A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 26 March 2020 at 09:30am

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

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 27 February 2020	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:20	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	2020/21 Annual Plan	Note	Present	JW	00:10	5
9.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
10.	AOB	Note	Verbal	TG	00:05	
11.	**Date of the next meeting – Thursday 23 April 2020 09:30am**					

* Strategic Objectives

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

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 27 FEBRUARY 2020

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Peng Khaw (PK)	Director of research & development
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Tracy Luckett (TL)	Director of nursing and AHPs
	Johanna Moss (JM)	Director of strategy and business development
	John Quinn (JQ)	Chief operating officer
	Sumita Singha (SS)	Non-executive director (from item 20/2405)
	Nick Strouthidis (NS)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Steve Williams (SW)	Vice chair and senior independent director
In attendance:	Nora Colton (NC)	Director of education
	Sandi Drewett (SD)	Director of workforce and OD
	Helen Essex (HE)	Company secretary (minutes)
	Kieran McDaid (KM)	Director of estates, capital and major projects
	Ian Tombleson (IT)	Head of quality and safety
	Elisa Steele (ES)	Chief information officer
Governors present:	Brenda Faulkner	Patient governor
	Rob Jones	Patient governor
	John Sloper	Public governor
	Richard Collins	Public governor
Public:	Matt Preston	CQC relationship manager
	Jagdish Dave	Friends of Moorfields volunteer

20/2400 Apologies for absence

Apologies were received from Sumita Singha (until item 20/2405).

20/2401 Declarations of interest

There were no declarations of interests.

20/2402 Minutes of the last meeting

The minutes of the meeting held on the 23 January 2020 were agreed as an accurate record.

20/2403 Matters arising and action points

All actions were completed or attended to via the agenda.

20/2404 Oriel Outline Business Case

TG advised that the board had already had a discussion about the financial and commercially sensitive issues that form part of the outline business case (OBC).

JM confirmed that commissioners had now made a decision and approved the trust's proposals at their Committees in Common.

The OBC has been developed over the last ten months and is a document specific to Moorfields as an FT, although it has been developed with partners. The document has been taken through a number of different forums for discussion throughout the process and feedback has been received from regulators.

The document sets out the total capital cost of the project, which is £355m. It also outlines the key areas of scrutiny and challenge as well as the debate as to how the trust can continue to invest and develop in the network sites.

Assumptions have been made in the finance case including those around CIP, income and growth assumptions for Moorfields Private, capital charges and contingency allowances. Another key issue is value for money in relation to the construction of the new site. The trust has received independent expert valuations as well as undertaking benchmarking against other similar schemes. Sensitivity testing has allowed the board to scrutinise what would happen if the assumptions and mitigations are not robust. The economic case and options appraisal has been subject to sufficient scrutiny. The board has had assurance that assumptions are appropriate, prudent and realistic.

The OBC contains six chapters. JM described the key assumptions in each chapter:
Strategic case – this sets out the context and case for change and includes issues such as the patient experience, risk of future service failure and inability to support change, loss of expertise. The case describes the opportunity to improve research and education through integration and inefficiencies in service delivery.

Constraints and dependencies focus on affordability, land purchase and vacant possession as well as the NHS/UCL business case approval process. The required capacity assumes 3% activity growth, virtual clinics for outpatient activity and efficiencies as a result of co-location of A&E and urgent care, diagnostic bundles and increased throughput of cataract day cases. This also includes room utilisation in outpatients and review of opening hours.

Economic case – this seeks to establish the best solution for the UK and the best option whereas the finance case looks to the affordability of that option.

Critical success factors (CSF) were developed and the options assessed against CSF to give weighted scoring. The options were also subject to investment appraisal to

understand what value might flow out. The social value indicates what benefits would derive from each option and assesses value in terms of health outcomes, economy, environmental benefits, etc. Option 3 was selected as the preferred option. Although Option 4 would be preferred there is an issue with capital affordability.

Financial case – this seeks to answer, whether in revenue and capital terms, the build is affordable. The capital cost is £356.3m (includes 25% contingency which is considered prudent). Funding is through the STP with proceeds from the sale of City Road, charitable donations and internal funding.

Clinical quality case – this case has been developed and led by clinical teams. Core principles have been developed centred on patient experience and supporting the workforce, streamlining care delivery and working with commissioners to provide care in the most appropriate setting. These principles are aligned with the workforce strategy the core principles of which are to upskill staff where possible, improving efficiency and increased automation.

Another aspect is the utilisation of digital components within clinical services including digital imaging and data strategy, virtual clinics, simplification of the patient journey, interactive video and audio wayfinding.

Commercial case – this case focuses on how to take forward the commercial proposal. There will be a two-stage OJEU design and build tender with competitive dialogue. The case also details the acquisition of two acres at St Pancras.

The disposal of City Road/Bath Street is a significant component to the capital affordability of the scheme. There has been a great deal of independent scrutiny and advice on the most appropriate commercial strategy and the strategy has been through both board and membership council.

A joint delivery vehicle will be established between UCL and the trust. Heads of terms need to be agreed prior to FBC. The trust has had assurance around the way the value of the site has been apportioned.

Management case – the two key areas with which to proceed are the planning application and site application. The top risks post mitigation are the delay of vacant possession, bids on City Road not being in line with site valuations, RPIF funding not being drawn down by UCL by the deadline, philanthropic targets not being met (it was noted that over 50% of the target has been met but it should still be acknowledged as a risk that it outside trust control) and UCL business case approval delay which will take place in June. There is an entirely separate governance and decision-making process taking place through UCL.

The partners have identified a governance process and a number of different user groups – either chaired by clinicians, corporate directors or relevant counterparts from UCL.

The membership council will make a decision on the sale of the City Road site, the exercising of the option to formally purchase the land from CandI and formal

approval of the FBC.

The board acknowledged the risks, in particular around potential for lower valuation of the site, although was reminded that assumptions have been continually assessed and re-assessed and that suitable steps are being taken to mitigate risk. The board looked at the precedent of other trusts that have proceeded on capital build at risk, and the release of funds despite the fact the trust does not yet have an approved OBC or FBC.

The board unanimously agreed the following:

- Approval of the OBC, for issue to NHSE/I and DHSC for regulatory approval
- Approval of spend of £13.5m of fees to get to FBC
- Approval of continued spend (in line with the defined budget above) at risk prior to regulatory OBC approval in order to:
- To commence preparation for sale of the City Road site.
- To commence contractor procurement process.
- To prepare town planning submission for the St Pancras site.
- To agree to proceed at risk to the tune of £13.5m.

DP commended JM and the team for an excellent and complex piece of work although stressed the need to continue to make decisions that are rational and supported. Everything in the OBC is backed up with robust, independent advice and is being supported by local and regional partners. In line with the long term plan and the strategy of the STP. An extremely broad consultation was also undertaken with the public, the detail of which has been reviewed previously by the board.

20/2405 Chief executive's report

The trust response to the coronavirus outbreak is being led by TL as the DIPC who is working with guidance issued by Public Health England. The trust is taking all relevant steps to manage any issues that arise with patients or staff. There have so far been no cases and the burden is more likely to be placed on other hospitals and their intensive care units. The trust may have a challenge in staffing and also needs to think more carefully about corporate travel and people arriving from category 1 and category 2 countries. There is a potential impact in relation to school closures and transport issues as well as any limit on communal integration. It will be inevitable that decisions will be required as to how best to utilise limited resources.

The flu vaccination target is at 79% (target 80%). The target is likely to rise to 90% next year which will start to become more challenging without mandated policy from government. The trust will be making representation that this needs be done.

The trust overachieved against the financial plan in December and remains confident that the target and metrics will be achieved.

The first EDHR steering group was held in January which is important from a statutory and cultural perspective. A plan will come to the people committee and then through to the board. The trust has also launched LGBT badges to coincide with LGBT history

month.

DP congratulated Gordon Hay and Marcus Fruttiger (UCL) who have been appointed as the joint deputy directors of education.

An update was provided on the NCL STP that will end up being the vehicle that turns into an integrated care system (ICS) from April 2021. This is a changing area of policy and strategy and sets out the areas of risk and challenge for the system, the main focus of which is how to deliver high quality care across a whole population. Rob Hurd has been appointed as the new convener of the STP, supported by Mike Cook as the STP chairman. Frances O'Callaghan has been appointed to the role of accountable officer for the CCGs. The STP is starting to build the infrastructure that will become the vehicle that will take things forward.

The trust has an important role in system working and although there are lots of opportunities there will also be challenges to come.

Update to be provided at each meeting – DP

20/2406 Integrated performance report

JQ advised that the trust will see over 100,000 attendances for A&E this year. Activity is above all modalities as to last year's position.

Performance remains good and all national access targets have been delivered. The 14-day commissioner standard for ocular oncology is still the biggest challenge. The dip below target relates to one patient.

The complaints target is red and showing a trajectory above target for the year although the trend is decreasing. There has been an improvement in the number of incidents outstanding above 28 days in February but this tends to be a trend that is volatile.

There have been problems with staff sickness in medical imaging for December but have been no specific increases in related patient complaints. However, there is likely to have been an impact on the patient journey.

