

Bundle Board of directors - Part 1 28 March 2024

- 1 Welcome
LWG
To note that instead of a patient story this month, the Board members will visit services after the meeting; a patient story will be presented to the next Board meeting.
240328 TB Part I Item 00 Agenda
- 2 Apologies for absence
LWG - *to note*
- 3 Declarations of interest
LWG - *to note*
- 4 Minutes of the previous meeting
LWG - *approve*
lwg240328 TB Part I Item 5 Draft Minutes Public 23.01.24[84]
- 5 09:00 - Matters Arising
LWG - *to note*
240328 TB Part I Item 5 - Actions log
- 6 09:05 - Chief Executive's Report
MK - *to note*
240328 TB Part I Item 6 CEO report
- 7 09:15 - Integrated Performance Report
JS - *to note for assurance*
240328 TB Part I Item 07 Integrated Performance Report - February 2024 (OPEN Version)
- 8 09:25 - Finance Report
JW - *to note for assurance*
240328 TB Part I Item 08a Public Finance Performance Board Report - Cover Sheet
240328 TB Part I Item 08b Public Finance Performance Board Report - Final
- 9 09:35 - Staff survey
MG - *to note for assurance*
240328 TB Part I Item 09 Staff Survey 2023
- 10 09:40 - Freedom to speak up report
SAd - *to note for assurance*
240328 TB Part I Item 10 Q3 FTSU report
- 11 09:45 - Guardian of safe working
To note for assurance
240328 TB Part I Item 11 Guardian of safe working tb Report Mar 24SA
- 12 Committee reports
PCC: LWG - *to note for assurance*
QSC: RGW - *to note for assurance*
MC: LWG - *to note for assurance*
240328 TB Part I Item 12a Report of the People and Culture Committee[53]
240328 TB Part I Item 12b January QSC summary report for Board
240328 TB Part I Item 12c March QSC summary report for Board
240328 TB Part I Item 12d Membership Council March summary report
- 13 Identify risks arising from the agenda
LWG - *to note*
- 14 AOB
LWG
- 15 Date of the next meeting - 6 June 2024

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
A MEETING OF THE BOARD OF DIRECTORS
To be held in public on
Thursday 28th March 2024 at 09.00
Boardroom, Bedford Hospital, Kempston Road, Bedford, MK42 9DJ

No.	Item	Action	Paper	Lead	Mins
1.	Welcome – <i>to note that instead of a patient story this month, the Board members will visit services after the meeting; a patient story will be presented to the next Board meeting.</i>	Note	Oral	LWG	5
2.	Apologies for absence	Note	Oral	LWG	5
3.	Declarations of interest	Note	Oral	LWG	
4.	Minutes of the previous meeting	Approve	Enclosed	LWG	
5.	Matters arising and action log	Note	Enclosed	LWG	
6.	Chief executive's report	Note	Enclosed	MK	10
7.	Integrated performance report	Assurance	Enclosed	JS	5
8.	Finance report	Assurance	Enclosed	JW	10
9.	Staff survey	Note	Enclosed	MG	5
10.	Freedom to Speak Up report	Note	Enclosed	SAd	5
11.	Guardian of safe working	Assurance	Enclosed	LW	5
12.	Committee reports <ul style="list-style-type: none"> People and Culture Quality and Safety Membership Council 	Assurance Assurance Assurance	Enclosed Enclosed Enclosed	LWG RGW LWG	5
13.	Identifying any risks from the agenda	Note	Oral	LWG	
14.	Any other business		Oral	LWG	
15.	Date of next meeting – 6 June 2024				

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
DRAFT Minutes of the meeting of the Board of Director held in public on
23 January 2024 in Education Hub (and via MS Teams)

Board members:	Laura Wade-Gery (LWG)	Chair
	Martin Kuper (MK)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Nick Hardie (NH)	Non-executive director (via MS Teams)
	Richard Holmes (RH)	Non-executive director (via MS Teams)
	Adrian Morris (AM)	Non-executive director
	Asif Bhatti (AB)	Non-executive director (via MS Teams)
	Rosalind Given-Wilson (RGW)	Non-executive director
	Sheila Adam (SAd)	Chief nurse and director of AHPs
	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer

In attendance:

Aaron Rajan (AR)	incoming non-executive director
Mark Gammage (MG)	Interim director of workforce
Sam Armstrong (SAr)	Company secretary (minutes)

A number of staff and governors observed the meeting in the room and online.

1. Welcome

The chair opened the meeting at 9.00am and welcome all present and in attendance.

She particularly welcomed Aaron Rajan an incoming non-executive director to his first meeting of the board. She thanked governors who were observing the meeting.

2. Staff story

The chair welcomed Pierra Jeffrey, office manager reception services, who shared her experience as a participant and graduate of the Trust's Leadership Academy Programme. It was noted that the leadership programme helped include people with a disability in the workforce.

Pierra provided the Board with background to her injury and the aftereffects that included physical and mental challenges. She returned to the Trust in a lower band role and was working fully remotely. She reported feeling somewhat lost as disabled staff member, which took some time to adjust to.

The Board noted that Pierra's line manager was very supportive and put her forward for the programme, which she found to be very beneficial. She was thankful to have had the opportunity to do it. Her mentor was very helpful, and she reported that the course ultimately changed her outlook on life for the better.

She reported that the course allowed for feedback and participants felt listened to during it. While there was good support, it was noted that there was some training needed for managers to manage staff with disabilities better.

LWG thanked Pierra and noted that it was pleasing that the Trust was trying to do more to support and develop all staff. In response to a question from AM, it was noted that Pierra had



seen the course details on the Trust intranet, although she was aware that some staff were directly approached by their managers, which she suggested the Trust should do more of. The Trust should also consider doing more to promote the course, and ensuring that staff were given the time to undertake it. Pierra was now an ambassador for the programme. She added that it could be difficult for staff to record disabilities on ESR.

It was suggested that the Trust needed to do more to train managers so they were aware of the policies and these types of courses that may benefit their teams more. It was added that it appeared the course would be valuable to all staff. NH suggested that empathy was an important factor to consider in the development of management and staff, albeit was difficult to train per se. In response to a question from LW, it was noted that the Trust does good work for disabled patients, however there could be more focus on staff as well.

Pierra concluded by suggesting that the topic of staff disability needed to be discussed more openly to support staff. It was agreed that greater emphasis on training and supporting managers was needed for them to lead and assist their team members.

The Board noted the staff story and thanked Pierra for presenting to them.

3. Apologies for absence

An apology was received from David Hills, non-executive director.

4. Declaration of interest

There were no declarations made.

5. Minutes of the previous meeting

The minutes of the meeting held 23rd January 2024 were approved as a correct record.

6. Matters arising and action log

The action log and updates were noted.

It was agreed to close actions 1 and 2.

7. Chief executive's report

MK highlighted key areas of his report, which were:

The Trust's current performance position was good overall. The Trust had met both the elective and outpatient 1st activity targets for the month. However, the number of patients waiting over 52 weeks for their treatment had risen to 21, primarily due to a number of patients being identified within a recent validation exercise of the Trust CITO system. The majority of these patients had been offered appointments in December and/or January and would be prioritised as appropriate.

The Trust had begun triaging and managing 111 calls received from patients in North West and North East London, and this process was working well. A further roll out of this service in the South West London ICB was being explored.

NCL had issued a tender to appoint a provider to run a single point of access and to coordinate community optometry provision across the region. The Trust intended to bid for this contract and a team had been established to coordinate the bid.

The Board was informed that the Trust was having an Oriel showcase from 5-7 March. MK thanked Kieran McDaid and the team for the engagement work and developing the programme for Oriel. He added that work on agile working was a project under the excellence portfolio, and this would be important to ensuring that Oriel was fully functional when it opened.

In response to a question from RGW, JS assured the Board that reviews of all patients without an onward episode had been reviewed and over half had been harm assessed to date; this was expected to be completed in the next week. From reviews completed, no harm to patients had been found. The Trust had almost completed reviewing the current system. It was expected by the end of February to have all internal referrals no longer on CITO. By the end of May it was expected that all external referrals would be off CITO as well. To a follow up question, JS added that reviews for onward episodes had not concluded yet, however this was a safer cohort as they were currently under care of the hospital. Where necessary, patients were being called into clinic.

The Board noted the report.

8. Integrated performance report

JS presented the report.

It was noted that despite ongoing industrial action being taken by Trust junior medical staff, the Trust managed to exceed both the elective and outpatient 1st activity targets for the month. The outpatient 1st activity achievement in month appeared to be artificially high due to the method used to phase activity over the financial year and there may be a corresponding level of underperformance in a future month.

The Trust's performance against the 52 Week RTT target had worsened from 7 patients to 21 as a result of a validation process which has been undertaken recently. Additional capacity was being created to be able to treat these patients as quickly as possible.

The Trust was experiencing some challenges with the northern sites, which included issues with the estates, the move of location at Brent Cross and some ongoing issues remaining at Stratford. The Trust was progressing through these issues, however there was still work to be done.

It was noted that performance related to freedom of information requests had slipped in recent months. In response to a question from NH, SAd advised the Board that the issues related to FOI performance were a surprise influx in requests over recent months and some staff absences, including vacancy and sickness. She was confident that the Trust would improve its performance soon, and would report back to the Board in due course (action).

Performance against the appraisal standard had improved for a second month in a row to move the Trust's performance to 76.4%. The task and finish group had begun meeting and had created a targeted action plan which was expected to improve this performance further.

Staff sickness levels improved in month to 4.5% against a 4% standard. The seasonal impact on sickness absence was noted by the Board. Further actions continued to be undertaken to improve this position, including targeted training for line managers and regular review meetings to discuss how best to support members of staff back to work.

In response to a question from AD on surgical capacity, JS advised the Board that the Trust had seen some impact caused by industrial action. He added that this was being mitigated where possible, however due to the unpredictable nature of the action then it can be difficult to plan it. On this basis, no provision is being made in the 2024/25 plan for industrial action, so this will present an ongoing risk to activity levels.

In response to a question from LWG on the recruitment of technicians, JS assured the Board that work was ongoing to improve recruitment performance, which included varying roles and making them more interesting where possible. Work is also underway to develop clear career paths for technician staff to progress on to roles in nursing or allied health professional services. The Board noted the continued good performance of the call centre.

It was noted that the number of patients in clinical trials was over the target, which was good. Work on governance of research was being undertaken and how better reporting on research to the Board would be considered. AD added that trials were only one aspect and there were other activities to consider as well such as observation studies and further analysis, and a full report to the Board on this would be of benefit (action).

The Board noted the report.

9. Finance report

JW presented the report.

It was noted for December, the Trust was reporting a £300k deficit against a planned deficit of £2.65m, which was £2.35m favourable to plan. The year-to-date position was a £6.08m surplus against a planned deficit of £0.69m, which was £6.77m favourable to plan.

It was reported that the Trust-wide agency spend totalled £7.66m cumulatively, which was approximately 5.9% of total employee expenses spend. This was in excess of national expectations of 3.7%. The forecast outturn spend was estimated at £10.10m. Enhanced temporary staffing oversight was being implemented trust-wide.

There was particularly strong activity with 125% for Outpatients First Attendances and 124% for Outpatients Procedures during December, with activity-based income totalling £14.13m.

There was also a reduction of £5.7m in current debt. The cash balance as at the 31st December was £43.3m, a reduction of £17.3m since the end of March 2023, however this was considered a timing issue.

In response to a question from LWG, JS advised the Board that the Trust used business planning to ensure it has the right people in the Trust when needed to achieve activity requirements.

In response to a question from AB on working time directives, JW reported that it referred to an historic review of the work of junior doctors and was reported to the Board in September 2023.

NH requested that more detail be provided on agency costs and the reasons behind its use, such as it being due to increased activity, difficulty in recruiting, and for strategic reasons and projects, and the Board agreed this would be taken up at the next meeting of the Finance and Performance Committee (action).

In closing, LWG commented that the recruitment processes at the Trust needed to be improved to ensure staff were in place where needed in a timely manner.

The Board noted the report.

10. PSIRF policy and plan

SAd presented the report.

It was noted that this came from new national patient safety rationale published in 2019. Trusts were now rolling plans in relation to this. It was a very different approach to the current regime for serious incidents, and focused on learning. It also moved away from a single method to investigate patient safety incidents. It used the work of human factors and builds a learning management system overall.

RGW added that there had been much work done on the development of the policy and plan at Quality and Safety Committee. There was still work to be done on how training would be rolled out and the related communication would follow in due course.

The Board recognised the spirit of the changes, which were thought to be positive. In response to questions from AB and AM regarding measures for success and engagement across the Trust, the Board noted that focus groups were planned to be conducted in 18 months to check how staff were responding to the new processes as well as some metrics to provide further information.

The new processes were based on continuous improvement, which would require constant monitoring to be undertaken by the Trust. SAd added that staff had been engaged during the development of PSIRF and this would continue at the Trust.

The Trust had identified staff that needed the full training and those that required the elementary level. There was some competition at present over accredited trainers as trusts across the NHS moved to the PSIRF methodology.

In response to questions from MK, SAd assured the Board that all existing external requirements, such as for legal proceedings or the Human Tissue Act, etc, remained. PSIRF was for use within the Trust to learn from incidents and prevent future ones. She added that it may not be more efficient than existing processes, however it was expected that the quality of outcomes would be improved.

The Board noted that PSIRF was a significant paradigm shift for how issues in the NHS were to be managed. Duty of candour still existed so there would remain the need to do some investigating when problems arose. It was agreed that once the new processes were fully established that a review of the new processes and their impact would be reported to the Board (action). It was noted that periodic reports were expected at Quality and Safety Committee as well.

The Board agreed to delegate authority to the Quality and Safety Committee to approve the PSIRF policy and plan by the required deadline.

11. EPRR annual report

JS presented the report.

It was noted that the aim of the review was to assure NHS England (London) of EPRR processes and policies within individual trusts. The Trust had carried out and submitted a RAG rated self-assessment against the NHS Core Standards for EPRR. In addition to this a set of 'deep dive' questions in relation to Training and Exercising formed part of this year's process.

The Trust was green on all standards, and NHSE had observed continued improvements. MK added this was a strong performance.

In response to question from AM, JS confirmed that the Trust undertook desktop exercise on EPRR and that regional exercises were also conducted.

The Board noted the report and recorded their congratulations and thanks to Julianna Richardson., Trust emergency planning lead.

12. Learning from deaths

The paper was taken as read and noted.

13. Committee reports

a. Audit and Risk Committee

The report was presented by AB.

It was noted that the standing items were considered at the meeting . He expressed concern that there were a number of reviews rated with partial assurance, and that the number had grown during the year. There was also an issue with too many management actions being incomplete to date. If these were not resolved in a timely manner, it could effect the Head of Internal Audit Opinion at year-end. MK added that the outstanding actions were being picked up at ManEx and the executive would monitor their completion for year-end.

The Board noted the report.

b. People and Culture Committee

LWG presented the report.

She highlighted that while HR led programmes were not currently performing to the level required, there was now some significant actions in place and the committee had greater confidence that progress was being made.

The committee had received and discussed the results of the review conducted in HR.

The Board noted the report.

14. Identifying any risks from the agenda

The Board noted potential risks raised from not completing the outstanding management actions from the internal auditor.

15. Any other business

There was no other business.

16. Date of next meeting

It was noted that the next meeting of the Board would take place on 28th March 2024 in the Boardroom, Bedford Hospital, Kempston Road, Bedford, MK42 9DJ.

LWG also reminded colleagues that the Oriel showcase was taking place from 5-7 March at the Trust's Education Hub, and closed the meeting 10.40am.

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS ACTION LOG

28th March 2024

No.	Date	Minute item	Item title	Action	By	Update	Open/ closed
01/01	23/01/24	8.0	Integrated performance report	Report back on issues and update for FOI requests.	SAd	Over the previous few months FOI response performance has been challenged by staff turnover, staff sickness and an increase in the number of FOIs received by the trust. Performance has been restored by the IG team over December and January with Moorfields achieving >90% for January, despite a very high number of FOI requests being received - 59 of 60 FOI requests were answered within the 20-day timescale. The team are confident they can maintain good, above target performance going forwards.	Suggest to close
01/02	23/01/24	8.0	Integrated performance report	Report on research studies in the Trust to be presented to the board, to include breakdown of recruitment to different studies.	LW	To be incorporated in research annual report.	July 2024
01/03	23/01/24	9.0	Finance report	Provide details on breakdown of agency costs for discussion at Finance and Performance Committee	JW	To be discussed at April F&P committee meeting	April 2024

01/04	23/01/24	10.0	PSIRF	Provide review of implementation and impact of PSIRF to the Trust once fully established	SAd	Report to be presented in due course	Sept 2024
-------	----------	------	-------	--	-----	--------------------------------------	-----------

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

Brief summary of report The report covers the following areas: <ul style="list-style-type: none"> • Performance and activity review • Sector update • Oriel update • Excellence portfolio update • Financial performance 							
Action required/recommendation. The board is asked to note the chief executive's report.							
For assurance		For decision		For discussion		To note	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD MEETING – 28th March 2024

Chief Executive's report

Performance and activity review

Operational performance was positive in February. The number of patients waiting over 52 weeks for their treatment has been maintained at a reduced number of 7 and the proportion of patients who are being treated within 18 week continues to rise.

The Trust was under plan against the key activity targets due to a combination of sickness absence within the consultant workforce and an ongoing gap in capacity caused by the closure of the old Brent Cross facility, however both of these issues have been addressed in late February / March. We are also seeing an ongoing reduction in cataract referrals into services at the St Ann's and Stratford sites. This is being investigated further to identify the reasons for it and to confirm whether it is a longer-term trend.

Sector update

The Trust has submitted a response to the NCL ICB's tender to run a single point of access and to coordinate community optometry provision across the region. We are currently waiting to hear when we will be asked to present further details regarding our bid to the selection panel who are judging the process.

The NWL ICB have also released a tender, which is seeking a provider to oversee their community ophthalmology services. We are currently considering whether we should respond to this tender.

We are hoping to extend the current use of our single point of access within NEL ICB and are continuing discussions with SWL ICB regarding a potential pilot in that region.

The new diagnostic facility at Brent Cross opened in February and is fully operational. A significant number of patients have received their care at alternative sites over the past 3 months, and the Brent Cross team are also putting on additional sessions in the new unit to help catch up with any remaining appointments.

Oriel

The Oriel construction programme continues to progress well. The frame of the building is now visibly rising out of the ground and the basement is cast and have been waterproofed.

The RIBA stage 4 detailed design is currently being reviewed by relevant clinical and technical experts before it is considered for approval by the Trust Board in April. This approval process will leave a number of design issues remaining, including consideration of the 1:50 level floor plans and some of the finishes in the centre.

A showcase event was run from 5th to 7th March 2024 to show patients, staff members and other key stakeholders how the building would be designed. This event received really positive feedback, all of which will be fed into ongoing discussions about the development of the Oriel centre.

Excellence Portfolio

Our type-1 2023/24 projects are focussing on key deliverables during the final quarter of 2023/24. Additional support has been secured for Equality, Diversity and Inclusion (EDI), Accessible Information Standard, Agile working, CITO to ERS and the Commercialisation Framework to accelerate progress.

The EDI steering group held an away day workshop in early February to set out a vision for the work programme and define workstreams, deliverables and KPIs for 2024/25. A comprehensive communication and engagement plan to share the revised work programme is a key focus in the next phase. Agile working is building on the first phase to model the space needs associated with the move to Oriel. Accessible Information Standard has finalised their future state design and implementation plans which are now progressing with IT support. CITO to ERS has gone live with internal referrals now being managed on ERS and the second phase of external referrals preparing for implementation. The Commercialisation Framework is drawing on best practice horizon scanning and internal learning to finalise a comprehensive framework with an innovator's focus group.

Projects that have achieved their objectives and transitioned back to business as usual during January 2024 are 'Follow Up Reduction' and 'Comprehensive Audit Tool'. In addition, we have completed post project reviews for two projects that transitioned to business as usual in Q2 2023/24 'City Road Clinic 4' and 'City Road Lazer Clinic' which captured benefits and learning.

Planning for the 2024/25 Excellence Portfolio is taking place, linked to the business planning process. A workshop was held with Excellence Programme Board SROs on 1st March to set out the portfolio projects for quarter 1 of 2024/25. Key inputs are the 2024/25 Quality Priorities and the known projects in the Oriel 'Ways of Working'

workstream. Three projects are on critical path for Oriel in the 2023/24 portfolio 'Agile Working' 'Inventory Management System' and 'Central Sterile Services Department'. The 'Last Half Mile' project to map out the route from key transport hubs to the Oriel site is about to be scoped under the Working Together Excellence Programme Board. During quarter one the expectation is that the Oriel and EPR workstreams will be defined in greater detail and be incorporated into the portfolio.

The Excellence Delivery Unit's building capability offer continues with sessions held on KPIs, Equality Health Impact Assessments, Information Governance & Communication & Engagement. XDU are preparing to further develop the XDU tools (introduce an Agile delivery plan module and MS project tool for major projects) and the strengthen our major projects assurance framework.

Finance performance

The trust is reporting a £0.87m surplus in February, £0.43m adverse to plan, with a cumulative surplus of £10.18m, £7.32m favourable to plan. Patient activity during February was 94% for Elective, 102% on Outpatient First, and 105% against Outpatient Procedures activity respectively against the equivalent month in 2019/20, with the trust reporting 126% weighted financial value against a plan value of 121%. The trust cash position was £72.8m, equivalent to 100 days of operating cash. Capital expenditure is £42.7m cumulatively, £16.8m behind plan, with the variance largely in relation to Oriel. Efficiencies were £1.21m in February, £0.56m favourable to plan in-month, with an adverse cumulative variance of £0.54m. The forecast outturn for the year is achieved efficiencies of £7.81m, equating to plan.

Integrated Performance Report

Reporting Period - February 2024



Brief Summary of Report









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

The data within this report represents the submitted performance position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission

Introduction to 'SPC' and Making Data Count

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

This report uses a modified version of SPC to identify common cause and special cause variations, and assurance against agreed thresholds and targets. The model has been developed by NHS improvement through the 'Making Data Count' team, which uses the icons as described to the right to provide an aggregated view of how each KPI is performing with statistical rigor

Variation					Assurance		
							
Common cause - no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Special cause showing an increasing trend	Special cause showing a decreasing trend	Inconsistent passing and failing of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target

Special Cause Concern - This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. **Low (L)** special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold. **High (H)** is where the variance is upwards for a metric that requires performance to be below a target or threshold.

Special Cause Improvement - This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. **Low (L)** special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold. **High (H)** is where the variance is downwards for a metric that requires performance to be below a target or threshold.

Common Cause Variation - No significant change or evidence of a change in direction, recent performance is within an expected variation

Purple arrows - These are metrics with a change in variation which neither represents an improvement or concern

Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process limits so would only be achieved in exceptional circumstances or due to a change in process.

Capable process (P) - Indicates the metric consistently passes the target, indicating a capable process. To be classified as a capable process, either the target has not been failed for a significant period, or the target falls outside the calculated process limits so would only fail in exceptional circumstances or due to a change in process.

Unreliable Process - This is where a metric will 'flip flop' (pass or fail) the target during a given period due to variation in performance, so is neither deemed to be a 'Failing' or 'Capable' process.

Guide to this Report

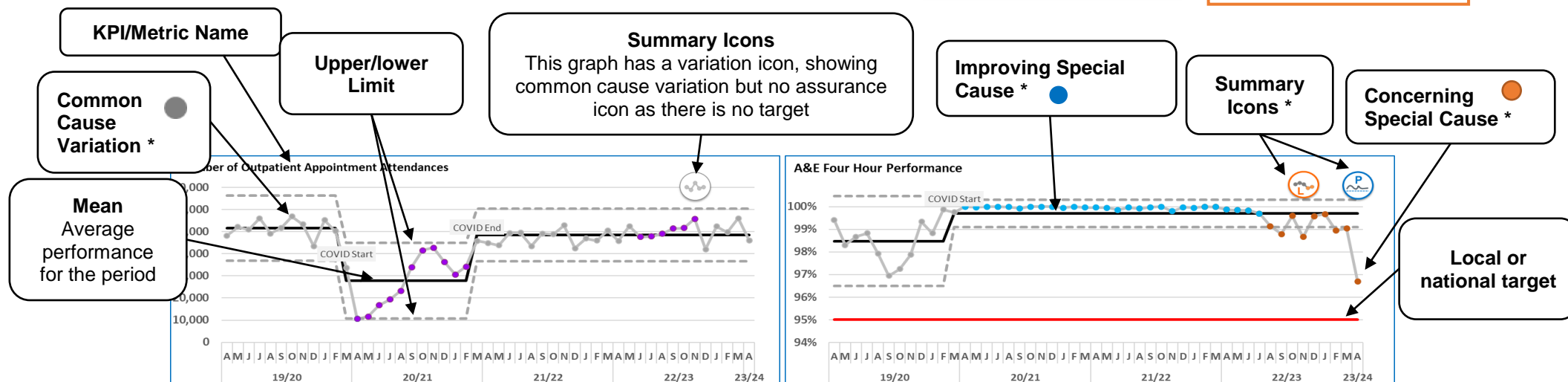
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		

Name of metric/KPI

How often and timing of the reporting of this metric

Performance for the financial year (Apr-Mar)

These are the Variance and Assurance Icons



Upper/Lower Control Limits: These are control limits of where we would expect the performance to fall between. Where they fall outside these limits, special cause will be highlighted.

