review, particularly in areas where there is a sole supplier. • Important to establish when is it worthwhile to fully market test and what is the situation with supplier relationships that might have an impact. *Salary overpayments* • Specialist resource has now provided some root cause analysis data on each overpayment so there is more granular detail. • This assists with contract management and being able to address any performance issues with SBS. • An action plan is in place with a clear path for each of the different causes which is being taken through divisional/operational management teams. • There has been slippage on ESR functional training and ESR manager access issues. • Actions have been agreed on legacy cases which have reduced due to additional resource. • This has increase in the value of debt that is sitting with SBS as the team is unblocking some of the key issues that are now waiting to be dealt with as overpayments. **Job planning** • There is a job planning round under way and this will close in March. There is a validation exercise to take place with a view to getting to 100% by May which is aspirational. • Accountability needs to move from an individual to a range of service directors who need to support clinicians in developing plans that contain useful information and can be used effectively across the organisation to inform planning. • Resources are required to develop a proper functional system as well as clinical leadership and support for consultants. • The list of dependencies needs to be used to build a business case and to align the resources with trust priorities. • It was agreed that this should be a priority that is resourced for next year. **Board assurance framework** • The Covid risk increased due to Omicron although this has not proved to have a significant impact. • Oriel risk has decreased due to mitigations on two of the key controls. • Theatre nursing and theatre manager issues – potential clinical governance issue.
Key concerns	• Prioritisation and resourcing required for job planning • Recruitment impacting a lot of risk areas although noted that this is an issue across the NHS
Items for discussion outside of committee	• Agree tolerance levels for salary overpayments, dashboard and KPI developments, explore alternative contract arrangements and infrastructure required to support • Alignment of BAF with transformation objectives
Date of next meeting	• 12 April 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 14
Report of the people committee
Board of directors 27 January 2022

Report title	Report of the people and culture committee
Report from	Vineet Bhalla, chairman, people and culture committee
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people

Brief summary of report

Attached is a brief summary of the people and culture committee meeting that took place on 18 January 2022.

Action Required/Recommendation.

Board is asked to:

- Note the report of the people and culture committee and gain assurance from it.

For Assurance	✓	**For decision**		**For discussion**		**To note**	✓

People & culture committee summary report – 18 January 2022

Governance	• Quorate – Yes • Attendance – 100%
Discussion points	**Transformation programme** • The trust is currently working together the framework of an overarching transformation programme. • The work streams will comprise of Oriel, network strategy, clinical pathways, workforce, digital, development and the emerging landscape. • The executive team has approved a business case for a central PMO to start building and getting a team in place by April/May. • Workforce is an enabler that cuts across all the other themes and programmes. • The workforce transformation group looks at the infrastructure that supports the improvement programme and the QSIS team have focused on the long term plan for theatres, patient engagement and communication and small scale digital changes but will move to a more proactive response to the challenges. • All programmes need to progress a set of objectives and the workforce objectives need to be at the forefront of how the PMO is established. • The people committee will validate those objectives and then measure progress. **Oriel workforce planning** • The trust is currently working on the FBC and the core set of assumptions that sit underneath that relate to workforce. • The trust has worked with E&Y and each of the main services in order to revisit clinical pathways and it has become clear that Covid had acted as a catalyst for some of those prior assumptions. • Work is now taking place to validate each set of core assumptions and appropriately categorise them. • There was general agreement that there could be confidence in those assumptions that have emerged from the workshops done held with a wide range of staff although there will be some flexibility and change required as things progress. • It was also agreed that it will be important to put in place a mechanism to make sure escalation is in place if things are going off track. **Subgroup updates** *Workforce transformation* • There will be an opportunity to realign subgroups and think about the core workforce priorities over the coming months. • A strategic review of fellows will take place to review how they are remunerated. • Physician's associates – there is a pilot programme in place that will focus on anaesthetic and A&E support in the first instance. *EDHR Steering group* • The group signed off the EQIA for VCOD via the staff networks. • Lack of resource was escalated as well as providing protected time for the key roles in the staff networks to help them grow their membership and increase their impact. • The difference in the experience of colleagues based on race and ethnicity is concerning and needs careful focus.

