A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 25 February 2021 at 09:30am

via Life size video link

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 28 January 2021	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:20	All
6.	Chair's report on executive changes	Note	Enclosed	TG	00:15	5
7.	Integrated Performance Report	Assurance	Enclosed	AS	00:10	1
8.	Finance Report	Assurance	Enclosed	JW	00:10	7
9.	Guardian of safe working	Assurance	Enclosed	LW	00:10	1
10.	Membership council report	Note	Enclosed	TG	00:05	3
11.	People committee terms of reference	Approve	Enclosed	VB	00:05	5
12.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
13.	AOB	Note	Verbal	TG	00:05	
14.	**Date of the next meeting – Thursday 25 March 2021 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 28 JANUARY 2021

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director (via video link)
	Andrew Dick (AD)	Non-executive director (via video link)
	Ros Given-Wilson (RGW)	Non-executive director (via video link)
	Nick Hardie (NH)	Non-executive director (via video link)
	David Hills (DH)	Non-executive director (via video link)
	Richard Holmes (RH)	Non-executive director (via video link)
	Sumita Singha (SS)	Non-executive director (via video link)
	Steve Williams (SW)	Non-executive director (via video link)
	Peng Khaw (PK)	Director of research & development (via video link)
	Tracy Luckett (TL)	Director of nursing and AHPs
	Alex Stamp (AS)	Acting Chief operating officer
	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Richard Macmillan (RM)	General counsel
	Kieran McDaid (KM)	Director of estates, major projects and capital
	Johanna Moss (JM)	Director of strategy & business development
	Nick Roberts (NR)	Chief information officer
	Ian Tombleson (IT)	Director of quality and safety
	Jamie Henderson (JH)	Deputy general counsel
Governors:	John Sloper	Public governor, Beds & Herts
	Tricia Smikle	Appointed governor, RNIB
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Jane Bush	Public governor, NCL
	Paul Murphy	Public governor, NCL
	Naga Subramanian	Public governor, SEL
By invitation:	Matt Preston	CQC regional manager

21/2524 Apologies for absence

There were no apologies. TG welcomed LW to her first board meeting as medical director and AS in his capacity as acting chief operating offi.

21/2525 Declarations of interest

There were no declarations of interests.

21/2526 Minutes of the last meeting

The minutes of the meeting held on the 26 November 2020 were agreed as an accurate record.

21/2527 Matters arising and action points

SD advised that there had been a lot of work done on learning lessons from staff redeployed in the first wave. Reflection sessions have taken place with senior leaders across the organisation with learning informing the redeployment staff in the second wave.

The health and wellbeing guardian role is on the agenda for the health and wellbeing subgroup of the people committee. SD is also in discussion on this issue with VB, the incoming people committee chair.

21/2528 Chief executive's report

DP thanked all staff at the trust, including the leadership team for the focus and support they have provided the system in such a difficult period.

The trust took the decision on 4 January to suspend elective work and only deliver priority 1 and priority 2 cases. This allowed the trust to support the wider system so that acute hospitals were able to focus their staff and resources on managing Covid. The trust has also stood down private services and a number of private care staff have been redeployed to NHS services.

A question was asked about whether P3 and P4 patients are expected to self-report any deterioration in symptoms. LW advised that all patients are risk assessed by telephone and video consultation. In the last lockdown the trust cancelled a lot of patient appointments which left a large backlog. In this lockdown patient lists have been retained and patients are being contacted by clinicians. There is always a risk that there are patients whose sight may deteriorate but every attempt is being made to minimise this risk as far as possible.

Continuous review of those moderate risk patients and re-categorisation of patients. The diagnostic hub opening on 1 Feb will allow us to bring some of those patients in that are of particular concern.

Between 150 and 200 MEH staff have been redeployed across London providing step down care as well as frontline ITU support.

The trust has also been delivering a vaccination programme to staff. By tomorrow an additional 900 vaccinations will have been administered to trust staff and frontline staff working across NCL. The trust will be offering the second dose at nine weeks. There has been one reportable clinical incident involving inflammation at the localised injection site. There has been a 67% uptake from staff which is a positive achievement. TG thanked TL, Stuart Semple and Mary Ryan for establishing and delivering a successful programme and associated webinars.

There have been some concerns from some groups of staff about the Pfizer vaccine and cultural sensitivities around taking it. The trust has been able to offer those staff access to the Astra Zeneca vaccine at other trusts.

DP advised that he is in discussion with NCL in order to agree an appropriate date to bring back elective care and be able to start treating P3 and P4 patients.

Private services have now moved to new premises following the acquisition of the London Claremont Clinic and the cessation of the lease in Upper Wimpole Street.

The diagnostic hub in Hoxton will open on 1 February. Patients will be able to come for a process of assessment which is technician-led, with their scans/images being read by clinicians after which they will be given their diagnostic outcome. This will significantly reduce the patient journey time and deliver high volume care to a much broader population. It also ensures patients interact with as few staff as possible. It was agreed that it is important to keep a personalised model of care but this also needs to be fast and effective.

The pathway was designed to be Covid safe with a single technician to move through with the patient. It is anticipated that the service will be fully operational by the end of February. This will be a model that the trust will look to continually improve and refine. A great deal of scientific rigour has gone into this and the trust is confident that the pathway is safe for patients.

This is one of a number of new and innovative models that the trust has put in place and it is hoped that this will be something that can be rolled out further, and potentially at a national level.

Patients are advised that their results will be reviewed by clinical staff and that results will be communicated when that is complete. Any concerns raised can be escalated immediately. A process is taking place to identify the right cohort of patients to be seen.

DP advised that the learning in ophthalmology will also be relevant for cardiology and musculo-skeletal services, particularly in the use of a digital programme approach.

The results from the GMC training survey were presented and these were either in line or above the average positive experience for trainees. Trainees felt valued in the organisation and that they were being communicated with and led effectively. This is particularly important at a time when a number of people could be feeling unsafe. Trainees also said that they felt there was an open culture and that they were able to voice concerns if there were things they saw as being unsafe.

TG referred to previous concern about whether training objectives would be met given the fact that trainees were being redeployed. It was acknowledged that if the survey were to be done now the result might look different. This has been raised with the Royal College to seek a review of expectations of trainees.

Cataract surgery is a particular concern although there will be a different impact on trainees depending on what stage of their training they are on. The apprenticeship component is more difficult to make up. An attempt has also been made to reduce reliance on international fellows.

NH asked about EU domiciled staff and whether there were any residual staffing issues following the exit from the EU. DP advised that the trust had been supporting staff with legal advice so there have been no significant issues. The trust did lose some staff that wanted to move and some felt undervalued following the vote.

Receipts of EU funding to research will be impacted. However, there will be additional funds that come in through different routes. There have been no direct losses so far but it will be difficult to quantify indirect losses. Overall exposure at the moment is not large but it remains to be seen what will happen in the future.

21/2529 Integrated performance report

The report reflects the improving position in December for RTT. There was a slight dip in the 52-week position, but also starting to see an increase in patients deferring their appointments and procedures due to Covid. There were some specific delays in relation to subspecialties such as paediatrics and VR.

Discussion took place around the cancer target and AS advised that there had been problems with booking patients in, although no clinical concerns. This related to a staff training issue which has now had some focus, with better escalation procedures and management of processes with the oncology team.

The trust is running at 50% of the referrals it would normally be expected to receive. A lot of focus is being put on how to re-engage primary care and what interventions can be put in place to try and speed up decision-making. Work also needs to be done to encourage patients to come back in and attend appointments. The 'Talk before you walk' agenda is likely to become relevant for primary care.

LW noted that there have been some instances of advanced disease in referrals coming through but not at the level expected. There are a proportion of patients that have mild disease that may not be presenting.

In relation to encouraging hard to reach communities back into the service, the trust is working with NCL and local authorities to try and reach out. There is a social media campaign but it was acknowledged that this excludes a large number of people. Work continues to address disparity in different geographical areas.

Safeguarding teams are also working with clinical teams to assist contact with those that are particularly vulnerable.

21/2530 Finance report

The trust position was a £2.7m over performance in December and continues to see activity under performance being offset by block funding.

The trust has had the benefit of confirmation of two reimbursements of Voritegen which provided £500k. The trust is also in receipt of the reimbursement of SIREN and excess Covid funds which provides a £650k benefit. There is continued strong performance in commercial.

In relation to expenditure, agency spend is slightly higher than 19/20 with sickness and absence being reflected despite lower activity. Various elements are under spent such as consumables. There has been a decrease in revenue expenditure on Oriel and over spend on patient transport leaving a surplus of £4.74m which is ahead of plan.

Debt is up by £600k but this is not a significant concern as increase in current debt is offset by the 180-day debt. Cash remains strong and in excess of plan.

It was acknowledged that although the trust is potentially headed for a surplus position this year it is not actually reflective of the real position.

Planning for next year has been pushed back and current arrangements will be carried over until June. Capital planning will be on the same timeline as usual. Revenue is dependent on a number of issues such as infection prevention and control and the pace of elective recovery.

Concern was raised about the forecast cash position being ahead of plan and how this can be protected going forward. JW advised that there is a lot of work going ahead on CIP and cost reduction in light of the fact the block contract will be in place going forward. It is critical to keep financial discipline now so that the trust can be more agile following the acute phase.

The block payment was set based on the last months of 19/20 which is a methodology more appropriate for an acute trust than a specialist trust that is essentially furloughed. The substantive pay bill remains although there are reductions in temporary staffing, drugs, clinical consumables, etc. There is likely to be some degree of resource transfer within the ICS to those organisations that have needed to super surge.

21/2531 Learning from deaths

LW advised the board that the purpose of the report is to provide assurance that the trust has appropriate systems in place to manage the process and learning from deaths. The trust has an arrangement in place with UCLH for medical examiner services.

LW reported that there has been a patient death in Q3 which is currently under investigation and will reported on further at a future board meeting.

21/2532 Report of the audit and risk committee

The committee received the audit report on managing conflicts of interest. There were no significant concerns and some low level recommendations. There were no outstanding recommendations on the tracker.

For this year's external audit it was noted that it will be challenging for Grant Thornton to come on site and that there will be a number of unusual issues to deal with. Audits will also be reporting on three specific areas as part of the new NAO code of practice that deals with vfm conclusions.

The committee discussed the board assurance framework with the main discussion around cyber risk and digital reliance and resilience.

Three regular counter fraud compliance reviews are in hand, and there are no major risks highlighted in terms of cyber security and controls, although need to be constantly vigilant.

The committee also asked for a new appointee to head the job planning process in order continue to progress. This issue is in hand between LW and medical staffing.

21/2533 Report of the people and culture committee

The redeployment response in the second wave has been managed differently to that in the first wave including learning and establishment of health and wellbeing. A hierarchy of needs has been developed for staff, many of whom are seeing deaths for the first time in their recent professional experience. The trust has a dedicated health and wellbeing officer in place along with other support networks.

VB will take over the chair of the committee going forward. TG thanked SS for her work on the committee over the last two years.

20/2534 Report of the quality and safety committee

RGW advised that the committee had delayed some of the regular reports and focused on the more urgent assurances required. Regular reports are received on infection prevention and control and vaccinations, along with a focus on patient communication. Outpatients are generally receiving direct communication and their appointments are not being cancelled. The committee was assured that there is better communication but noted that there is still a considerable backlog from the first wave. Patients are being re-profiled and risk assessed.

The committee received a detailed presentation on the new diagnostic hub and the plan to expand to 14 lanes on five sites over the next two monhs. There is also a plan to conduct audits and obtain patient feedback.

The focus of current work is on emergency services and P1 and P2 surgery, maintaining diagnostics and injections.

The committee also continue to focus on issues such as PPE, staff vaccinations, patient complaints and queries and the recording of harm from Covid. These issues will all have an impact across the NHS.

21/2535 Identify any risk items arising from the agenda

There were no additional risks to raise, although agreed that it is important to consider the issue of patient harm and how this is articulated in the risk register.

It would also be helpful to review how the trust reflects the risk around the recovery journey as it will represent a significant strategic challenge. Consideration should also be given to whether there is a long-term issue in terms of redeployment and preparation for future waves.

Review board assurance framework.

21/2536 AOB

None.

