

## A MEETING OF THE BOARD OF DIRECTORS

To be held in public on  
**Thursday 22 April 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 March 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.	Staff survey	Present	Enclosed	SD	00:15	5
7.	Learning from deaths	Assurance	Enclosed	LW	00:05	1
8.	Fit and proper persons annual report	Assurance	Enclosed	TG	00:05	5
9.	Integrated Performance Report	Assurance	Enclosed	AS	00:10	1
10.	Finance Report	Assurance	To follow	JW	00:10	7
11.	Report from the audit and risk committee	Assurance	Enclosed	NH	00:10	6
12.	Identify any risk items arising from the agenda	Note	Verbal	TG		6
13.	AOB	Note	Verbal	TG		
14.	<b>Date of the next meeting – Thursday 27 May 2021 09:30am</b>					

\* 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 MARCH 2021 (via video link)**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Richard Holmes (RH)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Johanna Moss (JM)	Director of strategy & partnerships
	Peng Khaw (PK)	Director of research & development
	Tracy Lockett (TL)	Director of nursing and AHPs
	Jon Spencer (JS)	Chief operating officer
In attendance:	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Jamie Henderson (JH)	Deputy general counsel
	Kieran McDaid (KM)	Director of estates, major projects and capital
	Nick Roberts (NR)	Chief information officer
	Ian Tomblinson (IT)	Director of quality and safety
	Kate Falkner (KF)	Head of nursing, City Road
	Justin Betts (JB)	Deputy CFO
Governors:	Lindsey Sokolich (LS)	Deputy director of strategy
	John Sloper	Public governor, Beds & Herts
	Andrew Clark	Public governor, Beds & Herts
	Ian Wilson	Public governor, NWL
	Richard Collins	Patient governor
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Paul Murphy	Public governor, NCL
	Jane Bush	Public governor, NCL
	Roy Henderson	Patient governor
	Tricia Smikle	Nominated governor, RNIB
	Una O'Halloran	Nominated governor, LBI
	John Russell	Public governor, NEL & Essex

**21/2552 Apologies for absence**

There were no apologies.

#### **21/2553 Declarations of interest**

There were no declarations of interests.

#### **21/2554 Minutes of the last meeting**

The minutes of the meeting held on the 25 February 2021 were agreed as an accurate record.

#### **21/2555 Matters arising and action points**

TL advised that a full update on the leading and guiding group would be provided at the April meeting. The trust is expecting further national guidance on social distancing but there are no specific issues to report at the moment. TG formally thanked the volunteers for the work they are doing to assist patients.

**TL to update the next meeting.**

#### **21/2556 Chief executive's report**

DP reported that the current focus is on patients that have been waiting for longer than 52 weeks. The majority of sites are back open with a few exceptions and good progress is being made in relation to the diagnostic hubs.

**Full report on diagnostic hubs to come to a future meeting**

64% of staff have so far received a vaccine with 74% of those being frontline staff. RGW asked about plans for vaccinating the remaining staff, particularly in light of the specific challenges the trust has with space. TL advised that the vaccine is not mandated so it is important to try to encourage those staff that are vaccine hesitant in order to increase uptake, and look at every option available.

Discussion took place about how the trust is now seeing patients. The board was advised that video consultation has been successful but some patients still require a face to face appointment, therefore the video consultation element needs to be built in to the pathway. As patients feel more confident about being out in public the desire for video consultation has diminished, so there is a clear need to reassure patients that the pathway is appropriate and safe. Ideally the trust wants to continue to drive a move to digitising the clinical pathway where it is both possible and clinically appropriate.

A full report on the staff survey will come to the next meeting but it was noted that 52% of staff responded to the staff survey. There are areas of positive engagement but clearly areas where improvement is required.

The trust took part in the day of reflection and remembrance on 23 March which recognised the important contribution made by staff to the system and other hospitals. TG offered condolences to the families of those staff that have sadly passed away and thanks to those staff that were redeployed.

The board delegated authority to Jonathan Wilson and Helen Essex to sign the ESCROW agreement which relates to the RPIF funding for UCL. The agreement is the mechanism by which funds will be held until draw down is required. JW advised that the funds would not be drawn down until the full business case has been approved.

## **21/2557 Oriel design engagement update**

Work is currently taking place to challenge the assumptions made about what needs to be within the scope of the building. A clear plan is required that can inform the design team and in turn inform the FBC.

Work is also being done on internal interiors and wayfinding and making sure the design is appropriate for people with visual impairments, which includes a number of areas such as the atrium, acoustics and art strategy.

The team has also recommended the primary pedestrian route to the London Borough of Camden and reached agreement on the green line. Discussions are taking place with Camden and TfL to understand current and future bus provision.

Three weeks of testing has been done in relation to mock up space for consultation rooms, theatres, wet and dry labs. Users were shown the comparison between the current space available at City Road and what will be available in Oriel.

The design team has developed a template that ensures the space is flexible on each floor. The next stage is to lock down the decisions required about what needs to be in the building on Day One. It is acknowledged that there is a cost associated with additional flexibility but that this is likely to be the long term legacy of the building. However it will be difficult to pull back from the decisions made in the shorter term due to the cost impact. The clinical model and demand and capacity model are reviewed on a regular basis.

DH advised that the impact of this is that the stage 4 design will overlap with construction which presents a number of risks. There will be some key decisions to be made in the near future although it was stressed that if there are recommendations made that require a material change to assumptions made in the OBC assumptions they would need formal board approval.

## **21/2558 Freedom to speak up Q3 report**

The FTSU guardians work across the network and provide a cultural safe space for people to raise concerns. Guardians are able to direct staff to the appropriate resource in order to assist them in resolving their concerns. The plan is to put in place FTSU champions across network sites.

A number of engagement events have been done with staff and approximately 50% of the concerns raised have been prompted by these events.

Wellbeing concerns have decreased over the last three quarters. Anecdotal feedback is that the wellbeing initiatives put in place are being well received. There have been no serious patient safety concerns but it is important to make sure the data is triangulated with information from incidents and the staff survey. IT advised that it is challenging to find themes but where a theme emerges then this would be addressed.

Discussion took place about how guardians can validate their effectiveness. Ideally this should be done through the staff survey which should show changes within the organisation that confirm their use as a conduit.

### **21/2559 Integrated performance report**

The trust is still seeing restrictions in capacity in some areas. Cancer performance remains strong, partly due to the innovations put in place by the team.

Diagnostic standards are being achieved although there are patients waiting longer than the standard often due to patient choice. The majority of focus is on the longest-waiting patients and there is a clear trajectory to address 52-week waits by the end of Q1.

It is anticipated that there will be staffing improvements in inpatient. Divisions also need to focus on factors such as appraisal and IG compliance in the coming months. Extra resource is being put in place in order to respond to the increasing number of calls coming in to the trust. Teams are also looking to get proactive communication out to patients that have not been contacted for a time. The intention is to send letters out that provide clarity to specific groups of patients. Teams are reviewing patients that are included in the backlog and the specific messages that need to go out to each cohort.

### **21/2560 Finance report**

The trust is currently showing a £1.6m surplus which is favourable to plan due to activity levels being below the block funding arrangement and significant pay and non-pay favourable variances.

Forecast outturn is £1.6m with accruals relating to annual leave and the elective incentive scheme impact.

Cash is at £81m and above forecast. The debt position has increased but ageing remains positive and there will be a further reduction before the end of the year. The 30-day debt position relates to both NHS and non-NHS. The position will be split out for further analysis at the finance committee.

In summary the trust is in a good position to exit the year although there are still a number of unknown upside variables. The NHS as a whole is seeing a particularly challenged financial position for the year. A national webinar will be held on 26 March to address how next year will operate.

### **21/2561 Report from the quality and safety committee**

The committee received an infection control report and was assured about the positive relationship with UAE and liaison with the team about developing closer links with the trust in the area of clinical governance.

Areas of concern relate to vaccination and space as well as SLAs with host trusts. This area needs focus to make sure there is clear understanding as to the arrangements in place with those trusts.

Discussion also took place about the need for focus on communication with vulnerable patients and consultation on quality priorities.

#### **20/2562 People and culture committee terms of reference**

The committee reviewed ongoing objectives and context. Areas of assurance will focus on workforce transformation, education and training to support the workforce, oversight of HR processes/ER and which areas should come to the board and which can be dealt with by the committee.

The committee will continue to seek assurance as to whether workforce strategy objectives are correct and how delivery is progressing. There are a number of moving parts and it is critical to bring them together to make sure the workforce is fit for purpose for the future.

The committee will also review issues such as taking lessons from the staff survey and particular areas of concern such as EDI.

The committee terms of reference were approved.

#### **21/2563 Identify any risk items arising from the agenda**

No additional risks were identified.

#### **21/2564 AOB**

None.

#### **21/2565 Date of the next meeting – Thursday 22 April 2021**

**BOARD ACTION LOG**

<b>Meeting Date</b>	<b>Item No.</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Update/Comments</b>	<b>Status</b>
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		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		Closing
25.03.21	20/2555	Matters arising and action points	Full update on leading and guiding group to be provided at the April meeting	TL	22.04.21		Open
25.03.21	20/2556	Chief Executive's Report	Full report on diagnostic hubs to come to a future meeting	JS	1 Jul 2021		Open



### **Glossary of terms – April 2021**

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





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



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



Agenda item 05  
Chief executive's report  
Board of directors 22 April 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**

In response to the low prevalence of Covid-19 in the London region and the national incident level of the NHS Covid-19 response reducing from level 4 to level 3, Moorfields has shifted focus onto recovering clinical services in as timely and safe a manner as possible. Activity levels have increased in March and excellent progress has been made booking the longest waiting patients in for treatment. The Trust is significantly ahead of the plan that it set to treat patients who have waited over 52 weeks for their treatment and is expecting to treat the majority of these patients by the end of May rather than the end of June as was reported at the last Trust Board.

Actions remain in place to manage the safety of the trust environment during the Covid-19 pandemic and some of these, such as the need to ensure social distancing, will continue to provide an operational challenge for Moorfields as we seek to deliver previous levels of activity. It is recognised that staff have worked exceptionally hard to help the Trust respond to the latest wave of the pandemic and it has therefore been essential that they are able to take some annual leave before they help the trust to focus fully on recovery.

Moorfields is liaising with partners in the North Central London ICS to ensure that our recovery plans are supportive of those of the wider region. We have continued to offer mutual aid to surrounding organisations, however it is anticipated that we may need to play a much larger role in this area when we have treated all of our patients who have waited over 18 weeks in the second half of the new financial year.

### **Managing the patient backlog within services**

As a result of the pandemic and the intermittent closure of clinical services over the past 12 months, it is acknowledged that there are significantly more patients currently waiting for diagnosis and treatment than there would normally be. Operational and clinical colleagues are assessing the backlog of patients on a daily basis to ensure that patients are booked according to clinically-led risk stratification tools which balance a number of criteria including their clinical prioritisation, date on which patients were referred and other relevant factors such as social economic background.

A new forum is being established between the Trust Executive Directors and the Service / Divisional Directors to ensure that available capacity is balanced appropriately between clinical teams, and that innovative approaches to delivering patient care are considered and enacted in an accelerated manner. This group will also ensure that communication with patients on their diagnosis and treatment is clear and concise, and that the Trust's short term investment decisions will be maximised to help clear the backlog of patients as quickly as possible.

As the trust continues to recover its activity, work is underway to liaise with patients who are currently waiting for an appointment. In addition to the reviews by the sub specialties, the trust has also made contact with patients who may have additional vulnerabilities such learning disabilities or dementia offering them reassurance and the opportunity to contact the trust if they had concerns. The safeguarding team have also been available to talk to patients if required.

### **Staff Covid Vaccinations**

The trust has now vaccinated 77% of the total workforce (73% of frontline staff) and continues to offer weekly vaccination clinics for staff yet to be vaccinated. The vaccination champions continue to offer support and advice for staff.

### **Strategy refresh**

There are two parallel processes taking place in respect of the strategy refresh. The first is that, following the Board strategy away day, a series of executive-led task and finish groups are to be held in April/May. These will take the Board discussions as a starting point to work up some more specific strategic objectives for 2021-26. These objectives are likely to speak to the following themes:

## Outcomes:

- Patient outcomes (unwarranted variation in outcomes, equity and productivity)
- Patient experience (a sector-leading approach to how patients experience care)
- Leadership (in specialty and system)
- Value (shape of the network and cost management)

## Enablers:

- Digital (architecture, data and user experience)
- Research (big data, AI, science and service innovations)
- Workforce and education (our role in shaping and training the future workforce)

A group is to meet for each area, tasked with bringing back to the Board a suggested strategic objective, along with an indication of measures, resources and risks. Thereafter the next stage will be prioritisation of said objectives before proposals are then brought forward for reporting and monitoring.

The second process is the staff and patient engagement work, which will inform the work of the task and finish groups as far as possible. So far this has comprised a series of interviews with key internal staff, and a staff survey. We have had over 200 responses to the survey, the headline messages being broadly consistent with the direction of travel identified by the Board. The next stage of engagement is a patient story exercise, and finally, some workshops, scheduled for mid-May. These outputs will be used as a check on our thinking before the strategy is finalised and will provide invaluable insights to shape the specifics of the strategic work programmes supporting delivery.

## System and partnership working

System facing work continues to focus on the following three areas:

1. Systemic responses to Covid recovery, with a particular focus on addressing long term waits.
2. How this positive collaboration might be formalised longer term in the context of Integrated Care Systems, provider collaboratives and clinical networks. Moorfields has put a proposal to NHS London in this regard.
3. Contributing to the national eye care programme and NHSX work, variously on the primary care interface and use of diagnostic hubs.

## Oriel update

The communications and engagement programme for Oriel during the spring and summer is focused on paving the way for the new centre, gathering feedback on aspects of the interior design, and proactively maintaining positive relationships with key stakeholders, targeting staff and patients in particular. We have implemented a 'two-tier' approach to our engagement, which initially involves generally raising awareness of the proposals for a new, integrated centre at the St Pancras Hospital site and promoting the benefits of moving to a fit-for-purpose building. The second component is a 'deeper dive' into the key themes that resonate with our audience groups, based on the principles of co-design. This will culminate in an Oriel summer showcase that encapsulates our discussions and demonstrates how feedback from a wide range of user perspectives, including the sight loss community, has been incorporated into the evolution of the building's design.

## People and awards

Four colleagues have been recognised in a list of the most influential women in the world of ophthalmology. The **Ophthalmologist Power List** honours clinicians, scientists and engineers who have made a significant contribution to their field. The 2021 list, for the first time, features only women.

Each nomination celebrates an individual who has made a lasting impact on the field, whether that is through a philanthropic initiative or their ongoing commitment to innovation. This year saw 1,200 nominations for over 300 women working in ophthalmology across the world. Congratulations to our extraordinary Moorfields' clinicians who feature on The Power List 2021: Professor Mariya Moosajee, consultant ophthalmologist, Dawn Sim, consultant ophthalmic surgeon, Professor Sobha Sivaprasad, consultant ophthalmologist and Louisa Wickham, medical director.

Professor Frank Larkin, consultant ophthalmic surgeon, has been appointed editor-in-chief of the **British Journal of Ophthalmology (BJO)**. The BJO is an international peer-reviewed journal for ophthalmologists and visual science specialists and is the leading ophthalmology journal outside the United States. Frank's ambition is to further expand the quality and standing of the BJO, building on the previous editors' stewardship and I would like to congratulate him on behalf of the board on this prestigious appointment.

This month we say farewell to Chris Canning, who is stepping down from his role as **chief clinical information officer**. I would like to thank Chris on behalf of the board for the exceptional leadership he has shown in this area and wish him every success for the future. I am pleased to confirm that the trust has appointed Pete Thomas as the chief clinical informatics officer and he has been invited to a future board meeting to share his vision for the new department of digital medicine, a particularly exciting development for the trust.

Moorfields has recently elected new governors to its **membership council**. This year the trust received the highest number of nominations ever, with 64 nominations to fill seven seats.

We welcome our new governors:

- Vijay Arora (north west London public constituency)
- Marcy Ferrer (patient constituency)
- Vijay Tailor (staff governor for the City Road constituency)

The following governors were re-elected:

- Richard Collins (north east London and Essex constituency (previously a governor in the patient constituency)
- Rob Jones (patient constituency)
- Paul Murphy (north central London constituency)
- Naga Subramanian (south east London constituency)

We also say goodbye to three governors – Manzur Ahmed, Ella Preston and Brian Watkins – and I would like to join the chairman in formally thanking them for their hard work and the positive contribution they have each made to Moorfields in their respective governor roles.

### **Financial position**

At the time of writing the March and year-end position is being finalised as per national timelines and this paper will be updated accordingly in advance of the Board.

**David Probert, chief executive**

**April 2021**

# Moorfields Eye Hospital NHS Foundation Trust

2020 NHS Staff Survey

**Summary Benchmark Report**

## Moorfields Eye Hospital NHS Foundation Trust

## 2020 NHS Staff Survey



### Organisation details

Completed questionnaires **1,184**

2020 response rate **54%**

➤ [See response rate trend for the last 5 years](#)

### Survey details

Survey mode **Online**

Sample type **Census**

### This organisation is benchmarked against:

Acute Specialist Trusts



#### 2020 benchmarking group details

Organisations in group: **14**

Median response rate: **56%**

No. of completed questionnaires:  
**17,827**

## Key features

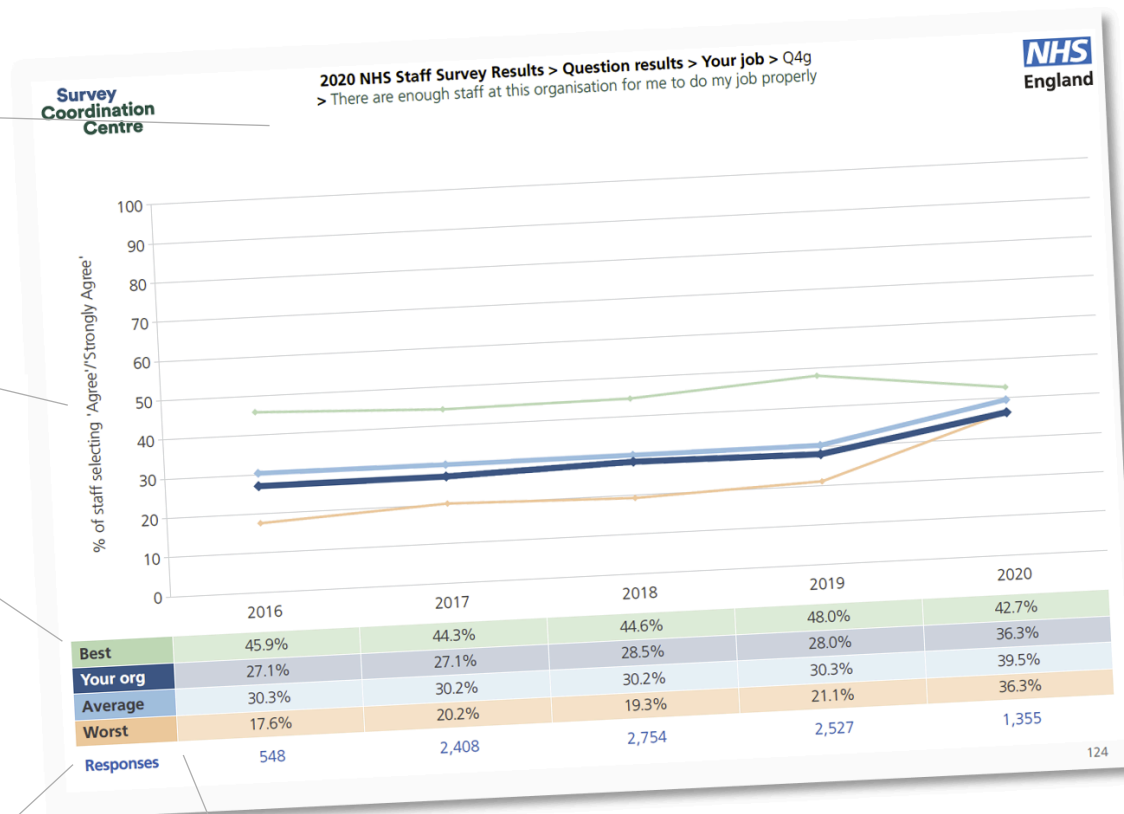
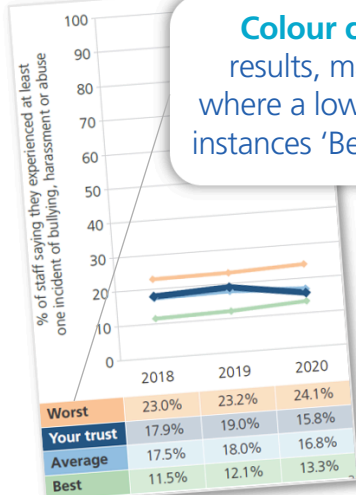
Question number and text  
(or the theme) specified  
at the top of each slide

Question-level results are always  
reported as percentages; the **meaning  
of the value** is outlined along the axis.  
Themes are always on a 0-10pt scale  
where 10 is the best score attainable

**Colour coding** highlights best / worst  
results, making it easy to spot questions  
where a lower percentage is better – in such  
instances 'Best' is the bottom line in the table

 **Keep an eye out!**

**Number of responses**  
for the organisation  
for the given question



'Best', 'Average', and 'Worst' refer to the  
**benchmarking group's** best, average and worst **results**



Full details on how the scores are calculated are provided in the **Technical Document**, under the Supporting Documents section of our [results page](#)

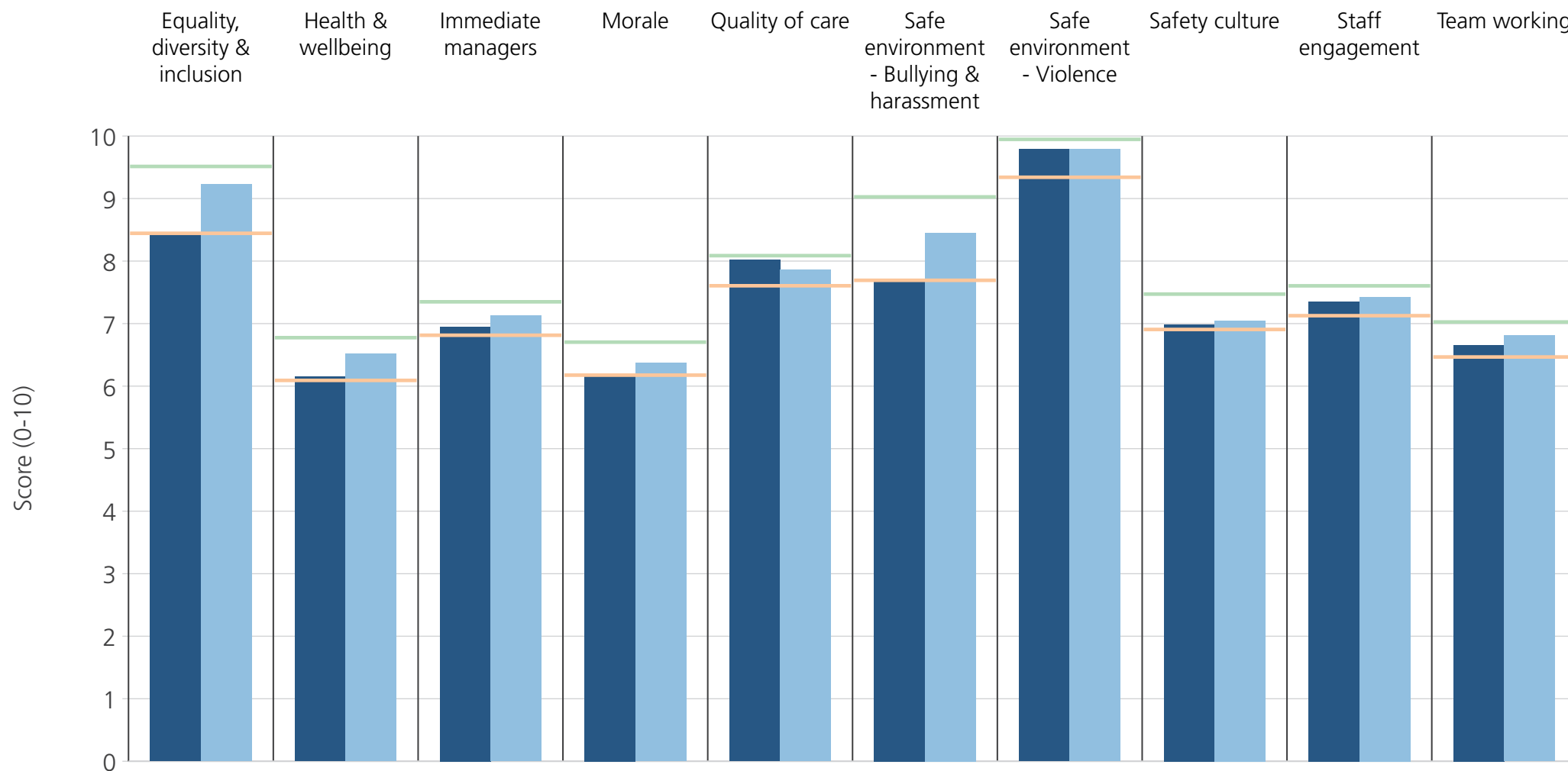


# Theme results

The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in the charts are comparable for this theme, however these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Moorfields Eye Hospital NHS Foundation Trust

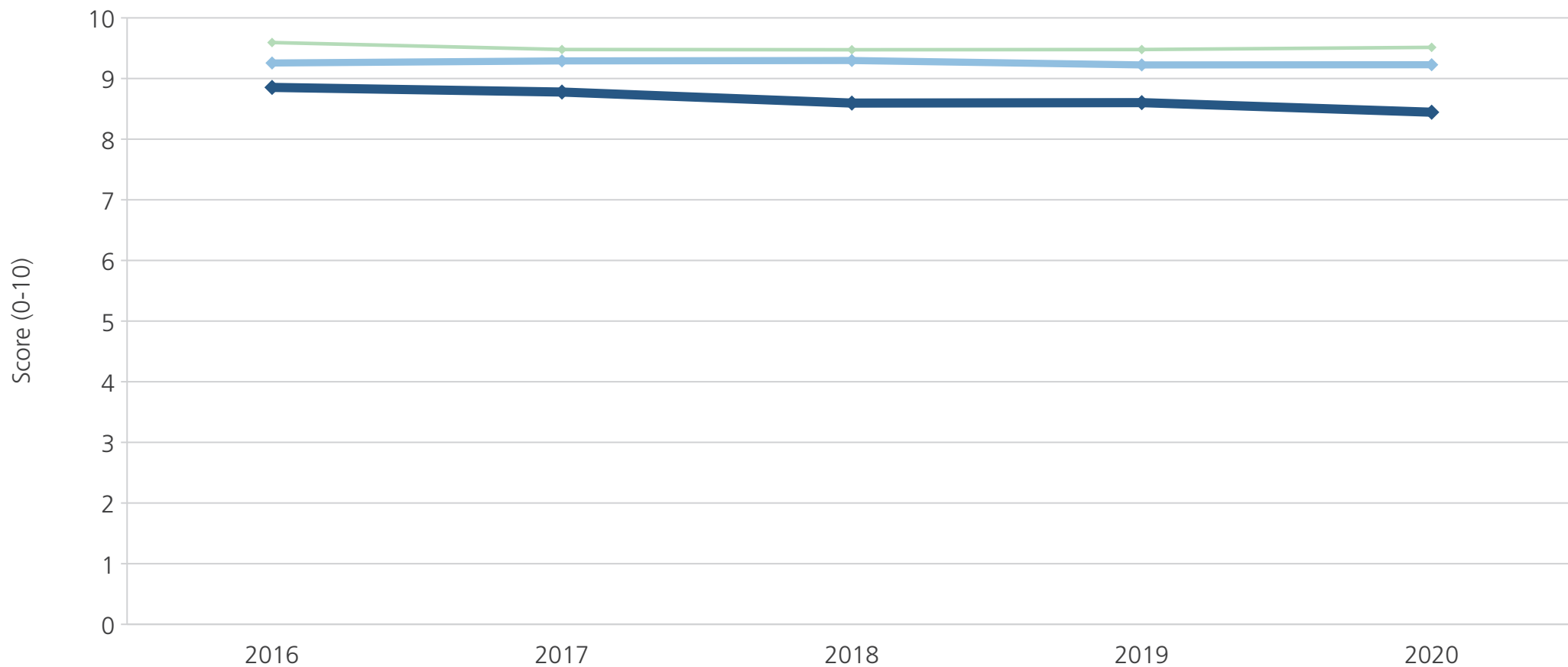
2020 NHS Staff Survey Results



Best	9.5	6.8	7.3	6.7	8.1	9.0	9.9	7.5	7.6	7.0
Your org	8.4	6.1	6.9	6.2	8.0	7.7	9.8	7.0	7.4	6.7
Average	9.2	6.5	7.1	6.4	7.9	8.4	9.8	7.0	7.4	6.8
Worst	8.4	6.1	6.8	6.2	7.6	7.7	9.3	6.9	7.1	6.5
Responses	1,170	1,173	1,182	1,175	1,065	1,172	1,172	1,181	1,182	1,162

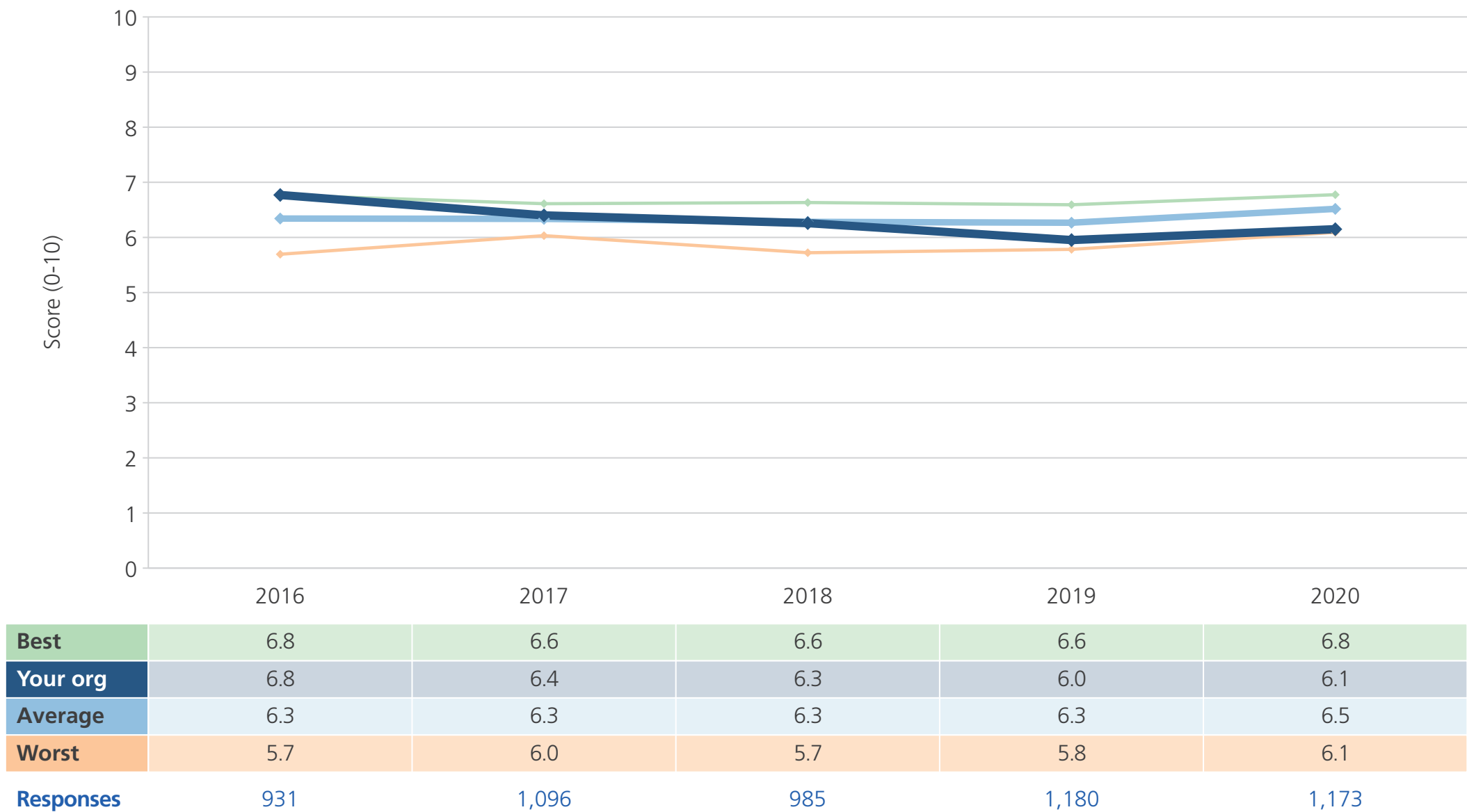
# Theme results – Trends

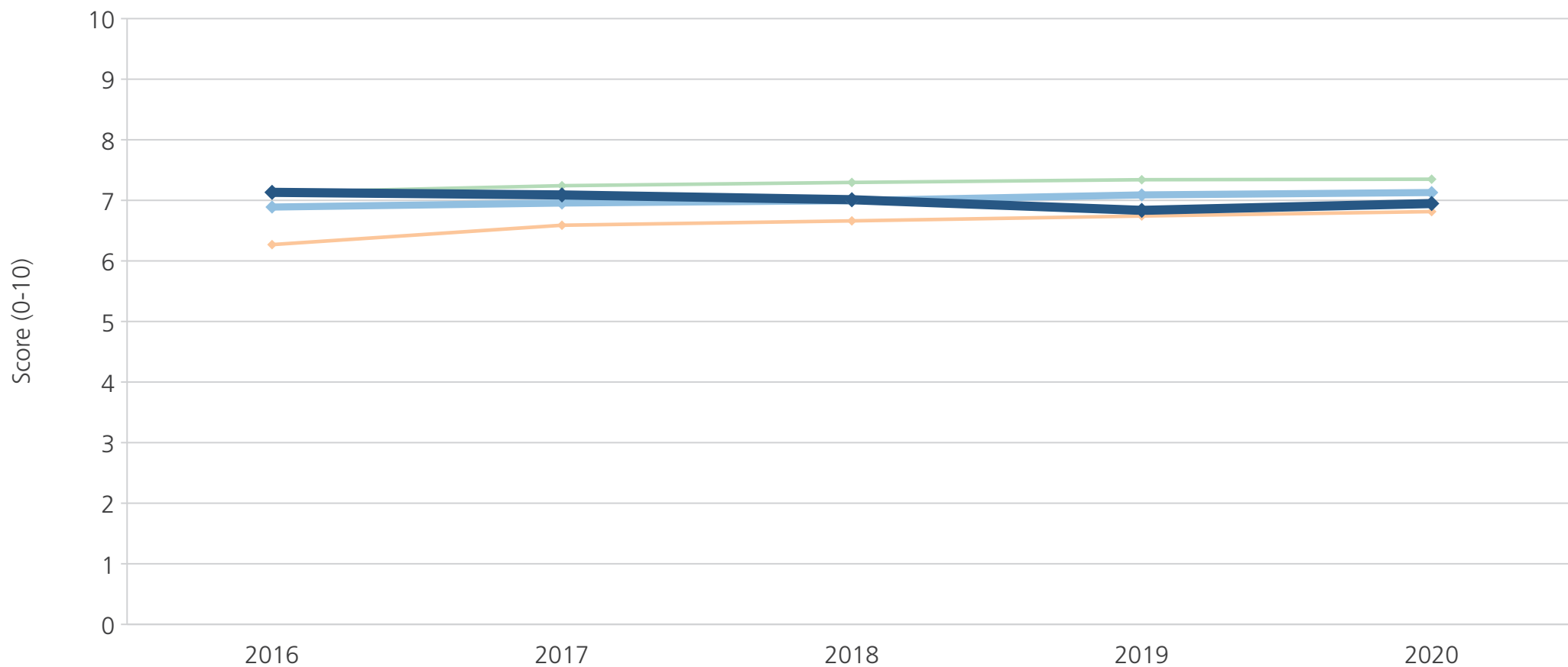
Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results



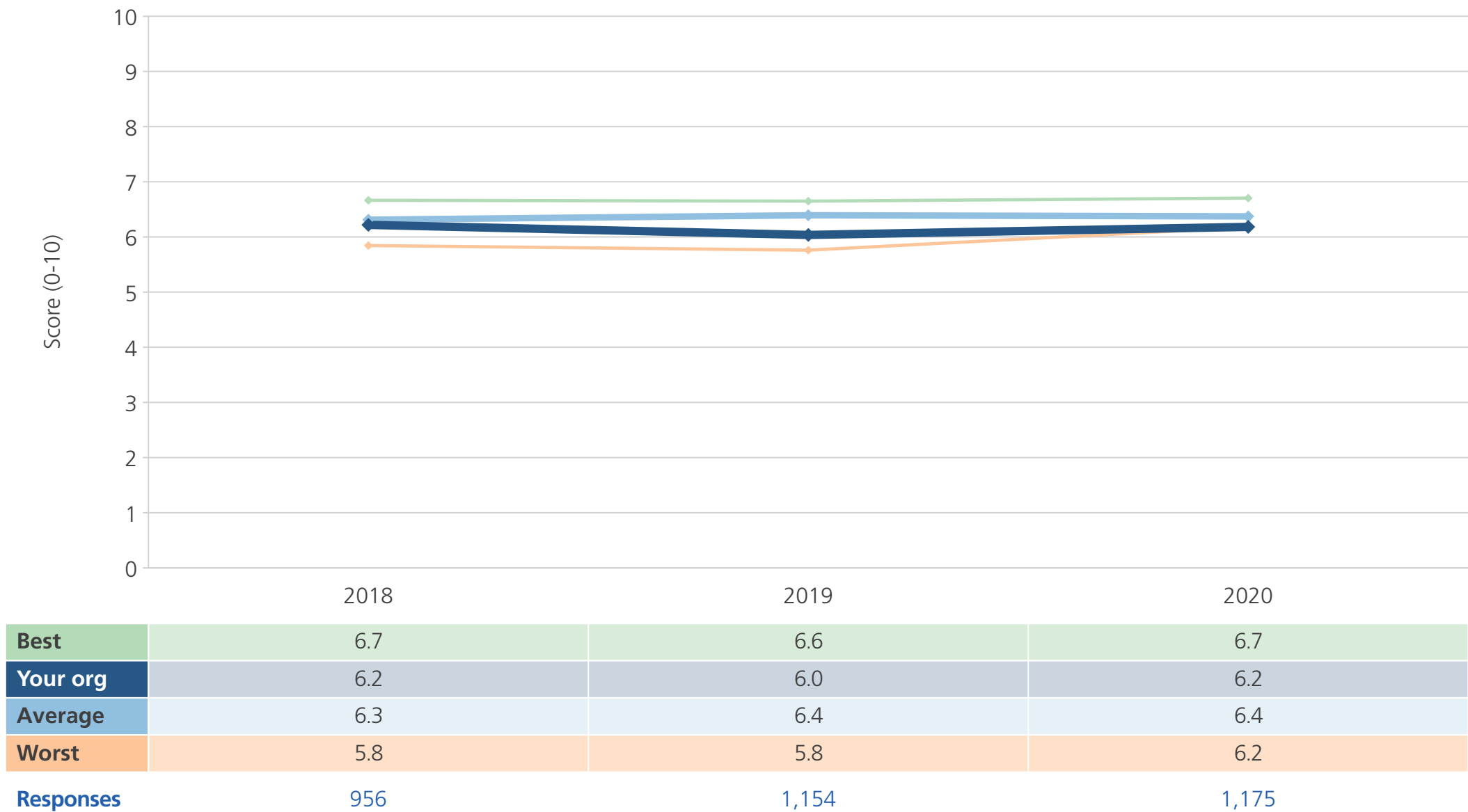
Best	9.6	9.5	9.5	9.5	9.5
Your org	8.9	8.8	8.6	8.6	8.4
Average	9.3	9.3	9.3	9.2	9.2
Worst	8.9	8.8	8.6	8.6	8.4

