A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 28 May 2020 at 09:30am

In the Boardroom, 4th Floor and via Lifesize 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 23 April 2020	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report • Covid-19 update • System recovery	Note	Enclosed	DP	00:10	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Guardian of safe working	Assurance	Enclosed	NS	00:05	
9.	Freedom to speak up quarterly report	Assurance	Enclosed	TL	00:10	
10.	Oriel update	Note			00:10	
11.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
12.	AOB	Note	Verbal	TG	00:05	
13.	**Date of the next meeting – Thursday 25 June 2020 09:30am**					

* Strategic Objectives

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

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 23 APRIL 2020

Attendees:	Tessa Green (TG)	Chairman (via video link)
	David Probert (DP)	Chief executive (via video link)
	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)
	Peng Khaw (PK)	Director of research & development (via video link)
	Nick Hardie (NH)	Non-executive director (via phone link)
	David Hills (DH)	Non-executive director (via video link)
	Richard Holmes (RH)	Non-executive director (via video link
	Tracy Luckett (TL)	Director of nursing and AHPs
	John Quinn (JQ)	Chief operating officer
	Sumita Singha (SS)	Non-executive director (via video link)
	Nick Strouthidis (NS)	Medical director (via video link)
	Jonathan Wilson (JW)	Chief financial officer
	Steve Williams (SW)	Vice chair (via video link)
In attendance:	Helen Essex (HE)	Company secretary (minutes)

20/2429 Apologies for absence

Apologies were received from Nora Colton, Sandi Drewett, Johanna Moss, Elisa Steele, Ian Tombleson and Kieran McDaid.

20/2430 Declarations of interest

There were no declarations of interests.

20/2431 Minutes of the last meeting

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

20/2432 Matters arising and action points

All actions were completed or attended to via the agenda.

20/2433 Chief executive's report

The trust continues to deliver emergency and urgent care across seven sites which is the safest thing to remain doing for a maximum of three months. There are a number of advanced infection control measures in place and temperature checking continues at the front door which helps patients and staff feel reassured.

The trust continues to work in collaboration with NCL and the London sector. DP is supporting NHSE with the rollout of the digital consultation programme and assisting with other projects as are a number of other senior Moorfields staff.

There are no immediate concerns about the management of PPE and the position is monitored daily. A number of staff testing slots are available each day and results are available within 24 hours.

So far the trust has undertaken over 1000 video consultations with over a third of A&E consultations done in this way. We continue to closely monitor clinical and corporate governance procedures and have facilitated remote working, proactively managing cyber security and cyber threats.

Covid-19 is impacting everyone in different ways and has affected a number of different staff members and staff groups. There are unfortunately a small number of staff that have had to be taken into critical care and their colleagues and families are being supported.

DP also noted that NHSE/I and the Department of Health have encouraged the team to continue planning for Oriel at pace.

SW asked about the protocols around staff testing. DP replied that more tests are available now. At the moment if staff have symptoms they need to isolate for 14 days. It is critical to test those people early so that they are able to return to work to deliver services. If staff are living with someone who has symptoms then those people in the household can also be tested to establish whether they are positive or negative.

It was noted that there are some logistical issues with testing which can make it challenging for staff to access the tests. Acute hospitals are assisting with this in offering staff testing at places such as Bedford, St George's and Darent Valley.

TG asked about staff morale and in particular the suggestion that BME communities are potentially at a higher risk and what the trust position should be regarding groups that might be in this higher risk group. DP said that anyone deemed to be at risk has been written to at a national level and is required to undertake a process of shielding. Those staff that fall into that category are being fully supported by the trust. It was noted that there is no proven link specifically to BME communities as yet. The virus is also disproportionately affecting men, those who are overweight and those that have underlying health conditions. The trust will continue to follow the national guidance in that shielded staff are not expected to come to work. The trust reviews the situation with shielded patients from a clinical perspective.

DP stressed that it is important to acknowledge that the trust does not have the same level of risk as other hospitals or professions. NS said that most high risk patients are already shielding as they perceive the risk of coming in to hospital is greater than not attending. It is recommended that staff wear PPE level 2 equipment for any aerosol-generating procedures. Clinicians are wearing masks for clinical practice. The trust has done everything possible to protect staff and patients.

Requiring level 2 PPE for every interaction would be time consuming and costly to the trust and the wider system. Staff at Moorfields are at very low risk of having exposure to high risk patients.