Recalculation Periods: Where there has been a known change in process or performance has been affected by external events (e.g. COVID), the control limits and average have been recalculated to provide a better comparison of data against that period.

Further Reading / other resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies - these can be accessed via the following link - <https://improvement.nhs.uk/resources/making-data-count>

Highlights

Metrics With "Failing Process"

- 52 Week RTT Incomplete Breaches
- Appraisal Compliance
- Staff Sickness (Monthly & Rolling Annual Figure)

Celebrations

- 25 Metrics are showing as a capable process, with 24 showing either an improving or stable performance, this includes:
 - A&E Four Hour Performance
 - Posterior Capsular Rupture rates
 - All FFT Performance Targets
 - Complaints Performance
 - Infection Control Metrics
 - Information Governance Training (Following a change to the target from 95% to 90%)
- A further two metrics are showing an improving position, including 18 Week RTT Performance

Other Metrics showing "Special Cause Concern"

- Serious Incidents Open After 60 Days (Breach reported)
- Recruitment to NIHR portfolio studies (reduction of patients recruited to studies over the last six months)

Other Areas To Note

- Elective, and Overall and First Outpatient Activity vs Phased Plan metrics not achieve 100% this month, with the Elective YTD also below target. Outpatient Plan are projected to met the financial year target
- There has been a change to Cancer reporting, where the '31 day' standards have been combined to one metric, and the '62 Day' standard contains additional cases. For reference, we have continued to report the original Cancer metrics
- As there were no breaches in February, the Number of non-medical cancelled operations not treated within 28 days in no longer listed as a failing metric

Executive Summary

Although we have further work to do to meet the 18 week waiting time standard (82.9% against a 92% standard), as the number of patients waiting over 18 weeks for their treatment continues to fall then our performance against this standard is rising proportionately. The Trust's performance against the 52 week wait standard improved further in February to 5 patients waiting over the required standard. It is anticipated that performance against this standard will improve further through the next few months as our average waiting time reduces.

In February the elective and outpatient 1st activity levels showed a small improvement on the previous month's performance but remained below the in month targets. The outpatient 1st activity was influenced by sickness absence within the medical workforce and the gap in capacity caused by the closure of the old Brent Cross facility. Both of these issues have now been addressed. Elective activity was again influenced by the reduced number of cataract referrals being received at the St Ann's and Stratford sites. This is being investigated further and in the interim, workforce resources are being flexed to provide support to other specialities.









In February there were no breaches of the standard which measures whether patients have been re-booked following a non-medical cancellation. This is the first time that the Trust has met this standard since May 2023 and it therefore means that this is no longer regarded as a failing process.

Performance against the appraisal standard continues to show common cause variation, with the current process unlikely to meet the target. Following a number of months of improved performance, we saw a small drop off in February. A number of actions are being taken by the Learning and Development Team to support managers to achieve this target and it is hoped that this will happen within the next couple of months.

Following approval by the IG Committee, the target for IG training has been reduced from 95% to 90% to bring it into line with other NHS providers. This change was backdated to July 2023, which means that the Trust is now showing common cause variation against this target.

Sickness absence levels have stabilised at a 4.5% level against a 4% target. The Employee Relations Team are continuing to work with managers on a number of actions to seek an improvement in this position, including the provision of coaching / mentoring and regular reviews of long term cases.

Performance Overview

February 2024		Assurance			
		Capable Process 	Hit and Miss 	Failing Process 	No Target
Variation	Special Cause - Improvement 	<ul style="list-style-type: none"> - % Cancer 31 Day Waits (All) - % Cancer 31 Day Waits (First) - FFT A&E Scores (% Positive) - % Complaints Responses Within 25 days - % Complaints Acknowledged Within 3 days 	- Average Call Waiting Time	-	- 18 Week RTT Incomplete Performance
	Common Cause 	<ul style="list-style-type: none"> - Total Outpatient FlwUp Activity (% Plan) - % Cancer 14 Day Target - % Cancer 31 Day Waits (Subsequent) - A&E Four Hour Performance - Average Call Abandonment Rate - Mixed Sex Accommodation Breaches - VTE Risk Assessment - Posterior Capsular Rupture rates - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - MSSA Rate - cases - Summary Hospital Mortality Indicator - Basic Mandatory IG Training - Active Commercial Studies - % of patients in research studies - FFT Inpatient Scores (% Positive) - FFT Outpatient Scores (% Positive) - FFT Paediatric Scores (% Positive) 	* See Next Page	<ul style="list-style-type: none"> - 52 Week RTT Incomplete Breaches - Appraisal Compliance - Staff Sickness (Month Figure) - Staff Sickness (Rolling Annual Figure) 	* See Next Page
	Special Cause- Concern 	- Recruitment to NIHR portfolio studies	- Serious Incidents open after 60 days	-	-
	Special Cause - Increasing Trending 				
	Special Cause - Decreasing Trending 	- RTT Incomplete Pathways Over 18 Weeks			

Performance Overview

Common Cause & Hit and Miss











- Elective Activity - % of Phased Plan
- Total Outpatient Activity (% Plan)
- Outpatient First Activity (% Plan)
- % Cancer 62 Day Waits (All)
- % Diagnostic waiting times less than 6w
- Emergency readmissions in 28d (ex. VR)
- Occurrence of any Never events
- NatPSAs breached
- Theatre Cancellation Rate (Non-Medical)
- Non-medical cancelled 28 day breaches
- % FoI Requests within 20 Days
- % SARs Requests within 28 Days

Common Cause (No Target)



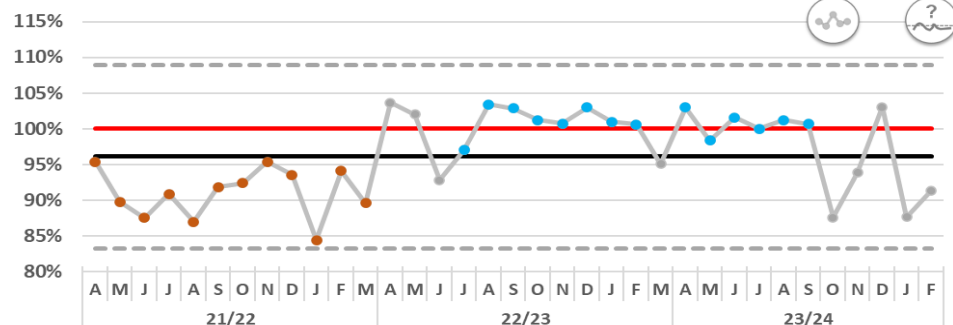
- Number of Incidents open after 28 days
- Proportion of Temporary Staff
- No. of A&E Arrivals
- No. of A&E Four Hour Breaches
- No. of Outpatient Attendances
- No. of Outpatient First Attendances
- No. of Outpatient Flw Up Attendances
- No. of Referrals Received
- No. of Theatre Admissions
- No. of Theatre Elective Day Admissions
- No. of Theatre Elective Inpatient Adm.
- No. of Theatre Emergency Admissions
- OP Journey Times - Non-Diagnostic FtF
- OP Journey Times - Diagnostic FtF

Deliver (Activity vs Plan) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Elective Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥100%	96.4%	91.4%		
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	101.6%	97.9%		
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	102.3%	97.6%		
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	23/24 Planning Guidance	Monthly	≥85%	101.4%	98.0%		

Deliver (Activity vs Plan) - Graphs (1)

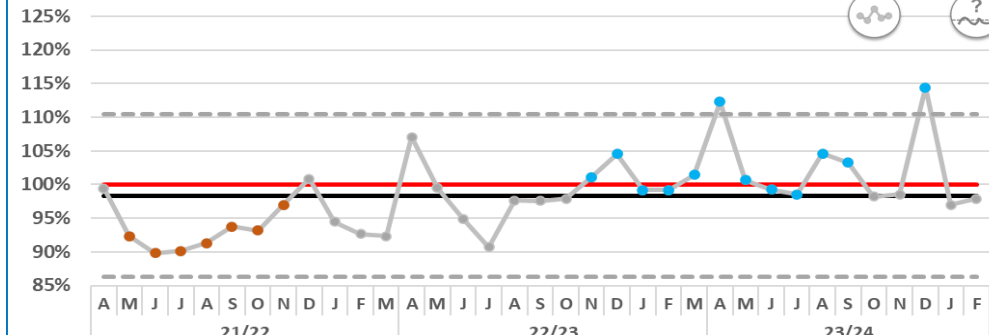
Elective Activity - % of Phased Plan



Elective Activity - % of Phased Plan

This metric is showing common cause variation and that the current process may not meet the target consistently

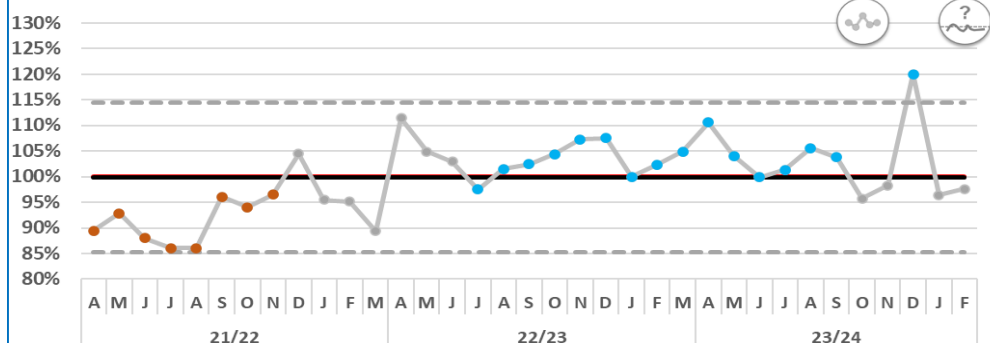
Total Outpatient Activity - % of Phased Plan



Total Outpatient Activity - % of Phased Plan

This metric is showing common cause variation and that the current process may not meet the target consistently

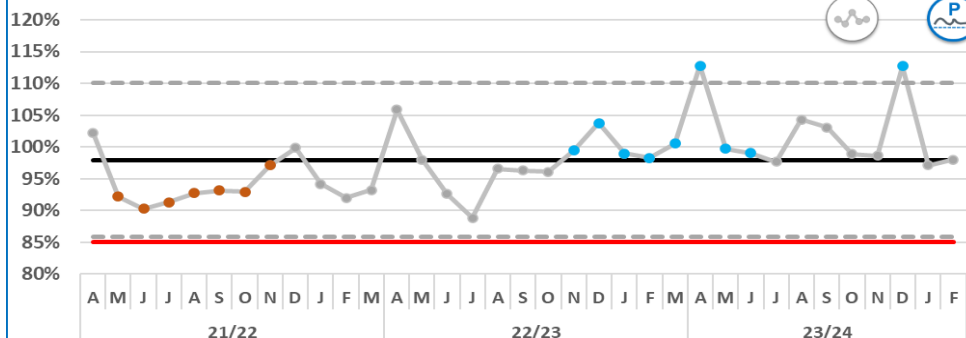
Outpatient First Appointment Activity - % of Phased Plan



Outpatient First Appointment Activity - % of Phased Plan

This metric is showing common cause variation and that the current process may not meet the target consistently











Outpatient Follow Up Appointment Activity - % of Phased Plan



Outpatient Follow Up Appointment Activity - % of Phased Plan

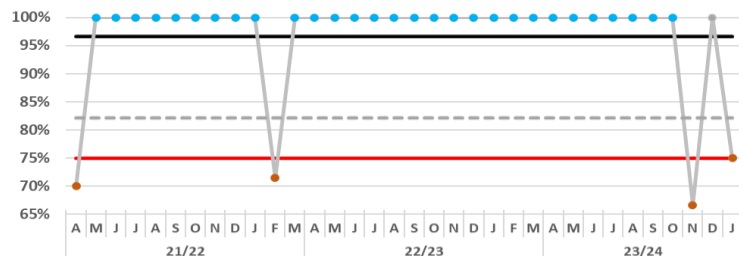
This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Cancer Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 28 Day Faster Diagnosis Standard	Jon Spencer	Statutory Reporting With Local Target	Monthly	≥75%	94.6%	n/a		
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat	Jon Spencer	Statutory Reporting	Monthly	≥96%	100.0%	100.0%		
% Patients With All Cancers Treated Within 62 Days	Jon Spencer	Statutory Reporting	Monthly	≥85%	97.0%	100.0%		
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Preceding Cancer Metric	Monthly	≥93%	92.3%	n/a		
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Jon Spencer	Preceding Cancer Metric	Monthly	≥93%	96.4%	97.8%		
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Jon Spencer	Preceding Cancer Metric	Monthly	≥96%	100.0%	100.0%		
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Jon Spencer	Preceding Cancer Metric	Monthly	≥94%	100.0%	100.0%		
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Jon Spencer	Preceding Cancer Metric	Monthly	≥85%	100.0%	n/a		

Deliver (Cancer Performance) - Graphs (1)

Cancer 28 Day Faster Diagnosis Standard



Cancer 28 Day Faster Diagnosis Standard

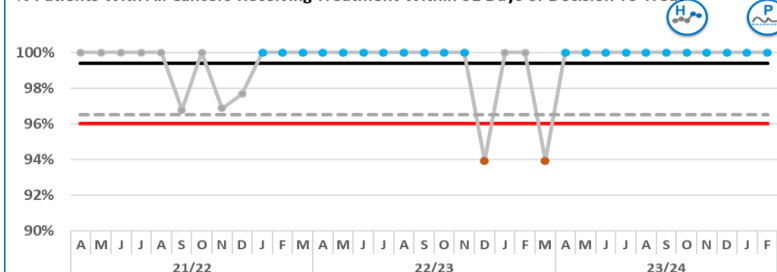
Data for reporting period not available

No Cancer 28 day cases reported in February

Review Date:

Action Lead:

% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat



% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat

This metric is showing special cause improvement and that the current process will consistently pass the target

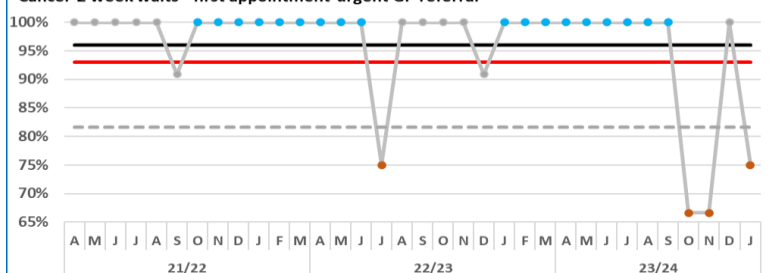
% Patients With All Cancers Treated Within 62 Days



% Patients With All Cancers Treated Within 62 Days

This metric is showing common cause variation and that the current process may not meet the target consistently

Cancer 2 week waits - first appointment urgent GP referral



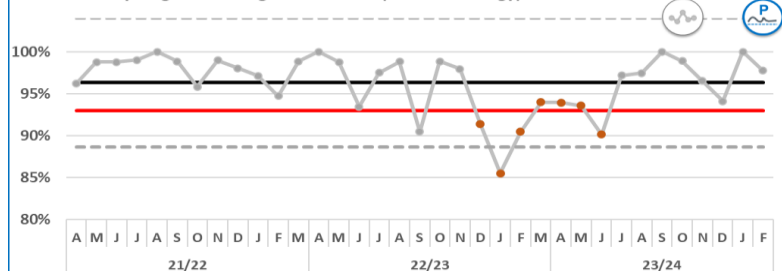
Cancer 2 week waits - first appointment urgent GP referral

Data for reporting period not available

No Cancer 2 week cases reported in February

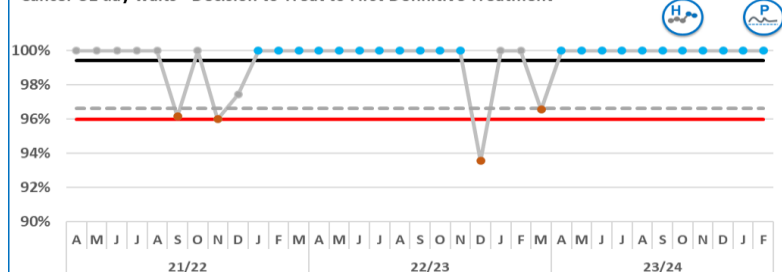
Review Date:

Action Lead:



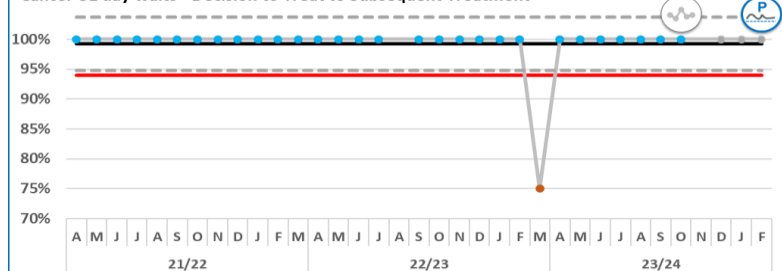
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)

This metric is showing common cause variation and that the current process will consistently pass the target



Cancer 31 day waits - Decision to Treat to First Definitive Treatment

This metric is showing special cause improvement and that the current process will consistently pass the target



Cancer 31 day waits - Decision to Treat to Subsequent Treatment

This metric is showing common cause variation and that the current process will consistently pass the target



Cancer 62 days from Urgent GP Referral to First Definitive Treatment









Data for reporting period not available

No Cancer 62 day cases reported in February, last reported case in November 2023

Review Date:

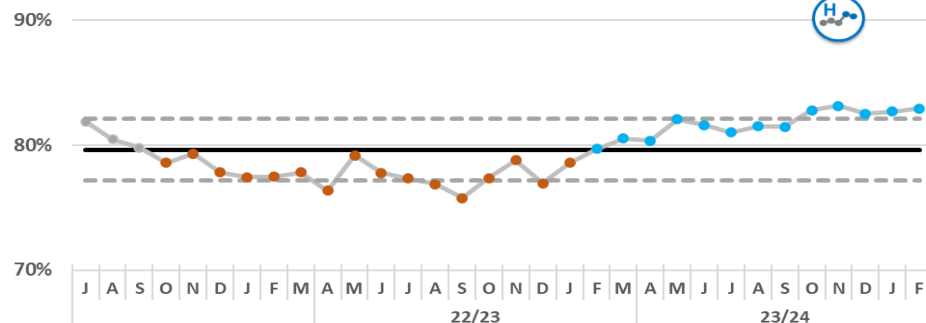
Action Lead:

Deliver (Access Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
18 Week RTT Incomplete Performance	Jon Spencer	Statutory Reporting	Monthly	No Target Set	82.0%	82.9%		
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	6012		
52 Week RTT Incomplete Breaches	Jon Spencer	23/24 Planning Guidance	Monthly	Zero Breaches	134	5		
A&E Four Hour Performance	Jon Spencer	23/24 Planning Guidance	Monthly	≥95%	98.9%	98.9%		
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	23/24 Planning Guidance	Monthly	≥99%	99.5%	98.8%		

Deliver (Access Performance) - Graphs (1)

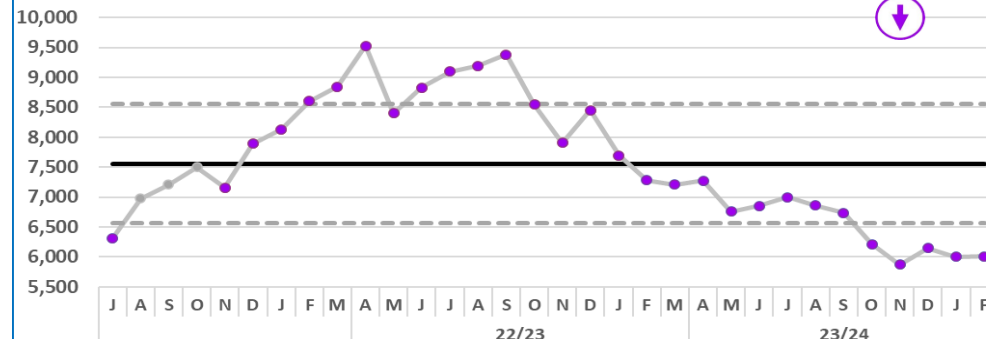
18 Week RTT Incomplete Performance



18 Week RTT Incomplete Performance

This metric is showing special cause improvement (increasing rate)

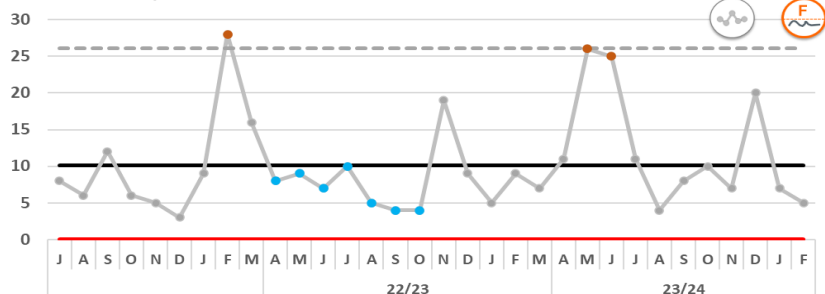
RTT Incomplete Pathways Over 18 Weeks



RTT Incomplete Pathways Over 18 Weeks

This metric is showing an special cause variation (decreasing rate)

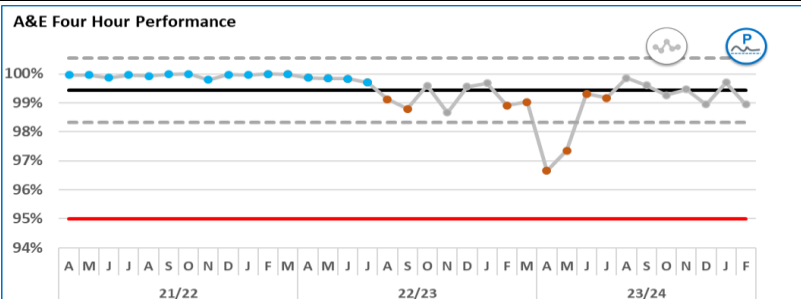
52 Week RTT Incomplete Breaches



52 Week RTT Incomplete Breaches

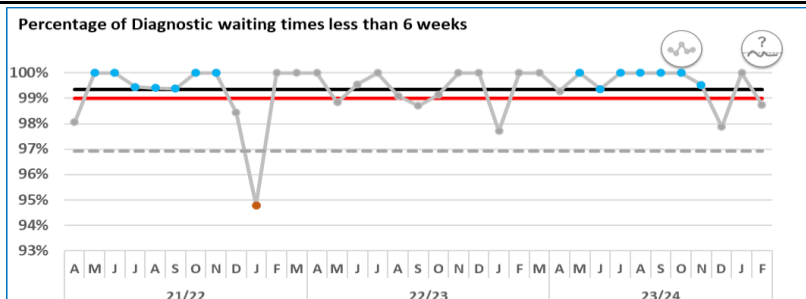
This metric is showing common cause variation with the current process unlikely to achieve the target

Deliver (Access Performance) - Graphs (2)



A&E Four Hour Performance













This metric is showing common cause variation and that the current process will consistently pass the target



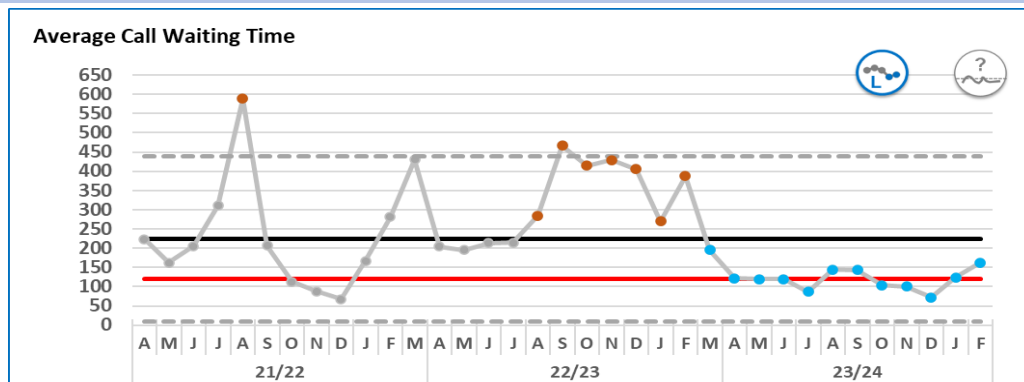
Percentage of Diagnostic waiting times less than 6 weeks