21/2537 Date of the next meeting – Thursday 25 February 2021

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	25.02.21		Deferred
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	TBA		Deferred
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	25.02.21		Deferred
22.10.20	20/2498	Staff stories	JM/SD to work together on a mechanism to develop a staff learning and sharing forum.	JM/SD	25.02.21		Open
22.10.20	20/2500	People plan overview	Update to be provided on a board health and wellbeing guardian role description.	SD	28.01.21		Closing
22.10.20	20/2502	Guardian of safe working	Keep the board updated as to progress in relation to surgical training opportunities for junior doctors.	NS	25.02.21		Closing
26.11.20	20/2513	Chief Executive's Report	Invite Adam Mapani and Primrose Magala to a meeting in the new year	HE	25.02.21	Invitation sent for March	Closing
28.01.21	20/2535	Identify any items for the risk register arising from the agenda	Review board assurance framework and accurately reflect strategic risks to recovery	HE	1 Apr 2021		Open

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 – February 2021	
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
AI	Artificial intelligence
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
CQC	Care quality commission
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
ENP	Emergency nurse practitioner
EU	European union
FBC	Full business case
FFT	Friends and family test
FRF	Financial recovery funding
FT	Foundation trust
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GMC	General medical council
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
ICS	Integrated care system
IOL	Intra ocular lens
IPR	Integrated performance report

ITU	Intensive therapy unit
KPI	Key performance indicators
LCFS	Local counter fraud service
LD	Learning disability
MEH	Moorfields Eye Hospital
NAO	National audit office
NCL	North Central London
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NMC	Nursing & midwifery council
OBC	Outline business case
OD	Organisation development
PALS	Patient advice and liaison service
PAS	Patient administration system
PbR	Payment by results
PDC	Public dividend capital
PID	Patient identifiable data
PP	Private patients
PPE	Personal protective equipment
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
ST	Senior trainee
STP	Sustainability and transformation partnership
UAE	United Arab Emirates
UCL	University College London
UCLH	University College London Hospital
VFM	Value for money
VR	Vitreo-retinal
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 25 February 2021

Chief Executive's report

I would like to provide continued assurance to the board about the **Trust response to the COVID-19** pandemic.

Operational Response to the COVID-19 second wave

In line with both national and London guidance, and in response to the second wave of COVID-19 across London and the South East, the trust took the decision on the 4th January to suspend all non-urgent operational service delivery (known as Priority 3 and 4 cases) face-to-face while maintaining some routine non face-to-face work. This suspension was based on the need to re-prioritise support to London more broadly with the provision of ophthalmic emergency care – especially where other organisations are focused on delivering urgent general COVID-19 care – as well as allowing the organisation to redeploy clinical and non-clinical staff across London hospitals to provide much needed urgent support to the healthcare system. As the second wave has progressed and the impact has begun to reduce we have started to reintroduce face-to-face routine outpatients from week commencing 08 February and then surgical cases week commencing 15 February. As we have agreed with our partners across London to return our redeployed staff throughout February and until early March we will continue to step up activity in line with staff availability.

Redeployment and repatriation of staff

Moorfields answered the call for help from NCL colleagues which started during the Christmas period. This intensified during the first week of the New Year and requests for staff came from Barnet, Enfield and Haringey (BEH) (based at Chase Farm), the Royal Free and UCLH. The biggest ask for staff was from BEH to enable them to staff a step down ward to relieve the pressure for beds elsewhere in the system. Approximately 150 staff were redeployed and staff groups included nursing staff, HCAs, technicians and medical staff with a large cohort of junior medical staff supporting the Royal Free. Staff where possible were largely sent out in groups so there were buddies from Moorfields with a lead person.

In order to facilitate their return and provide our staff with support to transition back we have put in place a return package that includes individual meetings with line managers and staff, check in calls with HR, appropriate PCR testing, psychological support in various formats including psychologists and pastoral care. There will also be the opportunity to support the redeployed staff in reflective group sessions. We are aware that staff may not show signs of distress immediately and have arranged a series of workshops with managers to identify some of those signs and equip them with the skills and resources to support their staff and also themselves.

Following the first wave we learned lessons on how staff were redeployed and will review our end to end redeployment process to reflect on how it is managed and streamlined in the future.

Surgical training

We recognise the great sacrifice that our trainees have made in supporting our network colleagues during the unprecedented increase in critically ill patients across London. For many of the trainees this is the second time that their training has been interrupted and it has become increasingly difficult for them to see how this deficit in training can be overcome. We have had a meeting with the senior residents and educational supervisors to explore how we might address this together. We have come up with a programme of targeted skills sessions, simulated training, a course of practical surgical teaching sessions and increased protected surgical training. We are currently working with the trainees to put together a skills gap analysis for each trainee so that we can help them to achieve their educational requirements. In addition, in recognition of the stresses that redeployment has had on their lives we are looking at ways to support their transition back in to the hospital and beyond. Our trainees will return to MEH as part of a phased withdrawal of medical support on the week commencing 22nd February.

Staff Covid Vaccination Programme

The initial phase of the Trust vaccination programme concluded on the 23rd January 2021 and to date we have vaccinated over 68% of Moorfields staff, of which 61% are frontline patient facing staff.

Staff who would still like to take up the offer of a vaccination can access an appointment via the NCL vaccination acute hospital sites. The next phase of the programme will commence on the 1st of March for two weeks when Trust staff will receive their second vaccine dose.

Department of digital medicine

Clinical informatics skills at Moorfields are currently dispersed across multiple entities, including the Reading Centre, the Digital Clinical Lab, the CCIO team, the Clinical Safety Officer, and individuals from sub-specialties running digital care services. The proposal, to establish a **Department of Digital Medicine (DoDM)**, would bring these together. Consolidation will enable and accelerate digital transformation across all clinical sub-specialties, reduce duplication, waste, and complexity, and create re-usable resources to deliver Department of Digital Medicines at scale across all sub-specialties.

There is broad agreement that Moorfields should use digital technologies to manage more patients in community optometry and at home and do so more automatically. Our experience with the technologies and services that support such a goal illustrate challenges that current structures cannot meet. A Department of Digital Medicine will be critical in moving from siloed projects to embedded, scaled, and sustainable provision of services such as shared care with optometry, home monitoring, and clinical AI. Moorfields will benefit from being an early leader in the inevitable move towards formalisation of clinical informatics in hospitals.

Diagnostic hubs

The Trust has continued to run diagnostic lanes in hub sites across the Trust during the second wave of Covid-19 to ensure that patients continue have access to regular diagnostic monitoring within our sites. In line with our plans to innovate and develop our diagnostic lane model, we have continued to run an implementation group for our new site in Hoxton which opened on 1 February 2021. A huge amount of work has gone into building diagnostic lanes within the site, procuring equipment, recruiting new technicians to staff the site and ensuring our patient communications support patients with visiting the site and a huge amount of work from operational, estates and IT colleagues has gone into opening this new site on time. The site has opened six lanes which will be closely monitored to ensure it optimises patient flow in a safe, socially distanced way while allowing our patients to be seen at a clinically appropriate time.

Financial position

The trust is reporting a surplus of £0.3m against a planned deficit of £0.2m, a favourable variance of £0.5m for the month of January. On a cumulative basis, the trust is reporting a surplus of £5.0m against a planned surplus of £0.7m, some £4.3m ahead of plan, largely as a result of block funding received where elective activity is lower than funded levels.

Patient activity reduced significantly during January to 47% below last year's levels, compared to 19% in the previous month, as elective and outpatient activity was reduced as a consequence of the acute Covid-19 situation. Cash balances stood at £81.6m at the end of January, a decrease of £1.0m on the previous month. Working capital liquidity continues to remain strong and equates to 123 days (previous month: 124 days) of expenditure. Capital expenditure in January was £1.2m, taking overall expenditure to £7.5m, £2.2m under plan.

Oriel update

Plans for Oriel – our partnership with the UCL Institute of Ophthalmology (IoO) and Moorfields Eye Charity to build a new, integrated centre that brings together eye care, research and education – are one step closer to becoming a reality.

A marketing exercise got under way on Thursday 4 February for the sale of the City Road and Bath Street sites that are currently home to Moorfields and the UCL IoO. The Oriel partners have appointed property advisors CBRE to undertake the marketing of the sites with expressions of interest being sought before the end of the month.

The conclusion of this process will be the sale of Moorfields' City Road site, which will take place over time in tandem with the partners' relocation to the new integrated centre on two acres of land at St Pancras Hospital in Camden. This will be subject to NHS and university approvals and the sale will not complete until staff move to the new building in 2025/26.

As part of our extensive public consultation during 2019 we explained that selling the current hospital and Institute sites is a key part of our funding strategy for the new centre. Independent analysis of the survey results told us that 73% of over 1,500 respondents supported the need for a new centre and 73% agreed with St Pancras as the preferred location. In February 2020, our commissioners considered and approved the proposal to create a new centre.

This marketing exercise has no impact on the delivery of existing services at Moorfields. Arrangements will be put in place for a smooth transition from the City Road site to the proposed new centre to ensure minimal disruption to the delivery of ongoing patient care. All proceeds of the sale will be reinvested in the new centre to secure the long-term future of world-leading eye care, research and education, in a way that represents value for money. The new centre will contain a dedicated exhibition space on the ground floor and we intend to use part of it to help preserve the heritage of our hospital and the important part the City Road site has played in our history.

People

I can confirm to the board that Chris Canning will be stepping down from the role of chief clinical information officer (CCIO). Chris joined the trust in 1983, training as a registrar and becoming a consultant before leaving in 1989. He then re-joined the trust in 2006 and took up the role of CCIO in 2016.

Chris has been a strong advocate for the role of clinical informatics in driving excellence in patient care, and has played an important role in a number of key projects, such as the migration to OpenEyes v4.0 and the establishment of the digital clinical laboratory.

I would like to thank Chris on behalf of the board for his dedication and commitment to the trust, and to providing the highest standards of quality care to patients. The trust will continue to benefit from his skills and expertise as he works with us on the change management process looking to the future and Oriel.

White paper

Attached to this report is a briefing on 'Working together to improve health and social care for all', a recent government white paper setting out legislative proposals for a Health and Care bill.

David Probert
Chief Executive
February 2021

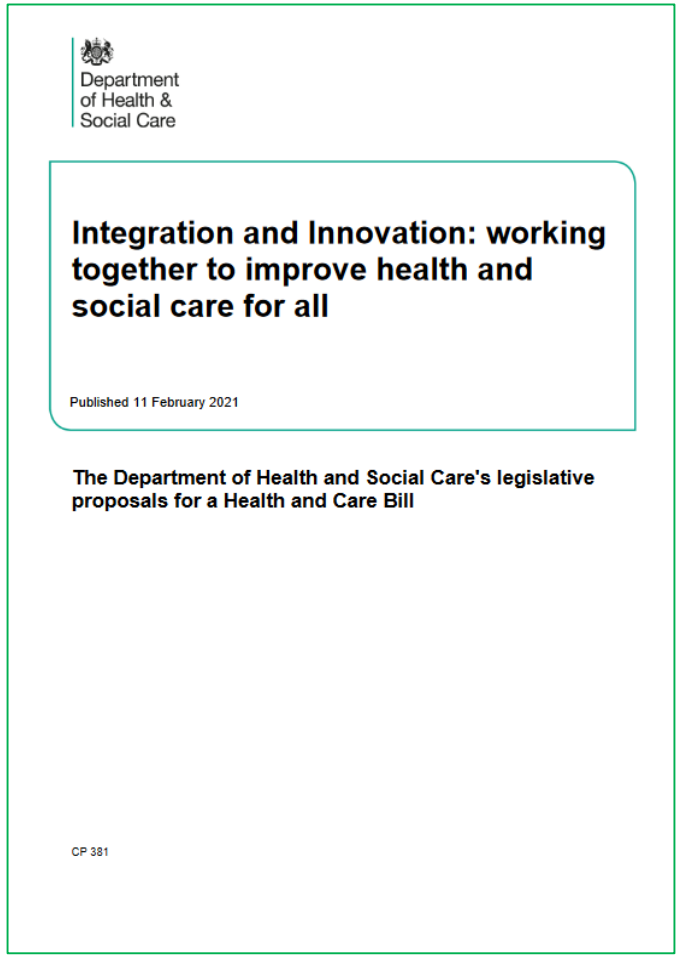
Moorfields Eye Hospital NHS Foundation Trust

NHS

Integration and Innovation: working together to improve health and social care for all (The White Paper)

Published 11 February 2021

Proposals for legislation – three ambitions


Department of Health & Social Care

Integration and Innovation: working together to improve health and social care for all

Published 11 February 2021

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

CP 381

Integrating Care

- Supportive of integration.
- Creates ICSs in law.
- Wants to incentivise working together over transactions, so that it is easier to do what is right for “places”.