It was also acknowledged that the situation is very emotionally challenging for a lot of people. However staff are reacting positively and are being encouraged to seek support where required. There is a genuine appetite to use this time to look how to work and run services in a different way.

SS noted that she is part of the Seacole group looking into BME issues across London. A letter has been written by 17 NEDs asking for a review into BME deaths. SS said that her name may have been included and if it was this was without her permission.

SS also asked about staff work load. A number of staff have volunteered for redeployment but not all offers have been taken up. When coupled with the reduction in sites and people working from home it would be helpful to understand what the trust is doing in relation to making sure people have meaningful work to do. DP replied that staff are undertaking 'hot' and 'cold' weeks with those on 'cold' weeks focusing on waiting list management and recovery. It also needs to be acknowledged that there will be people that will have less to do for a period of time.

There has been anxiety amongst staff working at host trusts that they might come into contact with patients and staff that are Covid positive. TL said that the trust is not forcing people to be redeployed where they don't want to be but those staff redeployed to host trusts will be working where they are required. The heads of nursing are supporting all staff at network sites.

RGW asked about staff working in different teams and how we make sure they have team support. TL said that there are regular discussions between education, nurse counselling and senior nursing support on the sites re: the dynamic of the new teams. Individuals that don't have the correct support are quickly identified. Morale within teams has been good and people are rising to the challenge.

RGW also asked about the reduction in activity and what the plan is to prioritise the high risk cases. The trust has re-stratified all existing patients and is managing patients safely, as well as being open for emergency and urgent surgery across London. Patients are not necessarily coming in when they should as they are prioritising safety at home rather than coming in for a non-life threatening surgery. Services would normally see between seven and ten retinal detachments a day but are currently seeing one or two, despite the number of instances being relatively fixed. Patients are presenting with uveitis at a much later stage although they are still presenting. Those patients are isolated from the rest of the hospital as they are immunosuppressed.

The major challenge will be when the trust starts to reactivate elective care procedures. The trust has deferred 30,000 glaucoma appointments so far and although some will be low risk a proportion will go from the medium to high risk category once past the three month point. It will be critical to establish how to process such a large number of patients as well as continue with business as usual.

The likelihood is that the glaucoma service will need to have 70 – 75% patients seen virtually and triaged at a diagnostic clinic to ascertain whether or not they need an appointment. A higher proportion of BAU glaucoma care can then be managed in this way.

There is also the opportunity to look at a pan-London approach in order to help manage recovery. Services are working hard to identify how they would recover and what additional pathways might be introduced. The implementation of Attend Anywhere has had a significant impact, particularly in A&E but the momentum needs to be maintained. Lower acuity services such as cataract may move to network sites.

TG advised that the board has established a Recovery Oversight Committee that will include both non-executive and executive representation and will provide scrutiny, oversight and assurance about the recovery process.

RH asked if the learning is being shared. NS advised that the trust had developed a risk stratification document that has been adopted by the Royal College and that all learning is fed through the college and various journals. The trust is providing leadership as well as contributing to the national ophthalmology communication system. AD concurred and said that there are national groups convening within each subspecialty. However, risk stratification cannot be too generic and has to be cognisant of the demographic within which people are working.

VB asked about the communication plan for patients, both those that are already Moorfields patients and those will be starting new pathways. DP advised that all current patients have been written to or contacted by clinicians and nurses. The trust has a hotline in place and an email enquiry address that people that can use. There does not appear to be any sense of anxiety from patients about a lack of communication from the trust. Patients seem more anxious about not having an idea of when things will turn to normal.

In terms of patients starting new pathways, the trust is waiting to see what might emerge on a London-wide basis. The centre is trying to stimulate demand and encouraging those that are not current attending to do so if they need to.

NH referred to the year-end exercise in closing down the accounts which has been done by the finance team working remotely. He said that the team had done a good job in extremely difficult circumstances.

20/2434 Integrated performance report

Activity has started to drop off in March due to the number of cancellations. Nearly 100,000 patient appointments have been rescheduled.

The cancer target has been maintained and the service is still seeing cancer patients.

Compliance for staff appraisals and IG training is down but will be addressed as part of recovery.

The trust was on target to deliver all targets by the end of March and is still in a relatively positive position despite the last two weeks.

SS said that the ethnicity coding issue has been there for a while and that this should be addressed in light of the current situation. JQ said that the trust has one of the best figures in the country (89% against a 94% target). However, services are undertaking a 'business as usual' reset as part of the recovery process and this would be part of the reset.

