

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on
Thursday 25 March 2021 at 09:30am
via Life size video link

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 25 February 2021	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:15	All
6.	Oriel design update	Discuss	Present	JM	00:15	8
7.	Q3 Freedom to speak up report	Assurance	Enclosed	IT	00:10	1
8.	Integrated Performance Report	Assurance	Enclosed	JS	00:10	1
9.	Finance Report	Assurance	Enclosed	JW	00:10	7
10.	Report from the quality and safety committee	Assurance	Enclosed	RGW	00:10	3
11.	Report from the people and culture committee	Assurance	Enclosed	VB	00:10	5
12.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
13.	AOB	Note	Verbal	TG	00:05	
14.	Date of the next meeting – Thursday 22 April 2021 09:30am					

* 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 FEBRUARY 2021**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director (via video link)
	Andrew Dick (AD)	Non-executive director (via video link)
	Ros Given-Wilson (RGW)	Non-executive director (via video link)
	Nick Hardie (NH)	Non-executive director (via video link)
	Richard Holmes (RH)	Non-executive director (via video link)
	Sumita Singha (SS)	Non-executive director (via video link)
	Steve Williams (SW)	Non-executive director (via video link)
	Peng Khaw (PK)	Director of research & development (via video link)
	Tracy Lockett (TL)	Director of nursing and AHPs
	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 (RM)	General counsel
	Kieran McDaid (KM)	Director of estates, major projects and capital
	Nick Roberts (NR)	Chief information officer
	Alex Stamp (AS)	Deputy COO
Governors:	Allan MacCarthy	Vice chair, membership council
	John Sloper	Public governor, Beds & Herts
	Ian Wilson	Public governor, NWL
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Paul Murphy	Public governor, NCL
	Jane Bush	Public governor, NCL
	Una O'Halloran	Nominated governor, LBI
	Andrew Clark	Public governor, Beds & Herts

21/2538 Apologies for absence

TG welcomed JS to the board as chief operating officer and thanked AS for acting up in the interim. JW has been appointed to the role of deputy chief executive and JM is now a voting board member in her role as the executive director of systems and partnerships.

TG advised that this would be the last board meeting for SW and thanked him for his commitment to the trust over the last nine years and in particular the personal support he has provided. DP agreed that SW had provided wise and invaluable counsel to the executive.

SW thanked the board for their support and will continue to follow the trust through various channels.

Apologies were received from David Hills, Johanna Moss and Ian Tombleson.

21/2539 Declarations of interest

There were no declarations of interests.

21/2540 Minutes of the last meeting

The minutes of the meeting held on the 28 January 2021 were agreed as an accurate record.

21/2541 Matters arising and action points

The leading and guiding group has been reconvened.

All other actions were either completed or attended to via the agenda.

TL to advise on a date for an update to come back to the board.

21/2542 Executive changes

TG advised that DP had been successful in his application to become the chief executive of UCLH. The remuneration committee has established a nominations committee that will oversee the executive search process.

21/2543 Chief executive's report

The trust has now started to bring back elective services although has been running emergency and urgent services throughout the second lockdown. Services will be back to business as usual from 1 April. The position in London continues to improve.

DP thanked the 150+ staff who were redeployed to assist other hospitals across the sector and advised that a number of health and wellbeing initiatives had been put in place to assist staff in returning from challenging roles and helping them return to work.

LW provided an update on surgical trainees and advised that the trust is reviewing how best to provide an appropriate training environment. Work is taking place to develop an intensified training programme that is specific to those clinicians at different stages in their training.

The vaccination programme has been a success and staff are now going through the process to have their second vaccinations.

The trust has established a department of digital medicine in order to capitalise on the innovation that has taken place throughout the pandemic and will look to attract external funding and support. The board was keen to understand how the trust will keep in touch with what the department is doing in relation to the digital initiatives taking place. DP advised that this will be a department that evolves over time and

will report in to the management executive. VB advised that it will be important to establish clarity of purpose across three spaces: developing new concepts, running digital services and transforming to new services. Although breadth of scope is important it can also be a challenge. There are a number of key digital initiatives that will be critical for the future.

DP thanked Chris Canning who has stepped down from the role of Chief Clinical Information Officer and has been instrumental in driving this agenda forward.

Plans for Oriel continue with the launch of the marketing process for the disposal of the City Road site.

The board received a briefing on the recent white paper which sets out plans for the reorganisation of the health service. It will be critical for board members to understand the potential implications for the trust. An individual trust response has been provided but Moorfields is also involved in developing a response with the Federation of Specialist Hospitals as to the specific implications for acute specialist organisations. It was agreed that the proposals do not present a new concept for the trust as collaborative working has already been taking place across the sector. Further discussion will take place at the board as to how the trust might want to adapt its strategy in light of the proposals.

21/2544 Integrated performance report

Focus is on reducing 52-week waits, working on validating patients and booking them into slots. Focus will then turn to 40-week patients who are in danger of breaching.

There are still challenges around anaesthetic cover and HDU capacity in balancing the need to maximise activity and making sure annual leave is appropriately managed. JW noted that annual leave is being treated as an allowable expense at the moment but is challenging from an operational and financial perspective.

The trust is seeing high DNA rates that might present a continuing challenge. It is expected that metrics will improve through March and April with a significant improvement in RTT for the next quarter.

The trust continues to work with NCL in trying to support the system, as well as looking at different pathways and ways of working.

Thought is now being given as to how information is presented in future as comparisons with 20/21 will not be useful due to the impact of the pandemic in that year.

21/2545 Finance report

The trust has showed a surplus in month and is £4.3m positive to plan YTD. Activity is down against the prior year. The trust is £7.8m under spent against block funding for January. Clinical supplies and drugs and commercial income are all impacted.

Department to be invited to present to the board in three months. Terms of reference to be circulated.

The emerging picture across NCL is that most organisations are showing underspend against the funding they were provided. Overall the trust is forecasting a likely £6m surplus this year.

Outstanding debt has increased by £3.1m which is due to performance invoices for the first six months of the year becoming overdue. Hospital to hospital billing had not been clarified at the time of writing the report.

The cash position remains strong with a forecast of £62m at the end of the year. A large amount of that resource will be utilised for Oriel.

In relation to creditor and debtor days there will be a drive to clear some of the NHS balances, so creditor days are likely to decrease. Focus will be on intra-NHS debt.

In relation to capital, the trust continues to plan to achieve the capital plan set for the year. This includes replacement of critical items of medical equipment life-cycle replacement as well as making the right digital investments.

21/2546 Guardian of safe working

No exception reports have been reported. Concerns had been raised by trainees about the fairness of redeployment but issues have largely been resolved. Issues relating to surgical training have previously been discussed.

21/2547 Membership council report

Governors received a pre-briefing on strategy priorities ahead of their strategy session and approved the appointment of Adrian Morris as a new non-executive, and the reappointment of RGW and SS for a further year. Governors also received a presentation on patient empowerment through education and this will come to the board once the project is more advanced.

20/2548 People and culture committee terms of reference

Terms of reference will come back to the board once all committee members have had a chance to input.

21/2549 Identify any risk items arising from the agenda

Description of recovery as a risk and issues around workforce and annual leave to be incorporated.

HE to revise and amend

21/2550 AOB

None.

21/2551 Date of the next meeting – Thursday 25 March 2021

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	25.02.21		Closing
22.10.20	20/2498	Staff stories	JM/SD to work together on a mechanism to develop a staff learning and sharing forum.	JM/SD	25.02.21		Closing
28.01.21	20/2535	Identify any items for the risk register arising from the agenda	Review board assurance framework and accurately reflect strategic risks to recovery	HE	1 Apr 2021		Closing
25.02.21	20/2541	Matters arising and action points	TL to advise on a date for an update on leading and guiding to come to the board.	TL	25.03.21		Open
25.02.21	20/2543	Chief executive's report	Department of digital medicine to be invited to present to board in three months	HE	27.05.21	Invitation sent for May	Closing
25.02.21	20/2550	Identify any items for the risk register arising from the agenda	Issues around workforce and annual leave to be incorporated into the recovery risk	HE	22.04.21		Open



Glossary of terms – March 2021

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.
AAR	After action review
AfL	Agreement for lease
AHP	Allied health professional
AI	Artificial intelligence
ALB	Arms length body
AMRC	Association of medical research charities
ASI	Acute slot issue
BAF	Board assurance framework
BAME	Black, Asian and minority ethnic
BRC	Biomedical research centre
CCG	Clinical commissioning group
CIP	Cost improvement programme
CQC	Care quality commission
CSSD	Central sterile services department
DHCC	Dubai Healthcare City
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
ENP	Emergency nurse practitioner
EU	European union
FBC	Full business case
FFT	Friends and family test
FT	Foundation trust
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GMC	General medical council
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
ICS	Integrated care system
IOL	Intra ocular lens
IPR	Integrated performance report
ITU	Intensive therapy unit
JDV	Joint development vehicle



KPI	Key performance indicators
LCFS	Local counter fraud service
LD	Learning disability
MEH	Moorfields Eye Hospital
NAO	National audit office
NCL	North Central London
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NMC	Nursing & midwifery council
OBC	Outline business case
OD	Organisation development
PALS	Patient advice and liaison service
PAS	Patient administration system
PbR	Payment by results
PDC	Public dividend capital
PID	Patient identifiable data
PP	Private patients
PPE	Personal protective equipment
QIA	Quality impact assessment
QIPP	Quality, innovation, productivity and prevention
QRA	Quantitative risk assessment
QSC	Quality & safety committee
QSI	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
SGH	St Georges University Hospital
SI	Serious Incident
SLA	Service level agreement
ST	Senior trainee
STP	Sustainability and transformation partnership
UAE	United Arab Emirates
UCL	University College London
UCLH	University College London Hospital
VFM	Value for money
VR	Vitreo-retinal
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date



**Moorfields
Eye Hospital**
NHS Foundation Trust



Agenda item 05
Chief executive's report
Board of directors 25 March 2021

Chief Executive's report

I would like to provide continued assurance to the board about the **Trust response to the COVID-19** pandemic.

Operational Response to the COVID-19 second wave

As a result of the reducing prevalence of Covid-19 across the London region, Moorfields has begun to shift focus away from responding to the latest wave of the pandemic and moved onto supporting the recovery of clinical services back to a business as usual state. Essential activities are continuing to keep Moorfields as free from Covid-19 as possible, including management of the front entrances, enhanced testing and roll out of the vaccination programme.

Following the reintroduction of face to face outpatients and elective surgery in early February, and the welcoming back of staff who provided mutual aid support to surrounding Trusts, we are now seeing a steady increase of patients being diagnosed and treated each week. Elective patients are being booked in order of their referral date and clinical priority, with a particular focus given to those who have waited over 52 weeks. A detailed plan is in place to offer treatment to all of these long waiting patients by the end of June 2021 and this is being monitored on a weekly basis.

The pandemic continues to provide some challenges to clinical teams in their attempts to achieve a full recovery, including the ongoing requirement for social distancing in clinics and waiting areas, and a reluctance of some patients to attend the Trust for treatment. Despite this, Moorfields recognises that it is likely to be able to recover its Ophthalmology services faster than some of the surrounding providers in the North Central STP, and has therefore begun discussions with such providers to explore where we can use our capacity to ensure that all patients across the sector experience a similar waiting time for their treatment.

Diagnostic hubs

Following its opening on 1st February work has been undertaken to ensure that the Hoxton Diagnostic Hub is able to fully deliver on its original aims. The number of patients being seen in the unit is steadily increasing each week and it is anticipated that it will be running to full capacity across six days by 1st April 2021.