Reducing Bureaucracy

- Aims to reduce transactions and remove competition architecture.
- Commissioners and providers still recognisable.

Accountability

- Secretary of State takes back control with more powers of direction.
- Not yet clear how and when these powers might be exercised.

Social Care…

- On appointment, the PM made social care a priority.
- Enhanced assurance frameworks (p6) and commitment to reform (p12).

Integrating Care

Numbers in the text (n) are paragraph numbers in the white paper.

The goal of joined up care; every part of the NHS should seek to connect (1.12). Removing boundaries to collaboration within the NHS, and promoting links between NHS and local government. Some Headlines:

1. Integrated Care Systems formalised in law, accountable for outcomes (3.9) comprising an ICS NHS body (day to day health service oversight), working with an ICS Health and Care Partnership (i.e. ICS NHS body + local authorities, taking in public health and social care) (1.14).
2. The NHS ICS body will be responsible for developing a population-based health needs plan; developing a capital plan and securing the provision of health services to meet the needs of the system. It would assume the allocative function of CCGs (5.8) and would need to meet system financial objectives (financial balance).
3. ICS to work with Health and Wellbeing Boards and Joint Strategic Needs Assessments (both carried over from existing arrangements)
4. CQC role in regulating systems to be enhanced.
5. Duty to Collaborate; SoS will provide guidance on how this is done in practice (5.15)
6. Pursuit of (simultaneous) Triple Aim – better health for everyone, better quality services, sustainable use of resources
7. FT Capital Spend Limits controlled on occasion by DHSC. It is not intended to erode FT autonomy (5.23) Legislative basis for FTs to otherwise remain as now.
8. Joint Committees, Collaborative Commissioning, Joint Appointments. Collaborative commissioning is also set out 5.29.
9. Patient Choice enhanced
10. Data Sharing backed up by legislation (5.34)

Reducing bureaucracy

- An ambition to be less detailed and prescriptive with more flexibility to remove barriers to working together.
- Pragmatism as an organising principle (1.15).
- Core duties of quality and value.
- Optimising data requests and data sharing, building on Covid experience.
- Competition and Markets Authority (CMA) review of FT mergers removed; NHSI competition functions also removed.
- A bespoke health services provider selection regime giving commissioners greater flexibility to arrange services (3.15): potentially streamlining procurement and making tendering more discretionary (5.46)
- Where tariff remains, it will be used in service of integration (5.53)
- Statutory requirement for (Local Education Training Boards) LETBs removed.

Accountability

- Formal integration of NHS England (NHS Commissioning Board) with NHS Improvement (the combined independent regulator of NHS foundation trusts and NHS Trust Development Authority).
- Enhanced powers of direction for government over the merged body, including allocation of functions between Arms Length Bodies (ALBs) (1.16).
- Secretary of State to have appropriate intervention powers (3.18), to be used at any point in a reconfiguration process (5.83).
- Greater clarity in the responsibility for workforce planning, with a report made each parliament by SoS (3.22)
- Clearer lines of responsibility for service reconfigurations with earlier Ministerial input possible where required.

Other issues

1. They want to remove barriers to delivery, maximise opportunities for improvement etc, drawing on learning from the pandemic (1.17)

2. Includes measures to support improved quality and safety (1.21) – a new Health Services Safety Investigations body (HSSIB) (5.140); professional regulation provisions; new MHRA national medicines registries; provisions on hospital food standards and reciprocal healthcare agreements.

3. Timeframes – implementation to begin in 2022.

4. Prevention and Population health emphasis (4.2). Public health measures on obesity and fluoridation.

5. Reforms to data and finance as important as the outlined legislative changes (p14).

Report title	**Chair's report on executive changes**
Report from	**Tessa Green, chairman**
Prepared by	**Helen Essex, company secretary**
Link to strategic objectives	**We will attract, retain and develop great people**

Executive summary

The trust's chief executive, David Probert, has been successful in securing the role of chief executive at UCLH. The board will be sorry to lose David's knowledge and expertise but wish him every success for the future in what is a challenging but exciting time for the NHS.

It is important at this stage to provide assurance to the staff, patients and partners that there are plans in place to recruit to the substantive position in order to allow a smooth transition and handover.

To this end, I can confirm that the remuneration committee has put the following in place:

A small subgroup of the committee has convened to interview and appoint executive head hunters.

A formal subcommittee has been established to oversee the recruitment process. This group consists of the following board members:

- Tessa Green, chairman
- Andrew Dick, NED and representative of the Institute of Ophthalmology
- Ros Given-Wilson, quality and safety committee chair
- Vineet Bhalla, people and culture committee chair
- Richard Holmes, incoming strategy and commercial committee chair

The nominations subcommittee will be responsible for the following:

- Preparing a description of the role and capabilities required for the CEO appointment
- Ensuring that the external advisors facilitate a comprehensive search process
- Ensuring that candidates from a wide range of backgrounds are considered
- Consider candidates on merit and against objective criteria and with due regard for the benefits of diversity on the board
- Preparing a longlist of candidates for the CEO appointment process
- Preparing a shortlist of candidates for the CEO appointment process
- Identifying appropriate stakeholders and how they will be engaged in the recruitment process
- Interviewing shortlisted candidates and making a recommendation for appointment to the remuneration committee to be approved by the membership council
- Ensuring that on appointment a salary is negotiated with the successful candidate and the terms and

conditions of employment and contract are laid out for approval by the remuneration committee
- Ensuring that a paper for membership council is produced outlining the process undertaken and the recommendation for appointment

The provisional timetable for the process is for interviews and appointment to take place in mid-April, with membership council approval at the end of April and the successful candidate start date around October 2021.

Quality implications

The trust requires strong leadership in order to maintain the highest standards of clinical care and make sure that the trust's strategic direction aligns with its quality objectives.

Financial implications

The costs arising from executive search and recruitment are contained within budgets.

Risk implications

The trust needs to appoint to the substantive role as soon as possible in order to make sure there is an individual with the skills, knowledge and experience to provide senior leadership to the organisation and ophthalmology both regionally and nationally.

Action Required/Recommendation

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

For Assurance	**x**	**For decision**		**For discussion**		**To note**	**x**

Report to Trust Board	
Report Title	**Integrated Performance Report - January 2021**
Report from	Alex Stamp, Chief Operating Officer (Acting)
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. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.

Executive Summary

The IPR continues to reflect the Trust performance during the COVID period and the decision to shut down the bulk of our elective activity to support other London hospitals. The most significant drop in terms of activity is within our Elective admissions which dropped 77% on last year's figures. Outpatient activity was not as severely affected due to the Trust maintaining non-face-to-face activity despite postponing non-urgent face-to-face activity and social distancing for face-to-face activity although this still dropped by 51% on last year. Our A&E performance continued to be above target although we had two 4-hour breaches.

In terms of our access targets, our Cancer performance rebounded strongly from December to achieving compliance across the board which is in line with their YTD trend. Unfortunately given the postponement of routine elective activity, our performance decreased to 70% for Incomplete Pathway Performance after improving over previous months. We are reviewing recovery of this from March onwards as we restart our elective services. We will pay particularly focus to the increased 52 week breach position which has increased to 217 from 48 in December , while we also anticipate an improvement in our Diagnostic performance which dropped to 84.3% having nearly recovered to pre-Covid performance levels in December.

Our Call Waiting times and Theatre Cancellation rates reflect the level of cancellation activity which is being undertaken by teams across the Trust in January and are expected to improve as we resume our elective services from March.

In terms of workforce, the Inpatient Ward Staffing Fill Rate drop is not reflective of our YTD performance but emphasises the level of support we have been providing other hospitals in terms of nursing cover throughout January. This has been balanced against a reduced level of activity to ensure any risks are thoroughly mitigated. Appraisal rates are being reviewed with the divisions with a clear emphasis to focus on improving compliance rates as we return to business as usual in the coming months.

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 - January 2021

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	**26**	**1**	**6**
Cancer	5	0	0
Access & Outpatients	1	0	4
Admitted	4	0	2
Quality & Safety	16	1	0
Private Patients	0	0	0

Collaborative Research

G	A	R
1	0	0

Innovation & Education

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

Influence National Policy

G	A	R
In Development		

People (Enablers)

Workforce Metrics

G	A	R
2	**0**	**1**

Staff Satisfaction & Advocacy

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

Infrastructure & Culture (Enablers)

Digital Delivery

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

Research

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

Financial Health & Enterprise (Enablers)

Overall Plan

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

Commercial Operations

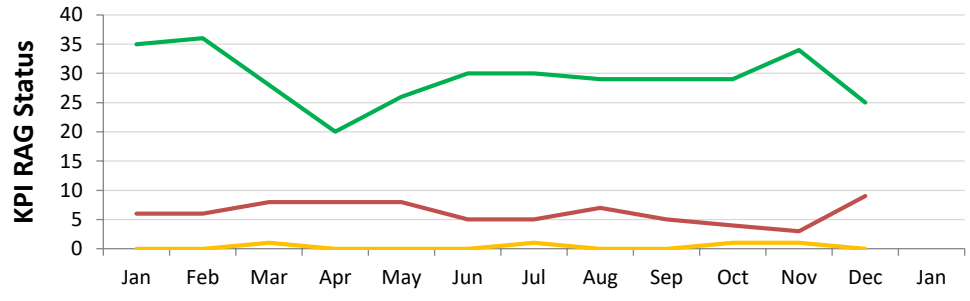
G	A	R
0	**0**	**1**

Cost Improvement Plans

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

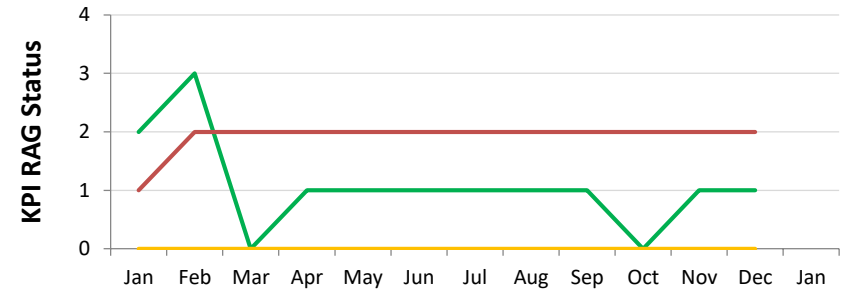
Executive Summary - Scorecard Domain Trends

Service Excellence (Ambitions)



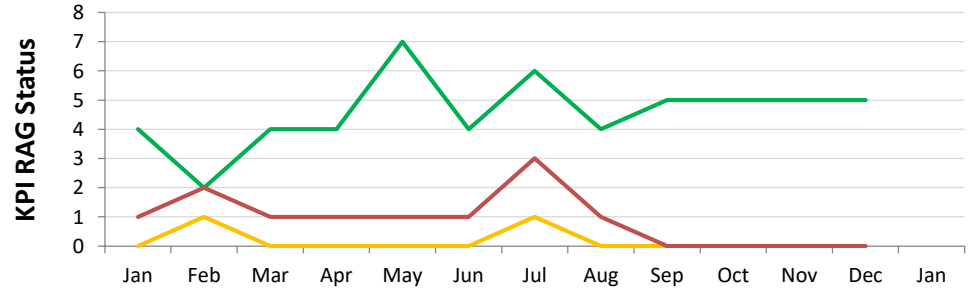
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Green	35	36	28	20	26	30	30	29	29	29	34	25	
Amber	0	0	1	0	0	0	1	0	0	1	1	0	
Red	6	6	8	8	8	5	5	7	5	4	3	9	

People (Enablers)



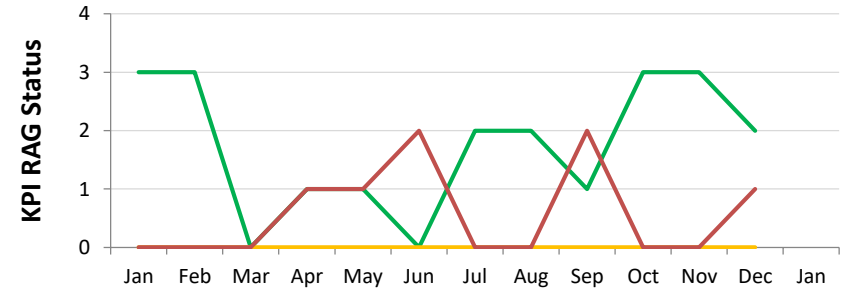
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Green	2	3	0	1	1	1	1	1	1	0	1	1	
Amber	0	0	0	0	0	0	0	0	0	0	0	0	
Red	1	2	2	2	2	2	2	2	2	2	2	2	