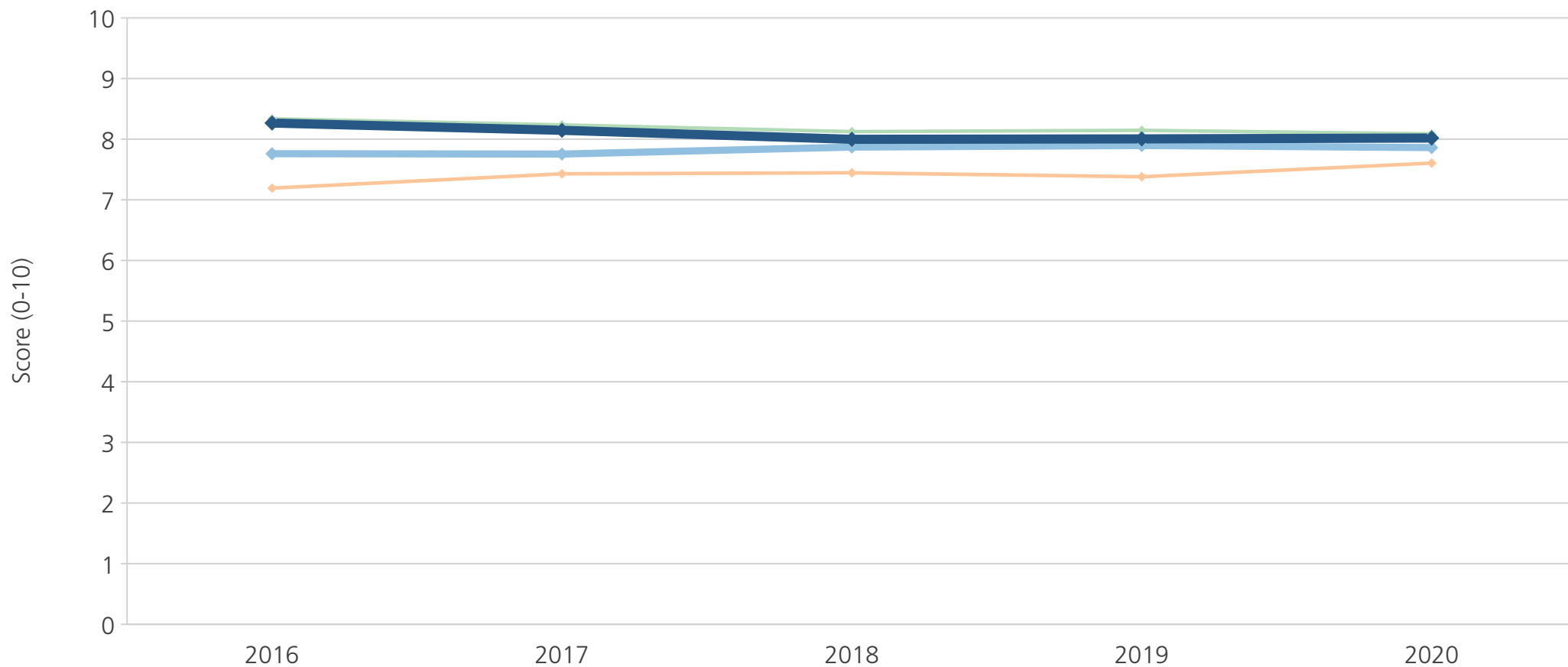
Responses 927 1,088 974 1,175 1,170





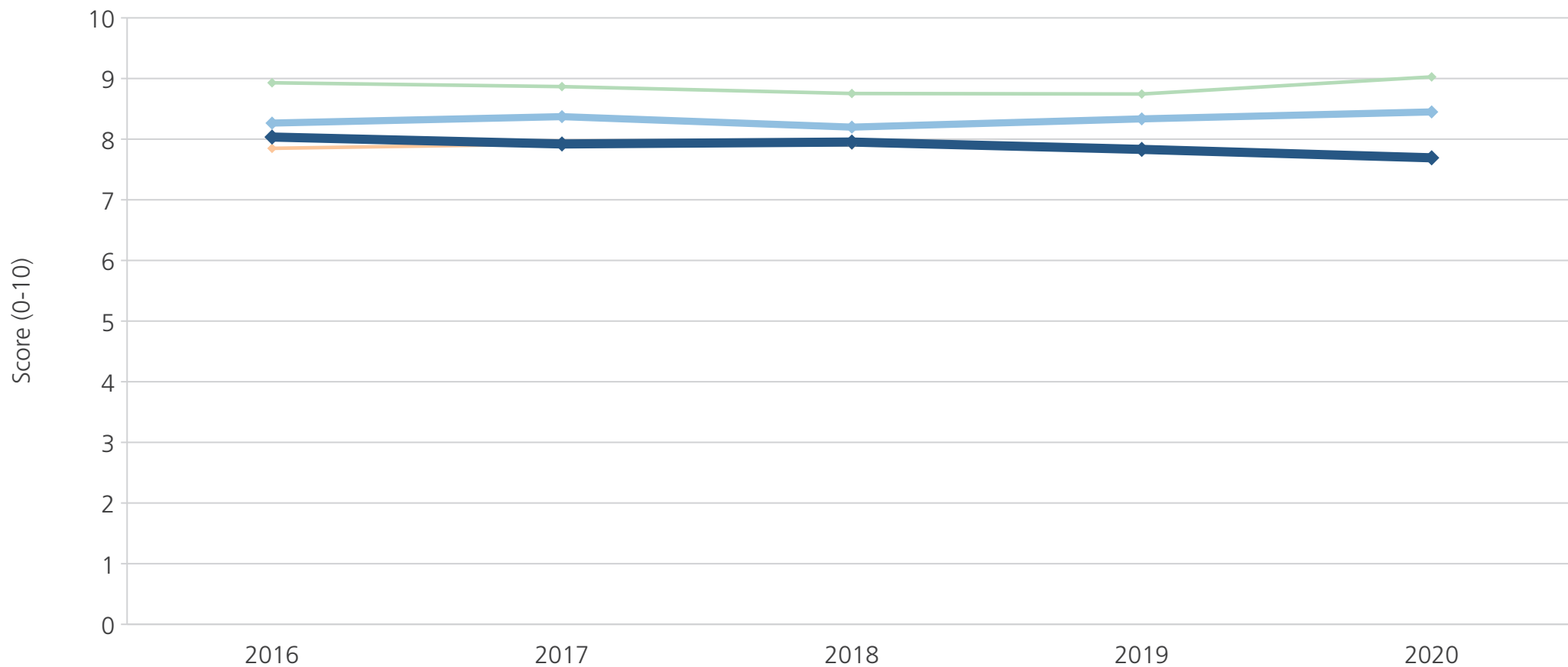
Best	7.1	7.2	7.3	7.3	7.3
Your org	7.1	7.1	7.0	6.8	6.9
Average	6.9	7.0	7.0	7.1	7.1
Worst	6.3	6.6	6.7	6.7	6.8
Responses	932	1,104	988	1,186	1,182



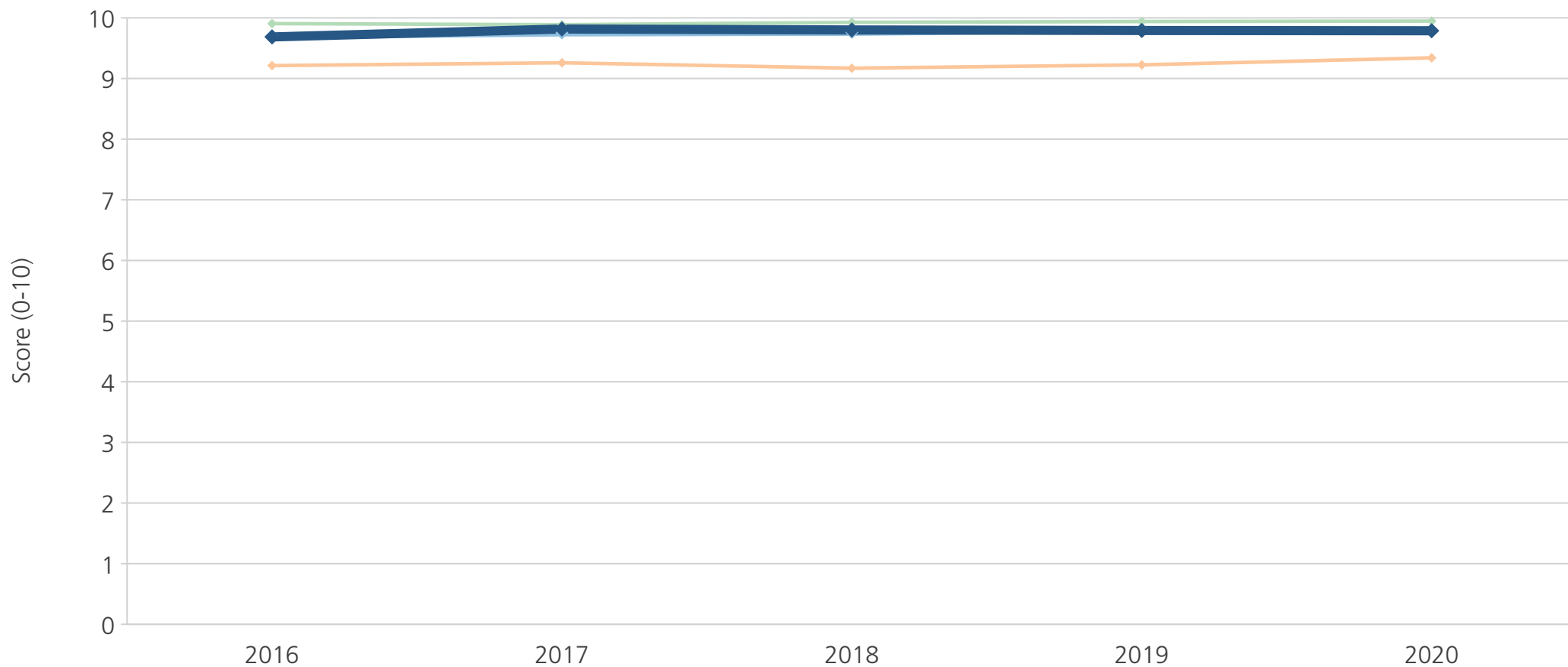


Best	8.3	8.2	8.1	8.1	8.1
Your org	8.3	8.1	8.0	8.0	8.0
Average	7.8	7.8	7.9	7.9	7.9
Worst	7.2	7.4	7.4	7.4	7.6
Responses	818	967	885	1,075	1,065



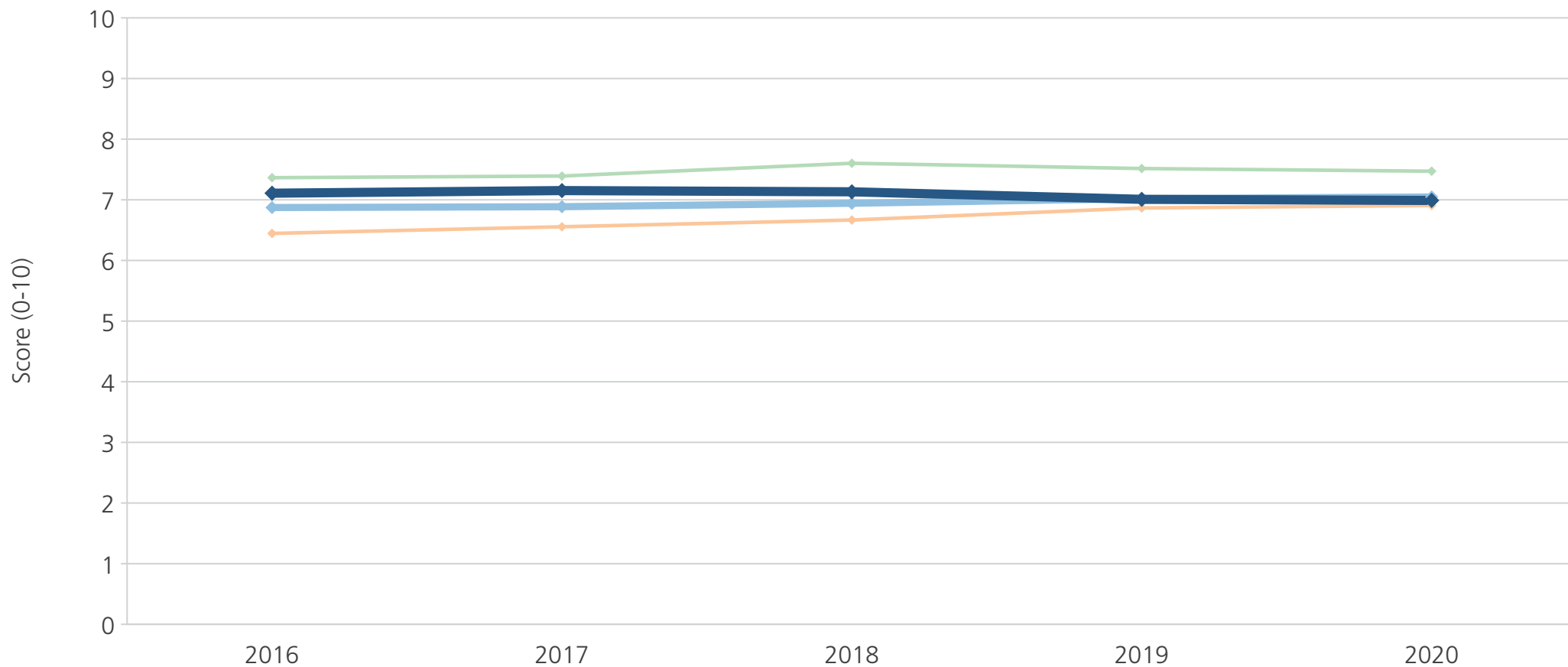


Best	8.9	8.9	8.8	8.7	9.0
Your org	8.0	7.9	8.0	7.8	7.7
Average	8.3	8.4	8.2	8.3	8.4
Worst	7.8	7.9	7.9	7.8	7.7
Responses	918	1,091	951	1,160	1,172

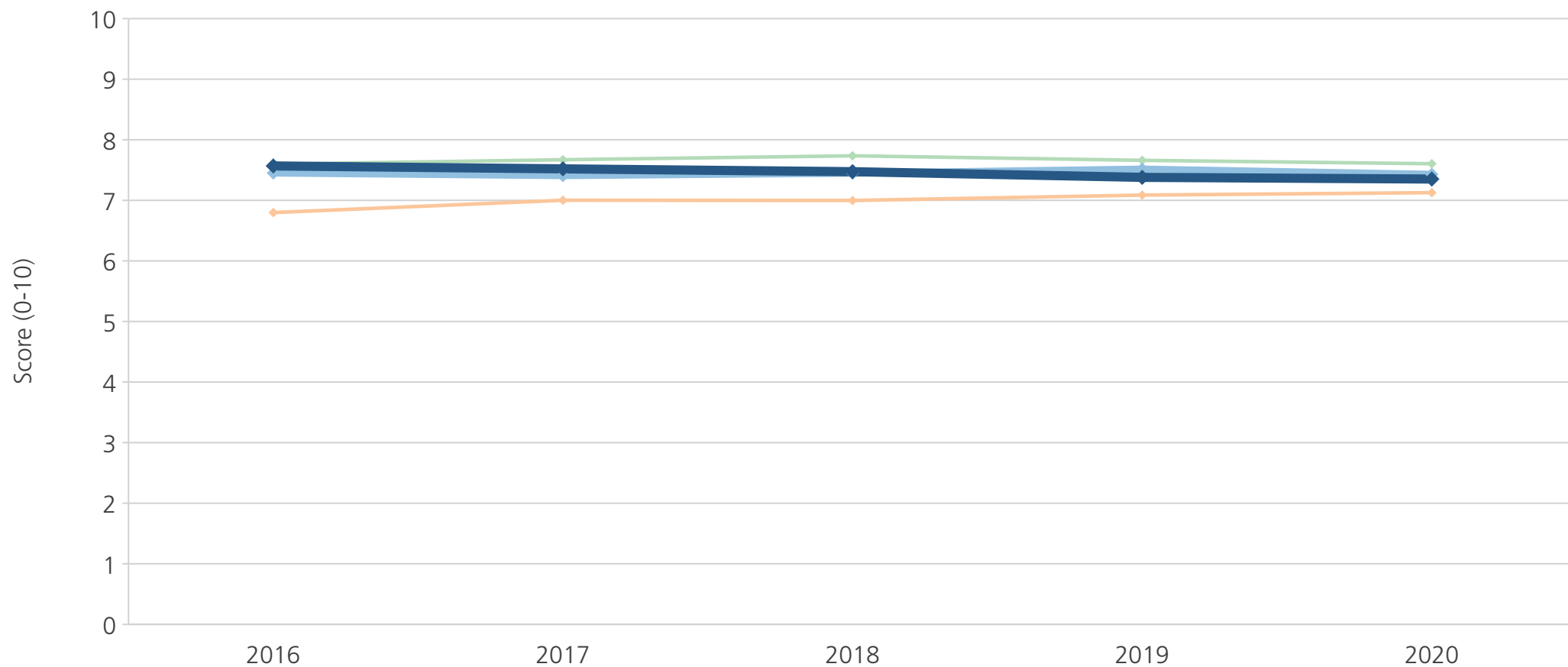


Best	9.9	9.9	9.9	9.9	9.9
Your org	9.7	9.8	9.8	9.8	9.8
Average	9.7	9.8	9.8	9.8	9.8
Worst	9.2	9.3	9.2	9.2	9.3

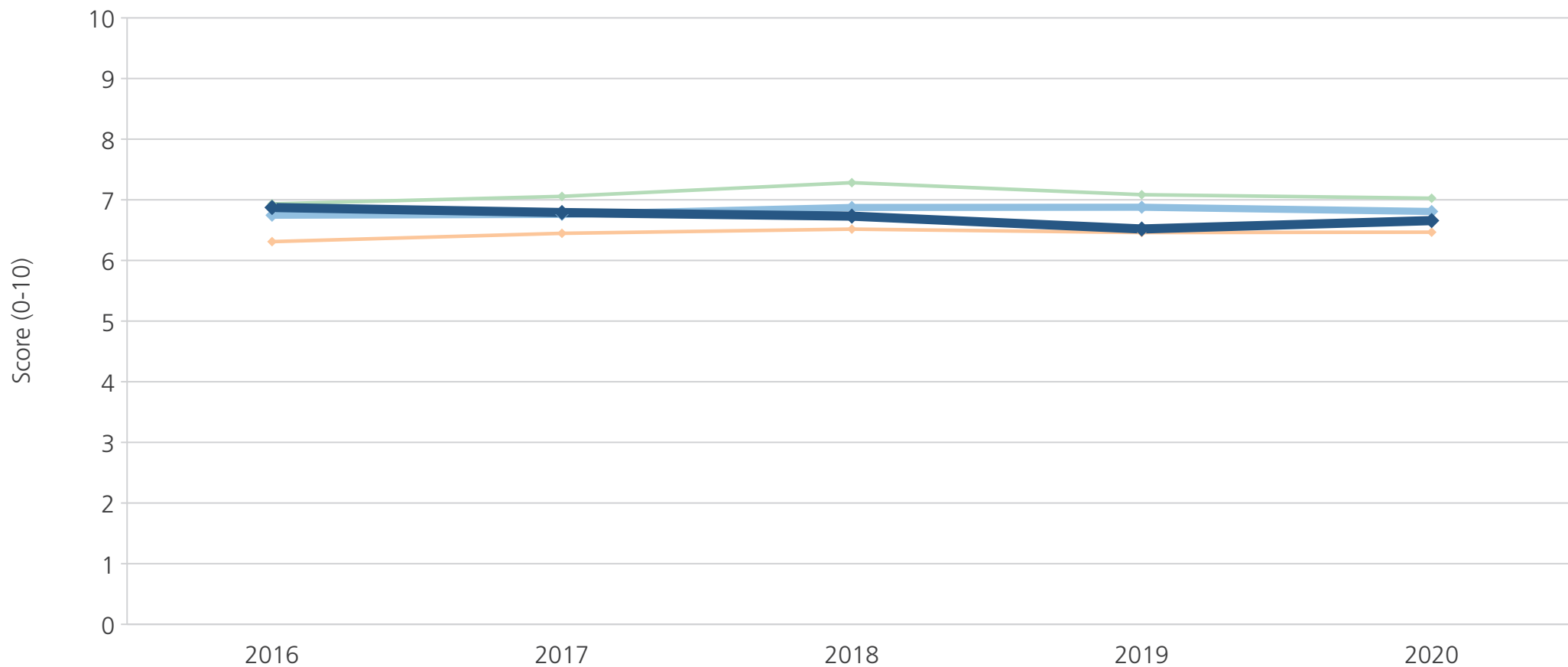
Responses	928	1,092	952	1,168	1,172
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Best	7.4	7.4	7.6	7.5	7.5
Your org	7.1	7.2	7.1	7.0	7.0
Average	6.9	6.9	6.9	7.0	7.0
Worst	6.4	6.6	6.7	6.9	6.9
Responses	932	1,095	971	1,167	1,181



Best	7.6	7.7	7.7	7.7	7.6
Your org	7.6	7.5	7.5	7.4	7.4
Average	7.5	7.4	7.4	7.5	7.4
Worst	6.8	7.0	7.0	7.1	7.1
Responses	936	1,124	1,001	1,196	1,182



Best	6.9	7.1	7.3	7.1	7.0
Your org	6.9	6.8	6.7	6.5	6.7
Average	6.7	6.8	6.9	6.9	6.8
Worst	6.3	6.4	6.5	6.5	6.5
Responses	909	1,112	987	1,187	1,162

# Theme results – Covid-19 classification breakdowns

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results

## Covid-19 questions

Staff were asked four classification questions relating to their experience during the Covid-19 pandemic:

- |  |  |  |
|--|--|--|
| a. Have you worked on a Covid-19 specific ward or area at any time?                | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                                |
| b. Have you been redeployed due to the Covid-19 pandemic at any time?              | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                                |
| c. Have you been required to work remotely/from home due to the Covid-19 pandemic? | <input type="checkbox"/> Yes             | <input type="checkbox"/> No                                |
| d. Have you been shielding?  | <input type="checkbox"/> Yes, for myself | <input type="checkbox"/> Yes, for a member of my household |
|  |  | <input type="checkbox"/> No                                |

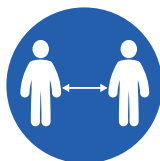
The charts on the following pages show the breakdown of theme scores for staff answering 'yes' to each of these questions, compared with the results for all staff at your organisation. Results are presented in the context of the highest, average and lowest scores for similar organisations.

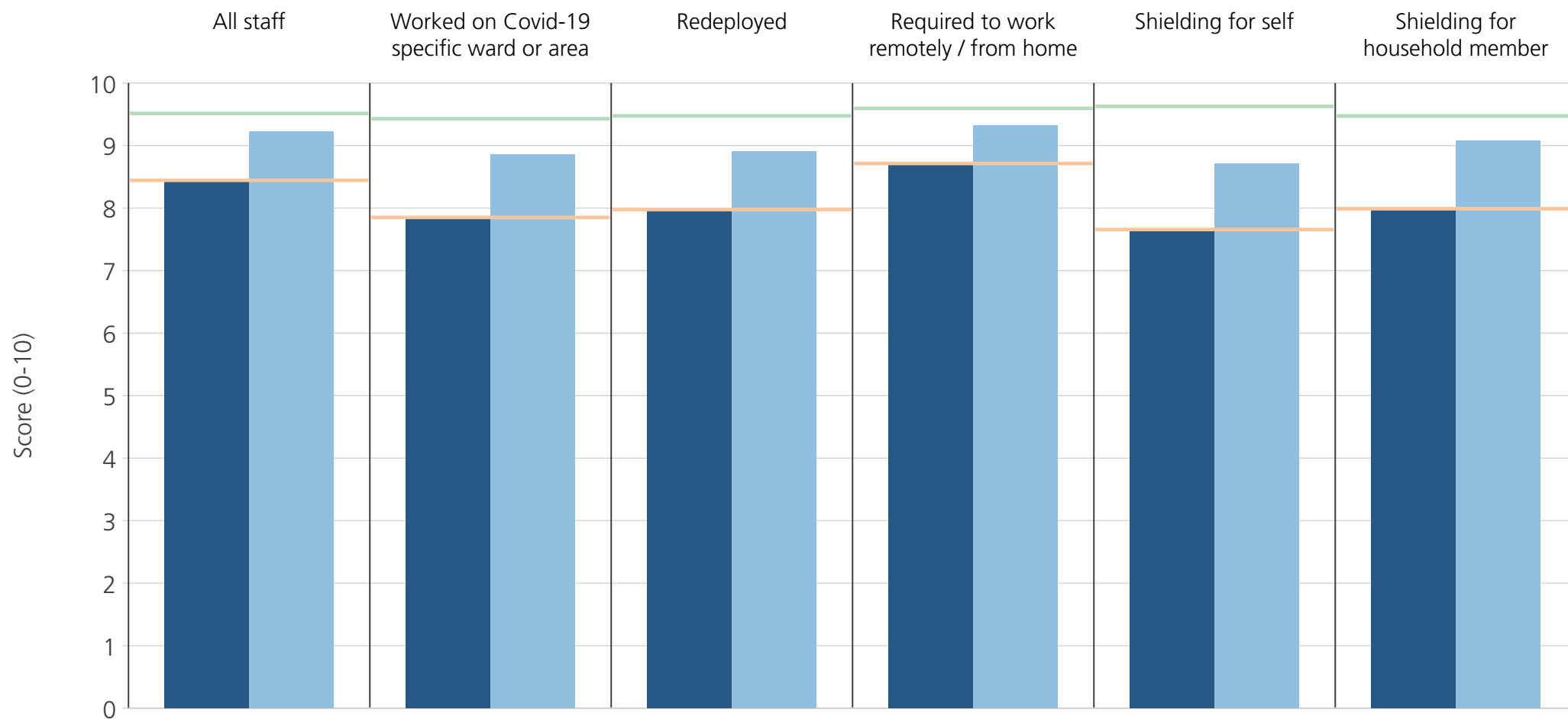
## Comparing your data

To improve overall comparability, the data have been weighted to match the occupation group profile of staff at your organisation to that of the benchmarking group, as in previous charts. However, there may be differences in the occupation group profiles of the individual COVID-19 subgroups. For example, the mix of occupational groups across redeployed staff at your organisation may differ from similar organisations. This difference would not be accounted for by the weighting and therefore may affect the comparability of results. As such, a degree of caution is advised when interpreting your results.

## Further information

Results for these groups of staff, including data for individual questions, are also available via the [online dashboards](#). Please note that results presented in these dashboards have not been weighted where no benchmarking takes place and so may vary slightly from those shown in this report.

**HANDS****FACE****SPACE**



Highest	9.5	9.4	9.5	9.6	9.6	9.5
Your org	8.4	7.9	8.0	8.7	7.7	8.0
Average	9.2	8.9	8.9	9.3	8.7	9.1
Lowest	8.4	7.9	8.0	8.7	7.7	8.0

Responses

1,170

162

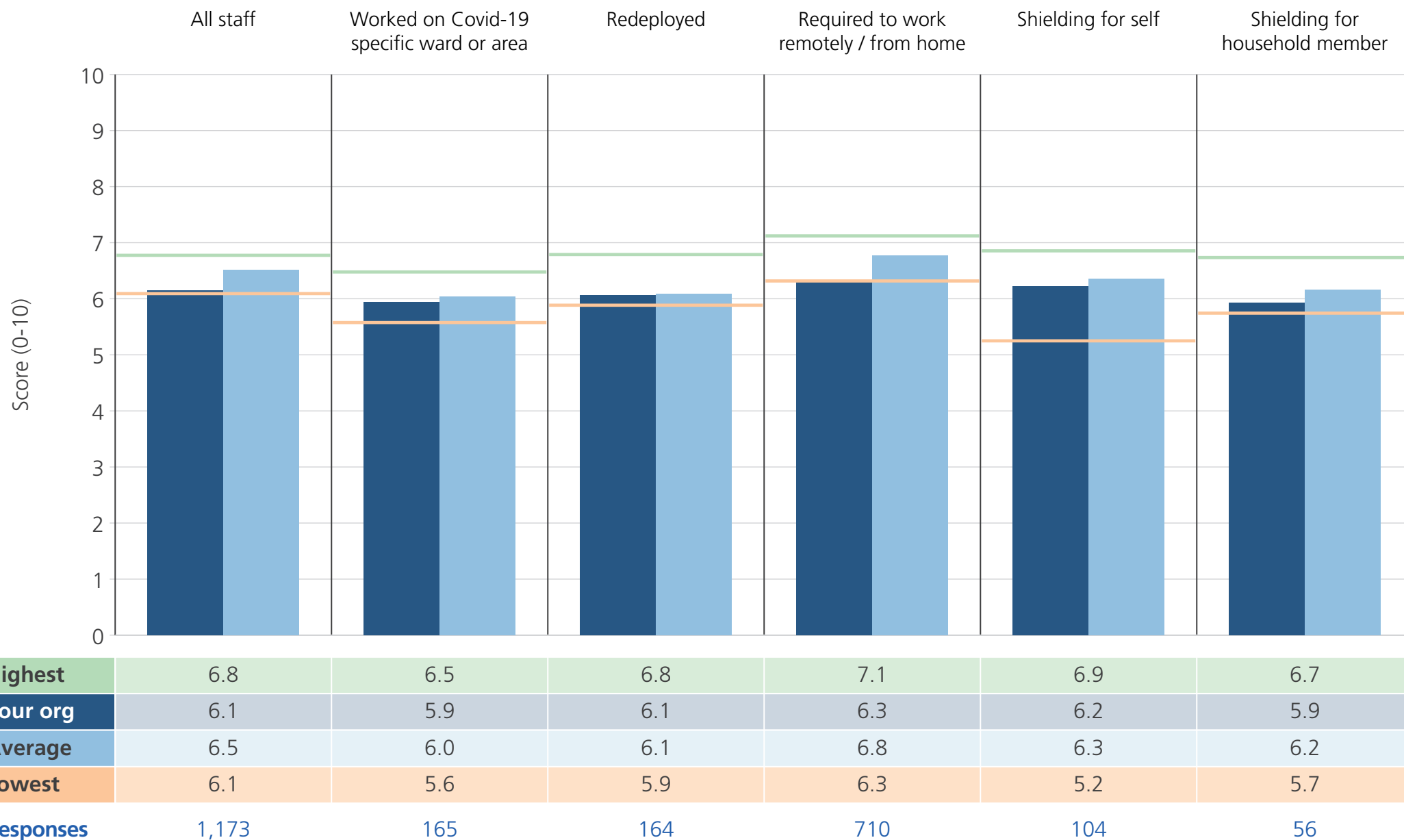
163

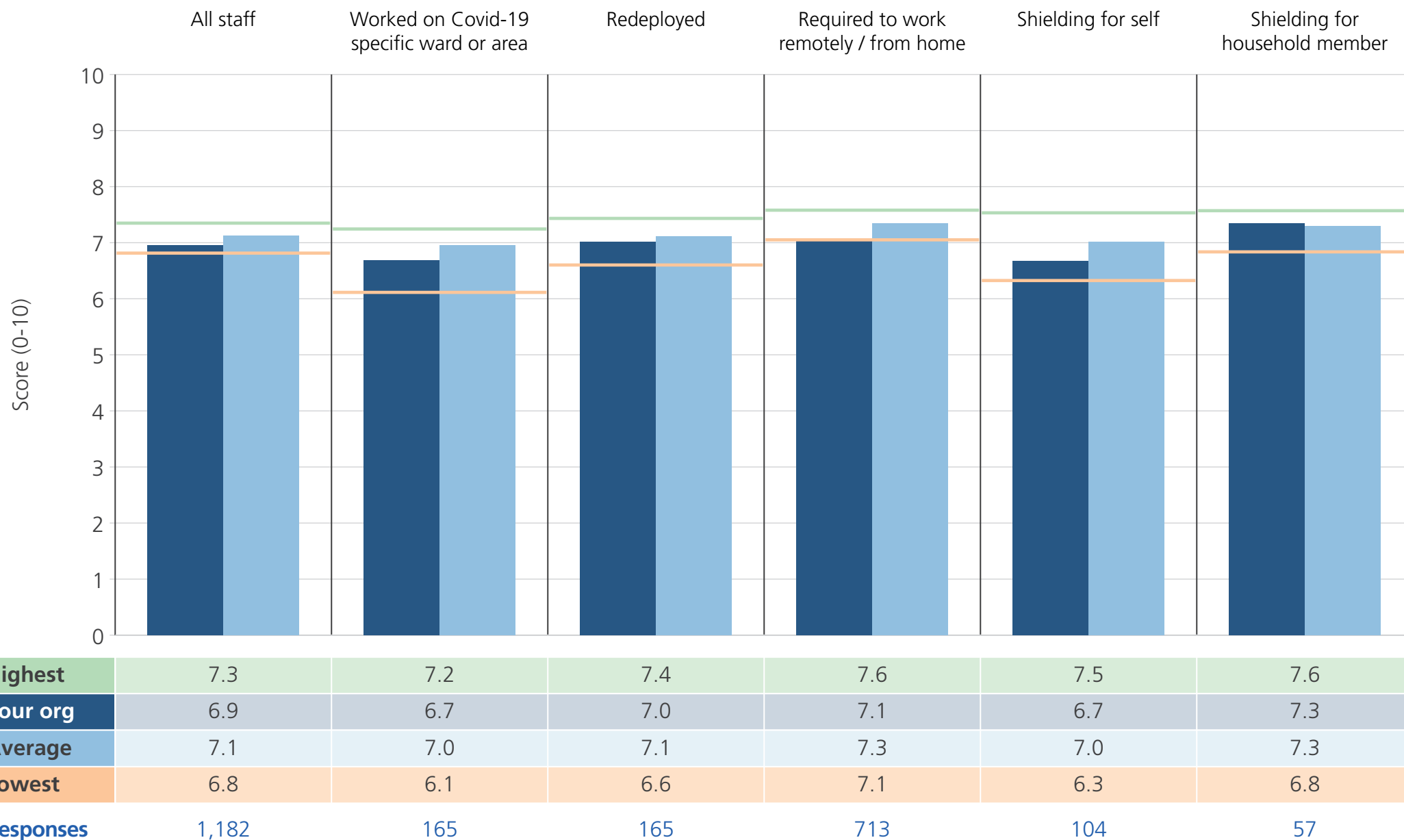
711

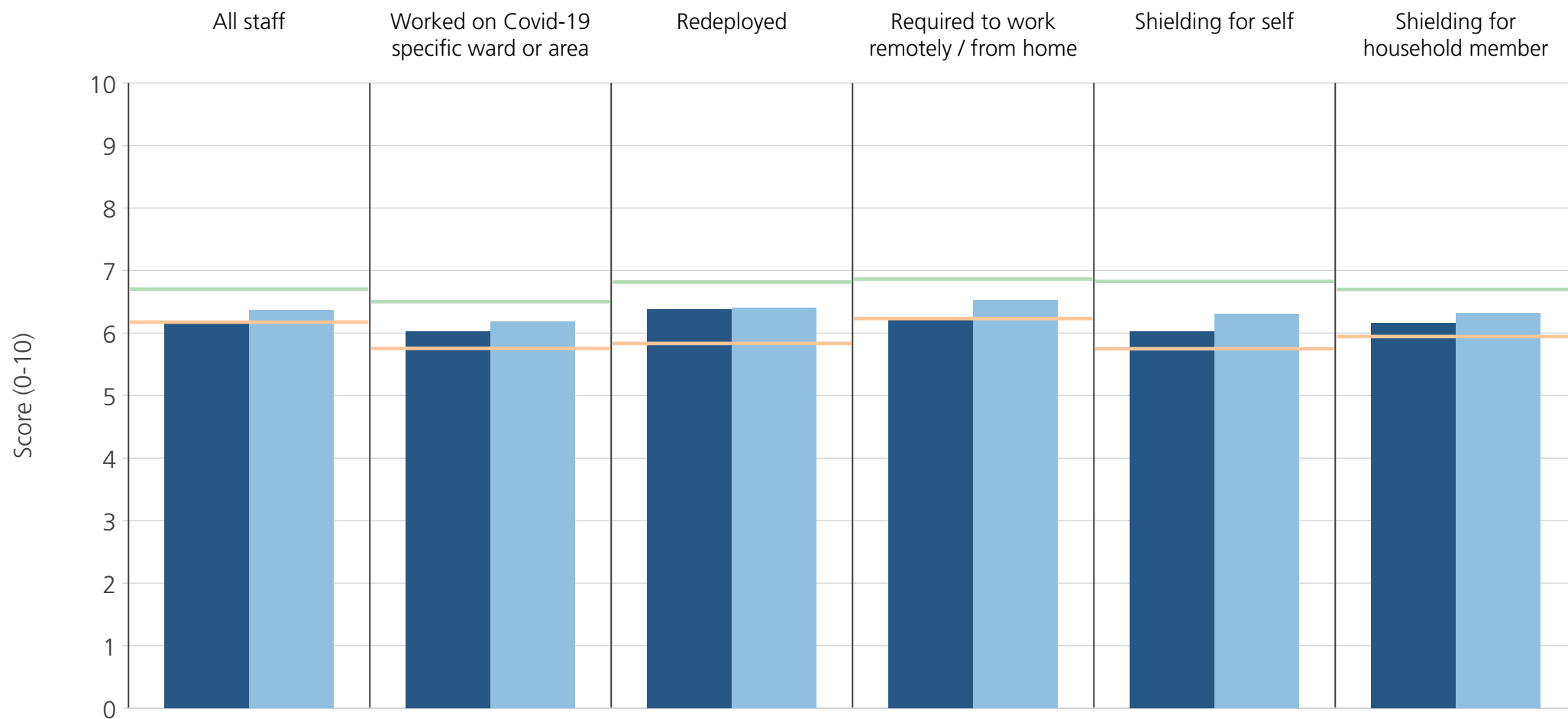
103

56









Highest	6.7	6.5	6.8	6.9	6.8	6.7
Your org	6.2	6.0	6.4	6.2	6.0	6.2
Average	6.4	6.2	6.4	6.5	6.3	6.3
Lowest	6.2	5.8	5.8	6.2	5.7	5.9

