

Moorfields Eye Hospital NHS Foundation Trust

2019/20 Operational Plan

Version – Final

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1. Introduction and context

1.1 Introduction

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic education and research. Our focus is the treatment and care of NHS patients with a wide range of eye problems, from common complaints to rare conditions that require treatment not available elsewhere in the UK. Our network model provides care at around 30 locations in London and the South East of England, and the trust has two commercial arms (Moorfields Private and Moorfields United Arab Emirates).

Moorfields is recognised as a world-class centre of excellence in eye research. With our partners at the University College London (UCL) Institute of Ophthalmology we deliver leading edge, life-changing research for patients with eye disease, to benefit local, national and international patient populations. The Moorfields and UCL partnership was reaccredited as a Biomedical Research Centre by the National Institute for Health Research until 2021. We play a leading role in the training and education of eye care clinicians, integrating with strategic partners.

The trust started planning for 2019/20 with an executive session to update our understanding of the context for the coming year, review progress against the eight strategic objectives in our five-year strategy (2017-2022) and to agree our five trust strategic priorities for the coming year. We also established an integrated business planning team, bringing together the divisional general managers and key corporate leads from quality, workforce, finance, information and service improvement teams.

1.2 Context

The trust has identified six key contextual issues that it will shape its work in 2019/20:

(i) The NHS Long Term Plan

The NHS Long Term Plan sets out the strategic direction for the NHS for the next ten years and includes the following priorities:

- Implementation of a new service model in which patients receive joined up care in the optimal setting;
- A stronger contribution to prevention and health inequalities;
- Practical steps to tackle the current workforce pressures (a more comprehensive NHS Workforce Implementation Plan is due to be published in 2019);
- A wide-ranging and funded programme to upgrade technology and digitally enabled care; and
- Returning the NHS to a sustainable financial path.

We will work collaboratively with our system partners to understand how the stated ambition to move to Integrated Care Systems across the whole NHS by 2021 will impact the trust. We will contribute to work on population health, funding flows and contract reform for eye care services.

(ii) Our patient's expectations are changing

Advances in digital technology and its widespread adoption are changing the way that people interact with each other and organisations. People are becoming more vocal, expecting services providers to be responsive and seeking to be more active participants in their care. Our patients now expect greater control and convenience in the way they interact with us.

In order to keep up with these changing expectations we will be innovative and proactive in changing the way we work, continuing to embed a service improvement culture across our organisation and implement change faster.

(iii) Our staff's expectations are changing

The expectations of our workforce are also changing, reflecting the diversity of our multigenerational staff. The development of our new joint education strategy also highlights the changing expectations of our students.

As an employer, Moorfields will adapt to the different aspirations and expectations of baby boomers, generation x, millenials and igen generations. This means creating new roles and career paths, as well developing a working environment that allows innovative thinking from across the workforce to flourish. There will be greater emphasis on staff development and career progression to support retention, as well as shaping a modern employment culture that promotes flexibility, wellbeing and career development.

(iv) Accelerating the use of digital solutions

Digital solutions will play a critical role in helping organisations address increasing demand, changing patient, staff and student expectations, as well as delivering services in more integrated and dispersed clinical models. We will prioritise our system leadership of digital innovation and teleophthalmology so that increasingly patients will have a *digital first* option, particularly for outpatient care.

(v) Higher levels of uncertainty

The current political and economic context for Moorfields and the wider NHS is one of greater uncertainty. We must understand and shape our response to the move to Integrated Care Systems, changing funding flows and the policy to radically redesign outpatient care.

The implications of leaving the European Union are unknown but it will have an impact across Moorfields, from our workforce to our academic partnerships. We will build resilience so these changes impact as little as possible on our patients, staff and services.

(vi) Learning from engagement

Our continuing work in developing subspecialty strategies in glaucoma, medical retina, cataract and urgent and emergency care highlights the need to develop more integrated clinical models, working in collaboration with partners across the health and care system.

During 2018/19 many people gave their views about our proposal to relocate our City Road hospital services to a new integrated facility located at St Pancras hospital site. We heard from people of varying ages, interests and backgrounds, and people living with sensory impairment, mental health problems, learning disabilities and physical disabilities. We will continue to listen and learn from a wide range of people so that their views help to shape our future plans.

2. The Trust's five priorities for 2019/20

The trust has identified five priorities that we must achieve this year to continue implementing our five-year strategy 'our vision of excellence'.

1) Implementing our new sub-speciality service strategies

The trust's four sub-speciality strategies in glaucoma, medical retina, cataract and urgent and emergency care describe the long-term road map for each service across our network, including service improvements, workforce development and the impact on Oriel planning. Developing long term implementation plans and delivering the first set of changes is a key priority for 2019/20.

2) Developing a new workforce strategy and the plans to deliver it

The trust will launch its new Workforce Strategy at the beginning of 2019/20, designed for the needs of a multi-generational workforce. It will set out how the future workforce model will be developed to deliver the new sub-speciality strategies and Oriel, the processes required to support effective workforce management, and how we will develop our capability to enable change and improve our organisation as a place to work.