This metric is showing common cause variation and that the current process may not meet the target consistently

Deliver (Call Centre and Clinical) - Summary

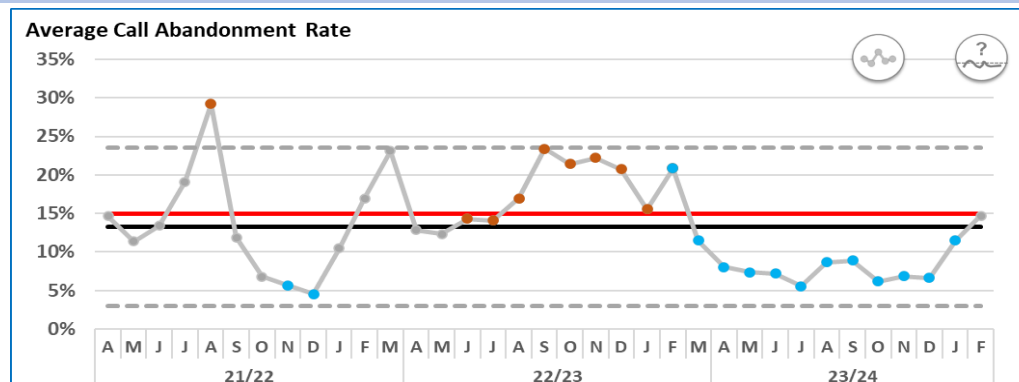
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Average Call Waiting Time	Jon Spencer	Internal Requirement	Monthly	≤ 2 Mins (120 Sec)	n/a	163		
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	8.7%	14.7%		
Mixed Sex Accommodation Breaches	Sheila Adam	Statutory Reporting	Monthly	Zero Breaches	0	0		
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Jon Spencer	Internal Requirement	Monthly (Rolling 3 Months)	≤ 2.67%	n/a	0.00%		
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	99.0%	99.1%		
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	0.84%	0.53%		
MRSA Bacteraemias Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Clostridium Difficile Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
MSSA Rate - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		

Deliver (Call Centre and Clinical) - Graphs (1)



Average Call Waiting Time

This metric is showing special cause improvement and that the current process may not meet the target consistently



Average Call Abandonment Rate

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month

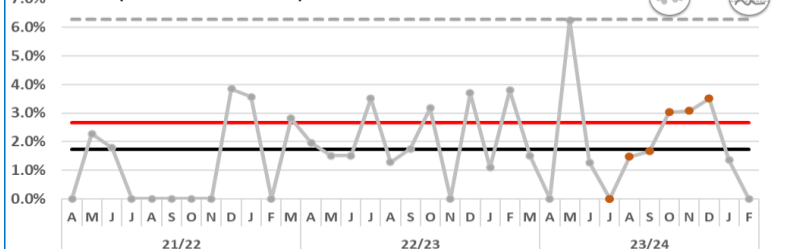
Deliver (Call Centre and Clinical) - Graphs (2)

No Graph Generated, No breaches since June 2017

Mixed Sex Accommodation Breaches

This metric is showing common cause variation and that the current process will consistently pass the target

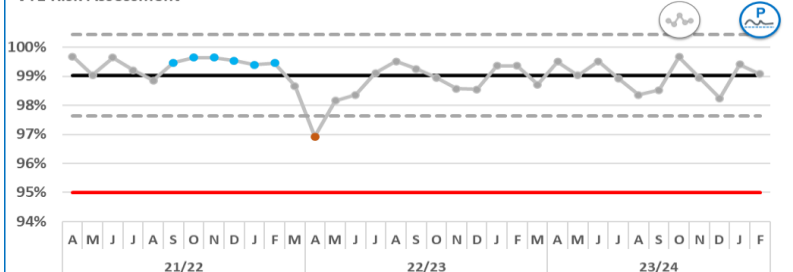
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)



% Emergency re-admissions within 28 days (excludes Vitreoretinal)

This metric is showing common cause variation and that the current process may not meet the target consistently

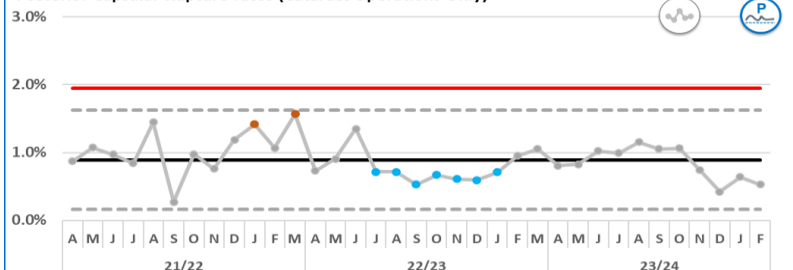
VTE Risk Assessment



VTE Risk Assessment

This metric is showing common cause variation and that the current process will consistently pass the target

Posterior Capsular Rupture rates (Cataract Operations Only)



Posterior Capsular Rupture rates (Cataract Operations Only)

This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Call Centre and Clinical) - Graphs (3)

No Graph Generated, No cases reported since at least April 17

MRSA Bacteraemias Cases

This metric is showing common cause variation and that the current process will consistently pass the target

No Graph Generated, No cases reported since at least April 17

Clostridium Difficile Cases

This metric is showing common cause variation and that the current process will consistently pass the target

No Graph Generated, No cases reported since at least April 17

Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases

















This metric is showing common cause variation and that the current process will consistently pass the target

No Graph Generated, No cases reported since at least April 17

MSSA Rate - cases

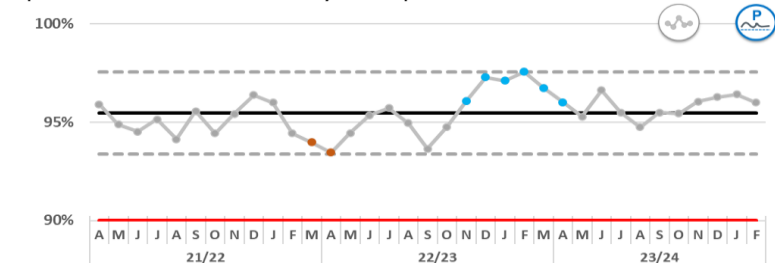
This metric is showing common cause variation and that the current process will consistently pass the target

Deliver (Quality and Safety) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Inpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	95.8%	96.0%		
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	92.8%	93.4%		
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	93.6%	93.6%		
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	95.0%	93.2%		
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	86.2%	91.7%		
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	97.2%	100.0%		
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	71.6%	98.3%		
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	93.5%	92.9%		

Deliver (Quality and Safety) - Graphs (1)

Inpatient Scores from Friends and Family Test - % positive



Inpatient Scores from Friends and Family Test - % positive

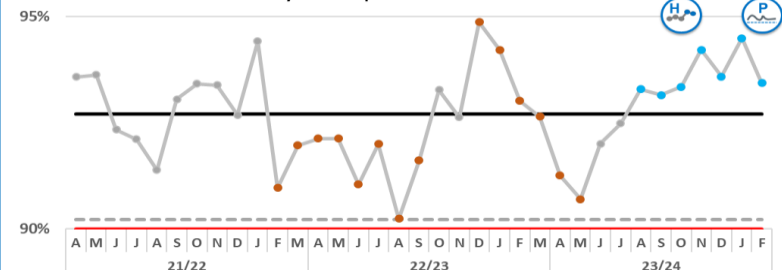
This metric is showing common cause variation and that the current process will consistently pass the target

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:

A&E Scores from Friends and Family Test - % positive



A&E Scores from Friends and Family Test - % positive

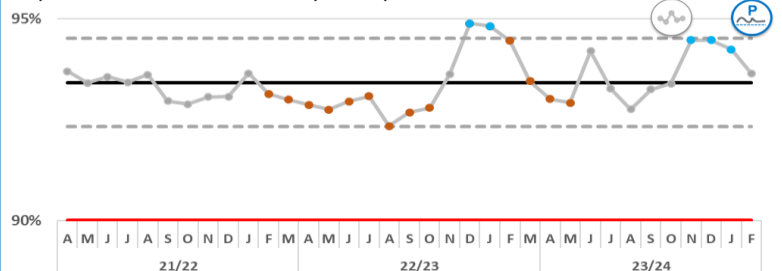
This metric is showing special cause improvement and that the current process will consistently pass the target

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:

Outpatient Scores from Friends and Family Test - % positive



Outpatient Scores from Friends and Family Test - % positive

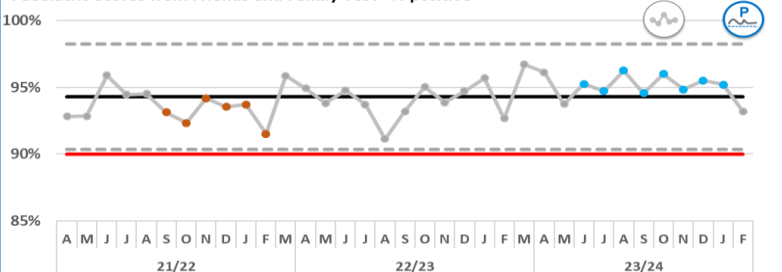
This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:

Paediatric Scores from Friends and Family Test - % positive



Paediatric Scores from Friends and Family Test - % positive

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month

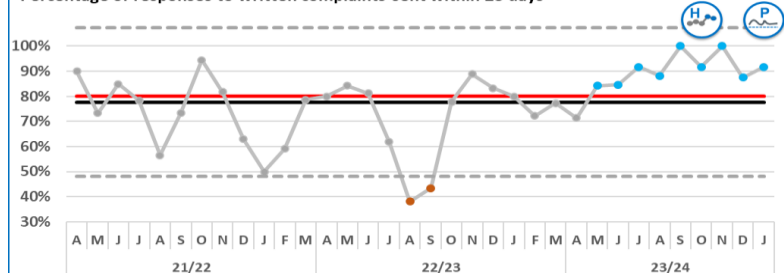
Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Review Date:

Action Lead:

Deliver (Quality and Safety) - Graphs (2)

Percentage of responses to written complaints sent within 25 days



Percentage of responses to written complaints sent within 25 days

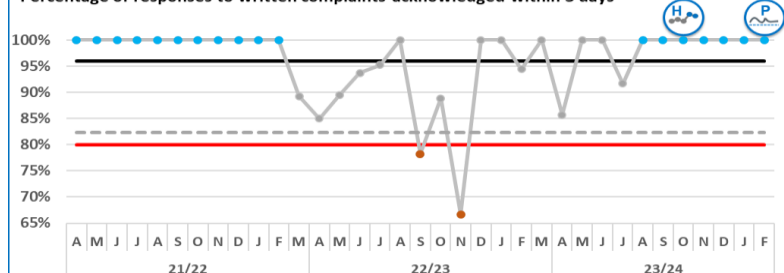
This metric is showing special cause improvement and that the current process will consistently pass the target

Over the previous nine months the 80% target has been met, so this metric now showing as a capable process showing special cause improvement. Reasons for the recent improvements include the introduction of an "early resolution process" that improves interaction with complainants through face to face meetings and telephone calls.

Review Date:

Action Lead:

Percentage of responses to written complaints acknowledged within 3 days



Percentage of responses to written complaints acknowledged within 3 days

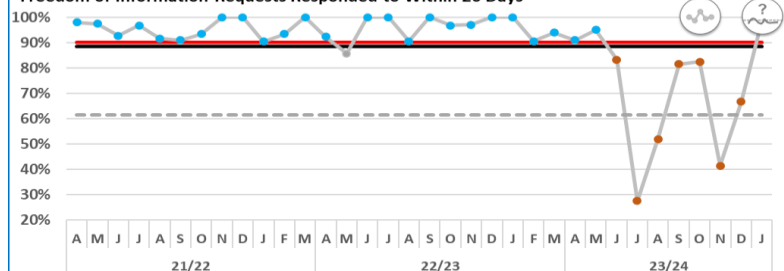
This metric is showing special cause improvement and that the current process will consistently pass the target

Following tightening of the process to acknowledge receipt of a complaint at the end of 2022, this continues to achieve the 80% performance target with 12 of the last 15 months at 100%, and is now showing special cause improvement with the last seven months at 100%.

Review Date:

Action Lead:

Freedom of Information Requests Responded to Within 20 Days



Freedom of Information Requests Responded to Within 20 Days

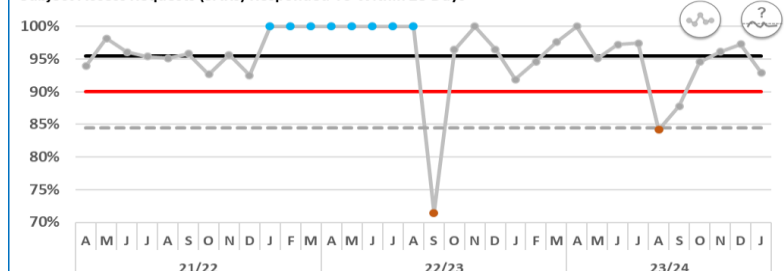
This metric is showing common cause variation and that the current process may not meet the target consistently - This is a change from the previous month

New staff resource now in place coupled and linked with an updated FoI process has resulted in a substantial improvement in performance, with 60 Fols received in January (one of the highest monthly figures on record) with only one breach. The team continue to escalate slow responses to FoI requests to the relevant executive director; suggestions on how to improve process in directorates have also been made where indicated.

Review Date:

Action Lead:

Subject Access Requests (SARs) Responded To Within 28 Days



Subject Access Requests (SARs) Responded To Within 28 Days










This metric is showing common cause variation and that the current process may not meet the target consistently

Performance is now back above the 90% target and showing as common cause variation, this will continued to be monitored.

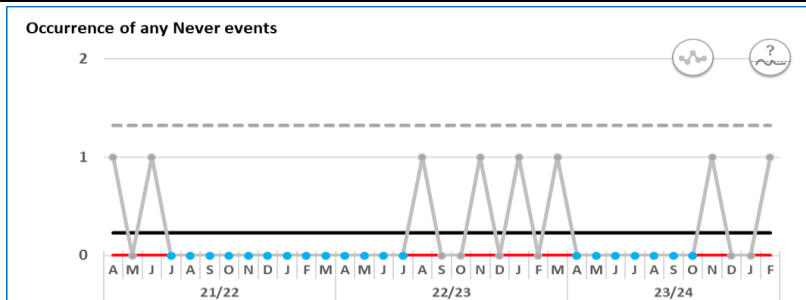
Review Date:

Action Lead:

Deliver (Incident Reporting) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Occurrence of any Never events	Sheila Adam	Statutory Reporting	Monthly	Zero Events	2	1		
Summary Hospital Mortality Indicator	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
National Patient Safety Alerts (NatPSAs) breached	Sheila Adam	NHS Oversight Framework	Monthly	Zero Alerts	n/a	0		
Number of Serious Incidents remaining open after 60 days	Sheila Adam	Statutory Reporting	Monthly	Zero Cases	2	1		
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Sheila Adam	Internal Requirement	Monthly	No Target Set	n/a	262		

Deliver (Incident Reporting) - Graphs (1)



Occurrence of any Never events

This metric is showing common cause variation and that the current process may not meet the target consistently

A never event was reported in February for a patient at Bedford receiving an intravitreal injection to the incorrect eye. This has been reviewed by the Serious Incident Panel and is under investigation.

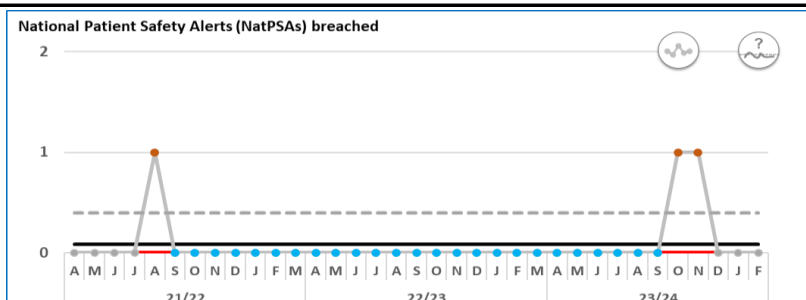
Review Date:

Apr 2024

Action Lead:

Julie Nott

No Graph Generated, No cases reported since February 2017



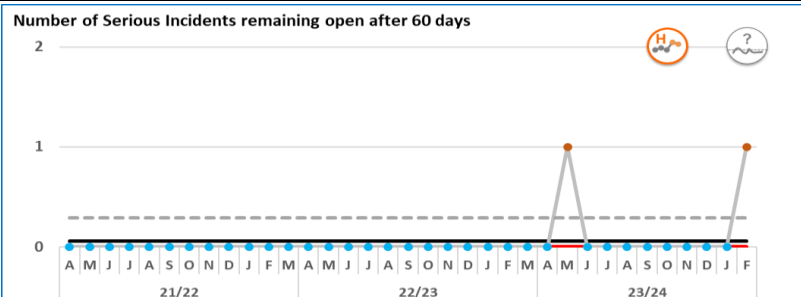
Summary Hospital Mortality Indicator

This metric is showing common cause variation and that the current process will consistently pass the target

National Patient Safety Alerts (NatPSAs) breached

This metric is showing common cause variation and that the current process may not meet the target consistently

Deliver (Incident Reporting) - Graphs (2)



Number of Serious Incidents remaining Open after 60 days

This metric is showing special cause concern and that the current process may not meet the target consistently - This is a change from the previous month

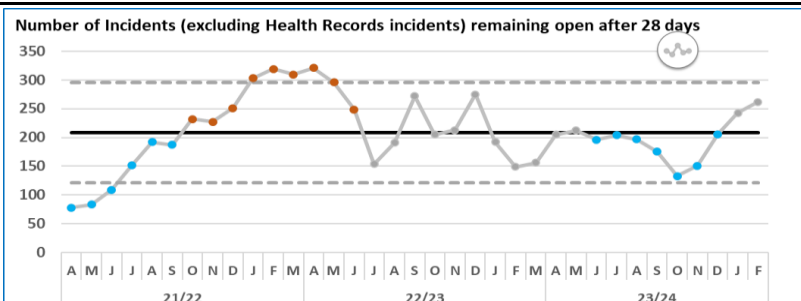
This investigation has taken a little longer than expected because we have applied our new methodology to review the case, which will have overall benefits in terms of the explanations and learning. The patient has been kept in informed and we will be sharing our findings with them in a way that they will find most helpful.

Review Date:

Apr 2024

Action Lead:











Julie Nott



Number of Incidents (excluding Health Records incidents) remaining open after 28 days

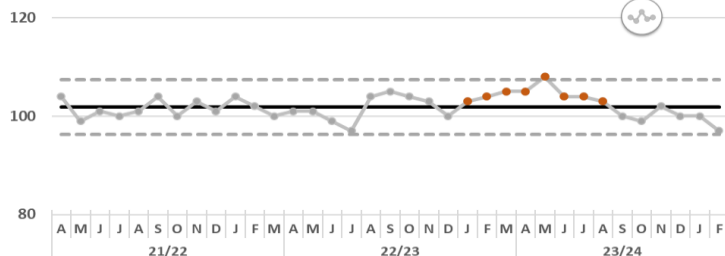
This metric is showing common cause variation

Sustainability and at Scale - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	97		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	45		
Median Outpatient Journey Times - Virtual TeleMedicine Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	n/a		
Theatre Cancellation Rate (Non-Medical Cancellations)	Jon Spencer	Statutory Reporting	Monthly	≤0.8%	1.10%	0.87%		
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	23	0		
Overall financial performance (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	7.32	-0.44		
Commercial Trading Unit Position (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	0.42	0.06		

Sustainability and at Scale - Graphs (1)

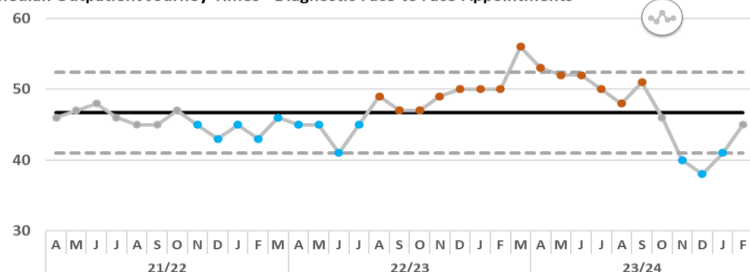
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments



Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments

This metric is showing common cause variation

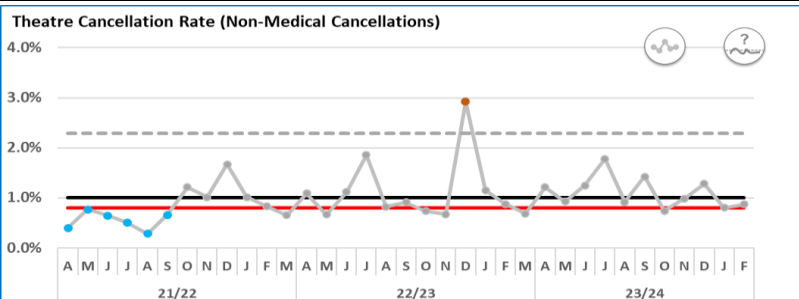
Median Outpatient Journey Times - Diagnostic Face to Face Appointments



Median Outpatient Journey Times - Diagnostic Face to Face Appointments

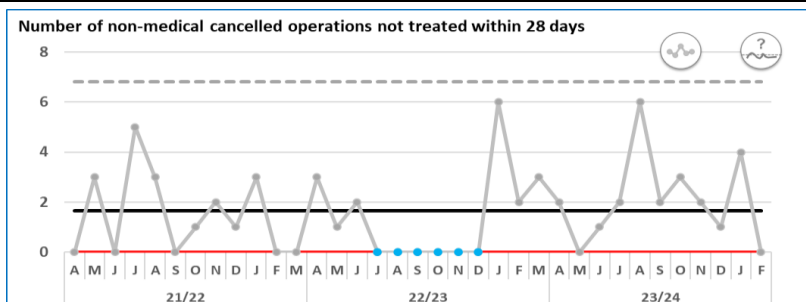
This metric is showing common cause variation - This is a change from the previous month

Sustainability and at Scale - Graphs (2)



Theatre Cancellation Rate (Non-Medical Cancellations)

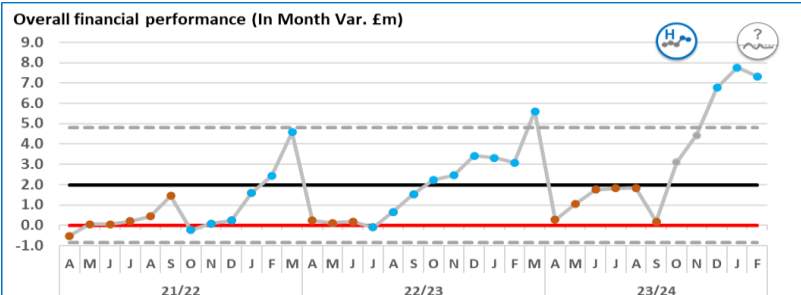
This metric is showing common cause variation and that the current process may not meet the target consistently



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

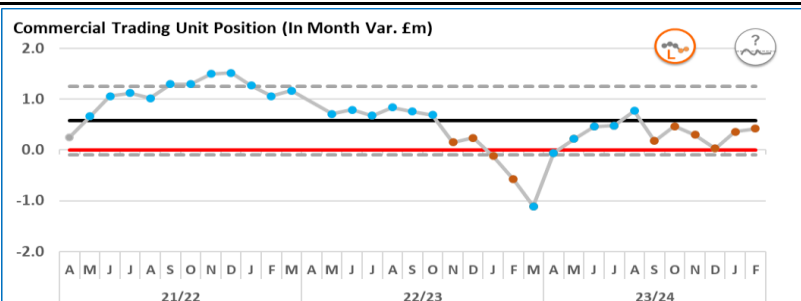
This metric is showing common cause variation and that the current process may not meet the target consistently - This is a change from the previous month

Sustainability and at Scale - Graphs (3)



Overall financial performance (In Month Var. £m)


This metric is showing special cause improvement and that the current process may not meet the target consistently



Commercial Trading Unit Position (In Month Var. £m)

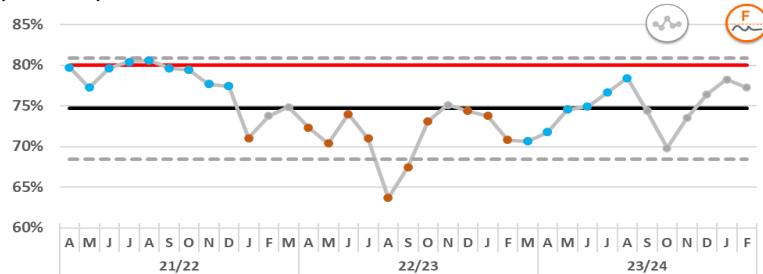
This metric is showing special cause concern and that the current process may not meet the target consistently - This is a change from the previous month

Working Together - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Appraisal Compliance	Mark Gammage	Statutory Reporting	Monthly	≥80%	n/a	77.2%		
Basic Mandatory IG Training	Ian Tombleson	Internal Requirement	Monthly	≥90%	n/a	91.2%		
Staff Sickness (Month Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.5%		
Staff Sickness (Rolling Annual Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.5%		
Proportion of Temporary Staff	Mark Gammage	23/24 Planning Guidance	Monthly	No Target Set	15.4%	17.1%		

Working Together - Graphs (1)

Appraisal Compliance



Appraisal Compliance

This metric is showing common cause variation with the current process unlikely to achieve the target

It is noted that Appraisal Compliance Rate has improved over the past 12 months. The Learning and Development (L&D) Team will continue to provide support by the actions below:

Identifying Hot Spot areas and targeting Managers in these areas. Currently our Hot Spot areas are:

- Administration & Clerical 58%
- Estates & Ancillary 68%
- Additional Clinical Services 70%
- Allied Health Professionals 70%
- Provision of ongoing Appraisal Training across the Trust including Bite Size Sessions delivered by the L&D team.
- Sending weekly reports to Senior Managers to update them on Team progress outlining required actions from them along with available support from the L&D team.
- Arranging drop-in sessions and meetings with Managers to go through their Reports and any areas of concern.
- Ongoing working arrangements with the Comms Team to promote and raise awareness on the importance of conducting an Appraisal with regular feature on Eye Q and Moorfields News.
- Identifying periods of high activity in previous year and providing Managers with advance notice of expiration so that the Appraisal is conducted before the expiry date.
- Supporting the outcomes from the Appraisal Compliance Task and Finish Group, to increase, sustain and embed appraisal completion rates throughout the year.

