

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 23 January 2020 at **09:30am**

In the **Boardroom, 4th Floor, Kemp House, 152 – 160 City Road, EC1V**

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 5 December 2019	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:10	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Administration and booking process	Discussion	Enclosed	JQ	00:20	8
9.	Report from the audit and risk committee	Approve	Enclosed	HE	00:05	6
10.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	
11.	AOB	Note	Verbal	TG	00:05	
12.	Date of the next meeting – Thursday 27 February 2020 09:30am					

* Strategic Objectives

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

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 5 DECEMBER 2019**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Peng Khaw (PK)	Director of research & development
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Tracy Lockett (TL)	Director of nursing and AHPs
	Johanna Moss (JM)	Director of strategy and business development
	John Quinn (JQ)	Chief operating officer
	Sumita Singha (SS)	Non-executive director
	Nick Strouthidis (NS)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Steve Williams (SW)	Vice chair and senior independent director
In attendance:	Nora Colton (NC)	Director of education
	Sandi Drewett (SD)	Director of workforce and OD
	Helen Essex (HE)	Company secretary (minutes)
	Kieran McDaid (KM)	Director of estates, capital and major projects
	Richard MacMillan (RM)	Head of legal services
Governors present:	Brenda Faulkner	Patient governor
	Richard Collins	Patient governor
	John Sloper	Public governor
	Jane Bush	Public governor

19/2371 Apologies for absence

Apologies were received from Ros Given-Wilson, Ian Tombleson and Elisa Steele.

19/2372 Declarations of interest

There were no declarations of interests.

19/2373 Minutes of the last meeting

The minutes of the meeting held on the 3 October 2019 were agreed as an accurate record following a minor amendment to the minutes.

19/2374 Matters arising and action points

In relation to the action arising from the patient journey, TL advised that a task/finish group had been established with the patient as a member. The group is reviewing the leading and guiding provision for staff along with the RNIB as well as undertaking work around interaction with patients (e.g. breaking bad news). This provision is currently for nurses but needs to be broadened out to other staff. The ECLO co-ordinator is also



on the group and reviewing the amount of time ECLOs are given on the trust induction programme.

It was noted that the issue of staff not talking to the patient needs to be seen as a change in culture rather than a training package. Consultants need to hold fellows and trainees to account and make sure they are dealing with the patient rather than those who attend with them.

**Update on the work
of the group to be
provided in three
months - TL**

All other matters were attended to via the agenda.

TG referred to the passing of Arthur Steele who had been a consultant in the corneal service for nearly 20 years and played a key role in innovation and picking up new techniques within the trust. Mr Steele trained many of the Moorfields consultants and was instrumental in making sure the trust was at the forefront of adopting new technologies. He had an enormous impact on Moorfields and plans are being developed for some form of memorial service.

19/2375 Chief Executive's Report

DP advised that UK private has won two awards over the last month, competing against high quality private and NHS providers and in particular for the quality of their services.

In terms of finance the trust remains ahead of plan for the year and is maintaining a score of 1 against use of resources rating.

Ruth May, chief nursing officer for England, presented a silver award to Mally Scrutton and a gold award to Adam Mapani for their leadership and contribution in nursing.

DP referred to a number of new appointments and awards won by Moorfields staff and encouraged board members to nominate staff for the Moorfields Stars awards.

The first examination of the eye using 5G was conducted and the trust needs to think about how to move innovation such as this into real practice. There is a huge amount of development underway but this also needs to be delivered. The trust is launching a digital clinical laboratory in January that will allow testing and implementation of innovation with the aim to have a direct impact on patient care.

The trust held its Moorfields Academy event in November with over 100 international attendees learning about topics such as wellness and resilience, reducing the carbon footprint of clinical activity, clinical risk and robotic surgery.

The trust has received a green rating and full assurance for its management of the emergency preparedness, planning and resilience process which provides assurance that the trust is prepared to respond to an emergency and be able to provide safe patient care during a major incident or business continuity event.

Finally, DP referred to the adjustments made to the schedule of decision-making for Oriel due to purdah guidelines.

19/2376 Integrated performance report

Reporting this month remains consistent with last month. A&E attendance continues to be above plan with activity above plan across the board and a strong RTT position. The biggest challenge remains the 14-day cancer target.

The plateau in relation to waiting times is an average figure over all divisions with some areas over performing and some underperforming.

The staff friends and family test score at 54% is lower than is ideal and is being sustained. The results will need to be triangulated with the results of the national staff survey (currently at 53% completion with headline data available in January). Ethnicity reporting is an issue that needs to be revisited with a reminder to staff of its importance.

The board discussed the results of the staff friends and family test and expressed concern that although staff would be happy for their families to be treated at the trust they would not necessarily recommend working here. SD described the recent work that has taken place establishing listening exercises with staff, along with a plan to increase executive visibility. This is one of the key objectives of the workforce strategy as part of the leadership and culture work stream. The same themes come up in different ways so there is consistency and areas for focus.

A discussion also took place about A&E and whether there are any physical constraints to the department's ability to cope with the numbers coming through. JQ advised that the position starts to become challenging when the department sees activity numbers between 105,000 to 106,000 per annum. This is when managers need to start thinking about how to divert people into other areas. Solutions need to be found within the community although current schemes in place are not working long term. The team is working on professional standards for A&E referrals and working with other hospitals on ideas such as developing regional urgent care hubs for ophthalmology.

There has been an increase in complaints which will be discussed as part of the Q2 complaints report. The numbers are small but across all divisions and specialties.

19/2377 Finance report

October is important from an elective perspective and was a record income month at just below £16m. The overall position is £150k positive against target.

CIP is currently at £5.8m and £1.5m behind plan for the year. This will be an increasing focus of the STPs with a drive towards achieving recurrent savings.

The debt position has improved at a reduction of £0.5m with the bulk being NHS debt that needs to be collected.

Capital expenditure is at £4.7m against a forecast outturn of £15.5m. The plan is being delivered but this is causing pressure within the commissioner landscape with a



challenging financial environment across the board and heavy pressure providers to find additional savings.

CIP performance is subject to regular reporting through the finance committee, with divisions becoming more experienced at delivery. There is currently £700k in unidentified savings at this stage which is unlikely to be delivered. The key issue is that the red high risk component is delivered.

Milestone meetings have been mapped out for next year's CIP identification. The external landscape is changing with increasing emphasis on cross-organisational CIP, particularly with regard to corporate services. The target for next year is £7.6m and part of that will focus on what can be delivered by organisations working collaboratively.

The trust has grown its income base but has not increased its cost base at the same level, meaning more activity is being delivered at lower cost. Future CIP schemes will need to be focused on models of care and transformation, ultimately how to lower the cost of the setting and review the skill mix of staff.

A discussion took place about how to secure tertiary services. JW noted that the provision of services runs at a shortfall and although there is a level of growth built into the contract, specialist commissioning is challenged in terms of its budget. The emphasis has gone on those providers on PbR which is approximately 10% of the service. It was noted that this is not necessarily an accurate figure because the trust offers tertiary services that aren't commissioned by the NHS.

19/2378 Learning from deaths

There have been no deaths within scope for the last two quarters. NS reported on the deaths out of scope that occurred in private practice, for which there was an independent review that could not find any shortcomings within the care provided.

NHSE is in the process of rolling out the concept of medical examiners. As the trust is a multi-site organisation with infrequent deaths it does not have the ability to sustain its own ME. It is therefore likely that the trust will share a ME with an organisation such as UCLH. This process is being managed through the commissioners.

19/2379 Q2 Complaints, PALS and compliments report

The trust received 101 formal complaints in Q2 (with the previous average at approximately 70). Some of the increase can be attributed to transport complaints but not all.

The largest number of complaints relate to clinical care, clinical management and expectations, appointment management and staff behaviour. There is no significant trend related to individuals or specialties.

Managing patient expectations is particularly challenging in relation to the triage process where there is an initial clinical review and patients are either being referred back to the GP or made an appointment at a later date. The expectation from patients



is that they should be seen on the day. There have not been any particular issues raised relating to abuse of staff but it is a process that staff find challenging due to the need to turn patients away. It was agreed that it is important for the trust to make sure the process is communicated to patients and to make sure that staff are supported.

There has been an increase in complaints related to the transport service. A new contract has been in place from 1 September following a procurement process led by Barnet CCG (on behalf of all sector CCGs) with the Royal Free managing the contract on their behalf.

Previously, patient transport was arranged by the GP. Patients now have to ring and arrange their own transport and this has been problematic with patients unable to get through to the call centre and experiencing anxiety over their arrangements. Another issue for complaints has been the tightening of eligibility criteria in line national guidelines.

The four providers that are part of the new contract have met with the Royal Free (as lead provider) and DHL (successful bidders) to address the fact that a number of KPIs had been missed. DHL have increased their staffing and training provision and there has already been an improvement in performance and fewer complaints. A daily sitrep meeting and weekly senior management meeting are now taking place and all cases are discussed through these forums.

TL said that she felt confident that the Royal Free and DHL have responded to the issues and is not aware of any patients coming to harm. However it was noted that patient transport is commissioned by CCGs so the trust has influence, rather than control over, the contract.

19/2380 Amendments to the constitution

It was noted that all amendments had been agreed by the membership council and were supported by the board of directors.

**New constitution to
be published - HE**

19/2381 Report from the quality and safety committee

TG reported on escalations from the committee including the patient transport issue and a serious incident that is to be reported in Part II of the board meeting.

19/2382 Report from the audit and risk committee

NH reported issues relating to the pipeline for internal audit reports so a number will be coming in the new year.

In relation to consultant job planning the committee has seen progress with two services identified as pilot sites and a formal update coming in April.

Significant assurance was received on the managing medical devices and equipment audit although there are recommendations on training requirements and records.

Counter fraud have undertaken reviews on sickness absence and pre-employment checks with no significant issues uncovered.

A risk has been added to the BAF related to the future availability of research funding. The risk appetite being developed and will create clarity about how the trust approaches risk in various areas. This will come back to the board for a full discussion once the model and methodology has been further developed.

The committee asked that clinical audit be a priority within the internal audit plan for 2020/21 as it had previously been removed.

The external audit tender process has taken place and the panel met to interview the bidders. The panel has made a recommendation to the governors about the appointment of new external auditors and this will be confirmed by the end of the calendar year.