3) Enabling digital technology to revolutionise our clinical and corporate services

The trust has ambitious plans to use digital technology to revolutionise its services. In 2019/20 we will increase tele-ophthalmology appointments from 6% to 30%, use the Open Eyes system to become paper-free, develop relationships with large-scale commercial tech firms and develop our workforce to deliver digital care.

4) Increasing the profit from our commercial activities by £5 million per annum by 2025

It is critical that the trust increases the profitability of its commercial activities. A key focus in 19/20 will be to increase the contribution made by Moorfields Private, building on work done in 2018/19 to implement the new Management Advisory Group and increase market share. Additional contributions are also targeted in Moorfields UAE and through the implementation of the trust's Education Strategy, increasing the number of international students, short courses and educational consultancy.

5) Influencing our partners to give their support for our vision and plans for our new centre

Oriel is our proposal to create a new, purpose-built centre of excellence for eye care, research and education. It is a joint venture between the trust, UCL and Moorfields Eye Charity. If approved, together we propose to relocate all services from Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology (UCL IoO) on Bath Street to this new integrated centre.

2019/20 will be an important year for Oriel. We will launch a public consultation on our proposals to listen and learn from our patients, local residents and the public. We will also develop Outline Business Case (OBC) and submit it for regulatory approval.

The following table describes how our 2019/20 priorities support delivery of the trust's five-year strategy and objectives (2017-22):

		5 Strategic Priorities for 2019/20				
		Increasing the profit from our commercial activities by £5m per annum by 2025	Implementing our new sub-speciality service strategies	Embedding digital technology to revolutionise our clinical and corporate services	Developing a new workforce strategy and the plans to deliver it	Influencing our partners to give their support for our vision and plans for our new centre
8 Strategic Objectives 2017-2022	Patient Centred care with exceptional outcomes		✓	✓	✓	✓
	Leading Edge of Research			✓	✓	
	Developing tomorrow's experts	✓		✓	✓	
	Shaping national policy		✓			✓
	Attract, retain and develop great people		✓	✓	✓	
	An infrastructure & culture that supports innovation	✓	✓	✓	✓	
	A sustainable financial model	✓			✓	
	Enterprising to support and fund our ambitions	✓	✓	✓		

3. Activity Plan

3.1 Activity Planning

Activity planning is supported by detailed information and three-year trends for inpatients, outpatients and high cost drugs, for each sub-speciality and for each of the network sites. This information is used, along with local intelligence about service developments, to model expected activity for the coming year.

Capacity planning maps the expected level of capacity in each theatre list, in each high cost drug clinic, and for outpatients by speciality for each site. Productivity assumptions and improvements are informed by service improvement projects in theatres and outpatients.

The trust has commissioning relationships with a wide range of organisations in London and the rest of England and will continue to engage on service developments and commissioning initiatives such as new models of care. The Trust will also continue to proactively work within the STPs to develop integrated models of care.

3.2 Activity Plan for 2019/20

It is expected that population growth, in particular the ageing population, will increase our activity over the next year and beyond. As is consistent with previous years, we will be transparent about these growth assumptions and work with commissioners to address the growing demand for ophthalmic care.

The following table summarises the current draft high level activity plan for 2019/20:

Activity type	2018/19 FOT	2019/20 Plan	%
GP referrals (General and Acute)	64,848	66,793	3.0%
Other referrals (General and Acute)	26,660	27,460	3.0%
A&E attendances excluding planned follow-ups	94,669	94,669	0.0%
A&E attendances planned follow-ups	4,415	4,415	0.0%
Consultant led first outpatient attendances	138,846	140,138	0.9%
Consultant led follow-up outpatient attendances	454,236	472,986	4.1%
Daycase/ inpatient	36,356	36,710	1.0%
Non-elective inpatient	2,691	2,691	0.0%
High cost drug injections	41,228	43,331	5.1%

Activity is expected to grow in most sub specialties in line with historical and demographic growth, although overall growth is slightly lower than historical norm. Two exceptions are A&E, where we expect to see limited growth in attendances, and adnexal where there has been a change to commissioning for some minor procedures.

3.3 Key operational standards

The trust will continue to deliver the national key operational standards in 2019/20. The following table sets out performance at Q3:

Standard	Trust Performance
RTT	The trust is delivering the national access target for RTT incomplete pathways. At month 9 YTD the trust was achieving 94.6% against the incomplete target.
Diagnostics	The trust is delivering the diagnostic wait target and is currently 100% compliant.
A&E	The trust continues to deliver the A&E target, delivering 98.3% at quarter three.
Cancer	<p>At quarter three the trust's performance against cancer targets was:</p> <ul style="list-style-type: none"> 2 week waits – 95.1% 31 day diagnosis to first appointment – 97.5% 31 day subsequent treatment - 100% 62 day (GP referral to first definitive treatment) - 100% <p>Where there have been breaches, these have been related to patient choice and clinical factors.</p>

4. Quality Plan

4.1 Our approach to quality improvement

The medical director and director of nursing and allied health professionals are the executive leads that oversee the delivery of quality improvement. The quality and safety committee, chaired by a non-executive director, provides assurance on all matters relating to quality. Moorfields is rated by the CQC as 'good' overall and 'outstanding' for the effective domain.