When this implementation phase is complete, a review will be undertaken to determine both the success of the unit across a range of indicators including patient satisfaction and value for money, and also to determine whether this is a model which should be adopted in the other regions in which Moorfields provides clinical care.

Staff Covid Vaccination Programme

The trust successfully completed the 2nd dose phase of the Covid vaccination programme on the 12th of March 2021. In total the team administered over 5,000 vaccines, this included Moorfields staff and healthcare staff who work in North Central London. To date 74% of Moorfields staff have received the vaccination (64% are frontline staff). Work continues to improve the uptake.

Staff survey

We have received our staff survey results for 2020 which over 54% of our staff responded to. We have maintained our high scores in staff feeling safe at work and having pride and confidence in the standard of care that they are able to deliver with some of the highest scores in the country for these areas. Like many of our fellow London Trusts we know we have a lot more work to do on equality, diversity and inclusion and bullying and harassment and these will key areas of focus for our Trust-wide programmes of work going forward. Results have been shared with services and each division and corporate area will be asked to feedback on their plans for improvement.

Research

Moorfields was part of a prime time **BBC2 documentary, 'DNA Family Secrets'**, helping people to find answers to life-changing questions through a DNA test. The episode, which aired on Tuesday 16 March 2021), focuses on a young Moorfields patient and his family as they discover whether gene therapy could help with his sight loss. The programme follows the family as they undergo genetic testing in Professor Mariya Moosajee's clinic at Moorfields City Road and his subsequent treatment at Great Ormond Street Hospital.

Professor Moosajee commented: "This programme captures the hope I have for all of my patients, arriving at a genetic diagnosis where a gene therapy exists that actually helps to prevent further sight loss. I am delighted to be able to share such a remarkable patient story with the nation. This programme will hopefully help other families like Leonardo's to understand genetic eye conditions and what help is available to them."

Professor Alison Hardcastle and Professor Stephen Tuft at UCL Institute of Ophthalmology and Moorfields Eye Hospital, with their collaborator Dr Pirro Hysi at Kings College London, led an international study to find the genetic basis of **keratoconus**, a disease that causes thinning and distortion of the cornea, the transparent layer at the front of the eye.

Identifying individuals who are most at risk of developing keratoconus before there has been significant sight loss is a challenge, and most patients already have sight loss by the time they attend the hospital clinic. The knowledge gained from this study can be used to develop a genetic test to identify individuals at risk of keratoconus, at a stage when vision can be preserved. The results of this study could also help in the development of more effective treatments in the future.

People and awards

Moorfields Eye Hospital's corneal team has won this year's **American Academy of Ophthalmology global video contest**. This prestigious competition involves the best ophthalmology teams from around the world submitting surgical videos. Our winning video featured an innovative surgical technique for treating larger holes in the cornea, where a small disc-shaped tissue is inserted through the existing perforation. This is a minimally invasive technique that does not require any large incisions, reducing the risk of complications associated with traditional corneal tectonic grafts. This technique improves the patient's vision and they recover faster. The award winning staff members who created this video were consultant Bruce Allan, locum consultant Alfonso Vasquez-Perez and corneal fellows Nizar Din and Maria Phylactou.

I am also pleased to advise that the team involved with the Oriel engagement and consultation programme on our proposed move to St Pancras was shortlisted for the **NHS Communications Initiative of the Year Award** at the 2020 HSJ Awards, recognising their outstanding contribution to healthcare. The Oriel consultation team were selected based on their ambition, visionary spirit and the demonstrable positive impact that their project has had on patient and staff experiences within the health and/or social care sector. The team lost out to a very worthy winner on the night but the nomination is testament to the incredible amount of work put in to the consultation.

I am pleased to confirm that Tracy Lockett has been nominated as the **executive board lead for health inequalities**.

Financial position

The trust is reporting a surplus of £1.6m against a planned deficit of £0.4m, a favourable variance of £2.0m. Cumulative performance now stands at a surplus of £6.6m against a planned surplus of £0.3m, £6.3m ahead of plan, largely as a result of block funding received where elective activity is lower than funded levels. Patient activity increased during February to 64% below last year's levels, compared to 47% in the previous month as elective and outpatient activity started to recover from January's lower performance as a consequence of the acute Covid-19 situation. Cash balances stood at £81.1m at the end of February, a decrease of £0.5m on the previous month. Working capital liquidity continues to remain strong and equates to 122 days (previous month: 123 days) of expenditure. Capital expenditure in February was £1.4m, taking overall expenditure to £8.9m, £2.5m under plan, largely due to reduced spend on the Oriel redevelopment. Additional capital schemes are being progressed to reduce the underspend.

David Probert, chief executive

March 2021

Agenda item 07
Freedom to speak up report
Board of directors
25 March 2021



Report title	Q3 Freedom to Speak Up report (1 October – 31 December 2020)
Report from	Ian Tombleson, Lead Freedom to Speak Up Guardian
Prepared by	Ian Tombleson, Lead Freedom to Speak Up Guardian with input from the Guardian team
Attachments	None
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

<p>Executive summary</p> <p>This paper provides a Q3 report for the Freedom to Speak Up (FTSU) Guardians covering the period 1 October to 31 December 2020.</p> <p>This report provides assurance to the Board that FTSU Guardians are providing an effective service in line with promoting an open and safe culture in which to speak up, and this also meets the expectations of National Guardian's Office requirements. FTSU Guardians are accessible and staff are able to raise concerns. The number of concerns raised and the broad themes are set out in the report.</p> <p>Feedback to the Guardians about their role is always very positive. The role of Guardians needs to continue to be promoted.</p>							
<p>Quality implications</p> <p>The Trust's approach to developing and supporting the work of the FTSU Guardians is a key element of providing a supportive and open culture. If staff feel that they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and improve the trust's ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.</p>							
<p>Financial implications</p> <p>There are no direct financial implications arising from this paper.</p>							
<p>Risk implications</p> <p>Organisations need to have a culture where staff feel able to safely voice their concerns. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact.</p>							
<p>Action Required/Recommendation</p> <p>This paper is provided to the Board for assurance. The Board is asked to:</p> <ul style="list-style-type: none"> Discuss and note the content of the paper. 							
For assurance	✓	For decision		For discussion	✓	To note	✓

1. Summary

This paper provides the Q3 report from the Freedom to Speak Up (FTSU) Guardians covering the period from 1 October to 31 December 2020.

This report provides assurance that FTSU guardians are in place, that they are accessible and that staff are able to raise concerns. FTSU is part of the trust's culture to support and promote a culture where staff feel safe and confident to speak up. It also highlights areas where there are opportunities to improve the service. The number of concerns raised and the broad themes that have been raised are set out in the report.

2. Background

All NHS trusts are required to have FTSU Guardians. At Moorfields four FTSU Guardians are in place providing wide professional representation and also a good geographical spread across the network:

- Dr Ali Abbas, locum consultant, City Road and Moorfields South
- Carmel Brookes, lead nurse for clinical innovation and safety, City Road
- Aneela Raja, optometrist, Bedford
- Ian Tombleson, director of quality and safety (lead guardian). City Road and Network.

If individuals are not happy to raise concerns via the Guardians, or their concern is about the Guardians themselves, or is at Trust Board level, then these can be raised with Adrian Morris the non-executive director with responsibility for FTSU/whistleblowing. Adrian replaces Steve Williams in this role who has now retired from Moorfields.

Moorfields has a FTSU policy which sets out the scope of our arrangements. FTSU has a much broader definition than the previous term 'whistleblowing', which was often only used in the most extreme circumstances and was viewed negatively. FTSU is viewed as a way to provide additional support to staff to resolve concerns. It provides a set of flexible arrangements to get the best outcomes for staff and management and works alongside all other relevant policies.

Examples of potential FTSU concerns include, but are by no means restricted to:

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- A bullying culture (usually across a team)
- A criminal offence has been committed, is being committed or is likely to be committed
- That the environment has been, is being, or is likely to be damaged
- Concerns that appropriate process is not being followed.

FTSU guardians meet regularly to discuss the impact of their role and how to make themselves available and accessible to staff who require their services, including the communication routes that should be used.

3. Initiatives

The FTSU Guardians continue to be active in their role to make themselves accessible. Covid has provided a number of challenges but the Guardians continue to be proactive in ensuring the service continues. During October 2020 the Guardians took part in national FTSU month, this year run under Covid safe conditions, with less emphasis on face to face contact. A series of initiatives took place to advertise their roles and to make them accessible to staff. Network site visits took place in Croydon and Northwick Park and the team spent two half days visiting most departments at City Road. A visit also took place to St George's site in December which had been initiated by the Moorfields South management team.

The communications team have promoted further awareness of the Guardians through CEO recovery bulletins and the on-line CEO breakfast briefing and drop in sessions. The Guardians have also been promoted further through their EyeQ page (trust intranet). Although outside the Q3 time period the Board should note that Carmel Brookes was redeployed to Chase Farm in a senior nurse capacity. She continued to function in her role as a FTSU (and staff were

aware of this) and during this time did not have concerns raised to her by the Moorfields nursing team who had also been redeployed while she was there.

Now that the acute Covid pandemic appears to be subsiding the team will restore their plans for site visits which were put on hold in Q4. Our experience is that site and department visits and face to face interaction is the best way to raise awareness of the role of the Guardians and to engage with staff. This was clearly evidenced during the site visits in Q3 leading to some concerns being raised.

It is important to note (and this point extends to Q4) that Guardians have evidence that staff are more broadly aware of their role. The three clinical guardians have experience of staff asking questions and advice, for example to gain support from HR or to potentially about Bullying and Harassment pathways. Guardians are intending to compile data to estimate the extent of this.

Another point to note in Q4, is that a member of staff in the north division said that they had noticed that the communication with redeployed staff seemed much better during the second round of redeployment, with improved communication, plenty of advice about well-being and proactively inviting staff to come forward if they required support.

The Guardians are part of the London Regional network and attend the larger formal (remote) sessions and also the smaller (again remote) networking sessions. This network is useful to review practice and to share on-going challenges between services.

Guardians continue to have regular catch-ups with the Chair and Chief Executive to discuss how the process is functioning, activities and key themes. They also ensure that the Guardians are fully supported and feel enabled in their roles. The Chief Executive promotes the role of FTSU Guardians during his regular staff induction and briefing sessions.

4. Further developments

The Guardians will continue to promote their roles across the network reaching out to staff more widely. Other plans include:

- Recruiting an additional FTSU Guardian to replace Faharna Sultana-Miah with a view to that person having an administrative background.
- Extending the FTSU model to include site FTSU champions. This will help raise awareness and accessibility of Guardians. Ideally there would be one champion per site.
- Reaching out further to link to our network groups (BeMoor, MoorPride and MoorAbility).
- To continue to support staff to speak up about issues that they might feel challenged with raising, examples being bullying and harassment and equality and diversity.
- Providing adequate training for staff about the role of FTSU Guardians which will also help raise more general awareness. This follows a national initiative.
- Providing more information on induction.
- Expanding the Guardians EyeQ page to include 'You said, we did' text demonstrating where Guardians have taken action to make improvements.
- Continuing to promote the Guardians as a safe place through which staff should feel confident that concerns can be shared and raised, and which is completely separate from all other departments of the organisation.