19/2383 Membership council report

The agenda has been reformatted so that the focus of the meeting is on governor feedback to the trust about their activities.

Events have been held for prospective governors in preparation for the elections taking place in the early part of 2020. The new membership magazine has been published and distributed around trust sites with the plan to publish two magazines a year. The patient carer forum is an analytical group that takes an overarching view of how the other patient experience groups across the trust are functioning and whether the level of patient engagement for particular projects is appropriate.

The council also receives regular reports from governor visits and the second member's week of the year took place in late October, with feedback to be provided to the January meeting.

Governors received presentations from Dawn Sim and Pete Thomas and provided feedback that the focus on technology also needs to centre on the patient experience.

19/2384 Cycle of business and schedule of dates

The cycle of business and schedule of dates for 2020 were approved.

19/2385 Identifying risks arising from the agenda

The board sought to assure itself that the following issues have been taken into account within the BAF and corporate risk register:

Future articulation of risk, risk appetite and how it is handled going forward.

**To be agreed with the
management
executive - HE**

Transport, the ongoing financial climate and operating within a challenging sector are all included.

19/2386 AOB

None.

19/2387 Date of next meeting – Thursday 23 January 2020

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	26.03.20		Open
03.10.19	19/2354	Patient journey	To report back to the board on action taken to address the points raised	TL	05.12.19		Closing
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	26.03.20		Open
03.10.19	19/2366	Administration and booking process	Update to the board on progress in three months	JQ	23.01.20		Closing
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	27.03.20		Open
05.12.19	19/2380	Amendments to the constitution	New constitution to be published on the website	HE	23.01.20		Closing
05.12.19	19/2385	Identify any items for the risk register arising from the agenda	Agree articulation of identified risks within the BAF and corporate risk register	HE	23.01.20		Closing



Glossary of terms – January 2020

Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
AAR	After action review
AHP	Allied health professional
AIS	Accessible information standard
ALB	Arms length body
AMRC	Association of medical research charities
ASI	Acute slot issue
BAF	Board assurance framework
BAME	Black, Asian and minority ethnic
BRC	Biomedical research centre
CCG	Clinical commissioning group
CIP	Cost improvement programme
CPIS	Child protection information sharing
CQC	Care quality commission
CQRG	Commissioner quality review group
CQUIN	Commissioning for quality innovation
CSSD	Central sterile services department
CTP	Costing and transformation programme
DHCC	Dubai Healthcare City
DMBC	Decision-making business case
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EMR	Electronic medical record
EU	European union
FBC	Full business case
FFT	Friends and family test
FRF	Financial recovery funding
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
IFRS	International financial reporting standards
IOL	Intra ocular lens
IPR	Integrated performance report
iSLR	Integrated service line reporting
KPI	Key performance indicators



LCFS	Local counter fraud service
LD	Learning disability
MFF	Market forces factor
NCL	North central london
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NIS	Network and information systems
NMC	Nursing & midwifery council
OBC	Outline business case
OD	Organisation development
PAM	Premises assurance management
PAS	Patient administration system
PDC	Public dividend capital
PID	Patient identifiable data
PP	Private patients
PROMS	Patient related outcome measures
PSF	Provider sustainability fund
QIA	Quality impact assessment
QIPP	Quality, innovation, productivity and prevention
QSC	Quality & safety committee
QSI	Quality service improvement and sustainability
RAG	Red amber green [ratings]
RCA	Root cause analysis
R&D	Research & development
RTT	Referral to treatment
SCC	Strategy & commercial committee
SGH	St Georges University Hospital
SI	Serious Incident
SLA	Service level agreement
STP	Sustainability and transformation partnership
TMC	Trust management committee
UAE	United Arab Emirates
UCL	University College London
VFM	Value for money
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date



**Moorfields
Eye Hospital**
NHS Foundation Trust



Agenda item 05
Chief executive's report
Board of directors 23 January
2020

Report title	Chief executive's report
Report from	David Probert, chief executive
Prepared by	David Probert and the executive team
Previously discussed at	Management Executive
Link to strategic objectives	The chief executive's report links to all eight strategic objectives

Brief summary of report The report covers the following areas: <ul style="list-style-type: none"> • Flu vaccinations • New appointments • Financial position M9 • Awards and recognition • Launch of the Education Hub • Oriel update 					
Action required/recommendation. The board is asked to note the chief executive's report.					
For assurance		For decision		For discussion	
				To note	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 23 JANUARY 2020

Chief Executive's report

Quality

Trusts are being asked to achieve near universal **flu vaccination** of Trust staff this year, as was the case in 2018/19. The CQUIN associated with the program for improving the vaccination of front line staff has increased to a target of 80% of front line staff in 2019/20. To date the trust has achieved 71% of the required total. The vaccination program concludes at the end of February and remains on trajectory to achieve the target by the end of March 2020.

Financial

The trust under-achieved against the **financial plan** in December with a deficit of £0.41m against a planned surplus of £0.19m, an adverse variance of £0.22m. The year to date position now stands at a deficit of £0.83m, a favourable variance of £0.05m. Outturn Cost Improvement Plan (CIP) performance for the year is now forecast at £6.1m, an improvement of £0.25m on the position previously reported at Board in November. This improvement in CIP forecast performance remains £0.85m adverse against the plan for the year and continues to be an area of organisational focus.

People

Congratulations to **Sandra Pandolfi**, clinical nurse specialist for lid oncology, who has received the Joan Frances Stowe Prize for her significant contribution to clinical practice. Sandra was nominated for the many examples of how she enhances the care of patients with cancer through their treatment journey at Moorfields.

A number of Moorfields staff were invited to an afternoon tea **reception at 10 Downing Street** in order to thank them for caring for patients and the personal sacrifices they make to work over the festive period. Colleagues Sherry Corpuz, Evangeline Moreno, Augusta Onyejekwe, Louise Pratley and Jonathan Than attended the event and had the opportunity to speak with Prime Minister Boris Johnson and Matt Hancock, Secretary of State for Health and Social Care.

New appointments in Moorfields Private include Jonathan Williams as the head of finance and Shailendra Reechaye as the new ward manager.

Research and innovation

Congratulations to Dawn Sim, consultant ophthalmic surgeon and head of telemedicine, and the digital innovation team for winning the **Telehealth Award** at this year's Health Business Awards. Moorfields' remote referral system was nominated in the telemedicine category and is a partnership between hospital eye services, community optometry and digital health platforms. The remote referral system allowed eye care provided in the community to receive input from specialists at eye hospitals, in turn preventing unnecessary hospital visits.

On 27 December, Pearse Keane, consultant ophthalmologist, took part in the **2019 Royal Institution Christmas lecture**. Pearse delivered an interactive demonstration of how artificial intelligence can be used to help diagnose eye conditions. The Christmas lecture has been held every year since 1895 and watching the televised recordings of the lectures is a Christmas tradition for many people.

Education

This week we launched our new **Education Hub**. This facility will be jointly delivered by Moorfields and UCL Institute of Ophthalmology and provides an environment for students to meet, learn and interact. This space at Ebenezer Street will enable us to run events, short courses and CPD in spaces designed to provide flexibility of use and audio visual technology to support small and large events. It will also serve as a testbed for Oriel and how ophthalmic education will be delivered in the future.

Strategy

The final report summarising the findings from Oriel consultation, alongside an Integrated Impact Assessment and report 'Consultation with people with protected characteristics and rare conditions' was published on 13 January 2020. Adjustments have been made to the **schedule for decision-making** following the public consultation on Oriel, which ended on 16 September 2019. In line with Cabinet Office guidance on the conduct of public service business during a pre-election period, commissioners agreed to pause the process until after the General Election and confirmed new dates for decision-making phase as follows:

31 January 2020	North Central London JHOSC to consider the Moorfields proposal at its meeting in public
12 February 2020	NHS England Specialised Commissioning and CCGs' Committees-in-Common consider outcome of consultation and Decision-Making Business Case

David Probert
Chief Executive
January 2020

Report to Trust Board									
Report Title		Integrated Performance Report - December 2019							
Report from		John Quinn, Chief Operating Officer							
Prepared by		Performance And Information Department							
Previously discussed at		Trust Management Committee							
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, these KPIs and Remedial Action Plans will be presented to the trust board and may be used external to MEH.</p> <p>This version of the Integrated Performance Report is for internal use only and should not be distributed externally. A condensed version of the Integrated Performance Report will be produced for the Trust Board, there will be no metrics in the Trust Board version that are not contained in this version, and unless agreed at or after TMC, no figures or remedial action plans will be amended.</p>									
<u>Executive Summary</u>									
<p>The Board is asked to note the IPR which is grouped into four scorecards in order the Board can identify the areas that contribute to our ambition of service excellence. Though good financial health with good infrastructure and culture as enablers and good people as enablers this should ensure the Trust delivers service excellence.</p>									
Context									
<p>A&E activity continues to be higher than expected and exceeds plan. If growth continues as current then the department will see a yearly attendance of approximately 100,000. This will be continue to be monitored closely to assess if this is an ongoing trend and any impact on performance.</p> <p>Month 9 was a challenging month for activity against plan and saw us below plan in activity levels for Elective activity, new and follow up activity. Part of this is linked to our agreement with North West London to work to plan on our elective activity over the Christmas period as part of our AQN discussion. Injections however continued to perform above plan and is forecast to remain so for the remainder of the financial year. Each division is expecting to see an increase in activity in January. Performance compared to last year was higher than Month 9 in the previous financial year.</p>									
Service excellence									
<p>Overall performance remains strong and the Trust continues to meet the national access targets year to date and this month hit all national Cancer targets. Areas of note:</p> <p>The Trust did report a 52 week breach for the first time this year due to a patient whose pathway was incorrectly closed, this patient has subsequently been treated and no harm was caused by their delay. Journey times have plateaued. The new outpatient programme with the service improvement team will now be looking at this in the coming months to ascertain whether this plateau is now being reviewed in service improvement to ascertain what else can be done now to see any further reductions in patient journey times in clinic.</p>									
People (enabler)									
<p>Overall figures for appraisal and Mandatory Training Compliance remain above the target however there is been a fall in Information Governance Training Compliance which will be closely monitored in early 2020.</p>									
Infrastructure and culture (enabler)									
<p>Ethnicity recording remains just under the target and has done for some months. A review of this continues to understand how this target can be met.</p>									
Financial Health and Enterprise									
<p>Activity in Month 9 was a challenge for New and Follow Up attendances as significant variances to plan were reported across all divisions. Main factors for this were sessions closed for staff leave were not covered due to medical vacancies and an agreed reduction in elective activity in North West sites as agreed via the AQN discussions with the CCG. Injection activity continues to perform well and was up by 1.7% in month and should continue on trend for the remainder of the year.</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	