20/2435 Finance report

The Trust has reported a control total surplus of £0.6m in March, compared to a planned deficit of £0.1m, a favourable variance of £0.7m. Year to date, the Trust is reporting a £0.4m surplus, compared to an adjusted Control Total deficit of £0.7m, a favourable variance against plan of £1.1m.

NHS income was favourable in March as a consequence of the Trust working with commissioners to close down contractual positions for 2019/20. The trust benefited from high levels of CQUIN achievement compared to prior expectation, alongside the removal of contracting challenges as year-end performance was finalised with commissioners.

The trust received Covid funding of £1.5m which is split into both direct and a further sum to support all provider trusts for losses elsewhere in their other activities such as education and research. Total pay was £0.4m adverse in March as a consequence of bank and agency pay remaining static as activity reductions were offset by high levels of sickness. Drugs and Clinical supplies were £1.083m, and £0.310m favourable respectively as a result of reduced activity. This was offset by adverse movements in legal fees and premises costs associated with reviewing estates dilapidations.

Both the capital and revenue trajectories for the year were achieved and the trust is in a good position at the end of the year. The board was also advised that as per the recent Procurement Policy Note, the trust would be seeking to pay suppliers within the amended seven day term to ensure service continuity.

The board was advised of the amended timetable in relation to laying the annual report and accounts before parliament, which will not be before the summer recess on 21 July. The AGM will therefore need to be rescheduled to September and the usual May audit committee and board deadlines for approving the accounts are likely to move. Board members will be advised as soon as this is confirmed.

The board congratulated JW and the team in delivering a particularly challenging set of accounts and noted the positive position the trust has been put in to prepare for the year ahead.

20/2436 Learning from deaths

NS advised that there is nothing to add in terms of any deaths in the last quarter.

The previously reported death is still under investigation but the family has been informed that there will be a delay for the moment.

20/2437 Fit and proper persons annual report

The report was noted. TG noted that it is a challenging time for the ability of NEDs to input but board members are using lots of different methods in keeping up to date and are working with executives behind the scenes on a number of specific issues.

20/2438 Report from the audit and risk committee

NH advised that there had been a catch-up in terms of internal audit assignments. The cultural review has been deferred. Hicom, procurement and divisional risk management were presented although concern was raised that some of the reports lacked thoroughness.

There is clearly scope for improvement following the procurement audit.

The conclusions from the Hicom report were relatively thin, although there was a clear acknowledgement of the need for projects such as this to have a post implementation review.

The internal audit plan was reviewed in light of the current situation and KPMG have made some suggestions as to possible alternative reviews.

External audit was positive despite the challenges in attempting to complete the audit remotely.

The trust will work with KPMG to improve efforts to communicate the importance of being alert to fraud with staff.

Discussion about the BAF highlighted a number of topics of discussion for the board to review. A risk appetite statement has been developed but needs wider discussion with the board.

The review of the going concern statement was noted and is not an issue of concern for the trust.

More detail is required in the finance report about cash flow, with better understanding of cash inflows and outflows and how we manage working capital and debtors and creditors.

20/2439 Identify any risks arising from the agenda

None.

20/2440 AOB

None.

20/2441 Date of next meeting – Thursday 28 May 2020

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	23.07.20	Postponed	Open
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	23.07.20	Postponed	Open
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	23.07.20	Postponed	Open
23.01.20	20/2395	Administration and booking process	Update to be provided in six months	JQ	23.07.20		Open
26.03.20	20/2424	Annual plan 2020/21	JW to suggest a position and mitigation that is judicious for next year	JW	23.04.20		Closing

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

Bold shows updates

Moorfields Eye Hospital NHS Foundation Trust

NHS

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

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 05
Chief executive's report
Board of directors 28 May 2020

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

Brief summary of report

The report covers the following areas:

- Covid-19 assurance update
- Research
- International Nurses Day
- Financial position M1
- Oriel

Action required/recommendation.

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

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

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 28 MAY 2020

Chief Executive's report

The COVID19 Pandemic

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

The trust continues to follow all guidance from Public Health England (PHE), NHS Executive and Improvement (NHSE/I) and the Department of Health and Social Care (DHSC). We continue to fulfil our obligations as a major public body and health provider with regard to **emergency planning and contingency** during a Level 4 national incident and are still providing high quality emergency and urgent care across seven sites. As the board are aware **advanced infection control** measures continue to be in place, including triage screening and temperature monitoring at the front door.