	• Executive visits have been well received and meet staff where they are to hear issues that are important to them. • Critical relationships tend to be with the line managers and the trust relies on forms of central communication so better local communication channels are needed. • Teams need to reflect on how they are doing as well as what they are doing and be equipped to tackle poor behaviour when it is seen. • Currently in the process of developing an admin network for a group that has not previously had much agency. *Health and wellbeing* • A set of strategic priorities have been developed that focus on our investment in mental, emotional and physical wellbeing. • There are a clear set of deliverables for this calendar year. • Some of the priorities are foundational such as facilities. • Other key areas are psychological support as well as menopausal awareness and support. • Agreed that it is important to manage people's energy but also their purpose. **Escalations from other committees and board** *FTSU executive walk rounds* • A programme has been put in place to increase executive visibility and ensure people feel able to raise concerns when they are worried. • This is critical to avoid having a negative speak up culture and to improve the staff experience. • It is also important to give people a level of confidence that action is taken when they raise issues or that there is a feedback loop in place if no action is taken. • Executive visits need to happen with frequency although should not undermine local line managers. *Vaccination as a condition of deployment* • The committee discussed the issue of compulsory vaccination for frontline staff as legislation has been passed by parliament and will have an impact on all NHS organisations. • The committee went through the project plan which includes data quality, governance, health and wellbeing, engagement and links with trade unions. • There is already an operational governance process to management executive and the board will be kept informed as to progress.
Key concerns	• From an overarching perspective it will be important not to derail the trust's long term objectives and be agile in how we react to immediate needs. • More thorough proposals required on agile working to come back to the committee. • Lack of material change to results on bullying and harassment, need to review how this is monitored.
Date of next meeting	• 17 May 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 15

Committee terms of reference

Board of directors

27 January 2022

Report title	Committee terms of reference – 2021 review
Report from	Helen Essex, company secretary
Link to strategic objectives	This paper links to all strategic objectives

Brief summary of report

The paper presents updated committee terms of reference for approval at the board. All terms of reference have been reviewed by the respective committee and are reviewed on an annual basis.

Quality implications

The board must be satisfied that is assured about all aspects of trust business, and particularly in the areas of patient safety, patient experience and clinical effectiveness and financial/commercial operations.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

The board holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. The board must have assurance that the trust has in place a framework that allows appropriate discussion and scrutiny of any issues that present a risk to the trust.

Action Required/Recommendation

The board is asked to approve the terms of reference for the following committees:

- Audit and risk committee
- Finance committee
- Strategy and commercial committee
- People and culture committee
- Capital scrutiny committee
- Quality and safety committee

For Assurance		**For decision**	✓	**For discussion**		**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

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Audit and risk committee – terms of reference

Authority	The audit and risk committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf. The committee is empowered to initiate investigations and other reviews as it considers necessary to provide necessary assurance. These terms of reference have been approved by the board and are subject to annual review.
Purpose	The purpose of the committee is to review the effectiveness of the trust's corporate governance and internal control systems, and report to the board on its findings. Details of its responsibilities are set out below. • external and internal audit arrangements, • the annual report and accounts, • financial and IT systems and processes, • robustness and reliability of financial and other information, • risk management and other controls, • counter-fraud prevention and detection.
Membership	The members of the committee will be appointed by the board, as follows; • Three non-executive directors (including the chair of the quality and safety committee), one of whom shall be nominated as chair
Quorum	The quorum will be two members
Attendees	The following will also regularly attend the committee; • Chief financial officer • Financial controller • Company secretary • External auditor • Internal auditor • Local counter-fraud specialist Others may attend as agreed by the committee chair as necessary. The chief executive will be invited to attend the committee on an annual basis in order to provide assurance in relation to his responsibilities as the Accounting Officer. This should be the same meeting during which the review of the annual accounts and report takes place.