Infrastructure & Culture (Enablers)



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Green	4	2	4	4	7	4	6	4	5	5	5	5	
Amber	0	1	0	0	0	0	1	0	0	0	0	0	
Red	1	2	1	1	1	1	3	1	0	0	0	0	

Financial Health & Enterprise

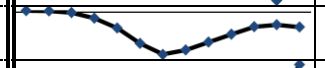
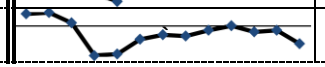


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Green	3	3	0	1	1	0	2	2	1	3	3	2	
Amber	0	0	0	0	0	0	0	0	0	0	0	0	
Red	0	0	0	1	1	2	0	0	2	0	0	1	

Context - Overall Activity - January 2021

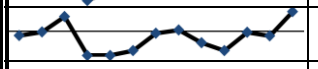
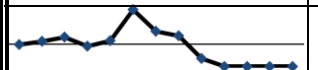
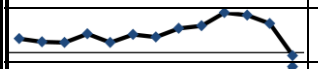
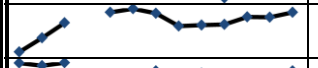
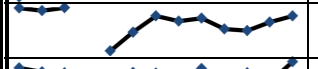
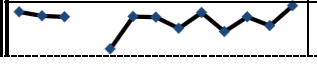
		January 2021		Monthly Variance	Year To Date		YTD Variance
		2019/20	2020/21		2019/20	2020/21	
Accident & Emergency	A&E Arrivals (All Type 2)	8,206	4,473	- 45.5%	83,230	51,255	- 38.4%
	Number of 4 hour breaches	92	2	- 97.8%	1,355	11	- 99.2%
Outpatient Activity	Number of Referrals Received	12,015	5,853	- 51.3%	121,290	57,210	- 52.8%
	Total Attendances	55,094	30,246	- 45.1%	515,626	261,047	- 49.4%
	First Appointment Attendances	11,924	5,921	- 50.3%	114,605	51,458	- 55.1%
	Follow Up (Subsequent) Attendances	43,170	24,325	- 43.7%	401,021	209,589	- 47.7%
Admission Activity	Total Admissions	3,542	799	- 77.4%	33,056	14,386	- 56.5%
	Day Case Elective Admissions	3,203	681	- 78.7%	29,631	12,723	- 57.1%
	Inpatient Elective Admissions	117	63	- 46.2%	1,028	543	- 47.2%
	Non-Elective (Emergency) Admissions	222	55	- 75.2%	2,397	1,120	- 53.3%

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

Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%									→
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%									↑
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%									→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%									♦
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%									
	Cancer 28 Day Faster Diagnosis Standard	≥85%									↑
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance *	≥92%									↓
	52 Week RTT Incomplete Breaches *	Zero Breaches									↑
	A&E Four Hour Performance	≥95%									→
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%									↓
	Average Call Waiting Time	≤ 3 Mins (180 Sec)									↑
	Median Clinic Journey Times - New Patient appointments	Mth:≤ 95Mins									↓
	Median Clinic Journey Times -Follow Up Patient appointments	Mth:≤ 85Mins									↓

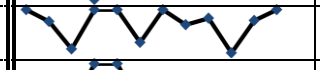
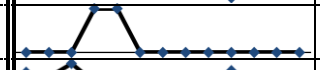
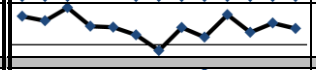
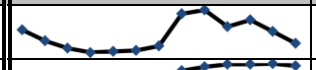
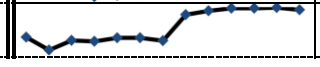
* Provisional Figure for January 2021

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

Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%									↑
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%									↑
	Mixed Sex Accommodation Breaches	Zero Breaches									→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%									→
	VTE Risk Assessment	≥95%									↓
	Posterior Capsular Rupture rates	≤1.95%									↓
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events									↓
	Endopthalmitis Rates - Aggregate Score	Zero Non-Compliant									
	MRSA Bacteraemias Cases	Zero Cases									→
	Clostridium Difficile Cases	Zero Cases									→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases									→
	MSSA Rate - cases	Zero Cases									→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%									↓
	Inpatient Scores from Friends and Family Test - % positive	≥90%									↑
	A&E Scores from Friends and Family Test - % positive	≥90%									↑
	Outpatient Scores from Friends and Family Test - % positive	≥90%									↑
	Paediatric Scores from Friends and Family Test - % positive	≥90%									↑

* Provisional Figure for January 2021

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

Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases										→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts										→
	Percentage of responses to written complaints sent within 25 days	≥80%										
	Percentage of responses to written complaints acknowledged within 3 days	≥80%										↑
	Freedom of Information Requests Responded to Within 20 Days	≥90%										
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%										
	Number of Serious Incidents remaining open after 60 days	Zero Cases										→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open										↓
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1800										↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%										↓

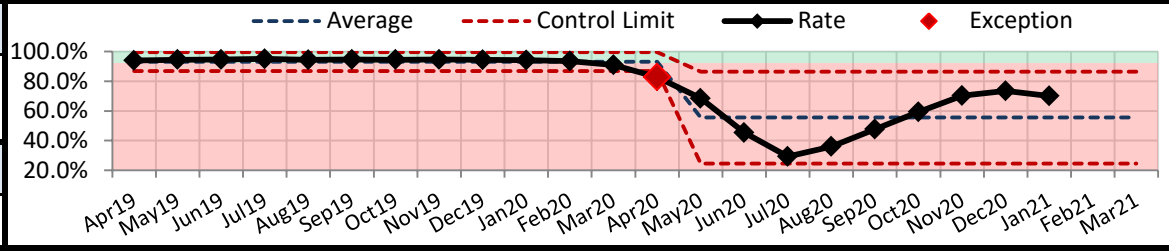
* Provisional Figure for January 2021

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

Remedial Action Plan - January 2021					Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
18 Week RTT Incomplete Performance					Lead Manager	Andrew Birmingham	Responsible Director	Alex Stamp

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≥92%	Red	57.8%	59.3%	70.2%	73.4%	70.0%

Divisional Benchmarking (Jan 21)	City Road	North	South
	72.7%	71.4%	61.4%



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Impact on performance due to Covid-19 deferral of activity.	Ongoing review of activity which can be safely stepped up in line with national and regional guidance. Plan for WL to be back at pre-Covid-19 levels by May 2021.	May 2021	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Impact on performance due to Covid-19 deferral of activity and delays caused by second wave.	Ongoing review of activity which can be safely stepped up in line with national and regional guidance through February and March 2021. Plan for WL to be back at pre-Covid-19 levels by July 2021 depending on impact of second wave - however dependent on national guidance and mutual aid support to other units.	July 2021

Moorfields Eye Hospital NHS Foundation Trust

NHS

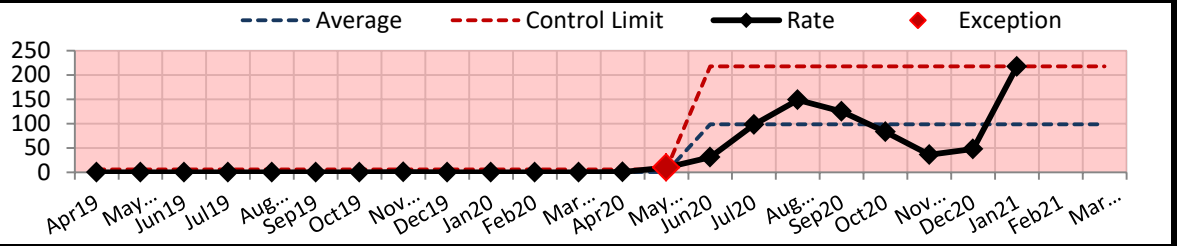
Remedial Action Plan - January 2021

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Lead Manager	**Andrew Birmingham**	**Responsible Director**	**Alex Stamp**

52 Week RTT Incomplete Breaches

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
Zero Breaches	Red	798	83	36	48	217

Divisional Benchmarking (Jan 21)	City Road	North	South
	58	32	127



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Ongoing challenge with booking patients in particular sub-specialties within City Road, St George's Hospital and Northwick Park.	Ongoing weekly management via PTL meeting and Access meeting.	Jan 2021	In Progress (Update)
Covid-19 surge within London affecting capacity at sites and patient willingness to attend appointments.	Monitoring post-Covid-19 surge to be restarted and recovery plan to be activated.	Feb 2021	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Covid-19 surge within London affecting capacity at sites and patient willingness to attend appointments.	Monitoring post-Covid-19 surge to be restarted and recovery plan to be activated.	February 2021
Impact on performance due to Covid-19 deferral of activity and delays caused by second wave.	Ongoing review of activity which can be safely stepped up in line with national and regional guidance through February and March 2021. Plan for WL to be back at pre-Covid-19 levels by July 2021 depending on impact of second wave - however dependent on national guidance and mutual aid support to other units.	July 2021

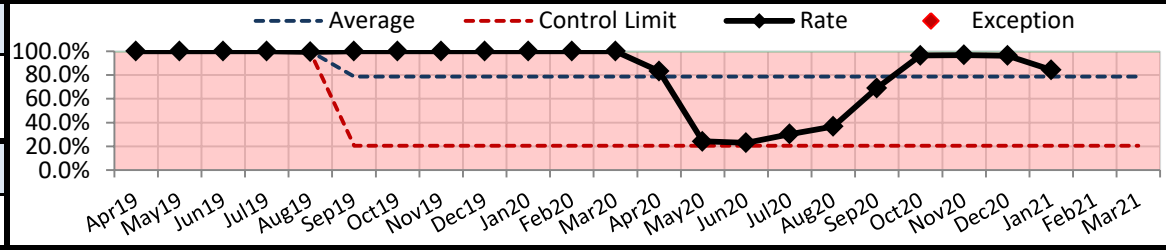
Remedial Action Plan - January 2021

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Lead Manager	**Kerry Tinkler**	**Responsible Director**	**Alex Stamp**

Percentage of Diagnostic waiting times less than 6 weeks

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≥99%	Red	59.7%	96.4%	96.8%	96.4%	84.3%

Divisional Benchmarking (Jan 21)	City Road	North	South
	88.9%	n/a	54.5%



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Backlog clearance following suspension of medium and low risk activity.	Lag due to patient choice and increase in cancellations.	Jan 2021	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Backlog clearance following suspension of medium and low risk activity.	Lag due to patient choice and increase in cancellations.	March 2021

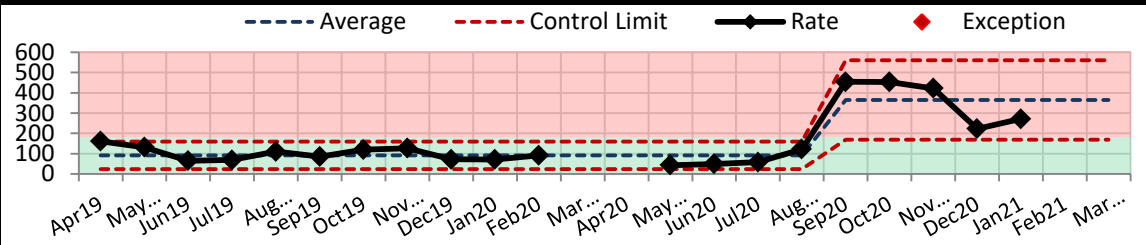
Remedial Action Plan - January 2021

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Lead Manager	Abigail Taylor	Responsible Director	Alex Stamp

Average Call Waiting Time

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≤ 3 Mins (180 Sec)	Red	n/a	453	422	223	271

Divisional Benchmarking (Jan 21)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Increase in call volumes have resulted in almost double daily call volumes for the team to manage. This is a result of queries from patients about appointments and the ongoing challenges regarding telephone systems which mean calls often divert to booking centre when patients cannot get through.	1) Team are looking to increase WTE staff via bank, 2) Patient portal business case submitted to improve with patient communications, 3) Implementing messaging and email service inconjunction with communications team, 4) Telephone system upgrade to be completed mid-November.	Jan 2021	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Increase in call volumes have resulted in almost double daily call volumes for the team to manage. This is a result of queries from patients about appointments and the ongoing challenges regarding telephone systems which mean calls often divert to booking centre when patients cannot get through.	1) Team are looking to increase WTE staff via bank, 2) Patient portal business case submitted to improve with patient communications, 3) Implementing messaging and email service inconjunction with communications team, 4) Telephone system upgrade to be completed mid-November.	April 2021