There are currently no concerns within the trust around provision of **PPE (personal protective equipment).** The trust is part of the procurement partnership service (PPS) which is managing stock controls for a number of trusts across North Central London (NCL). Divisions continue to receive daily reports on stock which is being controlled from a central point within the organisation.

The trust is continuing to exploring a number of different options with regard to **staff testing** but is predominately working as part of the NCL STP to ensure rapid testing when appropriate. In relation to **patient testing** we have established a subgroup to look at how this process can be as effective and expedient as possible, ensuring both staff and patient safety is paramount and we are working with appropriate national bodies to ensure access to any new rapid patient testing systems as they become available.

To support patients during Covid-19 we have implemented the **Attend Anywhere video consultation platform** to enable patients to receive eye care remotely. Our A&E service at City Road has set up an A&E virtual waiting room that patients can access from home via smart phones, laptops or iPads. This reduces the risk to patients, who can have underlying health conditions which makes them vulnerable on the journey to City Road or spending time in the hospital. The platform also supports colleagues who are vulnerable to enable them to continue caring for patients from home. Moorfields is now one of the busiest trusts in London for the provision of Attend Anywhere video consultations and patient satisfaction rates remain high.

I am pleased to confirm that Moorfields has very actively and positively looked to support NHS London during this current COVID 19 pandemic. Around 200 **clinical and non-clinical staff** were trained and some deployed to work at the newly formed Nightingale Hospital; a large number have been redeployed to support their local host sites during the crisis and as they start to return I would like to thank all staff for their commitment, flexibility and support to the wide health service during this difficult time.

In light of the recent announcement by the Prime Minister and Government guidance I can confirm that the working practices we implemented right at the start of the Covid-19 pandemic were designed to support our staff and patients and their safety and wellbeing. As our clinical care model is not changing at this moment in time, even with respect of the new guidance, there is no change to the way we are working. Staff have been asked to continue to work in the way they have been doing for the past few months and to check with line managers if they have any questions or concerns following the prime minister's announcement last week.

Last week two sessions were held for Black, Asian and Minority Ethnic **(BAME)** colleagues to share concerns about how Covid-19 is affecting them and to discuss evidence that suggests that BAME people may be disproportionately affected by Covid-19. These sessions were attended by more than 40 BAME colleagues from across our network. Hosted by the freedom speak guardians, introduced by me and supported by Ranjita Sen, chair of BeMoor, these sessions listened to the views of staff and covered a wide range of issues including: use and supply of PPE, social distancing, assessing staff risk, and how the BeMoor network could provide additional support to BAME colleagues. A summary, including actions, will be published on the trust intranet later this week and we plan to hold more sessions over the coming weeks.

The focus for the trust internally now is on the **recovery of clinical services** and detailed plans are being developed by services and divisions as to how this can be done in light of new infection control procedures and social distancing measures. The board has established a NED-led recovery oversight committee that will provide oversight and assurance to the board on the development and implementation of the trust recovery plan, including the quality and safety impact, financial impact, workforce impact, any proposed system-wide approach and the strategic alignment between research & development, education and operational delivery.

We continue to work incredibly closely with our colleagues across NCL as we prepare to restart some elective services. Thinking and planning as a wider geography will be critical to ensuring the success of restarting our services effectively, efficiently and at speed.

As well as Moorfields role in the NCL ICS it is also clear that NHS London is keen to utilise our leadership more broadly across ophthalmology in London. How this will be structured, and how this will be governed, has yet to be agreed, but we remain engaged and positive in the thought of playing a wider role supporting the capital and supporting ophthalmology across the ICSs in London were we provide active clinical activity as well as possibly further. These discussions remain live and I will continue to update and engage with the board on them.

There appears little doubt that during this recovery opportunities are being sought to review how best London and its health service might be supported. I attach two slides produced recently by NHS London which set out the eight tests that any return to recovery and 'normality' must meet, as well as a slide which highlights the 12 expectations that NHS London are setting for any ICS as they plan their future and the role of healthcare providers within it.

Research

Researchers at Moorfields Eye Hospital and UCL Institute of Ophthalmology have developed an **artificial intelligence** (AI) system that can help predict whether people with age-related macular degeneration (AMD) will develop the more serious form of the condition in their 'good eye'. This is part of our wider, ongoing partnership with DeepMind and Google Health. The AI system developed by Moorfields, researchers from DeepMind, and Google Health, may allow closer monitoring of the "good eye" in patients at high risk, or even guide use of preventative treatments in the future. I would like to congratulate Pearse Keane and Reena Chopra for their continued groundbreaking work in this area.