Trust Executive Summary By Scorecard Domain - December 2019

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	32	1	7
Cancer	4	0	0
Access & Outpatients	5	1	1
Admitted	4	0	3
Quality & Safety	19	0	3
Private Patients	0	0	0

Collaborative Research

G	A	R
2	0	0

Innovation & Education

G	A	R
0	0	0

Influence National Policy

G	A	R

In Development

People (Enablers)

Workforce Metrics

G	A	R
2	0	1

Staff Satisfaction & Advocacy

G	A	R
0	0	0

Infrastructure & Culture (Enablers)

Digital Delivery

G	A	R
1	0	1

Research

G	A	R
3	0	0

Financial Health & Enterprise (Enablers)

Overall Plan

G	A	R
2	0	0

Commercial Operations

G	A	R
0	0	1

Cost Improvement Plans

G	A	R
0	0	0

Executive Summary - Scorecard Domain Trends


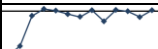
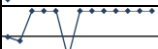


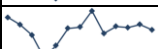
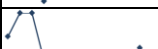
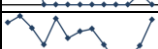
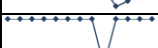


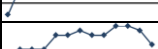


Lines split by financial year due to different number of metrics

Context - Overall Activity - December 2019

		December 2019		Monthly Variance	Year To Date		YTD Variance
		2018/19	2019/20		2018/19	2019/20	
Accident & Emergency	A&E Arrivals (All Type 2)	7,128	7,228	+ 1.4%	73,022	75,024	+ 2.7%
	Number of 4 hour breaches	58	46	- 20.7%	1,223	1,263	+ 3.3%
Outpatient Activity	Number of Referrals Received	10,225	9,987	- 2.3%	104,758	109,275	+ 4.3%
	Total Attendances	40,815	43,397	+ 6.3%	446,766	460,532	+ 3.1%
	First Appointment Attendances	9,101	9,841	+ 8.1%	101,832	102,681	+ 0.8%
	Follow Up (Subsequent) Attendances	31,714	33,556	+ 5.8%	344,934	357,851	+ 3.7%
Admission Activity	Total Admissions	2,661	2,770	+ 4.1%	28,795	29,514	+ 2.5%
	Day Case Elective Admissions	2,347	2,434	+ 3.7%	25,931	26,428	+ 1.9%
	Inpatient Elective Admissions	83	107	+ 28.9%	825	911	+ 10.4%
	Non-Elective (Emergency) Admissions	231	229	- 0.9%	2,039	2,175	+ 6.7%

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

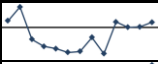
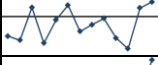
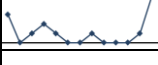

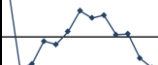
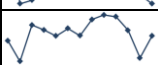
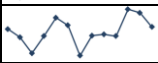
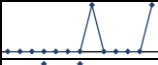



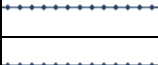


Domain		Service Excellence (Ambitions)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G		95.4%	Monthly	100.0%	100.0%	71.4%	100.0%		↑
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	G		90.9%	Monthly	94.2%	92.9%	87.7%	93.9%		↑
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%	G		99.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%			80.0%	Monthly	100.0%	100.0%	n/a	n/a		
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance *	≥92%	G		94.5%	Monthly	94.5%	94.5%	94.6%	94.4%		↓
	52 Week RTT Incomplete Breaches *	Zero Breaches	G		1	Monthly	0	0	1	0		↓
	A&E Four Hour Performance	≥95%	G		98.3%	Monthly	96.9%	97.2%	97.9%	99.3%		↑
	Percentage of Diagnostic waiting times less than 6 weeks *	≥99%	G		99.9%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	G		105	Monthly	86	120	127	72		↓
	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 97Mins	A	8	101	Monthly	105	101	99	98		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 88Mins	R	9	94	Monthly	96	96	95	92		↓

* Provisional Figures for Dec 19

** Provisional Figures for Oct-Dec 19

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

Integrated Performance Report - December 2019

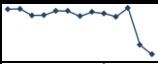




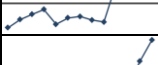
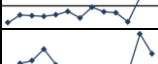

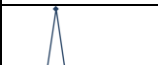
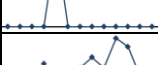
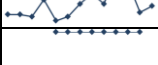




Domain		Service Excellence (Ambitions)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	R	10	6.5%	Monthly	7.2%	7.0%	7.0%	7.2%		↑
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	R	11	0.73%	Monthly	0.56%	0.44%	0.89%	0.96%		↑
	Number of non-medical cancelled operations not treated within 28 days **	Zero Breaches	R	12	8	Monthly	0	0	1	5		↑
	Mixed Sex Accommodation Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	G		n/a	Monthly (Rolling 3 Months)	2.79%	2.83%	1.53%	1.02%		↓
	VTE Risk Assessment	≥95%	G		98.5%	Monthly	99.4%	98.5%	96.8%	98.2%		↑
	Posterior Capsular Rupture rates	≤1.95%	G		0.84%	Monthly	0.71%	1.14%	1.08%	0.86%		↓
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	R	13	2	Monthly	0	0	0	1		↑
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant	G			Quarterly	0			0		◆
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	MSSA Rate - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G		94.5%	Monthly	98.0%	96.5%	95.4%	94.0%		↓

* Provisional Figures for Dec 19

** Provisional Figures for Oct-Dec 19

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

Integrated Performance Report - December 2019


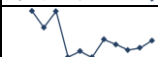
Domain		Service Excellence (Ambitions)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Patient Centred Care (Quality & Safety)	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		98.7%	Monthly	99.0%	99.6%	96.9%	96.2%		↓
	A&E Scores from Friends and Family Test - % positive	≥90%	G		92.6%	Monthly	92.3%	92.3%	91.3%	94.0%		↑
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		95.4%	Monthly	96.2%	96.2%	93.5%	93.3%		↓
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		96.5%	Monthly	96.7%	96.7%	95.2%	92.9%		↓
	Inpatient Scores from Friends and Family Test - % response rate	≥30%	G		48.7%	Monthly	53.8%	49.6%	46.7%	40.3%		↓
	A&E Scores from Friends and Family Test - % response rate	≥20%	G		19.5%	Monthly	33.3%	33.2%	34.6%	35.2%		↑
	Outpatient Scores from Friends and Family Test - % response rate	≥15%	G		13.9%	Monthly	12.1%	8.2%	18.7%	27.8%		↑
	Paediatric Scores from Friends and Family Test - % response rate	≥15%	G		21.0%	Monthly	18.9%	15.8%	40.4%	27.7%		↓
	Summary Hospital Mortality Indicator	Zero Cases	G		0	Monthly	0	0	0	0		→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G		n/a	Monthly	0	0	0	0		→
	Number of Written Complaints	YTD ≤ 182	R	14	253	Monthly	41	37	23	26		↑
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		100.0%	Monthly (Month in Arrears)	100.0%	100.0%	100.0%	100.0%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		98.3%	Monthly (Month in Arrears)	93.6%	98.4%	100.0%	96.7%		
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		0	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open	R	15		Monthly	138	152	162	199		↑

* Provisional Figures for Dec 19

** Provisional Figures for Oct-Dec 19

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Integrated Performance Report - December 2019

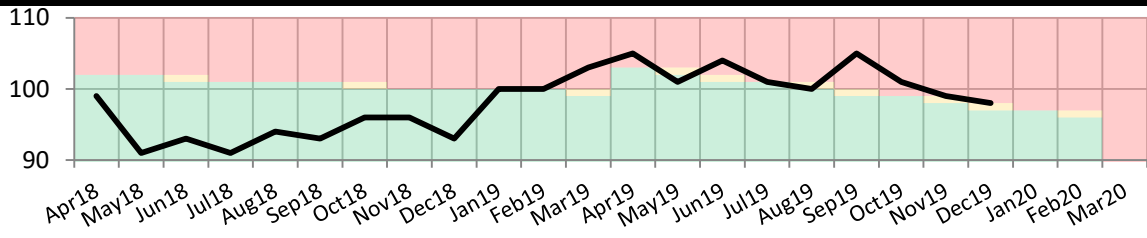
Domain		Service Excellence (Ambitions)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1350	G		1716	Monthly	266	287	225	65		↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G		n/a	Monthly	3.4%	2.8%	3.0%	3.7%		↑
Innovation & Education	Income Generated From Short Courses £k (Year Period - Sep 19 to Aug 20)	YE: ≥£400k Qtr: tbc			124	Quarterly			124			
	Delegate Numbers Across Short Courses (Year Period - Sep 19 to Aug 20)	YE: ≥900 Qtr: tbc			201	Quarterly			201			
	Average Delegate Satisfaction Scores (Year Period - Sep 19 to Aug 20)	≥ 4.0			4.48	Quarterly			4.48			
Influence National Policy	Metrics To be Confirmed	tbc				tbc	In Development					

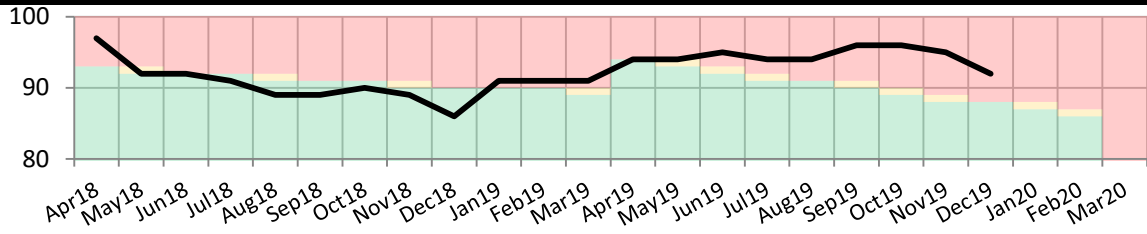
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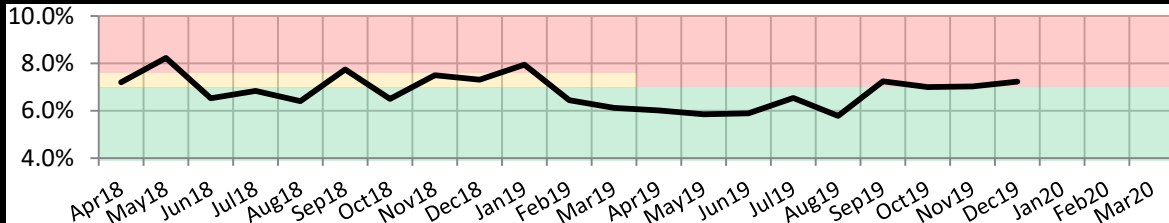
** Provisional Figures for Oct-Dec 19