Journey times were previously on a downward trend (in 2018) but this has now increased and flat lined. The trust has not yet been able to establish whether this is a natural plateau. The increase was related to better reporting but it is not yet clear as to whether more needs to be done. The figure is an average that masks the outliers. The trust needs to look at reallocating resource to clinics that have a more complex case mix.

AD raised the issue of ocular oncology and the board needing assurance as to how the trust is interacting with patients to communicate with them about the 14-day target. JQ advised that the trust has changed the script and staff training but that it is challenging to get some of the patients to commit to the target.

20/2407 Finance report

M10 was £40k favourable in month against a £590k target. The trust is well positioned

to achieve its target between now and the end of the year. Efficiencies are planned to come in at a forecast of £6m, with 600k achieved in January leaving a £1.2m gap.

Debt is down £2.2m in month, with agreement being reached with two of the five commissioning sectors in London.

The cash position remains strong at £52m. Capital outturn is projected at £14.5m although there is potential for this to slip to £13.5m and need to think about how to bridge the gap for next year. The use of resources risk rating remains at a score of 1 and all is on track for year-end delivery.

Board members asked if there was any likelihood that commissioners would not be willing to pay for over performance. DP said that this would not be an issue for 19/20 but is likely to require focus next year with commissioner affordability becoming more of a challenge. The trust is keen to continue to work with commissioners where there is a divergence of opinion.

Have managed to control agency spend despite activity variation. Greater control over booking of temporary staff as divisions become more mature. Different arrangements for different professional groups in relation to overtime and bank/agency payments. Part of a review of pay spend next year.

Would want to see larger proportion of CIP delivery as recurrent. However in a relatively good position, will always be a level of non-recurrent CIP that is delivered. How to make non-recurrent elements recurrent. Starting point for plans for next year.

20/2408 Staff survey headlines

National picture
The trust is significantly above the national picture in seven out of eight indicators, although an outlier on satisfaction with pay. Scores are also lower on equality, diversity and inclusion. There is a new indicator on team working based around the fact that working in teams has an effect on patient outcomes.

Trust picture
There was an increase overall in the number of staff completing the survey (56%).
Clinical services have maintained their score but there has been a drop in some corporate departments.

The trust's peer group is the 14 acute specialist trusts which generally have higher staff satisfaction scores than any other set of trusts. The trust scores well in terms of quality of care and quality of appraisal but not well on equality and diversity and bullying and harassment.

There are a number of different issues to think about, namely how people report, do people feel safe to report. There is a lot of pan-London working around the key issues but internally the trust needs to understand what sits behind the scoring.

There have been clear improvements in the experience of physical violence reported, bullying and harassment reported, clear objectives defined, working unpaid hours.

Areas that have dipped relate to team objectives, appraisals/KSF, receiving updates on patient/user feedback, taking a positive interest in health and wellbeing, taking action to make sure errors/near misses are not repeated.

There has been an improvement in Moorfields private, finance and access but a dip in a number of corporate departments (HR, corporate nursing, IT, City Road).

In relation to the friends and family test, staff would recommend the organisation as a place to send families for care across the board but numbers are lower for those recommending the trust as a place to work.

The board agreed that it was disappointing that despite the amount of work put in to improving culture scores have not improved. Nursing, medical and clinical staff are reporting high levels of satisfaction. The challenge remains in corporate. Although it is positive that the trust has maintained its position in terms of quality of care, there is a clear need to think differently about how to engage.

The plan will go through the people and culture committee then to the board for assurance.

20/2409 Guardian of safe working

NS assured the board that the trust's junior doctors are working within the safe constraints of their contract. There have been four reports and one issue from SGH, but it appears that consultants are encouraging junior doctors to report.

The junior doctor forum is working with the management team in discussion about staggered breaks. HEE has provided a £30k grant to improve the rest conditions of doctors both at City Road and SGH.

20/2410 Learning from deaths

NS reported that there has been one death in Q3 within scope of the learning from deaths policy. The case is still being investigated and it is likely that there will be some modification and review of how the trust tracks neuro-imaging in relation to ordering and follow up. The death has been reported as an SI and the learning will be disseminated to clinicians and through the quality and safety committee. It will also go through an external quality and safety process.

UCLH have now appointed their main Medical Examiner and are in the process of appointing sub-examiners. The trust will need to work out an SLA arrangement so that they are able to assist with the deaths that are in scope.

20/2411 Freedom of speak up guardian

The trust has in place five guardians with IT as the lead and other guardians that cover all professions and sites. The guardians are visible in City Road and across the networks, raising staff awareness of their presence and availability.

The most recent visits were conducted in areas where concerns had been raised and there have been no concerns raised outside that process.

The guardians are continuing to liaise and address issues that have come out of the staff survey, in particular health and wellbeing and accessibility. There have been no concerns raised that relate to patient harm.

The team is looking at ways to further develop the role of freedom to speak up champions and this would be consistent with the national model.

20/2396 Report from the quality and safety committee

The committee looked at the staff assault action plan which related to the handling of a long-term patient. Focus of the learning will be on daily consultant input and how the trust deals with long-stay patients that are not commonly seen within the trust.

The committee discussed the issue of concern over the workforce and a shortage of national and international paediatric ophthalmologists, as well as what the trust can do as a centre of excellence to address this.

The committee gained assurance around the issue relating to loose filing at SGH. A review has shown that there was no clinical harm and that there are a number of admin reviews in place going forward.

Fire safety is an area in which the committee has requested an additional joint update from JQ/KM.

The committee discussed imaging data loss. These are not repetitive failures but a number of different issues that are manufacturer specific. It was agreed to bring back a summary of the key problems and what is being done to mitigate any risk. The committee also highlighted the need to improve communication to staff there are problems with imaging equipment at network sites.

Other key points discussed were SLA management, and in particular terms of working with host trusts and signage. The committee will receive a reports about patients lost to follow-up at the next meeting.

20/2413 People and culture committee

SS advised that there had been a discussion about the inaugural EDHR steering group and that a plan with actions would come to a future meeting.

The priority for the committee has been looking at the workforce strategy and work

streams that sit underneath. This will be aligned with the requirements to deliver Oriel.

Concerns were raised relating to short-term staff sickness which is high.

KPIs are being developed as to whether the aspiration to upskill the workforce is properly resourced. Y1 priorities have been identified which will allow us to then clarify the baseline measures year on year and how these are scheduled over time.

SS advised that she is now a member of the Seacole group looking at BME issues across the NHS in London.

20/2414 Membership Council

TG advised that the membership council had approved the reappointment of Steve Williams and Sumita Singha for a further one year term, and the appointments of Vineet Bhalla and Richard Holmes as new NEDs starting on 16 March.

The council formally approved the appointment of the new external auditors following a process undertaken in December.

Feedback from Members' Week was discussed along with the responses provided by management. One issue that continues to be raised is that of the relationship with host trusts and the challenges presented.

The council had a separate session on its self-assessment results which were in general very positive. Some areas for improvement were identified such as involvement in strategy, interactions between governors and board members and how the membership council can be assured. As the council is under-represented by children and young people it is important to get feedback from the children and young person's service.

The council also thought it would be helpful to understand how the board feels the membership council are doing and it would be helpful to tie this in with the three yearly board assessment taking place in summer/autumn.

20/2414 Identifying risks arising from the agenda

It was agreed that the executive should consider increasing the risk around reputation now that the board has approved the Oriel OBC. In particular the process around declaration of interests and adherence of SFIs should be robust.

Review the corporate risk register to reflect discussions – DP/HE

20/2415 AOB

None.

20/2416 Date of next meeting – Thursday 27 February 2020

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	23.04.20	Postponed	Open
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	23.04.20	Postponed	Open
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	23.04.20	Postponed	Open
23.01.20	20/2395	Administration and booking process	Update to be provided in six months	JQ	23.07.20		Open
27.02.20	20/2405	Chief Executive's Report	Update on work of the STP to be provided at each meeting	DP	26.03.20	To be a standing item on the CE report	Closing
27.02.20	20/2414	Identify any items for the risk register arising from the agenda	Review the corporate risk register to reflect discussions on Oriel OBC and increased reputational risk	DP/HE	26.03.20		Closing

NB Items greyed out have been completed and will be removed from the next log

Bold shows updates

Moorfields Eye Hospital NHS Foundation Trust

NHS

Glossary of terms – March 2020	
Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
AAR	After action review
AHP	Allied health professional
AIS	Accessible information standard
ALB	Arms length body
AMRC	Association of medical research charities
ASI	Acute slot issue
BAF	Board assurance framework
BAME	Black, Asian and minority ethnic
BRC	Biomedical research centre
CCG	Clinical commissioning group
CIP	Cost improvement programme
CPIS	Child protection information sharing
CQC	Care quality commission
CQRG	Commissioner quality review group
CQUIN	Commissioning for quality innovation
CR	City Road
CSSD	Central sterile services department
CTP	Costing and transformation programme
DHCC	Dubai Healthcare City
DMBC	Decision-making business case
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EMR	Electronic medical record
EU	European union
FBC	Full business case
FFT	Friends and family test
FRF	Financial recovery funding
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
IFRS	International financial reporting standards
IOL	Intra ocular lens
IPR	Integrated performance report
iSLR	Integrated service line reporting

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 05
Chief executive's report
Board of directors 24 March 2020

Report title	Chief executive's report
Report from	David Probert, chief executive

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

Brief summary of report

The report covers the following areas:

- Covid-19
- Financial position M11
- Oriel
- DSP Toolkit
- Charity and Friends website launch
- Moorfields Eye to Eye walk

Action required/recommendation.