The quality strategy drives the trust-wide approach to quality improvement and is supported by our strengthened divisional structure of devolved leadership and delivery.

Our divisions have their own local quality plans and governance processes that support the delivery of the quality strategy. The trust has implemented a quality partner model that provides local specialist quality and safety staff at divisional level.

Our dedicated Quality Service Improvement and Sustainability (QSIS) Team will oversee a programme of work that aims to optimise patient quality, staff experience and service productivity through service improvement and design of new models of care. This includes trust-wide high impact improvement programmes and local bottom-up improvement projects. A quality service improvement redesign (QSIR) approach to delivering service improvement has been adopted and is supported by NHSI. 18 staff completed QSIR training in 2018/19 and this will continue to be rolled out in 2019/20.

We will continue to use our governors as a valuable resource and encourage them to visit sites and services to speak to patients about their experiences, and feed back to the trust so that learning can be shared and action taken. Governors will also be involved in patient and public involvement activities, such as the patient carer forum, children and young people's groups and Oriel public engagement groups. We will schedule two 'Member's Week' events and 'Meet your Governor' events during the year in order to facilitate structured visits by governors to all trust sites and provide feedback to the board and membership council on their findings. Governors are encouraged to attend board meetings as part of their statutory role in holding non-executive directors to account for the performance of the board and contribute to key trust documents such as the annual plan and quality account.

4.2 Summary quality improvement plan

The trust's quality improvement priorities for 2019/2020 have been developed with patient involvement from the start to ensure they reflect a patient perspective. Governors, Islington CCG, Healthwatch, divisional and senior management teams and other staff have also been involved in highlighting areas for improvement in 2019/20. The recommended priorities underpin the trust's strategic objectives and are aligned to other business drivers such as themes from patient groups, incidents, complaints, PALS queries and other learning themes already underway.

Objective domain	Response: agreed local objective	Measurable outcomes
Safe	To support safer care for patients undergoing invasive procedures through developing LOCSSIPs according to National recommendations (NATSSIPs)	<ul style="list-style-type: none"> • Identify all areas within the Trust where invasive procedures are performed (Q1) • Develop a self-assessment form tool against NaTSSIPs (Q1&2) • Set up a programme of regular audits on NaTSSIPs compliance due to commence in 2019/20
	Implementing and embedding our quality governance framework across the organisation	<ul style="list-style-type: none"> • Use of standardised minimum data sets in all quality forums • All relevant quality dashboard users to have received QlikSense training so it can be used operationally to inform decision making, particularly at quality forums • Regular review of quality dashboards at divisional quality forums • Existence of divisional exception reports for the divisional executive performance review
Effective	Ensure that evidence of lessons learnt and changes to practice are captured, recorded and disseminated in a systematic	<ul style="list-style-type: none"> • Existence of divisional newsletters to include learning from audits, SIs, incidents, complaints and PALS • Timely review of risk registers at every quality forum • Programme of planned divisional and local walkabouts to cover all sites and departments • Sharing learning and completing actions through the central data base (safeguard).
	Embed a culture that supports ongoing changes to practice by developing quality improvement capabilities	<ul style="list-style-type: none"> • All divisions to have identified quality service improvement champions • All quality service improvement champions to have received training on QSIR training • All divisions to be working on 2-3 quality improvement projects as identified by local service quality improvement priorities • All divisions to be engaged with trust wide service improvement projects
Patient experience	To involve and engage our patients across the organisation in true participation activities including in service reviews and developments	<ul style="list-style-type: none"> • All major network sites and City Road services (to be agreed with Divisions) will have involved/engaged patients in at least one patient participation activity during 2019-20 • All network sites and City Road services (to be agreed with Divisions) will have established a patient reference group for their network site or service by the end of 2019-20 • Divisions will establish two local service patient experience KPIs in Q1 and measure and report them in Q2, Q3 and Q4, for example telephone call answering standards
	To ensure that from a patient perspective appointments management is effective, efficient and responsive	<ul style="list-style-type: none"> • Access division and MEH North to show a reduction of hospital cancelled appointments against a set KPI by end of 2019-20 • Access and MEH North to show a reduction of hospital cancelled appointments within five days of patient appointment against a set KPI by end of 2019-20(Q3) • Access division to demonstrate telephone answering response times and returned calls meet an established criteria by end of 2019-20(Q3)

In 2019/20 quality plans will be devolved to divisions, as part of their local integrated business plans. KPIs, metrics and indicators will be developed to measure progress and the success of implementation. Progress will be monitored by operational and central teams with oversight from the quality and safety committee.

4.3 Risks and assurance

The **top corporate quality risks** are summarised in the table below.