People

The trust was delighted to celebrate **International Nurses Day** on 12 May, which this year marks the 200th anniversary of Florence Nightingale's birth. To commemorate this bicentennial year, the World Health Organisation designated 2020 as the first ever global Year of the Nurse and Midwife. With a global pandemic to deal with, our nurses and midwives continue to put themselves on the front line to protect and care for others.

At Moorfields Eye Hospital, nurses work across all of our sites but during the current crisis many of these nurses have been redeployed to work at hospitals across London, including NHS Nightingale, to care for patients with Covid-19. This year offers us a chance to showcase the care and commitment of our nurses but also to say thank you to them for their dedication to our patients, especially given the current crisis we face.

Finance

The trust achieved a breakeven position for April without the need for additional central funding support. The funding regime instigated for the April to July period consists of core funding based on an average of commissioner income, with additional top-ups to meet any expenditure shortfalls. Whilst patient activity was 78% lower than planned, movements in the trust cost base associated with those activity reductions resulted in total costs being marginally lower than the funding received in April. Cash balances stood at £68.4m at the end of April, significantly in excess of plan and equating to 105 days of working capital liquidity. Capital expenditure April was £0.5m, of which £0.4m related to Project Oriel. The capital plan for the year is being reprioritised to take into account the impact of the Covid-19 pandemic and how that may impact on capital priorities, and to meet the need to plan for capital expenditure on a North Central London basis.

Oriel

Regulatory review of the submitted Oriel outline business case is continuing and will be considered by the regulatory team at their Joint Investment Committee on 2 June. The current pandemic has inevitably created new risks to the Oriel programme including uncertainty in the property market and delay in being able to undertake further patient public and staff engagement. The joint oriel executive board and trust capital scrutiny committee are in agreement that it would be sensible at this point to continue the process of engaging with planners to develop a planning application for the St Pancras site. The trust will therefore keep a steady but low-cost pace on the project and make sure there is regular review of any options and decisions that might need to be made over the summer. A revised engagement programme is in development to ensure that staff and patients can continue contributing as the building design is progressed.

David Probert
Chief Executive
April 2020

1. The 8 Tests We Must Meet

Meet patient needs			Address new priorities		Reset to a better health & care system		
1. Covid Treatment Infrastructure	2. Non-Covid Urgent Care	3. Elective Care	4. Public Health Burden of Pandemic Response	5. Staff and Carer Wellbeing	6. Innovation	7. Equality	8. The New Health & Care Landscape
Maintain the total system infrastructure needed to sustain readiness for future Covid demand and future pandemics	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic	Quantify the backlog; act now to slow growth in backlog as much as possible; develop the plan for clearing over time	Identify the risks; act now to minimise as much as possible; develop the plan for mitigating post pandemic	Catalogue the interventions now in place; identify additional actions now to support staff; develop the plan for recovery	Catalogue the innovations made; determine those to be retained; evaluate; plan for widespread adoption	Understand the needs of people and places who are the most impacted by inequalities and co-create models based on what matters to them	Catalogue the service and governance changes made and made more possible; deliver the new system
(e.g., capacity and surge capability in primary care, critical care, equipment, workforce, transportation, supply chain; strict segregation of health and care infrastructure; treatment innovation; role of the Nightingale)	(e.g., reductions in presentations; reduced access for cancer diagnostics and treatment; implications of screening programme hiatus; care for those with long-term conditions)	(e.g., prevention and community-based treatment, the rapid increase in 52 week waiters and the overall RTT backlog; major increase in capacity to diagnose and treat; use of independent sector for waiting list clearance)	(e.g., mental illness, domestic violence, child abuse, other safeguarding issues, lack of exercise, economic hardship; retaining the positives such as handwashing/ acceptance of vaccination, air quality, greater self care for minor conditions)	(e.g., meeting physical and psychological burden; developing a "new compact and a new normal" for support to staff in social care, primary care, community care, mental health, critical care, acute care settings; BAME staff and carers a particular priority)	(e.g., virtual primary care. outpatients, remote diagnostics, new approaches to triage, workforce models, use of volunteers, remote working, pace and urgency to decision making, financial models)	(e.g., capturing the right data to inform service design, need models of identifying and reaching out proactively to meet need; integrated health and care approaches to addressing inequalities)	(e.g., stepping up the new borough-based ICPs; domiciliary and residential care infrastructure; configuration of specialist services; governance and regulatory landscape implications; streamlined decision-making)
#1 We retained resilience to deal with on going Covid 19 and pandemic needs	**#2 We did everything we could to minimise excess mortality and morbidity from non Covid causes**	**#3 We returned to the right level of access performance for elective cases prioritised by clinical need**	**#4 We put in place an effective response to the other effects on public health of the pandemic**	**#5 We helped our people to recover from dealing with the pandemic and established a new compact with them**	**#6 The positive innovations we made during the pandemic were retained, improved and generalised**	**#7 The new health and social care system that emerged was fundamentally better at addressing inequalities**	**#8 The new health and social care system that emerged was materially higher quality, more productive and better governed**