	The committee shall meet at least once a year separately with internal audit and external audit with no trust officers present.
Frequency of meetings	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any year.
Duties	The committee can only carry out functions authorised by the board, as referenced in these terms of reference. **Delegated Functions** The committee will carry out the following on behalf of the board: • review waivers to the standing financial instructions (including single tenders), to ensure they are reasonable and do not represent a significant weakening of internal control • review write offs to ensure they represent value for money and do not represent a significant weakening of internal control • review and approve the internal audit plan • Carry out 'deep dives' as appropriate **Assurance Functions** The committee will carry out the following functions to provide assurance to the board: **Financial reporting** • through meetings with management and the external auditors, ensure the annual report (including the annual governance statement) and financial statements of the trust o are complete o consistent with the information known to the committee and the external auditors o reflect current accounting policies and principles, o comply with statutory and legal requirements and accounting standards • review the extent to which financial, performance and other information for decision making is effective, robust, comprehensive, timely and up to date **Internal control and risk management** • assess the effectiveness of the trust's internal control systems, including financial, operational and risk management controls • review the effectiveness of the work of the quality and safety committee in ensuring an independent review of the annual quality report (quality account) • review on a regular basis the trust's risk management framework and the management controls and procedures in place to manage risk

	• undertake an annual assessment of risk management before submission to the trust board, in the context of the annual report and financial statements • review on a regular basis the board assurance framework and interrogate specific risks as requested by the board or as identified by the committee • oversee the operation of the trust's declaration of interests, gifts and hospitality policy • oversee the local security management service **Internal auditors and counter-fraud** • ensure that the trust has appropriate and effective internal audit arrangements that meet the requirements of NHS internal audit standards and are suitably independent [i] • monitor the implementation of the audit plan, reviewing internal audit recommendations, management responses and monitor the implementation of actions • evaluate the performance of the internal auditors and value for money • monitor and review the findings of the local counter-fraud specialist function including an annual report of counter-fraud work undertaken **External auditors** • ensure that the trust has appropriate and effective external audit arrangements that meet the requirements of NHS external audit standards and are suitably independent[ii] • make recommendations to the membership council in relation to the appointment, reappointment and removal of the external auditor • oversee the tendering process for new external auditors • approve the external audit plan • review the performance of the external auditors and evaluate their performance and value or money • meet formally with the external auditors, review the annual management letter and management's responses and report matters of significance to the board **Other duties as agreed by the board** • Exceptional items explicitly requested by the board that fall outside the terms of reference
Reporting and review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request.

	The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.		
Sub-committees	There are no sub-committees of the audit and risk committee.		
Meeting administration	The executive lead for the committee will be the chief financial officer. The secretary for the committee will be the company secretary. The secretary's role will be to; • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors		
Date approved by the board	January 2022	**Date of next review**	January 2023

Standing financial instructions and scheme of delegation

https://eyeq.moorfields.nhs.uk/download.cfm?doc=docm93jijm4n815.pdf&ver=8492

[i] https://www.nao.org.uk/code-audit-practice/wp-content/uploads/sites/29/2015/03/Auditor-Guidance-Note-01-General-Guidance-Supporting-Local-Audit.pdf

[ii] As above

Moorfields Eye Hospital NHS Foundation Trust

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Capital scrutiny committee – terms of reference

Authority	The CSC is a formal sub-committee of the board of directors. It is authorised to provide assurance to the board that the trust's capital programme is appropriately managed. This includes assurance on delivery (in time and budget) of the joint Moorfields/UCL project, Oriel. The CSC is authorised to create (and disband) sub-committees to review in detail relevant aspects of the trust's capital programme.
Purpose	The purpose of the committee is to provide advice and scrutiny to the trust board on all capital investment projects above £1m. The committee will be 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).
Membership	The members of the committee will be as follows; • Three non-executive directors (including the chair of the audit and risk committee), one of whom shall be nominated as chair • The chief financial officer • The director of strategy & partnerships
Quorum	The quorum will be three members, and the quorum must include one executive and one non-executive.
Attendees	Other attendees will be: • The director of estates, capital and major projects • The chief information officer Others may attend as agreed by the committee chair as necessary, including individuals with relevant industry experience to provide challenge and/or advice.
Frequency of Meetings	The committee will meet at bi-monthly per year and members are expected to attend at least 75% of meetings in any financial year.
Duties	The committee can only carry out functions authorised by the board, as referenced in these terms of reference. **Delegated Functions** The committee will carry out the following on behalf of the board: • review capital programmes with a total value >£1m in order to assure the trust board of appropriate executive management review key assumptions and methodologies used to inform the trust's capital programmes with a total value >£1m **Assurance Functions** The committee will carry out the following functions to provide assurance to the board:

	Project management • review and assess the trust's logic linked schedule(s) and individual project programmes/timelines • challenge any changes or slippage to agreed project programmes/timelines • receive cost and progress update; review cost vs plan and trends of costs (see risks below) • evaluate the business requirements and business cases for any capital project prior to review by the strategy & investment committee • review the whole life cycle of the trust's capital programme • recommend any material changes required to capital programme to the strategy and investment committee • review risks identified in relation to the trust's capital programme (as well as individual projects) to ensure appropriate management and mitigating activities are in place • review benefits identified in relation to the trust's capital programme (as well as individual projects) to ensure appropriate management activities are in place to deliver agreed benefits • monitor the implementation of strategic plans and the annual plan **Financial reporting** • assess financial performance of all capital programmes >£2m against agreed project budgets • assess affordability of the trust's capital programme, in light of market values and trends • provide scrutiny of affordability, value for money and cost trending/contingency attrition of all capital programmes >£2m
Reporting and Review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request. The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.
Sub-committees	There are no sub-committees of the capital scrutiny committee.
Meeting administration	The non-executive director will chair the meetings. The lead executive for the committee will be the director of estates, capital and major projects and the secretary will be the company secretary. The secretary's role will be to; • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)

	• Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up		
Date approved by the board	January 2022	**Date of next review**	January 2023

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Finance committee - terms of reference

Authority	The finance committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf. These terms of reference have been approved by the board and are subject to annual review.
Purpose	The purpose of the committee is to review, on behalf of the board, the following key areas; • financial policies • financial performance and delivery of the trusts budget
Membership	The members of the committee will be appointed by the board so that there is a majority of non-executive directors over voting executive directors, as follows • Three non-executive directors, one of whom shall be nominated as chair • Chief financial officer • Chief operating officer
Quorum	The quorum will be three, including two non-executive directors
Attendees	The following will also regularly attend the committee; • Chief executive • Deputy chief financial officer Others may attend as agreed by the committee chair as necessary.
Frequency of meetings	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any year.
Duties	The committee can only carry out functions authorised by the board, as referenced in these terms of reference. **Delegated Functions** The committee has no delegated functions **Assurance Functions** The committee will review the following to provide assurance to the board: **Financial policies** • financial and accounting policies and relevant processes • the methodologies used to assess business cases and other investments **Financial planning** • the financial aspects of the trust's annual business plans and the annual plan prior to submission to the board for approval; • the assumptions underlying budgets and plans • scenario planning and stress testing of plans • financial forecasts, including outturn and cash flow • test the affordability of major schemes **Financial performance**

	• financial performance, including in depth analysis of income, expenditure, capital and cash • effectiveness of the trust's investments referring any issues to the strategy and investment committee • the development, management and delivery of cost improvement schemes **Financial Stewardship** • financial stewardship of assets and liabilities, including contingent liabilities **Other** • specific risks on the corporate risk register allocated by the board **Other duties as agreed by the Board** • Exceptional items explicitly requested by the board that fall outside the terms of reference		
Reporting and review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request. The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.		
Meeting administration	The lead executive for the committee will be the chief financial officer and the secretary for the committee will be the company secretary. The secretary's role will be to; • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors		
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Strategy and commercial committee – terms of reference

Authority	The strategy and commercial committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf. These terms of reference have been approved by the board and are subject to annual review.
Purpose	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 in SFIs • oversight of the research strategy carried out by and for the trust • oversight of the education strategy carried out by and for the trust • oversight of all commercial activity and areas of income generation
Membership	The members of the committee will be appointed by the board and have a majority of non-executive directors over voting executive directors, as follows; • Five non-executive directors (including the trust Chairman), one of whom shall be nominated as chair • Chief Executive • Chief Finance Officer • Medical Director
Quorum	The quorum will be three members, including two non-executive directors
Attendees	The following will also regularly attend the committee; • Director of strategy and partnerships Others may attend as agreed by the committee chair as necessary.
Frequency of Meetings	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any financial year.
Duties	The committee can only carry out functions authorised by the board, as referenced in these terms of reference. **Delegated Functions** The committee will carry out the following on behalf of the board; • Approval of business cases with a maximum of £2m (capital) as specified in standing financial instructions • Ratification of contracts between £1.5m and £2m (revenue) • Approval of variations to contracts with a maximum of £2m (revenue) **Assurance Functions** The committee will review the following to provide assurance to the board;