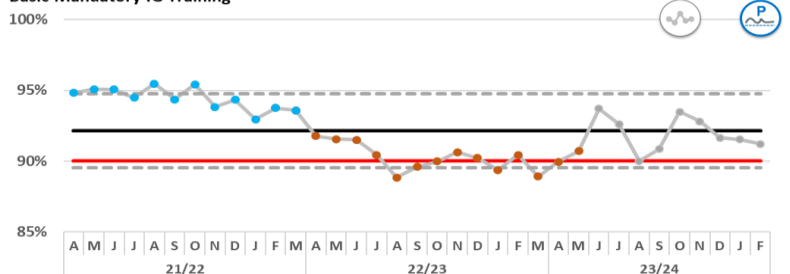
Review Date:

Apr 2024

Action Lead:

Stephen Imuere

Basic Mandatory IG Training



Basic Mandatory IG Training

This metric is showing common cause variation and that the current process will consistently pass the target - This is a change from the previous month

Solid DSPT performance and compliance enables Moorfields to establish its own IG mandatory training standard. A recommendation to change the target to 90% has been approved and will be retrospectively apply from July 2023. As a result of this change, as recent monthly performance has been above 90% this metric is now classed as a 'capable' (passing) process. There also remain data quality issues that impact an estimated 1 to 2% of performance that are being worked through.

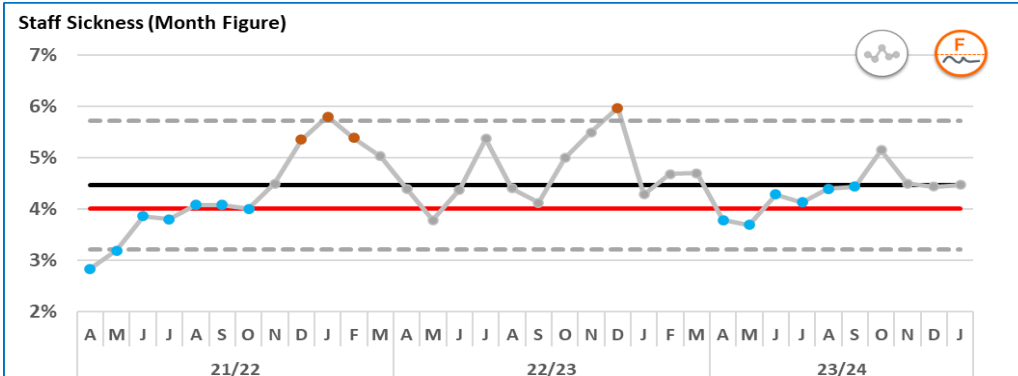
Review Date:

Apr 2024

Action Lead:

Jonathan McKee

Working Together - Graphs (2)



Staff Sickness (Month Figure)

This metric is showing common cause variation with the current process unlikely to achieve the target

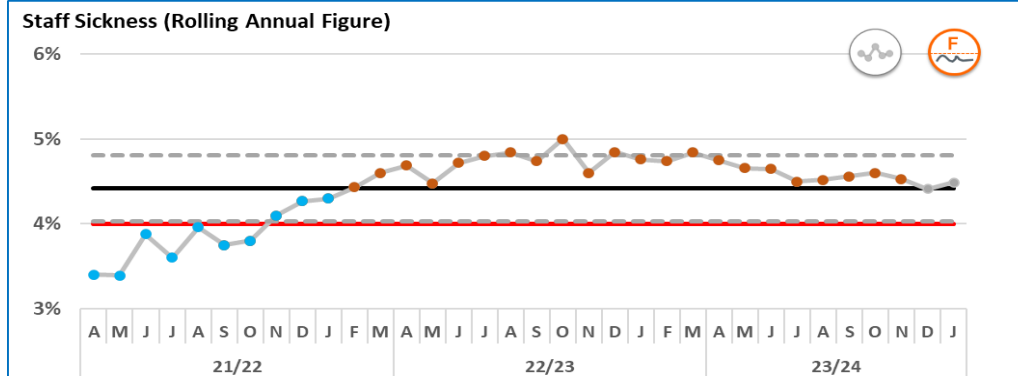
Sickness Absences over the past 12 months shows a stable trend between February 2023 (4.28%) and February 2024 (4.47%) though still above the Trust target of 4%.

The trends for the top 3 reasons for absence, over the same 12-month period above, are still:

- Anxiety/stress/depression/other psychiatric illness
- Cold, Cough, Flu – Influenza
- Other musculoskeletal problems

Whilst the overall level of sickness absence remains stable, it should be noted that the ER team continue to work closely with line managers as outlined below:

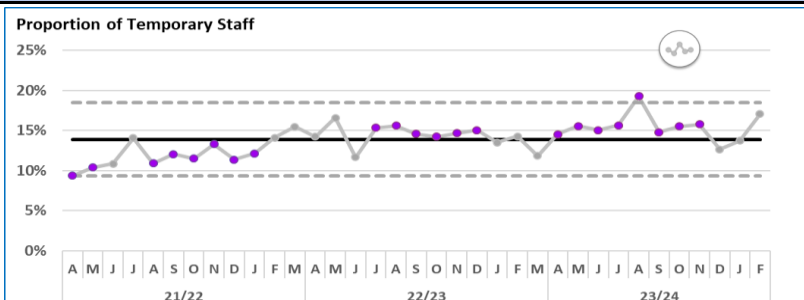
- Reviewing LTS cases, with key focus on absences over a year. The aim of this is to support the staff members concerned in returning to work as soon as possible, with appropriate reasonable adjustments, if required, put in place to enable this.
- Targeted sickness absence training has been in place since July 2023 and continues to be delivered by the ER team – with sessions delivered to hotspot areas within the Trust with high short -term sickness absence and long-term sickness rates.
- Targeted coaching for managers is being offered by the ER team with focus on the complex sickness absence cases. Aim is to support and provide managers with confidence and techniques in handling such cases.
- Postural assessments to be provided, over the coming months, to help improve musculoskeletal problems and reduce absences related to musculoskeletal problems, which is one of the top 3 reasons for absences. This assessment will be targeted to staff experience musculoskeletal problems.



Staff Sickness (Rolling Annual Figure)

This metric is showing common cause variation with the current process unlikely to achieve the target

Working Together - Graphs (3)



Proportion of Temporary Staff

This metric is showing common cause variation

- The number of unpaid invoices continues to reduce, and the query log currently stands at £26,547 which is a reduction from £29,005 last month, over the last 12 months there has been a significant reduction of £972,643 and with aim for this to be nil by Q3 of 2024/25 financial year.
- In March 2024, the NHSE/I published an updated National Guidance on Agency Rules. The changes are requiring changes to approval of off framework usage. A paper on how these requirements will be implemented within MEH will be shared with ManEx for their consideration and sign off by April 2024.
- To ensure continued monitoring and sustained improvement in temporary staffing utilisation and spend, an agency spend steering group was established in January 2024 with key stakeholders from across the Trust. The group meets monthly, and their key aim is to monitor progress on reducing agency spend and off framework usage. In addition to this, this group will monitor the Trust's compliance with the new agency rules set by NHSE/I. The group will report progress into ManEx and the People and Culture Committee on a quarterly basis.
- The areas of high utilisation and spend within the Trust are Theatres, Pharmacy, Bedford, Northwest, and Booking Centre. These top 5 areas equate to 50% of our total agency spend. Workforce & OD are currently working with managers within these hotspot areas to; remove off framework usage, utilise agencies with lower charge rates and ensure alliance between our established headcount and temporary staffing demand.







Review Date:

Apr 2024

Action Lead:

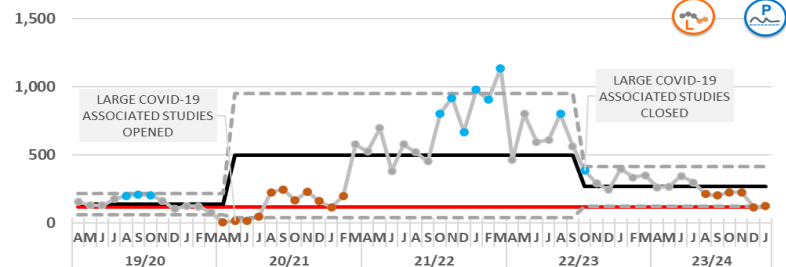
Geoff Barsby

Discover - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Total patient recruitment to NIHR portfolio adopted studies	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥115 (per month)	2266	122		
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	56		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	4.9%		

Discover - Graphs (1)

Total patient recruitment to NIHR portfolio adopted studies



Total patient recruitment to NIHR portfolio adopted studies

This metric is showing special cause concern however the current process will consistently pass the target

Recruitment to portfolio adopted studies dropped to 122 in January 2024, which is below the average of 266 for the last year, and compared to 395 in January 2023. Provisional figures indicate a rise to over 130 in February. Recruitment levels in these studies have now returned to similar levels to 2019/20. One large study reached its recruitment target on time in November, and closed as planned. Portfolio recruitment in 2021/22 was higher than usual because it incorporated all the highly successful very high volume COVID-19 studies, which have now finished recruiting. These were non-interventional and non-intensive. These have now been replaced by more interventional, early phase high-cost studies which require intensive investigations including imaging and follow up.

Recruitment to non portfolio adopted studies rose to 79 in January 2024 compared to 60 in January 2023. This increase in recruitment came mainly from a genetic study funded by NIHR (Bioresource) and an AI based Adnexal study funded by Moorfields Eye Charity. This increase in recruitment to rare and genetic disease studies is as a result of increased emphasis and investment in staff for these studies.

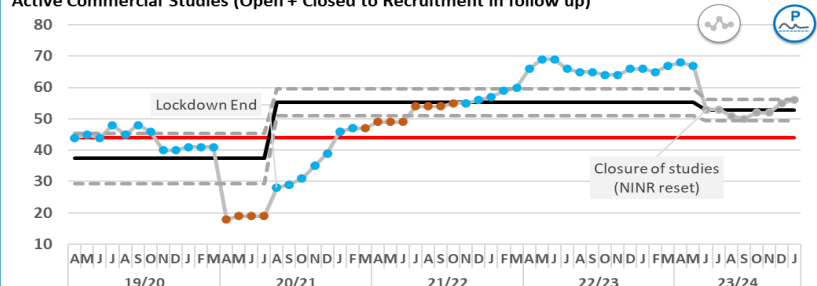
Review Date:

Apr 2024

Action Lead:

Louisa Wickham

Active Commercial Studies (Open + Closed to Recruitment in follow up)



Active Commercial Studies (Open + Closed to Recruitment in follow up)

This metric is showing common cause variation and that the current process will consistently pass the target

The average number of commercial studies is now consistently over 50 compared to 44 in 2019/20. However, recruitment to commercial studies is still only 5% of our total recruitment. These studies generate income and provide our patients with access to the latest innovative treatments and therapies. The current pipeline of 23 hosted studies in "set up" should ensure that we continue to increase recruitment to commercial studies. Our current real time, robust monitoring process has reduced set up time and ensures that studies behind on their targets are identified early and corrective actions taken. This will attract more commercial studies which is a key National Institute of Health Research [NIHR] & Department of Health priority. The number of recruits to commercial studies is rising significantly nationally and it is important that Moorfields continues to appropriately prioritise

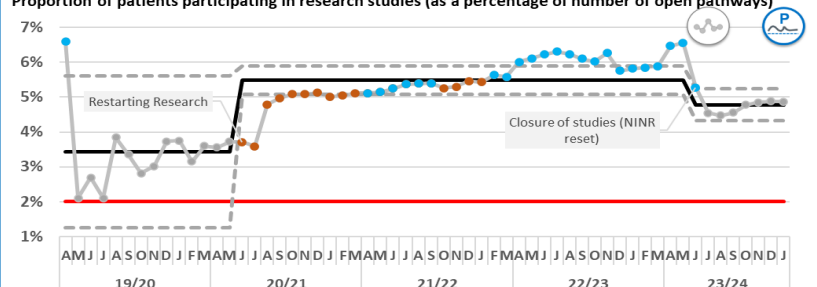
Review Date:

Apr 2024

Action Lead:

Louisa Wickham

Proportion of patients participating in research studies (as a percentage of number of open pathways)



Proportion of patients participating in research studies (as a percentage of number of open pathways)

This metric is showing common cause variation and that the current process will consistently pass the target

Our aim to have > 2% of our patient population involved in a research study has been achieved and at 4.9% currently exceed this. This reflects our emphasis on and investment in patient and public engagement as part of our NIHR Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) strategy. Our Equity Diversity, and Inclusion strategy for both the BRC and CRF seeks to increase the diversity of our patients recruited to clinical trials as well as provide increased opportunities for patients to contribute to research.











Review Date:

Apr 2024

Action Lead:

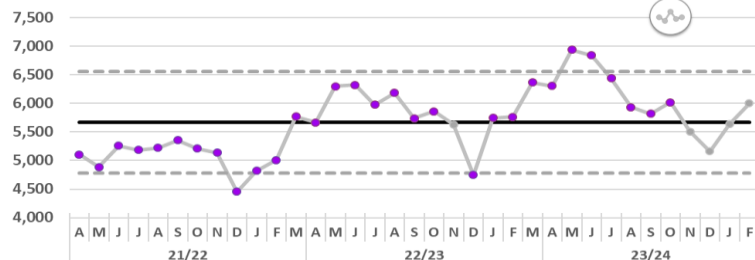
Louisa Wickham

Context (Activity) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Number of A&E Arrivals	Jon Spencer	Internal Requirement	Monthly	No Target Set	66592	6001		
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	699	60		
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	581143	53356		
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	139048	12789		
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	442095	40567		
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	167029	15468		
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	36685	3504		
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	33576	3239		
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	854	76		
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	2255	189		

Context (Activity) - Graphs (1)

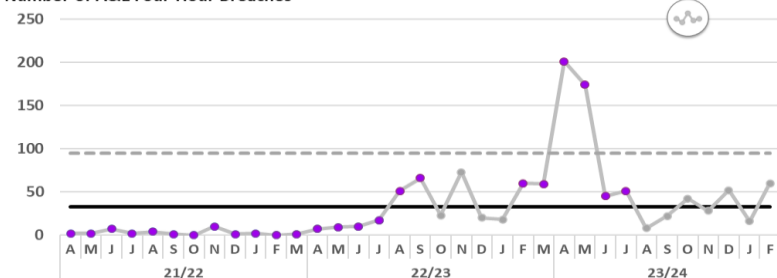
Number of A&E Arrivals



Number of A&E Arrivals

This metric is showing common cause variation

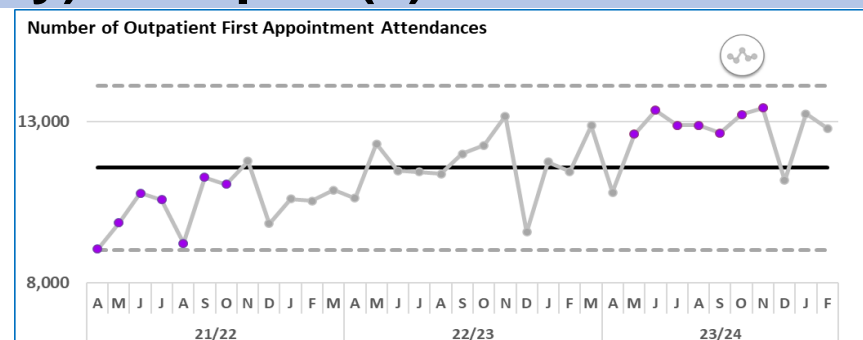
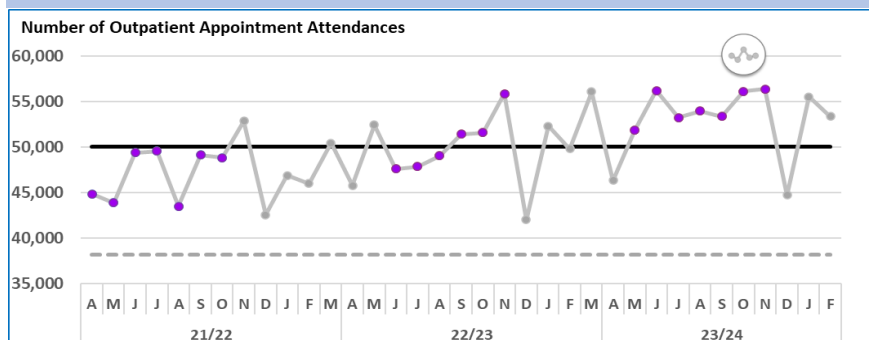
Number of A&E Four Hour Breaches



Number of A&E Four Hour Breaches

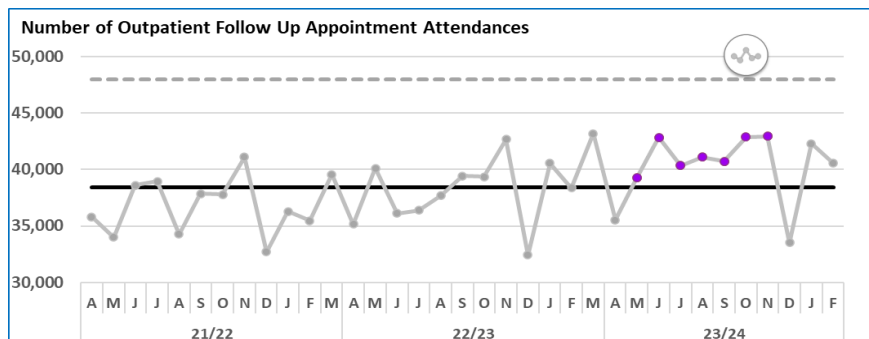
This metric is showing common cause variation

Context (Activity) - Graphs (2)



Number of Outpatient Appointment Attendances

This metric is showing common cause variation

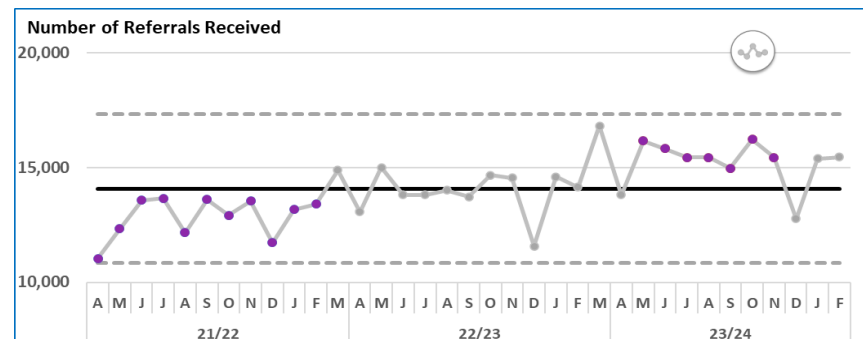


Number of Outpatient Follow Up Appointment Attendances

This metric is showing common cause variation

Number of Outpatient First Appointment Attendances

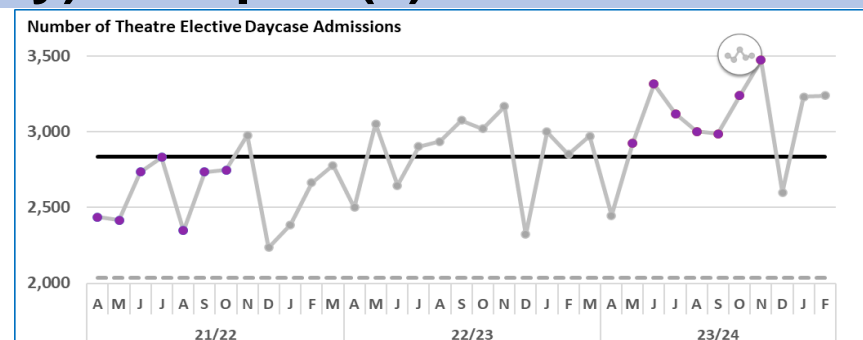
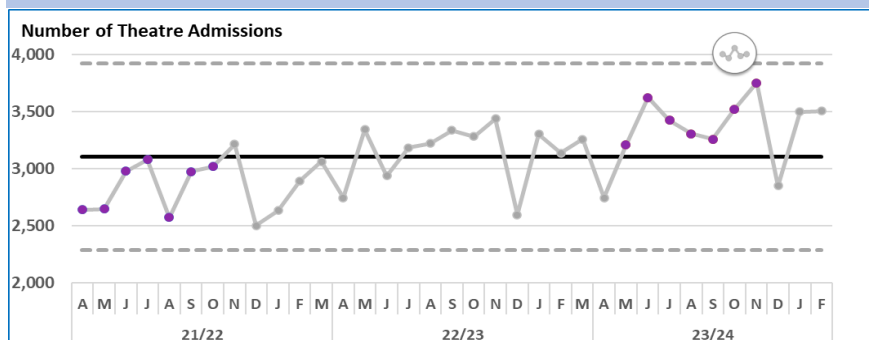
This metric is showing common cause variation



Number of Referrals Received

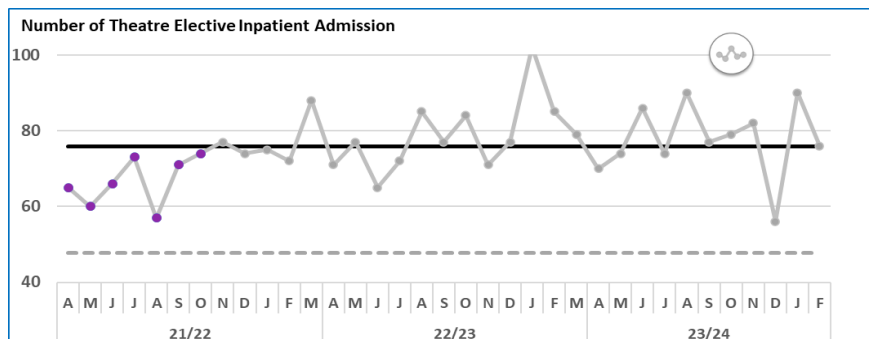
This metric is showing common cause variation

Context (Activity) - Graphs (3)