Responses

1,175

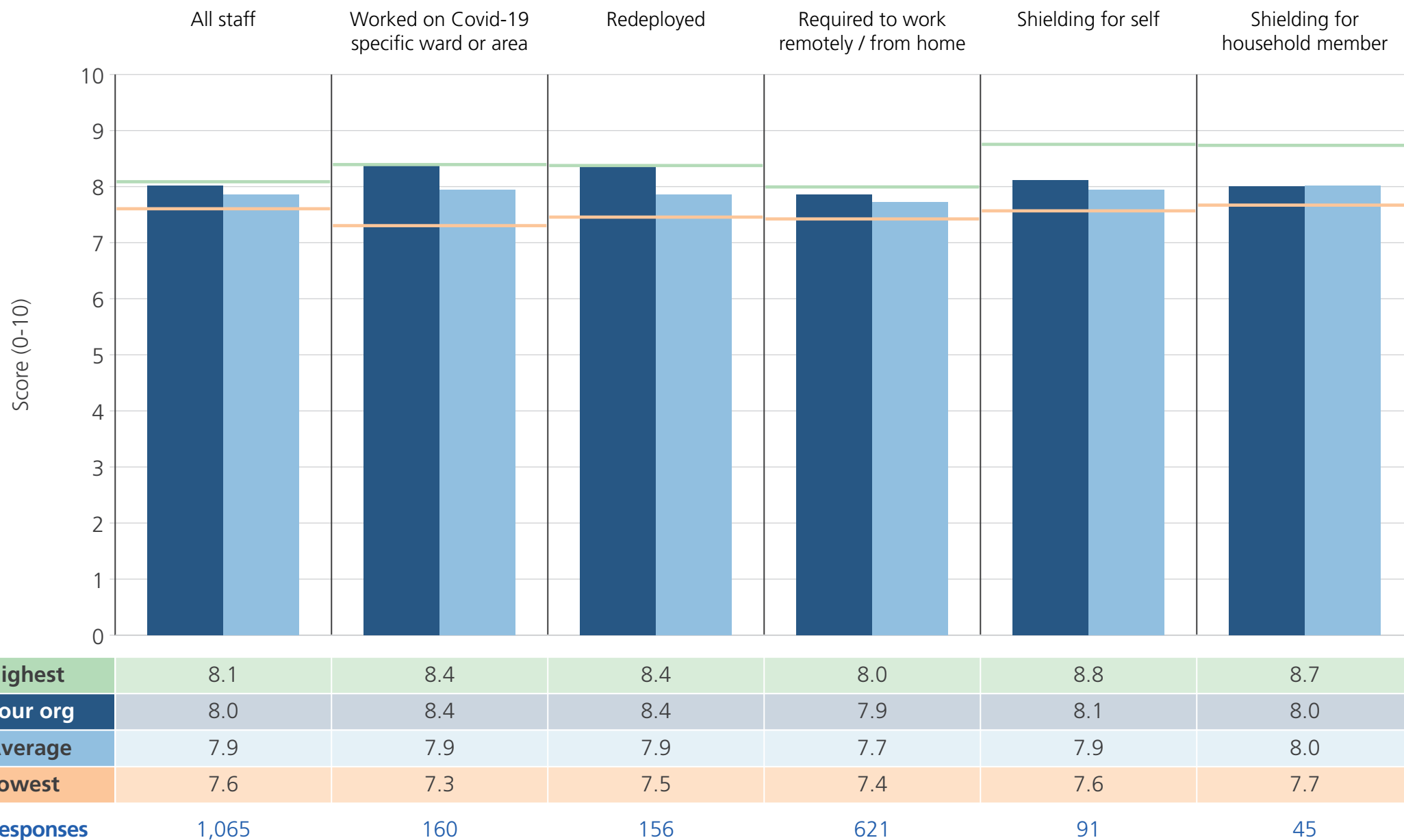
164

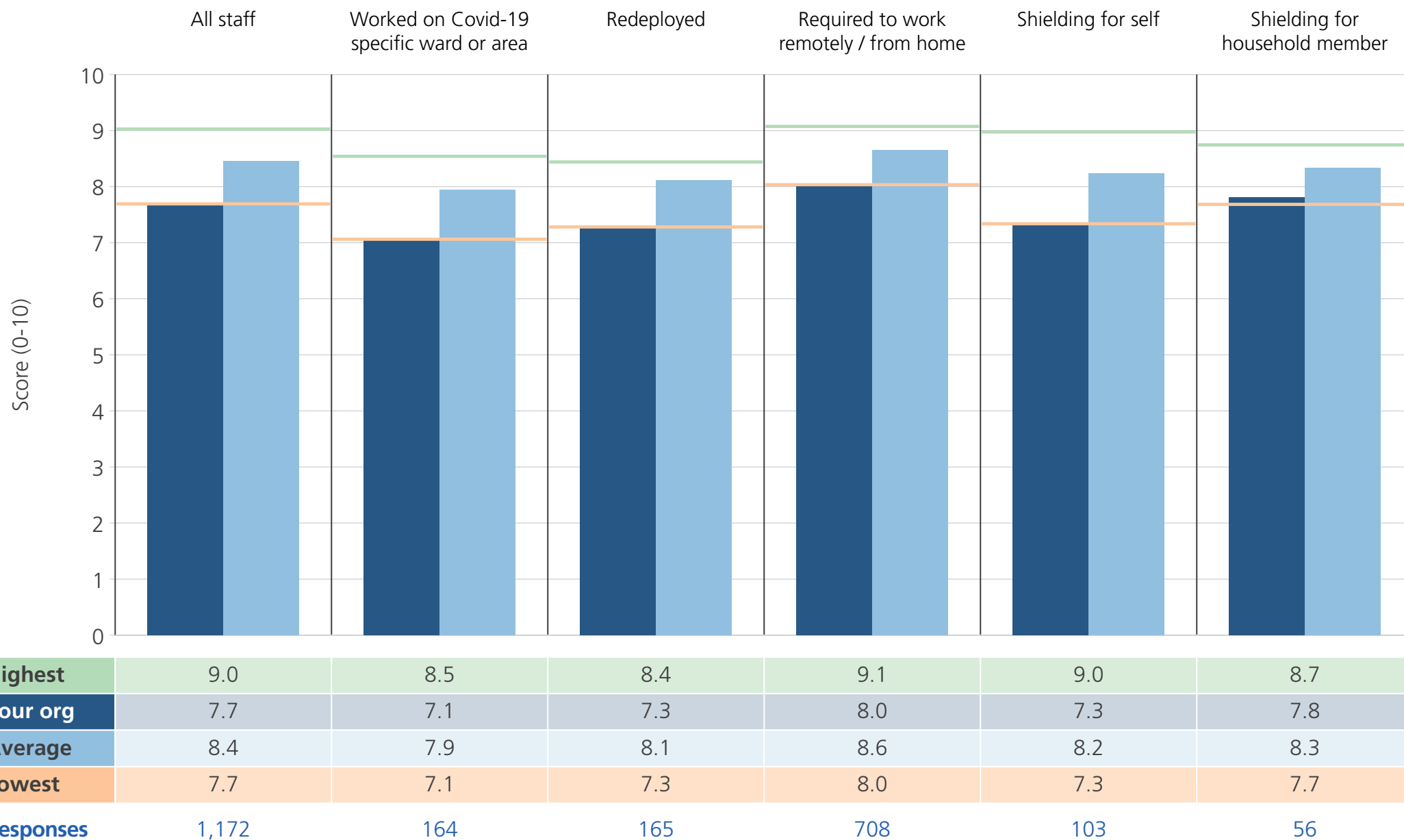
163

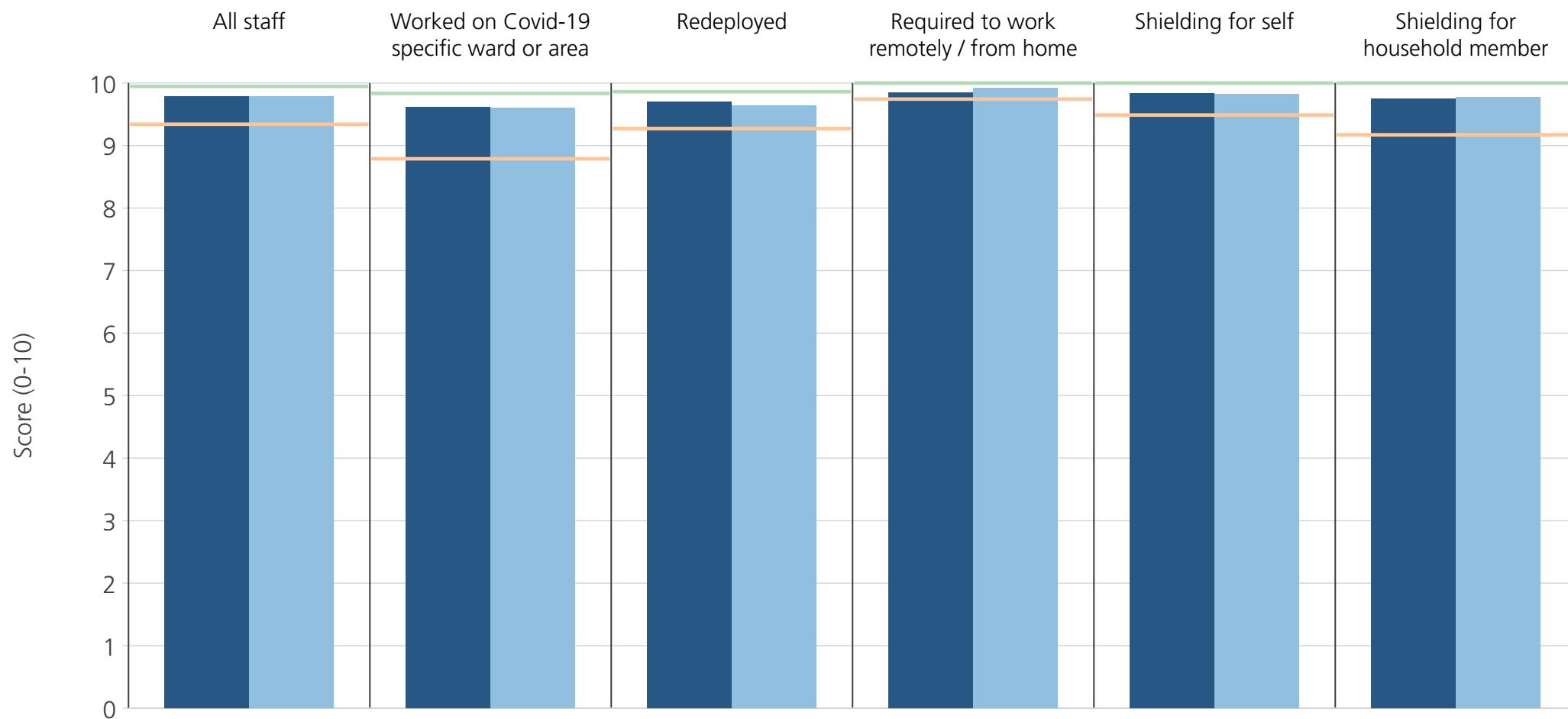
713

104

57

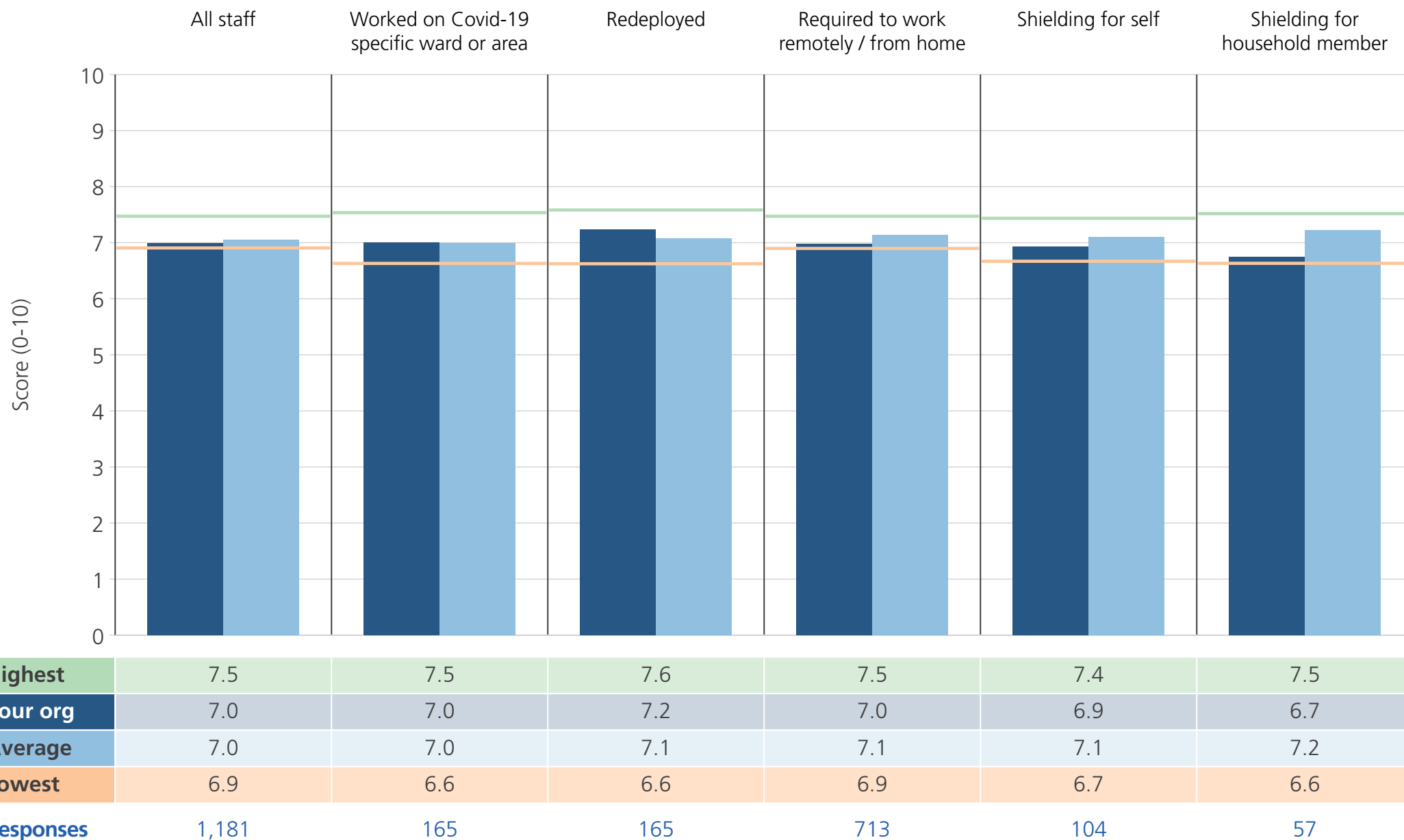


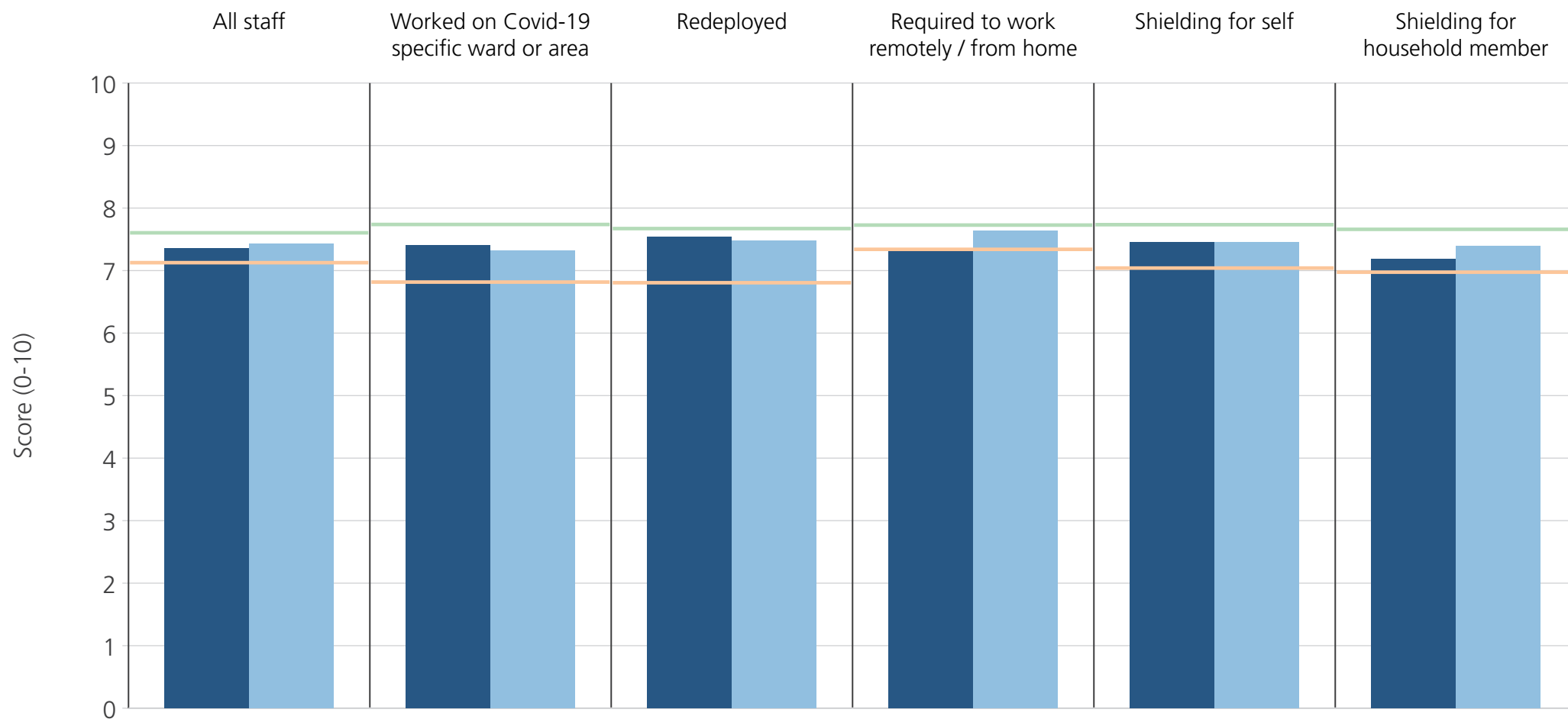




Highest	9.9	9.8	9.9	10.0	10.0	10.0
Your org	9.8	9.6	9.7	9.8	9.8	9.8
Average	9.8	9.6	9.6	9.9	9.8	9.8
Lowest	9.3	8.8	9.3	9.7	9.5	9.2

Responses	1,172	161	163	709	104	57
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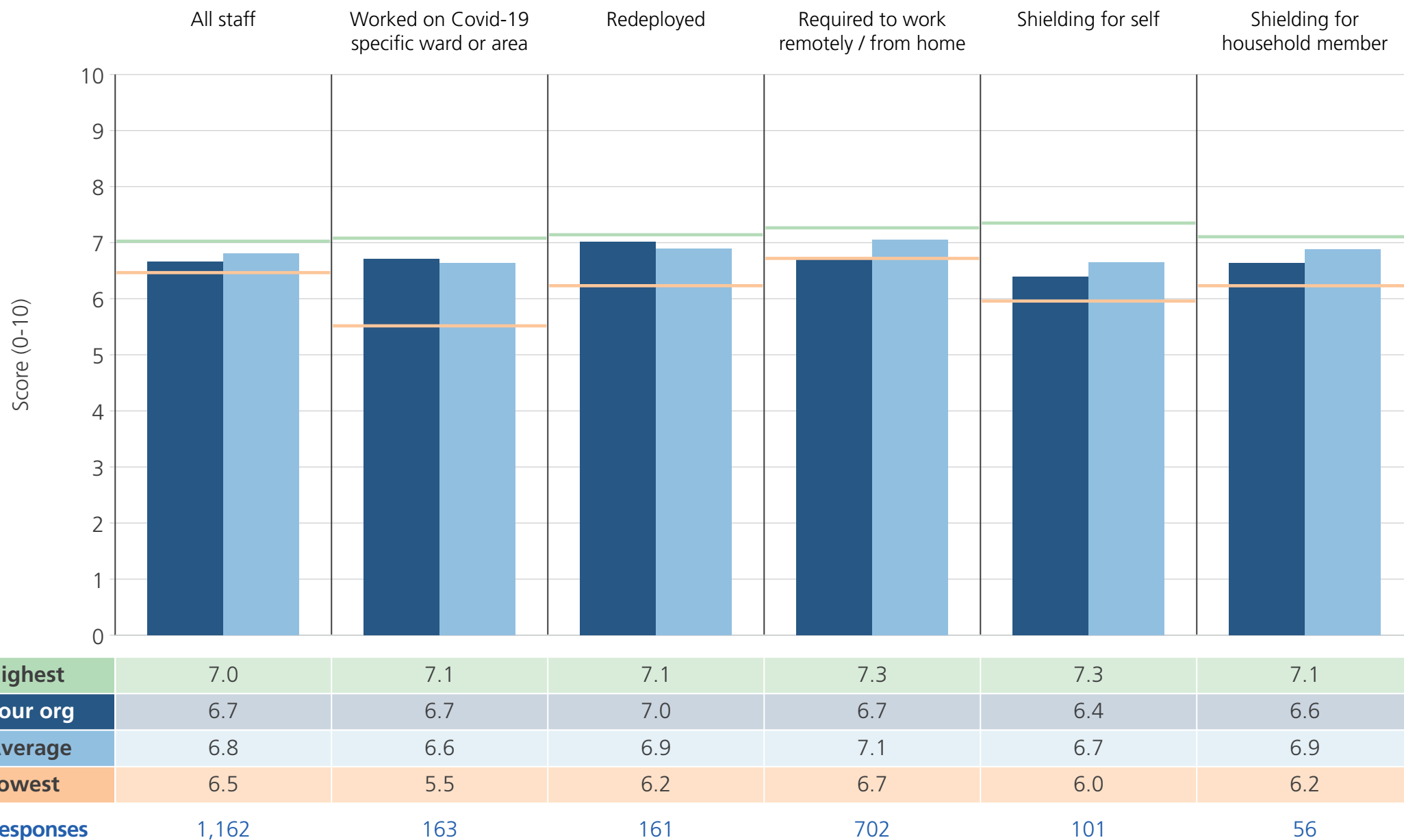




Highest	7.6	7.7	7.7	7.7	7.7	7.7
Your org	7.4	7.4	7.5	7.3	7.5	7.2
Average	7.4	7.3	7.5	7.6	7.5	7.4
Lowest	7.1	6.8	6.8	7.3	7.0	7.0

Responses	1,182	165	165	714	104	57
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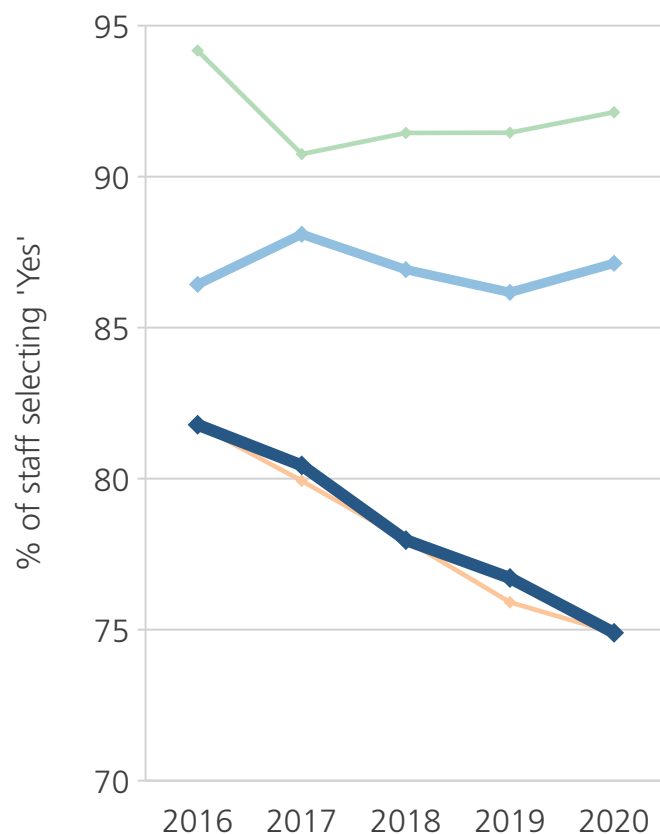


# Theme results – Detailed information

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results

### Q14

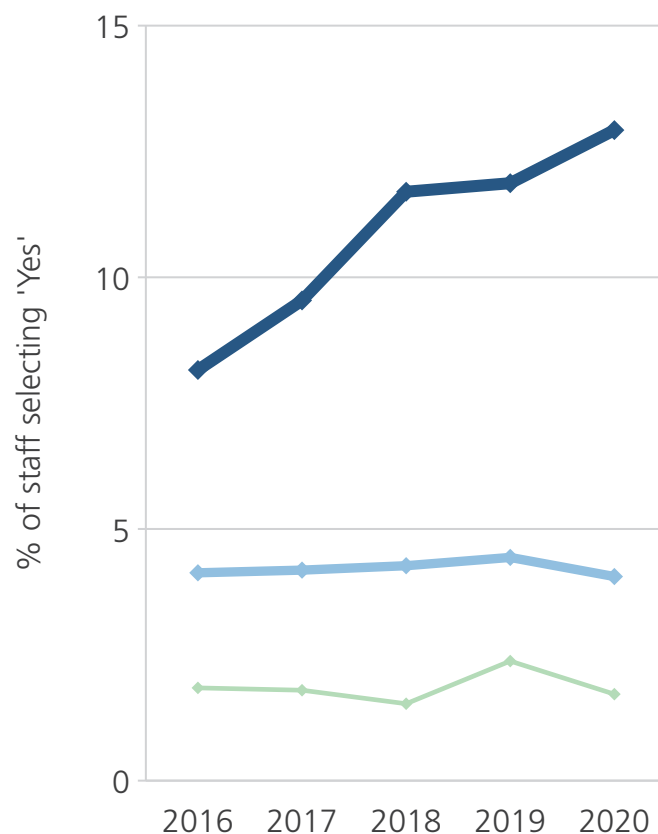
Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



<b>Best</b>	94.2%	90.7%	91.4%	91.5%	92.1%
<b>Your org</b>	81.8%	80.4%	78.0%	76.7%	74.9%
<b>Average</b>	86.4%	88.1%	86.9%	86.2%	87.1%
<b>Worst</b>	81.8%	79.9%	78.0%	75.9%	74.9%

### Q15a

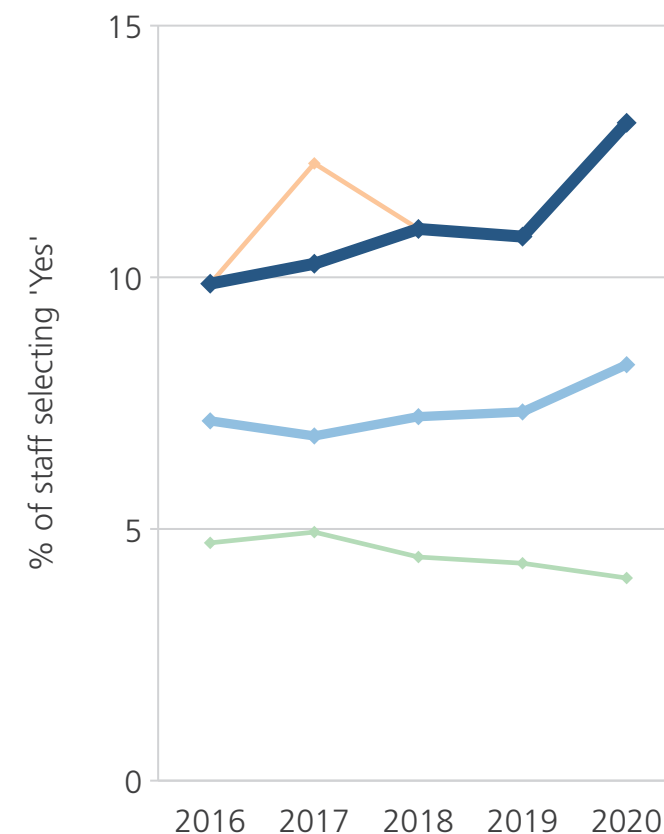
In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



<b>Worst</b>	8.2%	9.5%	11.7%	11.9%	12.9%
<b>Your org</b>	8.2%	9.5%	11.7%	11.9%	12.9%
<b>Average</b>	4.1%	4.2%	4.3%	4.4%	4.1%
<b>Best</b>	1.8%	1.8%	1.5%	2.4%	1.7%

### Q15b

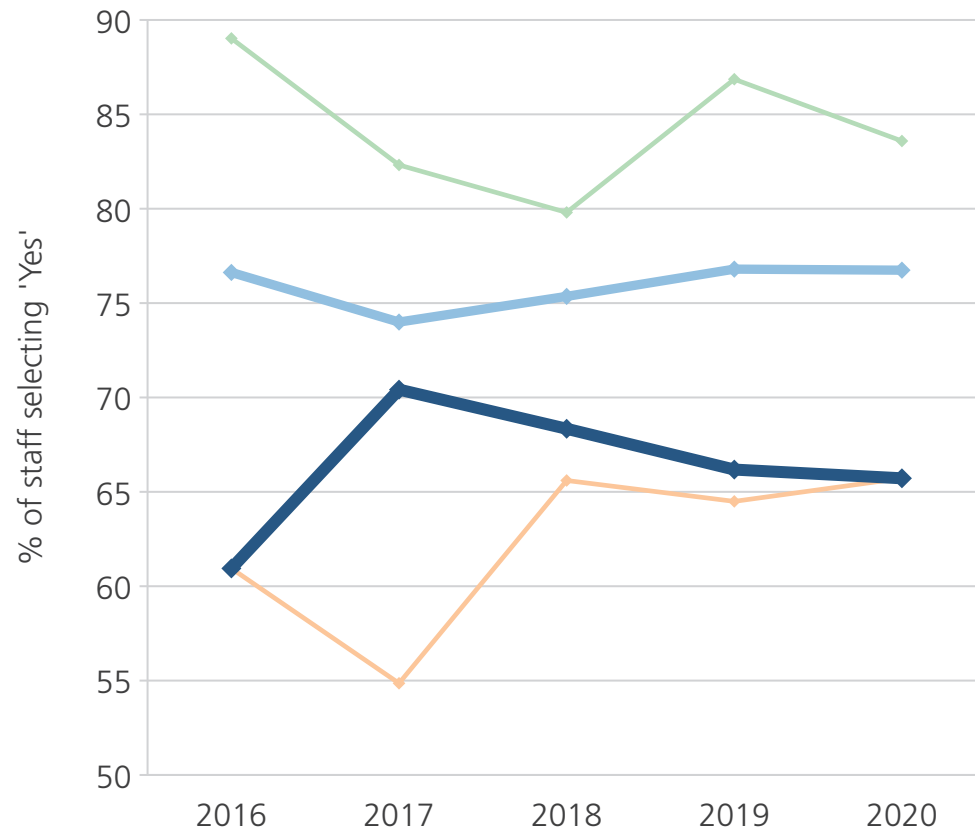
In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



<b>Worst</b>	9.9%	12.3%	11.0%	10.8%	13.1%
<b>Your org</b>	9.9%	10.3%	11.0%	10.8%	13.1%
<b>Average</b>	7.1%	6.8%	7.2%	7.3%	8.3%
<b>Best</b>	4.7%	4.9%	4.4%	4.3%	4.0%

**Q26b**

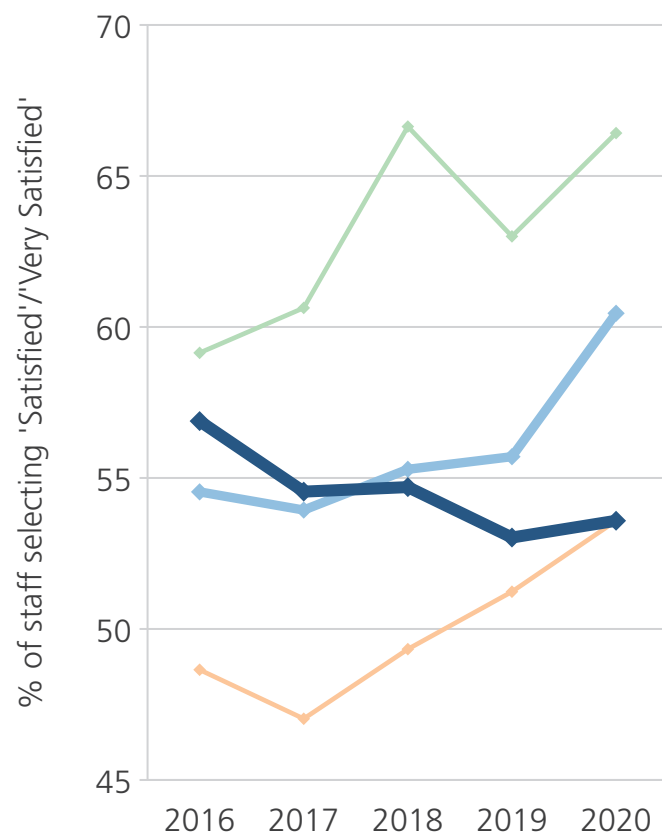
Has your employer made adequate adjustment(s)  
to enable you to carry out your work?



Best	89.0%	82.3%	79.8%	86.9%	83.6%
Your org	60.9%	70.4%	68.3%	66.2%	65.7%
Average	76.6%	74.0%	75.4%	76.8%	76.7%
Worst	60.9%	54.9%	65.6%	64.5%	65.7%

### Q5h

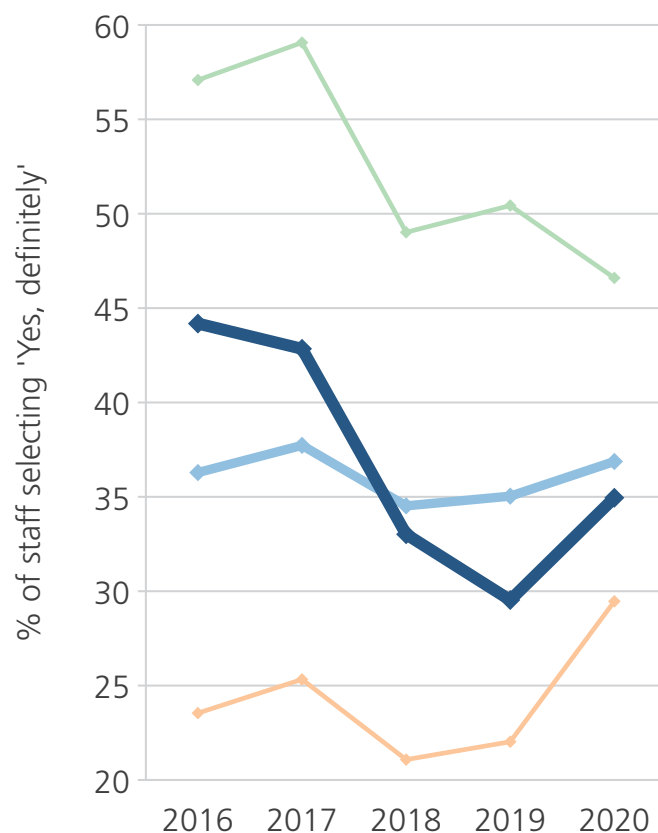
The opportunities for flexible working patterns



Best	59.1%	60.6%	66.6%	63.0%	66.4%
Your org	56.9%	54.5%	54.7%	53.0%	53.6%
Average	54.5%	53.9%	55.3%	55.7%	60.5%
Worst	48.6%	47.0%	49.3%	51.2%	53.6%

### Q11a

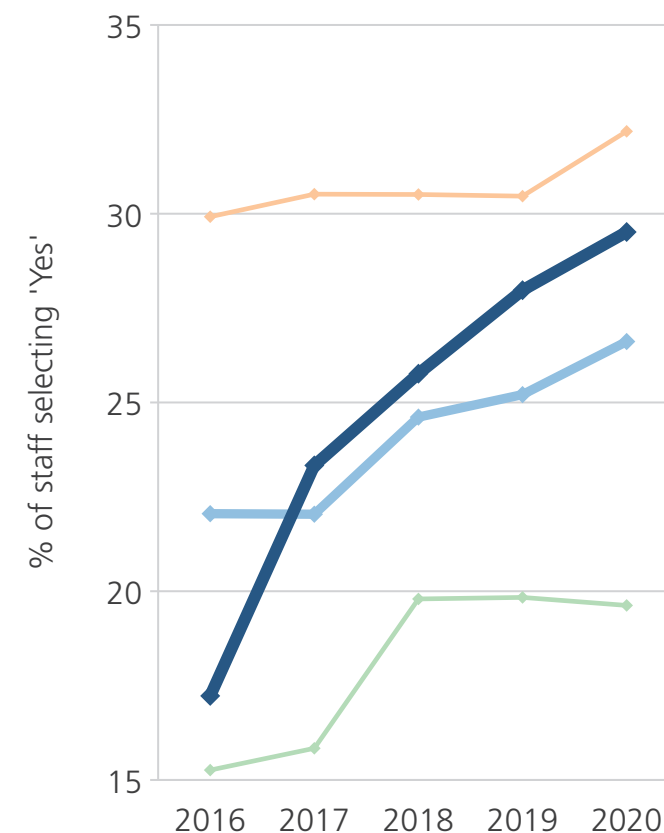
Does your organisation take positive action on health and well-being?



Best	57.1%	59.1%	49.0%	50.4%	46.6%
Your org	44.2%	42.8%	33.0%	29.5%	35.0%
Average	36.3%	37.7%	34.5%	35.0%	36.9%
Worst	23.5%	25.3%	21.1%	22.0%	29.5%

### Q11b

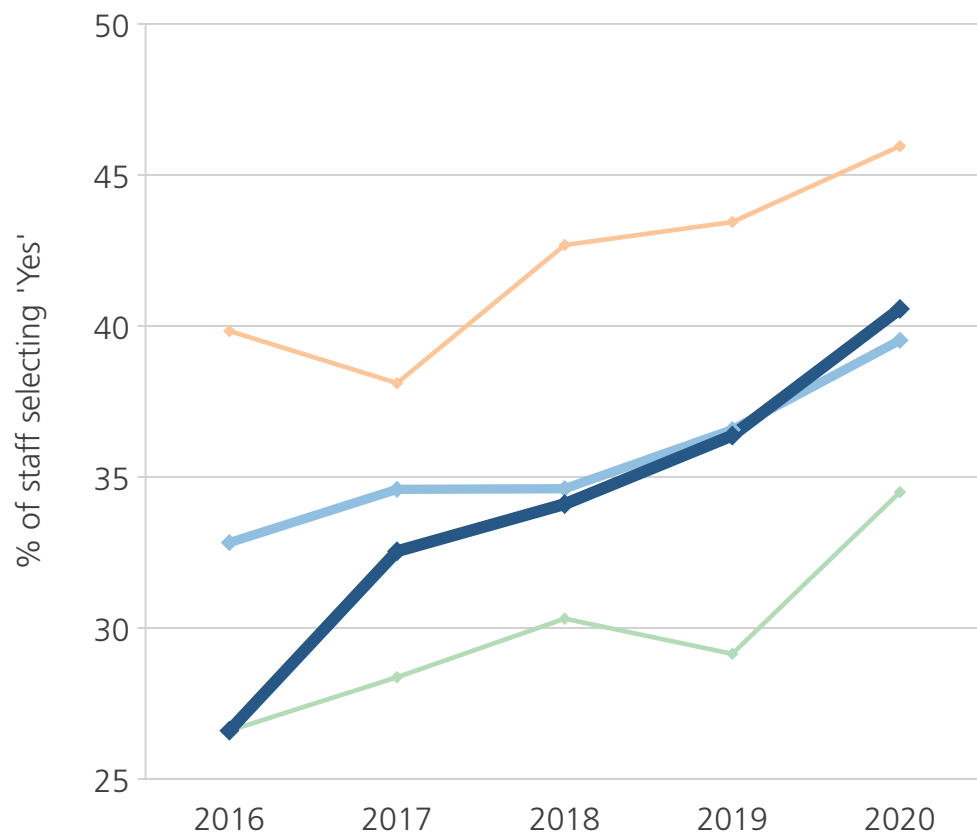
In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Worst	29.9%	30.5%	30.5%	30.5%	32.2%
Your org	17.2%	23.3%	25.8%	28.0%	29.5%
Average	22.1%	22.0%	24.6%	25.2%	26.6%
Best	15.3%	15.8%	19.8%	19.8%	19.6%

### Q11c

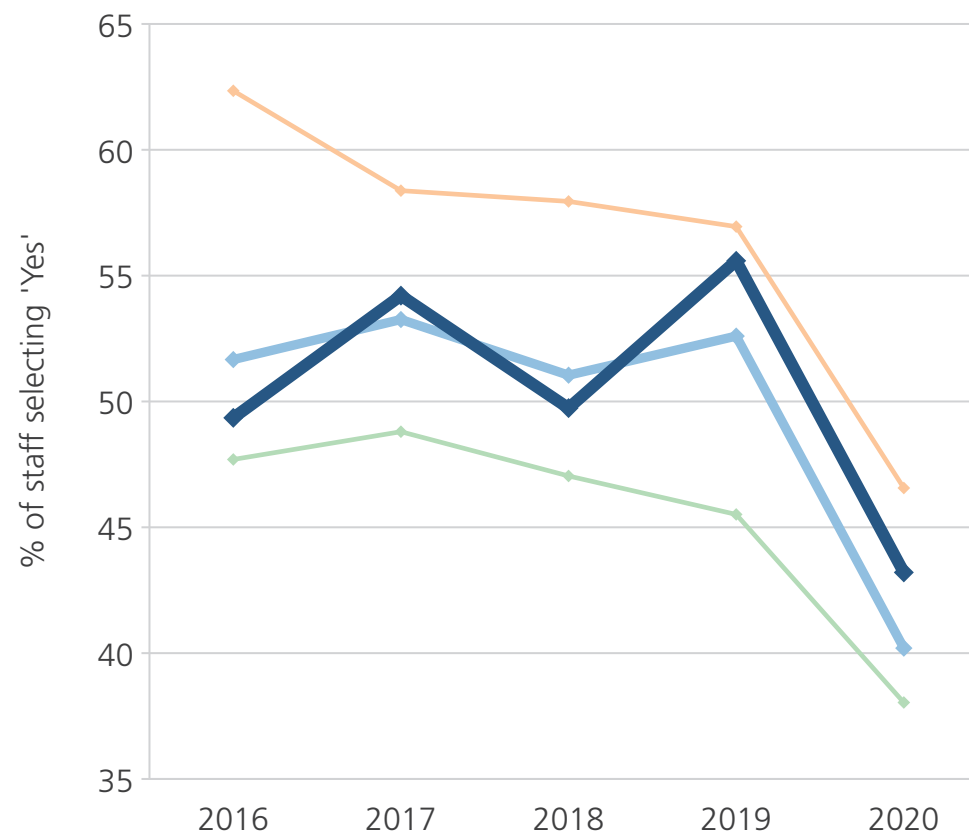
During the last 12 months have you felt unwell as a result of work related stress?



<b>Worst</b>	39.8%	38.1%	42.7%	43.4%	46.0%
<b>Your org</b>	26.6%	32.5%	34.1%	36.4%	40.6%
<b>Average</b>	32.8%	34.6%	34.6%	36.6%	39.5%
<b>Best</b>	26.6%	28.4%	30.3%	29.1%	34.5%

### Q11d

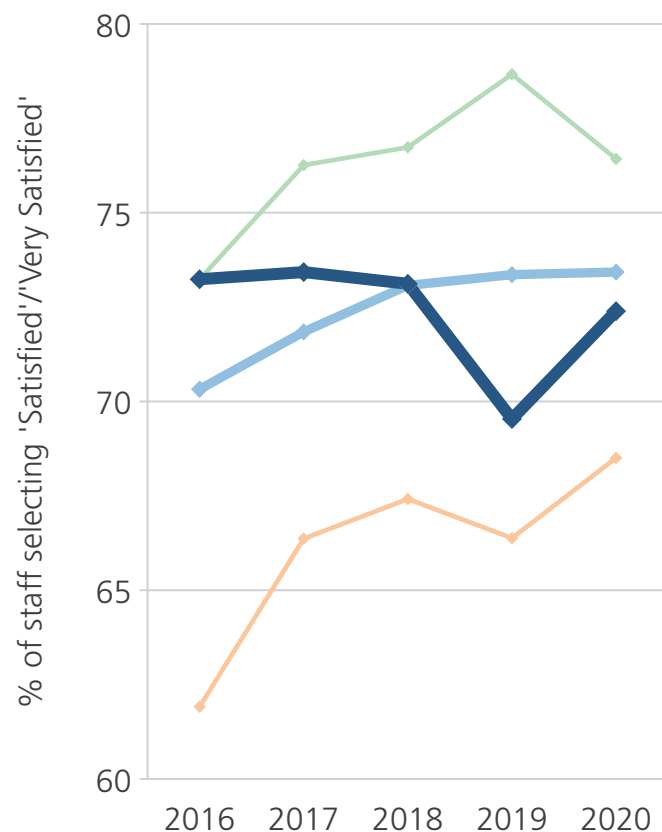
In the last three months have you ever come to work despite not feeling well enough to perform your duties?