	• the development of the investment strategy of the trust for approval by the board • business cases over £2m prior to consideration by the board, in line with standing financial instructions • complex or critical business cases below £1m (capital) or below £1.5m (revenue), as referred by the chief executive • contracts awarded outside standing financial instructions in excess of £1m • specific risks on the corporate risk register allocated by the board **Other duties as agreed by the board** To develop guidance and provide advice to the executive in key areas of strategic development, including (but not limited to): • Commercial strategy (including Moorfields Private, international, and UAE) • Research strategy, intellectual property and income generation • Education strategy and income generation • New collaborative or commercial partnership opportunities
Reporting and Review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request. The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.
Sub-committees	The committee has established the following sub-committees to help fulfil its duties. • Joint research strategy committee (joint committee with UCL) • Data commercialisation subgroup • BRC monitoring group Terms of reference of sub-committees will be approved by the committee. Regular updates to the committee will be produced to provide assurance or request support. Efforts should be made to avoid duplicating items and discussions at the committee meeting that have taken place in sub-committees. Sub-committees will be subject to annual review against their terms of reference and reported to the committee in time for them to be included in the committee's own review of its effectiveness.
Meeting administration	The lead executive for the committee will be the chief executive and the secretary for the committee will be the company secretary. The secretary's role will be to; • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting.

	• Ensure actions are captured, notified to relevant staff and followed up Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors		
Date approved by the board	January 2022	**Date of next review**	January 2023

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People & culture committee - terms of reference

Authority	The people & culture committee is a formal committee of the board and is authorised to either provide assurance to the board or carry out delegated functions on its behalf. These terms of reference have been approved by the board and are subject to annual review.
Purpose	The overarching purpose of the committee is to gain assurance, on behalf of the board, that the Trust workforce can deliver current and future quality healthcare. This is broken down into the following areas: 1) Workforce Transformation: strategic alignment with trust strategy and progress with delivery of strategy covering: • the alignment and effectiveness of the workforce strategy with the overall strategy for the Trust and the wider NHS • the effectiveness of the Moorfields team to deliver the workforce strategy (including any new operating model) 2) Education and training* covering: • the strategic alignment of the development of the Trust workforce with overall strategies • progress with delivery of strategy through assurance of education and training outputs 3) Oversight of Workforce (through quantitative KPIs and qualitative Feedback) covering: • the wellbeing, recruitment, retention, management and development of the trust's workforce • the trusts obligations across all aspects of ED&I (Equality, Diversity, and Inclusion) • organisational capacity management (skills, locations, sourcing) for the Trust's affairs and additional responsibilities across the wider system • issues relating to ethics and duty of care in the conduct of the Trust's affairs towards its workforce (including Freedom to speak) • the effectiveness of workforce operations (processes, data, and systems) in the delivery of Moorfields services The committee will oversee a balanced scorecard of key performance metrics relating to its remit on behalf of the Board. * The commercialisation of the Education and training strategy will be covered by the S&C Committee
Membership	The members of the committee will be appointed by the board as follows; • At least two non-executive directors, one of whom shall be nominated as chair • Director of Workforce & OD • Director of Nursing and Allied Health Professions

	• Medical Director • Chief Operating Officer • Joint director of education • Director of Quality & Safety The chair of the board of directors and the chief executive shall have the right to attend all meetings. Others may attend as agreed by the committee chair as necessary.
Quorum	The quorum will be four members, including one non-executive director
Frequency of meetings	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any year.
Duties	The committee can only carry out functions authorised by the Board, as referenced in these terms of reference. **Delegated Functions** The committee will carry out the following on behalf of the board: • analyse and challenge appropriate information on organisational and operational performance in relation to the committee's purpose. This information should cover: - strategic priorities (e.g. diversity, skills, talent, NHS targets etc (tbc)) - workforce utilisation - health (including sickness) and well being - engagement - financial measures **Assurance Functions** The committee will review the following to provide assurance to the board: • the existence and effective operation of systems to ensure that the trust has in place sufficient capacity and appropriately qualified/skilled to ensure compliance with the conditions of the licence • wellbeing, recruitment, retention, management and development policies and processes • the workforce strategy of the trust and its implementation • the education strategy of the trust and it's effectiveness • the approach the trust has to ensuring it fulfils its public sector equality duty for staff, patients and visitors • specific risks on the corporate risk register allocated by the board • the development of workforce governance, including workforce engagement processes **Other duties as agreed by the board** • Exceptional items explicitly requested by the board that fall outside the terms of reference
Reporting and review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request.