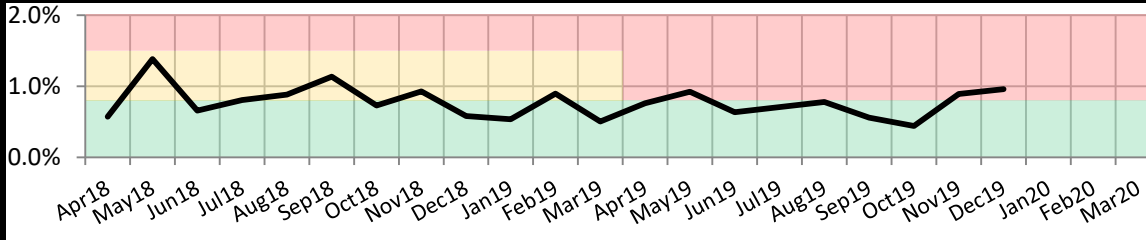
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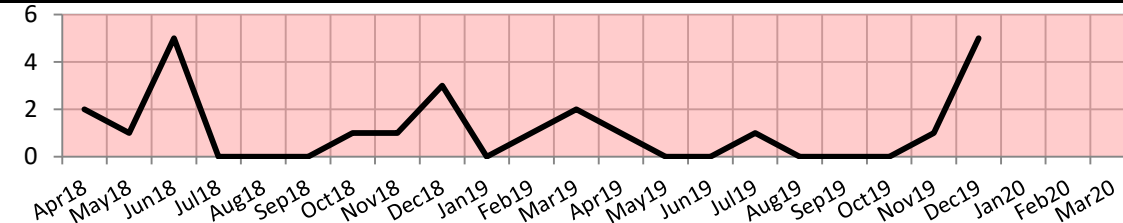
Integrated Performance Report - December 2019

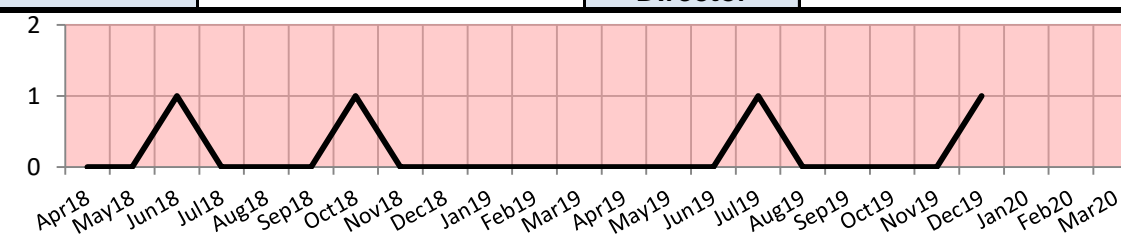
Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins							Lead Manager	Naomi Sheeter	Responsible Director	John Quinn
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
Mth:≤ 97Mins	Amber	101	105	101	99	98				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				100	105	87				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Median new journey times show a decrease from last month although it remains 1 minute longer than target for the month. Activity for November was average. Overall there was a 1% improvement in diagnostic only clinic performance and a slight improvement in MR for patients seen within 2 hours. All of these small changes likely contributed to the improved position, although this is still within normal variance.							Ongoing roll out of the sub-specialty clinical stratification models for glaucoma and medical retina, moving patients into diagnostic only and optometry led pathways throughout 2019-20. To enable this the following have been completed: - A gap analysis of activity, resource (kit, space, personnel) and how the service is delivered has been completed for MR and Glaucoma on a site and clinic level. - Extended roll out of stratified care in City Road, Croydon, Northwick Park, Ealing and St George's are underway.		Apr 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Although still not on trajectory, median new journey times continue to show a decrease from last month. Again this remains due to ongoing small changes contributing to an overall improving position, although this is still within normal statistical variance.							Ongoing roll out of the sub-specialty clinical stratification models for glaucoma and medical retina, moving patients into diagnostic only and optometry led pathways throughout 2019-20. To enable this the following have been completed: - An ongoing gap analysis of activity, resource (kit, space, personnel) and how the service for MR and Glaucoma on a site and clinic level demonstrates improvements in the roll out of diagnostic only and/or optometry led clinics. - Extended roll out of stratified care in City Road, Croydon, Northwick Park, Ealing and St George's are underway.		April 2020	

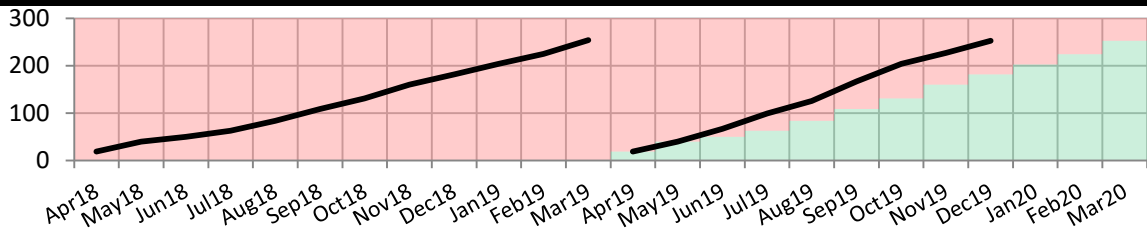
Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins							Lead Manager	Naomi Sheeter	Responsible Director	John Quinn
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
Mth:≤ 88Mins	Red	94	96	96	95	92				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				95	88	89				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Follow-up journey times show very mild increase which is not significantly higher than normal variance levels. The median journey time is 95 mins which is up by 1 minute from last year, however 2019 has seen significantly higher levels of activity and particularly for October where we saw the highest volume of follow-up patients on record. This represents a 16% increase in activity compared to the average monthly follow-up activity for the last 3 years.							Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20. - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty. - Data completeness continues to be reviewed in weekly divisional performance meetings.		Apr 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Follow-up journey times demonstrate a slight decrease which is not significantly higher than normal variance levels.							Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20. - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty. - Data completeness continues to be reviewed in weekly divisional performance meetings.		April 2020	

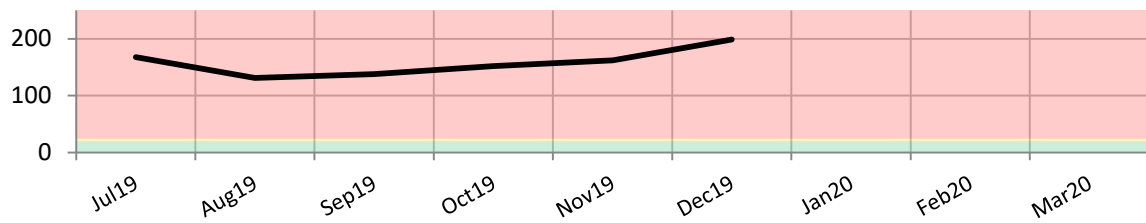
Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Theatre Cancellation Rate (Overall)							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
≤7.0%	Red	6.5%	7.2%	7.0%	7.0%	7.2%				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				7.0%	5.9%	10.0%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Teams are seeing an increase in medical cancellations on the day due to issues previously not identified or communicated from pre-assessment.							Cancellation audit in North has been undertaken and seen an improvement at our Northwick Park site and is being presented at Clinical Governance day. Process has been shared and each division is reviewing pre-assessment processes.		Dec 2019	In Progress (Update)
Higher percentage of Hospital Medical and Patient cancellations in the South division compared to other divisions.							Text message reminders for admissions at Croydon to be implemented, with the aim of reducing these type of cancellations.		Dec 2019	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
The Trust has seen an increase in on the day cancellations due to medical and non-medical reasons, such as patients not being fit for surgery or operations no longer required, and patient choice.							1) To reduce on the day cancellations, a revised reminder text message for surgical admissions was implemented Trust wide on 09/12/2019. The aim of this message is to advise patients to contact the Trust as soon as they have any changes in health condition or circumstances. 2) A review of pre-assessment processes (to ensure adherence to standardised clinical guidelines by all clinicians) is due to be implemented.		March 2020	


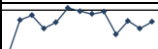




Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Theatre Cancellation Rate (Non-Medical Cancellations)							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
≤0.8%	Red	0.73%	0.56%	0.44%	0.89%	0.96%				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				1.03%	0.22%	2.07%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No specific root cause identified by North and South divisions. Issues with pre-assessment, anaesthetic cover of list and administrative processes have caused cancellations on the day of surgery.							Divisions are: sending pre-assessment nurses on external courses for best practice, speaking with anaesthetic lead about issues with cover and sharing best practice across network for administrative pre-assessment processes.		Mar 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
The underperformance in December was secondary to unplanned staff sickness resulting in cancellations where the division was unable to find alternative cover.							The division will be working with service leads to discuss cover arrangements to mitigate the risk of non-medical cancellations.		March 2020	