Risk	Source	Controls
If the trust does not meet its statutory obligations in relation to health and safety, infection control, safeguarding, etc. then there could be breaches in standards and other failures leading to regulatory intervention, patient harm and reputational risk.	Statutory and regulatory requirements	<ul style="list-style-type: none"> • Policies and standard operating procedures in place and up to date. • CQC rating of 'Good' • Head of legal services and director of clinical support services in post • Reporting to management oversight groups
If the trust is operating from a poor environment (including poor practices and behaviour) then outpatient clinics may not be managed effectively leading to poor patient experience, low staff morale or damage to reputation.	Operational management and monitoring	<ul style="list-style-type: none"> • Mechanisms are provided to make waiting more convenient but need to be consistently available • Service improvement programme created for outpatients • Service improvement projects to improve patient flow commenced in glaucoma, medical retina and external diseases
If there is inconsistent management of the estate across the network then there may be a failure to meet statutory obligations for the management of estate related issues leading to poor patient experience, loss of income or damage to reputation.	CQC report, HSE checks	<ul style="list-style-type: none"> • System in place for recording statutory and mandatory compliance and identifying where areas of non-compliance exist. • Leases in place • Compliance assurance sought regularly from host trusts • Interim compliance officer appointed
If the trust does not adhere to current policies or the CQC action plan is not implemented at sufficient pace then clinical standards may not be met leading to patient harm and a failure to maintain a CQC rating of 'Good'	CQC report	<ul style="list-style-type: none"> • Action plan development • Widespread communications about need to address concerns in CQC report • Robust process for implementing action plan • Commissioner monitoring of action plan • Only one outstanding CQC actions remaining (of 50)

Assurance can be provided against the national quality priorities for 2019/20:

National priority	Moorfields assurance
Learning from Gosport Independent Panel	The trust has strengthened its 'freedom to speak up' function and recruited new guardians. The guardians have direct and regular access to the chair and chief executive and the board of directors so that concerns that are raised with them can be aired at the most senior level of the organisation.
Compliance with four priority standards for 7-day services	The board approved the 7DS assurance statement in February 2019 and this has been submitted to NHSI. Not all standards apply to Moorfields as a single specialty trust but we are compliant with those that do apply.
National Quality Board recommendations for learning from deaths	The board receives a quarterly learning from deaths report about cases that are within the scope of the guidance.
Embedding national early warning system (NEWS2)	We undertake monitoring under this system as per the guidance but it is not fully applicable to the trust.

4.4 Summary of the quality impact assessment process

A robust Quality Impact Assessment (QIA) process delivers assurance to the board about the effect of financial pressures on the quality of services and patient experience.

A standard QIA tool will be applied to each cost improvement programme (CIP) and risk assessed using the standard NPSA risk matrix. All new projects complete a QIA at approval stage and those that are identified as having negative impacts on patients or staff, and that are of a high financial value, will be presented to the CIP QIA panel, chaired by the director of nursing and medical director. The panel will approve the CIP, decline it, or request more information.

The Quality and Service Improvement and Sustainability (QSIS) Board will meet regularly to review progress on the development and delivery of the trust's CIP programme. CIPs will be adequately assessed for their impact on quality and to ensure there is an appropriate mechanism in place for monitoring of quality risks.

5. Workforce Plan

5.1 Trust commitment to integrated workforce planning

We have invested in our capability and capacity to deliver workforce planning and strategy with a clear focus on future needs. The new education strategy and workforce strategies have been developed in order to support the delivery of the trust's strategic objectives:

- To nurture talent, sharing our knowledge with the wider system and training tomorrow's experts
- To attract, retain and develop great people

The workforce strategy has four key work streams that support the planning and development of a workforce to 2023 that is competent, capable and enabled to deliver world class eye care.

- 1) **Developing workforce capacity and capability** – ensuring we have the workforce with the right skills, experience and competence to deliver;
- 2) **Leadership** – ensuring we have the leadership that can support the trust as it moves into the future;
- 3) **Staff Engagement** – ensuring that we have the highest levels of staff engagement across all sites, professions and levels of the trust; and
- 4) **Improving Value** – ensuring that we make the most efficient use of workforce resources processes and systems.

The trust is part of STP workforce planning and is working with Islington LA on their workforce plans. The strategy will be taken for discussion with commissioners in March prior to board approval.

5.2 Current workforce challenges

The following table summarises the trust's workforce challenges, their impact and the initiatives the trust is using address them:

Workforce challenge	Impact on workforce	Initiatives in place
National and London drivers such as the 10-year plan, Brexit and STP	Supply of all elements of clinical and non-clinical workforce, uncertainty about workforce issues	Involvement in STP, programmes such as Capital Nurse, etc.
Medical education/training and pipeline projections for ophthalmology	Shortages of placements in workforce, opportunities for workforce redesign and skill mix	Education strategy work streams
Representation of workforce	Workforce looking for equality of opportunity for progression and equality of staff experience	EDHR strategy and governance, staff networks, leadership for inclusion initiative
Multi-generational workforce	Different needs and expectations	Workforce strategy work streams
Recruitment and development of a technologically able workforce	Ability to maximise opportunities provided by technology	Clinical directors for clinical innovation