The board is asked to note the chief executive's report.

For assurance		**For decision**		**For discussion**		**To note**	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 24 MARCH 2020

Chief Executive's report

Quality

I would like to provide assurance to the board about the Trust response to the **COVID 19** pandemic. To date, no patients or staff have been confirmed as being infected with COVID 19, although we have a number of both groups who are under investigation and review.

I can also confirm the following:

- That we continue to follow all guidance from Public Health England (PHE) and I remain satisfied that we are fulfilling our obligations as a major public body and health provider with regard to emergency planning and contingency.
- That we have worked up plans to stop elective non-urgent activity from 23 March.
- That we have put in place advanced infection controls measures including triage screening at all front doors.
- That my teams are now reducing the need to conduct meetings and non-urgent, non-clinical, activity as we continue to plan and show support for our front line staff, many of whom remain incredibly anxious.
- That we are working with the NCL and London sector to look at provision for all ophthalmology emergency work.
- That we are further reducing the foot fall of non-front line clinical staff to our sites.
- That we will potentially close a number of network sites and focus our delivery from City Road and other emergency hubs.

As expected our teams are working incredibly hard and remain absolutely focused on safety and the protection of our patients and staff.

This risk has been included on the board assurance framework (attached at Appendix 1) and is being regularly reviewed.

Financial

The trust over-achieved against the **financial plan in February** with a deficit of £0.01m against a planned deficit of £0.27m - £0.26m favourable. The year to date position is now stands a deficit of £0.21m – a favourable variance of £0.36m. Outturn Cost Improvement Plan (CIP) performance for the year is now forecast at £5.95m – of which £1.1m are non-recurrent – a £1.05m adverse variance to plan. Cash balances stood at £53.8m at the end of February, some £15.4m favourable to plan, aided by lower than forecast capital expenditure.

Oriel

Following the trust board's approval at last month's meeting, the **Oriel OBC** was submitted to the regulators on 28 February. Initial comments and queries have been received, which are being responded to by our teams. The team are continuing to develop detailed designs although the comprehensive engagement programme with staff and patients has been temporarily paused due to the ongoing COVID-19 situation. This will be kept under review as the situation evolves so that we can ensure our plans are informed by our staff and patients.

Infrastructure

Effective information governance and cyber security processes underpin the delivery of safe and effective care. In 2018/19 the IG toolkit was replaced with the **Data Security Protection Toolkit (DSPT)** which focuses on whether mechanisms are in place to protect the organisation from vulnerabilities including cyber-attacks.

Overall Moorfields sets high standards and is in a strong position. Currently, Moorfields has met 98 of the 116 mandatory items and is on track to complete the outstanding 18 items by 31 March. Therefore we will be submitting a 'standards met' return. There is a mandatory internal audit of our performance by KPMG which forms part of the submission and this has provided a green rating maintaining our high standards from the previous year. KPMG have said verbally that Moorfields continues to maintain its position ahead of the pack compared the performance of other NHS trusts.

Moorfields Eye Charity and Friends of Moorfields are both celebrating the launches of their new websites. They held a joint event on 26 February. The websites reflect the new Moorfields group brand, are easy to navigate, accessible and mobile-friendly. Moorfields Eye Charity's site has enhanced research and innovation pages with updates on the projects they're funding and their impact. Friends of Moorfields' site gives more information about volunteer roles and the health information hub. Take a look
- www.moorfieldseyecharity.org.uk www.friendsofmoorfields.org.uk

The two Moorfields charities are increasingly taking a collaborative approach. We're pleased to announce that Moorfields Eye Charity is supporting Friends' volunteering programme which runs a range of services across the trust: information desks, patient guiding and wayfinding, patient hand holding and children's play.

Nearly 500 people took part in **Moorfields Eye Charity's Eye to Eye** walk on Sunday 8 March. It was a very memorable day with patients, family, friends, staff and some canine companions all coming together. Walkers enjoyed the sunshine as they walked from Moorfields Eye Hospital to the London Eye on either a four mile or 14 mile route. A huge thank you from the charity to everyone who took part or supported in other ways. We were pleased to be joined by teams from St George's, Croydon and Northwick Park and by Tracy Luckett, Jo Moss and Helen Essex and are keen to encourage as many of our senior leaders to participate either as walkers or supporters as possible, as we look to build on the success of the event in the future.

A big thank you to Moorfields Private for sponsoring the event for the fifth year running. Andrew Robertson took part with his family and they also fielded a large team. The final fundraising total will be announced at the start of May. This will be invested in the best eye health, bringing quicker diagnoses and new treatments to patients. Please put Sunday 21 March in your diaries for Eye to Eye 2021.

David Probert
Chief Executive
March 2020

Appendix 1

Risk No.	1
Objective	Relates to all strategic objectives
Risk Description	If the trust is unable to appropriately manage the impact of the Covid-19 virus there will be an effect in a number of areas including significant harm to staff and patients, significant financial risk both in the short and long term, reputational risk, workforce impact and system working risk.
Executive Lead	Chief executive
Lead Committee	Major incident gold command
Source	External
Change since last review	New risk

Controls	**Assurance**
1. Business continuity planning procedures	➢ Daily gold and silver command briefings
2. Key policies for staff such as HR guidance on remote working, surge and workflow planning	➢ Review, amendment and communication through internal comms structure and emergency planning framework

Gaps in Controls

- Guidance from the centre on specific issues relating to ophthalmology
- Understanding of future planning requirements and financial impact due to uncertainty around timescales

Risk Scores

	Initial Score	**Current Score**	**Target Score**
Consequence	5	5	4
Likelihood	4	5	3
Risk Scores	**20**	**25**	**12**

Executive Commentary

Key risks

Staffing and workforce issues
Managing the rebooking of patient appointments and in particular patients at risk from lost to follow up
Ensuring sufficient supply of protective equipment
Ability to quantify medium and long term impact on services, finances, commercial service delivery and Oriel.

Action taken so far (daily updates provided to all staff):

Increased triage at the front door of each site for patients, and also as a reminder for all staff.
All events cancelled along with departmental teaching.
400 breath guards have been manufactured and distributed across all sites.
Teams have been working to postpone low risk (from an ophthalmological perspective) patients from attending clinic as well as patients who are in a high-risk group and do not need urgent or emergency treatment.
Restriction in use of general anaesthetic.
In line with emergency preparedness advice from NHS England, a Clinical Advisory Group has been formed to oversee any changes to clinical services made in response to the current situation.
Plan developed as a full and final version of how Moorfields will operate as a provider of emergency eye care.

Report to Trust Board	
Report Title	**Integrated Performance Report - March 2020**
Report from	John Quinn, Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee
Attachments	

Brief Summary of Report

The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend.

Executive Summary

The report this month does not, as per usual months, carry Remedial Action Plans or an Executive commentary. This is to ensure that all operational and support effort is focussed on dealing with the current Covid-19 virus situation.

Action Required/Recommendation

The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.

For Assurance	X	For decision		For discussion		To Note	

Trust Executive Summary By Scorecard Domain - February 2020

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	**31**	**0**	**5**
Cancer	3	0	1
Access & Outpatients	5	0	2
Admitted	3	0	0
Quality & Safety	20	0	2
Private Patients	0	0	0

Collaborative Research

G	A	R
2	0	0

Innovation & Education

G	A	R
0	**0**	**0**

Influence National Policy

G	A	R

The Integrated P

The report this month does not, as per usual months, carry Remedial Action Plans or an Executive commentary. This is to e

Workforce Metrics

G	A	R
1	**0**	**3**

Staff Satisfaction & Advocacy

G	A	R
0	**0**	**0**

Infrastructure & Culture (Enablers)

Digital Delivery

G	A	R
1	**0**	**1**

Research

G	A	R
3	**0**	**0**

Financial Health & Enterprise (Enablers)