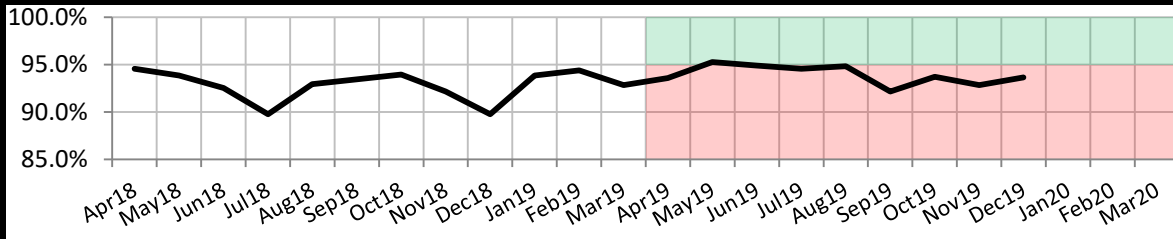
Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Number of non-medical cancelled operations not treated within 28 days							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
Zero Breaches	Red	8	0	0	1	5				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				3	2	0				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Breach is due to one patient being removed from waiting list due to administrative error.							Administrative processes reviewed by team leader to minimise administrative errors.		Jan 2020	Complete
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
North division 28 day cancellations were due to unavailability of the MMC drug which relates to a national shortage of stock.							Monitoring of situation with pharmacy is ongoing.		April 2020	
The breaches in December were due to unplanned consultant sickness and inability to source alternative cover for specialist procedures.							For this cohort, the division will be working with the service lead to discuss cover arrangements, such as pooled lists and/or cross cover.		March 2020	



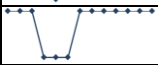
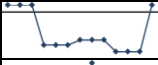
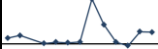
Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)	
Occurrence of any Never events							Lead Manager	Julie Nott	Responsible Director	Ian Tombleson	
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19					
Zero Events	Red	2	0	0	0	1					
Divisional Benchmarking (Dec 19)				City Road	North	South					
				1	0	0					
Previously Identified Issues							Previous Action Plan(s) to Improve			Target Date	Status
No Outstanding Issues or Actions											
Reasons for Current Underperformance							Action Plan(s) to Improve Performance			Target Date	
One Never Event, concerning the implantation of an incorrect intraocular lens by the VR service at City Road, was reported in December 2019. This incident is currently being investigated.							Duty of candour was appropriately initiated and the investigation remains on-going. Remedial actions will be identified following completion of the investigation.			March 2020	

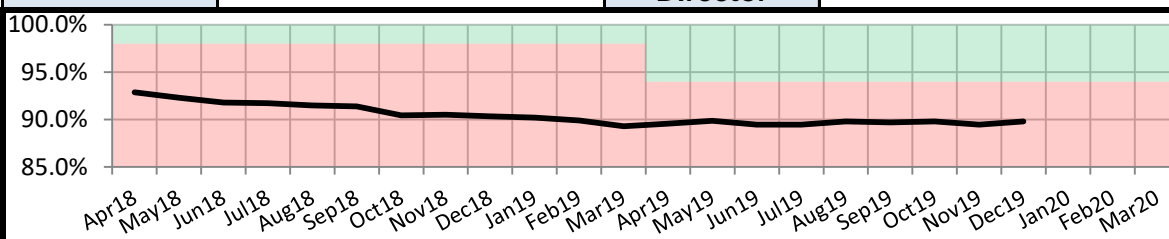
Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Number of Written Complaints							Lead Manager	Tim Withers	Responsible Director	Ian Tombleson
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
YTD ≤ 182	Red	253	41	37	23	26				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				12	3	1				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Overall complaints numbers have increased concerning clinical care, communication and appointments. A new area contributing significantly is transport concerns, due to a new contract with a new provider.							Divisional training and education has led to increased divisional ownership of complaints and resolving the issues raised and improvement. With the initiatives set out above the organisation may see a stabilisation or reduction in complaints numbers.		Feb 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
The number of complaints for December was 26. Though a notable reduction on previous months still higher than the previous year's average. There were eight complaints (under City Road) regarding the new transport provider DHL and ranged from communication with DHL to the suitability of transport provided.							DHL/ Royal Free, the transport provider is embedding the service and weekly meetings are reviewing performance.		March 2020	

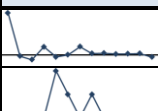
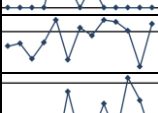


Remedial Action Plan - December 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)	
Number of Incidents (excluding Health Records incidents) remaining open after 28 days							Lead Manager	Juile Nott	Responsible Director	Ian Tombleson	
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19					
≤ 20 Open	Red	n/a	138	152	162	199					
Divisional Benchmarking (Dec 19)			City Road	North	South						
			34	24	67						
Previously Identified Issues							Previous Action Plan(s) to Improve			Target Date	Status
The number of incidents open for more than 28 days fluctuates on a daily basis, and the management of them has improved substantially over the past year to a more controlled and lower level. The current target needs to be reviewed to reflect an accurate picture of this level of control and divisional performance.							The central team is undertaking targeted reviews of compliance and investigation training for managers to support divisions with investigations. Focus continues to be dissemination of learning following robust management of incidents as well as a review of overall target.			Jan 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance			Target Date	
Divisions continue with their targeted reviews. A/L leave during December 2019 is likely to have contributed to the recent increase in the number of open incidents >28 days. In December there were 2 new/1 on-going SIs which may have reduced routine monitoring by divisions.							Targeted reviews of those areas in which there has been a significant increase in open incidents are being led by the risk & safety team. There is a cohort of incidents that are not managed by the corporate divisions (research and IT), that accounts for a third of the overall figure. Recent escalations have been made to raise awareness with specific teams to help bring the numbers down.			February 2020	

Domain		People (Enablers)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	G		n/a	Monthly	80.5%	81.2%	80.9%	80.3%		↓
	Information Governance Training Compliance	≥95%	R	17	n/a	Monthly	92.2%	93.7%	92.8%	93.6%		↑
	Staff Turnover (Rolling Annual Figure)	≤15%	G		n/a	Monthly	13.5%	13.7%	12.9%	12.8%		↓
	Proportion of Temporary Staff	RAG as per Spend		n/a	12.4%	Monthly	12.2%	13.8%	13.6%	9.1%		↓
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%				Quarterly		94.8%				
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%				Quarterly		54.8%				

Remedial Action Plan - December 2019							Domain	People (Enablers)	Theme	Workforce Metrics	
Information Governance Training Compliance							Lead Manager	Nicky Wild / Ruth Ball	Responsible Director	Sandi Drewett	
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19					
≥95%	Red	n/a	92.2%	93.7%	92.8%	93.6%					
Divisional Benchmarking (Dec 19)			City Road	North	South						
			n/a	n/a	n/a						
Previously Identified Issues							Previous Action Plan(s) to Improve			Target Date	Status
Historically IG training compliance drops during September, attributed to a large number of staff being on annual leave during August and early September and therefore not completing training							The IG team is directly contacting those members of staff who are currently non compliant requesting they complete their training. Their managers are also being copied into emails. If no response is received this will be escalated further			Dec 2019	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance			Target Date	
Some data queries (inclusion of staff on long term absence, some minor data cleansing needed)							IG identifying data cleansing needs. Then IG to meet with IT and HR to resolve. Regular emails to individual staff (copying in their line managers) where their training is out of date. Revised Statutory & Mandatory training policy to be enforced Email to go out to all staff about the importance of completing IG training.			February 2020	

Domain		Infrastructure & Culture (Enablers)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	R	19	89.6%	Monthly	89.7%	89.8%	89.5%	89.8%		↑
	Data Quality - Ethnicity recording (A&E)	≥94%	G		99.8%	Not Set	99.9%	99.8%	99.8%	100.0%		↑
Research	70 Day To Recruit First Research Patient	≥80%	G		98.5%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G		58.7%	Monthly	55.6%	55.6%	55.6%	66.7%		↑
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		126.0%	Monthly	110.6%	89.3%	170.3%	167.4%		↓

Remedial Action Plan - December 2019							Domain	Infrastructure & Culture (Enablers)	Theme	Digital Delivery
Data Quality - Ethnicity recording (Outpatient and Inpatient)							Lead Manager	Donna Flatt	Responsible Director	John Quinn
Target	Rating	YTD	Sep-19	Oct-19	Nov-19	Dec-19				
≥94%	Red	89.6%	89.7%	89.8%	89.5%	89.8%				
Divisional Benchmarking (Dec 19)				City Road	North	South				
				90.5%	84.7%	93.6%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
This is a long standing issue for the organisation and whilst benchmark performance is better than many other trusts the national target has never been achieved and is extremely stretching. Underlying reasons include the lack of comprehensive operating procedures, customer service training and the inherent sensitivities surrounding the collection of these data.							A Patient Ethnicity report has been devised and published to the first meeting in December of the Weekly Access (Performance) meeting. It will be used to discuss and monitor performance.		Dec 2019	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
No Further Issues or Actions										

Domain		Financial Health & Enterprise (Enablers)				December 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 19	Oct 19	Nov 19	Dec 19	13 Month Trend	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G		0.05	Monthly	0.07	0.10	0.12	-0.22		↓
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit) **	1	G		1	Monthly	1	1	1	1		→
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	R	*	-0.24	Monthly	0.10	0.01	-0.36	0.08		↑
Cost Improvement Plans	Cost Improvement Plan Variance	≥0	R	*	-5.83	Monthly	-0.30	0.03	-0.10	-0.32		↓

** For commentary, please refer to the Finance Report presented to board*

** Provisional Figures for Dec 19

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

Integrated Performance Report - December 2019



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 07

Finance report

Board of directors 23 January 2020

Report title	Monthly Finance Performance Report Month 09 – December 2019
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

The Trust has reported a control total deficit of £0.4m in December, compared to a planned deficit of £0.2m, an adverse variance of £0.2m. Year to date the Trust has reported a £0.8m deficit, a favourable variance against plan of £0.1m.

<i>Financial Performance £m</i>	Annual Plan	Plan	In Month Actual	Variance	Budget	Year to Date Actual	Variance
Income	£242.4m	£18.3m	£18.8m	£0.4m	£180.4m	£182.5m	£2.2m
Pay	(£133.1m)	(£11.1m)	(£10.5m)	£0.6m	(£99.9m)	(£97.9m)	£2.1m
Non Pay	(£100.2m)	(£6.8m)	(£7.9m)	(£1.2m)	(£74.3m)	(£78.1m)	(£3.8m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.7m)	(£0.1m)	(£7.0m)	(£7.4m)	(£0.4m)
CONTROL TOTAL	(£0.0m)	(£0.2m)	(£0.4m)	(£0.2m)	(£0.9m)	(£0.8m)	£0.1m

Efficiency scheme performance is reporting delivery of £0.5m in December, compared to a planned £0.8m an adverse variance of £0.3m. Year to date delivered savings are £4.2m against a planned £4.7m, an adverse variance against plan of £0.5m.