<b>Worst</b>	62.3%	58.4%	57.9%	56.9%	46.6%
<b>Your org</b>	49.3%	54.2%	49.7%	55.6%	43.2%
<b>Average</b>	51.7%	53.3%	51.0%	52.6%	40.2%
<b>Best</b>	47.7%	48.8%	47.0%	45.5%	38.0%

### Q5b

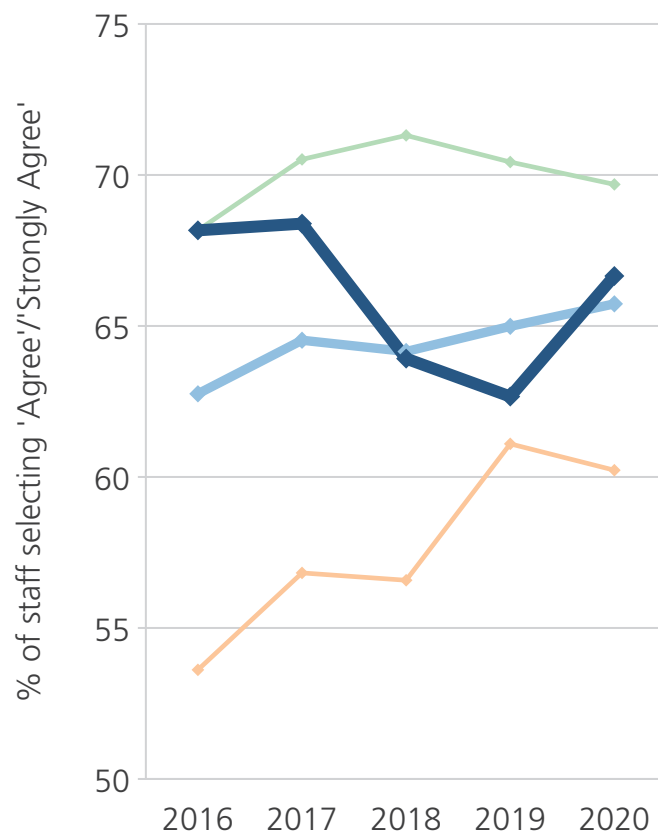
The support I get from my immediate manager



Best	73.2%	76.3%	76.7%	78.7%	76.4%
Your org	73.2%	73.4%	73.1%	69.5%	72.4%
Average	70.3%	71.8%	73.1%	73.4%	73.4%
Worst	61.9%	66.4%	67.4%	66.4%	68.5%

### Q8c

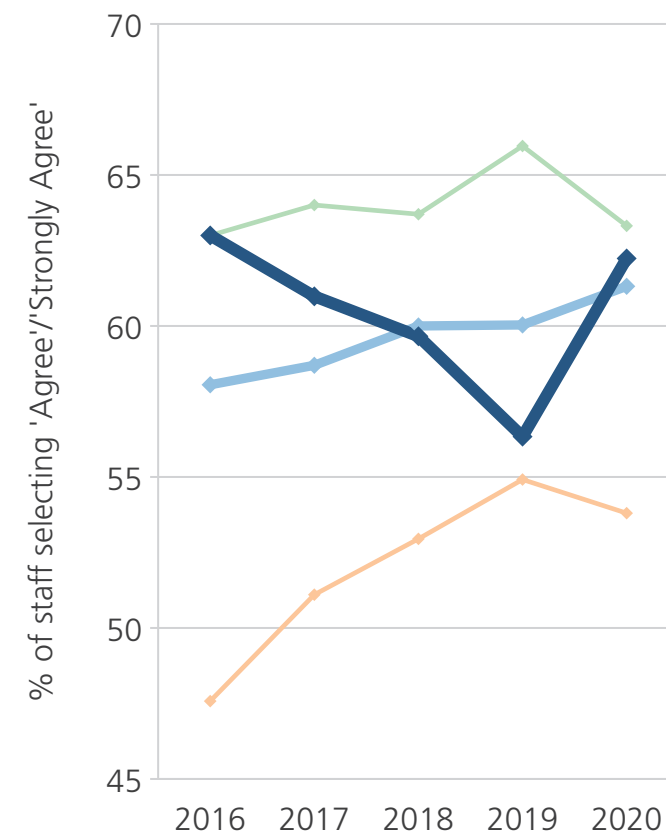
My immediate manager gives me clear feedback on my work



Best	68.2%	70.5%	71.3%	70.4%	69.7%
Your org	68.2%	68.4%	63.9%	62.7%	66.7%
Average	62.8%	64.5%	64.2%	65.0%	65.7%
Worst	53.6%	56.8%	56.6%	61.1%	60.2%

### Q8d

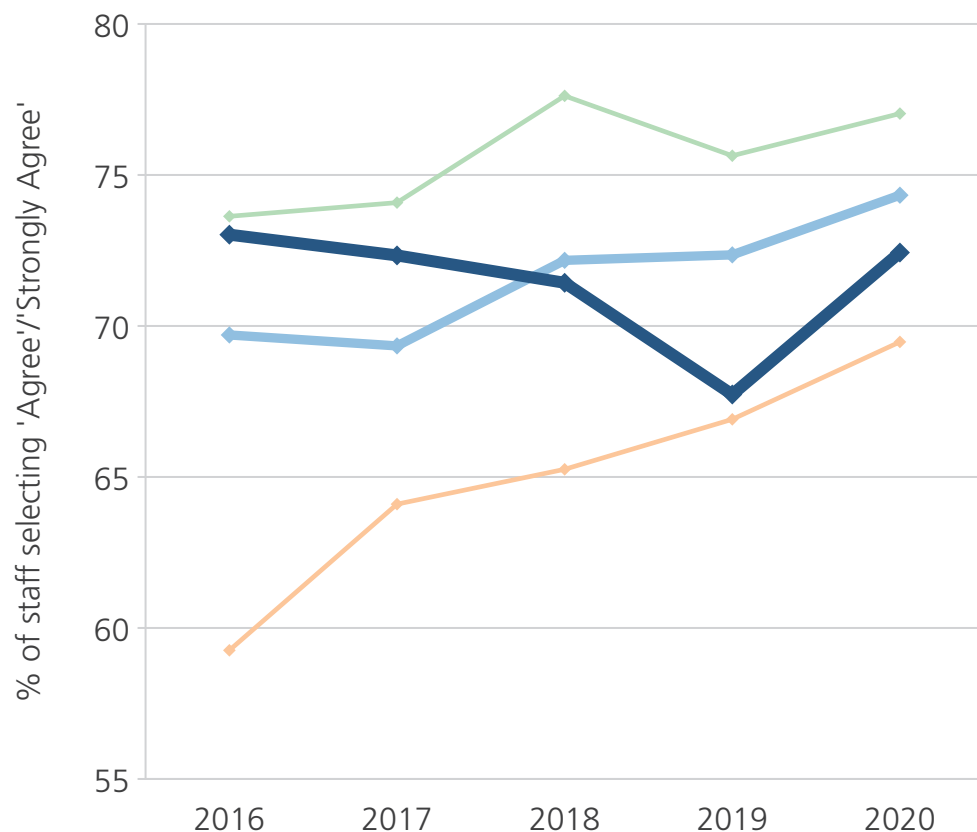
My immediate manager asks for my opinion before making decisions that affect my work



Best	63.0%	64.0%	63.7%	66.0%	63.3%
Your org	63.0%	61.0%	59.7%	56.3%	62.2%
Average	58.1%	58.7%	60.0%	60.0%	61.3%
Worst	47.6%	51.1%	52.9%	54.9%	53.8%

**Q8f**

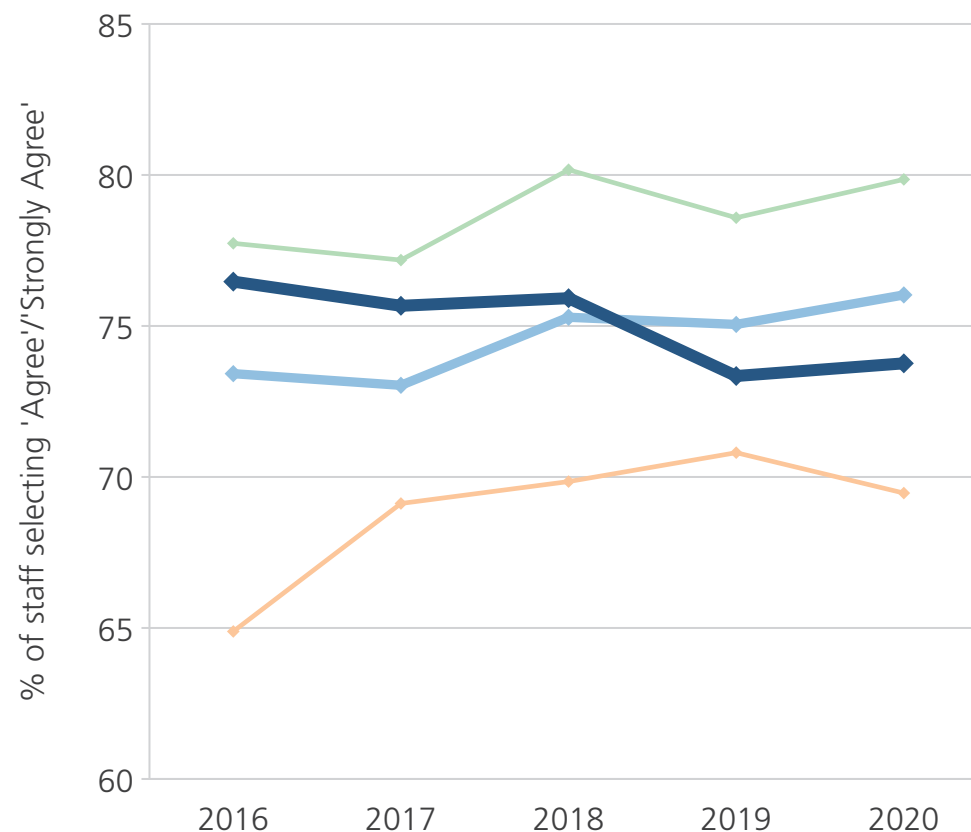
My immediate manager takes a positive interest in my health and well-being



Best	73.6%	74.1%	77.6%	75.6%	77.0%
Your org	73.0%	72.3%	71.4%	67.7%	72.4%
Average	69.7%	69.3%	72.2%	72.4%	74.3%
Worst	59.3%	64.1%	65.3%	66.9%	69.5%

**Q8g**

My immediate manager values my work

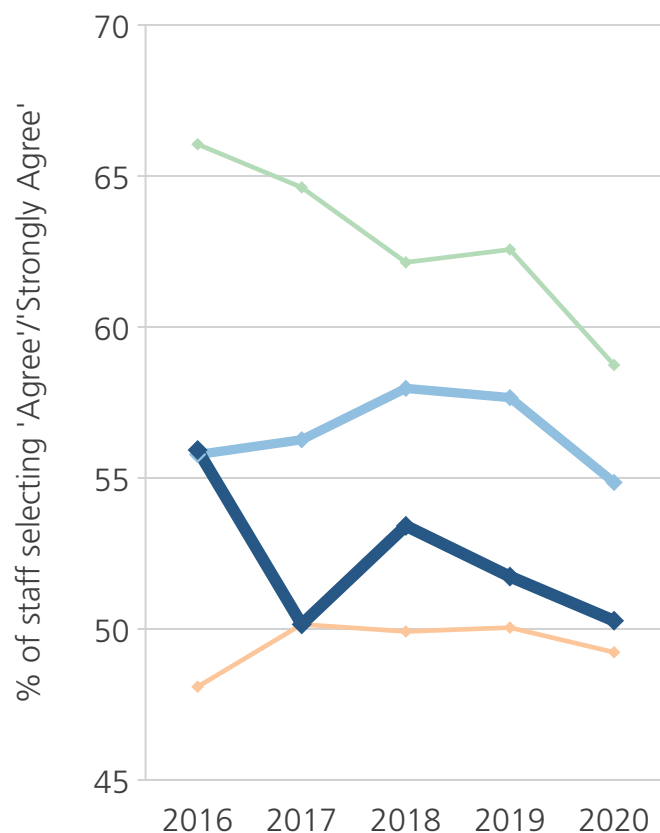


Best	77.7%	77.2%	80.2%	78.6%	79.9%
Your org	76.5%	75.7%	75.9%	73.3%	73.8%
Average	73.4%	73.0%	75.3%	75.1%	76.0%
Worst	64.9%	69.1%	69.8%	70.8%	69.5%



**Q4c**

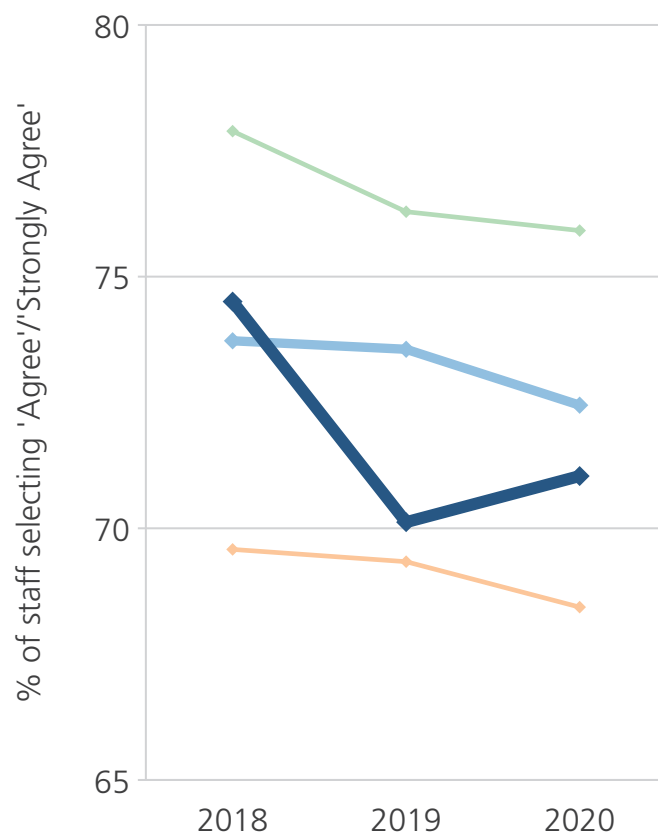
I am involved in deciding on changes introduced that affect my work area / team / department



Best	66.0%	64.6%	62.1%	62.6%	58.7%
Your org	55.9%	50.2%	53.4%	51.7%	50.3%
Average	55.8%	56.3%	58.0%	57.7%	54.9%
Worst	48.1%	50.2%	49.9%	50.0%	49.2%

**Q4j**

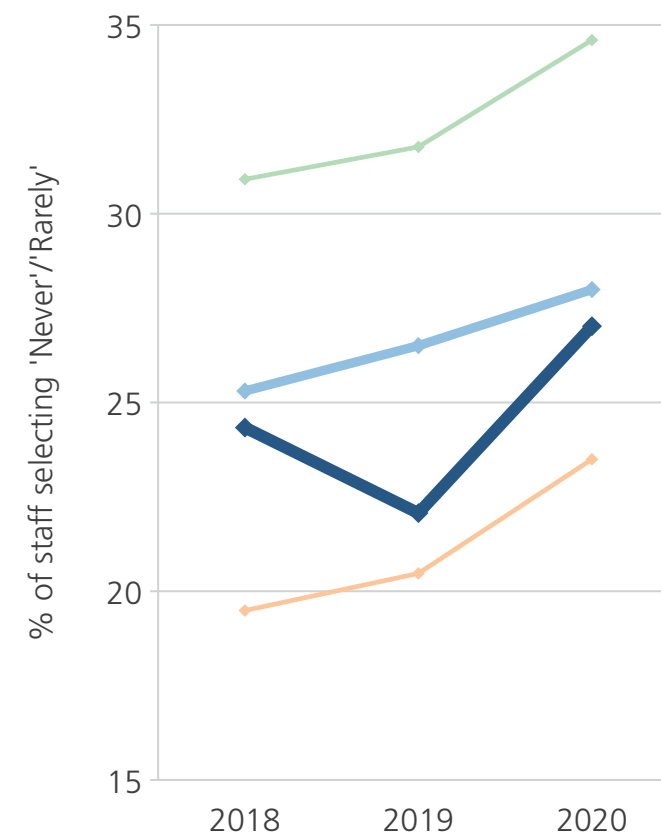
I receive the respect I deserve from my colleagues at work



Best	77.9%	76.3%	75.9%
Your org	74.5%	70.1%	71.0%
Average	73.7%	73.6%	72.4%
Worst	69.6%	69.3%	68.4%

**Q6a**

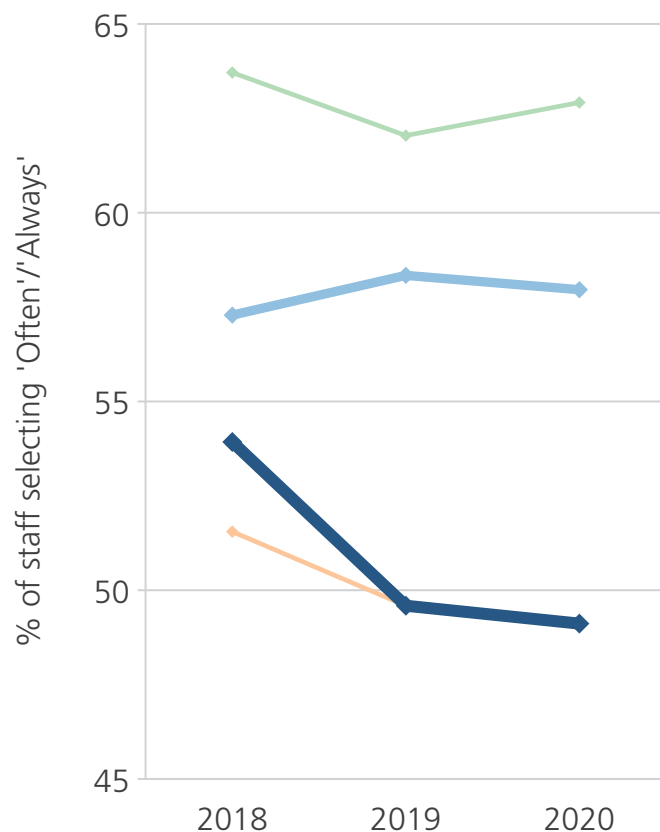
I have unrealistic time pressures



Best	30.9%	31.8%	34.6%
Your org	24.3%	22.1%	27.0%
Average	25.3%	26.5%	28.0%
Worst	19.5%	20.5%	23.5%

**Q6b**

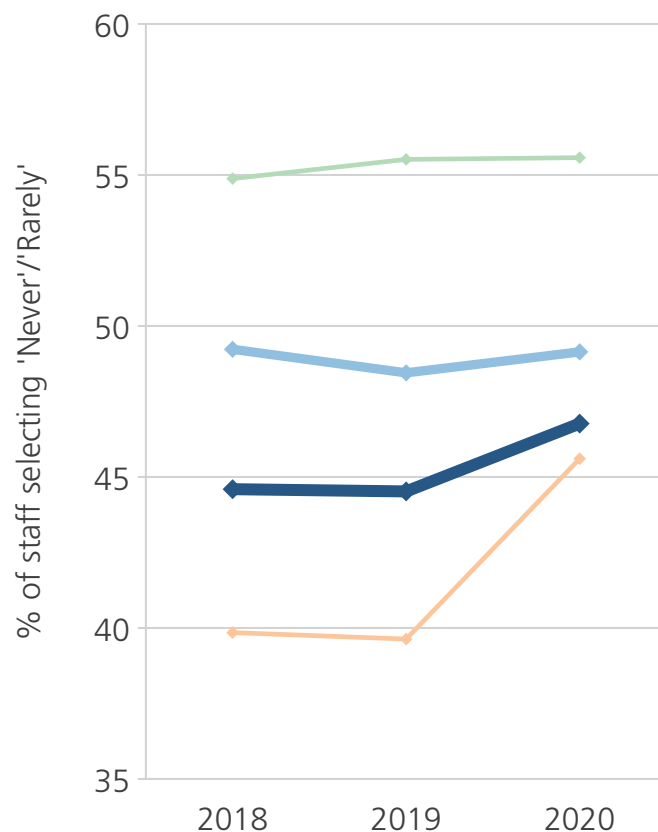
I have a choice in deciding  
how to do my work



Best	63.7%	62.0%	62.9%
Your org	53.9%	49.6%	49.1%
Average	57.3%	58.3%	58.0%
Worst	51.6%	49.6%	49.1%

**Q6c**

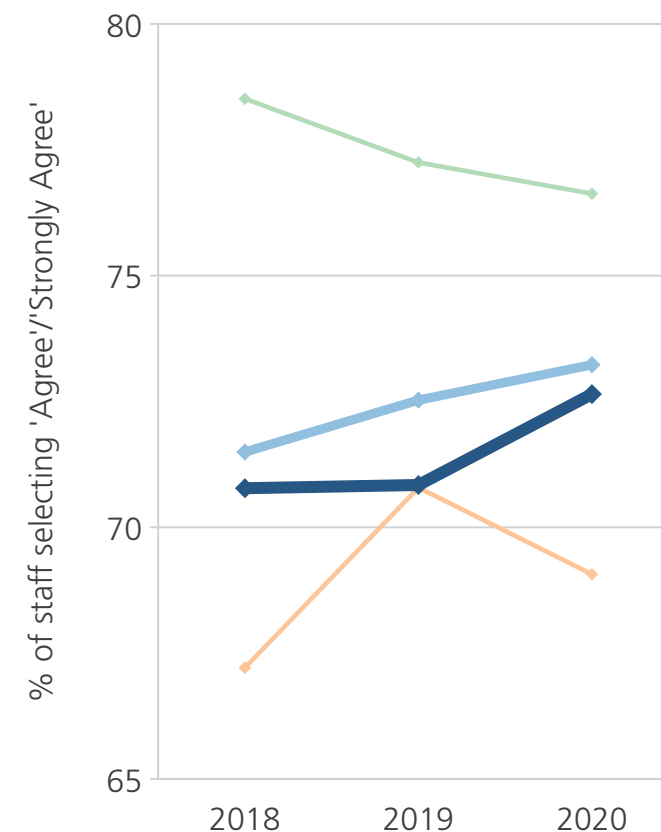
Relationships at work are strained



Best	54.9%	55.5%	55.6%
Your org	44.6%	44.5%	46.8%
Average	49.2%	48.4%	49.1%
Worst	39.8%	39.6%	45.6%

**Q8a**

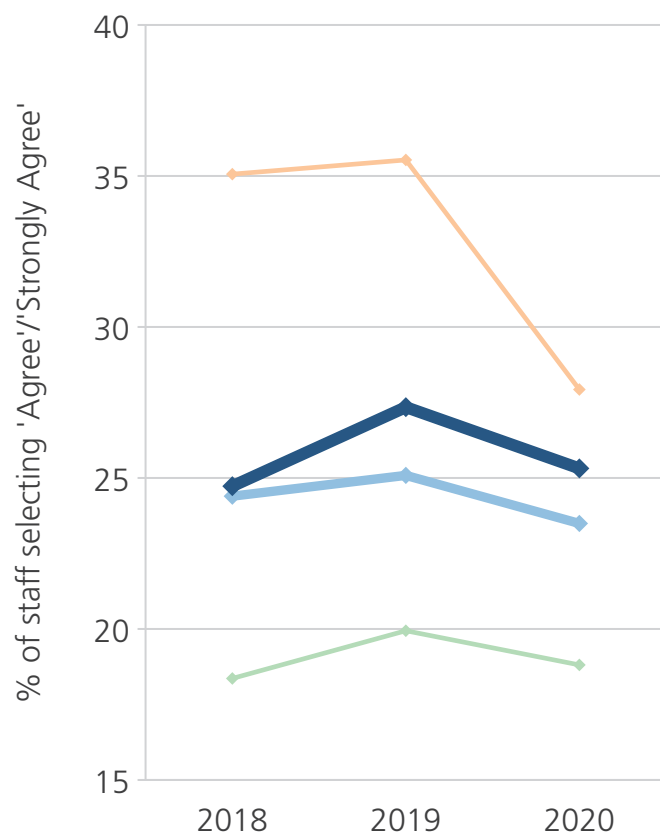
My immediate manager  
encourages me at work



Best	78.5%	77.2%	76.6%
Your org	70.8%	70.8%	72.6%
Average	71.5%	72.5%	73.2%
Worst	67.2%	70.8%	69.1%

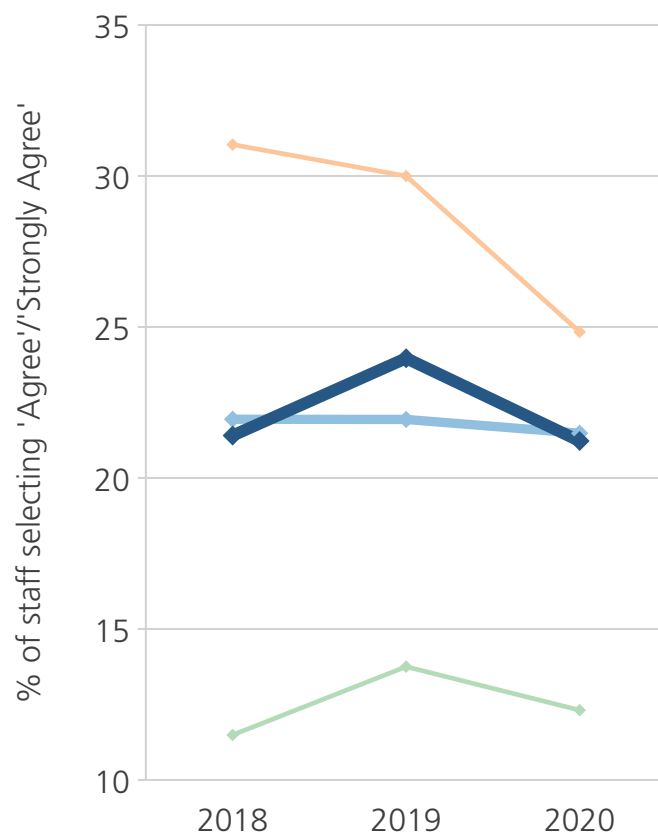
**Q19a**

I often think about leaving this organisation



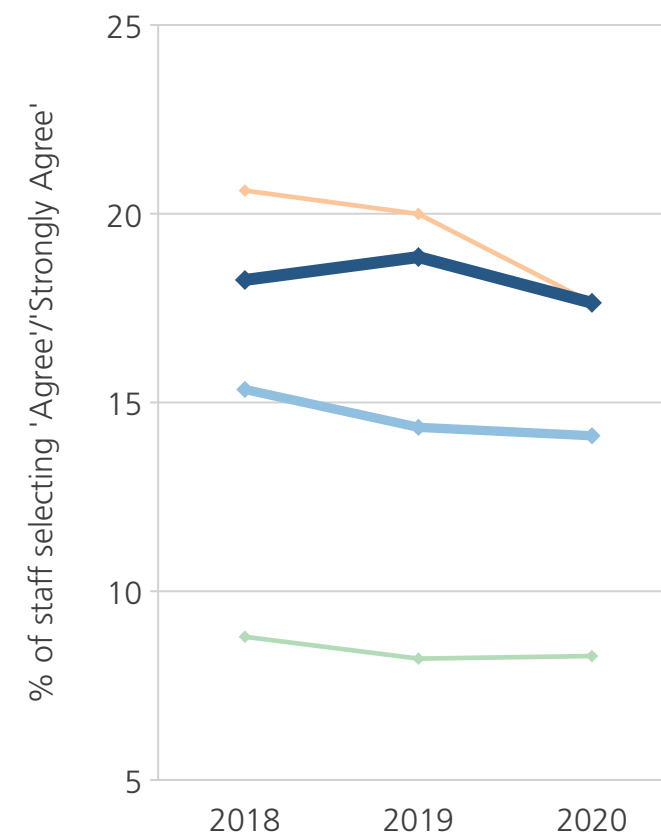
**Q19b**

I will probably look for a job at a new organisation in the next 12 months



**Q19c**

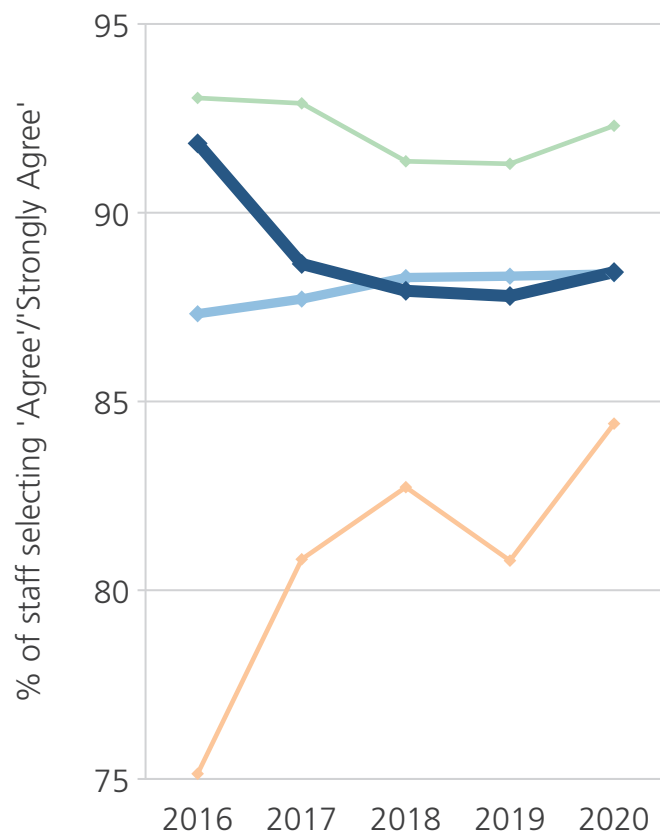
As soon as I can find another job, I will leave this organisation



<b>Worst</b>	35.1%	35.5%	27.9%	<b>Worst</b>	31.0%	30.0%	24.8%	<b>Worst</b>	20.6%	20.0%	17.6%
<b>Your org</b>	24.7%	27.3%	25.3%	<b>Your org</b>	21.4%	24.0%	21.2%	<b>Your org</b>	18.2%	18.9%	17.6%
<b>Average</b>	24.4%	25.1%	23.5%	<b>Average</b>	21.9%	21.9%	21.5%	<b>Average</b>	15.3%	14.3%	14.1%
<b>Best</b>	18.4%	19.9%	18.8%	<b>Best</b>	11.5%	13.8%	12.3%	<b>Best</b>	8.8%	8.2%	8.3%

### Q7a

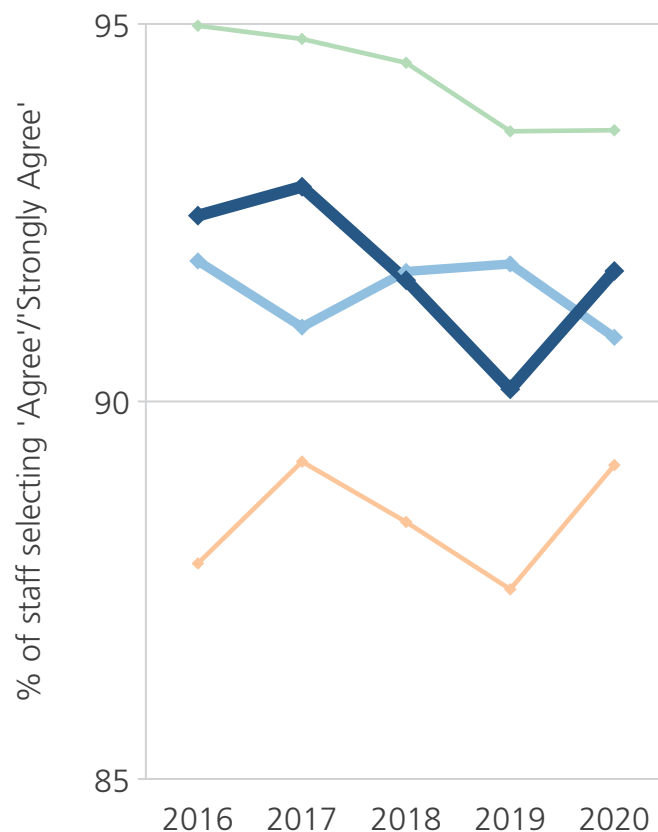
I am satisfied with the quality of care I give to patients / service users



Best	93.0%	92.9%	91.4%	91.3%	92.3%
Your org	91.8%	88.6%	87.9%	87.8%	88.4%
Average	87.3%	87.7%	88.3%	88.3%	88.4%
Worst	75.1%	80.8%	82.7%	80.8%	84.4%

### Q7b

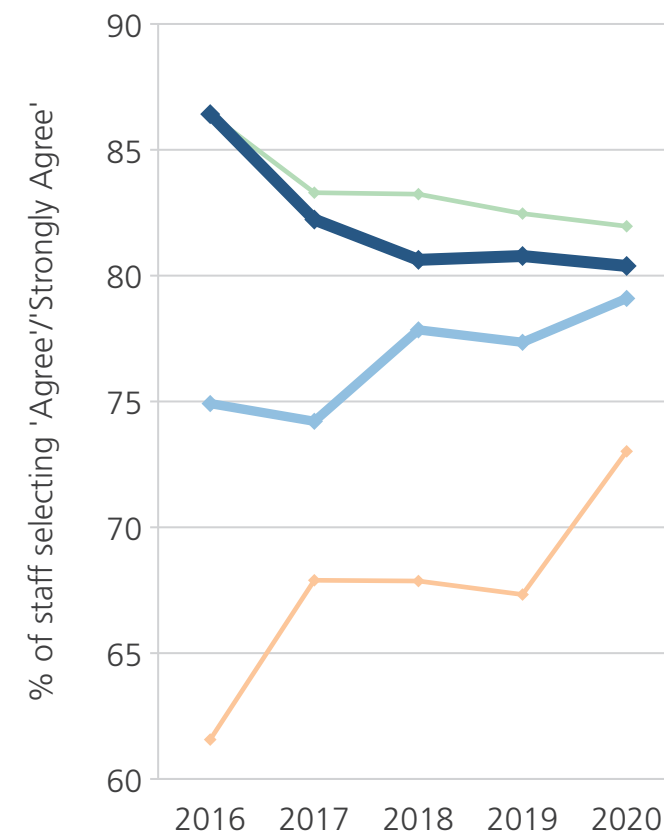
I feel that my role makes a difference to patients / service users



Best	95.0%	94.8%	94.5%	93.6%	93.6%
Your org	92.5%	92.8%	91.6%	90.2%	91.7%
Average	91.9%	91.0%	91.7%	91.8%	90.8%
Worst	87.9%	89.2%	88.4%	87.5%	89.2%

### Q7c

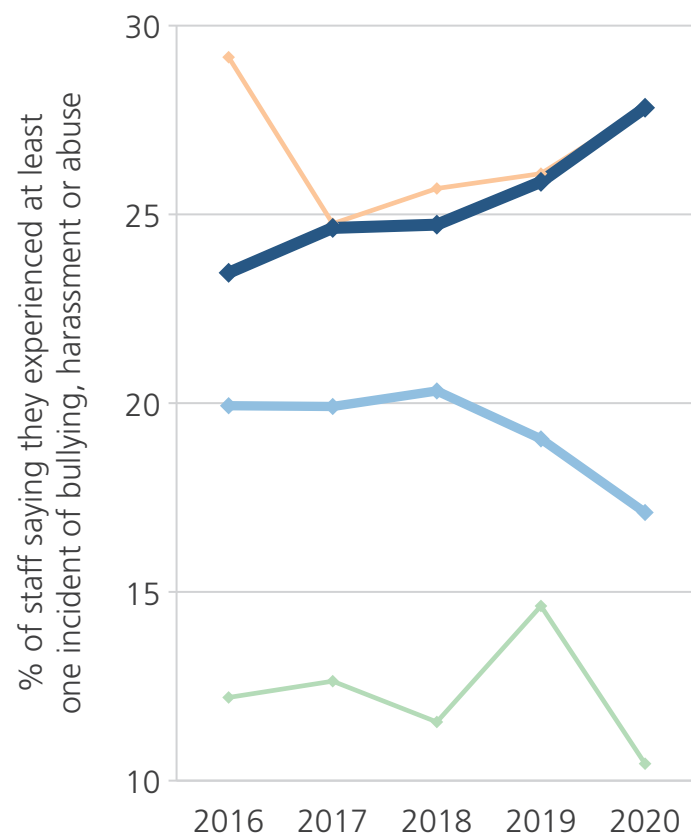
I am able to deliver the care I aspire to



Best	86.4%	83.3%	83.2%	82.5%	82.0%
Your org	86.4%	82.2%	80.6%	80.8%	80.4%
Average	74.9%	74.2%	77.8%	77.4%	79.1%
Worst	61.6%	67.9%	67.9%	67.3%	73.0%

### Q13a

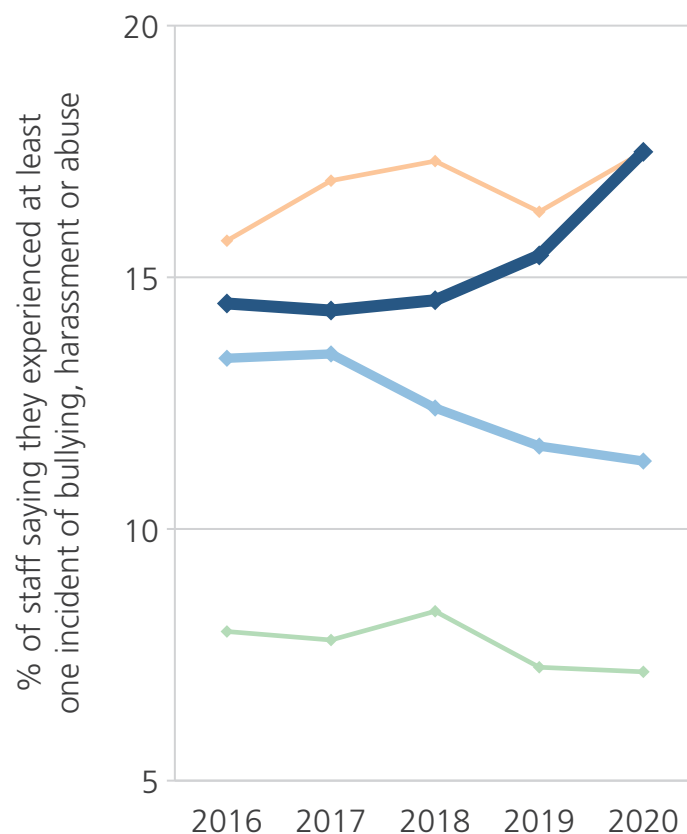
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from patients / service users, their relatives or other members of the public?



<b>Worst</b>	29.2%	24.8%	25.7%	26.1%	27.8%
<b>Your org</b>	23.5%	24.6%	24.7%	25.9%	27.8%
<b>Average</b>	19.9%	19.9%	20.3%	19.1%	17.1%
<b>Best</b>	12.2%	12.6%	11.6%	14.6%	10.4%

### Q13b

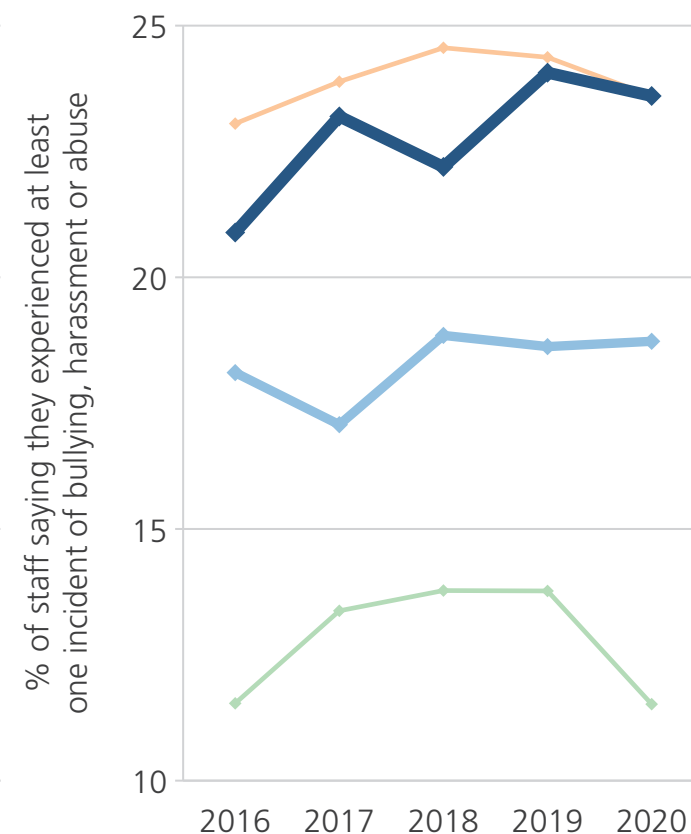
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from managers?