Overall Plan

G	A	R
2	**0**	**0**

Commercial Operations

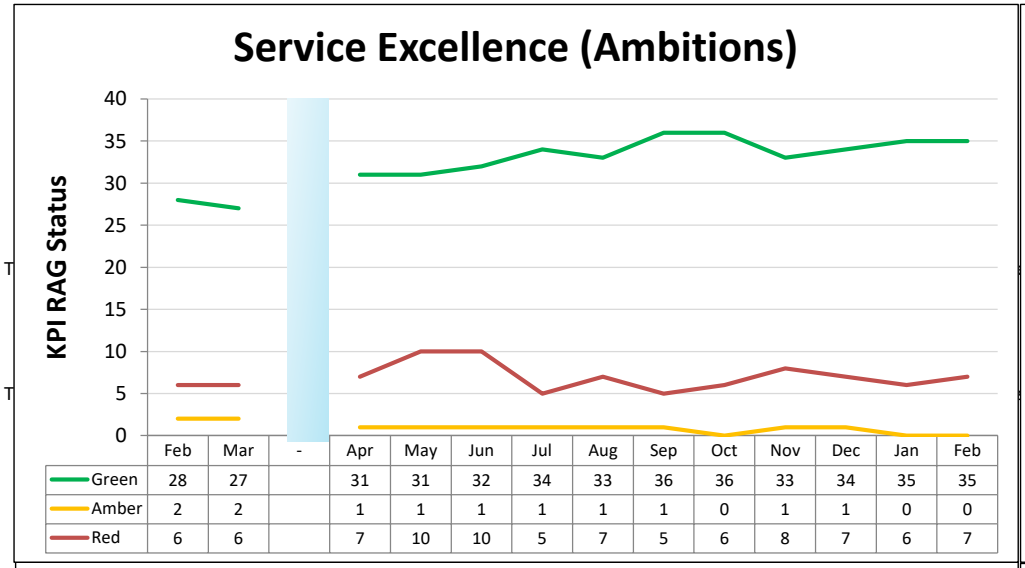
G	A	R
0	**0**	**1**

Cost Improvement Plans

G	A	R
0	**0**	**0**

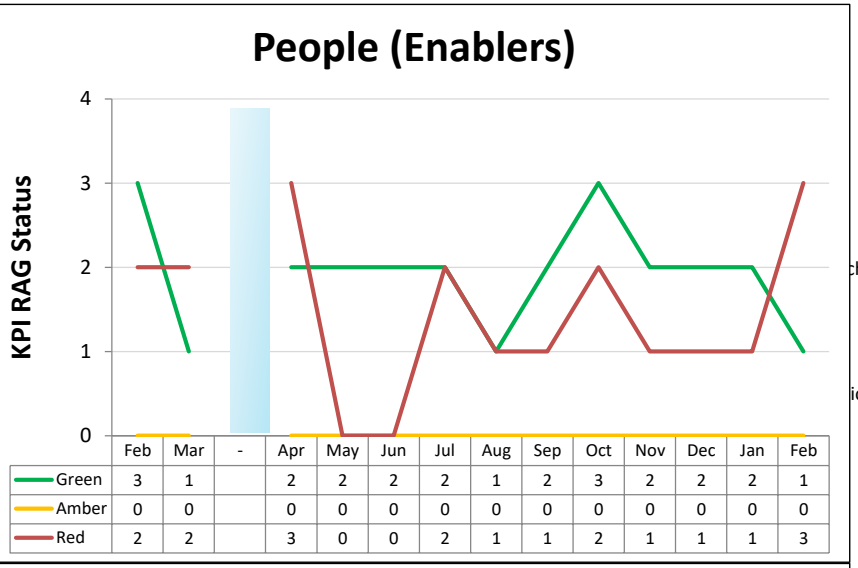
Executive Summary - Scorecard Domain Trends

Service Excellence (Ambitions)



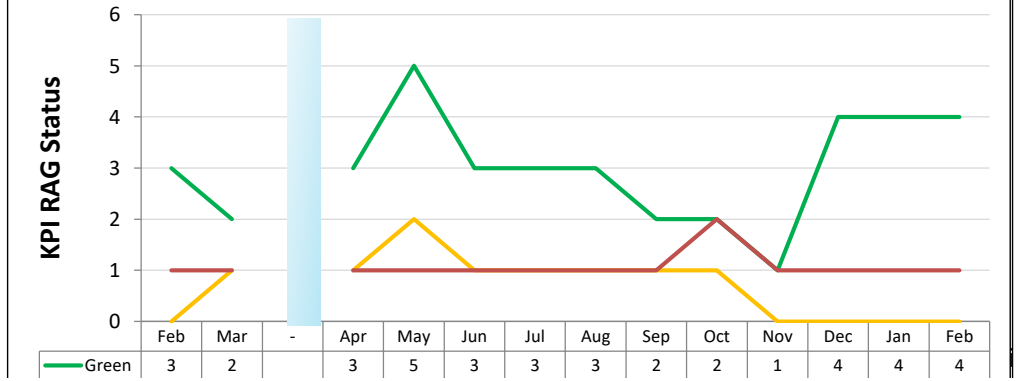
	Feb	Mar	-	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Green	28	27		31	31	32	34	33	36	36	33	34	35	35
Amber	2	2		1	1	1	1	1	1	0	1	1	0	0
Red	6	6		7	10	10	5	7	5	6	8	7	6	7

People (Enablers)



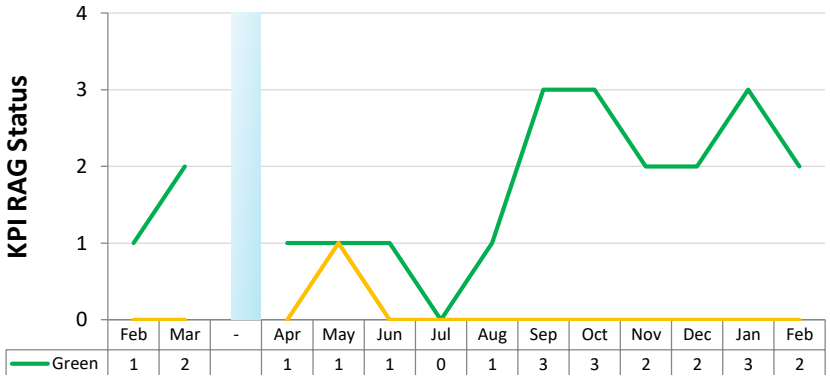
	Feb	Mar	-	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Green	3	1		2	2	2	2	1	2	3	2	2	2	1
Amber	0	0		0	0	0	0	0	0	0	0	0	0	0
Red	2	2		3	0	0	2	1	1	2	1	1	1	3

Infrastructure & Culture (Enablers)



	Feb	Mar	-	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Green	3	2		3	5	3	3	3	2	2	1	4	4	4

Financial Health & Enterprise



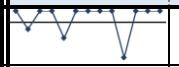
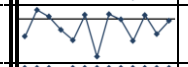
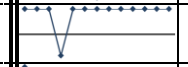
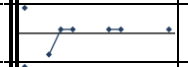
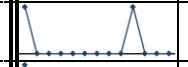
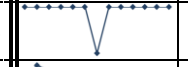
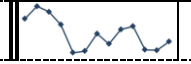
	Feb	Mar	-	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Green	1	2		1	1	1	0	1	3	3	2	2	3	2

Context - Overall Activity - February 2020

		February 2020		Monthly Variance	Year To Date		YTD Variance
		2018/19	2019/20		2018/19	2019/20	
Accident & Emergency	A&E Arrivals (All Type 2)	7,461	7,300	- 2.2%	88,490	90,530	+ 2.3%
	Number of 4 hour breaches	82	9	- 89.0%	1,340	1,364	+ 1.8%
Outpatient Activity	Number of Referrals Received	11,442	11,270	- 1.5%	128,097	132,560	+ 3.5%
	Total Attendances	48,739	50,066	+ 2.7%	549,649	565,692	+ 2.9%
	First Appointment Attendances	10,993	10,704	- 2.6%	124,903	125,309	+ 0.3%
	Follow Up (Subsequent) Attendances	37,746	39,362	+ 4.3%	424,746	440,383	+ 3.7%
	Non-Elective (Emergency) Admissions	219	190	- 13.2%	2,469	2,587	+ 4.8%

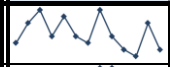
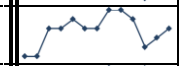
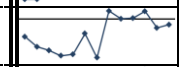
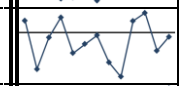
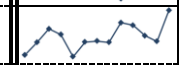
These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not

Domain	Service Excellence (Ambitions)	*February 2020*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G		96.2%	Monthly	71.4%	100.0%	100.0%	100.0%		→
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	R		90.9%	Monthly	87.7%	93.9%	89.3%	92.5%		↑
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%	G		99.1%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%			83.3%	Monthly	n/a	n/a	n/a	100.0%		♦
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	G		94.4%	Monthly	94.6%	94.4%	94.2%	93.6%		↓
	52 Week RTT Incomplete Breaches	Zero Breaches	G		1	Monthly	1	0	0	0		→
	A&E Four Hour Performance	≥95%	G		98.4%	Monthly	97.9%	99.3%	98.8%	99.9%		↑
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	G		99.9%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	G		100	Monthly	127	72	71	91		↑

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

Domain	Service Excellence (Ambitions)	*February 2020*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
Patient Centred Care (Access & Outpatients)	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 96Mins	R		101	Monthly	99	98	103	99		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 86Mins	R		94	Monthly	95	92	93	94		↑
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	G		6.6%	Monthly	7.0%	7.2%	6.7%	6.8%		↑
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	G		0.73%	Monthly	0.89%	0.96%	0.65%	0.77%		↑
	Posterior Capsular Rupture rates	≤1.95%	G		0.87%	Monthly	1.08%	0.86%	0.73%	1.41%		↑