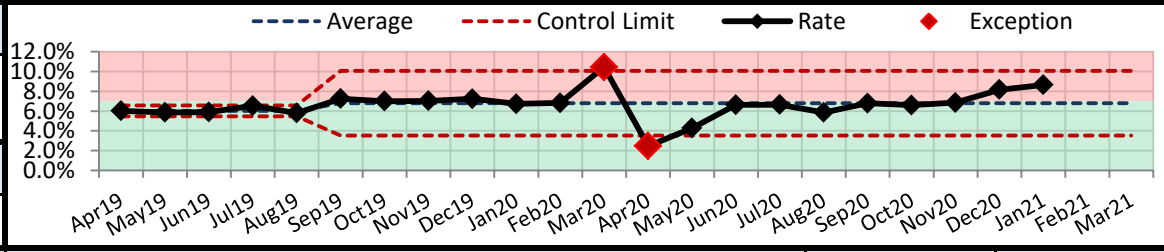
Remedial Action Plan - January 2021

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Lead Manager	Divisional Managers	Responsible Director	Alex Stamp

Theatre Cancellation Rate (Overall)

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≤7.0%	Red	6.8%	6.6%	6.9%	8.2%	8.7%

Divisional Benchmarking (Jan 21)	City Road	North	South
	6.0%	19.5%	5.6%



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Increase in patient's deferring cases due to concerns with Covid-19 surge.	Ongoing monitoring of cases as part of Covid-19 Silver Command.	Jan 2021	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Increase in patient's deferring cases due to concerns with Covid-19 surge.	Ongoing monitoring of cases as part of Covid-19 Silver Command.	March 2021

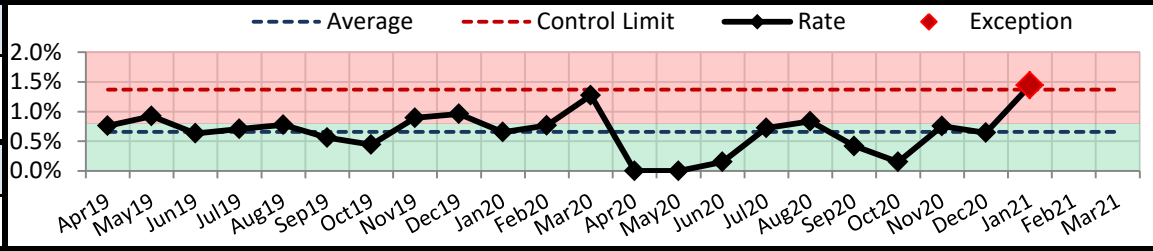
Remedial Action Plan - January 2021

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Lead Manager	Divisional Managers	Responsible Director	Alex Stamp

Theatre Cancellation Rate (Non-Medical Cancellations)

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≤0.8%	Red	0.55%	0.15%	0.76%	0.64%	1.44%

Divisional Benchmarking (Jan 21)	City Road	North	South
	0.19%	5.84%	1.39%



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
No Outstanding Issues or Actions			

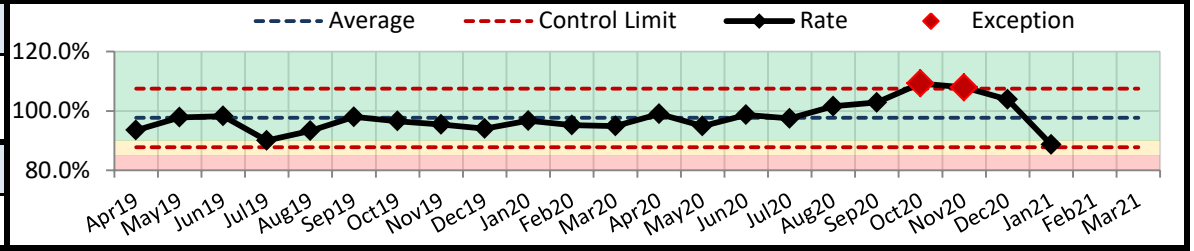
Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Large-scale cancellation of activity across network during January 2021.	Review of cancellations and restart of activity to be facilitated from February onwards in line with Trust guidance.	March 2021

Remedial Action Plan - January 2021

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Inpatient (Overnight) Ward Staffing Fill Rate	**Lead Manager**	**Herdip Sidhu-Bevan**	**Responsible Director**	**Tracy Luckett**

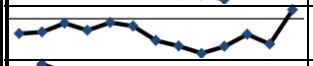
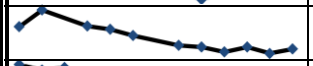
Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≥90%	Amber	100.8%	109.2%	107.9%	103.9%	88.7%

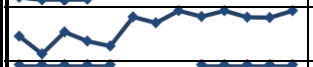
Divisional Benchmarking (Jan 21)	City Road	North	South
	n/a	n/a	n/a

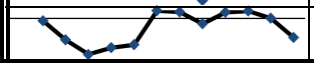


Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
No Outstanding Issues or Actions			

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Last month we were still using bank while we are waiting our most recent recruited staff to join. This month, due to redeployment, our hours utilised are the bare minimum derived by our team's establishment.	Staffing levels are expected to return to rostered levels as staff return on a staggered schedule from redeployment and as Moorfields activity increases. However during this period, wards will continue to remain at safe staffing level.	March 2021

Workforce Metrics	Appraisal Compliance	≥80%										↑
	Information Governance Training Compliance	≥95%										↑
	Staff Turnover (Rolling Annual Figure)	≤15%										↑
	Proportion of Temporary Staff	RAG as per Spend										↓

Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%										↑
	Data Quality - Ethnicity recording (A&E)	≥94%										→
Research	70 Day To Recruit First Research Patient	≥80%										→
	Percentage of Research Projects Achieving Time and Target	≥65%										→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%										↓

Overall Plan	Overall financial performance (In Month Var. £m)	≥0										↓
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0										↓

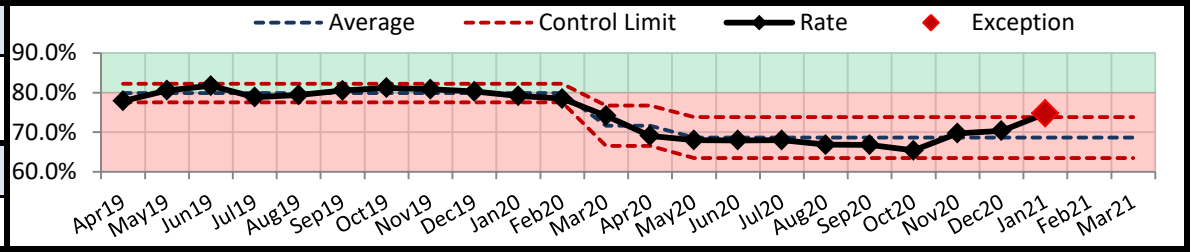
**** For Commentary see Finance Report***

Remedial Action Plan - January 2021

Domain	People (Enablers)	Theme	Workforce Metrics
Appraisal Compliance	**Lead Manager**	**Nicky Wild**	**Responsible Director**	**Sandi Drewett**

Target	Rating	YTD	Oct-20	Nov-20	Dec-20	Jan-21
≥80%	Red	n/a	65.4%	69.7%	70.4%	74.8%

Divisional Benchmarking (Jan 21)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Remote working and Covid pressure and recovery planning	The development of support and guidance for virtual appraisal is on-going and a process of reminder emails to managers is now in operation. HR Business Partners are communicating appraisal rates with Divisional Management Teams on a monthly basis. The learning and development team are also providing additional support to managers to undertake appraisals remotely and have implemented an action plan including: • Monitoring expiries and sending reminders to staff and managers with weekly escalation where there is no response. • Undertaking analysis to understand reasons for non-compliance eg absence, workload and reporting this back to the HRBPs • Where training requirement linked to the e-appraisal tool is identified, the team offer 121/small group coaching.	Mar 2021	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No Further Issues or Actions		

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 08

Finance report

Board of directors 25 February 2021

Report title	Monthly Finance Performance Report Month 10 – January 2021
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

All NHS organisations were issued with revised control totals for the final six months of the year following mandated reported positions of breakeven for Months 01-06.

This report represents the Trusts re-revised 2020/21 financial plan submitted to NHSI in November 2020 in which the Trust has planned a break-even positon (nil control total).

For January the Trust is reporting :-

- **a £0.29m surplus position** adjusting for block payment and STP income support;
- **a deficit of £7.55m** prior to block payment support (£65.91m YTD**);**

Compared to plan, the Trust is reporting:-

- **£7.86m less income** from directly commissioned clinical activity than would be expected, (£72.99m YTD) offset by £7.84m block payment and STP income support;
- **£1.11m less income** due to commercial income/research and other income;
- **£0.56m less pay**, and
- **£1.15m less non pay** operating expenditure.

Financial Performance £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Budget	Actual	Variance
Income	£248.3m	£20.9m	£19.3m	(£1.6m)	£206.9m	£190.5m	(£16.4m)
Pay	(£133.3m)	(£11.4m)	(£10.8m)	£0.6m	(£110.7m)	(£106.5m)	£4.2m
Non Pay	(£106.0m)	(£9.0m)	(£7.8m)	£1.1m	(£88.0m)	(£71.7m)	£16.4m
Financing & Adjustments	(£9.0m)	(£0.8m)	(£0.4m)	£0.4m	(£7.4m)	(£7.3m)	£0.1m
CONTROL TOTAL	**£0.0m**	**(£0.2m)**	**£0.3m**	**£0.5m**	**£0.7m**	**£5.0m**	**£4.3m**

Quality implications
Patient safety has been considered in the allocation of budgets.

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

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

Action Required/Recommendation
The board is asked to consider and discuss the attached report.

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report
For the period ended 31st January 2021 (Month 10)

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 Richard Allen; Head of Income and Contracts

Monthly Finance Performance Report

For the period ended 31st January 2021 (Month 10)

Key Messages

Statement of Comprehensive Income

Operational Planning	All NHS organisation were issued with revised control totals for the final six months of the year following mandated reported positions of breakeven for Months 1-6. This report represents the Trusts revised 2020/21 financial plan re-submitted to NHSI in November 2020 in which the Trust was given a control total of zero (nil) for the year (including £5.064m of ICS support).
Financial Position £0.29m surplus Including support	For January the Trust is reporting:- • **a £0.29m surplus** adjusting for block payment income support; • **a deficit of £7.55m** prior to block payment support (£65.91m YTD); Compared to the revised resubmitted plans, the Trust is reporting:- • **£9.14m less income** than would be expected; offset by • **£0.56m less pay**; and • **£1.15m less non pay** operating expenditure (£0.99m relating to drugs).
Income £9.14m less than plan pre support	Total Trust income is £9.93m less than would be expected, consisting of:- • Clinical activity **income losses £8.04m**; (£75.64m YTD) • Commercial **income losses £0.58m**; (£4.45m YTD) • Research **income losses £0.21m**; (£4.67m YTD) and • Other **income losses of £0.32m;** (£1.85m YTD losses). Directly commissioned activity income, if reimbursed by normal contracting arrangements would total £7.62m compared to a plan of £15.48m - £7.86m adverse to plan.
Expenditure £1.71m favourable to plan (pay, non pay, excl financing)	Pay costs are £0.56m favourable to plan. Temporary staffing has reduced by 25% due to the COVID elective activity suspension. Temporary staffing spend is £0.74m in month versus £1.34m in January 2019. Non-pay costs are £1.15m favourable to plan mainly due to Drugs (£0.99m) and Clinical Supplies (£0.93m) relating to the reported lower activity and income. There were additional legal costs in month (£0.3m) and additional charges for the Mile End and Bath Street properties due to rent increases.

Statement of Financial Position

Cash and Working Capital Position	The cash balance at the 31st January is £81.6m significantly higher than plan, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisations have sufficient cash to deal with the initial emergency COVID response.
Capital (both gross capital expenditure and CDEL)	Revised capital allocations for Trusts, and STP's were notified in May with a Trust funded limit of £13.7m for Moorfields. Current capital plans have been reviewed and amended in light of post COVID recovery and responses. Capital spend to January totalled £7.6m largely linked to Oriel and purchases of new medical equipment.
Use of Resources	Current use of resources monitoring has been suspended.