5. Concerns raised 1 October to 31 December 2020 (Q3)

The experience of the FTSU guardians is that in practice Guardians provide staff with someone to go to if they wish to raise a concern that they believe is serious and they are unable to resolve themselves without additional impartial support. Some have raised a concern either directly or indirectly with their line manager or have sought support from HR. Sometimes concerns are raised as a result of frustration because of delay, or an impasse in process has arisen. Sometimes concerns cover more than one area and these have been indicated as primary and secondary themes.

Quarter 3 2020/21 concerns/issues

During Q3, nineteen concerns were raised distributed across four of the five categories. With these small numbers it is not possible to identify specific data trends and numbers vary considerably from quarter to quarter (the annual report brings the data together). However one point to note is that staff safety health and well-being category makes

up a smaller proportion of concerns raised. Compared to Q1 and Q2 where they are the largest category of concerns (95% and 71% respectively), in Q3 they make up 37%. Concerns continue to be raised by staff from a mixture of backgrounds including BAME, geographical across the network and professional.

Theme	Primary	Secondary
Culture/Behaviour ¹	3	3
Process ²	3	3
Training	0	2
Patient safety/quality/risk ³	6	0
Staff safety/well-being ⁴	7	2
Total	19	

1 = definition includes a range of behaviours from poor management visibility, poor communication, putting staff under undue pressure, potential bullying and harassment and poor working culture

2 = definition includes issues around what process is required or whether a specific process has been followed

3 = definition includes a very wide range of issues from potential concerns about specific harm to patients, to service quality, to poor customer care.

4 = Staff safety and staff well-being impact.

It is important to note that no serious patient safety concerns have been raised where death or serious harm have occurred or were about to be caused directly or indirectly to patients.

6. Conclusions and learning

Guardians continue to be available and promoting their role during this challenging time. It is not felt that Covid had had a major impact on the ability of the Guardians to fulfil their role in Q3 and a number of successful network site visits were undertaken. Further initiatives are due to take place to reach out further to staff to provide opportunities to raise concerns and speak up.

The Board is asked to note that the FTSU Guardians are in place and are accessible to staff. They function independently from management and in line with best practice from the National Guardian's Office. Guardians continue to promote their role and speaking up generally which is fully consistent with the culture set by the Board and senior leadership at Moorfields.

There are processes in place to resolve concerns as they arise. The Chair and Chief Executive have regular confidential conversations with FTSU Guardians to keep them informed about activity and themes and to provide additional support as required.

Ian Tombleson
Lead Freedom to Speak Up Guardian
18 March 2021

Report to Trust Board							
Report Title		Integrated Performance Report - February 2021					
Report from		Jon Spencer, Chief Operating Officer					
Prepared by		Performance And Information Department					
Previously discussed at		Trust Management Committee					
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							
The IPR for February 2021 shows an ongoing reduction in activity associated the organisation’s response to the Covid-19 pandemic. This reduction in activity has again been greater in both elective and non-elective admissions, which have decreased by 70.7% and 72.6% respectively compared to the equivalent month in 2020. The ongoing measures taken by the clinical and operational teams to maintain activity have again meant that outpatient activity is reduced by a smaller proportion of 32.4%. Although A&E arrivals are down by 39.4% in February there were no breaches of the 4 hour standard. Given the shift that the Trust has made from response to recovery at the end of this month then it is envisaged that there will be a significant improvement in activity levels in March.							
Performance on cancer metrics remained strong in February, with all of the targets being achieved, however the ongoing reduction in elective activity caused performance on incomplete 18 week pathways to reduce slightly to 68%. The most concerning area of underperformance remains the Trust’s 52 week breach position which increased significantly to 555 patients waiting longer than this standard for their treatment. Although this position has deteriorated further in early March, the re-establishment of elective activity at the end of February will mean that it is addressed as a priority over the coming weeks.							
There has been a good improvement in performance against the diagnostic standard, which the Trust met for the first time in a number of months in February, however further work is required to address underperformance in our call waiting times and response to complaints.							
Although the inpatient ward staffing fill rate dropped further to 77.4%, this is again reflective of the support that the Trust was providing to others during the pandemic, and it is therefore expected to improve in March. As the Trust moves further into the recovery phase then a particular focus is required on staff appraisals and compliance with training on information governance, both of which are now below the required standard.							
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	

Trust Executive Summary By Scorecard Domain - February 2021

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	29	0	5
Cancer	6	0	0
Access & Outpatients	2	0	3
Admitted	6	0	0
Quality & Safety	15	0	2
Private Patients	0	0	0

Collaborative Research

G	A	R
1	0	0

Innovation & Education

G	A	R
0	0	0

Influence National Policy

G	A	R

In Development

People (Enablers)

Workforce Metrics

G	A	R
1	0	2

Staff Satisfaction & Advocacy

G	A	R
0	0	0

Infrastructure & Culture (Enablers)

Digital Delivery

G	A	R
2	0	0

Research

G	A	R
3	0	0

Financial Health & Enterprise (Enablers)

Overall Plan

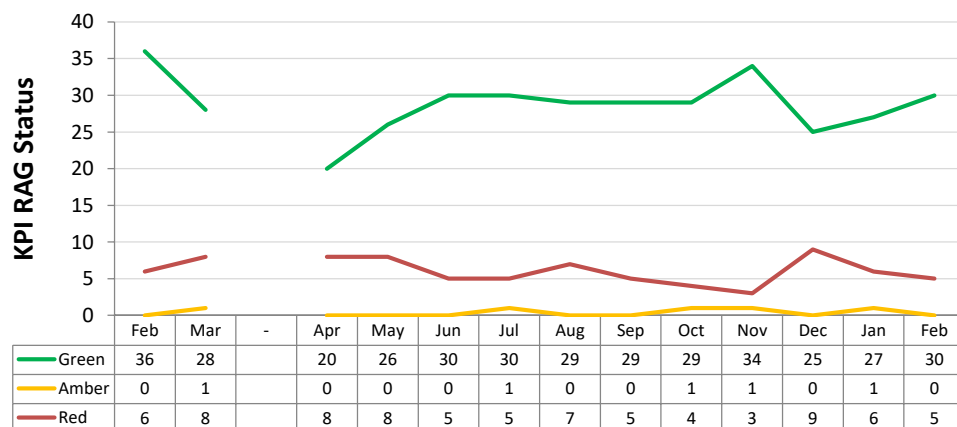
G	A	R
1	0	0

Commercial Operations

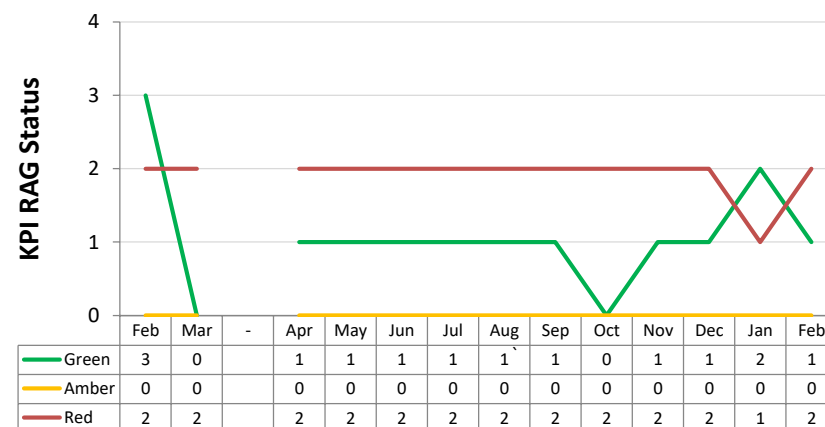
G	A	R
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Executive Summary - Scorecard Domain Trends

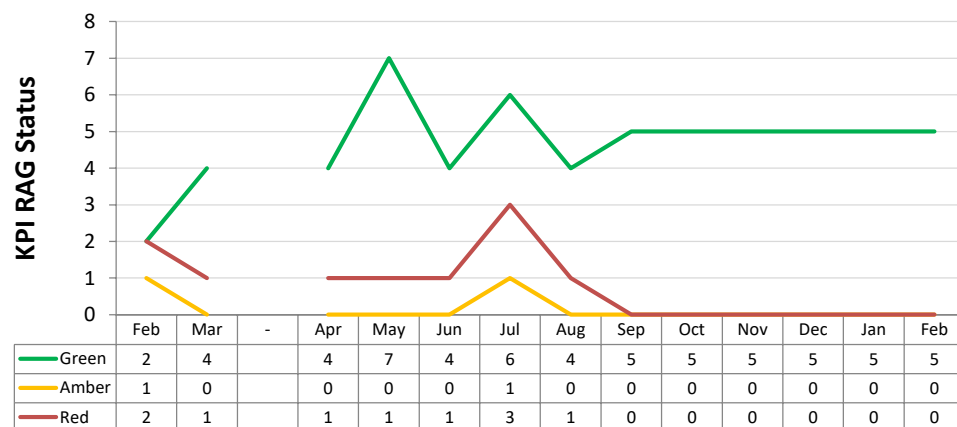
Service Excellence (Ambitions)



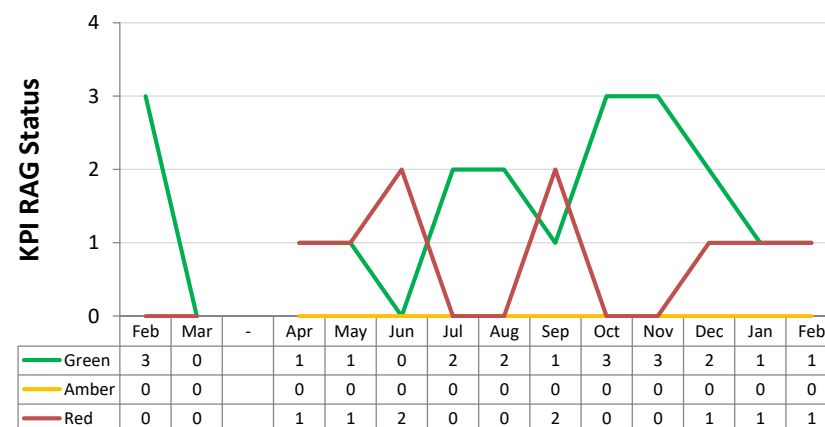
People (Enablers)



Infrastructure & Culture (Enablers)




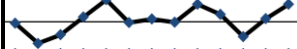

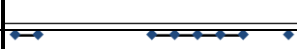









Financial Health & Enterprise



Context - Overall Activity - February 2021

		February 2021		Monthly Variance	Year To Date		YTD Variance
		2019/20	2020/21		2019/20	2020/21	
Accident & Emergency	A&E Arrivals (All Type 2)	7,300	4,422	- 39.4%	90,530	55,677	- 38.5%
	Number of 4 hour breaches	9	0	- 100.0%	1,364	11	- 99.2%
Outpatient Activity	Number of Referrals Received	11,270	6,878	- 39.0%	132,560	64,088	- 51.7%
	Total Attendances	50,066	33,855	- 32.4%	565,692	294,902	- 47.9%
	First Appointment Attendances	10,704	6,695	- 37.5%	125,309	58,153	- 53.6%
	Follow Up (Subsequent) Attendances	39,362	27,160	- 31.0%	440,383	236,749	- 46.2%
Admission Activity	Total Admissions	3,040	928	- 69.5%	36,096	15,314	- 57.6%
	Day Case Elective Admissions	2,752	805	- 70.7%	32,383	13,528	- 58.2%
	Inpatient Elective Admissions	98	71	- 27.6%	1,126	614	- 45.5%
	Non-Elective (Emergency) Admissions	190	52	- 72.6%	2,587	1,172	- 54.7%