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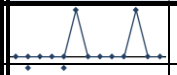
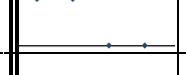
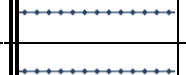
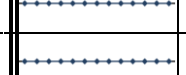
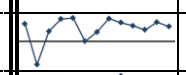
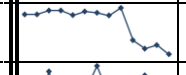
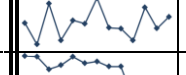
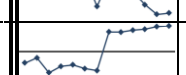
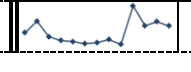
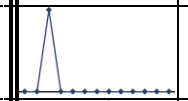
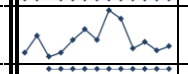
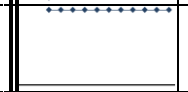
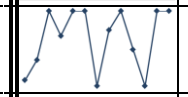
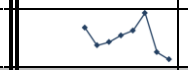
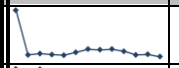
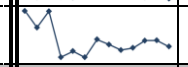
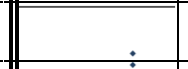
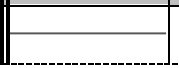
Domain	Service Excellence (Ambitions)	*February 2020*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	G		2	Monthly	0	1	0	0		→
	Endopthalmitis Rates - Aggregate Score	Zero Non-Compliant	G		0	Quarterly	0	0	0	0		
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	MSSA Rate - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G		94.7%	Monthly	95.4%	94.0%	96.7%	95.2%		↓
	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		98.6%	Monthly	96.9%	96.2%	96.5%	95.7%		↓
	A&E Scores from Friends and Family Test - % positive	≥90%	G		92.5%	Monthly	91.3%	94.0%	92.3%	93.2%		↑
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		95.2%	Monthly	93.5%	93.3%	94.3%	94.1%		↓
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		96.4%	Monthly	95.2%	92.9%	95.8%	94.5%		↓
	Inpatient Scores from Friends and Family Test - % response rate	≥30%	G		47.2%	Monthly	46.7%	40.3%	35.3%	36.0%		↑
	A&E Scores from Friends and Family Test - % response rate	≥20%	G		21.3%	Monthly	34.6%	35.2%	37.0%	37.5%		↑
	Outpatient Scores from Friends and Family Test - % response rate	≥15%	G		15.5%	Monthly	18.7%	27.8%	29.4%	27.9%		↓
	Paediatric Scores from Friends and Family Test - % response rate	≥15%	G		22.2%	Monthly	40.4%	27.7%	30.3%	27.6%		↓

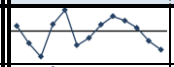
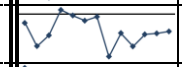
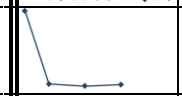
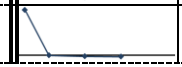
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Domain	Service Excellence (Ambitions)	February 2020

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases	G		0	Monthly	0	0	0	0		→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G		n/a	Monthly	0	0	0	0		→
	Number of Written Complaints	YTD ≤ 224	R		299	Monthly	23	26	22	24		↑
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		100.0%	Monthly (Month in Arrears)	100.0%	100.0%	100.0%	100.0%		→
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		98.1%	Monthly (Month in Arrears)	100.0%	96.7%	93.6%	100.0%		→
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		0	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open	R			Monthly	162	199	117	102		↓
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1650	G		1968	Monthly	225	118	135	64		↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G			Monthly	3.0%	3.7%	3.7%	3.1%		↓
Innovation & Education	Income Generated From Short Courses £k (Year Period - Sep 19 to Aug 20)	YE: ≥£400k Qtr: tbc			124	Quarterly	124			n/a		
	Delegate Numbers Across Short Courses (Year Period - Sep 19 to Aug 20)	YE: ≥900 Qtr: tbc			201	Quarterly	201			n/a		
	Average Delegate Satisfaction Scores (Year Period - Sep 19 to Aug 20)	≥ 4.0				Quarterly	4.48			n/a		
Influence National Policy	Metrics To be Confirmed	tbc				tbc	*In Development*					

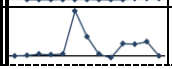
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Domain	People (Enablers)	February 2020

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R			Monthly	80.9%	80.3%	79.2%	78.5%		↓
	Information Governance Training Compliance	≥95%	R			Monthly	92.8%	93.6%	93.7%	93.8%		↑
	Staff Turnover (Rolling Annual Figure)	≤15%	G		14.6%	Monthly	12.9%	12.8%	12.5%	14.6%		↑
	Proportion of Temporary Staff	RAG as per Spend	R		12.4%	Monthly	13.6%	9.1%	13.2%	12.0%		↓
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%				Quarterly				n/a		
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%				Quarterly				n/a		

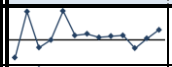
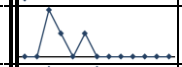
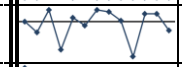
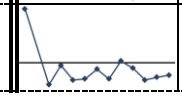
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Domain	Infrastructure & Culture (Enablers)	*February 2020*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	R		89.7%	Monthly	89.5%	89.8%	90.0%	89.7%		↓
	Data Quality - Ethnicity recording (A&E)	≥94%	G		99.8%	Not Set	99.8%	100.0%	99.9%	99.9%		→
Research	70 Day To Recruit First Research Patient	≥80%	G		98.9%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G		60.7%	Monthly	55.6%	66.7%	66.7%	66.7%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		131.7%	Monthly	170.3%	167.5%	182.2%	100.0%		↓

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

Domain	Financial Health & Enterprise (Enablers)	*February 2020*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Nov 19	Dec 19	Jan 20	Feb 20	13 Month Trend	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G		0.36	Monthly	0.12	-0.22	0.04	0.27		↑
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit)	1	G		n/a	Monthly	1	1	1	1		→
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	R		-0.25	Monthly	-0.36	0.08	0.08	-0.09		↓
Cost Impovement Plans	Cost Improvement Plan Variance	≥0	R		-0.68	Monthly	-0.10	-0.32	-0.27	-0.23		↑

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 07

Finance report

Board of directors 24 March 2020

Report title	Monthly Finance Performance Report Month 11 – February 2020
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

The Trust has reported a control total break-even position in February, compared to a planned deficit of £0.3m, a favourable variance of £0.30. Year to date the Trust has reported a £0.2m deficit, a favourable variance against plan of £0.4m.

Financial Performance £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Budget	Actual	Variance
Income	£241.8m	£19.6m	£19.4m	(£0.3m)	£221.2m	£222.8m	£1.6m
Pay	(£132.2m)	(£11.0m)	(£10.9m)	£0.1m	(£121.3m)	(£119.0m)	£2.2m
Non Pay	(£100.5m)	(£8.3m)	(£7.9m)	£0.4m	(£92.2m)	(£95.3m)	(£3.1m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.6m)	£0.1m	(£8.3m)	(£8.7m)	(£0.4m)
CONTROL TOTAL	**£0.0m**	**(£0.3m)**	**(£0.0m)**	**£0.3m**	**(£0.6m)**	**(£0.2m)**	**£0.4m**

Efficiency scheme performance is reporting delivery of £0.6m in February, compared to a planned £0.8m an adverse variance of £0.2m. Year to date delivered savings are £5.4m against a planned £6.1m, an adverse variance against plan of £0.7m.

The Trust is forecasting £6.0m of savings schemes inclusive of £0.3m red risk rated schemes from the planned £7.0m target. There remains a forecast gap of £1.0m.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

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

For Assurance		**For decision**		**For discussion**	✓	**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report
For the period ended 29th February (Month 11)

Presented by	Jonathan Wilson; Chief Financial Officer
Prepared by	Justin Betts; Deputy Chief Finance Officer Amit Patel; Head of Financial Management Lubna Dharssi, Head of Financial Control

Monthly Finance Performance Report

For the period ended 29th February 2020 (Month 11)

Key Messages

Statement of Comprehensive Income

Financial Position	The Trust is reporting a break-even position in February, compared to a planned deficit of £0.3m; a favourable position of £0.3m. Year to date performance is a deficit of £0.2m compared to a planned deficit of £0.6m; a favourable variance of £0.4m.
Income	Total income is £1.6m favourable to plan YTD. NHS commissioned clinical income is £1.6m favourable to plan YTD and on-plan in month. The cumulative variance is due to positive Inpatient and Outpatient activity being £0.3m and £0.9m above plan respectively, whilst a further positive variance of £0.6m has been driven by additional injection activity. Commercial income is £0.9m adverse to plan, with lower than planned activity in Moorfields Private being the cause.
Expenditure (pay, non pay and financing)	Pay costs are £2.2m favourable to plan YTD primarily due to vacancies across all staff groups, with the exception of registered nursing. Non pay expenses are £3.1m adverse to plan YTD including, Health Records (£1.3m), City Road clinical supplies (£1.6m), and non-delivered efficiencies (£0.7m). Agency costs are below NHSI plan levels and reflect the positive move to increase substantive recruitment
Research	R&D is reporting a £1.0m adverse variance to plan YTD due to reductions in national income compared to costs.
Commercial Trading Units	Trading units are reporting a £0.3m adverse variance to plan YTD. Moorfields Private are £0.5m adverse YTD, whilst Moorfields Dubai is reporting a favourable variance of £0.42m.
Efficiency Programme	The Trust is reporting YTD efficiency savings achieved of £5.4m compared to a plan of £6.1m, an adverse variance of £0.7m. There are currently £0.8m of unidentified savings schemes, and a further £0.3m schemes assessed as high risk. Current forecast delivery is £6.0m, compared to the £7.00m full year target, representing a gap of £1.0m.