5.3 Current workforce risks

Key risks to their workforce and associated measures and actions have been identified and analysed by each division. The workforce team will work across the divisions to further analyse, share and develop them into a set of trust workforce challenges and initiatives:

Workforce risk	Impact (H,M,L)	Risk response strategy	Timescales and progress to date
If the trust does not have a robust workforce plan in place then there will be staff shortages and skill gaps leading to insufficient numbers of staff available in key areas and a subsequent impact on the quality of patient care, pressure on staff and a decrease in morale which will affect both the staff and patient experience.	H	Workforce strategy development and approval by the board. Monitoring of progress by people and culture committee. Workforce involvement in business planning process for 2019/20.	Board discussion February 2019. Board approval of strategy and plan May 2019. Annual plan submission April 2019.
If engagement with staff is ineffective and inconsistent then they will have a lack of confidence in the organisation's approach to workforce issues leading to poor staff retention and morale, deterioration in the quality of patient care and a risk to the trust's reputation as an employer of choice.	H	Staff survey completion and analysis Workforce strategy work stream measures Monitoring scheduled into people committee cycle of business	As above re: workforce strategy approvals. Staff survey results to come to the board in April 2019.

5.4 Long-term vacancies

The trust has no long-term vacancies although does have posts that are hard to recruit in specific areas, such as ocular oncology and medical imaging, which present system-wide and often national challenges. The trust will continue to work collaboratively with partner organisations, commissioners and ALBs to address these challenges for the benefit of patients.

5.5 Workforce plan for 2019/20

The following table summarises the number of staff that the trust plans to employ in 2019/20:

Staff group	2018/19 FOT	2019/20 Plan	% change
Non-medical – clinical	1,042	1,074	+ 3%
Medical	335	333	0%*
Non-medical – non-clinical	655	653	0%*
Bank	284	284	0%
Agency	98	98	0%
Total	2,413	2,442	+ 1.2%

*figures rounded down

The workforce planning process used is aligned with the six step integrated workforce planning model advocated by NHSI and HEE. Each Division has developed a workforce plan which includes identifying the education and learning needs for the division, the divisional workforce priorities and divisional workforce risks. This process has been replicated at trust level and will be cross referenced at professional and service line level. The sub speciality and preparation for Oriel work has also identified a number of key workforce priorities which have been triangulated and incorporated into the workforce plan.

6. 2019/20 Approach to Financial Planning

6.1 Introduction

The trust is planning to achieve an outturn position of a £6.7m surplus for 2018/19, in line with the adjusted Control Total surplus. We are seeking to achieve our prescribed control total for 2019/20 of breakeven after the application of Provider Sustainability Funding and Financial Recovery Funding.

The draft plan for the 2019/20 is set out below, subject to finalisation of NHS Service Level Agreement contracts.

Summary Income and Expenditure Account		
	2018/19 FOT (£000)	2019/20 Plan (£000)
Income from Patient Care	203,211	214,688
Other income	25,258	22,529
Total Income	228,469	237,217
Operating Expenses		
Employee Expenses	124,804	131,739
Non-employee Expenses	97,589	104,470
Total Expenses	222,393	236,209
EBITDA	6,076	1,008
Non-Operating Expenses*	621	-1,008
Surplus	6,697	0
*Includes Donated Asset normalisation		

Points to Note

- Progress in agreeing our Service Level Agreement (SLA) contracts is on-going with the focus on contracts commissioners in North Central London and with NHS England Specialised Commissioning. Further discussions are also taking place with associate commissioners in North West and North East London;
- The trust continues to develop our cost improvement plan delivery for 2019/20, although further development is needed to fully identify the savings target.

6.2 Key planning assumptions

Income

Area	Assumptions
Activity Growth	Demographic growth at 3% in line with the Oriel assumptions agreed with commissioners is present in contract offers. Additionally, services have provided expected annualised activity figures, based on historical trends.
Local Prices	The latest national guidance around a net tariff inflator of 3.59% is reflected within contract proposals.
Commissioner QIPP	The trust has been advised of commissioner QIPP proposals of £2.535m across current contract offers received, including contract proposals from NHS England and North Central London CGGs. The advised values require supporting detail which has been requested in relation to the proposed QIPP schemes. The trust will continue to work with commissioners in line with national timescales to agree contracts. Where QIPP schemes have been put forward without substantial supporting evidence, it is expected that these will be subject to commissioner risk.
NHS Income Contracts	Discussions are on-going and are set out in more detail under section 6.3.
CQUIN	CQUIN is included at 100% in income, with a 20% reserve for non-achievement, leaving assumed delivery of 80% consistent with prior year's attainment.
Non Recurrent Income	PSF/FRF Funding £2.088m: As notified by NHSI.