Forecast Commentary

Revenue	The Trusts forecast position is a £6m surplus, with clarification awaited linked to local ICS distribution of funding and nationally determined funding flows being clarified, in addition to activity re-start assumptions, and Elective Incentive penalties.
Capital	The Trusts un-mitigated likely capital forecast reduced to £11.4m in January further to the confirmed underspend on Oriel of £2.1m-£2.8m, and additional COVID funding now confirmed by NHSI of £1.3m. Mitigations to offset this include bringing forward year two of the Trusts medical equipment replacement programme (£1.0m), and the second proposed diagnostic hub (£1.0m).

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
Income	£248.3m	£20.9m	£19.3m	(£1.6m)	£206.9m	£190.5m	(£16.4m)	(8)%	
Pay	(£133.3m)	(£11.4m)	(£10.8m)	£0.6m	(£110.7m)	(£106.5m)	£4.2m	4%	
Non Pay	(£106.0m)	(£9.0m)	(£7.8m)	£1.1m	(£88.0m)	(£71.7m)	£16.4m	19%	
Financing & Adjustments	(£9.0m)	(£0.8m)	(£0.4m)	£0.4m	(£7.4m)	(£7.3m)	£0.1m	1%	
CONTROL TOTAL	**£0.0m**	**(£0.2m)**	**£0.3m**	**£0.5m**	**£0.7m**	**£5.0m**	**£4.3m**	632%	
Memorandum Items									
Research & Development	(£2.19m)	(£0.20m)	(£0.61m)	(£0.41m)	(£1.83m)	(£5.42m)	(£3.59m)	(197)%	
Commercial Trading Units	£4.24m	£0.41m	(£0.28m)	(£0.69m)	£3.45m	(£0.29m)	(£3.74m)	(108)%	
ORIEL Revenue	(£2.45m)	(£0.20m)	(£0.13m)	£0.07m	(£2.03m)	(£0.83m)	£1.20m	59%	

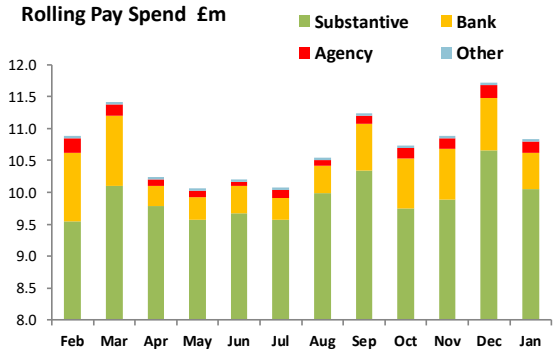
INCOME BREAKDOWN RELATED TO ACTIVITY

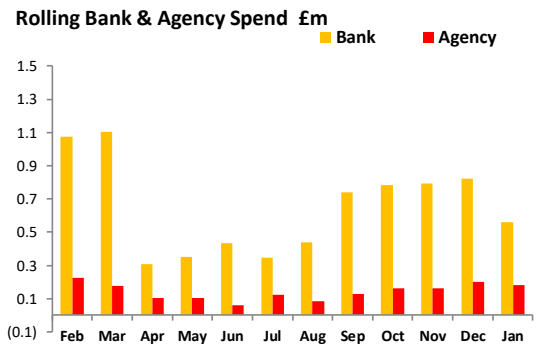
Income Breakdown £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£145.1m	£120.6m	£55.4m	(£65.1m)		-	-	-
Pass Through	£39.5m	£32.9m	£25.0m	(£7.8m)		-	-	-
Other NHS Clinical Income	£9.4m	£7.7m	£5.1m	(£2.6m)		-	-	-
Commercial Trading Units	£29.1m	£24.2m	£19.8m	(£4.4m)		-	-	-
Research & Development	£13.5m	£11.6m	£6.9m	(£4.7m)		-	-	-
Other	£10.6m	£8.8m	£7.0m	(£1.9m)		-	-	-
INCOME PRE TOP-UP	**£247.2m**	**£205.8m**	**£119.2m**	**(£86.6m)**		**-**	**-**	**-**
FRF/Block Payment Top Up	£1.1m	£1.1m	£71.4m	£70.2m		-	-	-
TOTAL OPERATING REVENUE	**£248.3m**	**£206.9m**	**£190.5m**	**(£16.4m)**		**-**	**-**	**-**

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	(£119.3m)	(£10.3m)	(£10.1m)	£0.20m	(£99.0m)	(£99.3m)	(£0.22m)	93%
Bank	(£11.0m)	(£0.9m)	(£0.6m)	£0.37m	(£9.2m)	(£5.6m)	£3.62m	5%
Agency	(£2.5m)	(£0.2m)	(£0.2m)	(£0.01m)	(£2.1m)	(£1.3m)	£0.82m	1%
Other	(£0.5m)	(£0.0m)	(£0.0m)	£0.00m	(£0.4m)	(£0.4m)	£0.00m	0%
TOTAL PAY	**(£133.3m)**	**(£11.4m)**	**(£10.8m)**	**£0.56m**	**(£110.7m)**	**(£106.5m)**	**£4.22m**	





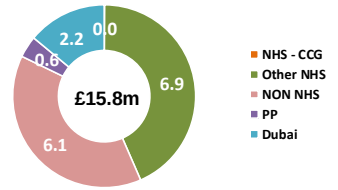
CASH, CAPITAL AND OTHER KPI'S

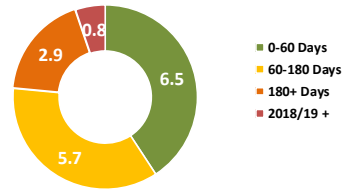
Capital Programme £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Trust Funded	(£13.7m)	(£9.6m)	(£7.5m)	(£2.2m)		(£13.7m)	(£13.1m)	(£0.6m)
Donated/Externally funded	(£1.7m)	(£0.1m)	(£0.2m)	£0.1m		(£1.7m)	(£0.4m)	(£1.4m)
TOTAL	**£15.5m**	**£9.8m**	**£7.6m**	**(£2.1m)**		**£15.5m**	**£13.4m**	**(£2.0m)**

Key Metrics	Plan	Actual	RAG
Cash	70.2	81.6	
Debtor Days	45	30	
Creditor Days	45	51	
PP Debtor Days	65	59	

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

Net Receivables/Ageing £m





Trust Income & Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month					Year to Date				
		Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Income											
NHS Commissioned Clinical Income	184.59	15.48	7.62	(7.86)	(51)%		153.42	80.43	(72.99)	(48)%	
Other NHS Clinical Income	9.36	0.82	0.65	(0.18)	(21)%		7.72	5.07	(2.65)	(34)%	
Commercial Trading Units	29.13	2.40	1.83	(0.58)	(24)%		24.23	19.78	(4.45)	(18)%	
Research & Development	13.51	0.60	0.39	(0.21)	(35)%		11.61	6.93	(4.67)	(40)%	
Other Income	10.61	1.32	1.00	(0.32)	(24)%		8.81	6.96	(1.85)	(21)%	
Total Income	**247.20**	**20.63**	**11.49**	**(9.14)**	**(44)%**		**205.78**	**119.17**	**(86.61)**	**(42)%**	
Operating Expenses											
Pay	(133.26)	(11.39)	(10.83)	0.56	5%		(110.75)	(106.52)	4.22	4%	
Drugs	(38.81)	(3.55)	(2.56)	0.99	28%		(32.29)	(23.88)	8.40	26%	
Clinical Supplies	(21.34)	(1.95)	(1.02)	0.93	48%		(17.46)	(11.80)	5.67	32%	
Other Non Pay	(45.89)	(3.46)	(4.22)	(0.77)	(22)%		(38.28)	(35.97)	2.31	6%	
Total Operating Expenditure	**(239.29)**	**(20.35)**	**(18.64)**	**1.71**	**8%**		**(198.78)**	**(178.17)**	**20.60**	**10%**	
EBITDA	*7.90*	*0.28*	*(7.15)*	*(7.44)*	(2,634)%		*7.01*	*(59.00)*	*(66.01)*	(942)%	
Financing & Depreciation	(9.32)	(0.80)	(0.45)	0.36	45%		(7.64)	(7.81)	(0.17)	(2)%	
Donated assets/impairment adjustments	0.29	0.05	0.05	(0.00)	(5)%		0.19	0.47	0.27	141%	
Control Total Surplus/(Deficit) Pre FRF/Top Up Payments	**(1.12)**	**(0.47)**	**(7.55)**	**(7.08)**	**(1,500)%**		**(0.44)**	**(66.34)**	**(65.91)**	**(15,151)%**	
Provider PSF/FRF	0.84	-	-	-			0.63	-	(0.63)		
Covid Block Payments Received	-	-	6.78	6.78			-	68.94	68.94		
Covid Top Up Payments	0.29	0.28	1.07	0.79			0.49	2.43	1.94		
Post PSF/FRF Control Total Surplus/(Deficit)	**0.00**	**(0.19)**	**0.29**	**0.48**	**249%**		**0.69**	**5.02**	**4.34**	**632%**	

Commentary

Operating Income

£9.14m below plan pre support

The trust received block income payments during January based on an average of 2019/20 income levels adjusted for the de-commissioning of the Darent Valley site. Clinical activity levels recorded were 57% (prior month: 74%) of planned levels expected during the month. If the Trust was reimbursed under activity-based contracting arrangements, this income would have totalled £7.62m - £7.86m lower than plan.

Outside of NHS Clinical Income, Commercial Trading income was £0.58m below plan, Research £0.21m adverse, and Other NHS Clinical Income £0.18m adverse, due to the impact of COVID and reduced activity levels across these respective areas.

Employee Expenses

£0.56m below plan

Total pay costs were £0.56m favourable to plan, with bank and agency costs £0.74m, slightly lower than January 2019.

There were significant reduction in temporary staffing costs in month across all clinical staff groups as the requirement for bank and agency resource was reduced..

Non Pay Expenses

£1.15m below plan

(non pay and financing)

Non pay costs are £1.15m favourable to plan due to reduced activity levels. Drugs were £0.90m below plan, whilst Clinical Supplies was £0.99m below plan. This was offset by £0.34m of legal fees, and £0.3m of rent increases related to Bath Street and Mile End.

Oriel expenditure is now forecast to be £1.1m against £1.5 in the prior month.