Statement of Financial Position

Cash and Working Capital Position	The cash balance at the 29th February is £53.8m, £15.4m above plan primarily due to an better than planned receivables, higher than planned 2018/19 PSF receipts and £5.9m capital expenditure underspend.
Capital (both gross capital expenditure and CDEL)	Total capital expenditure YTD is £9.2m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been revised to £13.50m from £18.10m further to the requested review of planned in year capital spend.
Use of Resources	The Use of Resources rating is 1 against the planned rating of 2. The year end rating is forecast to be 1.
Receivables	Trust receivable debt has remained the same at £20.8m since the start of the financial year. There is also a increase of £0.6m from January which is all current NHS debt.
Payables	Trust creditors have reduced by £4.4m to £10.5m since the start of the year. Payment of invoices YTD remains at 87% by volume for Non NHS suppliers.
Forecast	The Trust is forecasting to meet its planned full year control total of breakeven, and is reviewing and preparing potential mitigations in respect of known challenges such as efficiency programme identification levels, and operational financial risks.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Income	£241.8m	£19.6m	£19.4m	(£0.3m)	£221.2m	£222.8m	£1.6m		£241.8m	£243.2m	£1.5m
Pay	(£132.2m)	(£11.0m)	(£10.9m)	£0.1m	(£121.3m)	(£119.0m)	£2.2m		(£132.2m)	(£130.2m)	£2.0m
Non Pay	(£100.5m)	(£8.3m)	(£7.9m)	£0.4m	(£92.2m)	(£95.3m)	(£3.1m)		(£100.5m)	(£103.6m)	(£3.1m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.6m)	£0.1m	(£8.3m)	(£8.7m)	(£0.4m)		(£9.0m)	(£9.4m)	(£0.3m)
CONTROL TOTAL	**£0.0m**	**(£0.3m)**	**(£0.0m)**	**£0.3m**	**(£0.6m)**	**(£0.2m)**	**£0.4m**		**£0.0m**	**£0.0m**	**(£0.0m)**
Memorandum Items											
Research & Development	£0.67m	(£0.04m)	£0.05m	£0.09m	£0.63m	(£0.36m)	(£1.00m)		£0.67m	(£0.43m)	(£1.10m)
Commercial Trading Units	£4.77m	£0.39m	£0.30m	(£0.09m)	£4.17m	£3.92m	(£0.24m)		£4.77m	£4.37m	(£0.40m)
ORIEL Revenue	(£2.50m)	(£0.16m)	(£0.07m)	£0.09m	(£2.34m)	(£1.98m)	£0.37m		(£2.50m)	(£2.03m)	£0.47m
Efficiency Schemes	£7.00m	£0.82m	£0.59m	(£0.23m)	£6.07m	£5.39m	(£0.67m)		£7.00m	£5.95m	(£1.05m)

INCOME BREAKDOWN RELATED TO ACTIVITY

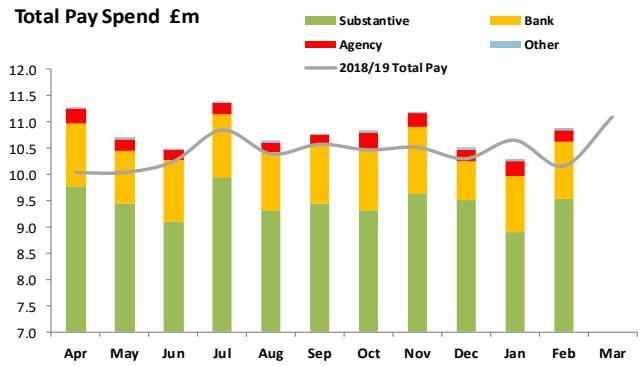
Income Breakdown £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
NHS Clinical Income	£138.1m	£126.1m	£127.1m	£1.0m		£138.1m	£178.9m	£40.7m
Pass Through	£38.8m	£35.4m	£36.0m	£0.6m		£38.8m	-	(£38.8m)
Other NHS Clinical Income	£9.8m	£9.0m	£8.9m	(£0.0m)		£9.8m	£9.7m	(£0.1m)
Commercial Trading Units	£31.4m	£28.5m	£27.6m	(£0.9m)		£31.4m	£30.1m	(£1.3m)
Research & Development	£13.4m	£12.9m	£13.3m	£0.5m		£13.4m	£13.8m	£0.3m
Other	£10.3m	£9.4m	£9.8m	£0.5m		£10.3m	£10.8m	£0.5m
TOTOAL OPERATING REVENUE	**£241.8m**	**£221.2m**	**£222.8m**	**£1.6m**		**£241.8m**	**£243.2m**	**£1.5m**

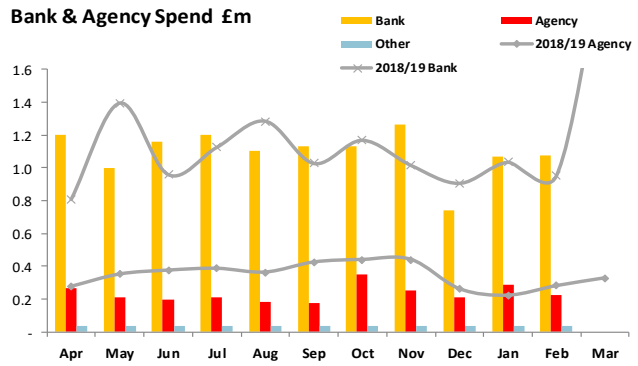
RAG Ratings

Red > 3% Adverse Variance, Amber < 3% Adverse Variance, Green Favourable Variance, Grey Not applicable

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	% Total
Employed	(£128.5m)	(£10.6m)	(£9.5m)	£1.09m	(£117.9m)	(£103.6m)	£14.29m	87%
Bank	(£2.8m)	(£0.2m)	(£1.1m)	(£0.83m)	(£2.6m)	(£12.1m)	(£9.49m)	10%
Agency	(£0.5m)	(£0.0m)	(£0.2m)	(£0.19m)	(£0.4m)	(£3.0m)	(£2.55m)	3%
Other	(£0.4m)	(£0.0m)	(£0.0m)	(£0.00m)	(£0.4m)	(£0.4m)	(£0.02m)	0%
TOTAL PAY	**(£132.2m)**	**(£11.0m)**	**(£10.9m)**	**£0.07m**	**(£121.3m)**	**(£119.0m)**	**£2.24m**	





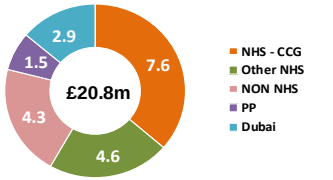
CASH, CAPITAL AND OTHER KPI'S

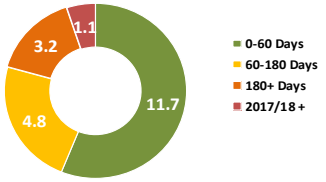
Capital Programme £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Trust Funded	(£17.7m)	(£15.1m)	(£9.2m)	(£5.9m)		(£17.7m)	(£13.4m)	(£4.2m)
Donated	(£0.4m)	-	-	-		(£0.4m)	(£0.1m)	(£0.4m)
TOTAL	**£18.1m**	**£15.1m**	**£9.2m**	**(£5.9m)**		**£18.1m**	**£13.5m**	**(£4.6m)**

Key Metrics	Plan	Actual	RAG
Cash	38.4	53.8	
Debtor Days	45	31	
Creditor Days	45	43	
PP Debtor Days	65	63	

Use of Resources	Plan	Actual
Capital service cover rating	2	1
Liquidity rating	1	1
I&E margin rating	3	3
I&E margin: distance from fin. plan	1	1
Agency rating	1	1
OVERALL RATING	**2**	**1**