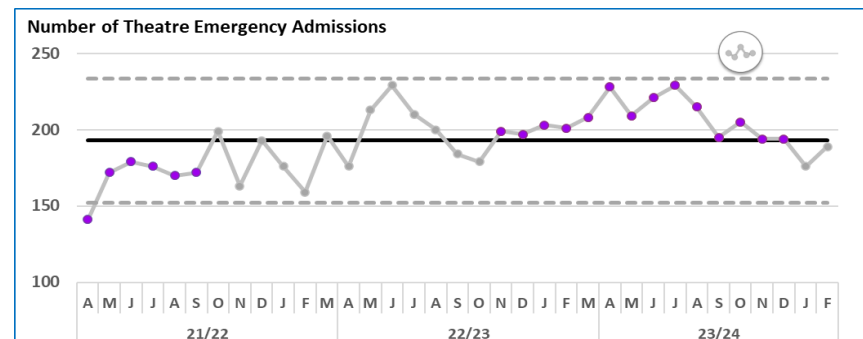
Number of Theatre Admissions

This metric is showing common cause variation



Number of Theatre Elective Daycase Admissions

This metric is showing common cause variation



Number of Theatre Elective Inpatient Admission

This metric is showing common cause variation

Number of Theatre Emergency Admissions

This metric is showing common cause variation

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Deliver (Activity vs Plan)																						
Elective Activity - % of Phased Plan	Feb-24	91.6%	≥100%	Monthly	Common Cause	Hit or Miss	96.1%	83.3%	108.9%	100.6%	95.1%	103.0%	98.4%	101.6%	100.0%	101.2%	100.7%	87.6%	93.9%	103.0%	87.6%	91.6%
Total Outpatient Activity - % of Phased Plan	Feb-24	97.9%	≥100%	Monthly	Common Cause	Hit or Miss	98.4%	86.3%	110.5%	99.2%	101.5%	112.3%	100.7%	99.3%	98.5%	104.6%	103.3%	98.2%	98.5%	114.4%	97.0%	97.9%
Outpatient First Appointment Activity - % of Phased Plan	Feb-24	97.6%	≥100%	Monthly	Common Cause	Hit or Miss	99.8%	85.2%	114.5%	102.4%	104.9%	110.6%	104.0%	99.9%	101.3%	105.6%	103.8%	95.8%	98.3%	120.0%	96.4%	97.6%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Feb-24	98.0%	≥85%	Monthly	Common Cause	Capable	98.0%	85.9%	110.1%	98.3%	100.5%	112.8%	99.7%	99.1%	97.7%	104.3%	103.1%	98.9%	98.6%	112.7%	97.1%	98.0%
Deliver (Cancer Performance)																						
Cancer 28 Day Faster Diagnosis Standard	Feb-24	n/a	≥75%	Monthly	Not Available (No Cases)	Not Applicable	96.6%	82.1%	111.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	75.0%	n/a
% Patients with all cancers receiving treatment within 31 days of decision to treat	Feb-24	100.0%	≥96%	Monthly	Improvement (Run Above Average)	Capable	99.4%	96.5%	102.3%	100.0%	93.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% Patients with all cancers treated within 62 days	Feb-24	100.0%	≥85%	Monthly	Common Cause	Hit or Miss	95.5%	54.5%	136.4%	n/a	n/a	100.0%	100.0%	n/a	100.0%	n/a	n/a	100.0%	100.0%	0.0%	100.0%	100.0%
Cancer 2 week waits - first appointment urgent GP referral	Feb-24	n/a	≥93%	Monthly	Not Available (No Cases)	Not Applicable	96.0%	81.7%	110.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	66.7%	100.0%	75.0%	n/a
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Feb-24	97.8%	≥93%	Monthly	Common Cause	Capable	96.3%	88.6%	104.1%	90.5%	94.0%	93.9%	93.6%	90.1%	97.2%	97.5%	100.0%	98.9%	96.5%	94.1%	100.0%	97.8%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Feb-24	100.0%	≥96%	Monthly	Improvement (Run Above Average)	Capable	99.4%	96.6%	102.2%	100.0%	96.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Feb-24	100.0%	≥94%	Monthly	Common Cause	Capable	99.2%	94.8%	103.7%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	100.0%	100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Feb-24	n/a	≥85%	Monthly	Not Available (No Cases)	Not Applicable	100.0%	100.0%	100.0%	n/a	n/a	100.0%	n/a	n/a	n/a	n/a	n/a	100.0%	100.0%	n/a	n/a	n/a

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Deliver (Access Performance)																						
18 Week RTT Incomplete Performance	Feb-24	82.9%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	79.6%	77.2%	82.1%	79.7%	80.5%	80.4%	82.0%	81.6%	81.0%	81.5%	81.5%	82.8%	83.1%	82.5%	82.7%	82.9%
RTT Incomplete Pathways Over 18 Weeks	Feb-24	6012	≤ Previous Mth.	Monthly	Decreasing (Run Below Average)	Not Applicable	7558	6559	8558	7282	7210	7277	6757	6852	7000	6863	6735	6210	5871	6148	6000	6012
52 Week RTT Incomplete Breaches	Feb-24	5	Zero Breaches	Monthly	Common Cause	Failing	10	-6	26	9	7	11	26	25	11	4	8	10	7	20	7	5
A&E Four Hour Performance	Feb-24	98.9%	≥95%	Monthly	Common Cause	Capable	99.4%	98.3%	100.6%	98.9%	99.0%	96.7%	97.4%	99.3%	99.2%	99.9%	99.6%	99.3%	99.5%	98.9%	99.7%	98.9%
Percentage of Diagnostic waiting times less than 6 weeks	Feb-24	98.8%	≥99%	Monthly	Common Cause	Hit or Miss	99.4%	96.9%	101.8%	100.0%	100.0%	99.3%	100.0%	99.4%	100.0%	100.0%	100.0%	100.0%	99.5%	97.9%	100.0%	98.8%
Deliver (Call Centre and Clinical)																						
Average Call Waiting Time	Feb-24	163	≤ 2 Mins (120 Sec)	Monthly	Improvement (Run Below Average)	Hit or Miss	223	9	438	387	195	122	120	120	87	144	143	104	100	72	124	163
Average Call Abandonment Rate	Feb-24	14.7%	≤15%	Monthly	Common Cause	Capable	13.3%	3.0%	23.6%	20.9%	11.5%	8.1%	7.4%	7.2%	5.6%	8.7%	8.9%	6.2%	6.9%	6.6%	11.5%	14.7%
Mixed Sex Accommodation Breaches	Feb-24	0	Zero Breaches	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Feb-24	3.70%	≤ 2.67%	Monthly (Rolling 3 Months)	Common Cause	Hit or Miss	1.73%	-2.80%	6.27%	3.80%	1.49%	0.00%	6.25%	1.27%	0.00%	1.47%	1.67%	3.03%	3.08%	3.51%	1.35%	3.70%
VTE Risk Assessment	Feb-24	99.1%	≥95%	Monthly	Common Cause	Capable	99.0%	97.6%	100.4%	99.4%	98.7%	99.5%	99.0%	99.5%	98.9%	98.4%	98.5%	99.7%	98.9%	98.2%	99.4%	99.1%
Posterior Capsular Rupture rates (Cataract Operations Only)	Feb-24	0.53%	≤1.95%	Monthly	Common Cause	Capable	0.89%	0.16%	1.62%	0.95%	1.05%	0.80%	0.82%	1.03%	0.99%	1.15%	1.05%	1.06%	0.75%	0.42%	0.64%	0.53%
MRSA Bacteraemias Cases	Feb-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile Cases	Feb-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Feb-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Rate - cases	Feb-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Deliver (Quality and Safety)																						
Inpatient Scores from Friends and Family Test - % positive	Feb-24	96.0%	≥90%	Monthly	Common Cause	Capable	95.5%	93.4%	97.6%	97.6%	96.7%	96.0%	95.3%	96.6%	95.5%	94.7%	95.5%	95.4%	96.1%	96.3%	96.4%	96.0%
A&E Scores from Friends and Family Test - % positive	Feb-24	93.4%	≥90%	Monthly	Improvement (Run Above Average)	Capable	92.7%	90.2%	95.2%	93.0%	92.6%	91.3%	90.7%	92.0%	92.5%	93.3%	93.1%	93.3%	94.2%	93.6%	94.5%	93.4%
Outpatient Scores from Friends and Family Test - % positive	Feb-24	93.6%	≥90%	Monthly	Common Cause	Capable	93.4%	92.3%	94.5%	94.5%	93.5%	93.0%	92.9%	94.2%	93.3%	92.8%	93.3%	93.4%	94.5%	94.5%	94.2%	93.6%
Paediatric Scores from Friends and Family Test - % positive	Feb-24	93.2%	≥90%	Monthly	Common Cause	Capable	94.3%	90.4%	98.3%	92.7%	96.7%	96.1%	93.8%	95.3%	94.7%	96.3%	94.6%	96.0%	94.9%	95.5%	95.2%	93.2%
Percentage of responses to written complaints sent within 25 days	Jan-24	91.7%	≥80%	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	77.7%	48.2%	107.3%	72.2%	77.3%	71.4%	84.2%	84.6%	91.7%	88.2%	100.0%	91.7%	100.0%	87.5%	91.7%	n/a
Percentage of responses to written complaints acknowledged within 3 days	Feb-24	100.0%	≥80%	Monthly	Improvement (Run Above Average)	Capable	96.0%	82.3%	109.6%	94.4%	100.0%	85.7%	100.0%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Freedom of Information Requests Responded to Within 20 Days	Jan-24	98.3%	≥90%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	88.6%	61.4%	115.7%	90.6%	93.9%	90.9%	95.0%	83.3%	27.7%	52.0%	81.6%	82.5%	41.5%	66.7%	98.3%	n/a
Subject Access Requests (SARs) Responded To Within 28 Days	Jan-24	92.9%	≥90%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	95.5%	84.5%	106.5%	94.6%	97.6%	100.0%	95.1%	97.2%	97.4%	84.2%	87.8%	94.6%	96.2%	97.3%	92.9%	n/a
Deliver (Incident Reporting)																						
Occurrence of any Never events	Feb-24	1	Zero Events	Monthly	Common Cause	Hit or Miss	0	-1	1	0	1	0	0	0	0	0	0	0	1	0	0	1
Summary Hospital Mortality Indicator	Feb-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
National Patient Safety Alerts (NatPSAs) breached	Feb-24	0	Zero Alerts	Monthly	Common Cause	Hit or Miss	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
Number of Serious Incidents remaining open after 60 days	Feb-24	1	Zero Cases	Monthly	Concern (Higher Than Expected)	Hit or Miss	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Feb-24	262	No Target Set	Monthly	Common Cause	Not Applicable	209	121	296	149	156	205	212	196	204	197	175	133	151	206	243	262

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Sustainability and at Scale																						
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Feb-24	97	No Target Set	Monthly	Common Cause	Not Applicable	102	96	107	104	105	105	108	104	104	103	100	99	102	100	100	97
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Feb-24	45	No Target Set	Monthly	Common Cause	Not Applicable	47	41	52	50	56	53	52	52	50	48	51	46	40	38	41	45
Theatre Cancellation Rate (Non-Medical Cancellations)	Feb-24	0.87%	≤0.8%	Monthly	Common Cause	Hit or Miss	1.01%	-0.27%	2.29%	0.88%	0.69%	1.21%	0.92%	1.24%	1.78%	0.92%	1.43%	0.74%	0.98%	1.28%	0.80%	0.87%
Number of non-medical cancelled operations not treated within 28 days	Feb-24	0	Zero Breaches	Monthly	Common Cause	Hit or Miss	2	-4	7	2	3	2	0	1	2	6	2	3	2	1	4	0
Overall financial performance (In Month Var. £m)	Feb-24	7.32	≥0	Monthly	Improvement (Higher Than Expected)	Hit or Miss	1.98	-0.86	4.82	3.08	5.61	0.27	1.05	1.75	1.81	1.83	0.18	3.09	4.42	6.77	7.75	7.32
Commercial Trading Unit Position (In Month Var. £m)	Feb-24	0.42	≥0	Monthly	Concern	Hit or Miss	0.59	-0.09	1.26	-0.58	-1.11	-0.06	0.22	0.46	0.48	0.77	0.18	0.47	0.30	0.03	0.36	0.42
Working Together																						
Appraisal Compliance	Feb-24	77.2%	≥80%	Monthly	Common Cause	Failing	74.7%	68.5%	80.9%	70.8%	70.6%	71.8%	74.5%	74.9%	76.6%	78.4%	74.4%	69.8%	73.5%	76.4%	78.3%	77.2%
Basic Mandatory IG Training	Feb-24	91.2%	≥90%	Monthly	Common Cause	Capable	92.1%	89.5%	94.7%	90.4%	88.9%	90.0%	90.7%	93.7%	92.6%	90.0%	90.9%	93.5%	92.8%	91.6%	91.5%	91.2%
Staff Sickness (Month Figure)	Jan-24	4.5%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.5%	3.2%	5.7%	4.7%	4.7%	3.8%	3.7%	4.3%	4.1%	4.4%	4.4%	5.2%	4.5%	4.4%	4.5%	n/a
Staff Sickness (Rolling Annual Figure)	Jan-24	4.5%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.4%	4.0%	4.8%	4.7%	4.8%	4.8%	4.7%	4.7%	4.5%	4.5%	4.6%	4.6%	4.5%	4.4%	4.5%	n/a
Proportion of Temporary Staff	Feb-24	17.1%	No Target Set	Monthly	Common Cause	Not Applicable	13.9%	9.4%	18.5%	14.3%	11.8%	14.5%	15.5%	15.1%	15.7%	19.3%	14.8%	15.5%	15.8%	12.7%	13.7%	17.1%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Discover																						
Total patient recruitment to NIHR portfolio adopted studies	Jan-24	122	≥115 (per month)	Monthly (Month in Arrears)	Concern (Run Below Average)	Capable	266	120	411	334	349	261	266	343	298	211	201	225	224	114	122	n/a
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Jan-24	56	≥44	Monthly (Month in Arrears)	Common Cause	Capable	53	49	56	65	67	68	67	53	53	51	50	52	52	55	56	n/a
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Jan-24	4.9%	≥2%	Monthly (Month in Arrears)	Common Cause	Capable	4.8%	4.3%	5.2%	5.8%	5.9%	6.5%	6.6%	5.3%	4.5%	4.5%	4.6%	4.8%	4.9%	4.9%	4.9%	n/a
Context (Activity)																						
Number of A&E Arrivals	Feb-24	6001	No Target Set	Monthly	Common Cause	Not Applicable	5666	4777	6555	5761	6364	6303	6937	6838	6440	5931	5819	6020	5506	5161	5636	6001
Number of A&E Four Hour Breaches	Feb-24	60	No Target Set	Monthly	Common Cause	Not Applicable	33	-29	95	60	59	201	174	45	51	8	22	42	28	52	16	60
Number of Outpatient Appointment Attendances	Feb-24	53356	No Target Set	Monthly	Common Cause	Not Applicable	50025	38166	61884	49830	56076	46355	51892	56203	53235	53982	53369	56118	56378	44705	55549	53356
Number of Outpatient First Appointment Attendances	Feb-24	12789	No Target Set	Monthly	Common Cause	Not Applicable	11565	9022	14107	11445	12872	10797	12616	13354	12882	12886	12650	13222	13424	11177	13250	12789
Number of Outpatient Follow Up Appointment Attendances	Feb-24	40567	No Target Set	Monthly	Common Cause	Not Applicable	38460	28957	47963	38385	43204	35558	39276	42849	40353	41096	40719	42896	42954	33528	42299	40567
Number of Referrals Received	Feb-24	15468	No Target Set	Monthly	Common Cause	Not Applicable	14083	10838	17328	14157	16820	13821	16174	15827	15447	15440	14983	16243	15454	12775	15397	15468
Number of Theatre Admissions	Feb-24	3514	No Target Set	Monthly	Common Cause	Not Applicable	3106	2292	3920	3137	3258	2745	3209	3622	3422	3306	3259	3522	3749	2850	3497	3514
Number of Theatre Elective Daycase Admissions	Feb-24	3249	No Target Set	Monthly	Common Cause	Not Applicable	2837	2039	3636	2851	2971	2447	2926	3315	3119	3001	2987	3238	3473	2600	3231	3249
Number of Theatre Elective Inpatient Admission	Feb-24	76	No Target Set	Monthly	Common Cause	Not Applicable	76	48	104	85	79	70	74	86	74	90	77	79	82	56	90	76
Number of Theatre Emergency Admissions	Feb-24	189	No Target Set	Monthly	Common Cause	Not Applicable	193	152	233	201	208	228	209	221	229	215	195	205	194	194	176	189

Report title	Monthly Finance Performance Report Month 11 – February 2024
Report from	Jonathan Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

For February, the trust is reporting:-

<i>Financial Performance £m</i>	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Income	£314.0m	£29.2m	£29.3m	£0.1m	£288.2m	£300.3m	£12.1m
Pay	(£168.6m)	(£14.0m)	(£14.7m)	(£0.7m)	(£154.5m)	(£160.0m)	(£5.4m)
Non Pay	(£124.9m)	(£12.6m)	(£12.3m)	£0.3m	(£115.1m)	(£115.6m)	(£0.5m)
Financing & Adjustments	(£17.1m)	(£1.4m)	(£1.4m)	(£0.1m)	(£15.7m)	(£14.6m)	£1.2m
CONTROL TOTAL	£3.4m	£1.3m	£0.9m	(£0.4m)	£2.9m	£10.2m	£7.3m

Income and Expenditure

- A £10.18m surplus year to date compared to a planned surplus of £2.86m; £7.32m ahead of plan.
- The trust is reporting a full year forecast of a £11.20m surplus against a planned surplus of £3.40m, in accordance with current forecast change protocols, and with agreement within NCL ICB.

Capital Expenditure

- Capital expenditure as at 29th February totalled £42.7m.
 - Trust funded capital totals £7.4m YTD from a full year £9.5m plan
 - Externally funded capital totals £35.3m YTD from a full year plan of £50.7m

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 note the attached report.

For Assurance	✓	For decision		For discussion		To note	✓
----------------------	---	---------------------	--	-----------------------	--	----------------	---



**Moorfields
Eye Hospital**
NHS Foundation Trust



Monthly Finance Performance Report

Trust Board Report

For the period ended 29th February 2024 (Month 11)

Report Period	M11 February 2024
Presented by	Jonathan Wilson Chief Financial Officer
Written by	Justin Betts Deputy Chief Financial Officer Amit Patel Head of Financial Management Lubna Dharssi Head of Financial Control Richard Allen Head of Income and Contracts



Monthly Finance Performance Report

For the period ended 29th February 2024 (Month 11)

Key Messages

Statement of Comprehensive Income

Financial Position	For February, the Trust is reporting:-
£0.87m surplus in month	<ul style="list-style-type: none">a £0.87m surplus against a planned surplus of £1.31m, £0.43m adversea £10.18m cumulative surplus against a planned surplus of £2.86m, £7.32m favourable.
Income	Total trust income was £29.31m in February, a favourable variance of £0.09m. Material variances include:-
£29.31m in month (including £2.2m ERF funding IM and £8.4m ERF over-performance YTD)	<ul style="list-style-type: none">Weighted average financial activity levels are reporting 126% achievement exceeding the Trusts external ERF plans of 118%. This includes a 4% Industrial action national adjustment.Commercial patient income was £0.22m favourable to planR&D income was on plan in monthOther income was £0.45m favourable primarily driven by delayed HEE funding related to PGME/UGME funding.
Expenditure	Pay is reporting expenditure of £14.68m in February, £0.72m adverse to plan (£5.43m cumulatively).
£26.99m in month (pay, non-pay, excl financing)	<ul style="list-style-type: none">Nursing staffing was £0.21m adverse in month driven by the continuation of high usage of off-framework agency staff in theatre areas.Admin & Clerical staffing was £0.39m adverse in month in a continuation of the £0.20m run rate overspend, retrospective costs related to the workforce reservists bank initiative with UCL, and significant in month project agency.Unachieved pay CIP has driven an adverse variance of £0.18m <p>Non-pay is reporting expenditure of £12.31m in February, £0.27m favourable to plan (£0.48m adverse cumulatively).</p> <ul style="list-style-type: none">Drugs is £0.03m adverse in month (£1.35m adverse cumulatively). The cumulative variance is driven by injection activity (£0.19m) and off-contract drugs premium (£0.40m).Unidentified CIP contributed a further £0.20m to the adverse variance.
Financing and Depreciation	Financing is reporting an adverse variance of £0.06m in month and £1.17m favourable cumulatively consisting of:-
£1.45m in month	<ul style="list-style-type: none">Interest receivable benefits linked to the trust cash balance and increases in BoE interest rates.

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 29 th February was £72.8m, an increase of £12.3m since the end of March 2023.
	The Better Payment Practice Code (BPPC) performance in February was 94% (volume) and 95% (value) against a target of 95% across both metrics.
Capital	Capital expenditure as at 29 th February totalled £42.7m.
(both gross capital expenditure and CDEL)	<ul style="list-style-type: none">Trust funded capital totals £7.4m in-year from a full year £9.5m planExternally funded capital totals £35.3m cumulatively from a full year plan of £50.7m

Other Key Information

Efficiencies	The trust is reporting £6.62m efficiencies cumulatively, £0.54m adverse to plan.
£7.81m identified v £7.81m plan	The trust has identified full year savings of £7.81m compared to a plan of £7.81m shown below.
£6.62m delivered YTD £0.54m adverse	<ul style="list-style-type: none">£1.39m Divisional efficiencies identified/forecast£2.90m Productivity efficiencies identified/forecast£2.98m Industrial Action settlement benefit after costs£0.53m Central efficiencies including non-recurrent identified/forecast
Agency Spend	Trust wide agency spend totals £8.97m cumulatively, approximately 5.6% of total employee expenses spend, in excess of national expectations of 3.7%. The forecast outturn spend is estimated at £9.78m.
£8.97m spend YTD 5.6% total pay	<ul style="list-style-type: none">Workforce have instigated temporary staffing committees for oversight in relation to managing and reporting temporary staffing agency usage and reasons.

/variance

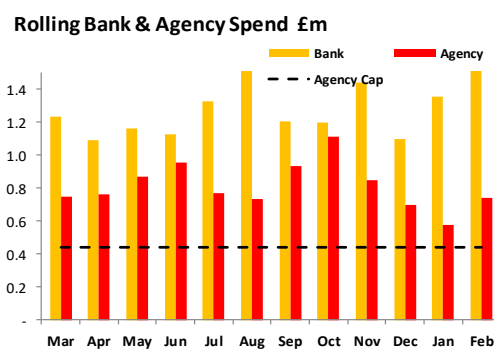
INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m		Year to Date				Forecast		
		Annual Plan	Plan	Actual	Variance	RAG	Plan	Actual
NHS Clinical Income	£191.4m	£176.0m	£183.0m	£7.0m	●			
Pass Through	£39.2m	£36.1m	£36.5m	£0.4m	●			
Other NHS Clinical Income	£9.7m	£9.0m	£9.8m	£0.8m	●			
Commercial Trading Units	£45.2m	£41.3m	£40.9m	(£0.4m)	●			
Research & Development	£16.6m	£15.0m	£17.6m	£2.6m	●			
Other	£11.9m	£10.8m	£12.4m	£1.6m	●			
INCOME INCL ERF	£314.0m	£288.2m	£300.3m	£12.1m				

PAY AND WORKFORCE

CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
Trust Funded	(£9.5m)	(£8.8m)	(£7.4m)	(£1.4m)	●			
Donated/Externally funded	(£55.3m)	(£50.7m)	(£35.3m)	(£15.4m)	●			
TOTAL	£64.8m	£59.5m	£42.7m	(£16.8m)				



Key Metrics	Plan	Actual	RAG
Cash	53.8	72.8	🟢
Debtor Days	45	23	🟢
Creditor Days	45	48	🔴
PP Debtor Days	65	44	🟢

Net Receivables/Ageing £m

The top donut chart shows the breakdown of Net Receivables by customer type. The total is £20.3m. The segments are: NHS - ICB (3.3), Other NHS (1.7), NON NHS (9.0), LCC (0.4), PP (2.6), and Dubai (3.2).

Customer Type	Value (£m)
NHS - ICB	3.3
Other NHS	1.7
NON NHS	9.0
LCC	0.4
PP	2.6
Dubai	3.2

The bottom donut chart shows the breakdown of Net Receivables by ageing period. The total is £20.3m. The segments are: 0-60 Days (13.5), 60-180 Days (2.6), 180+ Days (1.6), and 2022/23+ (2.5).