3. ICS Action Programmes: 12 Expectations

1. A way of operationalising strict segregation of the health & care system between covid and non covid and a much stricter separation between urgent and elective work especially by site, with international best-in-class infection prevention and control practices
2. A permanent increase in critical care capacity and surge capability, centred on tertiary sites
3. Virtual by default unless good reasons not to be: primary care, outpatients, diagnostics, self care, support services
4. Triage/single points of access/resources and control at the front end of pathways e.g., through sector-level PTLs for all pathways prioritised by need and “talk before you walk” access to keep people safe and best cared for
5. New community-based approaches to managing long term conditions/shielded patients
6. New approaches to minimise hospital stay to that which is required to meet needs e.g. discharge models which maintain reductions in DTOCs/Long Length of Stay, same day emergency care, community-based rapid response
7. Disproportionate focus and resources for those with most unequal access and outcomes
8. Further consolidation and strengthening of specialist services
9. A single, more resilient ICS-level platform for corporate support services and further consolidation and sharing of clinical support services
10. New integrated workforce and volunteer models and new incentives to drive the behaviours needed to deliver these new models of care
11. Further alignment and joining together of institutions within the ICS
12. A new approach to consent through systematic deliberative public engagement e.g. citizens juries

Moorfields Eye Hospital NHS Foundation Trust

NHS

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

Brief Summary of Report

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

Executive Summary

Due to the COVID pandemic there are a number of key performance targets that have been affected by the reduction in activity mandated.

Activity levels have been reduced to and only urgent patients are being seen. This was undertaken through the clinical prioritisation with the consultant body.

National cancer targets are being met and the cancer patients are a key priority as described above. The 14 day target is slightly under target but this is in line with previous performance and has not deteriorated due to reduction in activity.

The other national access targets are being affected by the need only to undertake urgent activity.

We have seen a reduction in performance in the patient centred care theme and this is due to a focus being on initial response to COVID and divisions focussing there time on other activities. This is now being addressed and is expected to improve.

It can be expected that standards set in The IPR may fluctuate more than usual due to COVID and also during the recovery period.

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 - April 2020

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	**19**	**0**	**8**
Cancer	4	0	1
Access & Outpatients	1	0	3
Admitted	5	0	0
Quality & Safety	9	0	4
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
1	**0**	**2**

Staff Satisfaction & Advocacy

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

Infrastructure & Culture (Enablers)

Digital Delivery

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

Research

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

Financial Health & Enterprise (Enablers)