Net Receivables/Ageing £m





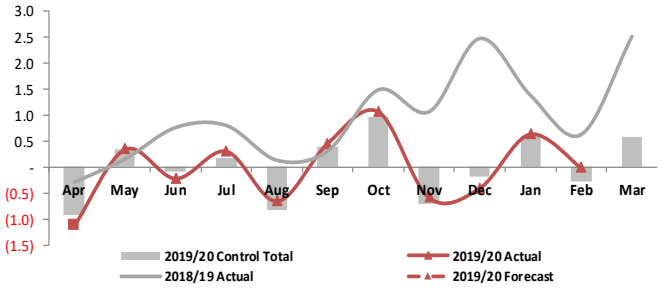
Trust Income & Expenditure Performance

FINANCIAL PERFORMANCE

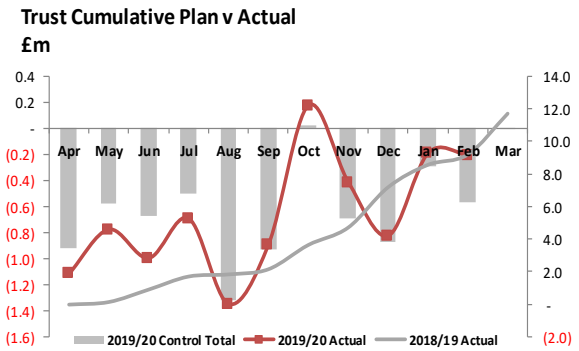
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Budget	Actual	Variance
Operating Income										
NHS Commissioned Clinical Income	176.90	14.26	14.23	(0.03)	161.54	163.15	1.62	176.90	178.86	1.96
Other NHS Clinical Income	9.80	0.86	0.86	0.00	8.95	8.91	(0.04)	9.80	9.73	(0.08)
Commercial Trading Units	31.40	2.84	2.50	(0.34)	28.48	27.60	(0.88)	31.40	30.12	(1.28)
Research & Development	13.42	0.78	0.86	0.07	12.85	13.31	0.46	13.42	13.75	0.33
Other Income	10.25	0.88	0.92	0.04	9.37	9.83	0.45	10.25	10.79	0.54
Total Income	**241.78**	**19.61**	**19.36**	**(0.25)**	**221.19**	**222.81**	**1.62**	**241.78**	**243.25**	**1.47**
Operating Expenses										
Employee Expenses	(132.20)	(10.96)	(10.88)	0.07	(121.27)	(119.04)	2.24	(132.20)	(130.24)	1.96
Non Pay Expense	(100.54)	(8.28)	(7.92)	0.35	(92.16)	(95.30)	(3.14)	(100.54)	(103.61)	(3.07)
Total	**(232.73)**	**(19.23)**	**(18.81)**	**0.42**	**(213.43)**	**(214.33)**	**(0.90)**	**(232.73)**	**(233.85)**	**(1.11)**
EBITDA	*9.04*	*0.38*	*0.55*	*0.17*	*7.76*	*8.47*	*0.71*	*9.04*	*9.40*	*0.35*
Financing & Depreciation	(9.58)	(0.70)	(0.61)	0.09	(8.82)	(9.14)	(0.32)	(9.58)	(9.87)	(0.29)
SURPLUS / (DEFICIT)	**(0.54)**	**(0.32)**	**(0.06)**	**0.26**	**(1.06)**	**(0.67)**	**0.39**	**(0.54)**	**(0.48)**	**0.07**
Donated assets adjustments	0.54	0.04	0.05	0.00	0.50	0.47	(0.03)	0.54	0.51	(0.03)
CONTROL TOTAL SURPLUS / (DEFICIT)	**0.00**	**(0.27)**	**(0.01)**	**0.26**	**(0.57)**	**(0.21)**	**0.36**	**0.00**	**0.03**	**0.03**

PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual



Trust Cumulative Plan v Actual



Commentary

Operating Income

The Trust is reporting income of £19.36m in February, compared to a plan of £19.61m, an adverse variance of £0.25m.

Commissioned patient care activity income is £0.03m adverse to plan in February. A&E and inpatient activity was £0.10m and £0.08m behind plan. This was off-set by over-performance of £0.08m in outpatients.

Commercial income was adverse to plan in February by £0.34m, whilst non-commissioned clinical income (primarily Bedford) was on plan.

Employee Expenses

Total pay was £0.07m favourable to plan in February. Admin and clerical staff continue to under-spend offset by backdated additional session payments for medical staff and continued nursing over-spend.

Medical additional/locum session payments during February totalled £0.34m of which £0.17m relates to specialties at City Road, whilst a further £0.16m relates to satellite sites.

Non Pay Expenses

(non pay and financing)

Non pay reported a favourable variance of £0.35m in February, primarily due to the reduction in Oriel accrued costs of £0.10m and unutilised contingency of £0.1m. Health Records continues to over-spend (£0.14m), whilst High Cost Drugs over-spent by £0.10m linked to activity. but was off-set by various other. There was also under-spend of £0.3m of rent charges related to recent reconciliation of satellite site rent charges.

Cost improvement savings were behind plan in February by £0.23m.

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

Trust Patient Clinical Income Performance

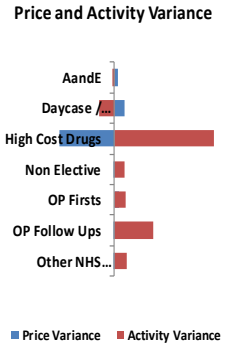
PATIENT CLINICAL INCOME

Point of Delivery	Activity YTD Plan	Activity YTD Actual	Activity YTD Variance	YTD Income £'000 Plan	YTD Income £'000 Actual	YTD Income £'000 Variance	RAG
AandE	90,781	90,529	(252)	£14,119	£14,143	£25	
Daycase / Inpatients	33,428	33,189	(239)	£36,796	£36,714	(£82)	
High Cost Drugs	46,072	50,676	4,604	£35,223	£36,022	£799	
Non Elective	2,464	2,554	90	£4,754	£4,918	£163	
OP Firsts	116,392	117,570	1,178	£19,740	£20,031	£291	
OP Follow Ups	425,874	432,483	6,609	£43,395	£44,051	£656	
Other NHS Clinical Income	19,232	20,295	1,063	£3,868	£4,079	£211	
Total	734,244	747,296	13,052	£157,895	£159,958	£2,063	

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

PRICE & ACTIVITY VARIANCE

Average price Per Plan	Average price Received	Variance %	£000's Price Variance	£000's Activity Variance
£156	£156	0%	£64	(£39)
£1,101	£1,106	0%	£181	(£263)
£765	£711	-7%	(£950)	£1,750
£1,930	£1,925	0%	(£10)	£174
£170	£170	0%	£91	£200
£102	£102	0%	(£17)	£673
£201	£201	0%	(£3)	£214
			(£645)	£2,708

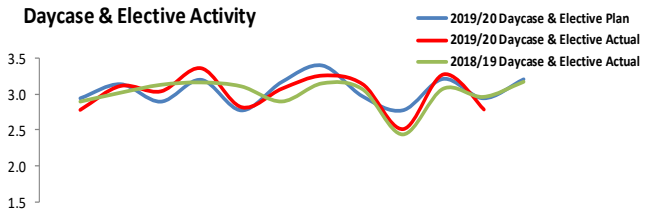


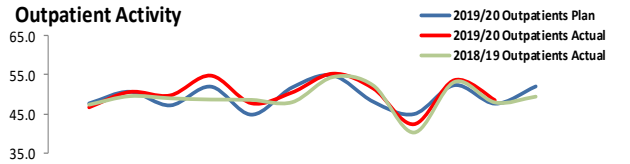
CONTRACT SLA PERFORMANCE

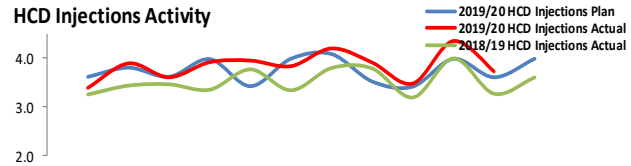
Divisional Income Performance £m	Activity Plan	Activity Actual	Activity Variance	YTD Income £'000 Plan	YTD Income £'000 Actual	YTD Income £'000 Variance
City Road	461,863	467,754	5,891	£97,541	£97,024	(£516)
North	146,712	152,125	5,413	£33,799	£35,452	£1,654
South	125,669	127,417	1,748	£26,556	£27,481	£925

Top CCG's	Activity Plan	Activity Actual	Activity Variance	YTD Income £'000 Plan	YTD Income £'000 Actual	YTD Income £'000 Variance
NHS Croydon CCG	53,627	53,534	(93)	£11,581	£11,464	(£117)
NHS Ealing CCG	36,994	39,576	2,582	£8,549	£9,432	£883
NHS Wandsworth CCG	30,124	33,321	3,197	£6,547	£7,472	£924
NHS Harrow CCG	29,822	30,660	839	£6,894	£7,140	£246
NHS City and Hackney CCG	33,778	33,939	162	£6,952	£7,053	£101
NHS Islington CCG	22,761	24,198	1,436	£4,683	£5,082	£399

ACTIVITY TREND







Commentary

NHS Income Overall NHS Patient Clinical activity income in February is above plan. Income is reporting a favourable variance to plan YTD of £2.1m.

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

Day case and Inpatient Activity was below plan during February, and is also below plan YTD. Key specialities where YTD activity is behind plan include Adnexal, Medical Retina, and Vitreoretinal. Strabismus and Cataract are over-performing YTD.

High Cost Drugs/ Injections Activity was above planned levels for February and is above plan YTD by £0.53m.

High Cost Drugs/injections represent a pass through cost for the organisation and any under/over performance within income is compensated within non pay, therefore not affecting the Trusts overall financial performance.