The Trust is forecasting £6.0m of savings schemes inclusive of £0.5m red risk rated schemes from the planned £7.0m target. There remains a forecast gap of £1.0m.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

The board is asked to consider and discuss the attached report.

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



Monthly Finance Performance Report

For the period ended 31st December 2019 (Month 09)

Presented by

Jonathan Wilson; Chief Financial Officer

Prepared by

Justin Betts; Deputy Chief Finance Officer
Amit Patel; Head of Financial Management



Monthly Finance Performance Report

For the period ended 31st December 2019 (Month 09)

Key Messages

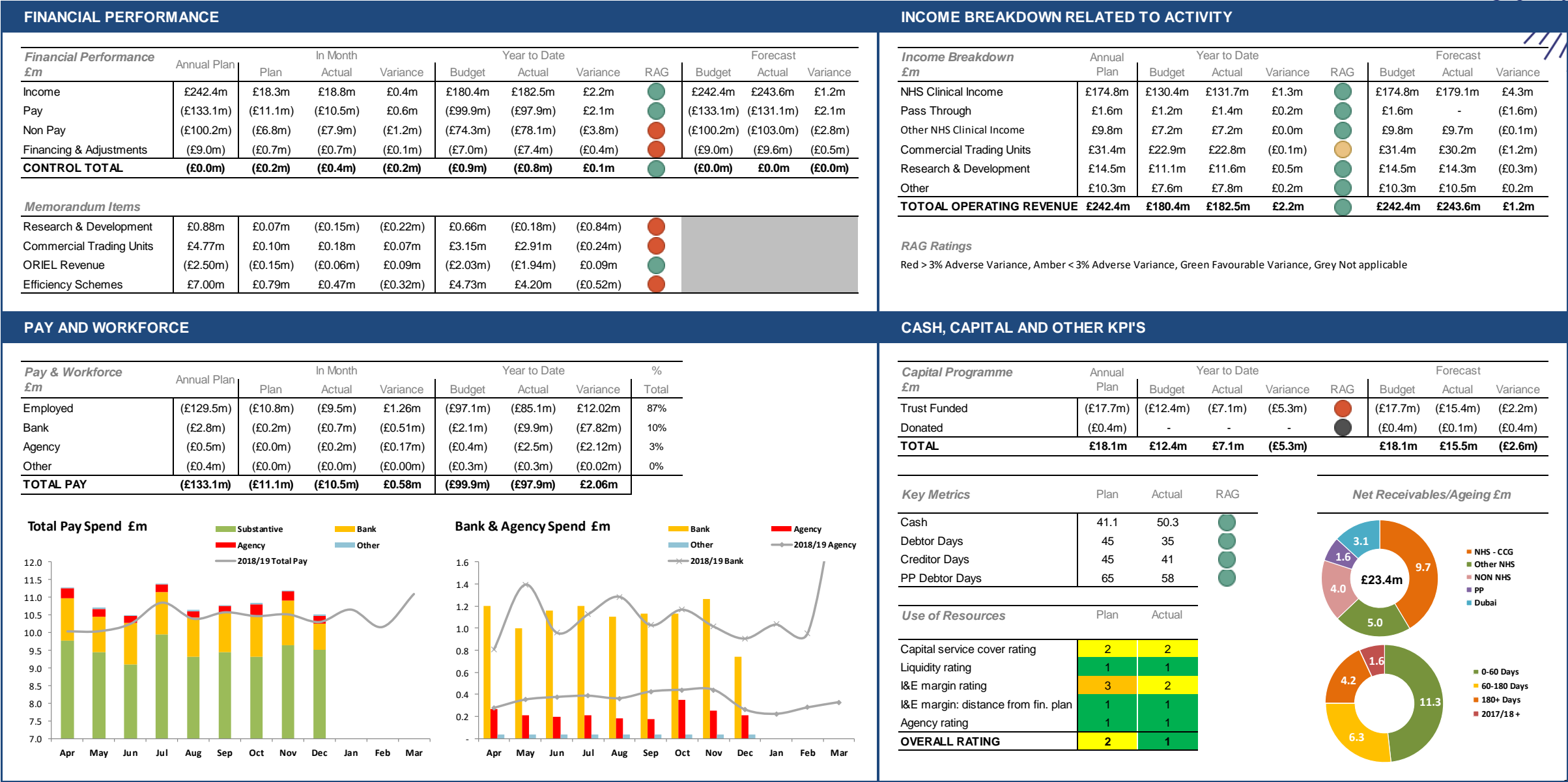
Statement of Comprehensive Income

Financial Position	The Trust is reporting a deficit of £0.4m in December, compared to a planned deficit of £0.2m; £0.2m adverse to plan. Year to date performance is a deficit of £0.8m compared to a planned deficit of £0.9m; a favourable variance of £0.1m.
Income	Total income is £2.2m favourable to plan YTD. NHS commissioned clinical income is £1.6m favourable to plan YTD, although £0.4m adverse in December. The cumulative variance is due to positive Inpatient and Outpatient activity being £0.4m and £0.8m above plan respectively. Commercial income is £0.4m adverse to plan, with Moorfields Private activity being lower than plan (£0.4m).
Expenditure (pay, non pay and financing)	Pay costs are £2.1m favourable to plan YTD primarily due to vacancies across all staff groups, with the exception of registered nursing. Non pay expenses are £3.8m adverse to plan YTD including, Health Records (£1.0m), City Road clinical supplies (£1.4m), and non-delivered efficiencies (£0.5m). Agency costs are below NHSI plan levels and reflect the positive move to increase substantive recruitment
Research	R&D is reporting a £0.8m adverse variance to plan YTD due to reductions in national income compared to costs.
Commercial Trading Units	Trading units are reporting a £0.2m adverse variance to plan YTD. Moorfields Private are £0.3m adverse YTD, whilst Moorfields Dubai is reporting a small favourable variance.
Efficiency Programme	The Trust is reporting YTD efficiency savings achieved of £4.2m compared to a plan of £4.7m, an adverse variance of £0.5m. There are currently £0.7m of unidentified savings schemes, and a further £0.5m schemes assessed as high risk. Current forecast delivery is £6.0m, compared to the £7.00m full year target, representing a gap of £1.0m.

Statement of Financial Position

Cash and Working Capital Position	Cash balances at the 31 st December were £50.3m, £9.2m above plan, linked to slippage in the capital expenditure and higher PSF receipts from 2018/19 than present in the original plan. The cash forecast for year-end has now increased to £42.2m, £4.9m higher than planned.
Capital (both gross capital expenditure and CDEL)	Total capital expenditure YTD is £7.1m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been revised to £15.50m from £18.10m further to the requested review of planned in year capital spend.
Use of Resources	The Use of Resources rating is 1 against the planned rating of 2. The year end rating is forecast to be 1.
Receivables	Trust receivable debt has increased by £2.6m to £23.4m since the start of the financial year. The increase in month is linked to the month nine performance invoices being raised in month.
Payables	Trust creditors have reduced by £4.8m to £11.8m since the start of the year. Payment of invoices YTD is at 87% by volume for Non NHS suppliers.
Forecast	The Trust is forecasting to meet its planned full year control total of breakeven, and is reviewing and preparing potential mitigations in respect of known challenges such as efficiency programme identification levels, and operational financial risks.

Trust Financial Performance - Financial Dashboard Summary



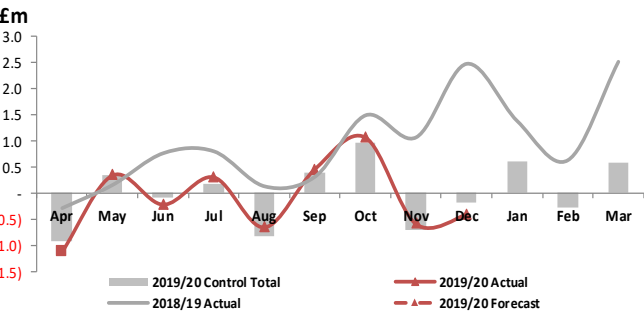
Trust Income & Expenditure Performance

FINANCIAL PERFORMANCE

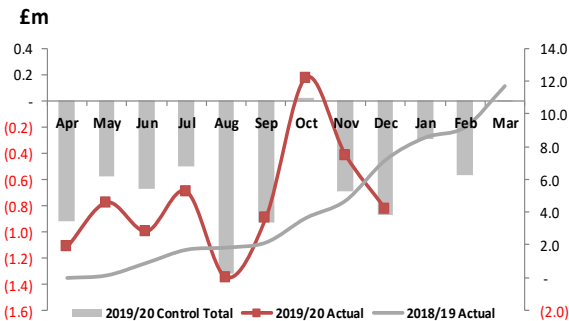
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Budget	Actual	Variance
Operating Income										
NHS Commissioned Clinical Income	176.40	13.51	13.05	(0.46)	131.54	133.11	1.56	176.40	179.09	2.68
Other NHS Clinical Income	9.80	0.73	0.80	0.07	7.20	7.24	0.04	9.80	9.66	(0.15)
Commercial Trading Units	31.40	2.18	2.65	0.47	22.90	22.77	(0.12)	31.40	30.18	(1.22)
Research & Development	14.55	1.03	1.41	0.38	11.12	11.58	0.45	14.55	14.26	(0.29)
Other Income	10.25	0.88	0.86	(0.02)	7.62	7.84	0.22	10.25	10.46	0.21
Total Income	242.41	18.33	18.77	0.44	180.39	182.55	2.15	242.41	243.65	1.24
Operating Expenses										
Employee Expenses	(133.15)	(11.10)	(10.51)	0.58	(99.92)	(97.86)	2.06	(133.15)	(131.07)	2.07
Non Pay Expense	(100.22)	(6.77)	(7.95)	(1.18)	(74.33)	(78.11)	(3.77)	(100.22)	(102.98)	(2.76)
Total	(233.37)	(17.86)	(18.46)	(0.59)	(174.26)	(175.97)	(1.71)	(233.37)	(234.05)	(0.69)
EBITDA	9.04	0.47	0.32	(0.15)	6.13	6.58	0.44	9.04	9.59	0.55
Financing & Depreciation	(9.58)	(0.70)	(0.77)	(0.07)	(7.42)	(7.78)	(0.35)	(9.58)	(10.08)	(0.50)
SURPLUS / (DEFICIT)	(0.54)	(0.23)	(0.46)	(0.22)	(1.29)	(1.20)	0.09	(0.54)	(0.49)	0.05
Donated assets adjustments	0.54	0.04	0.05	0.00	0.41	0.37	(0.04)	0.54	0.49	(0.05)
CONTROL TOTAL SURPLUS / (DEFICIT)	(0.00)	(0.19)	(0.41)	(0.22)	(0.88)	(0.83)	0.05	(0.00)	0.00	0.00

PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual



Trust Cumulative Plan v Actual



Commentary

Operating Income The Trust is reporting income of £18.77m in December, compared to a plan of £18.33m, an adverse variance of £0.44m.