<b>Worst</b>	15.7%	16.9%	17.3%	16.3%	17.5%
<b>Your org</b>	14.5%	14.3%	14.5%	15.4%	17.5%
<b>Average</b>	13.4%	13.5%	12.4%	11.6%	11.3%
<b>Best</b>	8.0%	7.8%	8.4%	7.3%	7.2%

### Q13c

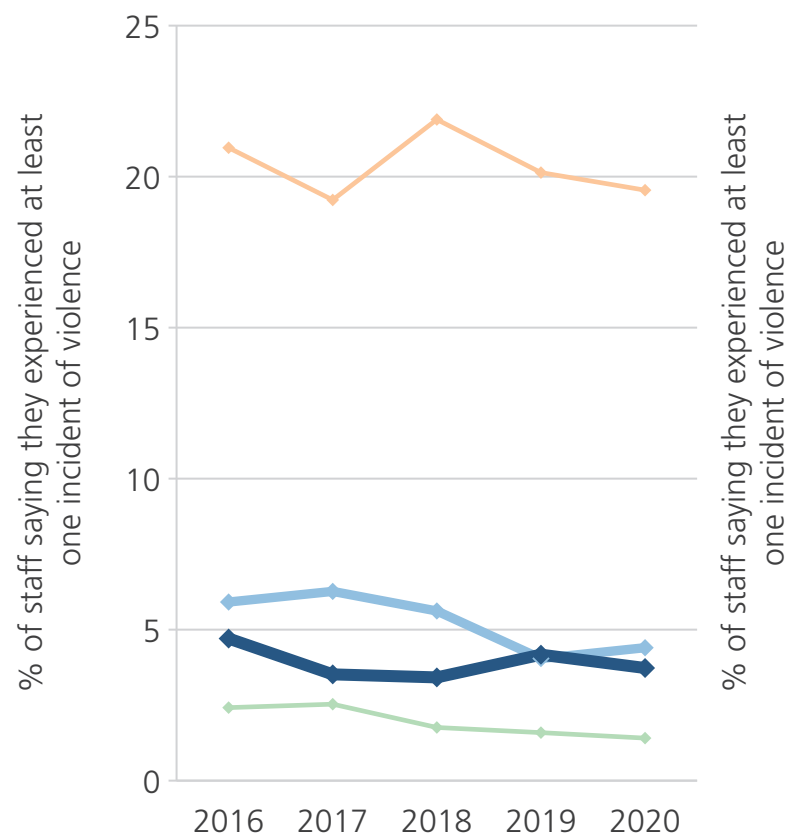
In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from other colleagues?



<b>Worst</b>	23.1%	23.9%	24.6%	24.4%	23.6%
<b>Your org</b>	20.9%	23.2%	22.2%	24.1%	23.6%
<b>Average</b>	18.1%	17.1%	18.8%	18.6%	18.7%
<b>Best</b>	11.5%	13.4%	13.8%	13.8%	11.5%

### Q12a

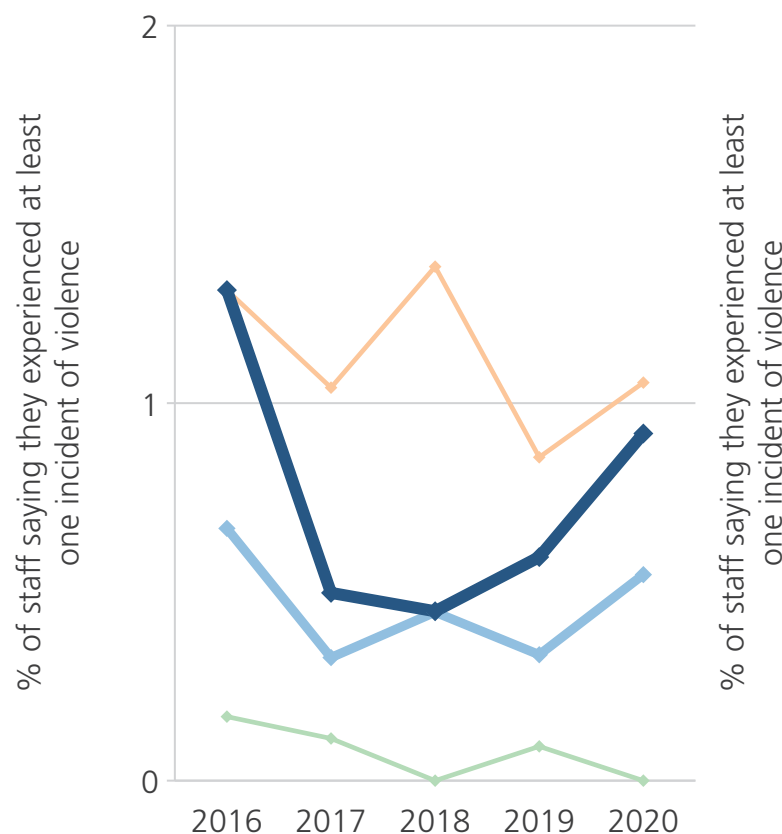
In the last 12 months how many times have you personally experienced physical violence at work from patients / service users, their relatives or other members of the public?



<b>Worst</b>	21.0%	19.2%	21.9%	20.1%	19.6%
<b>Your org</b>	4.7%	3.5%	3.4%	4.2%	3.7%
<b>Average</b>	5.9%	6.3%	5.6%	4.0%	4.4%
<b>Best</b>	2.4%	2.5%	1.8%	1.6%	1.4%

### Q12b

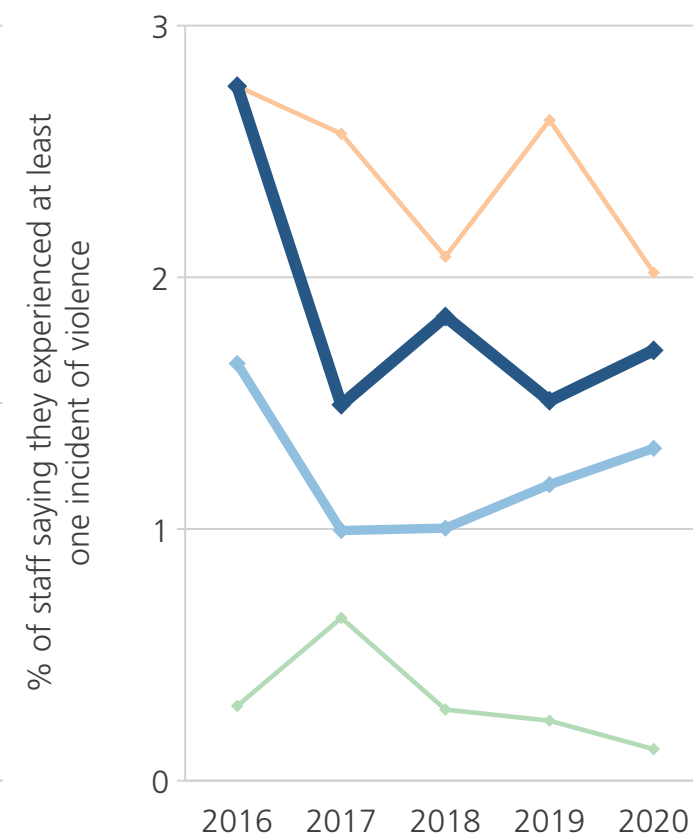
In the last 12 months how many times have you personally experienced physical violence at work from managers?



<b>Worst</b>	1.3%	1.0%	1.4%	0.9%	1.1%
<b>Your org</b>	1.3%	0.5%	0.4%	0.6%	0.9%
<b>Average</b>	0.7%	0.3%	0.4%	0.3%	0.5%
<b>Best</b>	0.2%	0.1%	0.0%	0.1%	0.0%

### Q12c

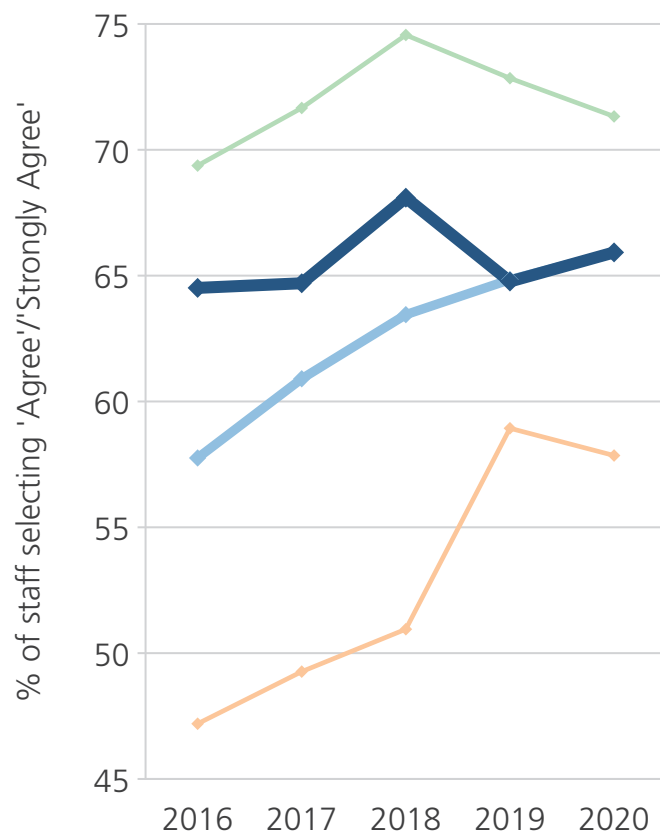
In the last 12 months how many times have you personally experienced physical violence at work from other colleagues?



<b>Worst</b>	2.8%	2.6%	2.1%	2.6%	2.0%
<b>Your org</b>	2.8%	1.5%	1.8%	1.5%	1.7%
<b>Average</b>	1.7%	1.0%	1.0%	1.2%	1.3%
<b>Best</b>	0.3%	0.6%	0.3%	0.2%	0.1%

**Q16a**

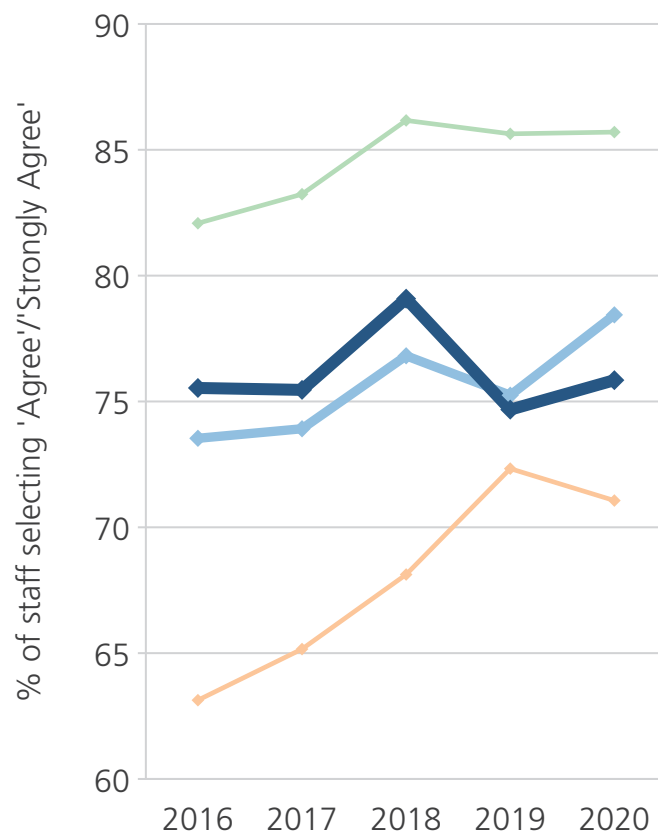
My organisation treats staff who are involved in an error, near miss or incident fairly



Best	69.4%	71.7%	74.6%	72.8%	71.3%
Your org	64.5%	64.7%	68.1%	64.8%	65.9%
Average	57.8%	60.9%	63.5%	64.8%	65.9%
Worst	47.2%	49.3%	51.0%	58.9%	57.9%

**Q16c**

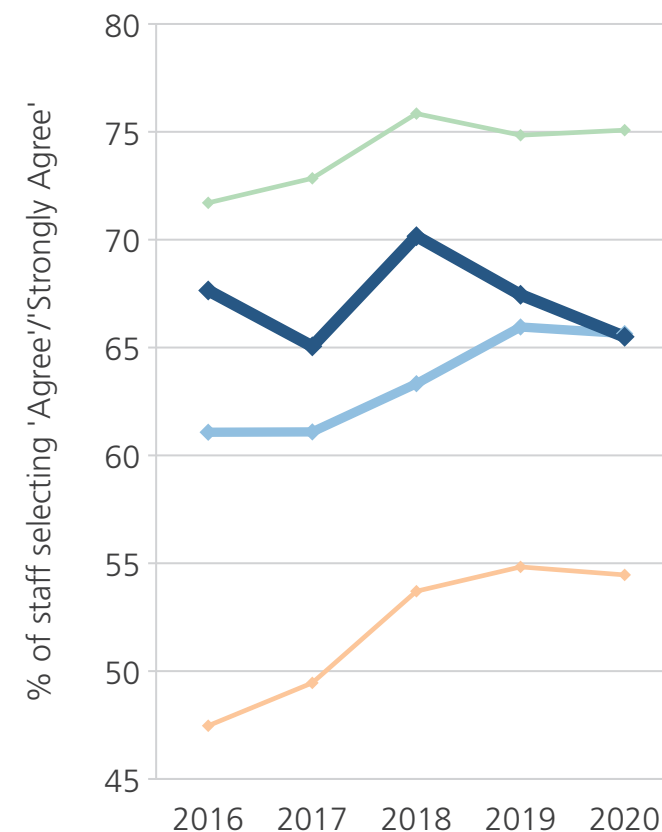
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again



Best	82.1%	83.2%	86.2%	85.6%	85.7%
Your org	75.5%	75.5%	79.1%	74.7%	75.8%
Average	73.5%	73.9%	76.8%	75.2%	78.4%
Worst	63.1%	65.2%	68.1%	72.3%	71.1%

**Q16d**

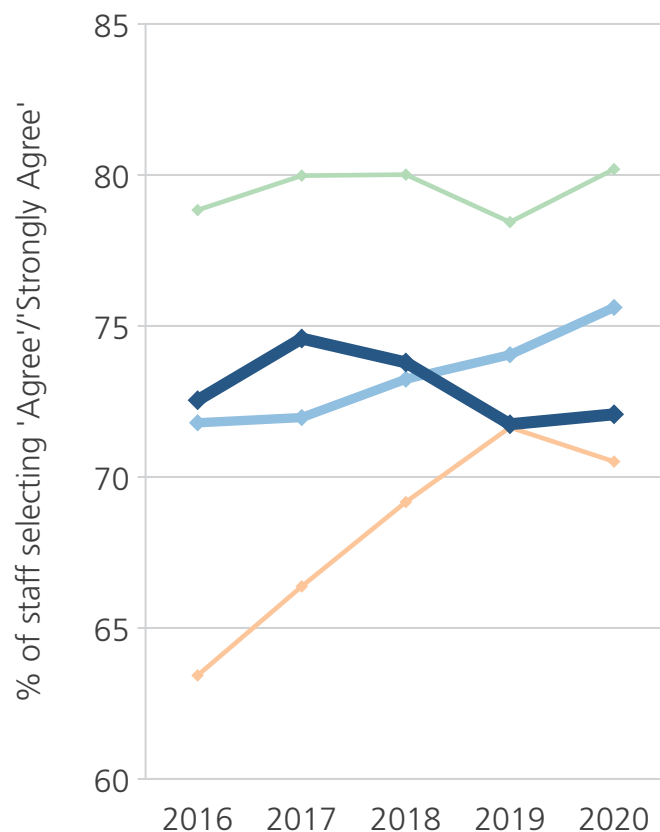
We are given feedback about changes made in response to reported errors, near misses and incidents



Best	71.7%	72.8%	75.8%	74.8%	75.1%
Your org	67.6%	65.1%	70.2%	67.4%	65.5%
Average	61.1%	61.1%	63.3%	66.0%	65.6%
Worst	47.5%	49.5%	53.7%	54.8%	54.5%

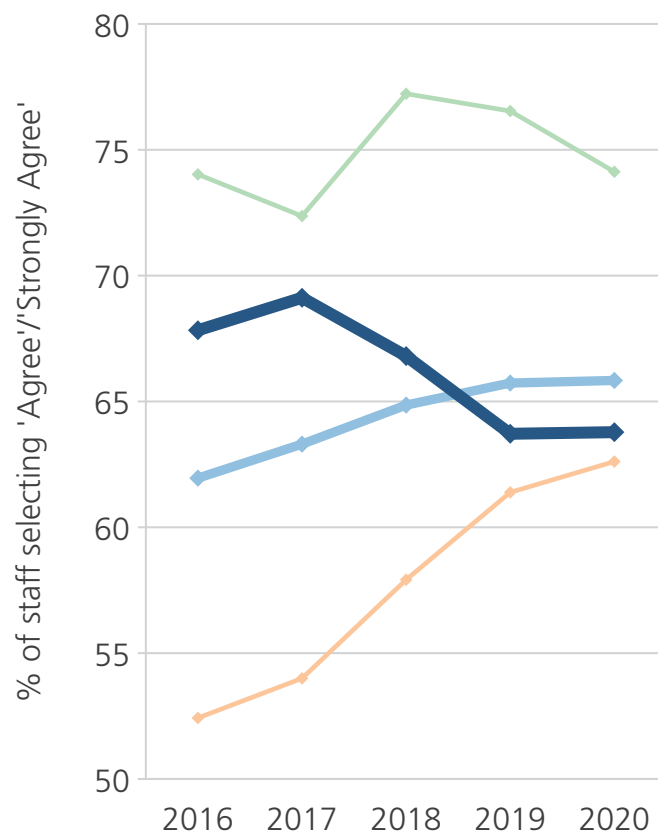
### Q17b

I would feel secure raising concerns about unsafe clinical practice



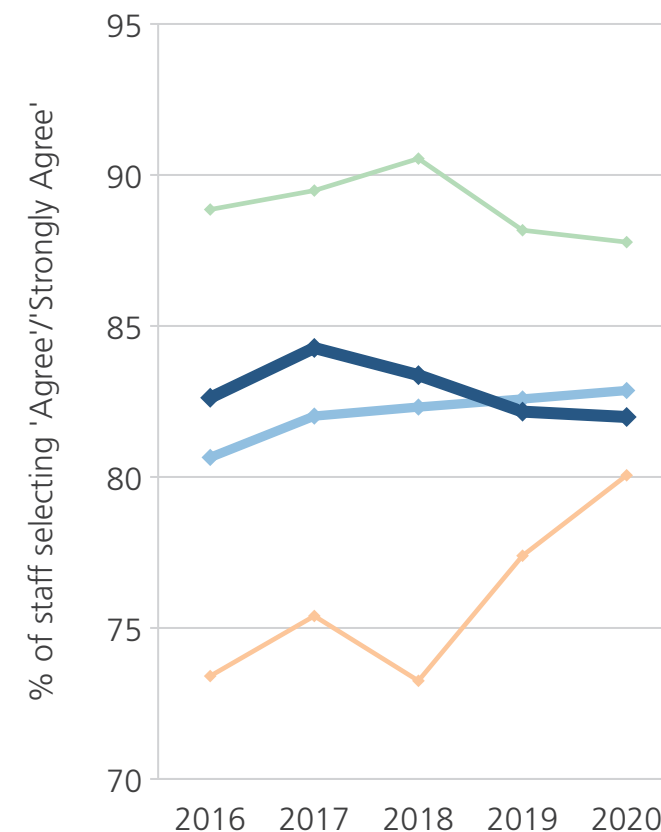
### Q17c

I am confident that my organisation would address my concern



### Q18b

My organisation acts on concerns raised by patients / service users



Best	78.8%	80.0%	80.0%	78.4%	80.2%
Your org	72.5%	74.6%	73.8%	71.7%	72.1%
Average	71.8%	72.0%	73.2%	74.0%	75.6%
Worst	63.4%	66.4%	69.2%	71.6%	70.5%

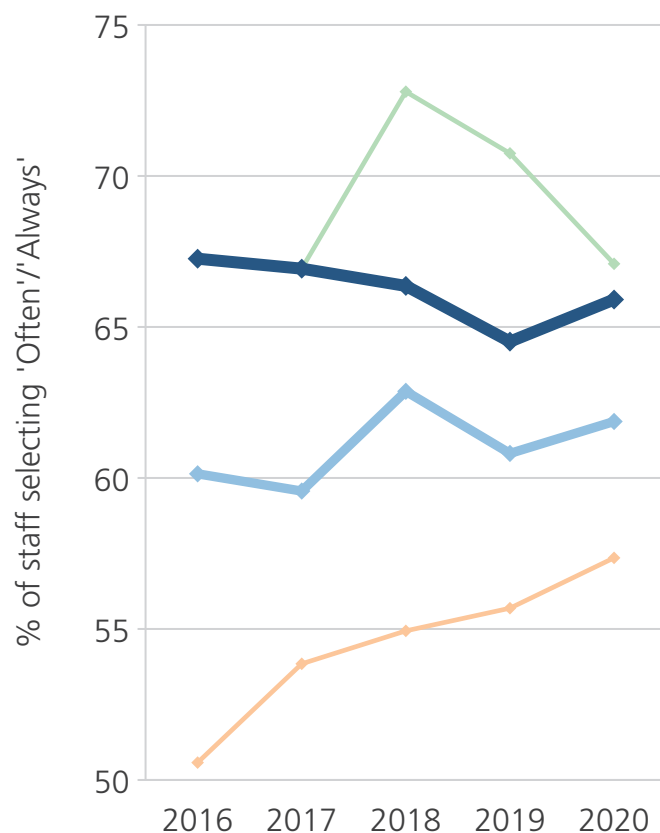
Best	74.0%	72.4%	77.2%	76.5%	74.1%
Your org	67.8%	69.1%	66.8%	63.7%	63.8%
Average	62.0%	63.3%	64.9%	65.7%	65.8%
Worst	52.4%	54.0%	57.9%	61.4%	62.6%

Best	88.9%	89.5%	90.5%	88.2%	87.8%
Your org	82.6%	84.3%	83.4%	82.2%	82.0%
Average	80.6%	82.0%	82.3%	82.6%	82.9%
Worst	73.4%	75.4%	73.3%	77.4%	80.1%



**Q2a**

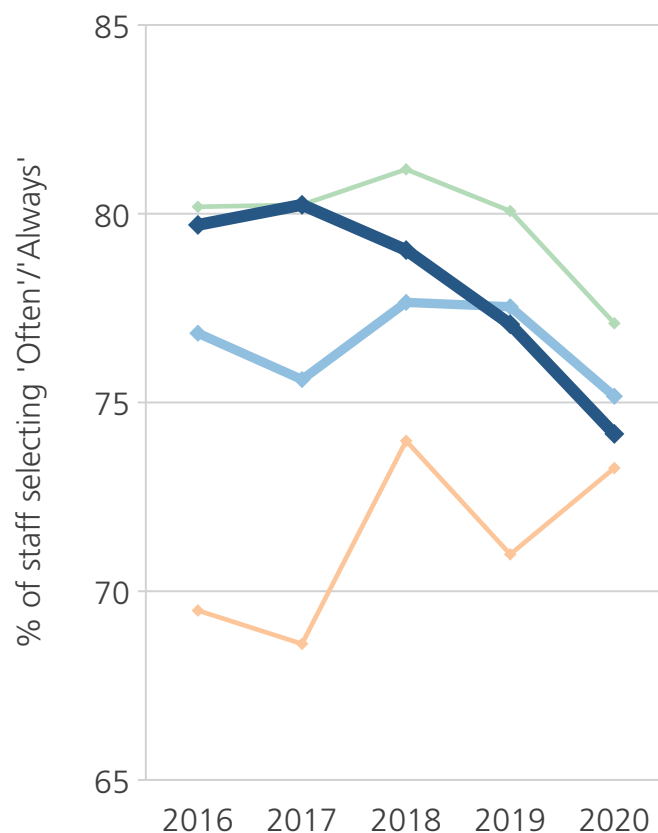
I look forward to going to work



Best	67.3%	66.9%	72.8%	70.7%	67.1%
Your org	67.3%	66.9%	66.4%	64.5%	65.9%
Average	60.1%	59.6%	62.9%	60.8%	61.9%
Worst	50.6%	53.8%	54.9%	55.7%	57.4%

**Q2b**

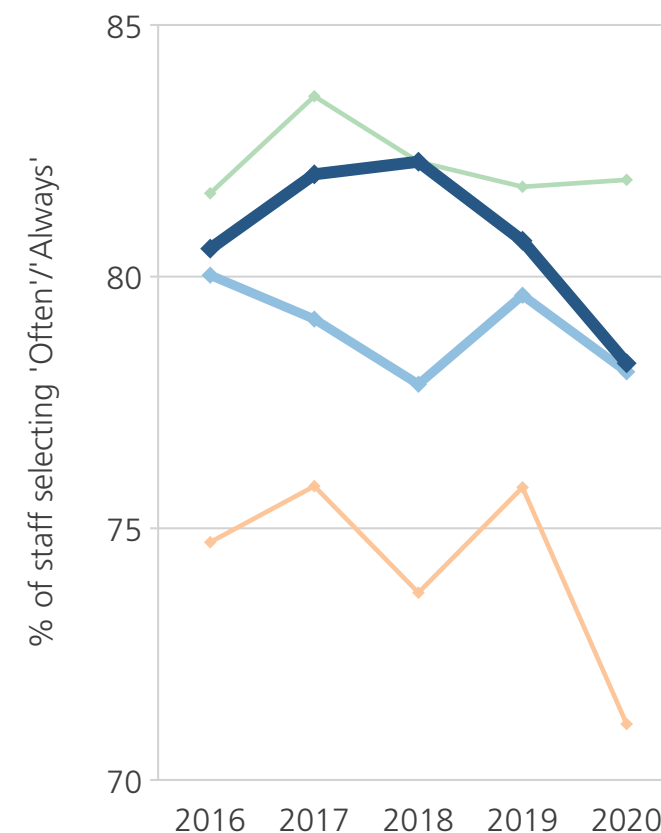
I am enthusiastic about my job



Best	80.2%	80.2%	81.2%	80.1%	77.1%
Your org	79.7%	80.2%	79.0%	77.1%	74.2%
Average	76.8%	75.6%	77.7%	77.5%	75.2%
Worst	69.5%	68.6%	74.0%	71.0%	73.3%

**Q2c**

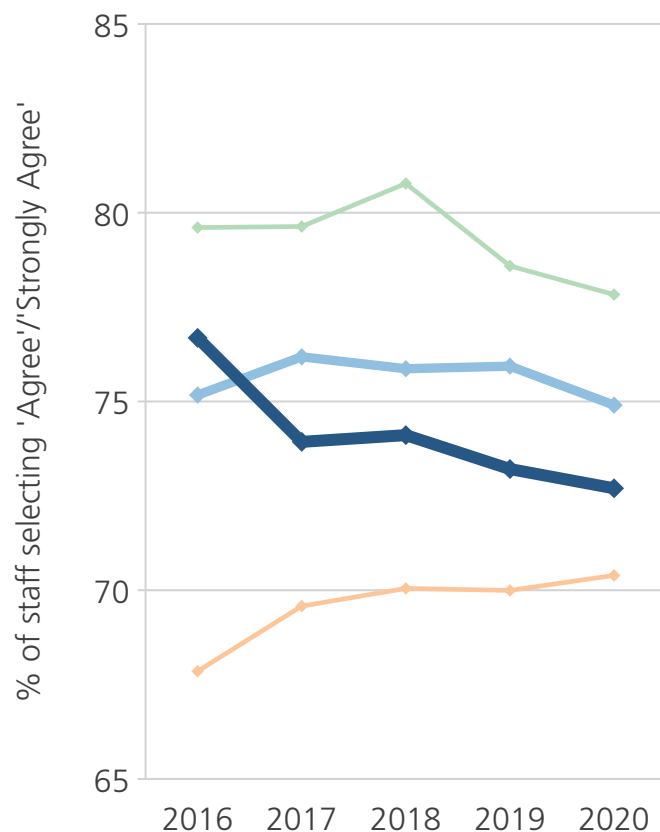
Time passes quickly when I am working



Best	81.7%	83.6%	82.3%	81.8%	81.9%
Your org	80.6%	82.0%	82.3%	80.7%	78.3%
Average	80.0%	79.2%	77.9%	79.6%	78.1%
Worst	74.7%	75.8%	73.7%	75.8%	71.1%

### Q4a

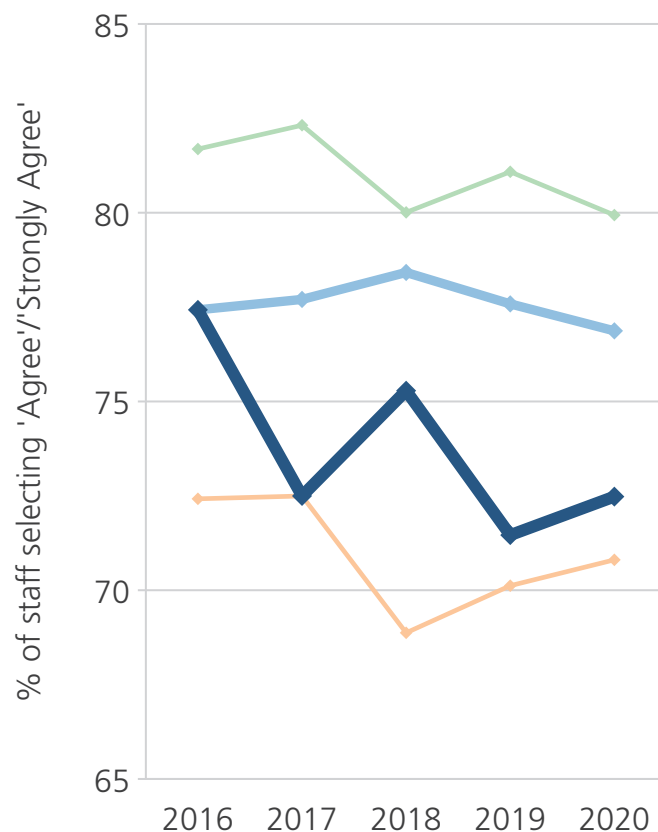
There are frequent opportunities  
for me to show initiative in my role



Best	79.6%	79.6%	80.8%	78.6%	77.8%
Your org	76.7%	73.9%	74.1%	73.2%	72.7%
Average	75.2%	76.2%	75.9%	75.9%	74.9%
Worst	67.9%	69.6%	70.0%	70.0%	70.4%

### Q4b

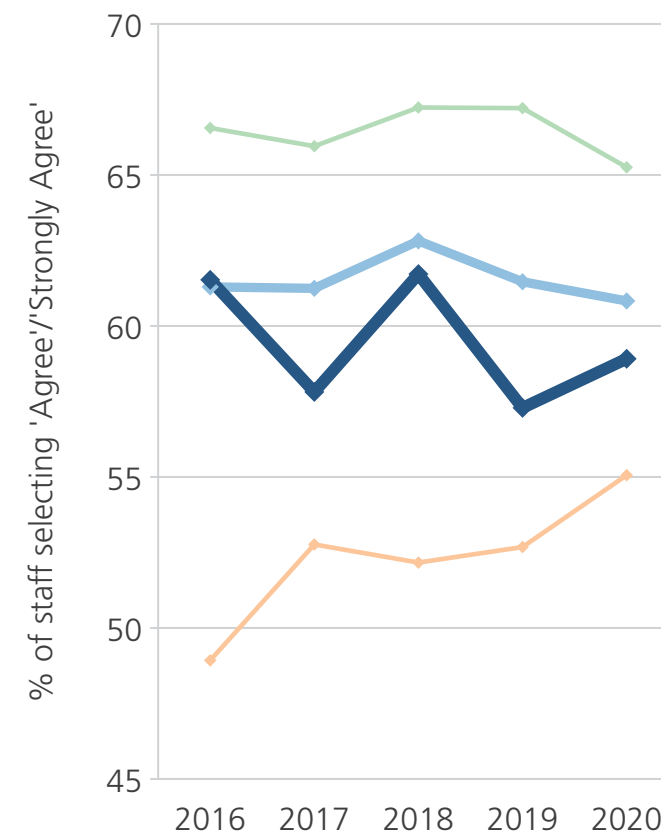
I am able to make suggestions  
to improve the work of  
my team / department



Best	81.7%	82.3%	80.0%	81.1%	79.9%
Your org	77.4%	72.5%	75.3%	71.5%	72.5%
Average	77.4%	77.7%	78.4%	77.6%	76.9%
Worst	72.4%	72.5%	68.9%	70.1%	70.8%

### Q4d

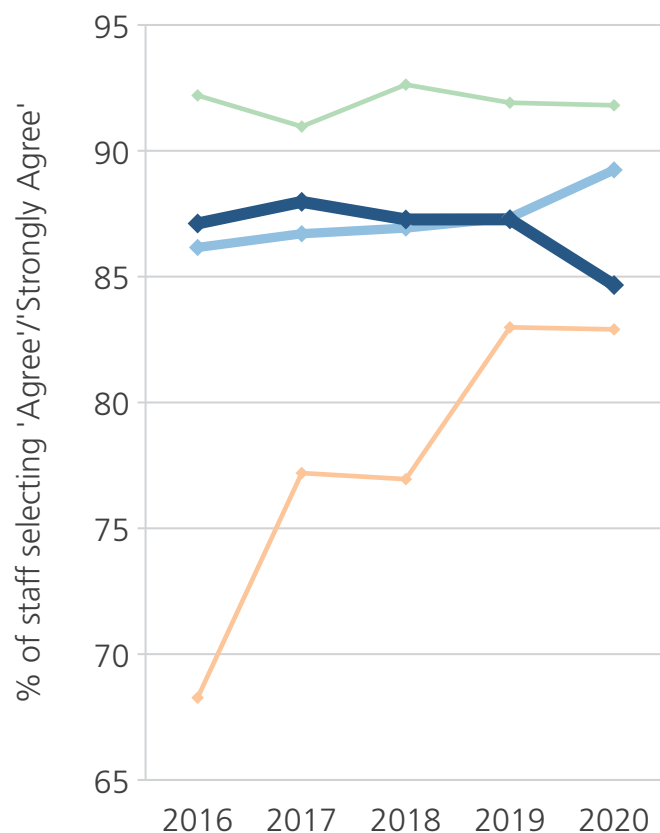
I am able to make improvements  
happen in my area of work



Best	66.6%	66.0%	67.2%	67.2%	65.3%
Your org	61.5%	57.8%	61.7%	57.3%	58.9%
Average	61.3%	61.2%	62.8%	61.5%	60.8%
Worst	48.9%	52.8%	52.2%	52.7%	55.1%

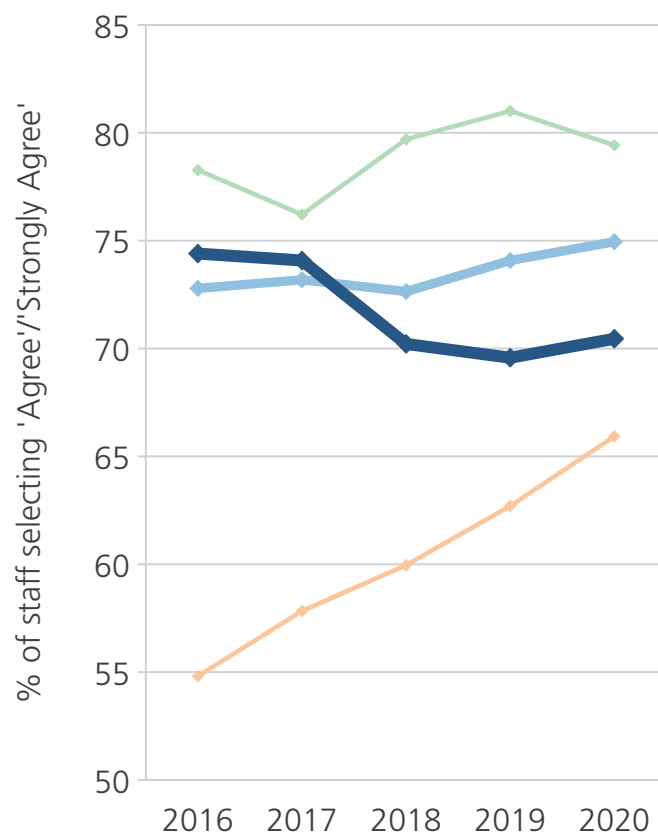
Q18a

Care of patients / service users  
is my organisation's top priority



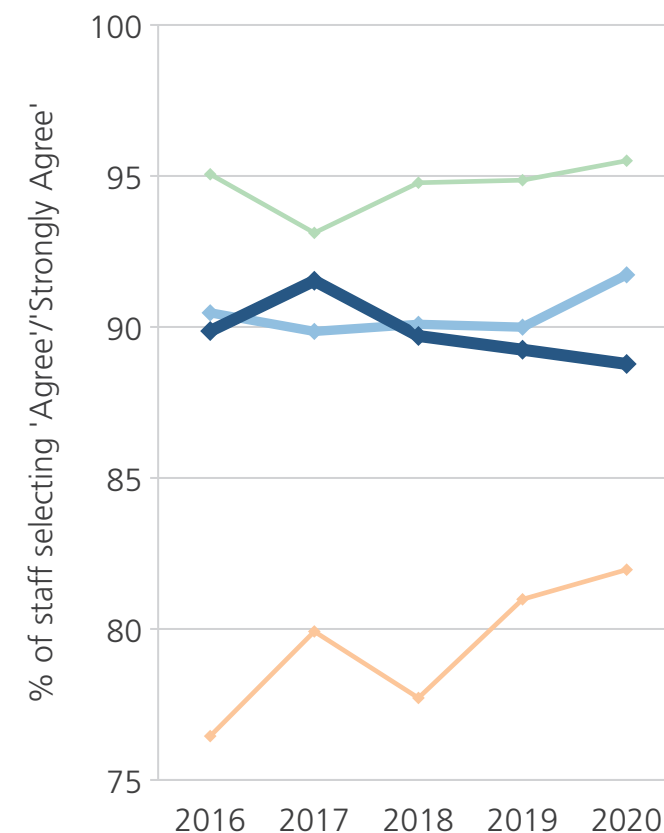
Q18c

I would recommend my  
organisation as a place to work



Q18d

If a friend or relative needed treatment  
I would be happy with the standard  
of care provided by this organisation



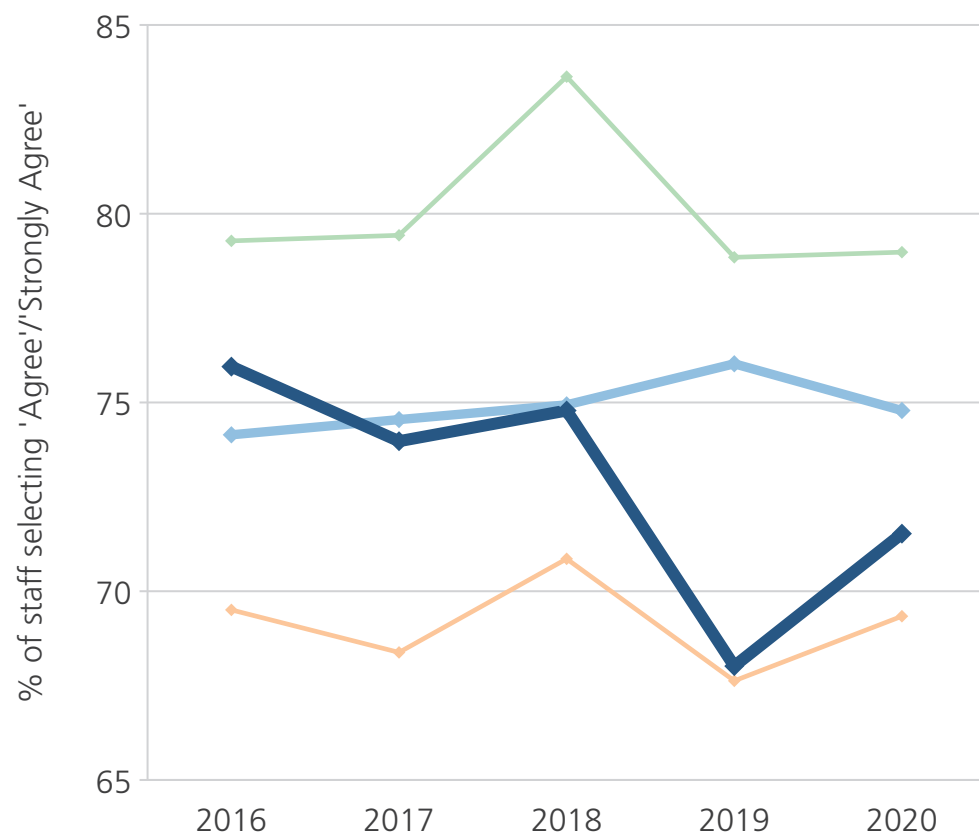
Best	92.2%	91.0%	92.6%	91.9%	91.8%
Your org	87.1%	88.0%	87.3%	87.3%	84.7%
Average	86.2%	86.7%	86.9%	87.3%	89.2%
Worst	68.3%	77.2%	77.0%	83.0%	82.9%