Overall Plan

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

Commercial Operations

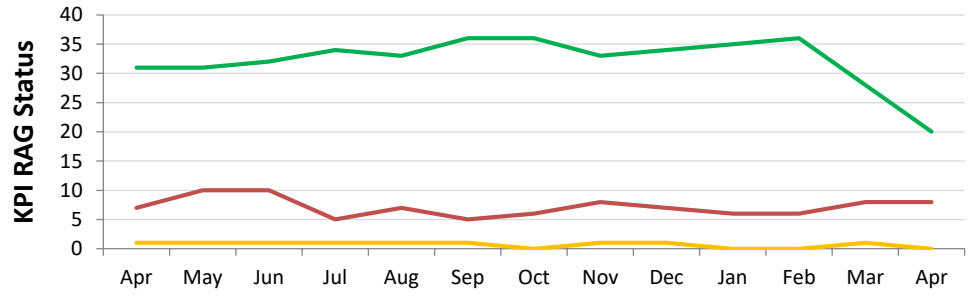
G	A	R
0	**0**	**1**

Cost Improvement Plans

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

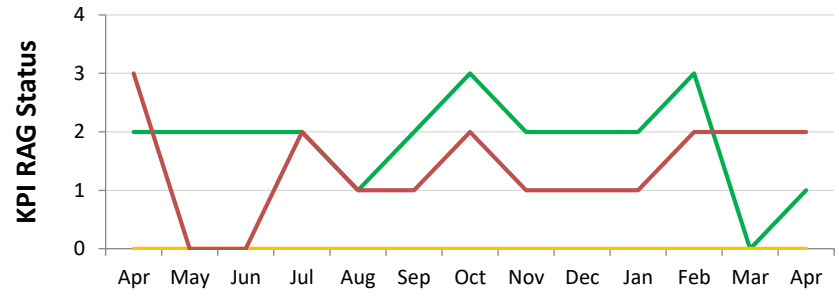
Executive Summary - Scorecard Domain Trends

Service Excellence (Ambitions)



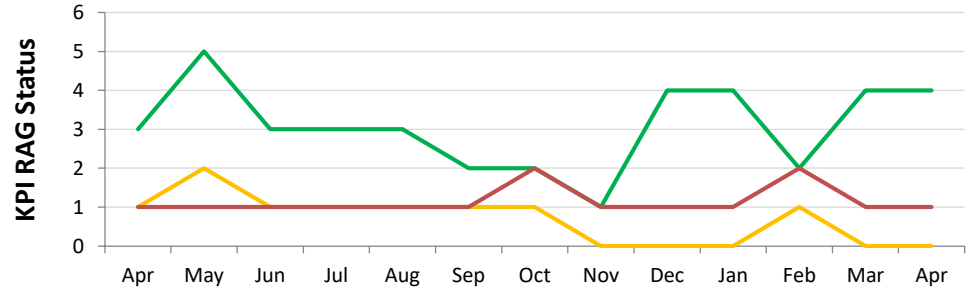
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Green	31	31	32	34	33	36	36	33	34	35	36	28	20
Amber	1	1	1	1	1	1	0	1	1	0	0	1	0
Red	7	10	10	5	7	5	6	8	7	6	6	8	8

People (Enablers)



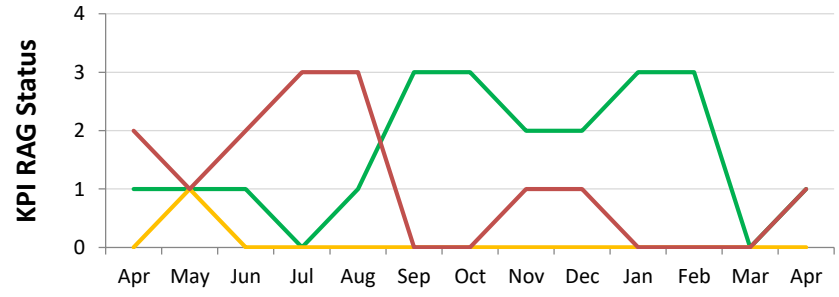
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Green	2	2	2	2	1	2	3	2	2	2	3	0	1
Amber	0	0	0	0	0	0	0	0	0	0	0	0	0
Red	3	0	0	2	1	1	2	1	1	1	2	2	2

Infrastructure & Culture (Enablers)



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

Financial Health & Enterprise



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

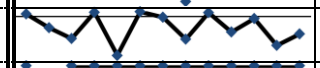
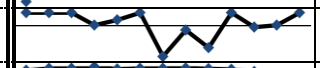
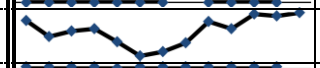
Moorfields Eye Hospital NHS Foundation Trust

NHS

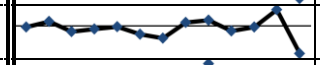
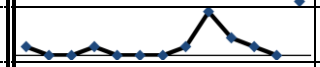
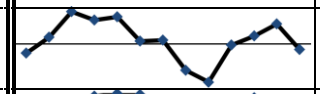
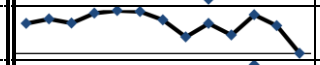
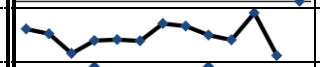
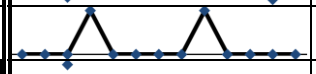
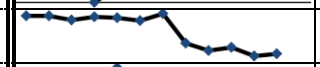
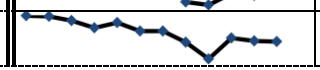
Context - Overall Activity - April 2020