Expenditure

Area	Assumptions
Pay Inflation	Pay Inflation at 2.9% has been included, with the impact of the pay award to be recast to ensure that the non-consolidated element is adequately funded. Inclusion of the 2.9% figure has been calculated after taking account of the impact of the pay award on the trust's weighted pay scales.
Non Pay Inflation	Non pay inflation has been uplifted in line with estimated non-pay inflation at 2%.
Contingency	The contingency reserve is 0.5% of turnover, in line with national guidance and is £1.25m.
Medical Negligence Insurance	Notification has not been received from NHS Resolution of an £0.050m uplift.

The key assumption of CIP delivery is discussed separately. In order to achieve break even, savings of £6.39m (2.9% of the cost base) are required in 2019/20. Performance against the Use of Resources metrics present within the Single Oversight Framework is set out overleaf:-

Summary Finance Use of Resources						
	2018/19 FOT	2019/20 Plan				
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Full Year
Metrics						
Capital Service Cover	1	2	2	2	2	2
Liquidity	1	1	1	1	1	1
I&E Margin	1	4	3	3	2	2
Variance from Control Total	1	1	1	1	1	1
Agency Rating	1	1	1	1	1	1
Overall Use of Resources	1	3	2	2	1	1

The Capital Service Cover and I&E Margin metrics during 2019/20 reflect the fact that the trust's plan gradually improves to breakeven throughout the year, partially as a result of the spread of working days, but also due to the maturity of efficiency schemes that are weighted toward the latter part of the financial year. The Agenda for Change banding changes requiring lump sum payments to staff in April 2019 under the non-consolidated pay award also impacts on the financial performance of the first quarter. These two specific metrics are directly influenced by trust income and expenditure performance, which improves as the year progresses.

6.3 NHS Contracted Clinical Income Status

As the trust has a disparate commissioner base, agreement with NHS England Specialised Commissioning and North Central London CCGs with Islington CCG as host, will be the priority areas to agree. The table below reports the contract offers for commissioners with activity in excess of £5m. As at the 20 March 2019, contract offers received in total are £4.287m below the trust's proposed contract values, which contain £2.535m of commissioner QIPP, a QIPP value in excess of historic proposals.

The trust will continue to work alongside commissioning colleagues to work through the detail of commissioner QIPP proposals where they have been provided, and formal offers where received are being progressed. North Central London CCG and NHS England contracts are expected to be agreed in line with the national and STP timescales. Agreement of associate commissioner contracts will following pending agreement of the aforementioned core contracts.

Commissioner	Contract Value Proposed	Contract Offer Received	Change	QIPP
London - North Central London CCG's	22.904	21.179	(1.725)	(1.202)
NHS England	20.453	20.750	0.231	(0.250)
London - North West Harrow Group CCG's	15.505	14.961	(0.544)	(0.022)
London - North West Ealing Group CCG's	13.167	12.261	(0.907)	(0.412)
	72.029	69.151	(2.944)	(1.886)
London - North East (WELC) CCG's	21.835	Awaited		
Croydon CCG	12.315	Awaited		
Wandsworth CCG	7.566	Awaited		

6.4 Efficiency Savings for 2018/19

The trust is targeting savings of £6.4m in 2019/20. As a specialist trust, the Model Hospital Portal is less directly relevant than in a more general organisation, nevertheless analysis is being undertaken to identify potential areas of opportunity.

The level of CIP targeted for 2019/20 at 2.9% is below the forecast outturn of 3.4% (circa £7m) for 2018/19. The challenge for the organisation is to embed efficiencies early in the planning round, so that these are de-risked in advance of the financial year. The trust will therefore be working to further identify opportunities around the Portal, and in particular at the transactional costs of corporate support functions, artificial intelligence, and procurement. The key elements within these areas are as follows:-

Area	Assumptions
Corporate Support Functions	The trust has transitioned over to NHS Shared Business Services (SBS) in 2018/19 for payroll. Further areas will be looked at in corporate support, with finance and accounting services likely to be the next area to be reviewed. Procurement is currently hosted under Procurement Partnership Service or PPS, and will be reviewed to ensure that best value is being obtained. Other areas of corporate support are being looked at against the information recently supplied by NHS Improvement.
Artificial Intelligence	The trust is currently implementing an AI or robotic working solution to decrease administration costs. Potential areas of automation are work-flowed with the solution to be operational at the start of the new financial year. Areas to be automated are expected to include some aspects of accounts payable, workforce, and Friends & Family administration.
Procurement	The trust has an existing partnership with PPS which will be reviewed. The implementation of the future operating model and use of SCCL has identified limited savings for the trust at a macro level – with only £50,000 identified in terms of pricing benefit. Whilst this in one respect validates the organisations ability to procure items at low cost, further work will be undertaken to identify if further opportunity exists in this area.
Operating Theatre Efficiency	Key lines of enquiry include theatre utilisation, pre-operative pathway reviews, and cancellations causation analysis, alongside review of out-patients DNA analysis, and follow up outpatient ratios review.
Workforce and NHS Long Term Plan priorities	Review of the NHS Long Term Plan productivity and efficiency priorities linked to all clinical staff working in the NHS being deployed using an electronic roster or e-job plan by 2021; bank and agency centralised booking processes and reasons for use; and HR 'Woven metrics' reviews.