Best	78.3%	76.2%	79.7%	81.0%	79.4%
Your org	74.4%	74.1%	70.2%	69.6%	70.5%
Average	72.8%	73.2%	72.6%	74.1%	75.0%
Worst	54.8%	57.8%	60.0%	62.7%	65.9%

Best	95.1%	93.1%	94.8%	94.9%	95.5%
Your org	89.9%	91.5%	89.7%	89.2%	88.8%
Average	90.5%	89.9%	90.1%	90.0%	91.7%
Worst	76.5%	79.9%	77.7%	81.0%	82.0%

### Q4h

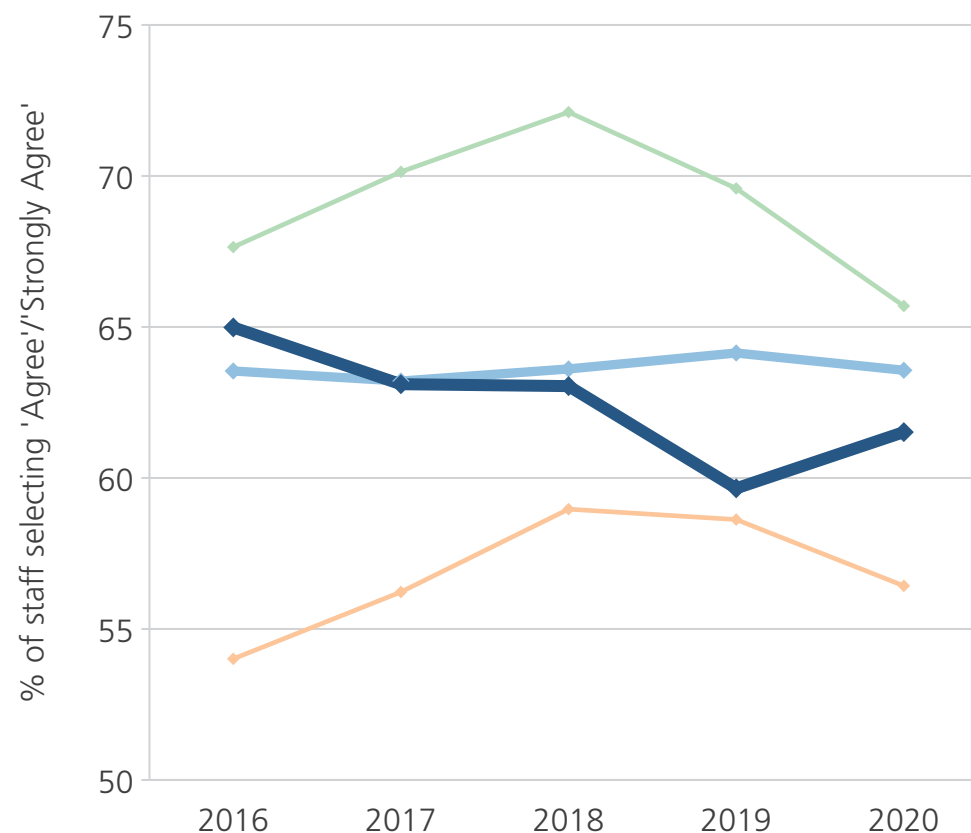
The team I work in has a set of shared objectives



<b>Best</b>	79.3%	79.4%	83.6%	78.8%	79.0%
<b>Your org</b>	75.9%	74.0%	74.8%	68.0%	71.5%
<b>Average</b>	74.1%	74.5%	74.9%	76.0%	74.8%
<b>Worst</b>	69.5%	68.4%	70.9%	67.6%	69.3%

### Q4i

The team I work in often meets to discuss the team's effectiveness



<b>Best</b>	67.6%	70.1%	72.1%	69.6%	65.7%
<b>Your org</b>	65.0%	63.1%	63.0%	59.7%	61.5%
<b>Average</b>	63.5%	63.2%	63.6%	64.1%	63.6%
<b>Worst</b>	54.0%	56.2%	59.0%	58.6%	56.4%

# Workforce Equality Standards

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results

This section contains data required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

## Workforce Race Equality Standard (WRES)

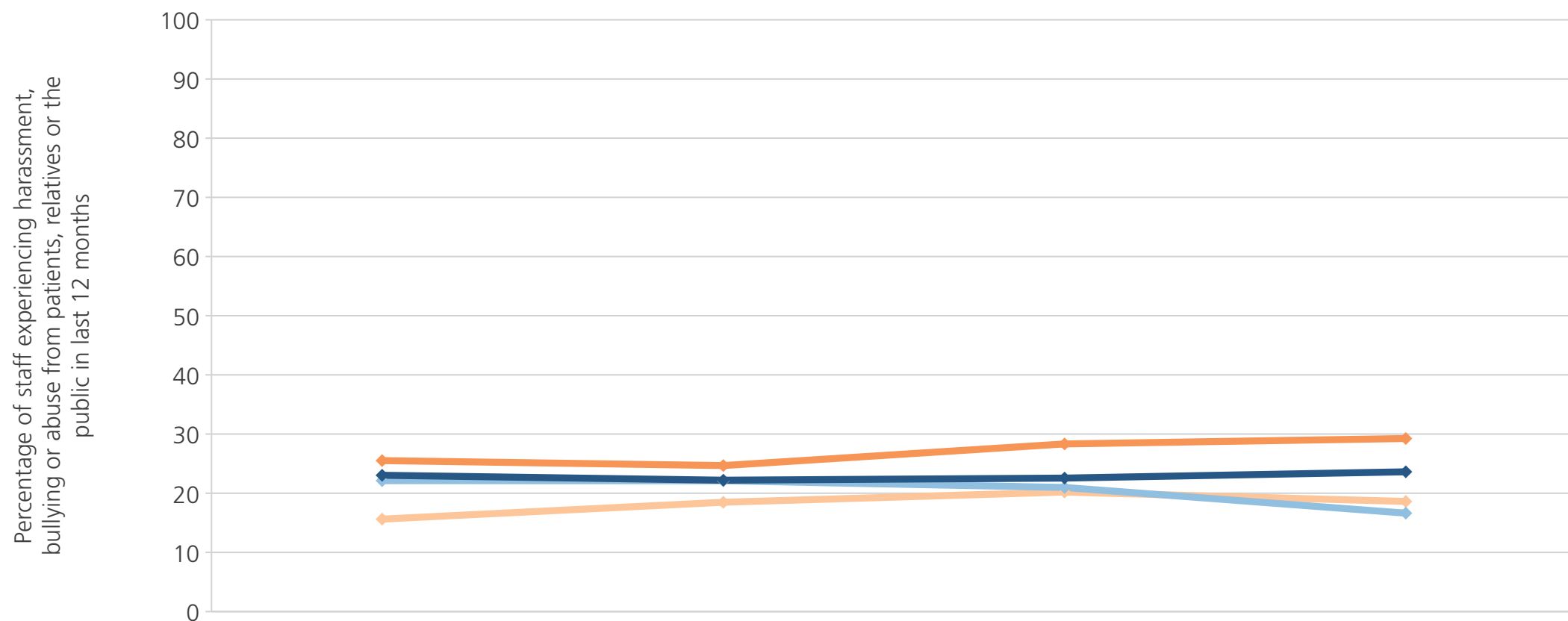
- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017, 2018 and 2019 trust/CCG and benchmarking group median results for q13a, q13b&c combined, q14, and q15b split by ethnicity (by white / BME staff).

## Workforce Disability Equality Standard (WDES)

- This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018 and 2019 trust/CCG and benchmarking group median results for q5f, q11e, q13a-d, and q14 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q26b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.
- The WDES breakdowns are based on the responses to q26a ***Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?*** In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

# Workforce Race Equality Standard (WRES)

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results



White: Your org	23.0%	22.2%	22.6%	23.6%
BME: Your org	25.5%	24.7%	28.3%	29.2%
White: Average	22.1%	22.1%	21.0%	16.6%
BME: Average	15.6%	18.5%	20.2%	18.6%

White: Responses

521

473

501

525

BME: Responses

537

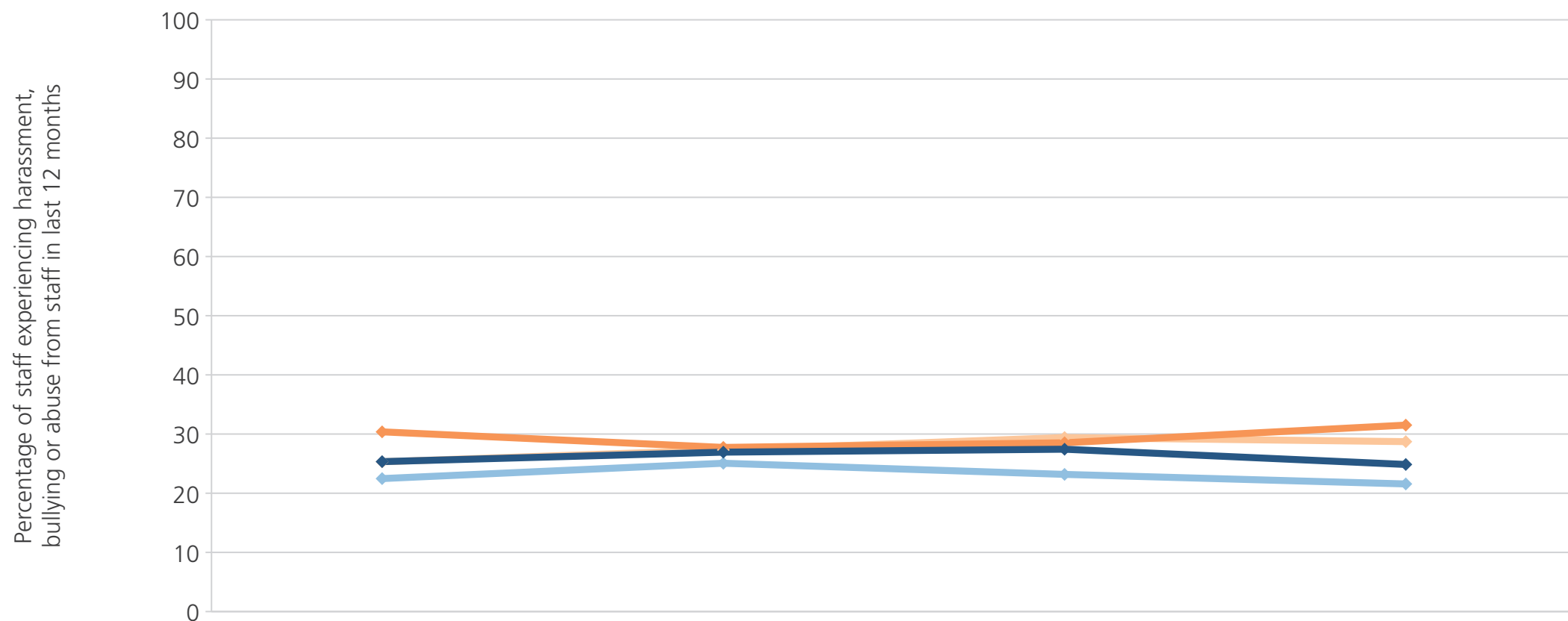
458

586

595

Average calculated as the median for the benchmark group





	2017	2018	2019	2020
<b>White: Your org</b>	25.3%	26.9%	27.4%	24.9%
<b>BME: Your org</b>	30.4%	27.7%	28.5%	31.5%
<b>White: Average</b>	22.5%	25.1%	23.2%	21.6%
<b>BME: Average</b>	25.3%	27.3%	29.4%	28.7%

**White: Responses**

521

464

503

527

**BME: Responses**

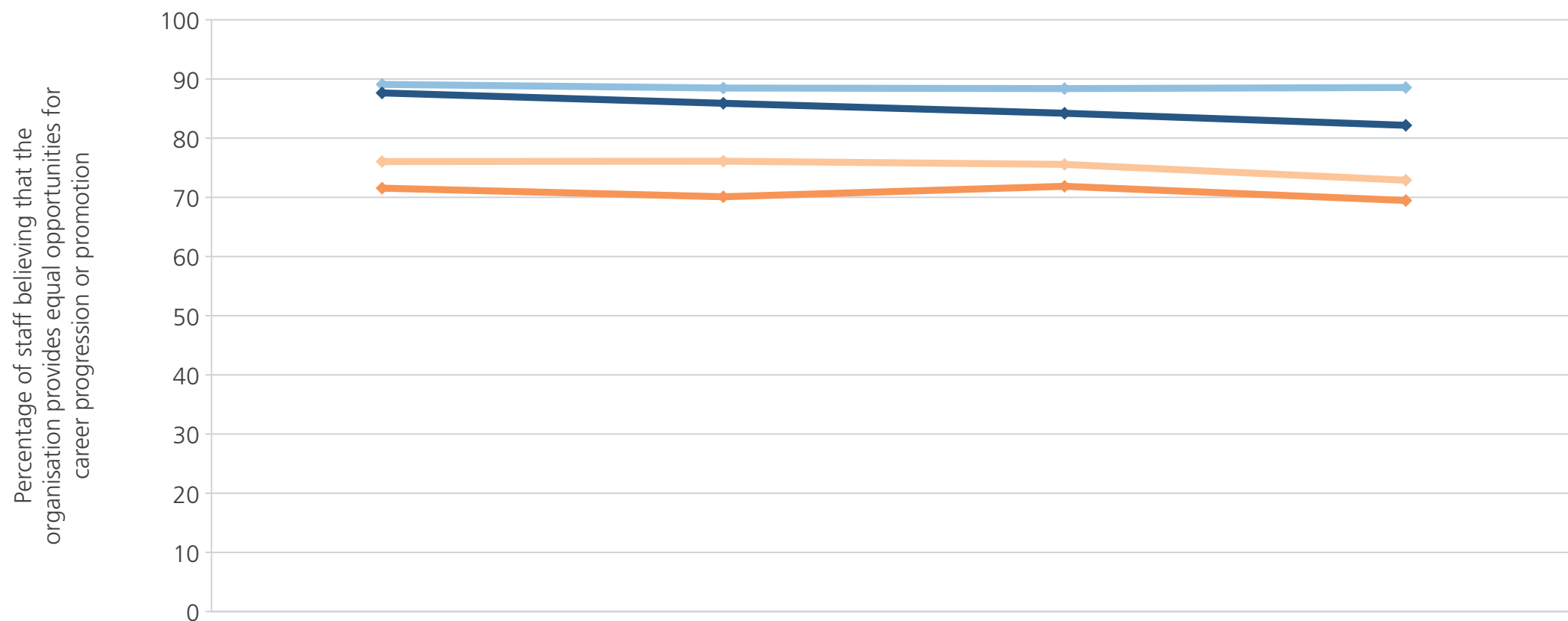
540

447

582

603

Average calculated as the median for the benchmark group



	2017	2018	2019	2020
<b>White: Your org</b>	87.6%	85.9%	84.2%	82.2%
<b>BME: Your org</b>	71.6%	70.1%	71.9%	69.5%
<b>White: Average</b>	89.1%	88.5%	88.4%	88.6%
<b>BME: Average</b>	76.0%	76.1%	75.6%	72.9%

**White: Responses**

348

319

342

359

**BME: Responses**

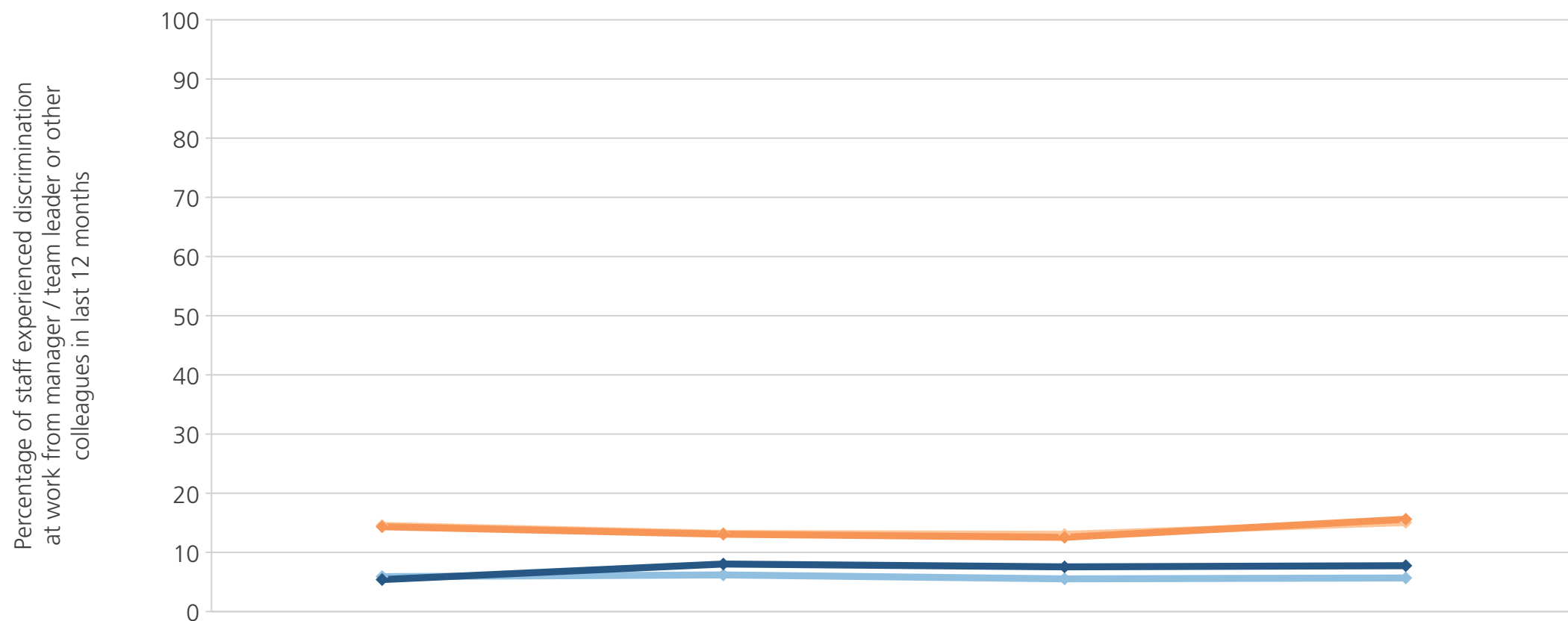
348

311

391

393

Average calculated as the median for the benchmark group



White: Your org	5.4%	8.0%	7.6%	7.8%
BME: Your org	14.3%	13.1%	12.5%	15.6%
White: Average	5.9%	6.2%	5.5%	5.7%
BME: Average	14.6%	13.2%	13.0%	15.0%

**White: Responses**

518

473

503

516

**BME: Responses**

537

459

582

596

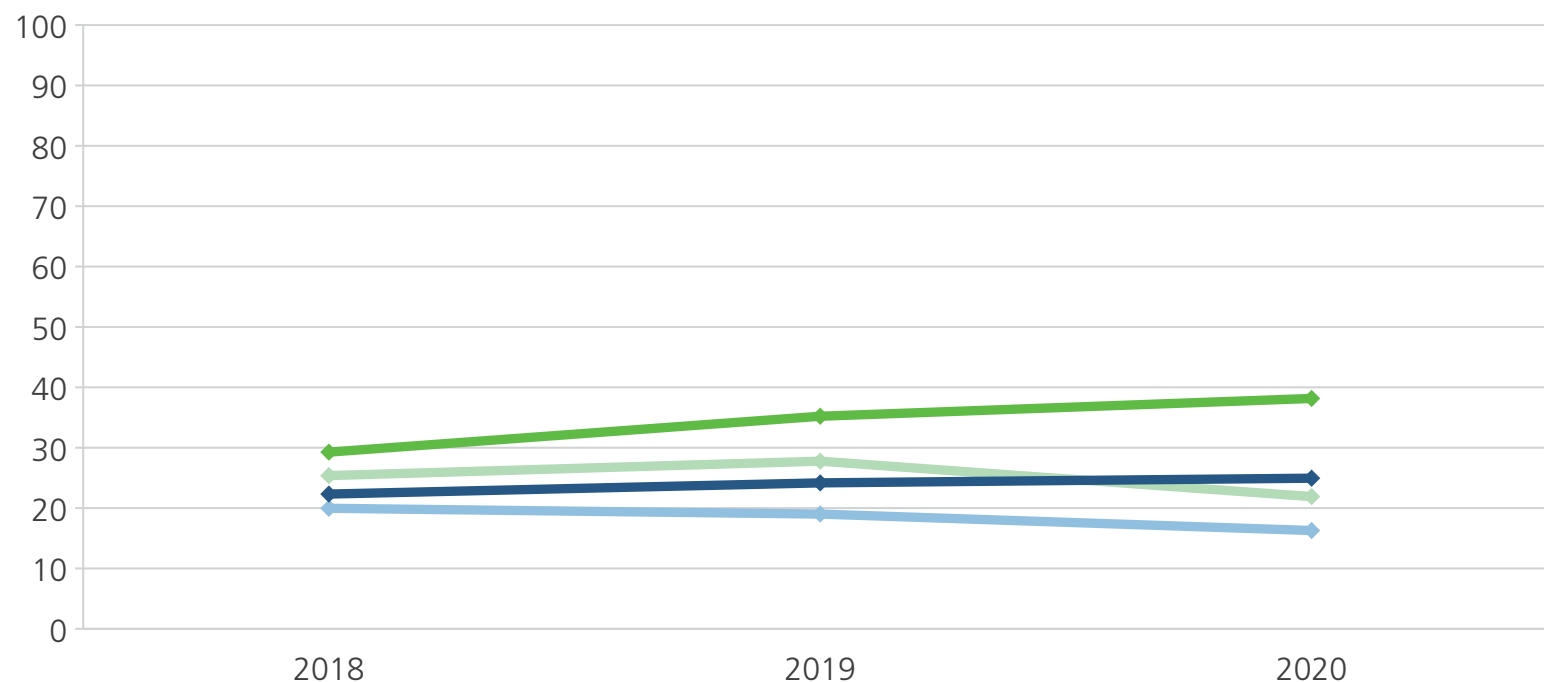
Average calculated as the median for the benchmark group

# Workforce Disability Equality Standard (WDES)

The approach to calculating the benchmark median scores and the way in which the data for Q13d are reported has changed this year. These changes have been applied retrospectively so historical data shown in the average calculations and all figures for Q13d are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



<b>Staff with a LTC or illness: Your org</b>	29.3%	35.2%	38.2%
<b>Staff without a LTC or illness: Your org</b>	22.3%	24.2%	24.9%
<b>Staff with a LTC or illness: Average</b>	25.4%	27.8%	21.9%
<b>Staff without a LTC or illness: Average</b>	20.0%	19.0%	16.3%

**Staff with a LTC or illness: Responses**

**Staff without a LTC or illness: Responses**

123

784

142

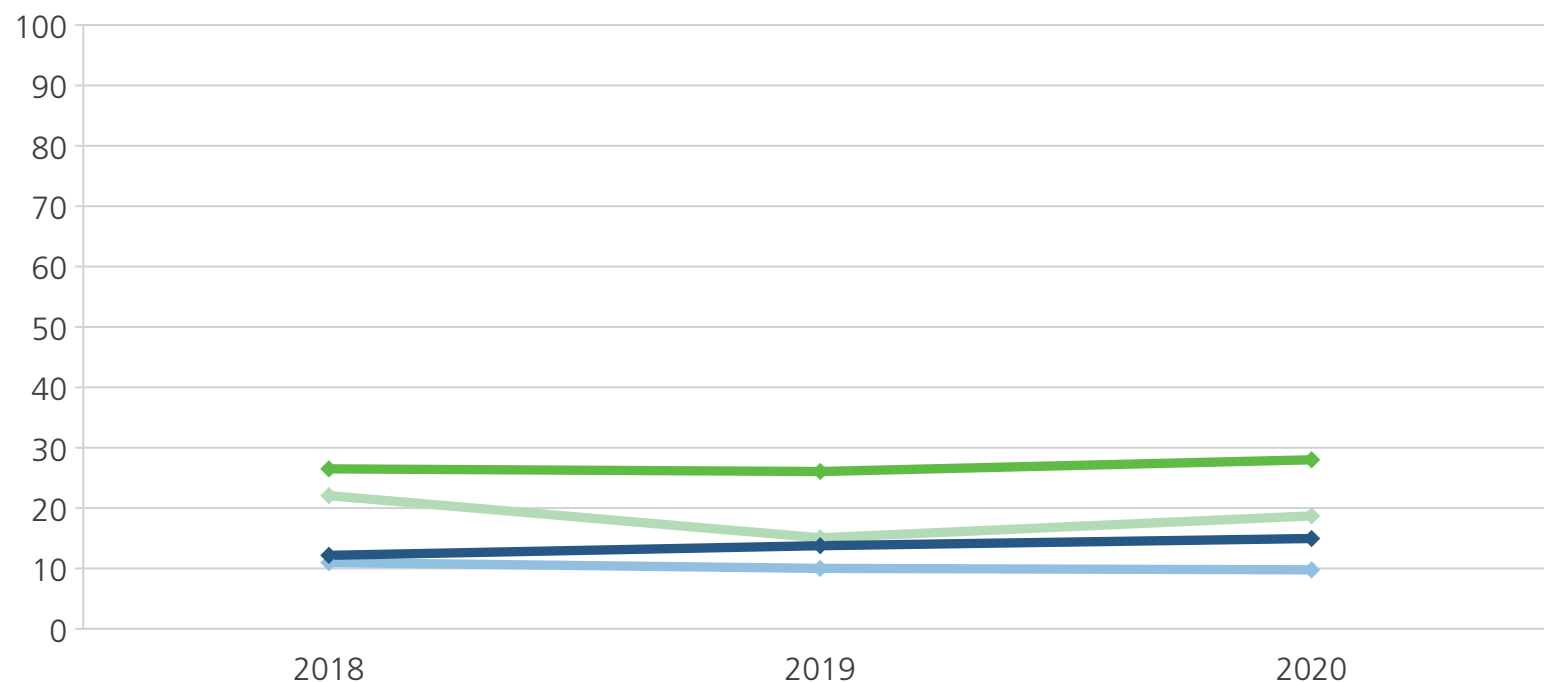
1,001

152

998

Average calculated as the median for the benchmark group

Percentage of staff experiencing  
harassment, bullying or abuse  
from manager in last 12 months



<b>Staff with a LTC or illness: Your org</b>	26.5%	26.1%	28.0%
<b>Staff without a LTC or illness: Your org</b>	12.2%	13.8%	15.0%
<b>Staff with a LTC or illness: Average</b>	22.1%	15.1%	18.7%
<b>Staff without a LTC or illness: Average</b>	11.0%	10.0%	9.8%

**Staff with a LTC or illness: Responses**

117

142

150

**Staff without a LTC or illness: Responses**

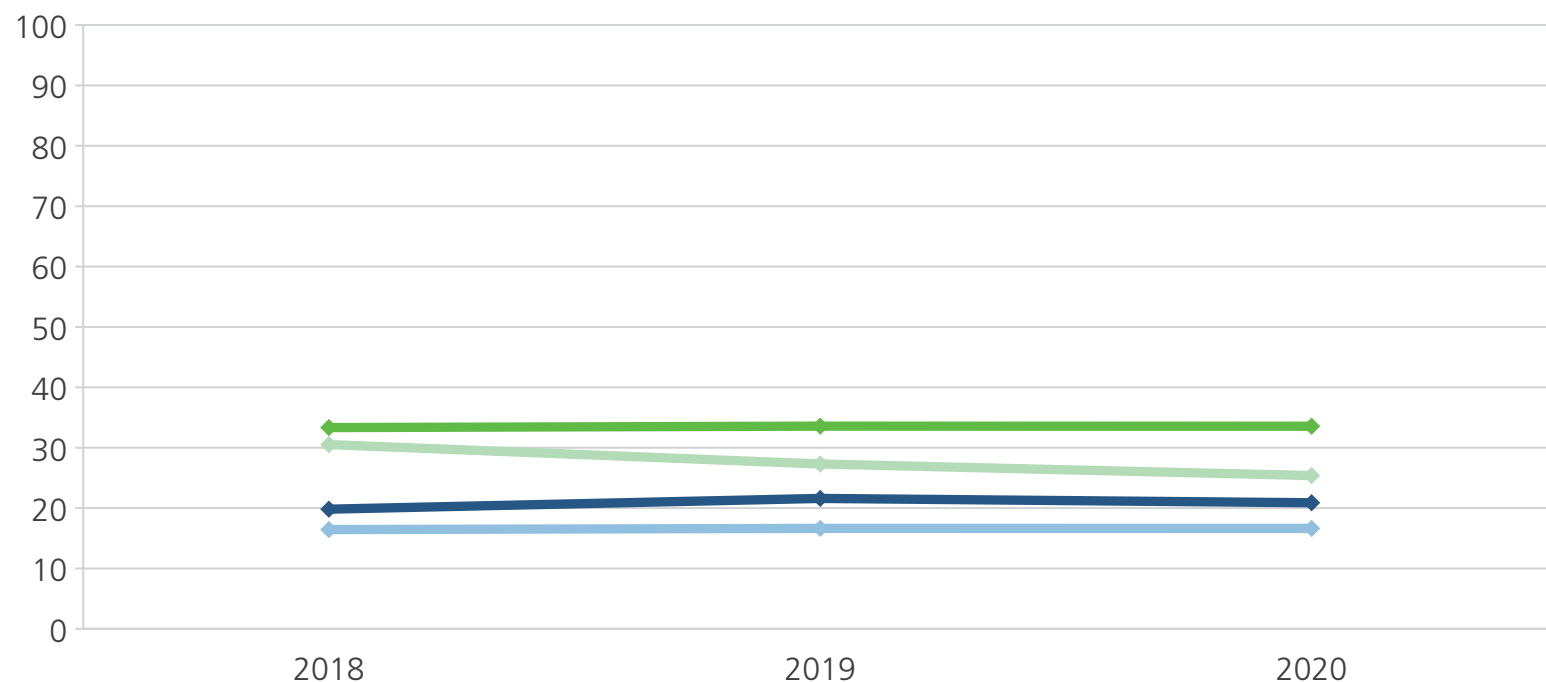
764

995

996

Average calculated as the median for the benchmark group

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months



Staff with a LTC or illness: Your org	33.3%	33.6%	33.6%
Staff without a LTC or illness: Your org	19.8%	21.6%	20.9%
Staff with a LTC or illness: Average	30.5%	27.3%	25.4%
Staff without a LTC or illness: Average	16.4%	16.6%	16.6%

Staff with a LTC or illness: Responses

117

140

149

Staff without a LTC or illness: Responses

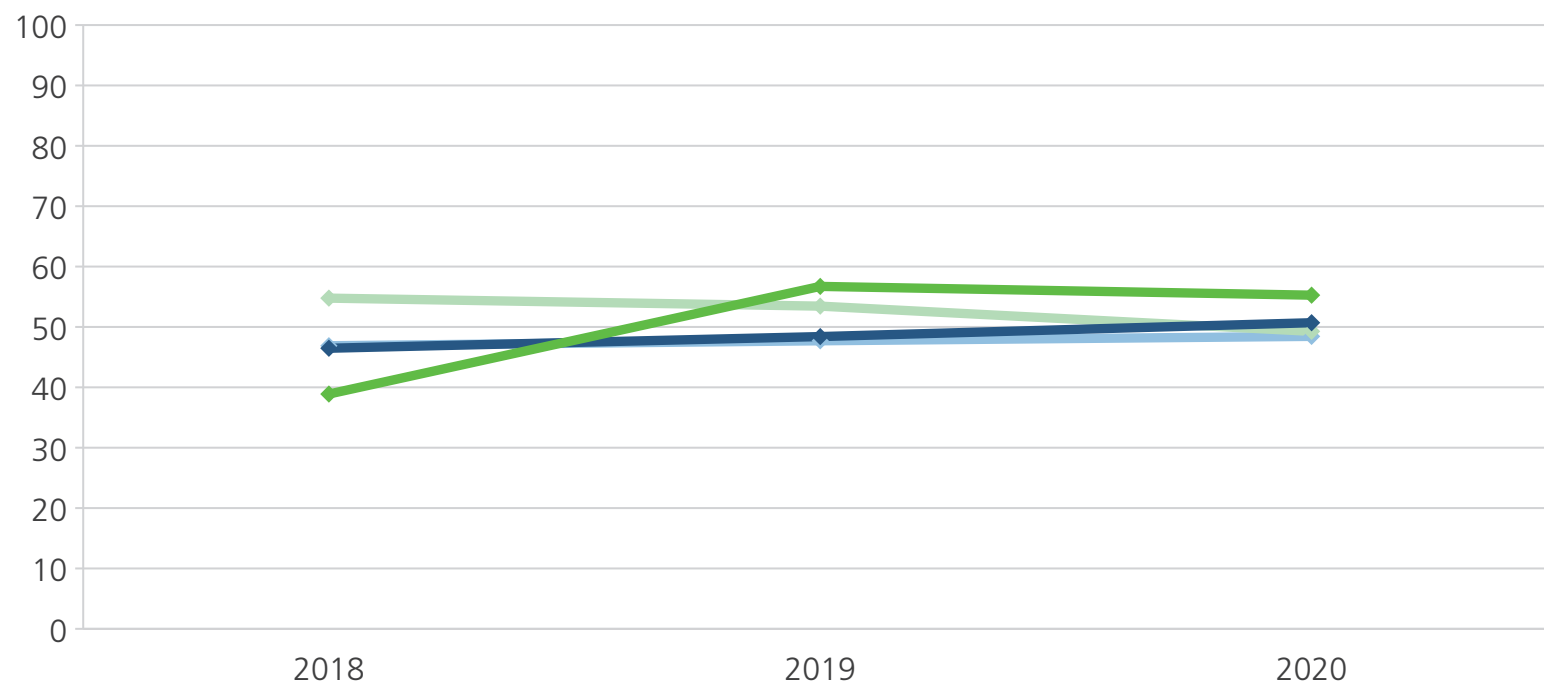
767

1,000

996

Average calculated as the median for the benchmark group

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



Staff with a LTC or illness: Your org	38.9%	56.7%	55.3%
Staff without a LTC or illness: Your org	46.5%	48.4%	50.7%
Staff with a LTC or illness: Average	54.8%	53.4%	49.3%
Staff without a LTC or illness: Average	46.9%	47.7%	48.4%

Staff with a LTC or illness: Responses

54

67

76

Staff without a LTC or illness: Responses

241

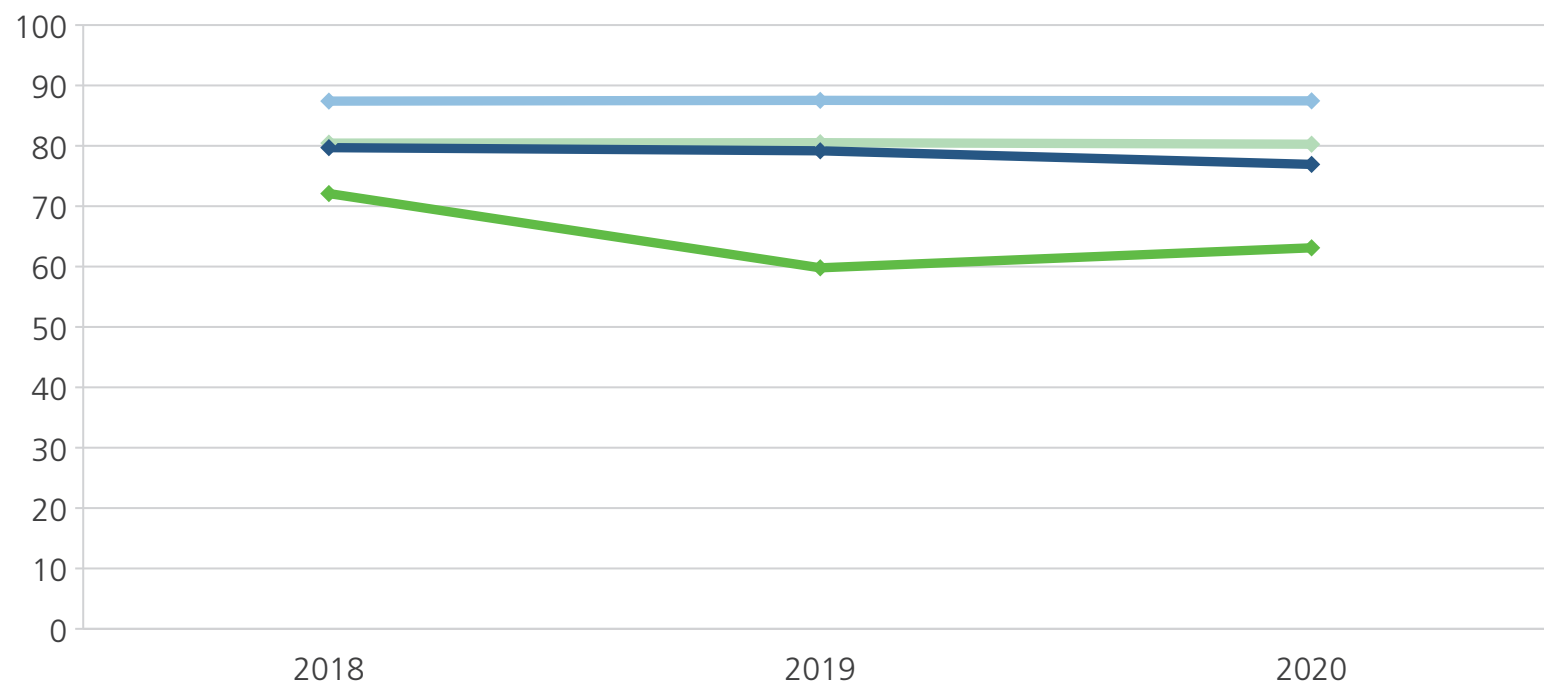
345

357

Average calculated as the median for the benchmark group



Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion



Staff with a LTC or illness: Your org	72.1%	59.8%	63.1%
Staff without a LTC or illness: Your org	79.7%	79.2%	76.9%
Staff with a LTC or illness: Average	80.4%	80.5%	80.3%
Staff without a LTC or illness: Average	87.4%	87.5%	87.4%