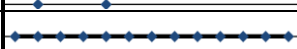









These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not

Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%									→
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%									↑
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%									→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%									→
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%									◆
	Cancer 28 Day Faster Diagnosis Standard	≥85%									→
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%									↓
	52 Week RTT Incomplete Breaches	Zero Breaches									↑
	A&E Four Hour Performance	≥95%									→
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%									↑
	Average Call Waiting Time	≤ 3 Mins (180 Sec)									↑
	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 95Mins									↑
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 85Mins									↑

* Provisional Figures for February 2021

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












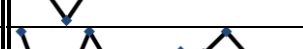








Integrated Performance Report - February 2021

Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%									↓
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%									↓
	Mixed Sex Accommodation Breaches	Zero Breaches									→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%									→
	VTE Risk Assessment	≥95%									↑
	Posterior Capsular Rupture rates	≤1.95%									→
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events									→
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant									
	MRSA Bacteraemias Cases	Zero Cases									→
	Clostridium Difficile Cases	Zero Cases									→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases									→
	MSSA Rate - cases	Zero Cases									→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%									↓
	Inpatient Scores from Friends and Family Test - % positive	≥90%									↓
	A&E Scores from Friends and Family Test - % positive	≥90%									↓
	Outpatient Scores from Friends and Family Test - % positive	≥90%									↓
	Paediatric Scores from Friends and Family Test - % positive	≥90%									↓

* Provisional Figures for February 2021

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

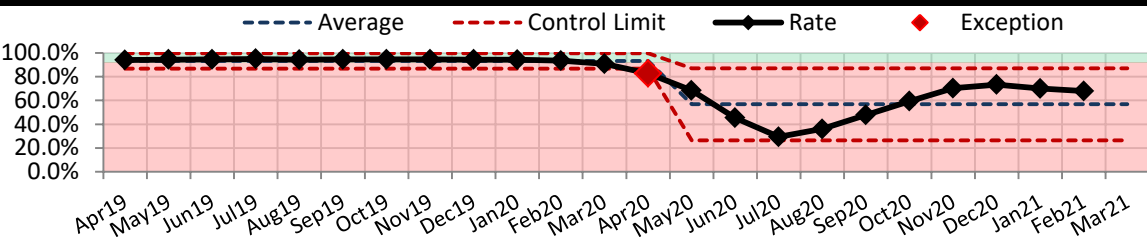
Integrated Performance Report - February 2021

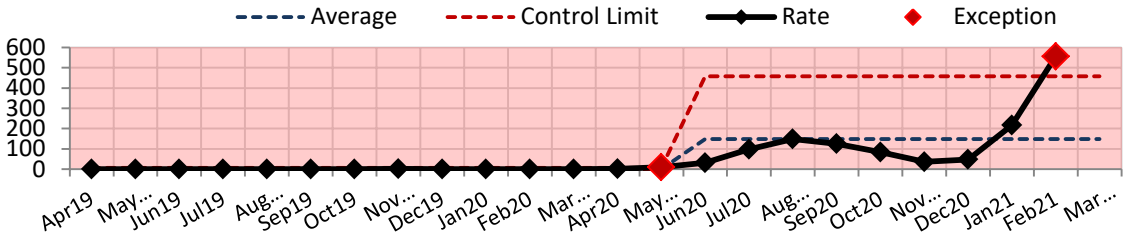
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases									→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts									→
	Percentage of responses to written complaints sent within 25 days	≥80%									
	Percentage of responses to written complaints acknowledged within 3 days	≥80%									↓
	Freedom of Information Requests Responded to Within 20 Days	≥90%									
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%									
	Number of Serious Incidents remaining open after 60 days	Zero Cases									→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open									↑
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1800									↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%									→

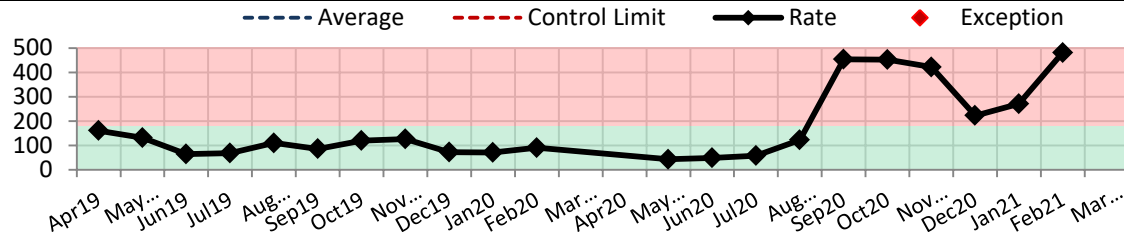
* Provisional Figures for February 2021

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

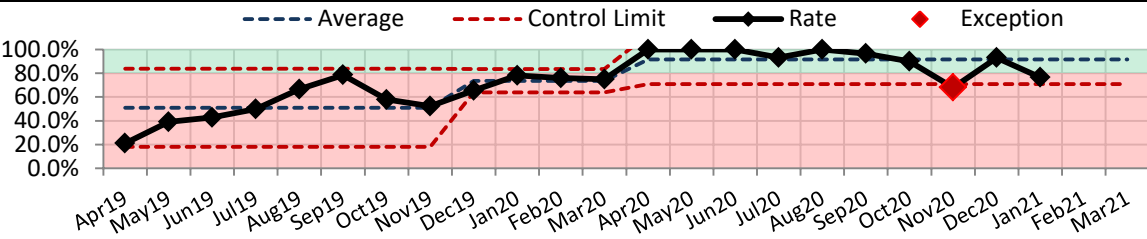
Integrated Performance Report - February 2021


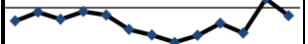

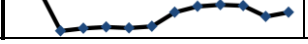







Remedial Action Plan - February 2021							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
18 Week RTT Incomplete Performance							Lead Manager	Alex Stamp	Responsible Director	Jon Spencer
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21				
≥92%	Red	58.8%	70.2%	73.4%	70.0%	68.0%				
Divisional Benchmarking (Feb 21)				City Road	North	South				
				70.2%	69.1%	62.7%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Impact on performance due to Covid-19 deferral of activity and delays caused by second wave.							Ongoing review of activity which can be safely stepped up in line with national and regional guidance through February and March 2021. Plan for WL to be back at pre-Covid-19 levels by July 2021 depending on impact of second wave - however dependent on national guidance and mutual aid support to other units.		Jul 2021	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Impact on performance due to Covid-19 deferral of activity and delays caused by second wave.							Plan to recovery activity mainly focused on long-waiting patients and chronological booking. Pace of recovery against plan to 18 week standard dependent on mutual aid discussions across London and support for other long-waiting Ophthalmic patients.		September 2021	

Remedial Action Plan - February 2021							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
52 Week RTT Incomplete Breaches							Lead Manager	Alex Stamp	Responsible Director	Jon Spencer
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21				
Zero Breaches	Red	1353	36	48	217	555				
Divisional Benchmarking (Feb 21)				City Road	North	South				
				176	88	290				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Covid-19 surge within London affecting capacity at sites and patient willingness to attend appointments.							Monitoring post-Covid-19 surge to be restarted and recovery plan to be activated.		Feb 2021	In Progress (Update)
Impact on performance due to Covid-19 deferral of activity and delays caused by second wave.							Ongoing review of activity which can be safely stepped up in line with national and regional guidance through February and March 2021. Plan for WL to be back at pre-Covid-19 levels by July 2021 depending on impact of second wave - however dependent on national guidance and mutual aid support to other units.		Jul 2021	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Impact on performance due to Covid-19 deferral of activity and delays caused by second wave.							Restart of activity focused on clearing long-waiting 52 week patients and booking chronologically. However tracking of patients may be impacted by patient choice.		July 2021	

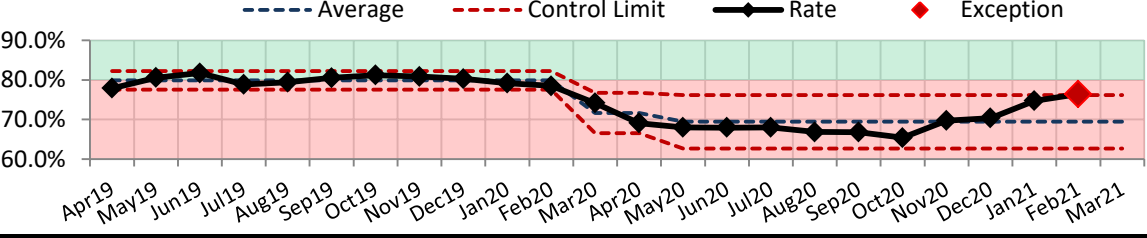
Remedial Action Plan - February 2021							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Average Call Waiting Time							Lead Manager	Alex Stamp	Responsible Director	Jon Spencer
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21				
≤ 3 Mins (180 Sec)	Red	n/a	422	223	271	481				
Divisional Benchmarking (Feb 21)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Increase in call volumes have resulted in almost double daily call volumes for the team to manage. This is a result of queries from patients about appointments and the ongoing challenges regarding telephone systems which mean calls often divert to booking centre when patients cannot get through.							1) Team are looking to increase WTE staff via bank, 2) Patient portal business case submitted to improve with patient communications, 3) Implementing messaging and email service in conjunction with communications team, 4) Telephone system upgrade to be completed mid-November.		Apr 2021	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Increase in call volumes have resulted in almost double daily call volumes for the team to manage compared to business as usual. This is mainly due to contacting patients							1) Staffing levels being reviewed as well as schedule to manage arrangements for staff availability during the week. 2) Additional Saturday sessions being run but longer-term review of opening times is underway. 3) Patient Portal rollout is commencing to aim at reducing call volumes in short-to-medium term. 4) Process mapped to involve more direct links with comms team to send out social messages if busy.		June 2021	

Remedial Action Plan - February 2021							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Inpatient (Overnight) Ward Staffing Fill Rate							Lead Manager	Herdip Sidhu-Bevan	Responsible Director	Tracy Lockett
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21	<div> <div> Average Control Limit Rate Exception </div> </div>			
≥90%	Red	99.0%	107.9%	103.9%	88.7%	77.4%				
Divisional Benchmarking (Feb 21)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Last month we were still using bank while we are waiting our most recent recruited staff to join. This month, due to redeployment, our hours utilised are the bare minimum derived by our team's establishment.							Staffing levels are expected to return to rostered levels as staff return on a staggered schedule from redeployment and as Moorfields activity increases. However during this period, wards will continue to remain at safe staffing level.		Mar 2021	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
The reason for the current underperformance is because staff were still redeployed across the sector supporting NCL. All ward areas with beds were not fully operational due to the reduced activity where the focus was on P1 and P2 patients.							All nursing staff numbers available will increase as staff return back to work within their normal working environment post redeployment. This return has been staggered in order to maintain a safe working environment which is reflected in the available staff numbers. The Shielding staff numbers and the impact on services continue to be monitored. Due to the reduction in activity there was a reduction in nurses required therefore the planned staffing ratios differed.		April 2021	

Remedial Action Plan - February 2021							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Percentage of responses to written complaints sent within 25 days (Month in Arrears)							Lead Manager	Tim Withers	Responsible Director	Ian Tombleson
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21				
≥80%	Red	90.1%	90.0%	68.0%	93.1%	76.5%				
Divisional Benchmarking (Jan 21)				City Road	North	South				
				60.0%	100.0%	100.0%				
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	
Four of 17 complaints breached during January. These were for City Road and were due to Covid related staff issues particularly sickness and leave creating planning issues. One more complaint meeting the deadline would have generated a 'met' target							The staffing issues have now been resolved so the target is expected to be met in April and stability to the service restored.		April 2021	