The status and risk rating of the schemes is shown below – and is reflective of the current maturity of the programme.

CIP RAG Rating - 2019/20 Draft Plan	
Area	£m
High Risk	0.68
Medium Risk	2.34
Low Risk	1.26
Unidentified	2.11
Total	6.39

Unidentified levels of CIP currently stand at £2.1m, equating to 33% of the required quantum. The trust is aware of the need to deliver the level of savings in totality, and work is on-going at divisional and departmental level to identify further efficiencies. The position at this point in time therefore represents a snapshot of the current position and is subject to change and development. Key lines of enquiry for future CIP development are being drawn up. The most recent upload of data to the Model Hospital Portal is also being analysed to assist in the identification of further opportunities. The trust is also considering what further non-recurrent measures could be used to support the in-year savings programme.

The trust is fully cognisant of the required CIP delivery for 2019/20 being in line with the forecast outturn with 2018/19, and at board level there is a desire to firmly embed the maturity of the efficiencies programme as part of future planning with regard to Oriel. The trust is also committed to progressing development of the CIP programme to seek to achieve the financial control total. Oversight of CIP development and delivery of CIP is undertaken at a detailed level at the finance committee. Further challenge and oversight also takes place at the monthly board of directors meeting.

Continuing to reduce agency costs is also a priority, and the trust has a clear policy for governing compliance with the agency rules, which is overseen by the resourcing team and requires any bookings outside of the rules to be approved by an executive director. The trust has worked well with the frameworks and agencies to ensure the vast majority of agency shifts supply comes within the capped levels of pay.

6.5 Capital Planning

The trust is planning to spend £16.6m in capital in 2019/20. This will be funded through the use of internal resources, primarily depreciation and brought forward cash balances. A breakdown of 2019/20 planned capital by area is shown below:-

Summary Capital Programme – 2019/20 Draft Plan	
Area	£m
Medical Equipment	4.076
IT	4.426
Estates	1.550
Oriel	6.545
Total	16.597
Funding Sources	
Depreciation	7.140
Cash brought forward/External IT Funding	9.457
Total	16.597

The majority of expenditure within the capital plan largely represent ‘business as usual’ in terms of lifecycle replacement of assets, with the exception of two significant areas of expenditure shown overleaf:-

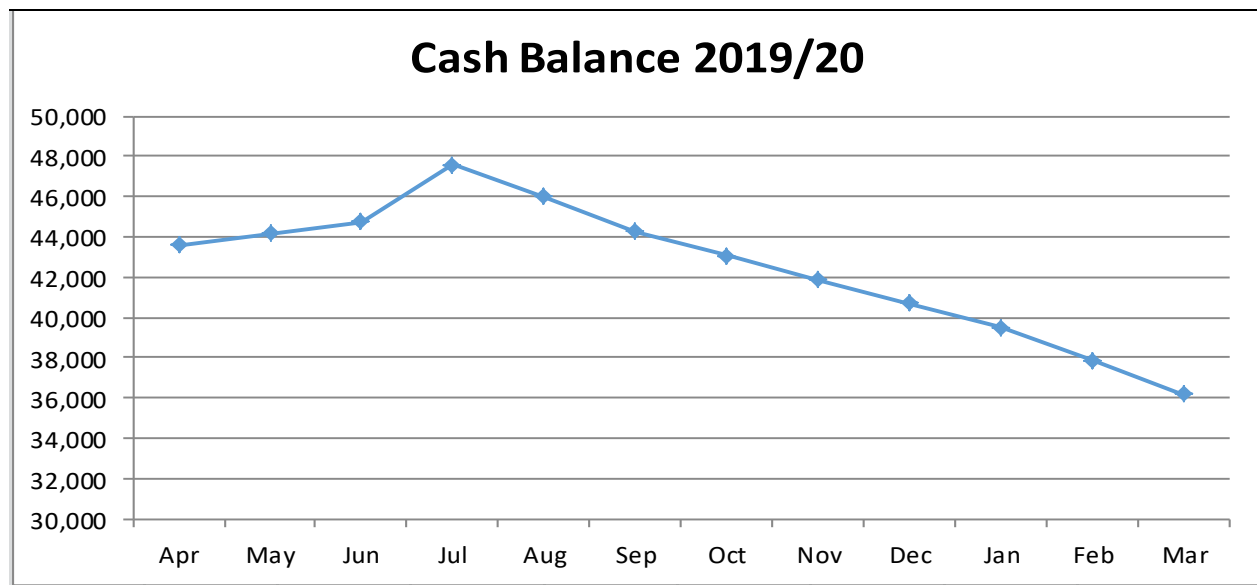
Area	£	Note
Continued	£6.0m	The Trust’s proposed move to St Pancras is present in the plan to

Development of Oriel		<p>include Outline Business Case (OBC) submission and continued work up in the financial year.</p> <p>Oriel has significant visibility with NHSI, having been subject to a significant funding award under Wave 4 STP bids. This project is in excess of the thresholds for NHSI/DHSC approval. The OBC is intended to be submitted to NHSI in the early Autumn, with due diligence being undertaken prior to onward review by both DHSC and Treasury. The Trust will work with NHSI over the coming months to ensure a seamless review process as possible.</p>
Electronic Medical Record (EMR) Solution	£2.5m	<p>Inclusive within the draft plan for IT is the continued development to upgrade the Trusts EMR system at £2.5m as part of an ongoing process to both remove vulnerabilities and functionality.</p>

6.6 Liquidity

Cash balances are shown below and are anticipated to decrease over the year as the continued development of the Oriel redevelopment at £6m is funded up to Outline Business Case (OBC) stage and beyond through internal cash resources.