**Staff with a LTC or illness: Responses**

86

97

103

**Staff without a LTC or illness: Responses**

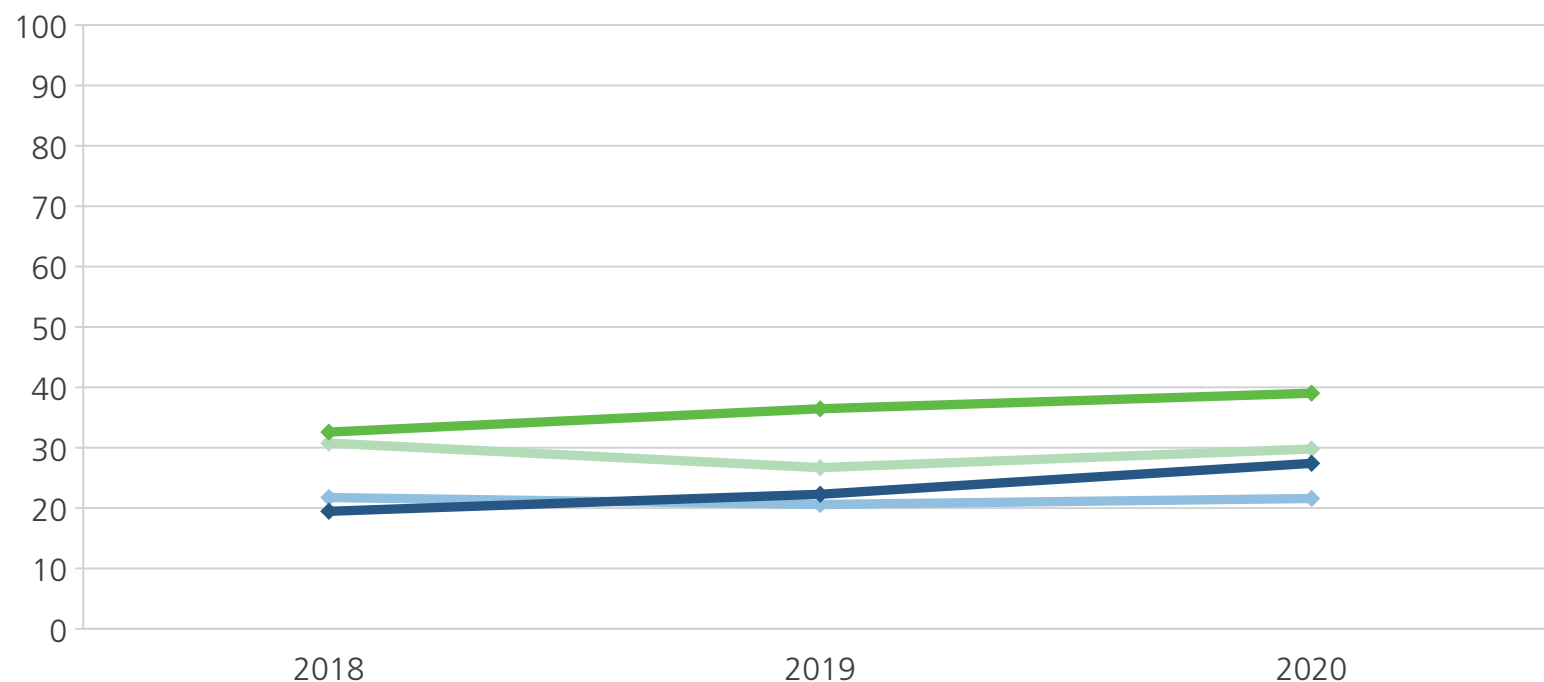
527

677

663

Average calculated as the median for the benchmark group

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



Staff with a LTC or illness: Your org	2018	2019	2020
32.6%	36.4%	39.0%	
Staff without a LTC or illness: Your org	2018	2019	2020
19.5%	22.3%	27.4%	
Staff with a LTC or illness: Average	2018	2019	2020
30.8%	26.7%	29.8%	
Staff without a LTC or illness: Average	2018	2019	2020
21.7%	20.6%	21.6%	

**Staff with a LTC or illness: Responses**

**Staff without a LTC or illness: Responses**

89

339

107

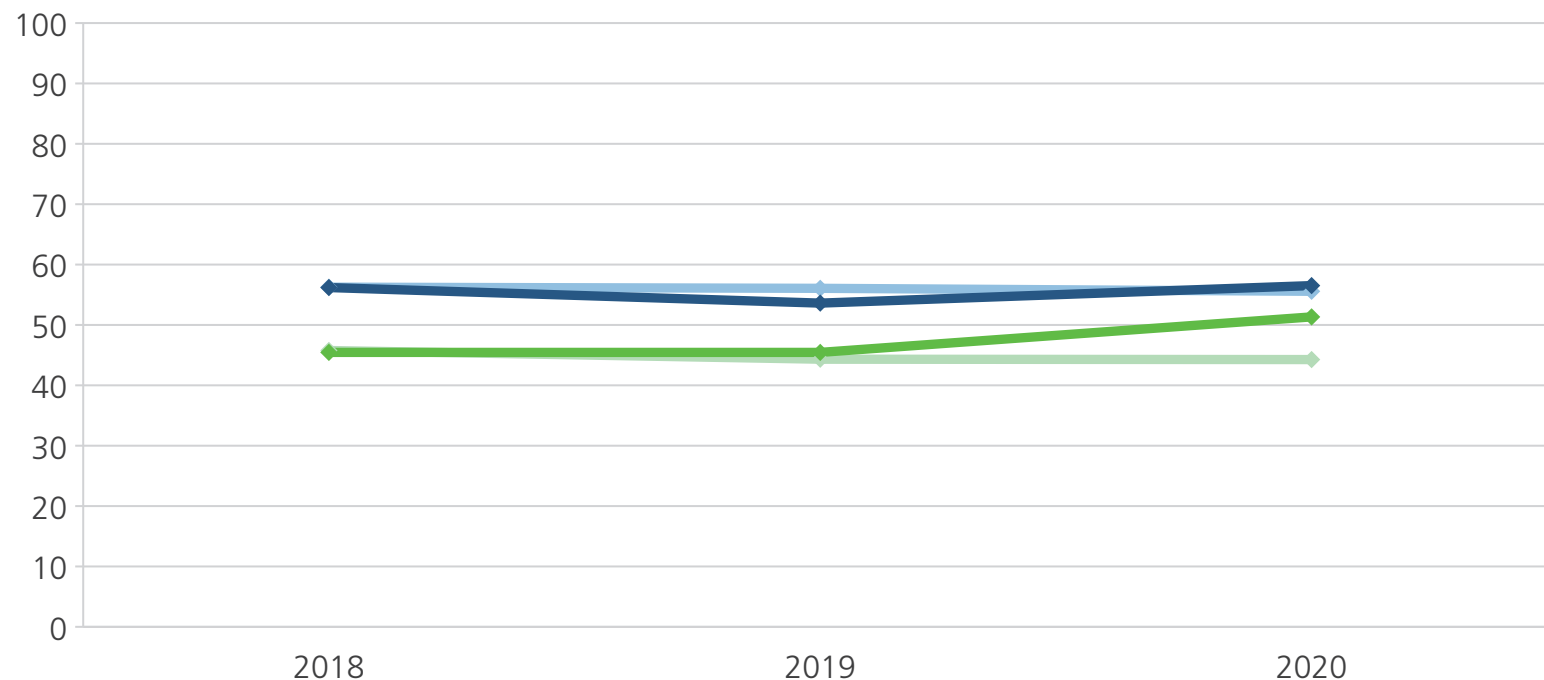
525

82

394

Average calculated as the median for the benchmark group

Percentage of staff satisfied with  
the extent to which their  
organisation values their work



Staff with a LTC or illness: Your org	2018	2019	2020
Staff without a LTC or illness: Your org	56.2%	53.6%	56.5%
Staff with a LTC or illness: Average	45.5%	45.5%	51.3%
Staff without a LTC or illness: Average	45.8%	44.3%	44.3%

Staff with a LTC or illness: Responses

Staff without a LTC or illness: Responses

Average calculated as the median for the benchmark group

121

783

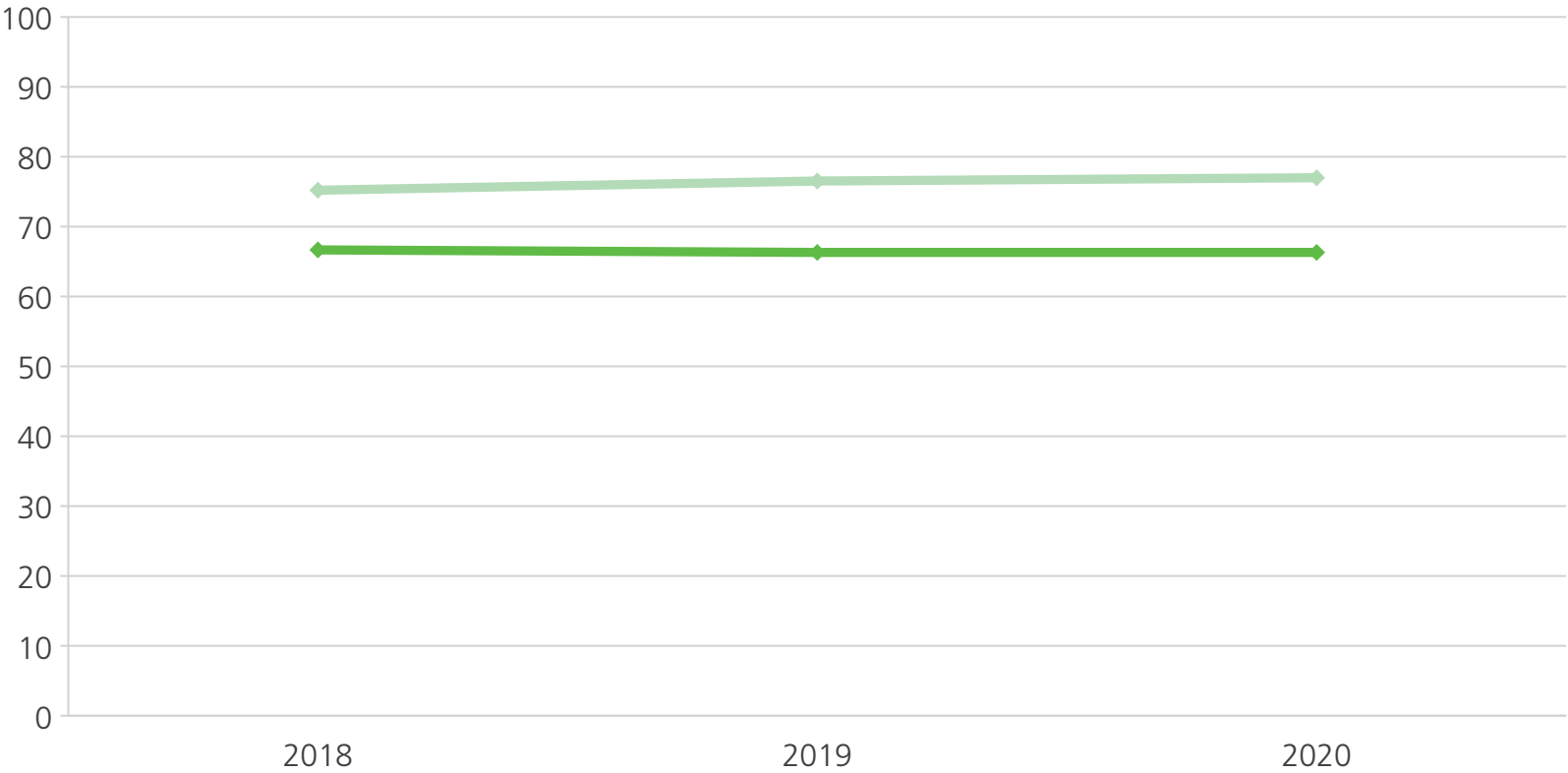
143

1,009

150

1,005

Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work



Staff with a LTC or illness: Your org	66.7%	66.3%	66.3%
Staff with a LTC or illness: Average	75.2%	76.5%	77.0%

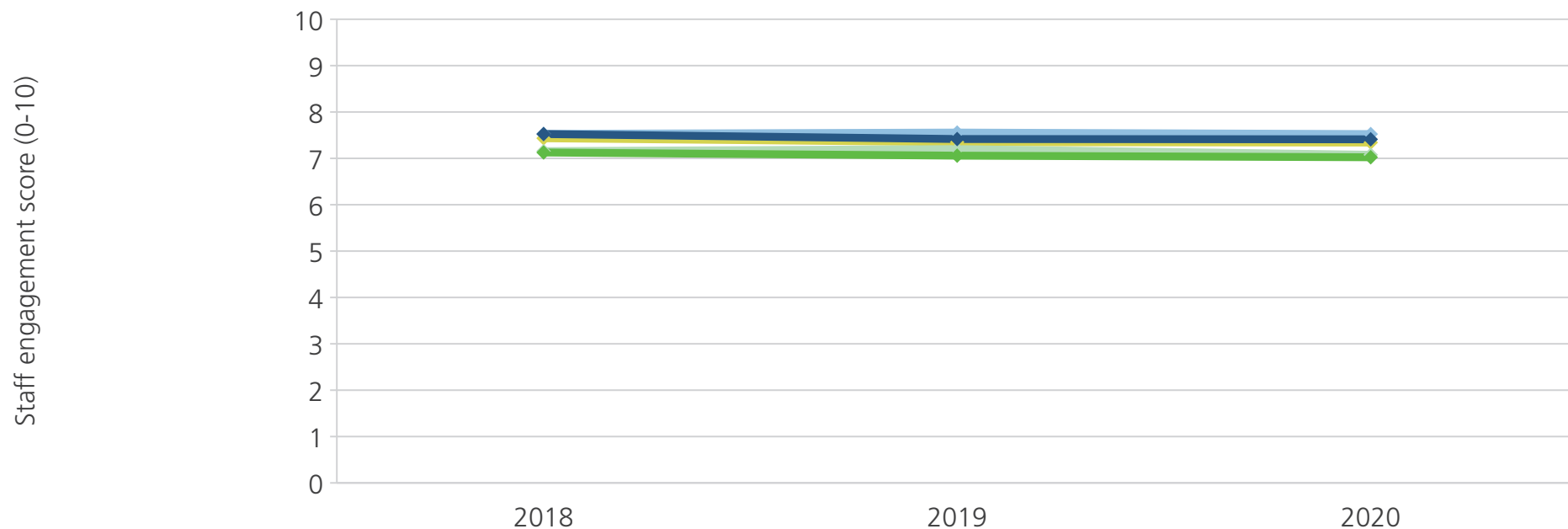
Staff with a LTC or illness: Responses

66

92

92

Average calculated as the median for the benchmark group



Organisation average	2018	2019	2020
Staff with a LTC or illness: Your org	7.1	7.1	7.0
Staff without a LTC or illness: Your org	7.5	7.4	7.4
Staff with a LTC or illness: Average	7.2	7.2	7.1
Staff without a LTC or illness: Average	7.5	7.6	7.5

Organisation Responses

1,001

1,196

1,182

Staff with a LTC or illness: Responses

123

143

153

Staff without a LTC or illness: Responses

789

1,009

1,011

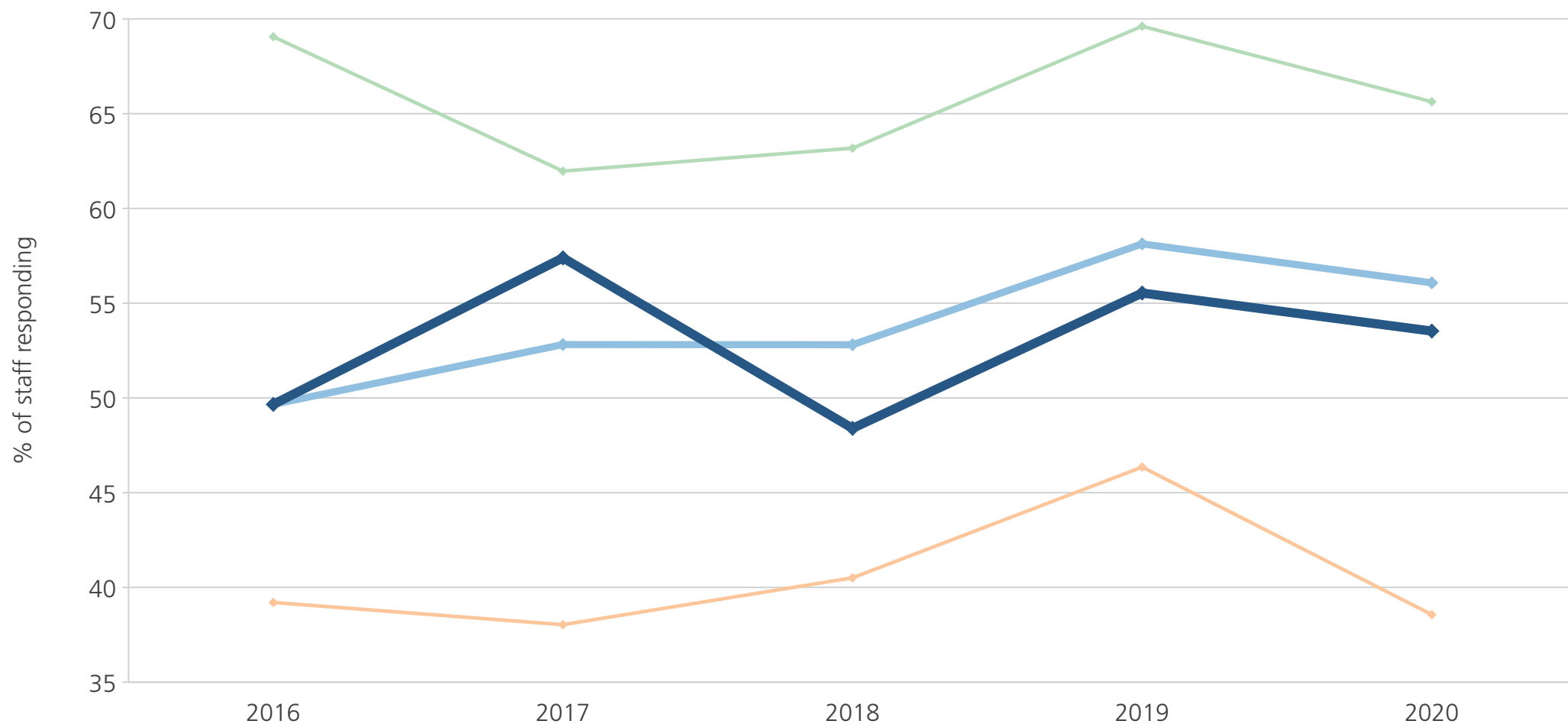
Average calculated as the median for the benchmark group

# Appendices

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results

# Appendix A: Response rate

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results



Best	69.1%	62.0%	63.2%	69.6%	65.6%
Your org	49.7%	57.4%	48.4%	55.5%	53.5%
Median	49.7%	52.8%	52.8%	58.1%	56.1%
Worst	39.2%	38.0%	40.5%	46.3%	38.6%



# Appendix B: Significance testing - 2019 v 2020 theme results

Moorfields Eye Hospital NHS Foundation Trust  
2020 NHS Staff Survey Results

The table below presents the results of significance testing conducted on this year's theme scores and those from last year\*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2020 score is significantly higher than last year's, whereas ↓ indicates that the 2020 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	<b>8.6</b>	1175	<b>8.4</b>	1170	Not significant
Health & wellbeing	<b>6.0</b>	1180	<b>6.1</b>	1173	Not significant
Immediate managers †	<b>6.8</b>	1186	<b>6.9</b>	1182	Not significant
Morale	<b>6.0</b>	1154	<b>6.2</b>	1175	Not significant
Quality of care	<b>8.0</b>	1075	<b>8.0</b>	1065	Not significant
Safe environment - Bullying & harassment	<b>7.8</b>	1160	<b>7.7</b>	1172	Not significant
Safe environment - Violence	<b>9.8</b>	1168	<b>9.8</b>	1172	Not significant
Safety culture	<b>7.0</b>	1167	<b>7.0</b>	1181	Not significant
Staff engagement	<b>7.4</b>	1196	<b>7.4</b>	1182	Not significant
Team working	<b>6.5</b>	1187	<b>6.7</b>	1162	Not significant

\* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

† The calculation for the immediate managers theme has changed this year due to the omission of one of the questions which previously contributed to the theme. This change has been applied retrospectively so data for 2016-2020 shown in this table are comparable. However, these figures are not directly comparable to the results reported in previous years. For more details please see the [technical document](#).



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



Agenda item 07  
Learning from deaths  
Board of directors 22 April 2021



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

### Executive summary

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

The trust has identified 0 patient deaths in Q4 that fall within the scope of the learning from deaths policy. The investigation into the death of the patient that occurred during Q3 remains on-going. The Inquest in relation to this death was held on 12 April 2021.

### Quality implications

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

### Financial implications

Provision of the medical examiner role for Moorfields may have cost implications for the organisation.

### Risk implications

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

### Action Required/Recommendation

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

<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## Learning from deaths Board paper

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

The Q4 2020/21 data, as at 12 April 2021, is shown in table 1 below.

Indicator	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0	0	0
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	0	0	1	0
% of cases reviewed under the structured judgement review (SJR) methodology/ reviewed by the Serious Incident panel	N/A	N/A	100	N/A
Deaths considered likely to have been avoidable	N/A	N/A	0*	N/A

**Table 1**

\*\*pending completion of the SI investigation

### Learning and improvement opportunities identified during Q4

- The Inquest into the death of the patient in Q3 2020/21 was held on 12 April 2021. HM Coroner returned a narrative verdict, concluding that the patient's death was, on the balance of probabilities, caused by an air embolus following the operation (endoresection of a choroidal melanoma) and/or operative treatment. A Prevention of Future Deaths (PFD) report is to be issued to the trust and a formal response to HM Coroner will be required. The SI investigation report will be concluded during Q1 2021/22 and will be reflective of the post-mortem and Inquest findings and take account of any queries raised by the family of the deceased. It is anticipated that the learning from this case will be shared internationally.

### Medical examiner role (update)

Medical Examiner support, in relation to deaths of admitted patients occurring on site at City Road, has been confirmed by UCLH. The provision of this service for Moorfields remains under development. It is hoped that this will be finalised and incorporated within relevant trust documents by the end of May/early June 2021.

Two national medical examiner update publications have been released by NHS Improvement since the Q3 report:

- February 2021 <https://www.england.nhs.uk/wp-content/uploads/2021/02/nme-bulletin-february-2021.pdf>

## **Annex 1**

### **Included** within the scope of this Policy:

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

### **Excluded** from the scope of this Policy:

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



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



Agenda item 08  
Fit and proper person's report  
Board of directors 22 April 2021

<b>Report title</b>	Fit and proper persons annual assurance report
<b>Report from</b>	Tessa Green, chairman
<b>Prepared by</b>	Company secretary on behalf of the director of workforce & OD
<b>Link to strategic objectives</b>	We will attract, retain and develop great people

#### **Executive summary**

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the Fit and Proper Person Regulations (FPPR). The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights.

The regulations place a duty on trusts to ensure that their directors are compliant with the FPPR and this report provides assurance to the board on this matter.

Due diligence checks have been undertaken and personal files reviewed by the company secretary and director of workforce & OD. Bankruptcy register and disqualified director register checks have been completed. All Board members are asked to confirm on an annual basis that they remain fit and proper to undertake their role.

A summary of action taken in the past year, learning from the annual review and further expected guidance is included for reference.

#### **Quality implications**

There is an expectation on senior leaders to set the tone and culture of the organisation, which has a direct impact on the quality of staff and patient experience.

#### **Financial implications**

There are no direct financial implications arising from this paper.

#### **Risk implications**

Application and review of the requirement minimises the opportunity for individuals to act in a manner that may be detrimental to patients, staff or the organisation as a whole whilst in a position of power and influence.

#### **Action required/recommendation.**

The board is asked to receive the report and take assurance from it.

<b>For assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	
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## 1. Background

Under the requirements, the trust must not appoint to a post under the scope of the Regulated Activity Regulations without first satisfying itself that the individual:

- Is of good character
- Has the necessary qualifications, competence, skills and experience
- Has the appropriate level of physical and mental fitness
- Has not been party to any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity
- Is not deemed unfit under the Regulated Activities Regulations provisions
- Can provide the personal information as set out in the regulations which must be available to be supplied to the CQC when required.

These requirements must be held at the point of commencing the role and on an ongoing basis.

The CQC's definition of 'good character' is not the objective test of having no criminal convictions but rather a judgement to be made as to whether a person's character is such that they can be relied upon to do the right thing under all circumstances. The Trust will use its discretion in reaching a decision regarding character.

In the event that an individual ceases to be a fit and proper person, the individual may be summarily dismissed and the Trust will notify the individual and the trust's regulator.

The roles and responsibilities of individuals in relation to these guidelines are as follows:

- **Trust Chair** – to take overall responsibility and accountability for ensuring all those required to confirm that they meet the requirements of the Regulated Activity Regulations do so at appointment and as an ongoing requirement
- **Those within the scope of FPPR** – to hold and maintain suitability for the role they are undertaking, to respond to any requests for evidence of their ongoing suitability, to disclose any issues which may call into question their suitability for the role they are undertaking
- **HR Department** – to undertake all recruitment checks for employees (including executive directors) and ensure the results are recorded and evidenced within an individual's file.
- **Company secretary** – to undertake all appointment checks for non-executive directors and specific register checks for executive directors, and ensure the results are recorded and evidenced within an individual's file. To undertake an annual refresh of suitability for all board members.
- **Agency providers** – to ensure the necessary checks have been outlined in this policy and make those checks available as and when required.

### Compliance at the point of recruitment

The trust has in place robust processes with regard to the appointment of directors. These processes include the following:

- Confirming the status of the specific qualifications as outlined within the relevant JD/Person Spec and status of qualifications listed on an individual's CV
- Identity checks
- Qualification and registration checks
- Right to work checks
- DBS checks
- References covering at least three years of employment, one of which must be from the most current/recent employer

- Search of insolvency/bankruptcy register and disqualified directors register
- Review of full employment history seeking an explanation of any gaps in employment
- Health questionnaire and occupational health clearance
- A search of the individual through internet search engines to note any information in the public domain which the trust should be made aware of
- A self-declaration from the individual
- An explicit clause within the contract of employment to ensure the individuals accept the requirements of the Regulated Activity Regulations at the point they commence with the trust

### **Assessment of continued compliance**

The trust is responsible for ensuring the continued compliance of those persons to whom the Regulated Activity Regulations apply. This requirement is fulfilled through a number of processes including:

- The completion of an annual self-declaration by all directors
- Annual checks for credit, bankruptcy, disqualification and regulation
- Formal appraisal processes
- Maintenance of the register of declared interests

Continued compliance is the responsibility of the company secretary with the exception of the formal appraisal process which is the responsibility of the line manager.

## **2. Annual review**

The due diligence process has been undertaken in line with previous years as follows:

- Each Director has been asked to sign a annual declaration covering the specific aspects of the FPPR;
- New appointees to the Board of Directors have been through this process prior to appointment (this year, new appointees are the chief operating officer, medical director and one new non-executive director).
- Annual appraisals are in place. The chief executive appraises the executive directors; the senior independent director appraises the chair; the chair appraises the non-executive directors; the relevant director appraises anyone who acts as a director or board member but does not report directly to the chief executive.
- Performance reviews for the non-executive directors are all scheduled to be completed by 1 May 2021 and will be reported to the governor remuneration and nominations committee.
- The outcome of the executive performance reviews were reported to the board remuneration committee on 24 September 2020.
- All director contracts include the necessary FPPR statement.
- Each personal file has been checked by the company secretary and director of workforce and OD.
- Disqualified Directors and insolvency checks have been undertaken and evidenced, as well as professional registration checks.
- The register of declared interests is updated at least annually and directors inform the company secretary when their declarations change.

## **3. This year's learning**

As in the previous year, the trust has found that there can be complications arising from appointments where individuals are unable to attend the trust in person to provide identity documents (due to the Covid-19 pandemic) but the separate verification process put in place in 2020 has addressed this issue.

#### **4. Further guidance**

In July 2018, Tom Kark QC was commissioned to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT). The review looked in particular at how effective the FPPT is in preventing unsuitable staff from being redeployed or re-employed in the NHS and follows the Kirkup report into Liverpool Community Health Trust in February 2018.

The Kark Review identified a range of problems with the FPPT and made the following recommendations:

1. All directors should meet specified standards of competence to sit on the board of any health providing organisation
2. A central database should be created, holding relevant information about qualifications and history about each director (including NEDs)
3. Full, honest and accurate mandatory employment references should be required from any relevant employer where an employee is moving from a post covered by Regulation 5 to a post covered by Regulation 5
4. The FPPT should be extended to all commissioners and other appropriate ALBs
5. An organisation should be set up with the power to suspend and disbar directors who are found to have committed serious misconduct
6. Further work is done to examine how the test works in the context of the provision of social care.

The government accepted recommendations one and two: redefining the criteria used in the FPPT and the creation of a central database for NHS board level directors.

However, it was indicated that even implementing the first two recommendations would stretch beyond the summer of 2019 and there has been no significant update as to potential next steps. Trusts currently await further guidance on whether any changes are likely to be made.

Report to Trust Board							
Report Title		Integrated Performance Report - March 2021					
Report from		Jon Spencer - Chief Operating Officer					
Prepared by		Performance And Information Department					
Previously discussed at							
Attachments							
Brief Summary of Report							
<p>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.</p>							
Executive Summary							
<p>The IPR for March 2021 shows that although activity levels have yet to return to the average levels seen during 2019/20, they have significantly recovered from the levels seen in February 2021. Just over 1000 more patients have been seen in A&amp;E in March than February (5,496 vs 4,422) and the total number of elective and non-elective admissions has risen even further (2,633 vs 928). The Trust has seen a good improvement in the number of referrals which have been received (9,537 vs 6,874) and this has resulted in a significant increase in outpatient attendances (45,278 vs 33,855). Although there were two breaches of the 4 hour A&amp;E standard, the Trust was above the national target for this metric.</p> <p>The Trust again achieved all of the cancer metrics in March, however as expected it did not meet the 18 week RTT incomplete performance target. Patients are predominately being booked in order of referral and this has therefore led to a reduction in the number waiting over 52 weeks however it will be a number of months before the Trust is able to diagnose and treat patients regularly within 18 weeks.</p> <p>Unfortunately the Trust did not meet the diagnostic waiting time target for the month, however this was due to a small number of patient choosing to delay their non-urgent ultrasound scans to later dates. The worsening of the average call waiting time is symptomatic of the increased volume of calls coming in from patients regarding their care. Although temporary measures are being put in place to address the speed of response, it may be the case that the call volumes do not decrease until patients are being treated within a more acceptable timescale.</p> <p>As anticipated now that staff have returned to Moorfields from providing support to other organisations they have allowed us to achieve an acceptable ward staffing fill rate. Although we have yet to see an improvement in the percentage of responses to written complaints within 25 days, a significant amount of work is underway to clear the responses which have been delayed the longest due to the pandemic. Although not yet meeting the required standard, appraisal compliance is improving, and the Trust is now achieving compliance with training on information governance.</p>							
Action Required/Recommendation							
<p>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.</p>							
For Assurance	X	For decision		For discussion		To Note	

## Context - Overall Activity - March 2021


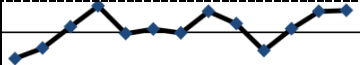




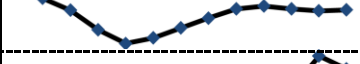


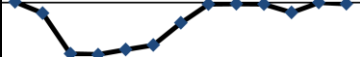
		March 2021	19/20 Mth 1-11 Average	Year To Date
<b>Accident &amp; Emergency</b>	A&E Arrivals (All Type 2)	5,496	8,230	61,173
	Number of 4 hour breaches	2	124	13
<b>Outpatient Activity</b>	Number of Referrals Received	9,537	12,051	73,625
	Total Attendances	45,278	51,427	340,180
	First Appointment Attendances	8,276	11,392	66,429
	Follow Up (Subsequent) Attendances	37,002	40,035	273,751
<b>Admission Activity</b>	Total Admissions	2,633	3,281	17,947
	Day Case Elective Admissions	2,471	2,944	15,999
	Inpatient Elective Admissions	90	102	704
	Non-Elective (Emergency) Admissions	72	235	1,244

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

**Service Excellence (Ambitions)**
**March 2021**
**Operational Metrics**

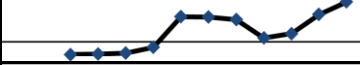
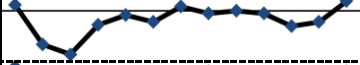



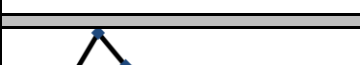
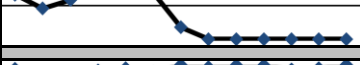


\* Figures for RTT and Diagnostic Waiting Times are provisional

\*\* A&E Performance rounded up, for month performance is at 99.96% and YTD is at 99.98%

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	G		100.0%	100.0%		97.8%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		98.6%	98.8%		94.7%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		100.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%			100.0%	n/a		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥85%	G		100.0%	100.0%		87.2%
18 Week RTT Incomplete Performance *	Monthly	≥92%	R	6	68.0%	69.1%		59.7%
52 Week RTT Incomplete Breaches *	Monthly	Zero Breaches	R	7	555	419		1767
A&E Four Hour Performance **	Monthly	≥95%	G		100.0%	100.0%		100.0%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	R	8	99.1%	96.9%		64.4%






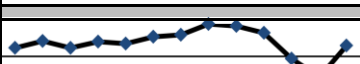

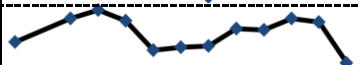
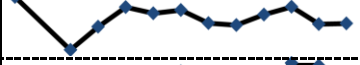


## Service Excellence (Ambitions)

March 2021

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 3 Mins (180 Sec)	R	9	481	618		
Median Clinic Journey Times - New Patient appointments	Monthly	Mth:≤ 95Mins			87	102		n/a
Median Clinic Journey Times -Follow Up Patient appointments	Monthly	Mth:≤ 85Mins			82	85		n/a
Theatre Cancellation Rate (Overall)	Monthly	≤7.0%	G		5.3%	4.9%		6.5%
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.33%	0.20%		0.49%
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		0.00%	0.00%		
VTE Risk Assessment	Monthly	≥95%	G		98.2%	99.4%		98.5%
Posterior Capsular Rupture rates	Monthly	≤1.95%	G		0.00%	0.88%		0.98%

## Service Excellence (Ambitions)

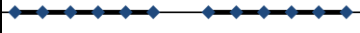

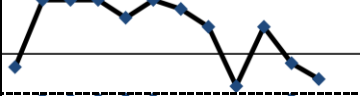

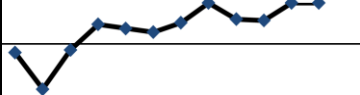
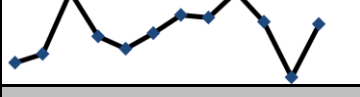


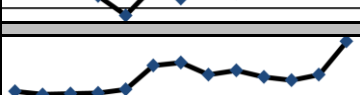


March 2021

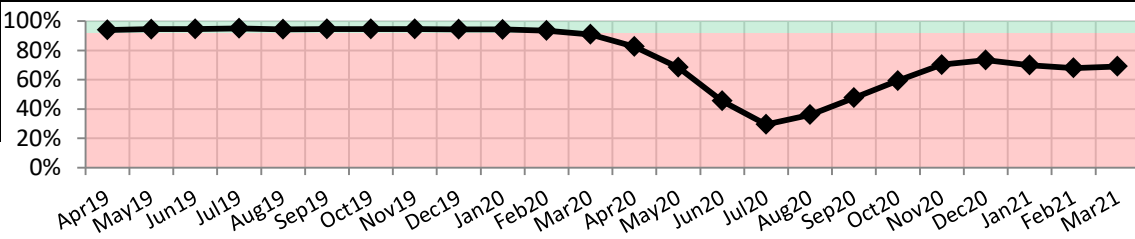
Quality and Safety and Research Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0		2
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant	G		1	0		
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient (Overnight) Ward Staffing Fill Rate	Monthly	≥90%	G		77.4%	96.4%		98.7%
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.6%	94.5%		95.2%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.6%	93.5%		94.3%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.9%	93.0%		93.2%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		96.2%	92.8%		94.7%

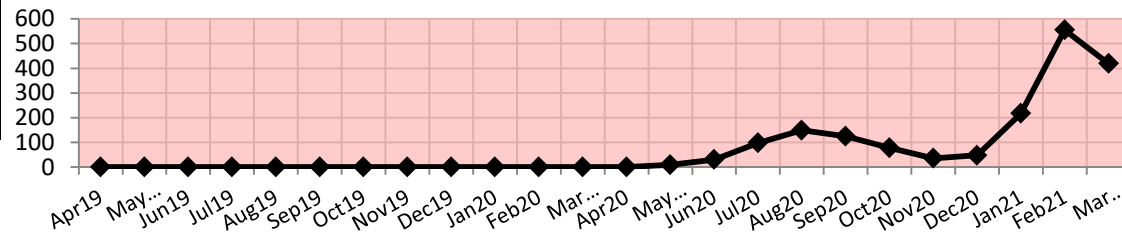


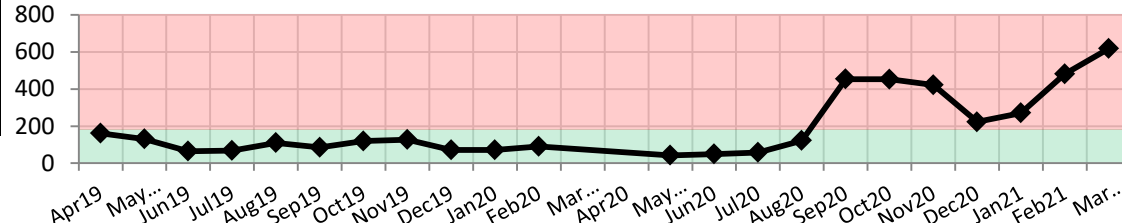
## Service Excellence (Ambitions)

March 2021

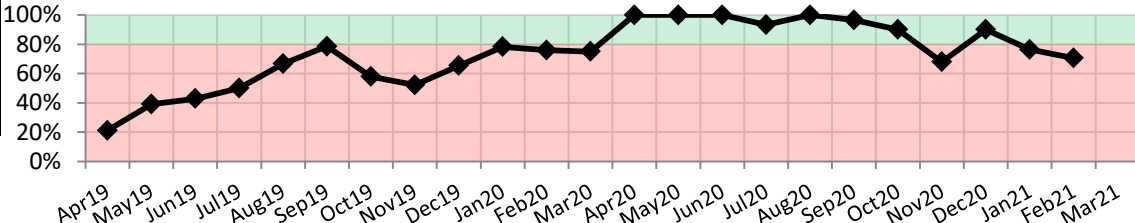
Quality and Safety and Research Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
NHS England/NHS Improvement Patient Safety Alerts breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	R	10	76.5%	70.6%		88.1%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		94.1%	95.5%		97.0%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		95.1%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		95.1%	98.1%		97.9%
Safer Staffing Checklist - Aggregate Score	Quarterly	Zero Non-Compliant	G		0	0		
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		2
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	≤ 20 Open			87	86		n/a
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			158	418		1735
Percentage of Trust Patients Recruited Into Research Projects	Monthly	≥2%	G		5.0%	5.1%		n/a

Remedial Action Plan - March 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	Previous Period		Current Period					
≥92%	Red	59.7%	68.0%		69.1%					
Divisional Benchmarking (Mar 21)			City Road	North	South	Other				
			72.0%	69.5%	63.3%	n/a				
Previously Identified Issues						Previous Action Plan(s) to Improve				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.			Sep 2021	In Progress (No Update)
Reasons for Current Underperformance						Action Plan(s) to Improve Performance			Target Date	
No Further Issues and Actions										

Remedial Action Plan - March 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	Previous Period		Current Period					
Zero Breaches	Red	1767	555		419					
Divisional Benchmarking (Mar 21)			City Road	North	South					Other
			79	54	286					n/a
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.						Restart of activity focused on clearing long-waiting 52 week patients and booking chronologically. However tracking of patients may be impacted by patient choice.			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.						Patients are predominately being booked in order of referral and this has therefore led to a reduction in the number waiting over 52 weeks however it will be a number of months before the Trust is able to diagnose and treat patients regularly within 18 weeks.			July 2021	

Remedial Action Plan - March 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	Previous Period		Current Period						
≤ 3 Mins (180 Sec)	Red	n/a	481		618						
Divisional Benchmarking (Mar 21)			City Road	North	South	Other					
			n/a	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 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.			Jun 2021	In Progress (Update)	
Reasons for Current Underperformance						Action Plan(s) to Improve Performance			Target Date		
The worsening of the average call waiting time is symptomatic of the increased volume of calls coming in from patients regarding their care. Although temporary measures are being put in place to address the speed of response, it may be the case that the call volumes do not decrease until patients are being treated within a more acceptable timescale.						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 - March 2021						Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)																																																		
Percentage of Diagnostic waiting times less than 6 weeks						Lead Manager	Jessica Neece	Responsible Director	Jon Spencer																																																		
Target	Rating	YTD	Previous Period		Current Period	<table border="1"><caption>Diagnostic Waiting Times Data</caption><thead><tr><th>Month</th><th>Percentage</th></tr></thead><tbody><tr><td>Apr19</td><td>100%</td></tr><tr><td>May19</td><td>100%</td></tr><tr><td>Jun19</td><td>100%</td></tr><tr><td>Jul19</td><td>100%</td></tr><tr><td>Aug19</td><td>100%</td></tr><tr><td>Sep19</td><td>100%</td></tr><tr><td>Oct19</td><td>100%</td></tr><tr><td>Nov19</td><td>100%</td></tr><tr><td>Dec19</td><td>100%</td></tr><tr><td>Jan20</td><td>100%</td></tr><tr><td>Feb20</td><td>100%</td></tr><tr><td>Mar20</td><td>100%</td></tr><tr><td>Apr20</td><td>90%</td></tr><tr><td>May20</td><td>20%</td></tr><tr><td>Jun20</td><td>20%</td></tr><tr><td>Jul20</td><td>30%</td></tr><tr><td>Aug20</td><td>35%</td></tr><tr><td>Sep20</td><td>70%</td></tr><tr><td>Oct20</td><td>100%</td></tr><tr><td>Nov20</td><td>100%</td></tr><tr><td>Dec20</td><td>100%</td></tr><tr><td>Jan21</td><td>90%</td></tr><tr><td>Feb21</td><td>100%</td></tr><tr><td>Mar21</td><td>100%</td></tr></tbody></table>				Month	Percentage	Apr19	100%	May19	100%	Jun19	100%	Jul19	100%	Aug19	100%	Sep19	100%	Oct19	100%	Nov19	100%	Dec19	100%	Jan20	100%	Feb20	100%	Mar20	100%	Apr20	90%	May20	20%	Jun20	20%	Jul20	30%	Aug20	35%	Sep20	70%	Oct20	100%	Nov20	100%	Dec20	100%	Jan21	90%	Feb21	100%	Mar21	100%
Month	Percentage																																																										
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Mar21	100%																																																										
≥99%	Red	64.4%	99.1%		96.9%																																																						
Divisional Benchmarking (Mar 21)			City Road	North	South	Other																																																					
			96.7%	n/a	100.0%	n/a																																																					
Previously Identified Issues						Previous Action Plan(s) to Improve			Target Date	Status																																																	
Position improved from January in line with recovery. Services are continuing to work through the backlog following suspension of medium and low risk activity. Patient choice is still having an impact.						Services are working with the relevant patients to reassure them and identify an appointment date.			Apr 2021	In Progress (Update)																																																	
Reasons for Current Underperformance						Action Plan(s) to Improve Performance			Target Date																																																		
Position improved slightly from February (96.1% to 96.9%) in line with recovery. Services are continuing to schedule medium and low risk patients whose original appointments were postponed, this is helping to reduce the backlog. Fewer patients are refusing appointments due to Covid safety concerns, this is enabling the backlog to be cleared at a slightly quicker rate.						Services are contiunuing to schedule appointments for medium and low risk patients with the aim to clear the backlog by quarter two.			June 2021																																																		