Ageing Period	Value (£m)
0-60 Days	13.5
60-180 Days	2.6
180+ Days	1.6
2022/23+	2.5

Trust Income and Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date				RAG
		Plan	Actual	Variance	Plan	Actual	Variance	%	
Income									
NHS Commissioned Clinical Income	205.14	20.63	19.06	(1.57)	188.64	187.60	(1.04)	(1)%	●
Other NHS Clinical Income	9.74	0.85	0.89	0.04	8.96	9.77	0.81	9%	●
Commercial Trading Units	45.21	3.81	4.04	0.22	41.33	40.95	(0.38)	(1)%	●
Research & Development	16.58	1.56	1.57	0.01	15.03	17.65	2.62	17%	●
Other Income	11.88	0.14	0.59	0.45	10.78	12.39	1.61	15%	●
Total Income	288.54	26.99	26.14	(0.85)	264.73	268.35	3.62	1%	●
Operating Expenses									
Pay	(168.62)	(13.96)	(14.68)	(0.72)	(154.54)	(159.97)	(5.43)	(4)%	●
Of which: Unidentified CIP	1.17	0.18	-	(0.18)	0.99	-	(0.99)		
Drugs	(41.11)	(3.58)	(3.61)	(0.03)	(37.83)	(39.18)	(1.35)	(4)%	●
Clinical Supplies	(26.29)	(2.27)	(2.19)	0.09	(24.19)	(22.24)	1.95	8%	●
Other Non Pay	(57.48)	(6.73)	(6.52)	0.21	(53.07)	(54.16)	(1.09)	(2)%	●
Of which: Unidentified CIP	1.49	0.20	-	(0.20)	1.28	-	(1.28)		
Total Operating Expenditure	(293.50)	(26.54)	(26.99)	(0.45)	(269.64)	(275.55)	(5.91)	(2)%	●
EBITDA	(4.96)	0.46	(0.85)	(1.30)	(4.91)	(7.20)	(2.29)	(47)%	●
Financing & Depreciation	(17.67)	(1.43)	(1.37)	0.05	(16.20)	(14.74)	1.45	9%	●
Donated assets/impairment adjus	0.52	0.04	(0.07)	(0.12)	0.48	0.19	(0.29)	(60)%	●
Control Total Surplus/(Deficit) Pre ERF	(22.10)	(0.93)	(2.29)	(1.37)	(20.63)	(21.75)	(1.13)	(5)%	●
Elective Recovery Funding	25.51	2.23	3.17	0.94	23.49	31.93	8.44	36%	●
Control Total Surplus/(Deficit) Post ERF Income	3.40	1.31	0.87	(0.43)	2.86	10.18	7.32		●

Commentary

Operating Income Clinical activity levels recorded were 94% for Daycases, 102% for Outpatients First Attendances and 105% for Outpatients Procedures during February, with activity-based income totalling £19.06m. Notable variances include:-

£0.85m favourable to plan in month excl ERF

- Clinical income was £19.06m, £1.57m adverse to plan largely as a result of activity levels at Stratford and St Annes being adverse to plan.
- Commercial trading income was £4.04m, £0.22m favourable to plan.
- Research and Development income at £1.57m was on plan
- Other Income was £0.59m; £0.45m favourable to plan.

Employee Expenses February pay is reported as £14.68m against a cumulative trend of £14.60m in the prior 12 months. Pay is £0.72m overspent in month and £5.43m cumulatively.

£0.72m adverse to plan in month

- The significant drivers for the year to date overspend are:-
 - Nursing off-framework agency premium in Theatres £1.39m
 - Agency cover in corporate areas for projects and vacancies £1.1m
- Bank and agency costs totalled £2.39m in month against a rolling 12-month average of £2.09m. Agency costs are £0.74m in month and £8.97m in-year. High agency use continues mainly in theatres and corporate areas, with IT and Workforce being the highest corporate areas of use.
- Unachieved CIP accounts for £0.18m of the in-month adverse variance and £0.99m cumulatively.

Non-Pay Expenses Non-Pay costs in February were £12.31m against a cumulative trend of £11.67m in the prior 12 months.

£0.05m adverse to plan in month

(non-pay and financing)

- Drugs expenditure was on plan in month reflecting injection activity in month. Expenditure was £3.61m in month against prior month expenditure of £3.54m.
- Clinical supplies expenditure was £0.09m favourable to plan in month with actual expenditure of £2.19m in February.
- Other non-pay was £0.21m favourable to plan in month with actual expenditure of £6.52m in February against £6.80m in the prior month. Expenditure has increased in month with high levels of expenditure in invest to save schemes and IT project commitments.

Trust Patient Clinical Activity/Income Performance

PATIENT ACTIVITY AND CLINICAL INCOME

ER	Point of Delivery	Activity In Month				Activity YTD				Weighted YTD Income £m			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
ERF Activity	Daycase / Inpatients	3,446	3,244	(202)	94%	33,904	33,963	59	100%	£50.13	£50.76	£0.63	
	OP Firsts	11,568	11,802	234	102%	121,738	129,230	7,492	106%	£22.72	£23.80	£1.08	
	OP Procedures	19,167	20,192	1,025	105%	201,708	230,371	28,663	114%	£27.24	£33.97	£6.73	
	ERF Activity Total									£100.09	£108.53	£8.44	126%
Non ERF Activity	OP Follow Ups	21,817	20,049	(1,768)	92%	229,593	207,369	(22,224)	90%				
	High Cost Drugs Injection	4,241	4,493	252	106%	44,631	49,230	4,599	110%				
	Non Elective	219	184	(35)	84%	2,529	2,235	(294)	88%				
	AandE	6,264	6,001	(263)	96%	72,355	66,580	(5,775)	92%				
	Other NHS clinical income												
Total		66,722	65,965	(757)	99%	706,458	718,978	12,520	102%				

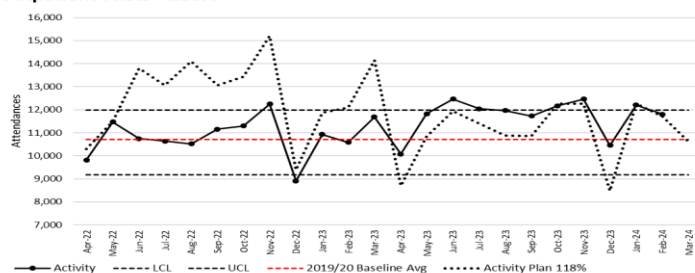
Income Figures Excludes CQUIN, Bedford, and Trust to Trust test income.

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

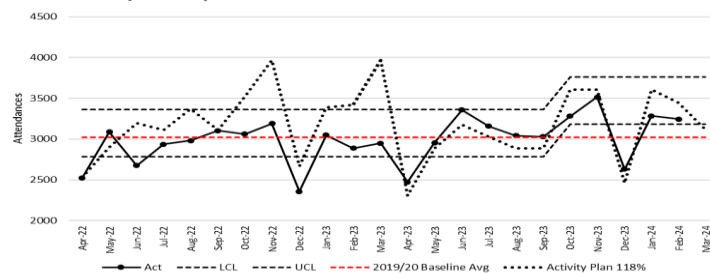
Performance % figures above, represent the Trust performance against the external activity target. Financial values shown are for ERF activity only.

ACTIVITY TREND - ERF COMPONENTS

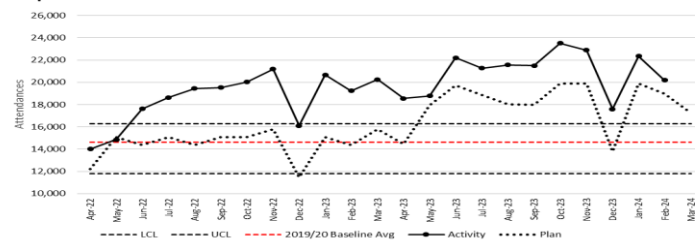
Outpatient Firsts - 118%



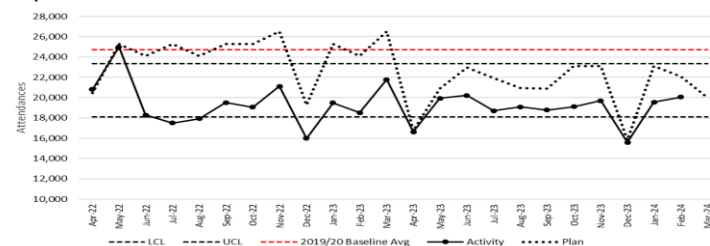
Elective Activity - 118% plan



Outpatient Procedures



Outpatient FU



Commentary

NHS Income

ERF Achievement

The calculated ERF performance (against the 118% target) is estimated at £8.4m favourable variance equating to 126% activity delivery (including the national IA adjustment of 4%) consisting of:-

ERF Activity performance achievement

- **Inpatient activity** achieved 94% of activity plans in February (100% cumulatively);
- **Outpatient Firsts Activity** achieved 102% of activity plans in February (106% cumulatively);
- **Outpatient Procedures Activity** achieved 105% of activity plans in February; (114% cumulatively)

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 106% of activity plans in February (110% cumulatively);
- **A&E** achieved 96% of activity plans in February (92% cumulatively);

- NHS Patient Clinical activity income in February has been estimated based on draft Elective Recovery Funding (ERF) calculations received in February and is subject to confirmation with the ICB.

Activity plans and ERF

The Trust has an external Elective Recovery Fund (ERF) target of 118% for financially Weighted Activity Units (WAU) and has a stretch target of 121% in order to contribute towards the trusts efficiencies and productivity plans as shown on slide eight.

The monetary values to the left are representative of activity relating to ERF activity only, and will include WAU income based on the casemix and complexity recorded.

Activity Plans

The charts to the left demonstrate the in-year activity levels compared to the previous year, including the 118% activity plans, and 2019/20 average activity levels for comparison.

The red line represents average 2019/20 activity levels.

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

CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Estates - Trust Funded	4.1	3.9	4.2	0.3
Medical Equipment - Trust Funded	2.1	2.0	1.2	(0.8)
IT - Trust Funded	1.2	1.0	1.1	0.1
ORIEL - Trust Funded	-	-	-	-
Commercial - Trust funded	1.3	1.3	1.0	(0.3)
Other - Trust funded	0.8	0.6	(0.0)	(0.6)
TOTAL - TRUST FUNDED	9.5	8.8	7.4	(1.4)
Externally funded	55.3	50.7	35.3	(15.4)
TOTAL INCLUDING DONATED	64.8	59.5	42.7	(16.8)

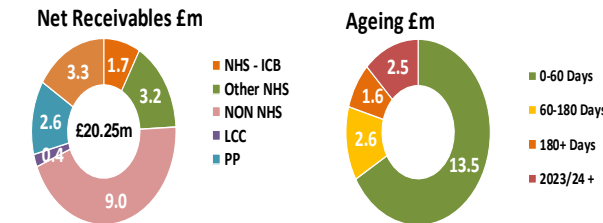
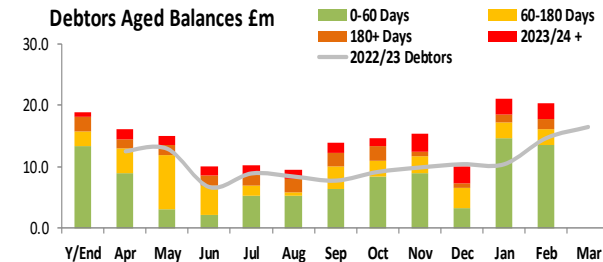
Capital Funding £m	Annual Plan	Secured	Not Yet		% Secured
			Secured	Secured	
ICS Fair Share Allocation	9.5	10.5	(1.0)	110%	
Cash Reserves - Oriel	-	-	-	-	
Cash Reserves - B/Fwd	-	-	-	-	
Capital Loan Repayments	-	-	-	-	
TOTAL - TRUST FUNDED	9.5	10.5	(1.0)	110%	
Externally funded	55.1	53.9	1.2	98%	
Donated/Charity	0.2	0.2		100%	
TOTAL INCLUDING DONATED	64.8	64.6	0%	100%	

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	262.8	256.2	251.3	(4.9)
Current assets (excl Cash)	33.9	33.9	43.3	9.4
Cash and cash equivalents	57.1	53.8	72.8	19.1
Current liabilities	(68.2)	(68.4)	(66.8)	1.6
Non-current liabilities	(66.9)	(67.9)	(77.1)	(9.2)
TOTAL ASSETS EMPLOYED	218.6	207.6	223.5	15.9

RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2020/21 +	Total
CCG Debt	1.7	0.0	-	(0.0)	1.7
Other NHS Debt	2.5	0.2	0.2	0.3	3.2
Non NHS Debt	6.6	0.5	0.6	1.4	9.0
Commercial Unit Debt	2.8	1.8	0.9	0.9	6.3
TOTAL RECEIVABLES	13.5	2.6	1.6	2.5	20.3



OTHER METRICS

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

Commentary

Cash and Working Capital The cash balance as at the 29th February was £72.8m, an increase of £12.3m since the end of March 2023.

Capital Expenditure Capital expenditure as at 29th February totalled £42.7m.

- Trust funded capital totals £7.4m cumulatively from a full year £9.5m plan
- Externally funded capital totals £35.3m YTD from a full year plan of £50.7m

Trust funded capital plans have fully committed capital expenditure to achieve the revised £9.5m notified allocation.

Receivables Receivables have increased by £1.4m to £20.3m since the end of the 2022/23 financial year. The increase is due to commercial billing raised in month which is not yet due. Debt in excess of 60 days increased by £0.4m in February which was offset by a reduction in current debt by £1.2m.

Payables Payables totalled £16.6m at the end of February, a reduction of £7.8m since the end of March 2023.

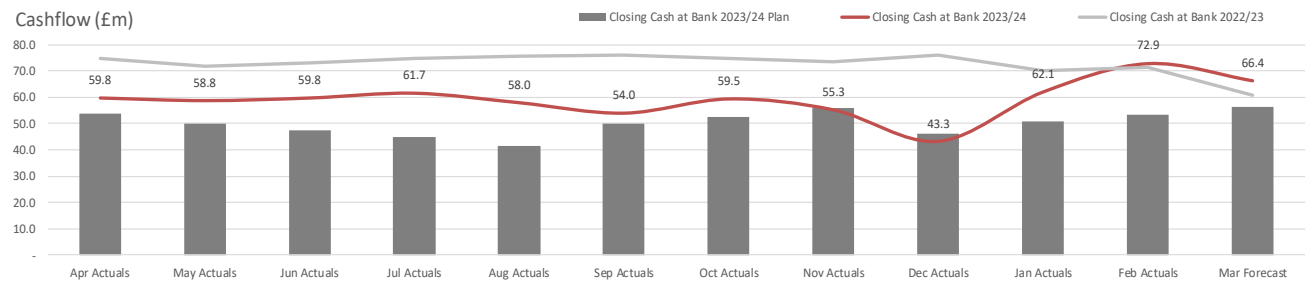
The trust's performance against the Better Payment Practice Code (BPPC) was 94% (volume) and 95% (value) against a target of 95%. Prior month achievement was 92% (volume) and 94% (value).

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

Trust Statement of Financial Position – Cashflow

Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Actuals	Feb Actuals	Mar Forecast	Outturn Total	Feb Forecast	Feb Var
Opening Cash at Bank	60.6	59.8	58.8	59.8	61.7	58.0	54.0	59.5	55.3	43.3	62.1	72.9	60.6		
Cash Inflows															
Healthcare Contracts	19.6	18.5	24.0	20.4	18.9	19.0	20.9	18.5	18.9	21.4	24.0	19.2	243.3	20.2	3.8
Other NHS	5.3	0.8	5.1	3.3	1.3	0.4	3.2	1.7	2.6	1.3	2.9	0.8	28.7	0.8	2.1
Moorfields Private/Dubai/NCS	3.0	4.3	3.5	3.3	3.3	3.7	4.2	3.9	3.7	4.3	3.9	3.8	45.1	3.6	0.3
Research	1.2	1.0	0.7	0.9	0.8	1.1	0.7	0.5	1.6	0.8	4.6	1.6	15.6	1.6	3.1
VAT	0.6	0.4	0.4	-	1.3	0.4	0.3	0.5	0.5	2.7	-	0.5	7.7	0.5	(0.5)
PDC	-	-	-	-	-	-	13.0	-	-	17.1	6.7	1.8	38.5	6.7	(0.0)
Other Inflows	0.8	0.4	0.2	0.8	0.2	0.3	0.2	0.2	0.2	0.2	0.2	7.3	11.1	0.3	(0.0)
Total Cash Inflows	30.5	25.4	33.9	28.7	25.9	25.0	42.6	25.4	27.6	47.8	42.4	34.9	390.0	33.6	8.8
Cash Outflows															
Salaries, Wages, Tax & NI	(10.9)	(11.6)	(14.4)	(13.5)	(11.7)	(12.2)	(12.5)	(12.3)	(12.6)	(12.8)	(12.6)	(12.6)	(149.9)	(12.6)	0.0
Non Pay Expenditure	(15.7)	(12.3)	(15.4)	(11.6)	(14.7)	(13.4)	(12.0)	(14.4)	(10.0)	(13.1)	(14.9)	(15.5)	(163.0)	(11.7)	(3.2)
Capital Expenditure	(2.7)	(1.1)	(1.3)	(0.6)	(0.8)	(0.2)	(2.1)	(0.9)	(0.1)	(0.2)	(2.1)	(4.5)	(16.4)	(3.5)	1.4
Oriel	(0.2)	(0.2)	(0.4)	(0.1)	(0.3)	(0.6)	(9.3)	(0.7)	(15.5)	(1.7)	(0.2)	(5.3)	(34.5)	(2.9)	2.8
Moorfields Private/Dubai/NCS	(1.8)	(1.2)	(1.5)	(1.0)	(1.5)	(1.2)	(1.2)	(1.3)	(1.3)	(1.2)	(1.1)	(1.8)	(16.2)	(1.8)	0.7
Financing - Loan repayments	-	-	-	-	(0.6)	(0.7)	-	-	-	-	(0.6)	(0.7)	(2.7)	(0.6)	-
Dividend and Interest Payable	-	-	-	-	-	(0.6)	-	-	-	-	-	(0.9)	(1.5)	-	-
Total Cash Outflows	(31.3)	(26.4)	(32.9)	(26.8)	(29.5)	(29.0)	(37.1)	(29.5)	(39.6)	(28.9)	(31.5)	(41.4)	(384.2)	(33.3)	1.7
Net Cash inflows /(Outflows)	(0.7)	(1.0)	1.0	1.8	(3.6)	(4.0)	5.4	(4.2)	(12.0)	18.8	10.8	(6.5)	-	0.3	10.5
Closing Cash at Bank 2023/24	59.8	58.8	59.8	61.7	58.0	54.0	59.5	55.3	43.3	62.1	72.9	66.4	66.4		
Closing Cash at Bank 2023/24 Plan	53.9	50.0	47.2	44.9	41.4	49.8	52.4	55.9	46.3	50.6	53.1	56.4	56.4		
Closing Cash at Bank 2022/23	74.7	71.9	73.0	74.8	75.7	75.8	74.7	73.5	76.1	70.3	71.2	60.6	60.6		



Commentary

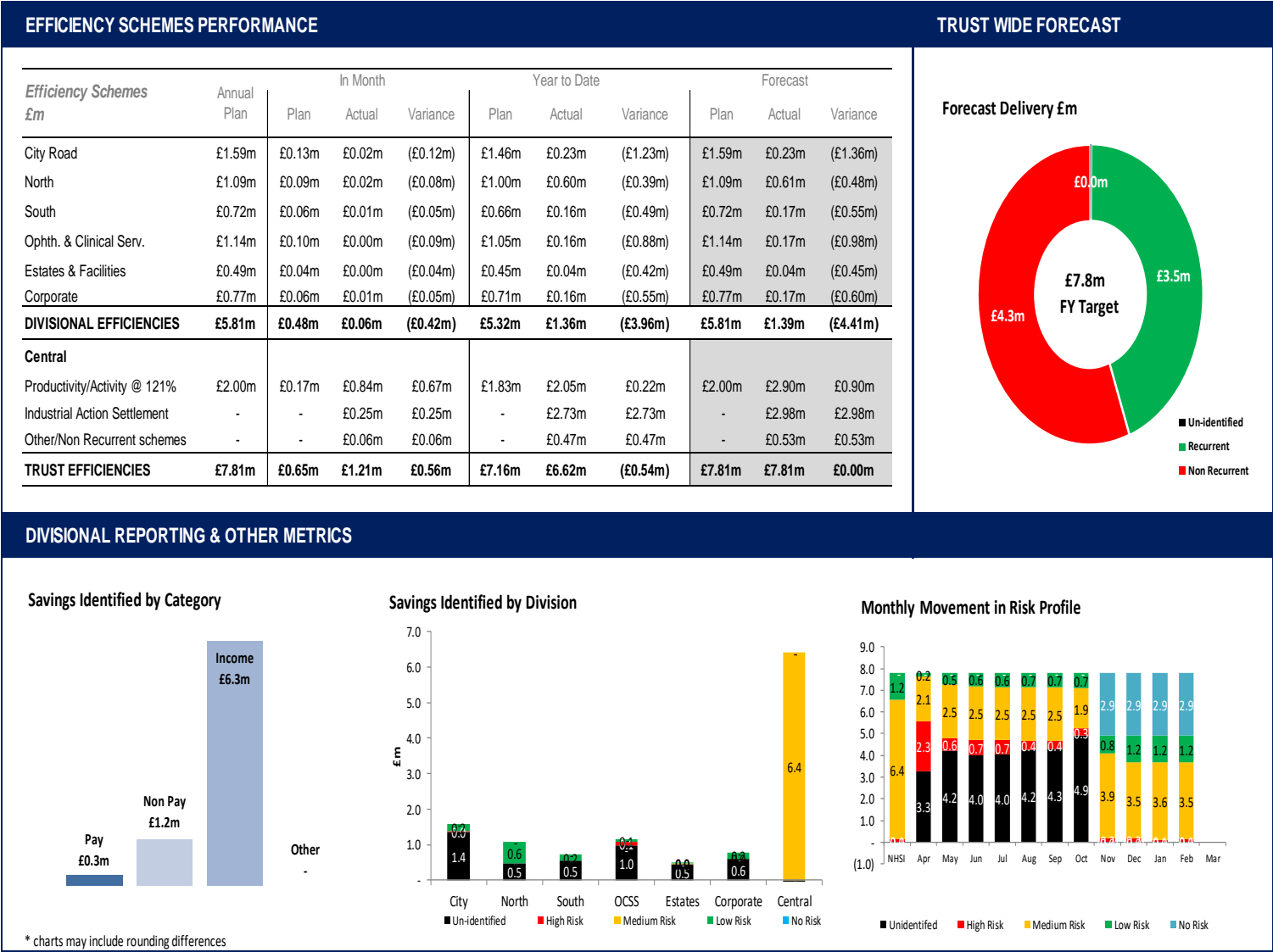
Cash flow The cash balance as at the 29th February was £72.8m, an increase of £12.3m since the end of March 2023.

The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The trust currently has 100 days of operating cash (prior month: 86 days).

February saw a cash inflow of £10.8m against a forecast of £0.3m due to higher than anticipated cash receipts for NHS and research income and lower than expected capital payments. March will also see the receipt of the balance of Oriel PDC funding together with £7m of charitable donations in relation to Oriel.

The cash flow forecast for the end of the financial year is showing a closing cash position higher than plan due to improved debt collection resulting in higher than anticipated receipts and large capital spend in March not due for payment until the new financial year.

Trust Efficiency Scheme Performance



DIVISIONAL REPORTING & OTHER METRICS

Savings Identified by Category

Pay
£0.3m

Non Pay
£1.2m

Income
£6.3m

Other
-

Savings Identified by Division

City
1.4

North
0.6

South
0.5

OCCS
1.0

Estates
0.5

Corporate
0.6

Central
6.4

■ Un-identified
■ High Risk
■ Medium Risk
■ Low Risk
■ No Risk

Monthly Movement in Risk Profile

Unidentified
High Risk
Medium Risk
Low Risk
No Risk

* charts may include rounding differences

Commentary

Reporting	Trust efficiencies are managed and reported via the CIP Board.
Identified Savings	The divisional reporting segment highlights the level of identified schemes by division and the corresponding risk profile for these schemes.
In Year Delivery	<div>The trust is reporting efficiency savings achieved of:-<ul style="list-style-type: none">£1.21m in month, compared to a plan of £0.65m, £0.56m favourable to plan;£6.62m year to date, compared to a plan of £7.16m, £0.54m adverse to plan.</div>
Productivity	<div>Productivity efficiency schemes represent the level of ERF activity performance in excess of the external 118% activity target, by financial weighted average income, less the estimated level of costs of delivery within clinical divisions.<ul style="list-style-type: none">The trust has set baseline internal activity targets of 121%+, which subject to case mix and national guidance would represent £3.0m additional income prior to identified marginal costs of delivery.The trust has also benefited from the national Industrial Action settlement reported as a non-recurrent benefit.</div>
Risk Profiles	The charts to the left demonstrates the identified saving by category, divisional identification status including risk profiles, and the trust wide monthly risk profile changes for identified schemes as the year progresses.
Forecast	The trust is currently forecasting to achieve £7.81m of savings against a £7.81m plan.