Domain		People (Enablers)				February 2021						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 20	Dec 20	Jan 21	Feb 21	13 Month Series	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R	13		Monthly	69.7%	70.4%	74.8%	76.4%		↑
	Information Governance Training Compliance	≥95%	R	14		Monthly	93.7%	92.8%	95.8%	94.3%		↓
	Staff Turnover (Rolling Annual Figure)	≤15%	G			Monthly	10.0%	9.2%	9.8%	9.7%		↓
	Proportion of Temporary Staff	RAG as per Spend			6.7%	Monthly	9.2%	9.0%	6.9%	7.8%		↑
Domain		Infrastructure & Culture (Enablers)										
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 20	Dec 20	Jan 21	Feb 21	13 Month Series	vs. Last
Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	G		94.4%	Monthly	95.0%	95.9%	96.3%	96.9%		↑
	Data Quality - Ethnicity recording (A&E)	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
Research	70 Day To Recruit First Research Patient	≥80%	G		97.6%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G		71.8%	Monthly	69.2%	77.8%	77.8%	77.8%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		105.3%	Monthly	126.2%	126.2%	113.2%	109.7%		↓
Domain		Financial Health & Enterprise (Enablers)										
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 20	Dec 20	Jan 21	Feb 21	13 Month Series	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G		6.29	Monthly	0.88	2.68	0.48	1.95		↑
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	R	*	-4.51	Monthly	0.26	0.00	-0.69	-0.77		↓

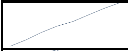


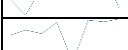


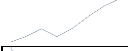

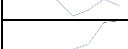

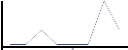


* For Commentary see Finance Report

Remedial Action Plan - February 2021							Domain	People (Enablers)	Theme	Workforce Metrics
Appraisal Compliance							Lead Manager	Bola Ogundeji	Responsible Director	Sandi Drewett
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21				
≥80%	Red	n/a	69.7%	70.4%	74.8%	76.4%				
Divisional Benchmarking (Feb 21)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Remote working and Covid pressure and recovery planning							<p>The development of support and guidance for virtual appraisal is on-going and a process of reminder emails to managers is now in operation. HR Business Partners are communicating appraisal rates with Divisional Management Teams on a monthly basis. The learning and development team are also providing additional support to managers to undertake appraisals remotely and have implemented an action plan including:</p> <ul style="list-style-type: none"> Monitoring expiries and sending reminders to staff and managers with weekly escalation where there is no response. Undertaking analysis to understand reasons for non-compliance eg absence, workload and reporting this back to the HRBPs Where training requirement linked to the e-appraisal tool is identified, the team offer 121/small group coaching. 		Mar 2021	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
No Further Issues or Actions										

Remedial Action Plan - February 2021							Domain	People (Enablers)	Theme	Workforce Metrics
Information Governance Training Compliance							Lead Manager	Jo Downing	Responsible Director	Ian Tombleson
Target	Rating	YTD	Nov-20	Dec-20	Jan-21	Feb-21	<div> <div> Average Control Limit Rate Exception </div> </div>			
≥95%	Red	n/a	93.7%	92.8%	95.8%	94.3%				
Divisional Benchmarking (Feb 21)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Organisational performance remains excellent and close to the 95% target. It continues to stand up well during COVID and has shown good stability. Issues have been identified with new starters not always completing their mandatory training before starting and data quality. The IGC and ITSG are concerned that all staff must have current IG training before being provided with passwords for our systems. Also, (and in line with ICO recommendations from a recent investigation), non-compliance should be followed up promptly.							The IG team is working with L&D and IMDQG to 1) ensure all staff have IG training before they start the organisation 2) ensure that reminders are sent to the organisation focusing on those who are about to fall out of compliance or those that demonstrate long term poor compliance (for a variety of possible reasons) - sent by IG 3) fix any data quality issues. This requires continuous maintenance.		Jan 2021	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Organisational performance remains excellent and close to the 95% target. It continues to stand up well during COVID and has shown good stability. Issues have been identified with new starters not always completing their mandatory training before starting and data quality. The IGC and ITSG are concerned that all staff must have current IG training before being provided with passwords for our systems. Also, (and in line with ICO recommendations from a recent investigation), non-compliance should be followed up promptly.							The IG team is working with L&D and IMDQG to 1) ensure all staff have IG training before they start the organisation 2) ensure that reminders are sent to the organisation focusing on those who are about to fall out of compliance or those that demonstrate long term poor compliance (for a variety of possible reasons) - sent by IG 3) fix any data quality issues. This requires continuous maintenance.		March 2021	

WEEKLY ACTIVITY REPORT

Measure	Level	24-Jan-21	31-Jan-21	07-Feb-21	14-Feb-21	21-Feb-21	28-Feb-21	07-Mar-21	14-Mar-21	Corresponding 2019/20 week	Weekly Average 2019/20	Trend
Total pathways	Trust	30853	31219	31612	31792	31825	31755	31819	31870	28378		
Over 18 week pathways	Trust	9071	9465	9812	9960	10215	10272	10185	10164	1822		
Over 18 week performance	Trust	70.6%	69.7%	69.0%	68.7%	67.9%	67.7%	68.0%	68.1%	93.6%		
Over 18 week non admitted performance	Trust	70.2%	69.3%	68.6%	68.6%	68.0%	67.9%	68.5%	68.7%	96.3%		
Over 18 week admitted performance	Trust	72.7%	71.7%	71.0%	69.1%	67.2%	66.3%	65.5%	65.0%	84.0%		
Over 18 week non admitted pathways	Trust	7824	8100	8373	8381	8501	8459	8323	8309	806		
Over 18 week admitted pathways	Trust	1247	1365	1439	1579	1714	1813	1862	1855	1016		
Over 40 week non admitted pathways	Trust	1751	1654	1542	1401	1247	1099	932	823	6		
Over 40 week admitted pathways	Trust	516	532	510	510	498	446	357	275	8		
Over 52 week non admitted pathways	Trust	121	176	248	294	338	398	419	429	2		
	Reduction Trajectory Target	-	-	-	-	-	-	-	552			
Over 52 week admitted pathways	Trust	71	96	113	152	197	223	209	193	1		
	Reduction Trajectory Target	-	-	-	-	-	-	-	159			
New pathways not seen over 14 weeks	Trust	8024	8460	8731	8906	8943	9002	9120	9180	1169		
New pathways not seen over 18 weeks	Trust	5115	5439	5718	5761	5970	6133	6165	6160	152		
New pathways (RTTSD last 7 days)	Trust	162	181	169	169	220	200	211	240	413		
New surgical pathways (DTA last 7 days)	Trust	46	61	52	37	80	83	106	134	0		
Percentage WL size vs Feb 2020	Trust	109.2%	110.5%	111.9%	112.5%	112.6%	112.4%	112.6%	112.8%	100.4%		
Median wait	Trust	83	85	86	89	90	90	90	90	39		
Median wait non-admitted	Trust	85	86	89	90	90	90	89	89	54		
Median wait admitted	Trust	72	78	82	85	90	93	96	96	54		
Avg wait to first appt	Trust	98	100	101	101	101	101	101	100	76		

Measure	Level	24-Jan-21	31-Jan-21	07-Feb-21	14-Feb-21	21-Feb-21	28-Feb-21	07-Mar-21	14-Mar-21	Corresponding 2019/20 week	Weekly Average 2019/20	Trend
Cancelled appointments no stratification	Trust	165702	169540	174088	177759	180639	184580	188342	191892		n/a	
DNA rate	Trust	20.1%	20.2%	21.0%	21.9%	19.2%	18.1%	14.3%	12.3%		10.8%	
Face to Face DNA rate	Trust	22.0%	21.9%	22.0%	22.9%	19.7%	18.5%	14.0%	12.3%		10.8%	
Non Face to Face DNA rate	Trust	13.1%	10.8%	14.9%	14.7%	15.5%	14.8%	17.1%	11.8%		n/a	
New Outpatient Attendances	Trust	1399	1519	1439	1688	791	1738	1702	1775		2674	
	% of 2019/20 Average	49.6%	53.8%	54.4%	59.3%	34.0%	63.3%	64.3%	66.4%			
New Virtual Outpatient Attendances (subset of New Outpatients Attendances figures above not additional)	Trust	437	366	273	413	154	258	247	181		n/a	
Follow Up Outpatient Attendances	Trust	5695	6069	6367	6087	5885	7277	7669	8015		9379	
	% of 2019/20 Average	56.0%	59.7%	65.1%	59.7%	65.7%	73.3%	80.5%	85.5%			
Follow Up Virtual Outpatient Attendances (subset of Follow Up Outpatients Attendances figures above not additional)	Trust	1270	982	957	703	571	620	710	656		n/a	
Elective Surgery	Trust	115	138	146	152	258	313	540	559		720	
	% of 2019/20 Average	14.9%	17.1%	20.1%	20.7%	41.2%	43.4%	79.6%	77.6%			
Elective Surgery - potential performance (details contained within the Divisional Admin Pack)	Non-discharged Admissions	0	0	1	0	0	0	3	1			
	Missed Admissions	2	1	2	0	16	2	4	13			
	Potential % of 2019/20 Average	15.2%	17.3%	20.5%	20.7%	43.8%	43.7%	80.7%	79.6%			
Adjusted Elective Surgery (%age of last year average adjusted for lost capacity from DV, Ealing and Mile End (27/52/17 respectively per week))*	Trust	115	138	146	152	258	313	540	559		624	
	% of 2019/20 Average	15.4%	17.7%	20.8%	21.4%	42.9%	50.1%	92.8%	89.6%			
Diagnostic Hub backlog (weeks until backlog patients seen) PLACEHOLDER : METRIC UNDER CONSTRUCTION	Glaucoma										n/a	
	Medical Retina										n/a	

* From week ending 28th February the Adjusted Elective Surgery calculation now excludes the following admissions from the 2019/2020 comparison figure: 52 admissions for Ealing, 17 for Mile End and 27 for Darent Valley. This reflects current available capacity.



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 09

Finance report

Board of directors 25 March 2021

Report title	Monthly Finance Performance Report Month 11 – February 2021
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

All NHS organisation were issued with revised control totals for the final six months of the year following mandated reported positions of breakeven for Months 1-6.

This report represents the Trusts re-revised 2020/21 financial plan submitted to NHSI in November 2020 in which the Trust has planned a break-even position (nil control total).

For February the Trust is reporting :-

- **a £1.57m surplus** adjusting for block payment and STP income support (£6.60m YTD);
- **a deficit of £5.54m** prior to block payment support (£71.88m YTD);

Compared to plan, the Trust is reporting:-

- **£6.86m less income** from directly commissioned clinical activity than would be expected, (£79.85m YTD) offset by £7.34m block payment and STP income support;
- **£1.16m more income** due to the release of BRC/CRF income deferrals offset by commercial income reductions and reduced activity at Bedford;
- **£0.70m less pay**, and
- **£0.19m more non pay** operating expenditure.