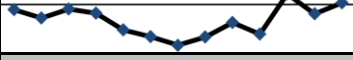
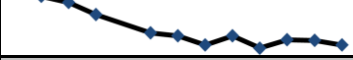



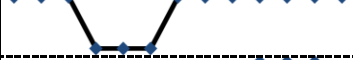
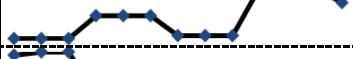



Remedial Action Plan - March 2021						Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)	
Percentage of responses to written complaints sent within 25 days (Month in Arrears)						Lead Manager	Tim Withers	Responsible Director	Ian Tombleson	
Target	Rating	YTD	Previous Period		Current Period					
≥80%	Red	88.1%	76.5%		70.6%					
Divisional Benchmarking (Feb 21)			City Road	North	South					Other
			70.0%	100.0%	100.0%					33.3%
Previously Identified Issues						Previous Action Plan(s) to Improve			Target Date	Status
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.			Apr 2021	In Progress (Update)
Reasons for Current Underperformance						Action Plan(s) to Improve Performance			Target Date	
Of the 17 complaints received, five breached the KPI for response time. One was for Transport managed by DHL/ Royal Free and four were for City Road who are currently reorganising the way complaints are managed which had yet to settle in in February.						Extensive training being delivered to City Road Service Managers. Process established to ensure clinical complaints reviewed by MD are turned around faster.			April 2021	

## Enablers (People, Infrastructure & Culture and Financial Health & Enterprise)

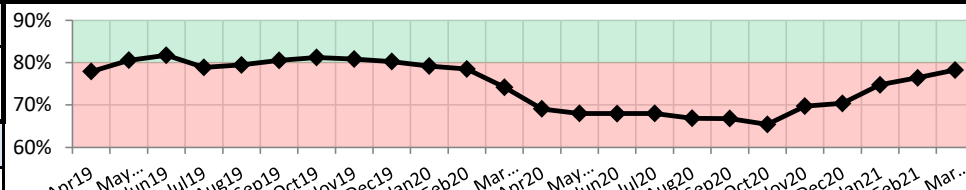
March 2021

### "Enabler" Metrics

\* Figures unavailable at time of report production due to year end reporting process. For further commentary see Finance Report.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Appraisal Compliance	Monthly	≥80%	R	12	76.4%	78.2%		
Information Governance Training Compliance	Monthly	≥95%	G		94.3%	95.1%		
Staff Turnover (Rolling Annual Figure)	Monthly	≤15%	G		9.7%	9.4%		
Proportion of Temporary Staff	Monthly	RAG as per Spend		*	7.8%	Due May		6.7%
Data Quality - Ethnicity recording (Outpatient and Inpatient)	Monthly	≥94%	G		96.9%	96.9%		94.6%
Data Quality - Ethnicity recording (A&E)	Monthly	≥94%	G		100.0%	100.0%		100.0%
70 Day To Recruit First Research Patient	Monthly	≥80%	G		100.0%	100.0%		97.7%
Percentage of Research Projects Achieving Time and Target	Monthly	≥65%	G		77.8%	75.0%		71.9%
Percentage of Patients Recruited Against Target (Studies Closed In Month)	Monthly	100%	G		109.7%	103.1%		105.3%
Overall financial performance (In Month Var. £m)	Monthly	≥0		*	1.95	Due May		Due May
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0		*	-0.77	Due May		Due May



Remedial Action Plan - March 2021					Domain	People (Enablers)	Theme	Workforce Metrics	
Appraisal Compliance					Lead Manager	Bola Ogundeji	Responsible Director	Sandi Drewett	
Target	Rating	YTD	Previous Period		Current Period				
≥80%	Red	n/a	76.4%		78.2%				
Divisional Benchmarking (Mar 21)			City Road	North	South	Other			
			n/a	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			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: <ul style="list-style-type: none"><li>Monitoring expiries and sending reminders to staff and managers with weekly escalation where there is no response.</li><li>Undertaking analysis to understand reasons for non-compliance eg absence, workload and reporting this back to the HRBPs</li><li>Where training requirement linked to the e-appraisal tool is identified, the team offer 121/small group coaching.</li></ul>					Mar 2021	In Progress (Update)
Reasons for Current Underperformance			Action Plan(s) to Improve Performance					Target Date	
Remote working and Covid pressure and recovery planning			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: <ul style="list-style-type: none"><li>Monitoring expiries and sending reminders to staff and managers with weekly escalation where there is no response. We will be attaching objective setting guidelines to the reminder email to support managers</li><li>Undertaking analysis to understand reasons for non-compliance eg absence, workload and reporting this back to the HRBPs</li><li>Where training requirement linked to the e-appraisal tool is identified, the team offer 121/small group coaching.</li><li>L&amp;D team are taking a targeted approach within corporate services to drive up lower % compliance by sending non-standard reminders to managers with staff requiring appraisal and a deadline for completion - Friday 14th May. This reflects opportunities for face to face appraisals as corporate staff increasingly return to the office. This will be monitored by L&amp;D.</li><li>We are also proposing to launch an appraisals awareness week supported by communication team in the next few weeks. This would focus on post-COVID reset and review of objectives.</li></ul>					May 2021	



<b>Report title</b>	Monthly Finance Performance Report Month 12 – March 2021
<b>Report from</b>	Jonathon Wilson, Chief Financial Officer
<b>Prepared by</b>	Justin Betts, Deputy Chief Financial Officer
<b>Link to strategic objectives</b>	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 March the Trust is reporting :-

- **a £0.44m deficit** adjusting for block payment and STP income support (£6.16m YTD);
- **a deficit of £3.62m** prior to block payment support (£75.50m YTD);

Compared to plan, the Trust is reporting:-

- **£3.28m less income** from directly commissioned clinical activity than would be expected, (£83.13m YTD) offset by £3.18m block payment and STP income support;
- **£1.21m more income** driven by improved commercial income and central funding for increased annual leave;
- **£0.29m less pay**, and
- **£1.27m more non-pay** operating expenditure.

<b>Financial Performance £m</b>	Annual Plan	In Month			Year to Date			
		Plan	Actual	Variance	Budget	Actual	Variance	%
Income	£251.3m	£23.2m	£24.2m	£1.0m	£251.3m	£237.3m	(£14.0m)	(6)%
Pay	(£133.7m)	(£11.5m)	(£11.2m)	£0.3m	(£133.7m)	(£128.5m)	£5.2m	4%
Non Pay	(£108.6m)	(£11.2m)	(£12.4m)	(£1.3m)	(£108.6m)	(£93.7m)	£14.9m	14%
Financing & Adjustments	(£9.1m)	(£0.8m)	(£1.0m)	(£0.2m)	(£9.1m)	(£9.0m)	£0.0m	0%
<b>CONTROL TOTAL</b>	<b>£0.0m</b>	<b>(£0.3m)</b>	<b>(£0.4m)</b>	<b>(£0.1m)</b>	<b>£0.0m</b>	<b>£6.2m</b>	<b>£6.2m</b>	

### 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.

<b>Action Required/Recommendation</b> The board is asked to consider and discuss the attached report.							
<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>	✓	<b>To note</b>	✓



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



# **Monthly Finance Performance Report**

## **For the period ended 31<sup>st</sup> March 2021 (Month 12)**

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**Presented by**

Jonathan Wilson; Chief Financial Officer

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**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

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# Monthly Finance Performance Report

For the period ended 31<sup>st</sup> March 2021 (Month 12)

## Key Messages

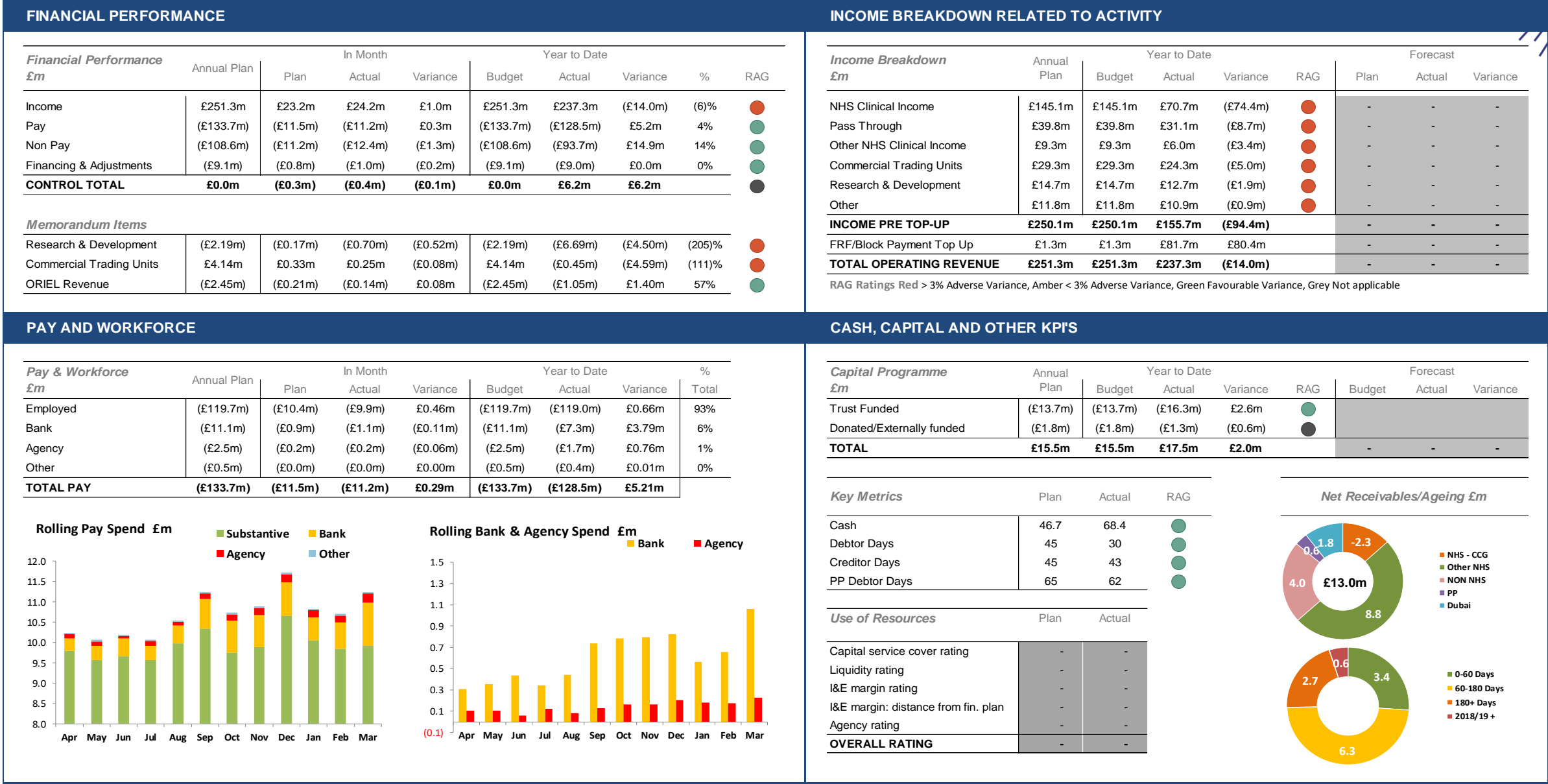
### Statement of Comprehensive Income

<b>Full year reported financial position</b>	For the financial year ended 31 <sup>st</sup> March 2021, the Trust is reporting an internal NHSI regulatory performance surplus of £6.163m;
<b>Financial Position</b>	For March the Trust is reporting:-  £0.435m deficit Including support <ul style="list-style-type: none"><li>• <b>a £0.44m deficit</b> adjusting for block payment income support;</li><li>• <b>a deficit of £3.62m</b> prior to block payment support (£75.50m YTD);</li></ul> Compared to the revised plans, the Trust is reporting:- <ul style="list-style-type: none"><li>• <b>£2.07m less income</b> than would be expected pre-support; offset by</li><li>• <b>£0.29m less pay</b>; and</li><li>• <b>£1.27m more non-pay</b> operating expenditure</li></ul>
<b>Income</b>	Total trust income is £2.07m less than would be expected, consisting of:-  £2.07m less than plan pre support <ul style="list-style-type: none"><li>• Commissioned Clinical activity <b>income losses £3.28m</b>; (£83.13m YTD)</li><li>• Other Clinical activity <b>income losses £0.37m</b>; (£3.38m YTD)</li><li>• Commercial <b>income gains £0.31m</b>; (£5.01m YTD)</li><li>• Research <b>income gains £0.24m</b>; (£1.94m losses YTD) and</li><li>• Other <b>income gains of £1.04m</b>; (£0.93m YTD losses).</li></ul> Directly commissioned activity income, if reimbursed by normal contracting arrangements would total £12.72m compared to a plan of £16.00m - £3.28m adverse to plan.
<b>Expenditure</b>	Pay costs are £0.29m favourable to plan. Temporary staffing has seen a significant increase on prior months in March linked to the activity increase. In addition there have been pressures on temporary staffing due to staff shielding, social distancing and reduced lists.  Non-pay costs are £1.27m adverse to plan mainly due to higher than expected activity contributing to increased drug and clinical consumable costs.

### Statement of Financial Position

<b>Cash and Working Capital Position</b>	The cash balance at the 31 <sup>st</sup> March is £68.4m 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.
<b>Capital</b>  (both gross capital expenditure and CDEL)	Capital spend to 31 <sup>st</sup> March 2021 totalled £17.5m, inclusive of external and COVID funded elements.  Trust funded schemes totalled £16.3m, against the revised £13.7m plan, an approved £2.6m over commitment largely linked to additional investment in Community diagnostic hubs, investment in medical equipment replacement programmes, and in commercial areas.
<b>Use of Resources</b>	Current use of resources monitoring has been suspended.

# 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
<b>Income</b>											
NHS Commissioned Clinical Income	184.90	16.00	12.72	(3.28)	(21)%	●	184.90	101.77	(83.13)	(45)%	●
Other NHS Clinical Income	9.35	0.82	0.45	(0.37)	(45)%	●	9.35	5.97	(3.38)	(36)%	●
Commercial Trading Units	29.35	2.69	3.00	0.31	11%	●	29.35	24.34	(5.01)	(17)%	●
Research & Development	14.67	2.09	2.32	0.24	11%	●	14.67	12.72	(1.94)	(13)%	●
Other Income	11.79	1.49	2.53	1.04	69%	●	11.79	10.86	(0.93)	(8)%	●
<b>Total Income</b>	<b>250.06</b>	<b>23.10</b>	<b>21.03</b>	<b>(2.07)</b>	<b>(9)%</b>	●	<b>250.06</b>	<b>155.67</b>	<b>(94.38)</b>	<b>(38)%</b>	●
<b>Operating Expenses</b>											
Pay	(133.68)	(11.53)	(11.24)	0.29	2%	●	(133.68)	(128.46)	5.21	4%	●
Drugs	(39.74)	(3.86)	(3.84)	0.01	0%	●	(39.74)	(30.32)	9.42	24%	●
Clinical Supplies	(21.47)	(2.05)	(1.73)	0.32	15%	●	(21.47)	(14.44)	7.03	33%	●
Other Non Pay	(47.39)	(5.26)	(6.86)	(1.60)	(30)%	●	(47.39)	(48.92)	(1.53)	(3)%	●
<b>Total Operating Expenditure</b>	<b>(242.28)</b>	<b>(22.69)</b>	<b>(23.68)</b>	<b>(0.99)</b>	<b>(4)%</b>	●	<b>(242.28)</b>	<b>(222.15)</b>	<b>20.13</b>	<b>8%</b>	●
<b>EBITDA</b>	<b>7.77</b>	<b>0.41</b>	<b>(2.65)</b>	<b>(3.06)</b>	<b>(750)%</b>	●	<b>7.77</b>	<b>(66.48)</b>	<b>(74.25)</b>	<b>(955)%</b>	●
Financing & Depreciation	(9.35)	(0.86)	(1.36)	(0.50)	(57)%	●	(9.35)	(9.93)	(0.58)	(6)%	●
Donated assets/impairment adjustments	0.29	0.05	0.39	0.34	686%	●	0.29	0.91	0.61	209%	●
<b>Control Total Surplus/(Deficit) Pre FRF/Top Up Payments</b>	<b>(1.28)</b>	<b>(0.41)</b>	<b>(3.62)</b>	<b>(3.21)</b>	<b>(790)%</b>	●	<b>(1.28)</b>	<b>(75.50)</b>	<b>(74.22)</b>	<b>(5,787)%</b>	●
Provider PSF/FRF	0.84	0.21	-	(0.21)		●	0.84	-	(0.84)		●
Covid Block Payments Received	-	-	1.99	1.99		●	-	77.27	77.27		●
Covid Top Up Payments	0.45	(0.11)	1.19	1.30		●	0.45	4.40	3.95		●
<b>Post PSF/FRF Control Total Surplus/(Deficit)</b>	<b>0.00</b>	<b>(0.31)</b>	<b>(0.44)</b>	<b>(0.13)</b>	<b>(42)%</b>	●	<b>0.00</b>	<b>6.16</b>	<b>6.16</b>		●

## Commentary

**Operating Income** Clinical activity levels recorded were 74% during March (February: 64%) of 2019/20 levels. If the Trust was reimbursed under activity-based contracting arrangements, income would have totalled £12.72m £2.07m below plan pre support - £3.28m lower than the block income payment received by the Trust.

Other income variances include:-

- Commercial Trading income was £0.31m favourable linked to increased demand;
- Research £0.24m favourable further to full year income receipts;
- Other NHS Clinical Income £0.37m adverse, due to reduced activity at sub-commissioned sites;
- Other income was £1.04m favourable due to central annual leave funding (£0.68m), additional Q5 HEE funding (£0.23m) and Covid-19 cost funding (£0.17m)

**Employee Expenses** Total pay costs were £0.29m favourable to plan, with bank and agency costs £1.29m, similar to March 2020 levels and £0.42m higher than the rolling 3 month average.

£0.29m below plan There were material increases in temporary staffing costs in month across all clinical staff groups primarily due to increased activity, but compounded by staff shielding, annual leave, social distancing and reduced lists.

**Non Pay Expenses** Non pay costs were £1.27m adverse to plan due to a combination of increased drug and clinical consumable costs linked to activity increases.

£1.27m above plan Drug expenditure and clinical consumables were £1.11m and £0.56m (non pay and financing) higher than the previous rolling 3 months respectively.

# Trust Patient Clinical Income Performance

## PATIENT ACTIVITY AND CLINICAL INCOME

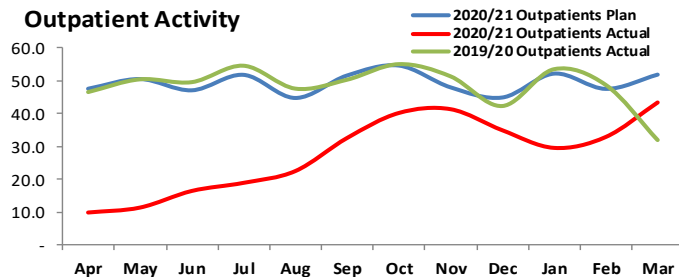
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	9,489	5,498	(3,991)	58%	105,701	61,181	(44,520)	58%	£16,484	£9,000	(£7,484)	55%
Daycase / Inpatients	3,525	2,547	(978)	72%	38,007	16,716	(21,291)	44%	£42,440	£20,192	(£22,247)	48%
High Cost Drugs	5,172	5,035	(138)	97%	55,772	47,396	(8,377)	85%	£36,414	£31,110	(£5,304)	85%
Non Elective	255	73	(182)	29%	3,006	1,261	(1,745)	42%	£5,874	£2,531	(£3,343)	43%
OP Firsts	12,456	7,449	(5,007)	60%	134,312	58,791	(75,521)	44%	£23,086	£10,067	(£13,019)	44%
OP Follow Ups	45,295	36,089	(9,206)	80%	488,399	276,031	(212,368)	57%	£50,309	£25,510	(£24,800)	51%
Other NHS clinical income									£4,292	£1,099	(£3,193)	26%
<b>Total</b>	<b>76,192</b>	<b>56,691</b>	<b>(19,502)</b>	<b>74%</b>	<b>825,197</b>	<b>461,376</b>	<b>(363,822)</b>	<b>56%</b>	<b>£178,900</b>	<b>£99,509</b>	<b>(£79,391)</b>	<b>56%</b>

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

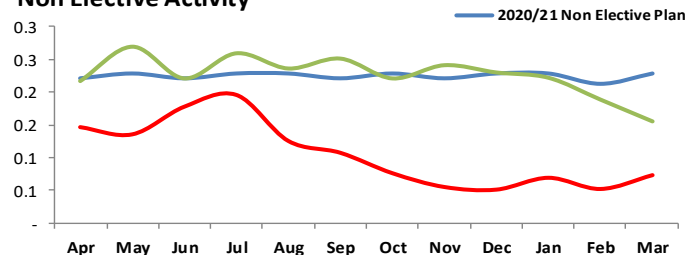
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

## ACTIVITY TREND

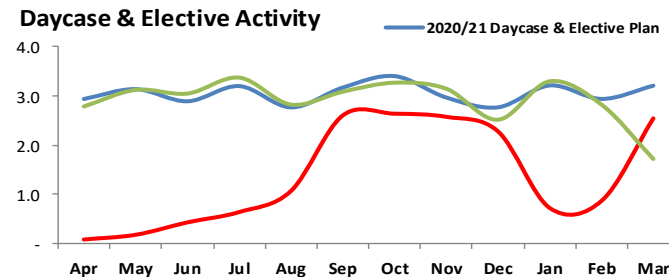
### Outpatient Activity



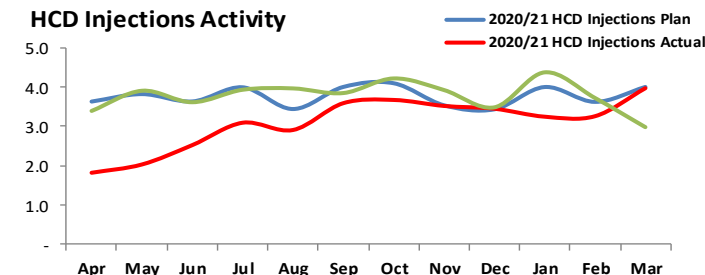
### Non Elective Activity



### Daycase & Elective Activity



### HCD Injections Activity



## Commentary

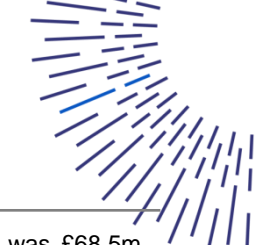
**NHS Income** Activity levels recorded during March were 74% of the 2020/21 activity plan levels (prior month: 64%).

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 March was £12.3m if reimbursed via activity based contracting arrangements £4.2m 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		
		Plan	Actual	Variance
Estates - Trust Funded	1.6	1.6	1.6	0.0
Medical Equipment - Trust Funded	3.4	3.4	7.8	4.4
IT - Trust Funded	1.3	1.3	1.5	0.2
ORIEL - Trust Funded	5.8	5.8	3.6	(2.2)
Dubai - Trust funded	0.5	0.5	0.7	0.2
Other - Trust funded	1.2	1.2	1.2	(0.0)
<b>TOTAL - TRUST FUNDED</b>	<b>13.7</b>	<b>13.7</b>	<b>16.3</b>	<b>2.6</b>
Covid/Donated/Externally funded	1.8	1.8	1.3	(0.6)
<b>TOTAL INCLUDING DONATED</b>	<b>15.5</b>	<b>15.5</b>	<b>17.5</b>	<b>2.0</b>

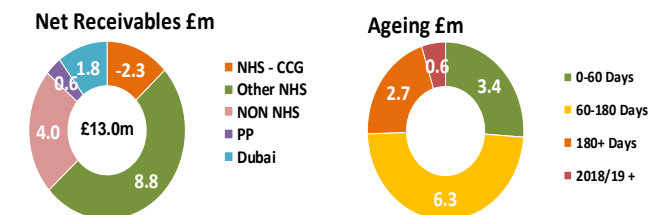
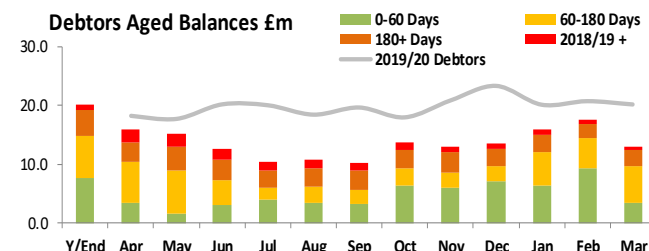
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.0	8.0		100%
Cash Reserves - B/Fwd cash	7.6	7.6		100%
Cash Reserves - Other (PSF)	-	-		0%
Capital Loan Repayments	(1.8)	(1.8)		100%
<b>TOTAL - TRUST FUNDED</b>	<b>13.7</b>	<b>13.7</b>	<b>-</b>	<b>100%</b>
Donated/Externally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

## STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	103.0	103.0	103.7	0.7
Current assets (excl Cash)	12.0	12.0	22.0	10.0
Cash and cash equivalents	46.7	46.7	68.4	21.7
Current liabilities	(35.4)	(35.4)	(60.5)	(25.1)
Non-current liabilities	(35.4)	(35.4)	(36.0)	(0.6)
<b>TOTAL ASSETS EMPLOYED</b>	<b>91.0</b>	<b>91.0</b>	<b>97.7</b>	<b>6.7</b>

## RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 +	Total
CCG Debt	(2.3)	-	-	-	(2.3)
Other NHS Debt	3.6	4.6	0.4	0.3	8.8
Non NHS Debt	0.8	1.1	1.9	0.3	4.0
Commercial Unit Debt	1.3	0.7	0.4	0.1	2.4
<b>TOTAL RECEIVABLES</b>	<b>3.4</b>	<b>6.3</b>	<b>2.7</b>	<b>0.6</b>	<b>13.0</b>



## 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 plan	20%	-	-
Agency rating	20%	-	-
<b>OVERALL RATING</b>		<b>-</b>	<b>-</b>

## Commentary

**Cash and Working Capital** The cash balance as at the 31<sup>st</sup> March 2021 was £68.5m, significantly higher than initially planned, due to block income. Cash receipts in advance from commissioners were recovered as expected in March.

**Capital Expenditure** Revised capital allocations for Trusts, and STP's were notified in May with a limit of £13.7m for the Trust. This was subsequently increased to cover increased capital expenditure in agreement with the ICS.

Capital spend to March totalled £17.5m largely linked to Oriel, ophthalmology community diagnostic hub and purchases of new medical equipment.

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

**Receivables** Receivables have reduced by £7.2m since the end of the 2019/20 financial year to £13m. A reduction of £4.6m was recorded in March from the February position.

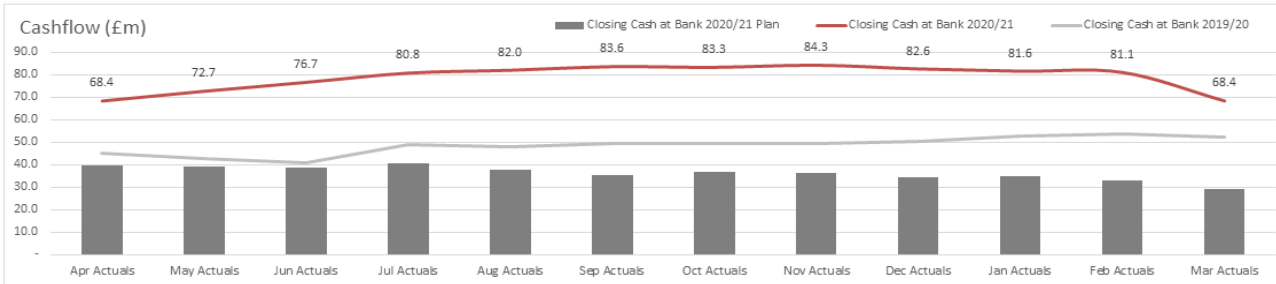
**Payables** Payables totalled £27.3m at the end of March, a increase of £11.5m since March 2020. The increase is due to invoices for significant capital spend in March this year, other NHS bodies catching up with provider to provider billing and UCL Hercules project.



# 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 Actuals	Outturn Total	Mar Plan	Mar Var
<b>Opening Cash at Bank</b>	<b>52.4</b>	<b>68.4</b>	<b>72.7</b>	<b>76.7</b>	<b>80.8</b>	<b>82.0</b>	<b>83.6</b>	<b>83.3</b>	<b>84.3</b>	<b>82.6</b>	<b>81.6</b>	<b>81.1</b>	<b>52.4</b>		
<b>Cash Inflows</b>															
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.1	16.4	15.8	13.9	13.9	14.8	2.6	186.4	-	2.6
Other NHS	3.9	2.6	1.6	1.9	0.5	1.2	0.5	1.9	0.9	0.9	2.3	1.0	19.2	1.5	(0.5)
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	3.8	31.8	1.9	1.9
Research	1.1	0.6	1.0	2.7	0.8	1.1	1.0	1.1	0.7	0.0	1.6	2.5	14.2	1.0	1.5
VAT	0.4	0.5	0.2	-	0.5	-	0.2	0.2	0.2	0.5	0.6	0.3	3.7	0.4	(0.1)
PDC	-	-	-	0.3	-	-	-	-	-	-	-	1.6	2.0	1.6	-
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	0.7	7.6	0.4	0.3
<b>Total Cash Inflows</b>	<b>40.3</b>	<b>21.8</b>	<b>19.9</b>	<b>23.1</b>	<b>20.1</b>	<b>21.1</b>	<b>22.5</b>	<b>23.4</b>	<b>21.1</b>	<b>17.7</b>	<b>21.6</b>	<b>12.6</b>	<b>265.1</b>	<b>6.8</b>	<b>5.7</b>
<b>Cash Outflows</b>															
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)	(8.8)	(103.5)	(10.2)	1.4
Capital Expenditure	(1.0)	(0.4)	(0.4)	(0.6)	(0.5)	(0.2)	(0.3)	(0.4)	(0.6)	(0.8)	(0.4)	(4.8)	(10.5)	(1.9)	(2.9)
Oriel	(2.3)	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(2.2)	(0.2)	(0.3)	(0.2)	(0.2)	(6.7)	(1.3)	1.0
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)	(0.9)	(10.0)	(1.1)	0.2
Financing - Loan repayments	-	-	-	-	(0.7)	(0.8)	-	-	-	-	(0.7)	(0.8)	(2.9)	(0.8)	-
Dividend and Interest Payable	-	-	-	-	-	-	-	(0.6)	-	-	-	-	(0.6)	-	-
<b>Total Cash Outflows</b>	<b>(24.4)</b>	<b>(17.5)</b>	<b>(16.0)</b>	<b>(19.0)</b>	<b>(18.8)</b>	<b>(19.5)</b>	<b>(22.8)</b>	<b>(22.4)</b>	<b>(22.7)</b>	<b>(18.7)</b>	<b>(22.1)</b>	<b>(25.2)</b>	<b>(249.2)</b>	<b>(24.9)</b>	<b>(0.3)</b>
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)	(12.7)	-	(18.1)	5.4
<b>Closing Cash at Bank 2020/21</b>	<b>68.4</b>	<b>72.7</b>	<b>76.7</b>	<b>80.8</b>	<b>82.0</b>	<b>83.6</b>	<b>83.3</b>	<b>84.3</b>	<b>82.6</b>	<b>81.6</b>	<b>81.1</b>	<b>68.4</b>	<b>68.4</b>		
<b>Closing Cash at Bank 2020/21 Plan</b>	<b>39.5</b>	<b>39.1</b>	<b>38.6</b>	<b>40.4</b>	<b>37.7</b>	<b>35.5</b>	<b>36.8</b>	<b>36.2</b>	<b>34.4</b>	<b>34.8</b>	<b>32.8</b>	<b>29.3</b>	<b>29.3</b>		
<b>Closing Cash at Bank 2019/20</b>	<b>45.1</b>	<b>42.6</b>	<b>41.0</b>	<b>48.9</b>	<b>47.8</b>	<b>49.6</b>	<b>49.6</b>	<b>49.5</b>	<b>50.3</b>	<b>52.6</b>	<b>53.8</b>	<b>52.4</b>	<b>52.4</b>		



## Commentary

**Cash flow** The cash balance at the 31<sup>st</sup> March is £68.4m, 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 103 days (prior month: 122 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.

March saw a cash outflow of £12.7m against a plan of £18.1m outflow as receipts were higher than forecast.



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



Agenda item 11  
Report of the audit and risk committee  
Board of directors 22 April 2021

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

<b>Brief summary of report</b>  Attached is a brief summary of the audit and risk committee meeting that took place on 13 April 2021.							
<b>Action Required/Recommendation.</b> <ul style="list-style-type: none"> <li>The Board is asked to NOTE the report of the audit and risk committee and gain assurance from it.</li> <li>The Board is asked to CONSIDER and APPROVE the following statement:</li> </ul> <p><i>‘The going concern basis is appropriate for the trust’s accounts and this assessment is based on the services it provides continuing to be provided with the same assets in the public sector.’</i></p> <p>If the board is satisfied that the statement applies then the below will be included in the Annual Report and Accounts:</p> <p><i>“After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury’s Financial Reporting Manual.”</i></p>							
<b>For Assurance</b>	✓	<b>For decision</b>	✓	<b>For discussion</b>		<b>To note</b>	

## AUDIT AND RISK COMMITTEE SUMMARY REPORT – 13 APRIL 2021

Governance	<ul style="list-style-type: none"> <li>• Quorate – Yes</li> <li>• Attendance (membership) - 100%</li> </ul>
Current activity (as at date of meeting)	<p><b><u>Internal audit</u></b></p> <p><i>Quality governance – amber/green</i></p> <ul style="list-style-type: none"> <li>• There were mature, well-embedded arrangements in place going in to the pandemic and there has been no need to significantly amend those arrangements.</li> <li>• The low level recommendations focus on working on consistency across divisions and how they embed learning and discuss within divisional meetings.</li> </ul> <p><i>Internal audit recommendation tracker</i></p> <ul style="list-style-type: none"> <li>• There were no outstanding items on the tracker.</li> <li>• IT resilience will come to the next audit committee.</li> </ul> <p><b><u>External audit</u></b></p> <ul style="list-style-type: none"> <li>• There are likely to be significant risks for the financial statements audit but this will be common due to revenue recognition and changes in the way the NHS has been funded via the block contract.</li> <li>• Risks of significant weakness relate to the ability to audit Oriel, longer term strategic direction, post-Covid environment and cost savings.</li> <li>• This is due to similar problems to the previous year in being able to complete tasks and get access to documents.</li> <li>• An annual auditor's report will be provided on the vfm conclusion that includes a written narrative about trust arrangements.</li> <li>• Discussion took place about the accounting issues at University Hospitals Leicester and what mitigations are in place at MEH to prevent something similar happening.</li> <li>• The committee was advised that there are a number of tangible assurances that can be given to the board such as clear demonstration of challenge to management about particular estimates in the accounts, the going concern review, etc.</li> <li>• The committee will discuss this further at the extraordinary meeting in June.</li> </ul> <p><b><u>Salary overpayments</u></b></p> <ul style="list-style-type: none"> <li>• Process issues have been identified and rectified and these relate to the leaver process and fixed term contract position.</li> <li>• It was acknowledged that there will always be an element of salary overpayments but that the aim is get to an appropriate tolerance level where they are minimised as far as possible.</li> <li>• A helpdesk has been established to manage ESR queries so that there is a clear process of monitoring.</li> <li>• Refresher training has been implemented for the HR team and managers with responsibilities identified to attend training.</li> <li>• Recruitment will take place for a payroll specialist and head of HR operations to work on clearing the backlog and managing the process.</li> <li>• The next steps are to continue with the implementation plan and escalations, evaluation of the dispute procedure and month end deadline processes, and to build a benefits realisation plan for workforce system integration and contract performance management with SBS.</li> </ul> <p><b><u>Board assurance framework</u></b></p> <ul style="list-style-type: none"> <li>• Covid risk has reduced due to the continuing mitigations, although will be kept under close review.</li> </ul>

- Risk relating to recovery of clinical services needs close scrutiny due to the concerns raised over managing the backlog and risk stratification of patients.
- Assurance on this issue is being sought by the recovery oversight committee via the service directors.
- The workforce planning risk score has been increased due to the need to expedite and align with new models of care.
- The risk on staff health and wellbeing is being well mitigated through a number of initiatives being put in place and is being monitored through the people committee.
- A new risk has been added on digital resilience and consideration is being given as to whether the specific risk relating to cyber can be managed through the corporate risk register process.
- The Brexit risk is to be de-escalated and managed through the corporate risk register process although the issue of overseas visitors has been raised and will be factored in to any mitigating actions.
- Emerging themes from the corporate risk register relate to HR systems interoperability, capacity and resource in place for EDI and digital save systems.

#### **Counter fraud report**

- The committee received a progress report setting out activity since the last meeting.
- The primary focus has been finalising reviews in the 'prevent and deter' sphere.
- One ongoing case relates to claims for maternity leave and attempts are being made to verify the veracity of the claims.
- The annual report and return need to be drafted for the end of May and the trust will be required to self-assess under the new government counter fraud functional standards.
- Procurement (pre-contract) and invoice reviews contain low priority recommendations and requirements.
- Cyber is not a mandated area but has been identified as a key area of focus.
- Cyber fraud risks are broader than technical protection and the team is agreeing a quarterly programme of tailored awareness sessions for individuals across the trust.

#### **Annual review of going concern (please see commentary under 'action required/recommendation')**

#### **London Claremont accounting**

- The trust acquired the business in December and received external advice, following IFRS 3 (business combinations).
- This relates to key areas on the balance sheet, assets and liabilities and intangible assets which are being held at cost although a test for impairment will be done at the end of the year.

#### **Amendments to SFIs**

- The following amendments to SFIs were approved:

*Losses and special payments* – all exit packages must be authorised by the HR director and all reported to finance. External consent is required for payments over a certain limit and particularly if there is a PILON cost of more than £50k.

*London Claremont limits* – scheme of delegation is now included and to be reviewed in relation to limits and their appropriateness.

*ESCROW account* – this relates to holding monies in partnership and any such account is to be authorised by the CFO.

	<p><b><u>Losses and special payments</u></b></p> <ul style="list-style-type: none"> <li>• Since the last meeting the trust recorded losses of £80k on 101 cases (private), £1500 on 12 cases (NHS) and nothing on UAE as debt is written off at the end of the financial year. In total private losses amount to £210k and NHS losses amount to £166k.</li> </ul>
Key concerns	<ul style="list-style-type: none"> <li>• ICS arrangements are not formalised and there are new arrangements coming in at a time of great change so likely to be a number of gaps that emerge.</li> <li>• Potential sector-wide changes that might hinder progress in corporate services from being embedded.</li> <li>• Vaccination of frontline staff and how the risk is articulated and mitigated.</li> </ul>
Items for discussion outside of committee	<ul style="list-style-type: none"> <li>• Consistency across divisions in the area of quality governance to be taken through quality and safety committee.</li> </ul>
Date of next meeting	<ul style="list-style-type: none"> <li>• 13 July 2021</li> </ul>