The trust is informed that PDC awarded through the Wave 4 STP bid can be accessed after Full Business Case (FBC) approval. As a consequence, internal cash resources are being utilised – and this accounts for £6m of the £7.4m reduction in cash balances. The trust has viewed liquidity requirements for 2019/20 and does not require external financing during the year.



6.7 Contingency

Contingency of £1.25m (circa 0.5% of turnover) is held centrally to mitigate against in-year financial risks.

7. Sustainability and Transformation Plans

7.1 STP context

Moorfields operates a networked model of care, with around 30 sites in London and the south east of England. Services provided by Moorfields are located at sites located across a total of eight sustainability and transformation partnership (STP) footprints. Five of these are in London (in each of the London STP areas: north east, north west, north central, south west and south east). The other STP footprints which include Moorfields sites are: Bedfordshire, Luton and Milton Keynes; Kent and Medway; and Hertfordshire and West Essex.

A focus within the north central London STP (NCL STP or NCL), also known as North London Partners in Health and Care (NLP) case for change is modernising estate. The need to modernise NHS estate and develop models of care that respond to rising demand is noted in both the NHS Five Year Forward Review and the Naylor Review of NHS property and estates.

7.2 STP for 2019/20

The NCL STP ophthalmology clinical pathway design group is a forum for review, analysis, discussion and pathway design and will continue to be chaired by a Moorfields consultant. Its primary role is to ensure that appropriate system wide clinical governance standards and procedures are in place as well as ensure safe access to care with a reduction unwarranted variation.

Moorfields remains committed to working with partners to ensure systems are interoperable wherever possible, aligning to the STP digital Health Information Exchange platform being implemented across north central London providers.

As part of NLP's estate strategy, Moorfields will continue to work closely with Camden and Islington NHS Foundation Trust and Whittington Health NHS Trust to take forward the St Pancras hospital site development.

The NCL STP will receive capital funding to be used both to transform mental health services at Camden and Islington Foundation Trust's St Pancras hospital site and create a state-of-the-art eye care, research and education facility, subject to the outcome of consultation.

Moorfields will continue to work with NHS Camden CCG (as lead commissioner) and NHS England London Region Specialised Commissioning to complete the process of public consultation on their proposals to relocate all Moorfields' clinical services from the City Road hospital to a new, purpose-built facility at St Pancras. It is anticipated that the public consultation will take place during 2019/20.

8. Membership and elections

As an NHS foundation trust, Moorfields is accountable to its members, who are patients from across the UK, and staff and residents in the communities where we run services. Our members are represented by elected and nominated governors who form our membership council. As well as fulfilling a wide range of statutory duties, the membership council represents the interests of foundation trust members and stakeholders to the board of directors.

8.1 Trust membership

Overall, the trust has 18,842 patient and public members. Public constituency sizes vary, reflecting the size of the service provided by the trust in each area. The patient constituency is the largest. There is no plan to increase the membership over the next year, and a focus for the trust is better engagement with the members we have.

The trust will relaunch its membership magazine and encourage members to take part in patient and public involvement activities that take place across the network. We will also be seeking to encourage more members to use digital platforms and technologies to receive information in order to use our resources more efficiently.

8.2 Governor election

Elections will take place in March 2020 for public, patient and staff constituencies. Historically we have seen that the majority of constituency seats are well contested and we want to continue this trend, as well as to increase turnout by making better use of e-voting.

8.3 Governor recruitment and development

Public, patient and staff governor vacancies will be advertised through a number of different channels, including the trust newsletter which is sent to all members, social media and via email/postcard. Staff governor vacancies will be advertised across the trust via the weekly staff communication bulletin and on the intranet.

We will develop new literature to set out clear expectations of governors before they nominate themselves, so that we increase the desire for people committed to the trust to put themselves forward and get involved.

An induction programme for new governors has been developed and will include meetings with experienced governors, the company secretary and chairman and a tour of the trust. A training programme has been put in place and will be regularly reviewed in order to make sure it continues to meet the needs of new and experienced governors.

8.4 Membership strategy and engagement

The membership development group will continue to monitor progress against the aims of the membership strategy, including how best to communicate and engage with members to make use of a wider range of mechanisms and methods.

The lead governor and other governors will continue to attend various fora, such as NHS Providers meetings, to share and learn best practice in member engagement.