Financial Performance £m	Annual Plan	In Month			Year to Date			
		Plan	Actual	Variance	Budget	Actual	Variance	%
Income	£249.0m	£21.2m	£22.6m	£1.3m	£228.1m	£213.1m	(£15.0m)	(7)%
Pay	(£133.5m)	(£11.4m)	(£10.7m)	£0.7m	(£122.2m)	(£117.2m)	£4.9m	4%
Non Pay	(£106.5m)	(£9.4m)	(£9.6m)	(£0.2m)	(£97.4m)	(£81.2m)	£16.2m	17%
Financing & Adjustments	(£9.0m)	(£0.8m)	(£0.7m)	£0.1m	(£8.2m)	(£8.1m)	£0.2m	2%
CONTROL TOTAL	£0.0m	(£0.4m)	£1.6m	£2.0m	£0.3m	£6.6m	£6.3m	2,048%

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 discuss the attached report.

For Assurance		For decision		For discussion	✓	To note	✓
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**Moorfields
Eye Hospital**
NHS Foundation Trust



Monthly Finance Performance Report

For the period ended 28th February 2021 (Month 11)

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 28th February 2021 (Month 11)

Key Messages

Statement of Comprehensive Income

Operational Planning All NHS organisation were issued with revised control totals for the final six months of the year following mandated reported positions of breakeven for Months 1-6. This report represents the Trusts revised 2020/21 financial plan re-submitted to NHSI in November 2020 in which the Trust was given a control total of zero (nil) for the year (including £5.064m of ICS support).

Financial Position For February the Trust is reporting:-

£1.57m surplus
Including support

- a **£1.57m surplus** adjusting for block payment income support;
- a **deficit of £5.54m** prior to block payment support (£71.88m YTD);

Compared to the revised plans, the Trust is reporting:-

- **£5.70m less income** than would be expected pre-support; offset by
- **£0.70m less pay**; and
- **£0.19m more non-pay** operating expenditure (£1.01m drug underspend).

Income Total trust income is £5.70m less than would be expected, consisting of:-

£5.70m less
than plan pre
support

- Commissioned Clinical activity **income losses £6.86m**; (£79.85m YTD)
- Other Clinical activity **income losses £0.36m**; (£3.01m YTD)
- Commercial **income losses £0.87m**; (£5.31m YTD)
- Research **income gains £2.50m**; (£2.18m losses YTD) and
- Other **income losses of £0.11m**; (£1.96m YTD losses).

Directly commissioned activity income, if reimbursed by normal contracting arrangements would total £8.62m compared to a plan of £15.48m - £6.86m adverse to plan.

Expenditure Pay costs are £0.70m favourable to plan. Temporary staffing has reduced by 35% against February 2020 due to the COVID elective activity suspension. Temporary staffing spend is £0.86m in-month versus £1.34m in February 2020.

£0.51m favourable
to plan
(pay, non pay, excl
financing)

Non-pay costs are £0.11m adverse to plan mainly due to accrued expenditure on the proposed second diagnostic hub (£2.86m) offset by reduced expenditure on drugs (£1.01m) and clinical supplies (£1.04m).

Statement of Financial Position

**Cash and
Working Capital
Position**

The cash balance at the 28th February is £81.1m significantly higher than plan, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisations have sufficient cash to deal with the initial emergency COVID response.

Capital

(both gross capital
expenditure and
CDEL)

Revised capital allocations for Trusts, and STP's were notified in May with a Trust funded limit of £13.7m for Moorfields. Current capital plans have been reviewed and amended in light of post COVID recovery and responses.

Capital spend to February totalled £8.9m largely linked to Oriel and purchases of new medical equipment.

Use of Resources Current use of resources monitoring has been suspended.

Forecast Commentary

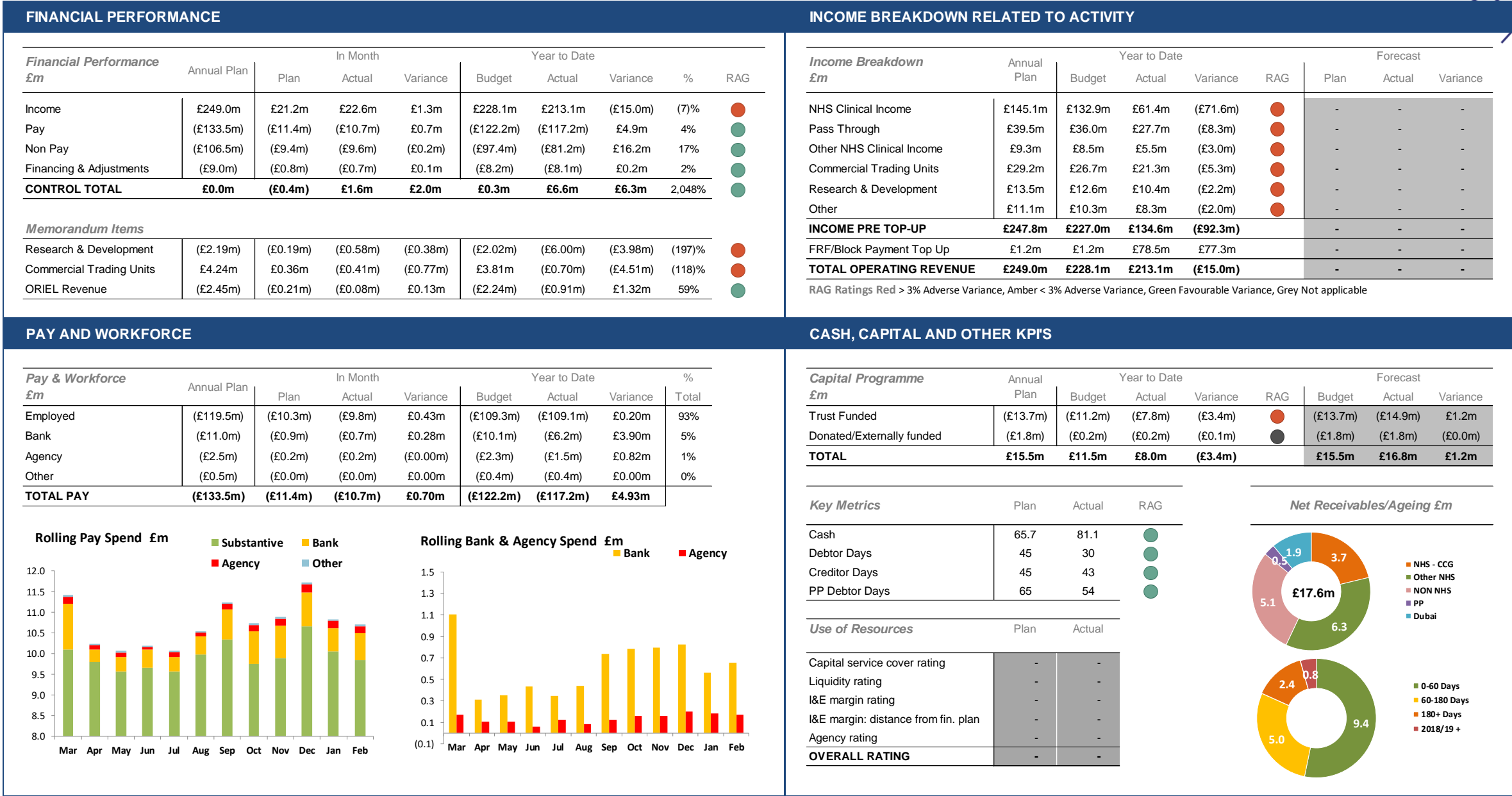
Revenue

The Trusts forecast position is a £6.08m surplus inclusive of Elective Incentive Scheme penalties of £0.60m. The Trust is awaiting clarification for finalised funding linked to local ICS distribution of funding/COVID reserves, and nationally determined funding flows to be clarified for example annual leave, and non NHS income losses which will not be confirmed until after 31st March 2021.

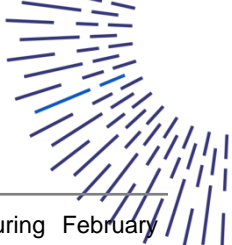
Capital

The Trusts likely capital forecast has now increased to £16.7m in February further to the confirmed funding for COVID, and approval to bring forward some aspects of 2021/22 capital plan for medical equipment and a second diagnostic hub.

Trust Financial Performance - Financial Dashboard Summary



Trust Income & Expenditure Performance



FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month					Year to Date				
		Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Income											
NHS Commissioned Clinical Income	184.59	15.48	8.62	(6.86)	(44)%	●	168.90	89.05	(79.85)	(47)%	●
Other NHS Clinical Income	9.35	0.81	0.45	(0.36)	(44)%	●	8.53	5.52	(3.01)	(35)%	●
Commercial Trading Units	29.24	2.42	1.55	(0.87)	(36)%	●	26.65	21.34	(5.31)	(20)%	●
Research & Development	13.53	0.97	3.47	2.50	257%	●	12.58	10.40	(2.18)	(17)%	●
Other Income	11.08	1.49	1.38	(0.11)	(8)%	●	10.30	8.33	(1.96)	(19)%	●
Total Income	247.79	21.17	15.47	(5.70)	(27)%	●	226.96	134.64	(92.31)	(41)%	●
Operating Expenses											
Pay	(133.47)	(11.41)	(10.70)	0.70	6%	●	(122.15)	(117.23)	4.93	4%	●
Drugs	(39.15)	(3.60)	(2.59)	1.01	28%	●	(35.89)	(26.48)	9.41	26%	●
Clinical Supplies	(21.38)	(1.96)	(0.92)	1.04	53%	●	(19.42)	(12.71)	6.71	35%	●
Other Non Pay	(45.94)	(3.85)	(6.09)	(2.24)	(58)%	●	(42.13)	(42.06)	0.07	0%	●
Total Operating Expenditure	(239.94)	(20.81)	(20.30)	0.51	2%	●	(219.59)	(198.47)	21.11	10%	●
EBITDA	7.85	0.36	(4.83)	(5.19)	(1,448)%	●	7.37	(63.83)	(71.20)	(967)%	●
Financing & Depreciation	(9.33)	(0.85)	(0.76)	0.09	11%	●	(8.49)	(8.57)	(0.08)	(1)%	●
Donated assets/impairment adjustments	0.29	0.05	0.05	(0.00)	(6)%	●	0.24	0.51	0.27	111%	●
Control Total Surplus/(Deficit) Pre FRF/Top Up Payments	(1.18)	(0.44)	(5.54)	(5.10)	(1,156)%	●	(0.88)	(71.88)	(71.01)	(8,106)%	●
Provider PSF/FRF	0.84	-	-	-		●	0.63	-	(0.63)		●
Covid Block Payments Received	-	-	6.34	6.34		●	-	75.27	75.27		●
Covid Top Up Payments	0.35	0.06	0.77	0.71		●	0.56	3.21	2.65		●
Post PSF/FRF Control Total Surplus/(Deficit)	0.00	(0.38)	1.57	1.95	515%	●	0.31	6.60	6.29	2,048%	●

Commentary

Operating Income The Trust received block income payments during February based on an average of 2019/20 income levels adjusted for the de-commissioning of the Darent Valley site. Clinical activity levels recorded were 64% (prior month: 57%) of planned levels expected during the month. If the Trust was reimbursed under activity-based contracting arrangements, this income would have totalled £8.62m - £6.86m lower than plan.

£5.70m below plan pre support

Outside of NHS Clinical Income, Commercial Trading income was £0.87m below plan, Research was £2.50m favourable as a result of releasing BRC deferred income, and Other NHS Clinical Income £0.36m adverse, due to the impact of COVID and reduced activity levels across these respective areas.

Employee Expenses Total pay costs were £0.70m favourable to plan, with bank and agency costs £0.86m, significantly lower than February 2020.

£0.70m below plan There were material reductions in temporary staffing costs in month across all clinical staff groups as the requirement for bank and agency resource was reduced..