Commissioned patient care activity income is £0.46m adverse to plan in December with Inpatient activity (£0.10m), Outpatients activity (£0.31m) being the main drivers. Injection activity was above plan by £0.1m.

Commercial income was adverse to plan in December by £0.12m, whilst non-commissioned clinical income (primarily Bedford) was on plan.

Employee Expenses Total pay was £0.58m favourable to plan in December due to Medical staff vacancies across the Trust and lower bank and agency use in month across all staff groups.

Medical additional/locum session payments during December totalled £0.30m of which £0.18m relates to specialties at City Road, whilst a further £0.12m relates to satellite sites.

Non Pay Expenses Non pay reported an adverse variance of £1.18m in December, primarily due to high cost drugs (£0.18m) and clinical consumables at City Road (£0.15m). The continuation of Health Records costs (£0.06m) in-month added a further adverse variance.

Cost improvement savings were behind plan in December by £0.32m.

Financing, depreciation and adjustments were on plan in month as donated asset income and favourable variances following the Trusts estate revaluation exercise performed in 2018/19, off-set by the impairment to the Electronic Medical Records system.

Trust Patient Clinical Income Performance

Commentary

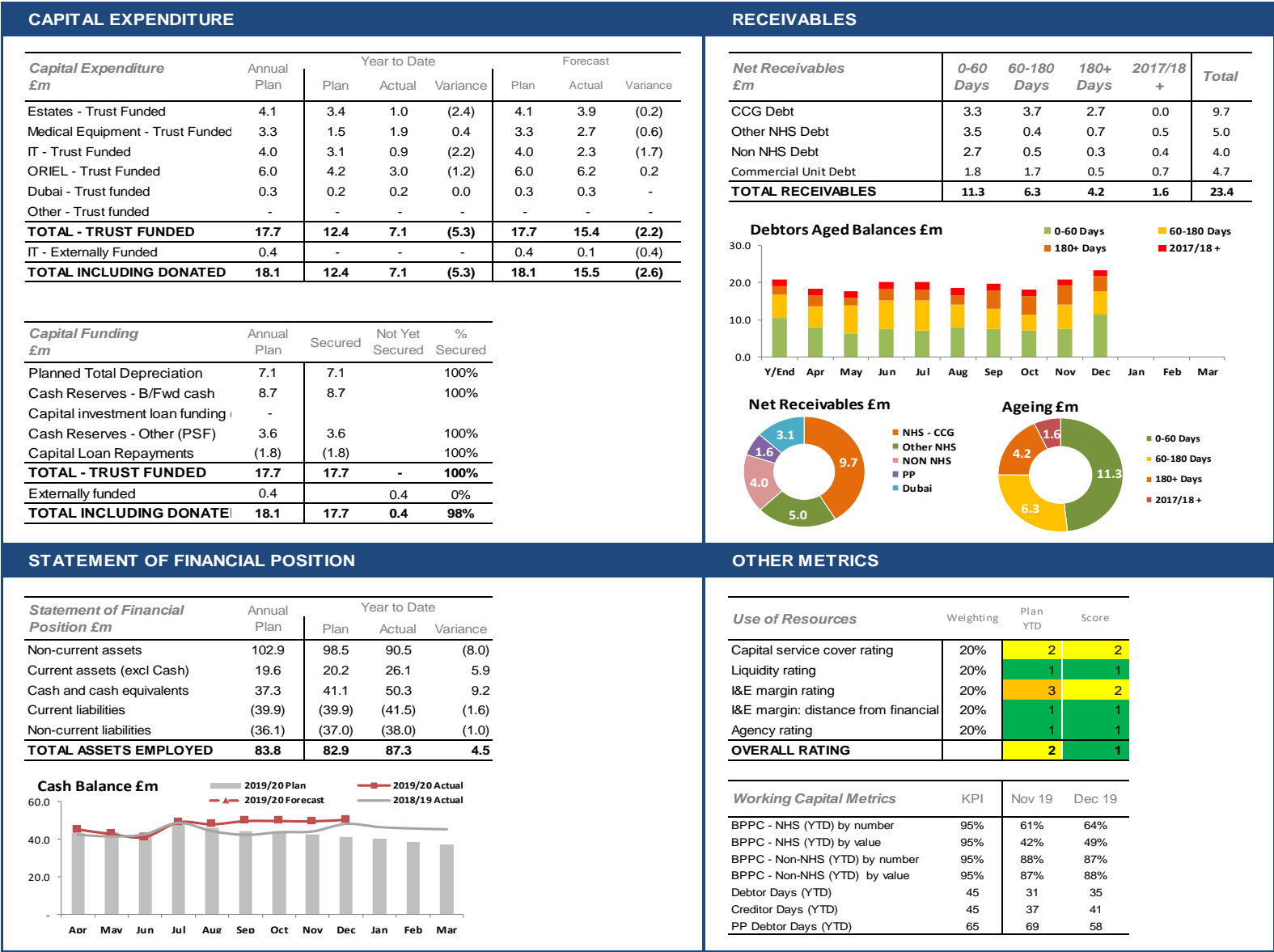
NHS Income Overall NHS Patient Clinical activity income in December is below plan. Income is reporting a favourable variance to plan YTD of £1.87m.

Outpatients Outpatient activity under-performed planned levels during December, activity plan YTD is currently above planned levels, representing an increase in activity compared to the same period last year.

Day case and Inpatient Activity was lower than plan during December, and is appearing below plan YTD. Key specialities where YTD activity is behind plan include Adnexal, Medical Retina and Glaucoma. Strabismus and Cataract are over-performing YTD.

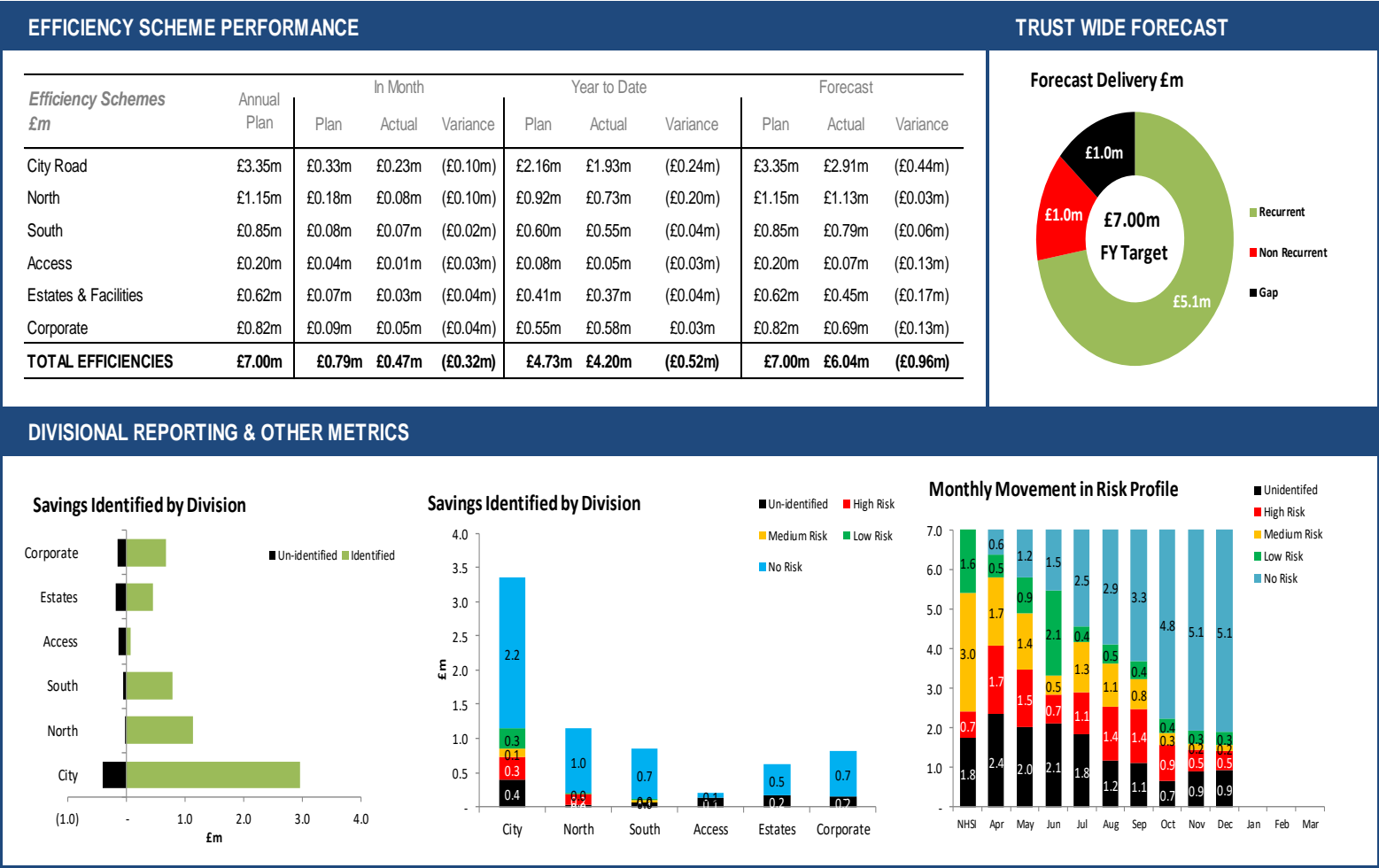
High Cost Drugs/ Injections Activity was above planned levels for December and is above plan YTD by £0.37m.
High Cost Drugs/injections represent a pass through cost for the organisation and any under/over performance within income is compensated within non pay, therefore not affecting the Trusts overall financial performance.