	The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.		
Sub-committees	The Committee has the power to establish sub-committees or targeted working groups to address specific tasks. This will be reviewed on an annual basis, or as required based on organisational priorities. Any sub-committee will require its own Terms of Reference, approved by this committee. The Committee may also appoint a Workforce advisory group with specific objectives to : - improve engagement between the Committee and the Workforce - to ensure the voice of the employee plays a prominent role in the operations of the committee		
Meeting administration	The lead executive for the committee will be the Director of Workforce & OD and the secretary for the committee will be the company secretary (or an appointee on behalf of the company secretary). The role of the lead executive, in conjunction with the secretary, will be to; • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors		
Date approved by the board	January 2022	**Date of next review**	January 2023

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Quality and safety committee – terms of reference

Authority	The Quality and safety committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf. These terms of reference have been approved by the board and are subject to annual review.
Purpose	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 to oversee the development and implementation of the quality account
Membership	The members of the committee will be appointed by the board as follows: • Four non-executive directors, one of whom shall be nominated as chair • Chief executive • Medical director* • Director of nursing and allied health professions* • Chief operating officer (*Board leads for Quality and Safety)
Quorum	The quorum will be three members (one of whom must be either the medical director or the director of nursing and allied health professions), including two non-executive directors
Attendees	The following will also regularly attend the committee; • Director of quality and safety • Head of quality and safety • Divisional directors (if absent, Divisional head of nursing) • Clinical lead for patient safety • Moorfields Private (representative) • Quality and compliance manager (secretariat) Others may attend as agreed by the committee chair.
Frequency of Meetings	The committee will meet at least six times per year and members and attendees are expected to attend at least 75% of meetings in any financial year.

Duties	The committee will only carry out functions authorised by the board, as referenced in these terms of reference. **Delegated functions** The committee will carry out the following on behalf of the board Analyse and challenge appropriate information on organisational and operational performance in relation to the committee's purpose **Assurance functions** The committee will review the following to provide assurance to the board; **Clinical effectiveness** • the content and effectiveness of the structures, systems and processes for quality assurance, clinical, research, information and quality governance; • the development and compliance requirements for the following: o NHS outcomes framework, o NICE pathways of care standards, the Trust's quality plan and any other KPIs relating to quality measures **Patient Safety** • reports about compliance with external assessments and reporting, including those from: o Care Quality Commission o NHS Resolution o NHS England o NHS Improvement o Medicines and Healthcare products Regulatory Authority (MHRA) o Health and Safety Executive (HSE), o Organisations responsible for professional standards (GMC, NMC, etc.) o Regulatory bodies in the United Arab Emirates o Any other relevant regulatory bodies • progress with implementing actions arising from the CQC report, the Francis inquiry and any other reports issued of a similar nature • internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality and safety within the Trust • the meaning, significance and learning from trends in complaints, incidents and serious incidents • compliance with surgical safety checklists **Patient participation and experience** • how the Trust is addressing the requirements of safeguarding for children and vulnerable adults • patient participation activities • environmental and other issues affecting patient experience

	Overall • the development of the quality account and priorities • supporting the implementation of the quality strategy • monitoring the implementation of the quality objectives and other actions arising from the quality strategy and quality account • address specific risks on the corporate risk register allocated by the board Other duties as agreed by the board: • oversight of quality and safety related aspects of research activity
Reporting and Review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request. The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 April of each year.
Sub-committees	There are no formal sub-committees of the committee but the outcomes of the following management groups will be reviewed on a regular basis to gain assurance • Clinical governance committee • Patient participation and experience committee • Information governance committee • Risk and safety committee Joint research governance committee
Meeting administration	The executive lead for the quality and safety committee will be the director of quality and safety, and the secretary for the meeting will be the quality and compliance manager. The secretary's role will be to • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting • Ensure actions are captured, notified to relevant staff and followed up Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors

Date approved by the board	January 2022	**Date of next review**	January 2023

Standing financial instructions and scheme of delegation

https://eyeq.moorfields.nhs.uk/download.cfm?doc=docm93jijm4n815.pdf&ver=8492