Trust Patient Clinical Income Performance

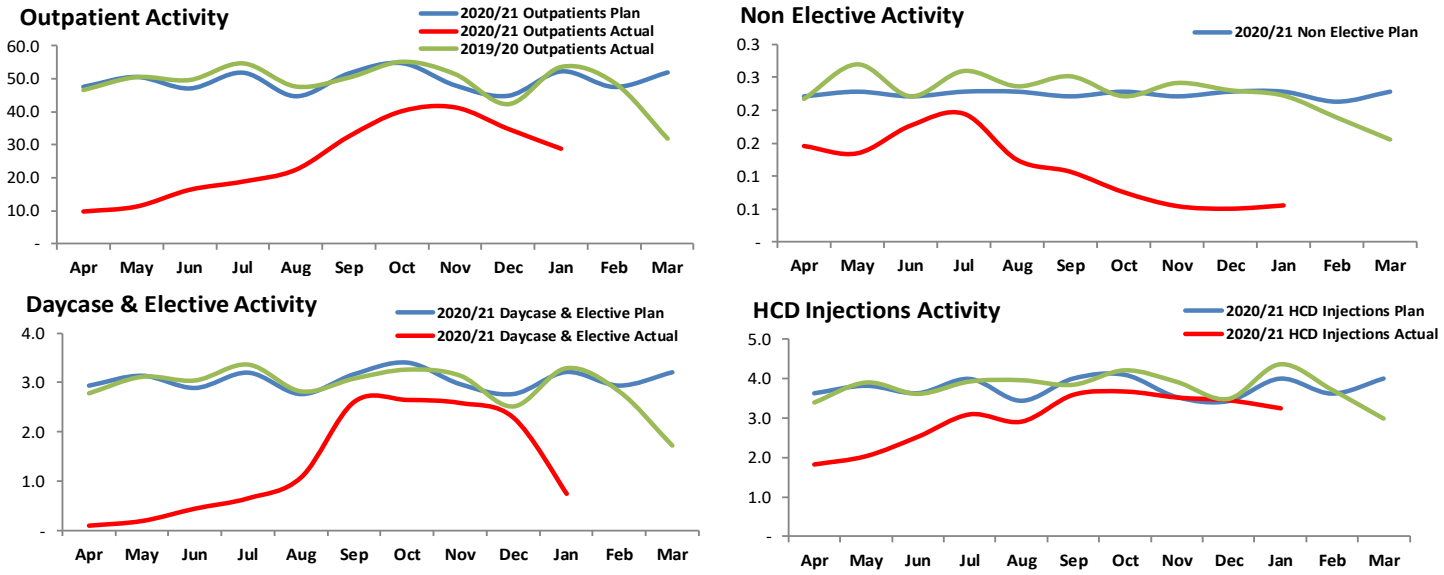
PATIENT ACTIVITY AND CLINICAL INCOME

Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,706	4,473	(4,233)	51%	88,099	51,261	(36,838)	58%	£13,739	£7,574	(£6,165)	55%
Daycase / Inpatients	3,065	741	(2,324)	24%	31,417	13,298	(18,119)	42%	£35,081	£15,867	(£19,214)	45%
High Cost Drugs	4,498	3,973	(525)	88%	46,102	37,761	(8,341)	82%	£30,100	£25,045	(£5,056)	83%
Non Elective	255	56	(199)	22%	2,520	1,123	(1,397)	45%	£4,925	£2,229	(£2,696)	45%
OP Firsts	10,832	5,330	(5,502)	49%	111,024	45,179	(65,845)	41%	£19,083	£7,730	(£11,353)	41%
OP Follow Ups	39,387	23,603	(15,784)	60%	403,717	212,332	(191,385)	53%	£41,586	£19,537	(£22,050)	47%
Other NHS clinical income									£3,549	£862	(£2,686)	24%
Total	66,743	38,176	(28,567)	57%	682,879	360,954	(321,925)	53%	£148,064	£78,844	(£69,220)	53%

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

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

ACTIVITY TREND



Commentary

NHS Income

Activity levels recorded during January were 57% of the 2020/21 activity plan levels (prior month: 74%).

Please note this is a different metric to NHSI's assessment of performance for Pre-COVID activity levels based on prior year activity levels.

The charts to the left demonstrate the in year activity levels compared to previous years highlighting the material shift in activity as a result of COVID, and the pace of recovery towards pre-COVID activity levels.

NHS Patient Clinical activity income in January was £6.6m if reimbursed via activity based contracting arrangements £8.7m less than planned prior to top-up income shown on slide four.

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

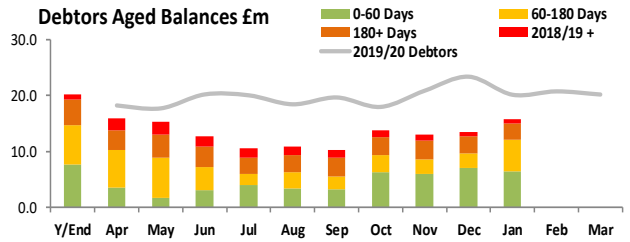
CAPITAL EXPENDITURE

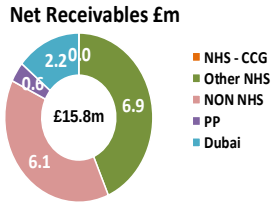
Capital Expenditure £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance
Estates - Trust Funded	1.6	1.6	1.0	(0.5)	1.6	1.7	0.1
Medical Equipment - Trust Funded	3.4	2.3	2.5	0.2	3.4	5.6	2.2
IT - Trust Funded	1.3	1.0	0.5	(0.4)	1.3	1.1	(0.2)
ORIEL - Trust Funded	5.8	3.6	2.8	(0.8)	5.8	3.7	(2.1)
Dubai - Trust funded	0.5	0.5	0.4	(0.1)	0.5	0.5	-
Other - Trust funded	1.2	0.7	0.2	(0.5)	1.2	0.5	(0.7)
TOTAL - TRUST FUNDED	**13.7**	**9.6**	**7.5**	**(2.2)**	**13.7**	**13.1**	**(0.6)**
Covid/Donated/Externally funded	1.7	0.1	0.2	0.1	1.7	0.4	(1.4)
TOTAL INCLUDING DONATED	**15.5**	**9.8**	**7.6**	**(2.1)**	**15.5**	**13.4**	**(2.0)**

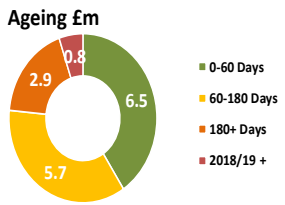
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.0	8.0		100%
Cash Reserves - B/Fwd cash	7.6	7.6		100%
Cash Reserves - Other (PSF)	-	-		0%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	**13.7**	**13.7**	**-**	**100%**
Donated/Externally funded	0.3	0.3		100%
COVID Funding	1.4	1.4		100%
TOTAL INCLUDING DONATED	**15.5**	**15.5**	**-**	**100%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2018/19 +*	*Total*
CCG Debt	-	0.0	0.0	0.0	0.0
Other NHS Debt	3.6	2.5	0.5	0.3	6.9
Non NHS Debt	1.5	2.4	2.0	0.3	6.1
Commercial Unit Debt	1.3	0.8	0.5	0.2	2.8
TOTAL RECEIVABLES	**6.5**	**5.7**	**2.9**	**0.8**	**15.8**







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	103.0	99.3	97.3	(2.0)
Current assets (excl Cash)	12.0	13.7	22.8	9.1
Cash and cash equivalents	46.7	70.2	81.6	11.4
Current liabilities	(35.4)	(56.5)	(70.3)	(13.8)
Non-current liabilities	(35.4)	(36.3)	(36.5)	(0.2)
TOTAL ASSETS EMPLOYED	**91.0**	**90.5**	**94.9**	**4.5**

OTHER METRICS

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

Commentary

Cash and Working Capital

The cash balance as at the 31st January 2020 is £81.6m, significantly higher than initially planned, due to block income and top-up payments in advance received by the trust. It is to be noted that both cash balances and current liabilities have increased over initial plan values due to cash having been received in advance.

Capital Expenditure

Revised capital allocations for Trusts, and STP's were notified in May with a limit of £13.7m for the Trust.

Capital spend to January totalled £7.6m linked to Oriel and the purchase of new medical equipment.

Use of Resources

Use of resources monitoring and reporting has been suspended.

Receivables

Receivables have reduced by £4.4m since the end of the 2019/20 financial year to £15.8m. An increase of £2.3m was recorded in January from the December position.

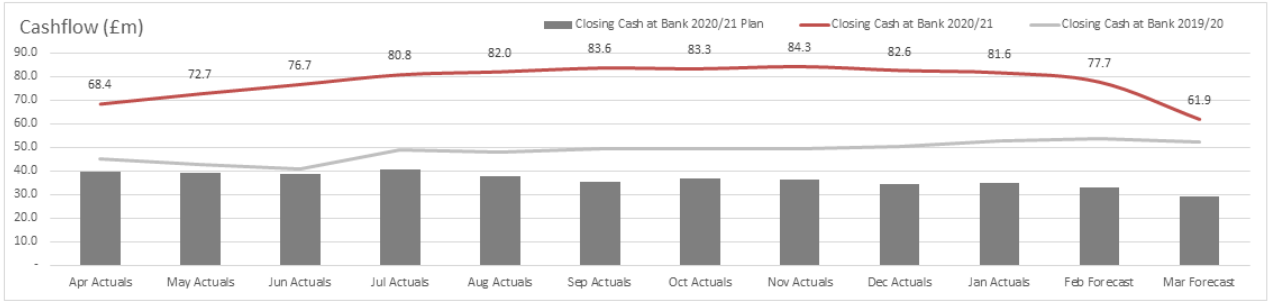
Payables

Payables totalled £12.2m at the end of January, a reduction of £3.6m since March 2020. The reduction is partly due to the Trust adopting the new Prompt Payment guidance issued to NHS bodies and a reduction in operating expenses.

Trust Statement of Financial Position – Cashflow

Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Actuals	Feb Forecast	Mar Forecast	Outturn Total	Jan Plan	Jan Var
Opening Cash at Bank	**52.4**	**68.4**	**72.7**	**76.7**	**80.8**	**82.0**	**83.6**	**83.3**	**84.3**	**82.6**	**81.6**	**77.7**	**52.4**		
Cash Inflows															
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.1	16.4	15.8	13.9	13.9	13.9	-	182.9	14.3	(0.4)
Other NHS	3.9	2.6	1.6	1.9	0.5	1.2	0.5	1.9	0.9	0.9	1.4	1.5	18.7	1.4	(0.5)
Moorfields Private/Dubai	1.4	0.9	1.6	2.6	2.8	3.3	3.9	4.0	3.3	2.3	2.7	3.5	32.3	3.2	(0.9)
Research	1.1	0.6	1.0	2.7	0.8	1.1	1.0	1.1	0.7	0.0	1.0	1.0	12.0	1.0	(0.9)
VAT	0.4	0.5	0.2	-	0.5	-	0.2	0.2	0.2	0.5	0.4	0.4	3.6	0.4	0.1
PDC	-	-	-	0.3	-	-	-	-		-	-	0.4	0.8	-	-
PSF	-	0.2	-	-	-	-	-	-		-	-	-	0.2	-	-
Other Inflows	0.2	1.8	0.4	0.4	0.3	0.4	0.5	0.4	2.0	0.6	0.3	0.4	7.7	0.3	0.3
Total Cash Inflows	**40.3**	**21.8**	**19.9**	**23.1**	**20.1**	**21.1**	**22.5**	**23.4**	**21.1**	**18.2**	**19.6**	**7.2**	**258.3**	**20.6**	**(2.4)**
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.6)	(9.4)	(9.4)	(9.4)	(9.6)	(9.7)	(9.6)	(9.7)	(9.7)	(9.7)	(9.7)	(115.1)	(9.7)	(0.1)
Non Pay Expenditure	(10.6)	(6.7)	(5.4)	(8.1)	(7.3)	(7.8)	(11.4)	(9.0)	(11.4)	(7.4)	(9.5)	(8.3)	(102.8)	(9.1)	1.7
Capital Expenditure	(1.0)	(0.4)	(0.4)	(0.6)	(0.5)	(0.2)	(0.3)	(0.4)	(0.6)	(0.8)	(0.9)	(1.9)	(8.1)	(0.4)	(0.5)
Oriel	(2.3)	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(2.2)	(0.2)	(0.3)	(1.7)	(1.3)	(9.2)	(1.8)	1.5
Moorfields Private/Dubai	(0.9)	(0.7)	(0.8)	(0.6)	(0.7)	(0.8)	(1.1)	(0.7)	(0.8)	(0.9)	(1.1)	(1.1)	(10.2)	(1.2)	0.3
Financing - Loan repayments	-	-	-	-	(0.7)	(0.8)	-			-	(0.6)	(0.8)	(2.9)	-	-
Dividend and Interest Payable	0	0	-	-	-	-	-	(0.6)	-	-	-	-	(0.6)	-	-
Total Cash Outflows	(24.4)	(17.5)	(16.0)	(19.0)	(18.8)	(19.5)	(22.8)	(22.4)	(22.7)	(19.2)	(23.6)	(23.0)	**(248.8)**	(22.2)	3.0
Net Cash inflows /(Outflows)	15.9	4.3	4.0	4.1	1.3	1.6	(0.3)	0.9	(1.7)	(1.0)	(3.9)	(15.8)	-	(1.5)	0.5
Closing Cash at Bank 2020/21	**68.4**	**72.7**	**76.7**	**80.8**	**82.0**	**83.6**	**83.3**	**84.3**	**82.6**	**81.6**	**77.7**	**61.9**	**61.9**		
Closing Cash at Bank 2020/21 Plan	39.5	39.1	38.6	40.4	37.7	35.5	36.8	36.2	34.4	34.8	32.8	29.3	29.3		
Closing Cash at Bank 2019/20	45.1	42.6	41.0	48.9	47.8	49.6	49.6	49.5	50.3	52.6	53.8	52.4	52.4		



Commentary

Cash flow

The cash balance at the 31st January is £81.6m, significantly higher than initially planned.

The interim financial regime introduced to support NHS organisations during the CVOID response has contributed to significantly higher cash balances than previously planned, designed to ensure sufficient cash is available to the NHS to implement any required changes. The Trust currently has 123 days (prior month: 124 days) of operating cash.