Non Pay Expenses Non pay costs are £0.10m adverse to plan due to reduced activity levels. Drugs were £1.01m below plan, whilst Clinical Supplies was £1.04m below plan. This was offset by £2.86m in relation to establishing a second diagnostic hub.

£0.10m above plan

(non pay and financing) Oriel expenditure is now forecast to be £1.0m against £1.1m in the prior month.

Trust Patient Clinical Income Performance

PATIENT ACTIVITY AND CLINICAL INCOME

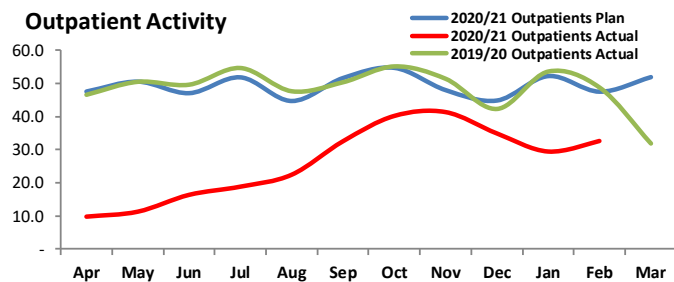
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,113	4,422	(3,691)	55%	96,211	55,683	(40,528)	58%	£15,005	£8,200	(£6,804)	55%
Daycase / Inpatients	3,065	869	(2,196)	28%	34,482	14,175	(20,307)	41%	£38,504	£17,081	(£21,423)	44%
High Cost Drugs	4,498	4,428	(70)	98%	50,600	42,790	(7,810)	85%	£33,037	£27,677	(£5,360)	84%
Non Elective	231	52	(179)	23%	2,750	1,174	(1,576)	43%	£5,376	£2,341	(£3,035)	44%
OP Firsts	10,832	5,982	(4,850)	55%	121,856	51,282	(70,574)	42%	£20,945	£8,776	(£12,169)	42%
OP Follow Ups	39,387	26,767	(12,620)	68%	443,104	239,678	(203,426)	54%	£45,644	£22,193	(£23,451)	49%
Other NHS clinical income									£3,895	£963	(£2,931)	25%
Total	66,126	42,520	(23,606)	64%	749,003	404,782	(344,221)	54%	£162,404	£87,231	(£75,172)	54%

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

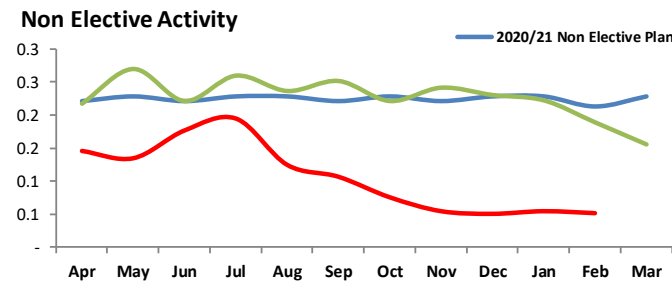
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND

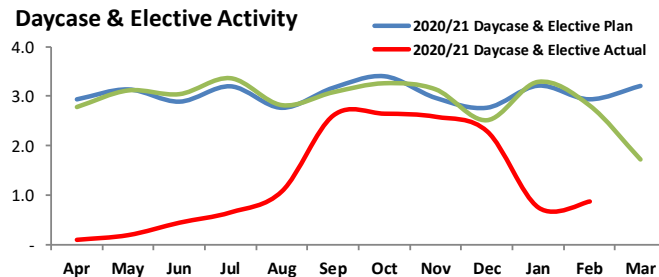
Outpatient Activity



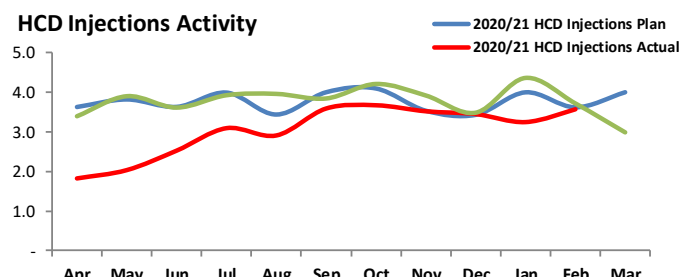
Non Elective Activity



Daycase & Elective Activity



HCD Injections Activity



Commentary

NHS Income Activity levels recorded during February were 64% of the 2020/21 activity plan levels (prior month: 57%).

Please note this is a different metric to NHSI's assessment of performance for Pre-COVID activity levels based on prior year activity levels.

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.

NHS Patient Clinical activity income in February was £8m if reimbursed via activity based contracting arrangements £6.3m less than planned prior to top-up income shown on slide four.

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

CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	1.6	1.6	1.1	(0.5)	1.6	1.7	0.1
Medical Equipment - Trust Funded	3.4	2.3	2.6	0.3	3.4	7.2	3.7
IT - Trust Funded	1.3	1.2	0.6	(0.6)	1.3	1.1	(0.2)
ORIEL - Trust Funded	5.8	4.6	3.0	(1.6)	5.8	3.6	(2.2)
Dubai - Trust funded	0.5	0.5	0.4	(0.1)	0.5	0.5	-
Other - Trust funded	1.2	1.1	1.1	0.1	1.2	0.9	(0.3)
TOTAL - TRUST FUNDED	13.7	11.2	8.7	(2.5)	13.7	14.9	1.2
Covid/Donated/Externally funded	1.8	0.2	0.2	(0.1)	1.8	1.8	(0.0)
TOTAL INCLUDING DONATED	15.5	11.5	8.9	(2.5)	15.5	16.8	1.2

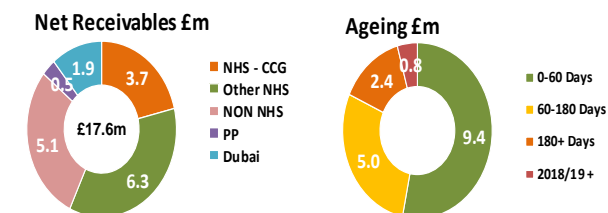
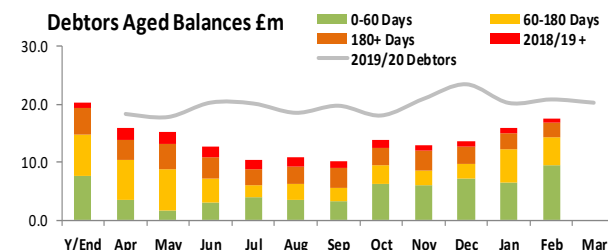
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.0	8.0		100%
Cash Reserves - B/Fwd cash	7.6	7.6		100%
Cash Reserves - Other (PSF)	-	-		0%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	13.7	13.7	-	100%
Donated/Externally funded	0.4	0.4		100%
COVID Funding	1.4	1.4		100%
TOTAL INCLUDING DONATED	15.5	15.5	-	100%

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	103.0	100.3	98.2	(2.0)
Current assets (excl Cash)	12.0	12.6	21.2	8.5
Cash and cash equivalents	46.7	65.7	81.1	15.4
Current liabilities	(35.4)	(52.7)	(66.6)	(13.9)
Non-current liabilities	(35.4)	(35.9)	(36.5)	(0.6)
TOTAL ASSETS EMPLOYED	91.0	90.0	97.4	7.4

RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 9 +	Total
CCG Debt	3.7	(0.0)	0.0	0.0	3.7
Other NHS Debt	3.1	2.4	0.5	0.3	6.3
Non NHS Debt	1.1	2.1	1.6	0.3	5.1
Commercial Unit Debt	1.4	0.5	0.4	0.2	2.5
TOTAL RECEIVABLES	9.4	5.0	2.4	0.8	17.6



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 28th February 2021 was £81.1m, significantly higher than initially planned, due to block income and top-up payments in advance received by the trust. It is to be noted that both cash balances and current liabilities have increased over initial plan values due to cash having been received in advance.

Capital Expenditure Revised capital allocations for Trusts, and STP's were notified in May with a limit of £13.7m for the Trust.

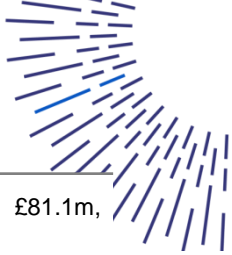
Capital spend to February totalled £8.9m linked to Oriel and the purchase of new medical equipment.

Use of Resources Use of resources monitoring and reporting has been suspended.

Receivables Receivables have reduced by £2.7m since the end of the 2019/20 financial year to £17.6m. An increase of £1.7m was recorded in February from the January position.

Payables Payables totalled £10.4m at the end of February, a reduction of £5.3m since March 2020. The reduction is partly due to the Trust adopting the new Prompt Payment guidance issued to NHS bodies and a reduction in operating expenses.

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 Actuals	Feb Actuals	Mar Forecast	Outturn Total	Feb Plan	Feb Var
Opening Cash at Bank	52.4	68.4	72.7	76.7	80.8	82.0	83.6	83.3	84.3	82.6	81.6	81.1	52.4		
Cash Inflows															
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.1	16.4	15.8	13.9	13.9	14.8	-	183.8	13.9	0.9
Other NHS	3.9	2.6	1.6	1.9	0.5	1.2	0.5	1.9	0.9	0.9	2.3	1.5	19.7	1.4	0.9
Moorfields Private/Dubai	1.4	0.9	1.6	2.6	2.8	3.3	3.9	4.0	3.3	2.3	1.9	1.9	29.9	2.7	(0.8)
Research	1.1	0.6	1.0	2.7	0.8	1.1	1.0	1.1	0.7	0.0	1.6	1.0	12.7	1.0	0.6
VAT	0.4	0.5	0.2	-	0.5	-	0.2	0.2	0.2	0.5	0.6	0.4	3.8	0.4	0.2
PDC	-	-	-	0.3	-	-	-	-	-	-	-	1.6	2.0	-	-
PSF	-	0.2	-	-	-	-	-	-	-	-	-	-	0.2	-	-
Other Inflows	0.2	1.8	0.4	0.4	0.3	0.4	0.5	0.4	2.0	0.1	0.4	0.4	7.3	0.3	0.1
Total Cash Inflows	40.3	21.8	19.9	23.1	20.1	21.1	22.5	23.4	21.1	17.7	21.6	6.8	259.4	19.6	2.0
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.6)	(9.4)	(9.4)	(9.4)	(9.6)	(9.7)	(9.6)	(9.7)	(9.7)	(9.7)	(9.7)	(115.1)	(9.7)	(0.0)
Non Pay Expenditure	(10.6)	(6.7)	(5.4)	(8.1)	(7.3)	(7.8)	(11.4)	(9.0)	(11.4)	(7.0)	(10.1)	(10.2)	(104.9)	(9.5)	(0.6)
Capital Expenditure	(1.0)	(0.4)	(0.4)	(0.6)	(0.5)	(0.2)	(0.3)	(0.4)	(0.6)	(0.8)	(0.4)	(1.9)	(7.6)	(0.9)	0.5
Oriel	(2.3)	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(2.2)	(0.2)	(0.3)	(0.2)	(1.3)	(7.7)	(1.7)	1.5
Moorfields Private/Dubai	(0.9)	(0.7)	(0.8)	(0.6)	(0.7)	(0.8)	(1.1)	(0.7)	(0.8)	(0.9)	(1.1)	(1.1)	(10.2)	(1.1)	0.0
Financing - Loan repayments	-	-	-	-	(0.7)	(0.8)	-	-	-	-	(0.7)	(0.8)	(2.9)	(0.6)	(0.0)
Dividend and Interest Payable	0	0	-	-	-	-	-	(0.6)	-	-	-	-	(0.6)	-	-
Total Cash Outflows	(24.4)	(17.5)	(16.0)	(19.0)	(18.8)	(19.5)	(22.8)	(22.4)	(22.7)	(18.7)	(22.1)	(24.9)	(248.9)	(23.6)	1.4
Net Cash inflows /(Outflows)	15.9	4.3	4.0	4.1	1.3	1.6	(0.3)	0.9	(1.7)	(1.0)	(0.5)	(18.1)	-	(3.9)	3.4
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	62.9	62.9		
Closing Cash at Bank 2020/21 Plan	39.5	39.1	38.6	40.4	37.7	35.5	36.8	36.2	34.4	34.8	32.8	29.3	29.3		
Closing Cash at Bank 2019/20	45.1	42.6	41.0	48.9	47.8	49.6	49.6	49.5	50.3	52.6	53.8	52.4	52.4		