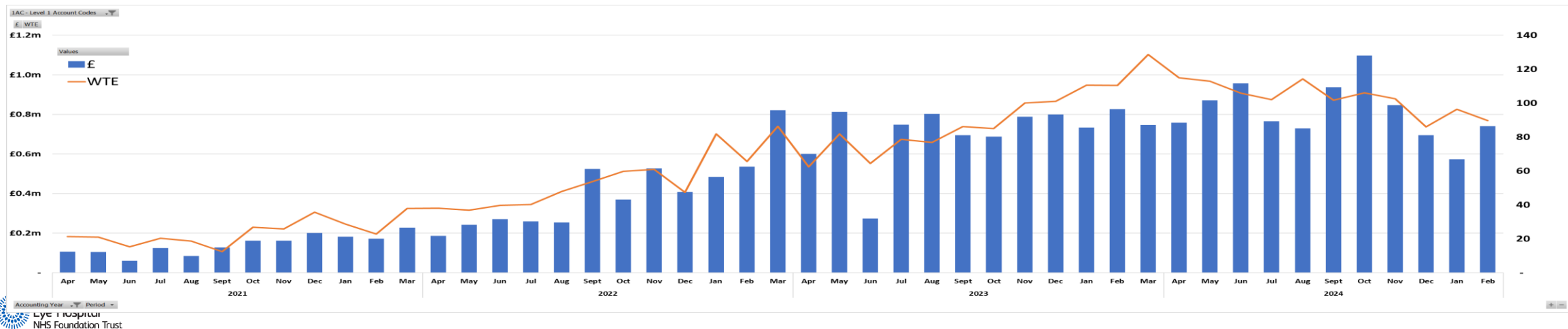
Supplementary Information

Workforce – Agency Reporting

AGENCY SPEND REPORTING

Pay Expense Reporting £m	2022/23			2023/24											YTD	YTD
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	£m	%
Agency																
Clinical Divisions	0.660	0.543	0.520	0.372	0.504	0.508	0.491	0.428	0.592	0.647	0.507	0.351	0.214	0.337	4.951	55%
Coporate Departments	0.047	0.246	0.328	0.261	0.279	0.320	0.281	0.190	0.261	0.310	0.258	0.259	0.295	0.287	3.001	33%
Commercial/Trading	(0.063)	(0.016)	(0.066)	0.025	0.027	0.045	0.020	0.077	0.035	0.097	0.028	0.022	0.031	0.057	0.464	5%
Research	0.089	0.054	0.065	0.100	0.059	0.085	(0.027)	0.035	0.049	0.044	0.053	0.063	0.034	0.059	0.554	6%
Total Agency	0.733	0.827	0.847	0.758	0.871	0.957	0.765	0.730	0.937	1.097	0.846	0.695	0.573	0.740	8.969	
Agency																
Medical Staff	0.136	0.097	0.068	0.077	0.080	0.098	0.100	0.104	0.103	0.095	0.104	0.078	0.047	0.095	0.980	11%
Nursing Staff	0.201	0.224	0.186	0.186	0.249	0.191	0.140	0.105	0.139	0.273	0.133	0.125	0.140	0.121	1.802	20%
Scientific & Technical	0.116	0.065	0.065	0.039	0.056	0.062	(0.031)	0.051	0.252	0.158	0.125	0.093	0.076	0.069	0.950	11%
Allied Health Professionals	-	-	0.001	0.009	0.004	0.001	-	-	0.003	0.016	0.001	0.005	-	0.002	0.040	0%
Clinical Support	0.121	0.104	0.036	0.033	0.110	0.132	0.291	0.143	0.091	0.101	0.073	0.039	0.060	0.055	1.129	13%
Admin And Clerical	0.144	0.324	0.391	0.405	0.360	0.435	0.257	0.282	0.337	0.442	0.400	0.338	0.234	0.376	3.865	43%
Ancillary Services	0.014	0.015	(0.003)	0.010	0.011	0.038	0.008	0.044	0.012	0.013	0.011	0.017	0.016	0.022	0.203	2%
Total Agency	0.733	0.827	0.744	0.758	0.871	0.957	0.765	0.730	0.937	1.097	0.846	0.695	0.573	0.740	8.969	

*Excludes central budgets



Report title	Staff Survey results 2023
Report from	Mark Gammage, Interim Chief People Officer
Prepared by	Carolyn Parker, Associate Director Employee Experience
Link to strategic objectives	Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values.

Executive summary

This paper sets out a high-level overview of the trust's performance for Staff Survey 2023. Data is included to show the trust's performance: year-on-year; as compared with our benchmarking group of acute specialist trusts; and against our comparators across North Central London (NCL) Integrated Care System (ICS).

Our response rate improved to 66%, as compared to 50% in the 2022 survey, and endorses the work that was undertaken to increase participation.

Against the seven key NHS People promises, plus the additional themes of engagement and morale, we have seen our scores improve against five themes, maintain against two and worsen against one*. These improvements should be seen against the backdrop of a markedly improved response rate.

*Please note that the score for 'We are safe and healthy' is not included in this analysis due to a data quality issue identified at a national level.

The theme that saw a deterioration – 'we have a voice that counts' – was the only area to slightly worsen and this was largely driven by scores relating to raising concerns, an issue which is being addressed through our changes to Freedom to Speak Up and other initiatives such as the shared decision-making councils.

Whilst it is pleasing to see improvements in the majority of scores year-on-year, it should be noted that many of these increases are not dramatic. We recognise fully that we are on a journey and are not complacent about the significant work we need to do to improve staff engagement and satisfaction to levels we are proud of.

Considering the results, the paper makes an early suggestion that the trust focusses its trust-wide action plan on the following three themes:

- We are compassionate and inclusive.
- We each have a voice that counts.
- We are always learning.

However, this is subject to further detailed analysis and consideration. The paper therefore proposes that a finalised trust-wide action plan, with confirmed areas of focus, is presented at the People and Culture Committee scheduled for 7 May 2024.

Context

This is the third year that Staff Survey has been structured in alignment with the seven NHS People Promise themes, plus the themes of Engagement and Morale. This has the benefit of enabling us to present a three-year trend analysis. For the second year running, we have worked with Picker as our preferred supplier.

Since 2021, the trust has had a sustained strategic focus on Staff Survey, with the aim of increasing participation and building colleagues' trust in the Staff Survey process. This has included:

- Visible senior leadership role modelling, and a move away from Staff Survey being seen to be a Workforce and OD owned endeavour.
- Shifting the emphasis to ensure an ongoing and iterative approach to engagement, that recognises the annual Staff Survey has an input to our efforts.
- Increased emphasis and communication on actions taken as a result of Staff Survey results, both at a trust-wide and local level, via the “You Said, We Have” communication campaign.
- Incentivising participation, via prize drawers and coffee vouchers.
- Enlisting Staff Survey Ambassadors to enable peer-to-peer advocacy for the Staff Survey.

High level results and comparator data:

This year, we achieved a final, confirmed response rate of 66%. This is a 16% year-on-year increase against our 2022 response rate of 50%. It was the highest response rate in the acute specialist trust benchmarking group, and against our NCL comparator group. It is also 18% points higher than the national average. This is testament to the work undertaken to increase participation.

Against the seven NHS People Promise themes, plus the themes of Engagement and Morale, we have seen scores improve against five themes, maintain against two themes, and worsen against one theme. The theme ‘We each have a voice that counts’ was the only theme to worsen year-on-year. This is primarily driven by a reduction in the sub-theme score related to raising concerns.

All of the themes that were prioritised for action in our trust-wide action plan have seen an improvement year-on-year. These are: We are recognised and rewarded; We are safe and healthy; and We are always learning. The NHS Staff Survey Coordination Centre undertake statistical significance testing, to identify whether changes in scores represent a statistically significant change. The improvements in the theme scores for ‘We are safe and healthy’ and ‘Morale’ were the only statistically significant shifts. We are safe and healthy increased from 6.1 to 6.3* year on year, whilst Morale increased from 5.8 to 6.0 year on year.

*Please note that this score was reported prior to the data quality issue being identified, this score is therefore subject to validation and is not reported in the following images.

The theme ‘We each have a voice that counts’ was the only theme to worsen year-on-year. This is primarily driven by a reduction in the sub-theme score related to raising concerns. It is anticipated that ongoing work to strengthen and improve our Freedom to Speak Up arrangements and, inter alia, the introduction of shared decision-making committees will be key to addressing this.

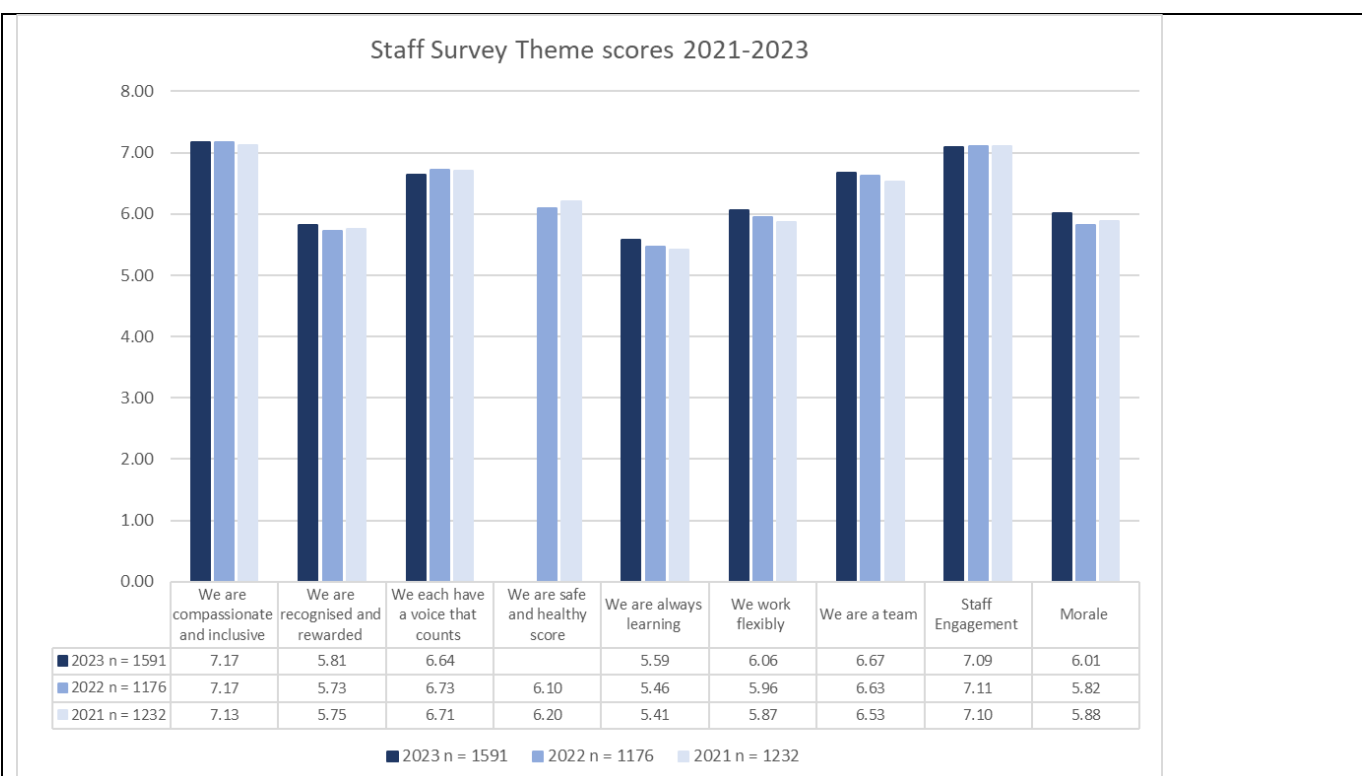


Image 1: Trust results for 2021-2023

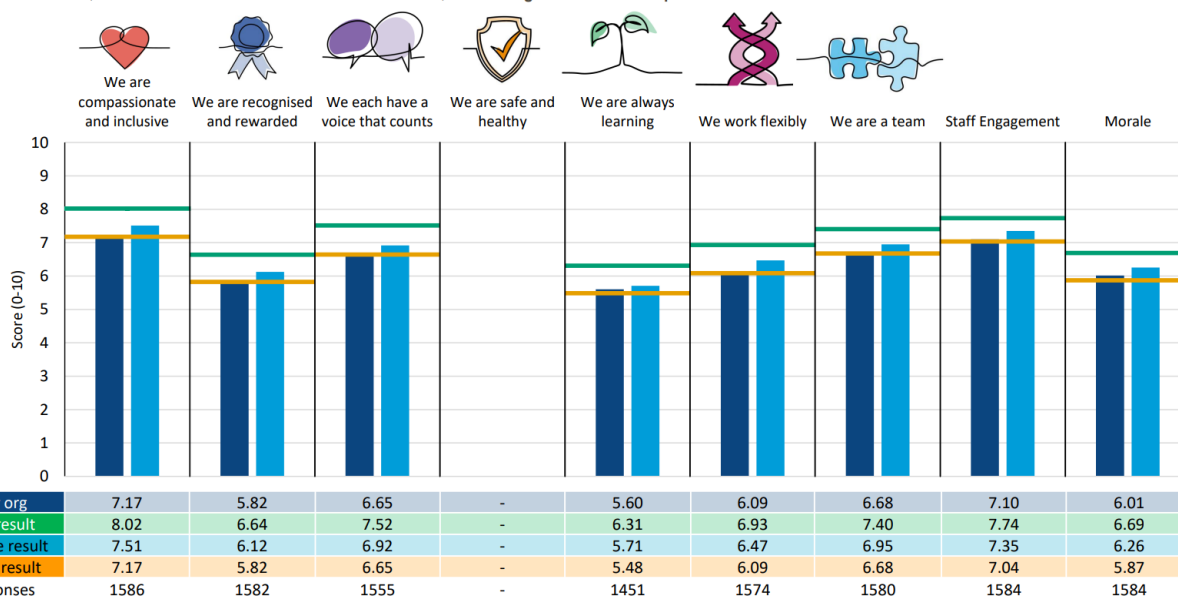
At a question level, of the 97 questions where we have historical data, as a trust our scores year-on-year have:

- Improved against 54 questions.
- Maintained against 18 questions.
- Declined against 25 questions.

Overall, 74% of questions have maintained or improved year-on-year versus 61% of questions in 2022.

The report provided by NHS Staff Survey Coordination Centre provides an overview of our performance against our benchmark group, which comprises the 12 other specialist trusts who work with our Staff Survey provider, Picker. Trusts included within the benchmarking group of acute specialist trusts include: Royal National Orthopaedic Hospital NHS Trust; Liverpool Heart and Chest Hospital NHS Foundation Trust; The Christie NHS Foundation Trust; The Clatterbridge Cancer Centre NHS Foundation Trust; Liverpool Women's NHS Foundation Trust; The Walton Centre NHS Foundation Trust; Royal Papworth Hospital NHS Foundation Trust; The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust; Great Ormond Street Hospital for Children NHS Foundation Trust; Queen Victoria Hospital NHS Foundation Trust; The Royal Marsden NHS Foundation Trust; and The Royal Orthopaedic Hospital NHS Foundation Trust.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Note: 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhstaffsurveys.com/survey-documents/> for more details.

Image 2: Trust results as compared with the average, best and worst scores for our benchmark group

It is clear from this that whilst we have made improvements, our theme scores are consistently lower than the average for our benchmarking group, and for five themes we are the lowest performing trust. These are: 'We are compassionate and inclusive'; 'We are recognised and rewarded'; 'We each have a voice that counts'; 'We work flexibly'; and 'We are a team'. Given that a number of the acute specialist trusts are outside of London, working within a different operating context and staff profile, we have also undertaken a comparison against trusts within NCL.

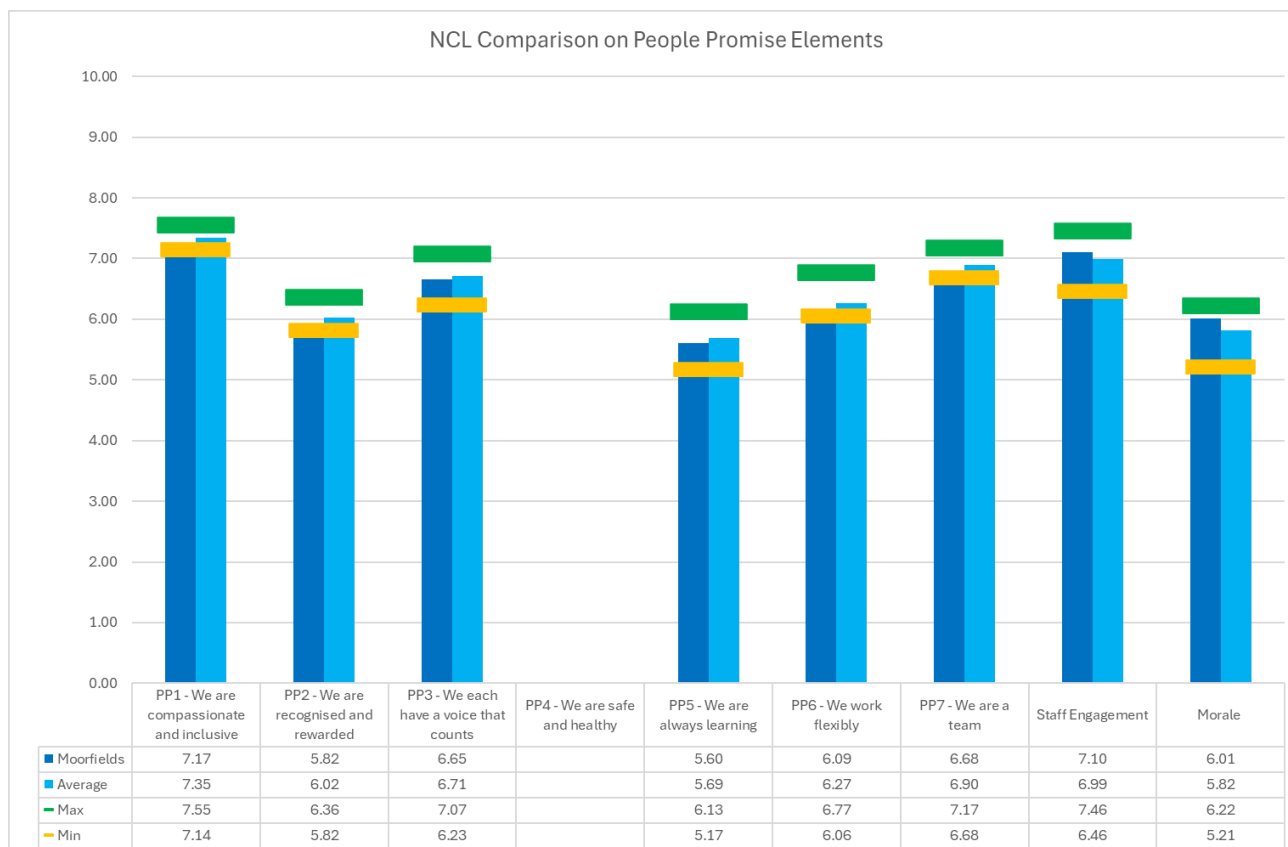


Image 2: Trust results as compared with the average, best and worst scores for North Central London

North Central London comprises of the following trusts: Tavistock and Portman NHS Foundation Trust; Camden and Islington NHS Foundation Trust; Whittington Health NHS Trust; Barnet, Enfield and Haringey Mental Health NHS Trust; North Middlesex University Hospital NHS Trust; Royal Free London NHS Foundation Trust; Great Ormond Street Hospital for Children NHS Foundation Trust; Moorfields Eye Hospital NHS Foundation Trust; Central and North West London NHS Foundation Trust; University College London Hospitals NHS Foundation Trust; Royal National Orthopaedic Hospital NHS Trust; and Central London Community NHS Trust.

When we compare ourselves to NCL, it is an improved picture. However, we remain below the average across six of the eight themes reported. And for two themes, ours is the lowest score: 'We are recognised and rewarded' and 'We are a team'.

Preliminary areas for focus:

Historically, we have selected the lowest scoring NHS People Promise themes and focussed our action plan against these areas. For this year, it is proposed that we prioritise those themes that align with our strategic focus.

As such, we are considering a focus on the themes listed for the following reasons:

- **We are compassionate and inclusive.** Whilst this is our highest scoring theme, it is the only NHS People Promise theme to score the same year-on-year. It is also the theme where we have the biggest gap between our score and the average score for the acute specialist trust benchmarking group. Additionally, it includes questions pertaining to experiences of discrimination, perceptions regarding career progression, and respecting individual differences. All of which we are an outlier for when compared with our benchmarking group.
- **We each have a voice that counts.** This was our only theme score to deteriorate, albeit it wasn't a statistically significant change. It is also the theme with the biggest gap between our score and the best score for our benchmarking group.
- **We are always learning.** This remains our lowest scoring theme score.

Further analysis is underway to finalise our focus themes and develop a trust-wide action plan to address these. This will be presented at People and Culture Committee on 7 May 2024.

Where there are outstanding actions from the previous staff survey action plan, these will be incorporated into the relevant team's business-as-usual delivery plans. These include:

- Finalising the pilot of Designing Work to Mitigate Stress. The evaluation and wider scale roll-out of this approach is outstanding. This will be completed by the Health and Wellbeing team.
- Developing and delivering a pilot to deliver a proactive approach to addressing musculoskeletal (MSK) issues via a defined MSK Pathway. This will be completed by the Health and Wellbeing team.
- Continued roll out of Active Bystander and Active Bystander extra. This will be delivered by the OD and engagement team.

See Appendix A for a progress report against the Staff Survey Action Plan 2022.

Timelines and next steps:

- April/May:
 - Colleague engagement sessions to test and finalise Trust wide action plan, co-facilitated between a member of the executive and a member of the OD team.
 - Local action plans developed.
- May:
 - Staff Survey action plan presented to People and Culture Committee.

- Staff Survey update to Board.
- Divisional action plans presented at performance meetings.
- Ongoing – You said, We have communications.

Quality implications

Staff experience is closely linked to patient care and outcomes, therefore improvements in our colleagues' experience and engagement has the potential to positively contribute to patient experience.

Our ability to recruit and retain staff is driven by people's experience of working here and improving staff satisfaction will have a positive impact on this need.

Financial implications

In the event we align our action plan with our strategic priorities, any associated costs for delivery will already be built into our budgeting. There are no further financial requirements at this time.

Risk implications

The greatest risk is not acting on the results of the survey. Regular updates on the actions we agree to address issues will be reported to the Executive, People Committee and Board.

Colleague engagement can be detrimentally impacted by lag between survey completion and results being shared more widely. This should be mitigated by continuing to share "You said, We have" communications to demonstrate our ongoing commitment, plus clear signalling of when our results will be shared.

Action required/recommendation.

Board are asked to note the comparator data and plan to finalise a trust-wide action plan.