As a result the Trust has an additional focus towards liquidity and working capital management to ensure sufficient cash is available to respond to emergency demand for supplies, staff, and suppliers payments.

In addition all NHS organisation received additional guidance on Prompt Payment to suppliers of the NHS, to ensure their cash flows are supported wherever possible.

January saw a cash outflow of £1.0m against a plan of a £1.5m outflow as expenditure continues to be lower than forecast.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 09
Guardian of safe working
Board of directors 25 February 2021

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

Brief summary of report

The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report covers the period from 14/10/20 – 17/02/21.

Exception Reports

During this period, which includes recovery period and second lockdown, there have been no exception reports. Trainees are repeatedly reminded to exception report if necessary. Despite extensive changes in rotas, there have been no reported instances of breach of the minimum 8 hours rest requirement between shifts; no instances of a breach of the 48-hour average working week (across the reference period agreed); no instances of a breach of the maximum 72-hour limit in any seven days; and there have been no reports of any trainee missing greater than 25% of their natural breaks.

Redeployment during second wave of pandemic

City Road Rota: 16 out of 40 trainees were redeployed to the Royal Free Hospital and one redeployed to Barts from January 2021. Trainees with largest gaps in their training portfolios were kept at Moorfields and are covering A&E sessions. Rota gaps in A&E are currently filled by consultants and locum doctors. Two trainees are shielding and one is on maternity leave. Rotas for remaining residents are compliant but frequency of weekends on-call has increased.

A survey of working conditions of all our redeployed trainees showed that in general, shift hours at the Royal Free are long and there is a disproportionate amount of night shifts. Although most doctors feel supported, they are mainly doing nursing roles and only a minority (4/16 doctors) are happy overall to support the ITU department at the Royal Free. Their main concern is the missed training opportunities in their ophthalmology training programme. They have now been given a clear plan when redeployment should end (21/02/21 for the first group and 28/02/21 for the second).

St George's Rota: None of the 7 trainees at St George's have been redeployed. However the 5 trainees from St Helier's and 3 from Kingston who are usually on the St George's on-call rota have been redeployed. As a result of this, the St George's on-call rota has moved from a two-tier rota (first and second on-call doctors) to a one tier rota due to a smaller number of doctors on the rotation (14 instead of 22). Any issues during on-calls are reported directly to the consultants.

Weekday shifts: covered by one doctor who after a regular 9-5 pm shift, does a resident on-call shift from 5-9 pm and then non-resident on-call shift from home between 9pm to 9 am followed by a rest day.

Weekend shifts: one doctor on site from 9am -9 pm after which the same doctor would do a non-resident on-call shift from home between 9 pm and 9 am. A resting day is given after a Sunday shift.

Although there have been no exception reports to date, there are some concerns that have been raised by junior doctor representatives due to very long hours which can be particularly taxing for the more junior trainees working independently with no seniors on site.

A&E shifts :

There have been occasions when some residents have been unable to take lunch breaks before starting an afternoon A&E shift. This has been communicated to Gordon Hay, clinical director for A&E and an email was sent to all consultants to ensure that residents are allowed adequate lunch breaks before the 1.30 pm A&E shift.

Similarly residents doing a morning A&E shift are not allowed to leave the A&E department before the afternoon team arrive at 13.30 and bleeps are handed over. This may impact on training particularly for

residents who have an afternoon theatre list. I have organised a meeting with Gordon Hay and several potential solutions were discussed to solve this problem:

- Re-introduction of late morning A&E shifts to cover the period between 1 pm and 1.30 pm
- Rotas to be modified to ensure that no resident has afternoon theatre lists after a morning in A&E
- Trainees to be allowed to go on lunch breaks whilst carrying bleeps

Surgical training issues

There are significant concerns about training because many trainees are behind the College mandated targets, especially in cataract numbers.

High level data

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

Actions/Discussions taking place:

- To ensure that surgical training targets are factored in the Trust's recovery plan for surgery
- To investigate whether poor surgical training for lower house trainees is a result of lack of capacity for training or whether it is due to a failure in organising and implementing this training

Summary

All Moorfields trainees are safely rostered in compliant rota patterns with no breaches of the terms and conditions of service occurring during this reporting period. Most trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. Despite the Covid pandemic, trainee morale is high and working conditions good with no exception reports in this quarter. The trainees' main concern is reaching training targets particularly in surgery during and after the pandemic.

Quality implications

There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work.

Financial implications

The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised.

Risk implications

The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract.

Action required

The board is asked to consider the report for assurance.

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 10
Membership Council report
Board of directors 25 February 2021

Report title	Membership council report
Report from	Tessa Green, chair
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience We will have an infrastructure and culture that supports innovation

Brief summary of report

Attached is a brief summary of Membership Council meeting that took place on 4 February 2021.

Action Required/Recommendation.

Board is asked to note the membership council report

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

REPORT FROM THE MEMBERSHIP COUNCIL MEETING – 4 FEBRUARY 2021

Report from the governor remuneration and nominations committee

The committee recommended the appointment of two non-executive directors for a further year term.

- Ros Given-Wilson for a further one year term to take her to April 2022.
- Sumita Singha for a further final year to take her to April 2022.

It was agreed that the requirement to show 'exceptional circumstances' in reappointing non-executives for longer than two three-year terms were met, particularly in light of Oriel being at a critical point and the need to provide continuity and knowledge of the organisation as it goes through the challenge of Covid-19 and recovery.

The committee recommended the appointment of Adrian Morris as a new non-executive director. There were five very strong candidates, but the decision to recommend Adrian Morris to the council was unanimous as an outstanding candidate with excellent experience and skills. The membership council approved the appointment.

Oriel engagement update

Governors received an update on the marketing exercise for the sale of City Road, as well as how the team is engaging staff in designing the layout of the new building. The team will be procuring a virtual engagement platform to help with online representation in developing the shape of the building.

There will be a number of consultation events to be run in spring/summer in order to engage with the wider public. The Oriel Advisory group will provide support in the development of the communications engagement and strategy.

Feedback from governors

The **governance development group** discussed the election process for 2021, which is now under way, the elections to the roles of lead governor, vice chair of the membership council and chair of the governor remuneration and nominations committee, and the recent briefing on governor terms of office.

Governors received a number of **reports from the executive** including the integrated performance report and the most recent finance report.

Strategic priorities

Governors were due to take part in a separate strategy briefing on 9 February and were provided with a pre-briefing and in particular:

Challenges and opportunities – Covid 19 response and recovery, new emphasis on 'system working', block contract approach for the foreseeable future, a number of innovations that will impact the way we work (diagnostic hubs, remote consultation, etc.)

Engagement approach – working with board and management on main challenges and opportunities, seeking views of key stakeholders, engagement process with staff and patients in order to draw out themes and insights for the board to work on.

Governors were asked to think about the following questions prior to the session:

1. What are the main challenges and opportunities for Moorfields over the next five years
2. What will be different? How will it look? What will people think, feel, say?
3. What should our areas of focus be?

Patient empowerment through education

Governors received a presentation from Marcus Pedersen, a learning technologist at UCL, about the patient education training package he has been working on. Patient education dramatically decreases the underlying problem of retention and miscomprehension post-appointment, which can cost the NHS update to £800m per annum.

Discussion took place about the use of technology and how patients will be able to become patient citizens and direct policy and undertake advocacy.

At the moment material has been created that covers AMD, glaucoma and uveitis but this model can be used for any service. There are also multilingual options in over 20 languages and material is available in a number of different accessible ways.

There is also a patient education app which allows patients to prepare for their appointment. This information has been developed in conjunction with services so that there is strict quality control on the information.

A number of governors expressed an interest in becoming more involved in the project and have been put in contact with Marcus to take this forward.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 11

Committee terms of reference

Board of directors

25 February 2021

Report title	People and culture committee terms of reference
Report from	Vineet Bhalla, people and culture committee chair
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will attract, retain and develop great people We will have an infrastructure and culture that that supports innovation

Brief summary of report

The paper presents updated people and culture committee terms of reference for approval at the board. The terms of reference have been reviewed by members of the committee.

Quality implications

The board must be satisfied that is assured about all aspects of trust business, including all aspects relating to the trust workforce.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

The board holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. The board must have assurance that the trust has in place a framework that allows appropriate discussion and scrutiny of any issues that present a risk to the trust.

Action Required/Recommendation

The board is asked to approve the revised terms of reference for the people and culture committee.

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

People & culture committee - terms of reference

Authority	The people & culture committee is a formal committee of the board and is authorised to either provide assurance to the board or carry out delegated functions on its behalf. These terms of reference have been approved by the board and are subject to annual review.
Purpose	The overarching purpose of the committee is to gain assurance, on behalf of the board, that the Trust workforce can deliver current and future quality healthcare. This is broken down into the following areas: 1) Workforce Transformation: strategic alignment with trust strategy and progress with delivery of strategy covering: • the alignment and effectiveness of the workforce strategy with the overall strategy for the Trust and the wider NHS • the effectiveness of the Moorfields team to deliver the workforce strategy (including any new operating model) 2) Education and training* covering: • the strategic alignment of the development of the Trust workforce with overall strategies • progress with delivery of strategy through assurance of education and training outputs 3) Oversight of Workforce (through quantative KPIs and qualitive Feedback) covering: • the wellbeing, recruitment, retention, management and development of the trust's workforce • organisational capacity management (skills, locations, sourcing) for the Trust's affairs and additional responsibilities across the wider system • issues relating to ethics and duty of care in the conduct of the Trust's affairs towards its workforce (including Freedom to speak), and the trust's obligations under the public sector equality duty • the effectiveness of workforce operations (processes, data, and systems) in the delivery of Moorfields services The committee will oversee a balanced scorecard of key performance metrics relating to its remit on behalf of the Board. * The commercialisation of the Education and training strategy will be covered by the S&C Committee
Membership	The members of the committee will be appointed by the board as follows; • At least three non-executive directors, one of whom shall be nominated as chair and the other as vice-chair • Director of Workforce & OD • Director of Nursing and Allied Health Professions • Medical Director

	• Chief Operating Officer • Education Director • Director of Quality & Safety The Chair of the Board of Directors and the Chief Executive shall have the right to attend all meetings. Others may attend as agreed by the committee chair as necessary.
Quorum	The quorum will be four members, including one non-executive director
Frequency of meetings	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any year.
Duties	The committee can only carry out functions authorised by the Board, as referenced in these terms of reference. **Delegated Functions** The committee will carry out the following on behalf of the board: • analyse and challenge appropriate information on organisational and operational performance in relation to the committee's purpose. This information should cover: - strategic priorities (e.g. diversity, skills, talent, NHS targets etc (tbc)) - workforce utilisation - health (including sickness) and well being - engagement - financial measures **Assurance Functions** The committee will review the following to provide assurance to the board: • the existence and effective operation of systems to ensure that the trust has in place sufficient capacity and appropriately qualified/skilled to ensure compliance with the conditions of the licence • wellbeing, recruitment, retention, management and development policies and processes • the workforce strategy of the trust and its implementation • the education strategy of the trust and its effectiveness • the approach the trust has to ensuring it fulfils its public sector equality duty for staff, patients and visitors • specific risks on the corporate risk register allocated by the board • the development of workforce governance, including workforce engagement processes **Other duties as agreed by the board** • Exceptional items explicitly requested by the board that fall outside the terms of reference
Reporting and review	Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination. Minutes of meetings will be available for any board member on request. The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available

	meeting after 1 September of each year.		
Sub-committees	The Committee has the power to establish sub-committees or targeted working groups to address specific tasks. This will be reviewed on an annual basis, or as required based on organisational priorities. Any sub-committee will require its own Terms of Reference, approved by this committee. The Committee may also appoint a Workforce advisory group with specific objectives to : - improve engagement between the Committee and the Workforce - to ensure the voice of the employee plays a prominent role in the operations of the committee		
Meeting administration	The lead executive for the committee will be the Director of Workforce & OD and the secretary for the committee will be the company secretary (or an appointee on behalf of the company secretary). The role of the lead executive, in conjunction with the secretary, will be to; • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors		
Date approved by the board	February 2021	**Date of next review**	February 2022

Standing financial instructions and scheme of delegation

https://eyeq.moorfields.nhs.uk/download.cfm?doc=docm93jijm4n815.pdf&ver=8492