Commentary

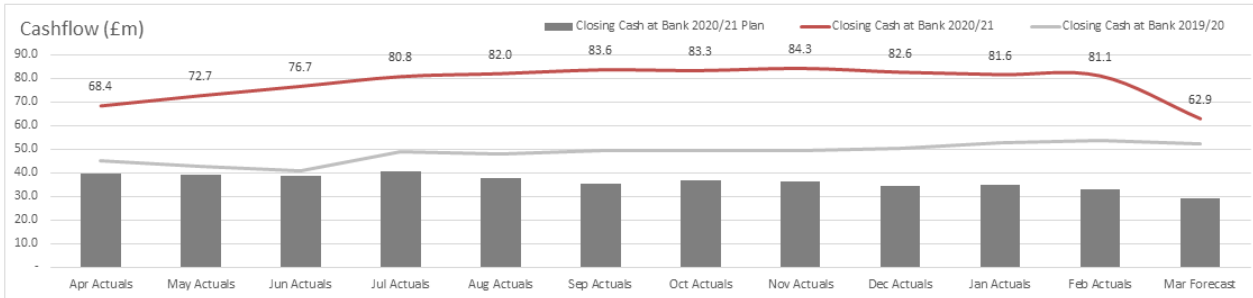
Cash flow The cash balance at the 28th February is £81.1m, significantly higher than initially planned.

The interim financial regime introduced to support NHS organisations during the CVOID response has contributed to significantly higher cash balances than previously planned, designed to ensure sufficient cash is available to the NHS to implement any required changes. The Trust currently has 122 days (prior month: 123 days) of operating cash.

As a result the Trust has an additional focus towards liquidity and working capital management to ensure sufficient cash is available to respond to emergency demand for supplies, staff, and suppliers payments.

In addition all NHS organisation received additional guidance on Prompt Payment to suppliers of the NHS, to ensure their cash flows are supported wherever possible.

February saw a cash outflow of £0.5m against a plan of a £3.9m outflow as expenditure continues to be lower than forecast.





Agenda item 10

Report of the quality & safety committee

Board of directors 25 March 2021

Report title	Report of the quality & safety committee
Report from	Ros Given-Wilson, chair, quality and safety committee
Prepared by	David Flintham, quality and safety team
Link to strategic objectives	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Brief summary of report Attached is a brief summary of the quality and safety committee meeting that took place on 16 March 2021.							
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	



QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

16 March 2021

Committee Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 100% • Action completion status - 100% • Agenda completed – Yes
Current activity	<p>Minutes, action tracker and summary from the meeting on 19 January 2021 The committee approved the minutes, action tracker and summary. The actions from the meeting were complete, or covered by subsequent agenda items.</p> <p>UAE performance report It was confirmed that the relatively low percentage rates reported at the last meeting were an anomaly due to low actual numbers involved. Several governance measures (including virtual CG-half days, and ‘buddying’, with City Road-based services) are now being proposed.</p> <p>Infection prevention and control in respect of the response to COVID 19 The committee received a presentation about the current position including the current IPC Board Assurance Framework. This included key document updates, the on-going management of COVID-19 and future potential changes as the pandemic subsides. The presentation concluded with an update on the vaccination programme, including the percentage of staff who have received the vaccine, now >71%, with the intention to continue staff engagement to improve this.</p> <p>Patient Communication A presentation about the current position with patient communication was received. This set out three key parts: writing out to all patients, regular surveys and reaching out to vulnerable groups, which are all running in parallel. The governance of this process was also set out.</p> <p>Divisional Presentation – South Division The committee received an update from the South Division. This provided assurance on the CQC themes of safe, effective, caring, responsiveness, and well-led. Areas covered included the management of both incidents and risks, patient participation, shared learning, and an update on the division’s CQC actions. A major challenge for the division is space. The presentation also highlighted the relocation of the injection clinic to Purley.</p> <p>Relationships with Host Trusts A paper set out the current position with SLAs/contracts with host trusts and the measures that will be introduced to improve their management. It was noted that the proposals had previously been taken to Management Executive. A working group has been created to identify and address issues. There is an associated piece of work about the trust’s network strategy and this work would run alongside that.</p> <p>Fire Safety update The fire safety update reported that the Trust has appointed a new fire safety advisor. There is on-going work with host trusts about fire safety at network sites. There are some risk assessments currently outstanding, but these are progressing and there are</p>

	<p>no major issues.</p> <p>SI Tracker and Report The committee received a single report (retained foreign object at City Road). The committee also received the regular SI tracker showing progress with current SIs.</p> <p>Quality and Safety update (including 2021-22 quality priorities) The draft quality priorities for 2021-22 were presented. The process for arriving at the presented draft priorities (including presentation to a stakeholder group which included patient representation) was outlined. COVID-19 has impacted upon the process nationally and guidance for this year's quality account (of which, the priorities are a part) has not yet been published. The trust's process to date has followed last year's guidance and would continue with further organisational consultation.</p> <p>Summary committee report received and noted:</p> <ul style="list-style-type: none"> • <u>Clinical Governance Committee</u> of 25/01/2021.
Key concerns	<ul style="list-style-type: none"> • The second stage of the vaccination programme concluded on 12 March. >71% of staff have been vaccinated. Attention is focused on the staff who have not been vaccinated. The committee discussed this topic supporting on-going engagement. • A risk to effective patient care remains space under current IPC conditions, with space in patient waiting areas a significant concern, particularly at the network sites. This issue is relevant to all three divisions. • Communicating with so many patients in a relatively short period of time is likely to result in increased telephone contact by patients, which in turn might lead to increased levels of complaints or concerns should patients not be able to get through. These would need to be managed. • It was noted that the introduction of <i>Netcall</i> at St George's has improved telephone communication and it is hoped that a similar system can be introduced at Croydon where telephone communication remains an issue. • The management of SLAs with host trusts has been previously raised by the CQC, so is likely to be raised again when the CQC returns. The committee needed to be aware of risks as soon as they arose.
Escalations	<p>It was agreed that the following would be escalated to the Board:</p> <ul style="list-style-type: none"> • Space, particularly in patient waiting areas. • The vaccination rate amongst Trust staff. • Communication with patients, including impact on telephone services. • Contracts/SLAs with host Trusts.
Date of next meeting	18 May 2021



**Moorfields
Eye Hospital**
NHS Foundation Trust



Agenda item 11

Report of the people committee

Board of directors 25 March 2021

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 <p>Attached is a brief summary of the people and culture committee meeting that took place on 16 March 2021.</p>							
Action Required/Recommendation. <p>Board is asked to note the report of the people and culture committee and gain assurance from it.</p>							
For Assurance	✓	For decision		For discussion		To note	

People & culture committee summary report – 16 March 2021

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance – 100%
Discussion points	<p><u>Terms of reference</u></p> <ul style="list-style-type: none"> • The context of the People committee has been reviewed in line with Moorfields key drivers and has been repurposed to cover three key areas: <ul style="list-style-type: none"> ○ Workforce transformation ○ Education and training ○ Oversight of workforce (including ED&I) • The committee will sit quarterly in line with other committees. Core membership will now also include the COO. <p><u>Workforce strategy</u></p> <ul style="list-style-type: none"> • There are a number of factors that will determine the workforce priorities: <ul style="list-style-type: none"> ○ Overall long term business planning with divisions in response to overall NHS transformation (governance and workforce), digitisation of patient pathways, learnings from COVID ○ Review of the current network model in line with learnings from Hoxton and the overall needs for Oriel • The committee will seek assurance that the development and execution of the workforce strategy is aligned to the overall Moorfields strategy, and that progress is both visible and measurable. <p><u>Subgroup updates</u></p> <p><i>EDHR steering group</i></p> <ul style="list-style-type: none"> • The committee was updated on key progress made on the four objectives; <ol style="list-style-type: none"> 1) Supporting career progression amongst minority ethnic staff 2) Understanding patient population demographics and ability to access language services 3) Investing in infrastructure to support the capability and maturity of staff networks 4) Reducing incidences of bullying & harassment • Disability will be included within the four objectives. <p><i>Health and wellbeing group</i></p> <ul style="list-style-type: none"> • The charity have supported the appointment of a health and wellbeing officer. • The group has agreed to focus on strategic objectives that are measurable by the committee, with the aim of making staff feel healthy, safe and valued. • Additionally, 43% of staff have a faith; there is now a chaplain to provide on-site support. • Staff returning from redeployment have a 'package' of support covering immediate and on-going support. • City road has a dedicated wellbeing space in Kemp House funded by the charity.

	<p><u>Staff survey</u></p> <ul style="list-style-type: none"> • There has been no significant movement from last year's results. • Scores on quality of care have been maintained but equality, diversity and inclusion and bullying & harassment have not changed. • Covid specific questions replaced appraisal questions and there were reported higher levels of work satisfaction from redeployed staff. • Support is needed for managers in managing their teams remotely. • Divisions and departments will be provided with granular detail to work with their teams in terms of action planning. • The committee discussed the strategy around cascade of information and sharing results. This is done via divisional meetings, managers and HR business partners. <p><u>Workforce metrics</u></p> <ul style="list-style-type: none"> • The committee asked for some analysis that would show progress on changing the workforce strategy and a timeline of the progress in order to provide assurance to the board. <p><u>Education and training</u></p> <ul style="list-style-type: none"> • A permanent joint Director of education is yet to be appointed but the joint education committee is in place that sits within the joint MEH and UCL governance structure. • A new Instructional designer has transformed some of the education provision. • The theatre nurse package has been shared across the UK with positive response and all work now has a quality assurance structure. • The director of education will attend the committee on a regular basis once appointed in order to provide a clear view on the role of education in workforce transformation.
Key concerns	<ul style="list-style-type: none"> • Effectively moving the dial on EDI and bullying and harassment with a clear process and action plan in response to employee survey • The impact of the vaccination uptake across Moorfields and having a structure in place to support all staff. • Managing the complexity of the Workforce Transformation programme driven by multiple change agendas • Challenge in providing wellbeing space in network sites.
Discussions outside the committee	<ul style="list-style-type: none"> • Review of statutory and mandatory training and determining the core knowledge and skills required. • Importance of wellbeing space in the design for Oriel. • Review of staff survey at granular level to assess what specific action needs to be taken in certain areas. • Governance and making sure the cascade of information on the staff survey is robust. • Scale of change and capacity to deliver effective change management and whether this should sit on the risk register
Date of next meeting	<ul style="list-style-type: none"> • 29 June 2021