For assurance	✓	For decision		For discussion	✓	To note	
----------------------	---	---------------------	--	-----------------------	---	----------------	--

Appendix A: Staff Survey Action Plan 2022 – progress update

This action plan is for:		Moorfields Eye Hospital – Trust wide action plan 2022	
Theme	Action	Lead	Progress update
We are recognised and rewarded	Launch “good deed feed” on eyeQ to enable colleagues to provide shout outs to one another online	Internal Comms team	Recognition forum launched in May 2023, with 110 threads created as of 11 March 2024.
	Reinstate Employee of the Month	OD team	Employee of the Month relaunched in January 2024.
	Explore Great-ix technology as a way of providing instant recognition certificates	OD team and Dr John Shubaker	Decision taken not to implement Great-ix, based on it being similar in purpose to the recognition forum.
	Celebrate Stars recognition awards for 2023	Internal Comms and OD team	Stars 2023 celebrated 27 September 2023.
We are always learning	Deliver Meaningful Appraisals project	L&D team	Meaningful Appraisals project completed, with updated forms issued for paper-based reviews and new line manager training offered. L&D brochure updated, with expanded offer, and issued most recently in November 2023. CPD and apprentice review completed, with Education Committee established to provide greater transparency regarding allocation of funding and development opportunities.
	Refresh L&D brochure on quarterly basis	L&D team	
	Continuous Professional Development (CPD) and Apprenticeship review	Rachele Johnson	
We are Safe & Healthy	Continue to roll out Active Bystander	OD Team	Active Bystander workshops continue to be offered, with over 625 participants to date. Active Bystander extra is outstanding, the workshops have been purchased and work is underway to define target audiences. Stress risk assessment approach piloted via ‘Designing Work to Mitigate Stress’ project, involving four teams. Evaluation and decision regarding wider rollout due in June 2024. MSK Pathway is being developed, with plan to pilot approach in May/June 2024.
	Develop and deliver Active Bystander Extra	OD team	
	Pilot the organisational stress risk assessment framework with a team or department where burnout scores indicate they are a hotspot	OD team in collaboration with identified leads	
	Develop and implement Musculoskeletal (MSK) Pathway to prevent and mitigate impact of MSK absences	OD team	

Report title	Quarter 3 (Q3) Freedom to Speak up report
Report from	Sheila Adam, Chief Nurse and Director of Allied Health Professionals
Prepared by	Ian Tombleson, Director of Quality and Safety (lead FTSU Guardian until March 2024)
Link to strategic objectives	Freedom to speak up links to all the strategic objectives and underpins our core values of Excellence, Equity and Kindness

Executive summary This paper provides a Quarter 3 (Q3) report from the Freedom to Speak Up (FTSU) Guardians covering the period 1 October to 31 December 2023. The report covers an overview of concerns raised and an update with the excellent progress in implementing the new FTSU model agreed in September 2023.							
Quality implications The Trust's approach to developing and supporting the work of the FTSU Guardians is an important element of providing an open culture, and supporting improvements indicated by the staff survey. If staff feel they are able to raise concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and staff well-being and improve the trust's ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.							
Financial implications No specific financial implications.							
Risk implications Organisations should create a culture where staff feel able to voice their concerns safely. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact.							
Action required The Board is invited to discuss the contents of this report.							
For assurance	X	For decision		For discussion	X	To note	

Freedom to Speak up Quarter 3 (Q3) update (1 October to 31 December 2023)

1. 38 FTSU concerns were raised during Q3 across a range of categories as set out in the table below. All concerns are investigated, and individuals are supported through the process by a Guardian. This table lists issues raised during Q3 by theme.

Theme	Primary*	Secondary**
Culture/Behaviour	20	1
Process	16	10
Training	0	0
Patient safety/quality/risk	0	0
Staff safety/well-being	2	9
Total	38	20

*main concern raised. **many concerns have a secondary component.

2. Over the past six months, including national FTSU month in October 2023, the profile of FTSU has been raised across Moorfields network, with good promotion through a dedicated communications plan across the organisation. There has been attendance by the Guardians at 63 team meetings, clinical governance half days, on-line meetings and numerous site visits and road shows. There have been over 1000 specific staff face to face contacts about the transition to the new FTSU model.

3. Following extensive staff engagement earlier in the year, we concluded our plans for our new FTSU model in September. The new model consists of four main parts: a substantive lead FTSU Guardian, acquisition of a new anonymous Speak Up platform, continuation of the volunteer Guardians reporting into the new lead Guardian and expanding the FTSU champions model.

4. Implementation of the new model has progressed well and to time. The new anonymous Work In Confidence platform went live as planned on 24 January 2024. Staff have registered to use this platform and a number of concerns have been raised anonymously with some progressing to become confidential concerns (that is, individuals have revealed their identity to a Guardian).

5. The new full-time lead Guardian commenced on 11 March and her induction and orientation is well underway. The current lead Guardian is handing over responsibility to her to lead the Guardian service. The current five volunteer Guardians are reporting through to the new lead Guardian and are managing the case load.

6. After a six-month period, the theatres champions pilot has been evaluated and the results shared and discussed with the theatres team. The outcomes have been mostly very positive with 95% of the staff surveyed supporting continuation of the champions model in theatres. Also 100% of staff that have used the champions service would recommend it to a colleague. The new lead Guardian will be taking forward expanding the champion model, both in theatres and more widely across the organisation.

AGENDA ITEM – GUARDIAN OF SAFE WORKING

Report title	Guardian of Safe Working Report
Report from	Louisa Wickham, medical director
Prepared by	Andrew Scott, guardian of safe working
Attachments	N/A
Link to strategic objectives	We will attract, retain and develop great people

Brief summary of report

The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report encompasses the period from July 17, 2023, to March 19, 2024.

Exception Reports:

During this timeframe, no Exception Reports were filed, and there are presently no gaps in the roster. Furthermore, there have been no instances reported of breaching the mandatory 8-hour rest period between shifts, exceeding the 48-hour average working week, or surpassing the 72-hour maximum limit within any seven-day period. Consequently, no financial penalties were incurred.

Training and Feedback:

In August, during induction training, it was verified that all residents possess login credentials and are proficient in exception reporting procedures. Feedback received at the recent Junior Doctor Forum in January 2024, reaffirms that the absence of exception reports accurately reflects satisfaction with working conditions. Residents express feeling adequately supported both during regular and on-call hours, with overall contentment regarding training opportunities, including surgical and simulator training.

High level data

Number of doctors in training (total):	58
Amount of time available in job plan for guardian to do the role:	1 PA/week
Admin support provided to the guardian (if any):	Ad Hoc provided by HR
Amount of job-planned time for educational supervisors:	1 PA per week

Actions/Discussions taking place:

The low frequency of exception reporting reflects the trainees' well-being and satisfaction with their working conditions.

Summary

<p>All Moorfields trainees are safely rostered in compliant rota patterns with no breaches of the terms and conditions of service occurring during this reporting period. All trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. Trainee morale is high and working conditions good with all exception reports resolved.</p>							
<p>Quality implications</p> <p>There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work.</p>							
<p>Financial implications</p> <p>The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised.</p>							
<p>Risk implications</p> <p>The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract.</p>							
<p>Action required</p> <p>The board is asked to consider the report for assurance.</p>							
For Assurance	✓	For decision		For discussion		To note	✓

Meeting:	Public Trust Board
Date:	28 March 2024
Report title:	Summary of the People and Culture Committee (PCC) held on 13 February 2024
Executive Sponsor	Mark Gammage, interim CPO
Report Author	Nina Martin, deputy company secretary
Presented by	Laura Wade-Gery – Interim Committee Chair
Status	Noting for assurance
Link to strategic objectives	Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values.

Summary of report

The People and Culture Committee is a formal committee of the Board and is authorised to either provide assurance to the board or carry out delegated functions on its behalf. The committee meets four times a year and a summary of the key updates at each meeting is provided to the Trust Board of Directors for noting.

This report provides a brief summary of the meeting held on 13 February 2024.

Action Required/Recommendation.

The board is asked to note the report.

For Assurance	✓	For decision		For discussion		To note	✓
----------------------	---	---------------------	--	-----------------------	--	----------------	---

PEOPLE AND CULTURE COMMITTEE SUMMARY REPORT

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance – 83%
Current activity	<p><u>Workforce priorities and change projects (including programme updates)</u></p> <ul style="list-style-type: none"> • The committee received a progress report on workforce priorities and change projects. The Trust people strategy, priorities and deliverables were noted. • Since the last meeting, the workforce priorities for 2022-25 had been refreshed and the Committee received an initial scoping update for the 2024/25 programme of work. • Progress against 2023/24 deliverables was summarised – since early autumn there has been much greater clarity of what is now happening, with a good number of deliverables being completed, while others had been realistically replanned and were either now being worked on or would be addressed in the first half of 2024/5. • For example, Career Sponsorship and Leadership Academy programme launched; RNIB Visibly Better Leadership work now progressing with completion due by end Q1 2024/5; Medical Workforce optimisation now moving forward well, with a great deal of work having gone into resolving historical issues relating to on call payment and job planning. • The Committee expressed appreciation for the progress being made but noted the need for even greater clarity on the 2024/25 deliverables in order to better understand them, their planned completion dates and the governance required. In particular, there needed to be work to ensure that reporting measures aligned with Excellence methodology. <p><u>HR STRUCTURE</u></p> <ul style="list-style-type: none"> • This update followed on from a review of the workforce and OD (HR) functions with the support of a specialist external consultancy company at the end of 2023. • Consultation with the HR team concluded at the end of January 2024 and the new structure and ways of working were being implemented. • Following the review, the executive approved the funding of additional posts. The recruitment process was in motion for the majority of the roles but given that this involved recruiting at least 15 roles it was acknowledged that the team must have the time and space to ensure this recruitment was prioritised. • The Committee noted that HR themselves would therefore be a big user of the Trust's recruitment processes and should therefore form a clear view of ways to improve their effectiveness (and timeliness). • The Committee would receive quarterly progress updates on the recruitment campaign. <p><u>Tenders</u></p> <ul style="list-style-type: none"> • The Trust had gone out for two HR tenders and the Committee received an update on the purpose of the tenders • To support leadership development, the Trust planned to procure the services of an organization to develop a plan which will detail what our training and education provision will be for managers and leaders at different grades. • The other tender was to support organisational development by building on our values framework and the ongoing work on behaviours. • The Committee noted the link between effective leadership development, organisational development and good patient outcomes and experience. • The Committee approved going out to tender, noting that pace was important given the importance of these pieces of work.

	<p><u>Performance update</u></p> <ul style="list-style-type: none"> • The committee was provided with a performance update with the key focus on appraisals compliance and temporary staffing based on December 2023 data. • The appraisal rate for December was 76% which was a slight increase from the previous month but was still below the Trust target of 80%. • A task and finish group had been set up to explore the issues impacting appraisal completion rates and to consider ways to improve and sustain compliance. • Work to achieve grip and control on agency spend remained a priority. In line with the temporary staffing policy, the Trust was working with finance colleagues to cease direct engagement with agencies. • An agency reduction steering group had been set up to look at reducing agency spend while cognizant of the need to effectively continue to deliver on activity. • The Committee heard that grip on overtime and bank and agency spend was also a sector priority. <p><u>FTSU Guardian</u></p> <ul style="list-style-type: none"> • The committee received a progress update on the implementation of the new FTSU model, which they noted. • The newly appointed full time lead Guardian was due to start on 11th March. <p><u>Continuous Professional Development for HR</u></p> <ul style="list-style-type: none"> • The committee was updated on progress with the Trust's approach to providing developmental opportunities and transparent pathways for career progression for HR staff. • Reporting measures would be put in place to monitor achievement over the next year. <p><u>Workforce Sub-committee reports:</u></p> <p>The committee received and noted the report from the Equality and Diversity Steering Group. This included draft output from a January workshop to define the vision for EDI and the workstreams that should be under an EDI program of work.</p>
Key concerns	The Committee highlighted need for pace around recruitment to ensure the Trust had the capacity and was appropriately resourced to take forward its workforce deliverables and people priorities.
Date of the next meeting	The next meeting was schedule for 7 May 2024.



QUALITY AND SAFETY COMMITTEE

SUMMARY REPORT

30 January 2024



<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 100% • Action completion status (due items) – 100% • Agenda completed – Yes • Author - David Flintham
<p>Current activity and issues raised</p>	<p>Quality and Safety</p> <p>The Q&S update included the process for the quality priorities for 2024-25, policies and guidance, and a brief update on the new evolving CQC assessment process. It was noted that there is now a Standard Operating Procedure in place to support the administration and governance of the committee. Also included were the Q3 Q&S reports (Trust-wide, Private, UAE), and the Q3 WHO report. The following issues were raised:</p> <ul style="list-style-type: none"> • The quality priorities will be presented at February’s Clinical Governance Committee meeting and then recommendations made to Management Executive. A briefing would come to March’s QSC. • It was noted that the number of 28+ days incidents has increased and plans were being put in place to address this. • The WHO audit results suggest that data analysis has been maximised; the next step is to generate further improvements based on the results. • The consistent improvement in the complaints and PALS service was noted. <p>Summary reports from committees</p> <p>The committee received summary reports from the following meetings: Information Governance Committee (28 November 2023), Clinical Governance Committee (11 December 2023), Research and Development Quality Review Group (13 December 2023), Risk and Safety Committee (13 December 2023).</p> <p>Infection control update</p> <p>The regular infection control update was presented. This highlighted the increased number of measles cases. The Trust’s response is currently being developed. The following issue was raised:</p> <ul style="list-style-type: none"> • As a result of the increased number of measles cases and the possible impact on the Trust, it was agreed that this should be escalated to the Board. <p>Serious Incidents (SI)</p> <p>The SI Tracker was presented (there were no SI reports). The following issue was raised:</p> <ul style="list-style-type: none"> • It was noted that there was slippage in the timeliness of Duty of Candor. <p>Patient Safety Incident Response Framework (PSIRF)</p> <p>Following its presentation to Board, QSC had been delegated authority to sign off the PSIRF (patient safety strategy) on its behalf. The PSIRF principles had been applied to several previous SIs to review its impact which had been a positive exercise. QSC approved the policy and plan.</p>

	<p>The following issues were raised:</p> <ul style="list-style-type: none"> • It was recognised that PSIRF represents a significant cultural shift for both patients and staff. • Peer-review with other Trusts is important. <p>Fire Safety</p> <p>The regular update was circulated and noted. The discussion focused on fire wardens and improving uptake in fire warden training. The fire safety policy, and the fire assembly point at City Road was also discussed. The following issue was raised:</p> <ul style="list-style-type: none"> • Whilst fire warden training numbers have improved, non-attendance is still an issue. This will continue to be managed through the Fire Safety Committee. <p>City Road Presentation</p> <p>The presentation included a review of the last 12 months, FFT and complaints, incidents, and future priorities. The following issues were raised:</p> <ul style="list-style-type: none"> • The provision of accurate waiting time information to patients in clinics (up to date information on dry-wipe boards, is an on-going issue). • Patient transport. The perception is that this is improving due to the combined efforts of Moorfields and DHL but there is further work to be done. <p>Learning Disability & Autism Training</p> <p>The committee received a paper discussing staff training to support patients with learning disabilities and autism. Currently, the Trust is in a good position with more than 90% trained; the new requirements include more engagement, and 1-day training for tier-2 staff (all patient-facing staff). The following issues were raised:</p> <ul style="list-style-type: none"> • There is a new code of practice (yet to be finalised); Moorfields is ahead in implementing this. • Moorfields patients have particular needs, making implementation of the requirements more challenging. • Trust Board heard a recent patient story which highlighted the lack of a specialist role. <p>CITO update</p> <p>This provided a summary of the on-going harm review, and how patients had been prioritised. The item also set out the process of moving away from CITO (internal referrals by February, and external referrals by May). Points to note were:</p> <ul style="list-style-type: none"> • No patient harm had been found to date. • A methodology was not in place in 2022 to enable a move away from CITO to a new system. • CITO also provides a document management tool which, although more reliable, will be moved to OpenEyes. <p>Any other business</p> <p>A recent internal audit report gave partial assurance against our safeguarding processes. From the audit, there were five medium level actions and three low level actions. QSC noted the action plan in place.</p>
Escalations	<p>There was one escalation to the Trust Board:</p> <ul style="list-style-type: none"> • Noting there is an increase in measles cases and the Trust is responding (agenda item 03/24)
Date of next meeting	12 March 2024



QUALITY AND SAFETY COMMITTEE

SUMMARY REPORT

12 March 2024



Committee Governance	<ul style="list-style-type: none">• Quorate – Yes• Attendance (membership) – 87.5%• Action completion status (due items) – 100%• Agenda completed – One item postponed to next meeting• Author - David Flintham
Current activity and issues raised	<p>Smoking Cessation</p> <p>The committee received and discussed a paper about activity in relation to smoking cessation. This included staff training, national no smoking day, and the revised smoking policy.</p> <p>Infection control update</p> <p>The regular infection control update was presented. This focused on measles (particularly staff immunity status, and training), COVID and flu vaccination, hand and cleaning audits, and the recent PLACE reviews at City Road and St Ann's.</p> <p>Serious Incidents (SI)</p> <p>The regular SI Tracker (including Duty of Candour) was presented - there were no SI reports. There are three SI investigations in progress, and these are all on track. No issues were raised.</p> <p>Quality and Safety</p> <p>The quality and safety update included a discussion about the recent walkabout at Stratford which included Non-Executive Directors. The update also included the presentation of the Trust's quality priorities for 2024-25. There are eleven priorities which tie into the XDU programme. These have been devised with both patient and staff involvement. The following issues were raised:</p> <ul style="list-style-type: none">• Those suggestions which did not make it to the final list would be picked up by other workstreams.• Patient experience principles should not only be a priority in its own right, but a theme running through all the quality priorities.• The team would ensure good communication back to staff about how their involvement had helped shape the priorities. <p>Summary reports from committees</p> <p>The committee received summary reports from the following meetings: Research and Development Quality Review Group (22 January 2024), Information Governance Committee (23 January 2024), and Clinical Governance Committee (12 February 2024). In respect of the IGC summary report, it was noted that the record retention period is now 30 years.</p>

	<p>Fire Safety</p> <p>The regular update was circulated, and the improved training position noted. There were no issues raised.</p> <p>Moorfields Private Presentation</p> <p>The presentation reviewed the last 12 months. This included incidents (and incident themes), issues and challenges, achievements, patient feedback, and future priorities. The success of the recent Moorfields Private Eye Centre (MPEC) CQC inspection to achieve a 'Good' rating was noted. The following issues were raised:</p> <ul style="list-style-type: none"> • Consultant 'buy-in' with all the improvements being made. • The honorary contract process for MPEC staff which also enables NHS.net email addresses and accessing patient records. <p>Research Governance</p> <p>The committee received a presentation about the mitigation of risk in clinical research trials. This covered both Moorfields-sponsored, and externally sponsored trials, risk assessments, and how trials were signed-off. The following issues were raised:</p> <ul style="list-style-type: none"> • How the process links into the new technologies and procedures committee, and ethics approval. • How both the process and capability of any new procedure is signed off and ratified. • The composition of the research management committee. <p>Service level agreements (SLAs) / relations with host trusts</p> <p>This item was postponed until the May meeting.</p> <p>Any other business</p> <p>Tributes were paid to Ros Given-Wilson who will be standing down as chair of the committee after nine years of service. Her leadership and enormous contribution to the committee, and quality and safety across the Trust were acknowledged.</p>
	<p>Escalations</p> <p>There were no escalations to the Trust Board.</p>
	<p>Date of next meeting</p> <p>14 May 2024</p>

Meeting:	Public Trust Board
Date:	28 March 2024
Report title:	Summary of the Membership Council meeting held on 5 March 2024
Executive Sponsor	Sam Armstrong, Company Secretary
Report Author	Nina Martin, Interim Deputy Company Secretary
Presented by	Laura Wade-Gery, Trust Chair
Status	For noting
Link to strategic objectives	All of them

Summary of report

The Membership Council forms part of the governance structure of the Trust. The Council comprises of governors elected by the membership (staff, patients and the public) and those nominated by partner organisations. Governors have a number of statutory powers and participate in a range of activities, including providing input into our service and strategic development plans and the development of our membership.

Our Membership Council forms a direct link between Moorfields and the communities we serve, and ensures that the voice of the public, patients, service users, carers and staff is used to inform the Trust's decisions, improve care and enhance the patient experience.

The Membership Council meets at least four times a year.

This report provides a brief summary of the discussions held at the last meeting on 5 March 2024 and is submitted to the Board for noting.

Action Required/Recommendation.

The board is asked to note the report of the Membership Council and gain assurance from it.

For Assurance		For decision		For discussion		To note	✓
----------------------	--	---------------------	--	-----------------------	--	----------------	---

MEMBERSHIP COUNCIL SUMMARY REPORT - 5 MARCH 2024

Governance	<ul style="list-style-type: none"> • Quorate – Yes
Current activity (as at date of meeting)	<ol style="list-style-type: none"> <u>CEO Report</u> Some items highlighted from the report included: <ul style="list-style-type: none"> • The Trust was ahead of its activity plan for the year which was good news for both our patients and the communities we serve. This performance also strengthens our financial position. • We were one of the top performers on the national 52ww target. • We were widening the scope of our urgent care work with 111 into NWL and NEL, as well as exploring rollout of the service in SWL. • NCL had gone out to tender for a coordinator for community ophthalmology. The Trust was considering its bid for this tender as well as for the NWL service. • Last week the new diagnostic facility at Brent Cross was opened. Given the location and design, there was scope to potentially offer a drop-in service. • Positively, there had been good engagement with the staff survey which should reflect a fairer representation of staff views and experience. • Our equality, diversity and inclusion work was progressing and remained a key Board and organisation focus. In collaboration with the staff networks relevant trust wide actions had been developed and were being taken forward. • Our excellence portfolio continues to get us ready Oriel. One of the things we were working on relates to transforming the way work and adopting an agile work model. • The Trust was reporting a £0.30m deficit in December, £2.35m favourable to plan, with a cumulative surplus of £6.08m, £6.77m favourable to plan. <u>Oriel Progress Update</u> <ul style="list-style-type: none"> • The Oriel project was progressing well. The first floor had started on some parts of the building site. • The Council were informed that the surrounding builds, retail and otherwise, would complement the Oriel site. The shell of the build should be finished by calendar year end following which internal work would begin. • The governors discussed concerns in regards to the development of the wayfinder green line. The Council received reassurance that it was a priority development for the Trust and work with Camden Council continued. <u>Electronic Patient Record System ~ EPR</u> <ul style="list-style-type: none"> • The Trust was procuring a new Electronic Patient Record System (EPR) with support from the NHS England Frontline Digitisation Programme. • A briefing session for governors was held the previous week to explain the status of the procurement of the EPR provider. • The EPR will wrap around our OpenEyes ophthalmology clinical noting system to enable all clinical and administrative processes to be digitised. • The tender was for a base system which would then be configured to meet the needs of our particular patient group. Our specification to providers was

detailed and providers would need to demonstrate how their base system can support our patients.

- There was a commitment to involve and engage with patients appropriately in the process.

4. Patient communication and experience

- A report to update governors on the ongoing work to improve communication with patients included the following: Improving our Complaints and PALS service, implementing the Accessible Information Standards (AIS), Improving our Appointment Letters, Improving Performance in the Booking Centre, Patient Portal and Dr Doctor Update.
- The metrics indicated complaints and PALS performance had been good over the last few months. The ongoing focus in this space was to improve the turnaround and quality of responses.
- The Council heard that one million appointment letters had been uploaded to the DrDoctor system; 55% had been viewed by patients. A failsafe mechanism was in place, for patients to opt out of receiving letters digitally and to ensure that they received hard copies. This gives us a good starting point to consider a further roll out of surgical appointment letters and clinical outcome letters.
- Booking centre performance had shown fair and sustainable improvement over the last few months.
- Capacity and demand modelling of the team was being carried out and staff training remained ongoing.
- Our current patient administration system (PAS) was old and does not support self-booking. The new EPR would allow patients support this functionality.

5. Feedback on January Board meeting

- The Chair summarised feedback received from Governors. Governors had asked for the acoustics in meeting rooms to be addressed as well as issues around joining meetings online. The Chair would also remind Board colleagues to announce more clearly given the variance in vocal ranges.
- Governors were keen to resume their site visits. The Company Secretary would be supporting this.

6. Governor Feedback

- Governors updated the Council on various activities since the last meeting.
- The Nominations and Remuneration Committee had met on 30 January. A new NED, Aaron Rajan had been appointed and had now taken up the role. Ros Given-Wilson was stepping down at the end of her term and Odgers had been engaged to recruit to the role.
- Two further governors were needed for the Committee as in addition to himself, VT-H was stepping down as governor at the end of March.
- A decision was made not to change NED remuneration pending further clarification in due course.
- The Governor Development Group last met on 28 February 2024. The governor's post board meeting was working well. These were held online, and all governors were welcome to attend. The group discussed reinstating governor's visits to outreach sites.
- The Membership and Patient Engagement and Communications (MPEC) Group had its first meeting on 27 February. A key focus would be to increase membership and encourage member involvement, as well as mapping out how the trust was engaging and communicating with patients,

	<p>re-instating network site events, and utilising the Trust magazine better for governor and member activities.</p> <p>7. <u>Freedom to Speak Up</u></p> <ul style="list-style-type: none"> • The anonymous speaking up platform went live in January. Since then, over 30 registrations and concerns had been progressed. • A substantive guardian had been appointed and would be starting next week so increased activity in this space was anticipated. • The role of champion guardians had been trialled within theatres. This pilot went well and the first draft of the report on the trial was positive. The initiative would be rolled out to other areas over the next few months. <p>8. <u>Governor elections</u></p> <ul style="list-style-type: none"> • The Council noted the report on the status of the elections.
Key concerns	<ul style="list-style-type: none"> • No additional concerns were raised.
Date of next meeting	<ul style="list-style-type: none"> • 6 June 2024