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



Commentary	
Cash and Working Capital	The cash balance at the 31 st December is £50.3m, £9.2m above plan primarily due to higher than planned 2018/19 PSF receipts and £4.7m capital expenditure underspend.
Capital Expenditure	Total capital expenditure YTD is £7.1m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been revised to £15.50m from £18.10m further to the requested review of planned in year capital spend.
Use of Resources	<div>The overall Use of Resources rating is 1, compared to a plan of 2 for December.</div> <div>Key points to note are:-</div> <div><ul style="list-style-type: none">I&E margin metric is reporting a 2 for December, better than plan of 3.Capital Service rating of 2 is on plan.</div>
Receivables	Receivables totalled £23.4m in December, an increase of £2.6m since March 2019. The increase in month is linked to the month nine performance invoices being raised in month.
Payables	Payables totalled £11.8m in December, a reduction of £4.8m since March 2019.

Efficiency Schemes Performance



Commentary

In Year Delivery The Trust is reporting efficiency savings achieved of £0.47m in December, compared to a plan of £0.79m. YTD efficiency savings achieved are £4.20m compared to a plan of £4.73m, an adverse variance of £0.52m.

Identified Savings There are currently £0.67m of unidentified savings schemes, and a further £0.48m of schemes assessed as high risk.

The divisional reporting segment highlights the level of identified schemes by division and the corresponding risk profile for these schemes.

Risk Profiles The chart to the left demonstrates the changing risk profiles of identified schemes Trustwide since the beginning of the year.

Forecast Of the planned target for £7m efficiency savings, the currently assessed forecast achievement based on the level of identified schemes, and risk profile is £6.04m, an adverse forecast of £0.96m compared to plan.



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 08
Administration and booking update
Board of directors 23 January
2020

Report title	Admissions and booking update
Report from	John Quinn, Chief Operating Officer
Prepared by	John Quinn, Chief Operating Officer
Previously discussed at	Board of directors 3 October 2020
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary

A number of issues continue to be raised through to the Board regarding administrative processes around the patient outpatient experience, whether related to booking or communication within clinics. This paper provides an update on the key issues and plans around these.

Quality implications

There are significant implications for both patient and staff experience if administrative systems and processes provide more challenges than solutions.

Financial implications

There are no direct financial implications arising from this paper although the issues highlighted have a direct impact on the Trust's programme for cost efficiency.

Risk implications

Failure to understand and address concerns raised by patients and staff about systems and process will lead to risks in relation to quality of care, experience, achievement of performance and activity targets and reputational damage to the trust.

Action Required/Recommendation

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

For Assurance	✓	For decision		For discussion		To note	
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Booking Experience

Issues regarding patients reporting issues with booking their appointments both in terms of getting through to re-book or having to re-book multiple times.

This is directly driven by four key factors:

Waiting List Management

In view of the historic incidents relating to inconsistent monitoring of patients on a waiting list which resulted in patients losing vision due to lack of follow up appointments in a clinically appropriate timeframe. As a result the Trust as standard practice will book patients requiring a follow up appointment from clinic, despite the staff and leave allocations often not being agreed for those clinics. This results in patients often being rescheduled, in some instances several times, and means that clinics can be overbooked.

The Trust are engaging with the NHS England High Impact Interventions for Ophthalmology to adjust our current monitoring to focus on patients who are being booked outside their clinically appropriate timeframe by 25% which will enable the Trust to review their profile of patients with booked appointments to prioritise those patients who are booked far outside their clinically appropriate timeframe.

An alternative solution to this would be to institute a partial booking outpatient waiting list, which would mean patients would not receive a follow up appointment unless urgently indicated or within the next three months of their appointment date, and this would be booked at a later date closer to their clinically appropriate date once capacity is agreed (typically 6-8 weeks prior to their appointment). At the moment, given the volume of activity, it is a challenge to introduce this as the administrative burden on teams is not known.

A review of the risk profile for introducing a partial booking outpatient waiting list is being undertaken to assess the balance of introducing this to improve patient experience against the risk of failing to monitor their pathways with the controls we currently have in place.

Overbooking of clinics

Given the technical setup of PAS and how it is used by our teams, it is a challenge to manage the overbooking of clinics. While compliance with agreed clinic profiles is generally good, the system does enable teams to book anyone into a clinic template which means that profiles cannot be closed when full. A programme of work is being developed to reset the levels of access and templates across the Trust which has started at St Ann's to understand the co-dependency's and issues which arise from these changes across the Trust, however this would take a year to fully complete.

Patient experience of calling

A key concern raised through complaints and PALS is the issues that patients have difficulty getting through to us on the phone due to issues with accessing our teams via phone or information provided on our letters being incomplete or inaccurate.

We have two initiatives in place to address some of the causes for these issues:

- A patient portal is being procured which will patients to change their appointments using a portal which they will have access to remotely through either a smart phone or a tablet. We have received three bids from suppliers and have shortlisted this down to two following a rigorous review process and a full business case will be submitted to Trust Management Committee (TMC) in February.
- Following the 'Hackathon' event in August, we are taking steps to implement one number for patients to call which will improve the simplicity for patients and establishing a clear structure for calls to be channelled through so that each site has a hub to manage follow up calls and new patient calls will be managed centrally. Currently this is being discussed with our telephony supplier Netcall to understand the technical requirements and the potential costs associated with these changes.

Journey Times

Improvement in patient journey times continues to have shown signs of plateauing, partly due to an increase in data completeness which has led to better reporting of patient journey times which reflects a truer picture of current journey times. The service improvement team are reviewing this to understand the causes and this is a key part of the Outpatient programme for service improvement.

Communications in Clinic

Patient feedback and visits to clinic by the membership council as well as the executive and non-executive walkabouts highlight that patient communication about waiting times in clinics could be better and is a source of frustration to our patients. Two actions have been put in place to remedy this:

- Use of buzzers

The clinics, mainly at City Road, have access to buzzers which can be given to patients so that when their appointment slot is ready they can be buzzed and then attend clinic rather than waiting in the specific waiting area. A service improvement project was undertaken to assess what the current utilisation and barriers to utilisation were and found that there were logistical issues in some areas about not being used in specific areas where they were formatted to be used. There were also issues of batteries not being ordered and a SOP was not put in place, both of which have been rectified to help improve the situation. This has now been handed over to the City Road division and will be monitored by the division as part of business as usual.

- Use of Whiteboards

A review of the whiteboards has shown that information is not accurate as reported, there are issues with legibility and frequency of the updates from staff on the waiting times as this largely a manual process. Having reviewed this and discussed this with the team, we have reinforced the need to update whiteboards to support with patients awareness of clinic times and initial surveys have shown an improvement in this post-administrative restructure. The Head of Nursing for City Road has begun a project to look at current whiteboard and patient TV screen use to understand optimal utilisation of current resources.

Long term, having visited Chase Farm as a digital exemplar site, we have seen how effective maximised use of kiosk technology via the InTouch system we use here, can support with communication for patients. The system can be used to signpost patients through their journey through the building, ensure build ups in waiting areas are managed via an “air traffic control” type role who oversees flow throughout the site. The Trust are in discussion with InTouch about what the costs for a comparable system would be like in order to assess how feasible this could be to rollout in the immediate future or to build into our roadmap for Oriel.



**Moorfields
Eye Hospital**
NHS Foundation Trust



Agenda item 9
Report of the audit and risk committee
Board of directors 23 January 2020

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

Brief summary of report Attached is a brief summary of the audit and risk committee meeting that took place on 14 January 2020							
Action Required/Recommendation. Board is asked to note the report of the audit and risk committee and gain assurance from it.							
For Assurance	✓	For decision		For discussion		To note	

AUDIT AND RISK COMMITTEE SUMMARY REPORT – 14 JANUARY 2020

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) - 100%
Current activity (as at date of meeting)	<p><u>Internal audit progress report</u></p> <p>Good progress has been made on audits to be completed by the end of the year. There are no overdue recommendations.</p> <p>A&E – amber/red.</p> <ul style="list-style-type: none"> • The committee had asked for internal audit for more detail to be done on the external audit undertaken as part of the quality report in order to better understand the data. • The trust has accepted all recommendations and the division has a plan in place to address. • This will focus on looking at differentials which are often marginal and are generally down to human error. • The trust has in place two systems which leads to variation. • The narrative provides more assurance about the data than previous Deloitte audit. • This will change the way the trust audits and monitors the position through divisional performance meetings. <p>Core financial systems – amber/green.</p> <ul style="list-style-type: none"> • The focus of the recommendations is on debt collection systems. • A number of issues have already been addressed through aged debt process and IFRS 16 work. • The trust is in a better position than last year but it has taken some time to get to that position. <p>Divisional governance – amber/green.</p> <ul style="list-style-type: none"> • This audit was done to look at how structures are working and to undertake compliance testing. <p>Lessons learned – amber/green.</p> <ul style="list-style-type: none"> • Discussion about social media commentary on incidents, complaints, etc. and how they are incorporated into themed reporting. • The committee noted the importance of tracking the lessons learned from projects. <p><u>Internal audit plan</u></p> <ul style="list-style-type: none"> • The internal audit plan was approved. • The committee raised the issues of cyber security, data management and intellectual property, all of which have increasing importance in the future. • Cyber security forms part of the DSP toolkit and IP will be part of the research governance audit. <p><u>External audit progress report</u></p> <ul style="list-style-type: none"> • An update was provided on the plan and interim visits scheduled. <p><u>LCFS progress report</u></p> <ul style="list-style-type: none"> • A push is required on communications about fraud awareness as there has been a drop in referrals. • The team is undertaking detailed policy reviews on a number of key audits such as

	<p>prescribing, declarations of interest, etc.</p> <p><u>Board assurance framework</u></p> <ul style="list-style-type: none"> The committee asked for some focus on the risk relating to research funding at the next meeting <p><u>SFI update</u></p> <ul style="list-style-type: none"> Minor changes have been made, relating to the enforcement and updating of limits around credit notes and debt write-off as well as aligning approvals for research
Key concerns	<ul style="list-style-type: none"> Clarity on review of IT, estates and Oriel risk registers and where they sit in the corporate governance structure
Items for discussion outside of committee	<ul style="list-style-type: none"> Clarification required on the trust stance on intellectual property Risk appetite statement to be circulated by KPMG Interim job planning update to be circulated
Date of next meeting	<ul style="list-style-type: none"> 7 April 2020