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

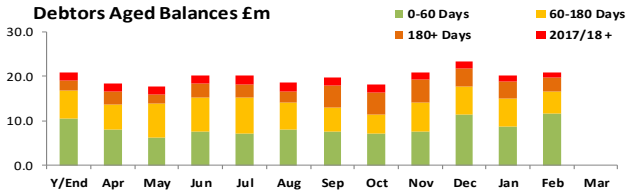
CAPITAL EXPENDITURE

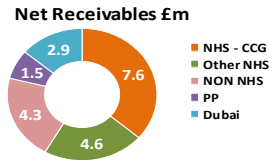
Capital Expenditure £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance
Estates - Trust Funded	4.1	4.1	1.6	(2.5)	4.1	3.4	(0.7)
Medical Equipment - Trust Funded	3.3	1.6	2.1	0.4	3.3	2.2	(1.1)
IT - Trust Funded	4.0	3.6	1.2	(2.4)	4.0	2.9	(1.0)
ORIEL - Trust Funded	6.0	5.4	4.0	(1.4)	6.0	4.6	(1.4)
Dubai - Trust funded	0.3	0.3	0.3	0.0	0.3	0.3	-
Other - Trust funded	-	-	-	-	-	-	-
TOTAL - TRUST FUNDED	**17.7**	**15.1**	**9.2**	**(5.9)**	**17.7**	**13.4**	**(4.2)**
IT - Externally Funded	0.4	-	-	-	0.4	0.1	(0.4)
TOTAL INCLUDING DONATED	**18.1**	**15.1**	**9.2**	**(5.9)**	**18.1**	**13.5**	**(4.6)**

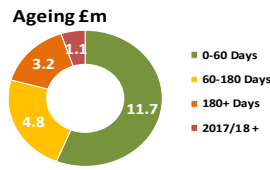
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	7.1	7.1		100%
Cash Reserves - B/Fwd cash	8.7	8.7		100%
Capital investment loan funding	-			
Cash Reserves - Other (PSF)	3.6	3.6		100%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	**17.7**	**17.7**	**-**	**100%**
Externally funded	0.4		0.4	0%
TOTAL INCLUDING DONATE	**18.1**	**17.7**	**0.4**	**98%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2017/18 +*	*Total*
CCG Debt	4.0	1.9	1.7	0.0	7.6
Other NHS Debt	3.1	0.5	0.7	0.3	4.6
Non NHS Debt	2.3	1.3	0.3	0.3	4.3
Commercial Unit Debt	2.2	1.2	0.6	0.4	4.4
TOTAL RECEIVABLES	**11.7**	**4.8**	**3.2**	**1.1**	**20.8**

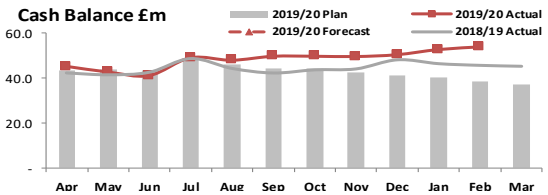






STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	102.9	101.4	91.4	(10.0)
Current assets (excl Cash)	19.6	20.1	26.2	6.1
Cash and cash equivalents	37.3	38.4	53.8	15.4
Current liabilities	(39.9)	(40.1)	(44.6)	(4.5)
Non-current liabilities	(36.1)	(36.6)	(38.8)	(2.2)
TOTAL ASSETS EMPLOYED	**83.8**	**83.2**	**88.0**	**4.8**



OTHER METRICS

Use of Resources	Weighting	Plan YTD	Score
Capital service cover rating	20%	2	1
Liquidity rating	20%	1	1
I&E margin rating	20%	3	3
I&E margin: distance from financial	20%	1	1
Agency rating	20%	1	1
OVERALL RATING		**2**	**1**

Working Capital Metrics	KPI	Jan 20	Feb 20
BPPC - NHS (YTD) by number	95%	66%	66%
BPPC - NHS (YTD) by value	95%	48%	49%
BPPC - Non-NHS (YTD) by number	95%	87%	87%
BPPC - Non-NHS (YTD) by value	95%	87%	88%
Debtor Days (YTD)	45	30	31
Creditor Days (YTD)	45	33	43
PP Debtor Days (YTD)	65	68	63

Commentary

Cash and Working Capital

The cash balance at the 29th February is £53.8m, £15.4m above plan primarily due to £5.9m slippage in capital expenditure, better than plan receivables, and higher than planned 2018/19 PSF receipts.

Capital Expenditure

Total capital expenditure YTD is £9.2m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been revised to £13.50m from £18.10m further to the requested review of planned in year capital spend.

Use of Resources

The overall Use of Resources rating is 1, compared to a plan of 2 for February.

Key points to note are:-

- I&E margin metric is reporting a 3 for February, as per plan of 3.
- Capital Service rating is reporting a 1 against a plan of 2.

Receivables

Receivables totalled £20.8m in February, which is the same as the actual at March 2019. There is also a increase of £0.6m from January which is all current NHS debt.

Payables

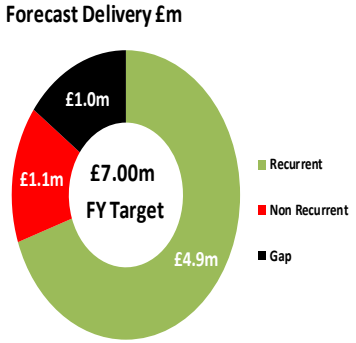
Payables totalled £12.2m in February, a reduction of £4.4m since March 2019.

Efficiency Schemes Performance

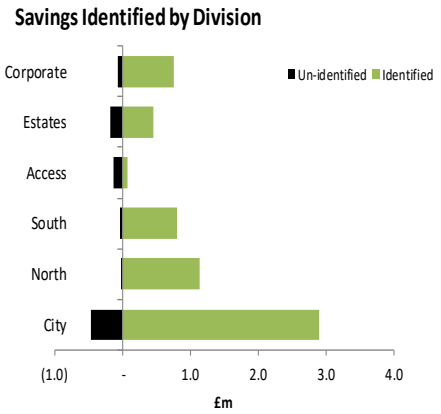
EFFICIENCY SCHEME PERFORMANCE

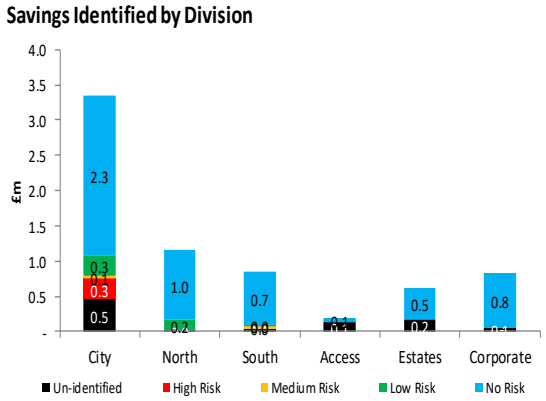
Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£3.35m	£0.37m	£0.21m	(£0.16m)	£2.87m	£2.42m	(£0.45m)	£3.35m	£2.71m	(£0.64m)
North	£1.15m	£0.08m	£0.23m	£0.15m	£1.07m	£1.04m	(£0.04m)	£1.15m	£1.13m	(£0.02m)
South	£0.85m	£0.10m	£0.08m	(£0.02m)	£0.75m	£0.70m	(£0.05m)	£0.85m	£0.80m	(£0.04m)
Access	£0.20m	£0.07m	£0.01m	(£0.06m)	£0.13m	£0.06m	(£0.06m)	£0.20m	£0.07m	(£0.13m)
Estates & Facilities	£0.62m	£0.11m	£0.03m	(£0.09m)	£0.51m	£0.42m	(£0.09m)	£0.62m	£0.45m	(£0.17m)
Corporate	£0.82m	£0.08m	£0.04m	(£0.05m)	£0.74m	£0.74m	£0.00m	£0.82m	£0.78m	(£0.04m)
TOTAL EFFICIENCIES	**£7.00m**	**£0.82m**	**£0.59m**	**(£0.23m)**	**£6.07m**	**£5.39m**	**(£0.67m)**	**£7.00m**	**£5.95m**	**(£1.05m)**

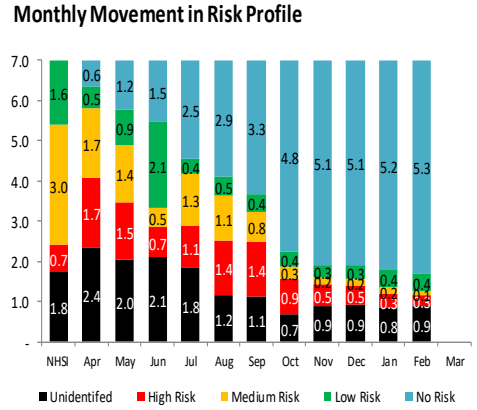
TRUST WIDE FORECAST



DIVISIONAL REPORTING & OTHER METRICS







Commentary

In Year Delivery The Trust is reporting efficiency savings achieved of £0.59m in February, compared to a plan of £0.82m. YTD efficiency savings achieved are £5.39m compared to a plan of £6.07m, an adverse variance of £0.67m.

Identified Savings There are currently £0.80m of unidentified savings schemes, and a further £0.3m of schemes assessed as high risk.

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

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

Forecast Of the planned target for £7m efficiency savings, the currently assessed forecast achievement based on the level of identified schemes, and risk profile is £5.95m, an adverse forecast of £1.05m compared to plan.