		April 2020		Monthly Variance	Year To Date		YTD Variance
		2019/20	2020/21		2019/20	2020/21	
Accident & Emergency	A&E Arrivals (All Type 2)	8,418	3,465	- 58.8%	8,418	3,465	- 58.8%
	Number of 4 hour breaches	49	1	- 98.0%	49	1	- 98.0%
Outpatient Activity	Number of Referrals Received	12,130	2,201	- 81.9%	12,130	2,201	- 81.9%
	Total Attendances	48,020	8,511	- 82.3%	48,020	8,511	- 82.3%
	First Appointment Attendances	10,593	1,785	- 83.1%	10,593	1,785	- 83.1%
	Follow Up (Subsequent) Attendances	37,427	6,726	- 82.0%	37,427	6,726	- 82.0%
Admission Activity	Total Admissions	3,051	239	- 92.2%	3,051	239	- 92.2%
	Day Case Elective Admissions	2,716	45	- 98.3%	2,716	45	- 98.3%
	Inpatient Elective Admissions	111	50	- 55.0%	111	50	- 55.0%
	Non-Elective (Emergency) Admissions	224	144	- 35.7%	224	144	- 35.7%

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	To be Confirmed										↓
	Median Clinic Journey Times -Follow Up Patient appointments	To be Confirmed										↓

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%									↓
	Number of non-medical cancelled operations not treated within 28 days	Zero Breaches									
	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%									

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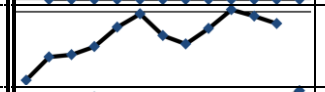
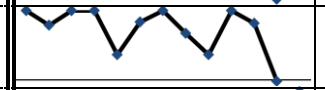
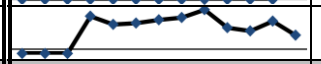
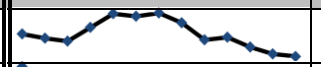
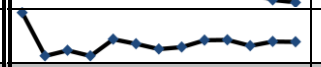
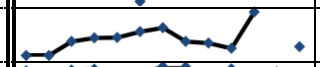
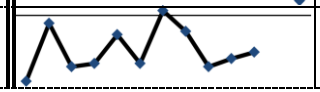
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases									→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts									→
	Percentage of responses to written complaints sent within 25 days	≥80%									
	Percentage of responses to written complaints 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	To be Confirmed									↓
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	To be Confirmed									↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%									→
Innovation & Education	Income Generated From Short Courses £k (Year Period - Sep 19 to Aug 20)	YE: ≥£400k Qtr: tbc									
	Delegate Numbers Across Short Courses (Year Period - Sep 19 to Aug 20)	YE: ≥900 Qtr: tbc									
	Average Delegate Satisfaction Scores (Year Period - Sep 19 to Aug 20)	≥ 4.0									
Influence National Policy	To be Confirmed	tbc				tbc					

Workforce Metrics	Appraisal Compliance	≥80%									
	Information Governance Training Compliance	≥95%									
	Staff Turnover (Rolling Annual Figure)	≤15%									
	Proportion of Temporary Staff	RAG as per Spend									
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%									
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%									

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

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									↑
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit)	1									
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0									↓
Cost Impovement Plans	Cost Improvement Plan Variance	≥0									

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 07

Finance report

Board of directors 28 May 2020

Report title	Monthly Finance Report (Commercial) Month 01 – April 2020
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

The attached papers, provides a breakdown of the following items:-

- Segmental trading position analysis;
- Summary of commercial trading unit performance; and
- Summary of key financial risks and opportunities.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

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

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Finance Report for Private Board
For the period ended 30th April 2020 (Month 01)

Strictly Private & Confidential

Presented by	Jonathan Wilson; Chief Financial Officer
Prepared by	Justin Betts; Deputy Chief Financial Officer Amit Patel; Head of Financial Management

Trading Commercial Operations

Strictly Private & Confidential

COMMERCIAL OPERATIONS PERFORMANCE

Divisional Contribution £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	In Month %	RAG
Trading Division Overall Performance						
Moorfields Private	4.53	0.18	(0.71)	(0.89)	(488)%	
Moorfileds Dubai (excl Abu Dhabi JV)	0.80	0.08	(0.26)	(0.34)	(420)%	
Moorfileds Dubai Abu Dhabi JV	0.12	0.02	(0.04)	(0.06)	(350)%	
Moorfileds Dubai Tarabishi JV	(0.03)	-	-	-	0%	
Total Commercial Performance	**5.42**	**0.28**	**(1.01)**	**(1.29)**	(460)%	
Overall Summary included in the Trusts reported performance						
Total Income	37.75	2.92	0.66	(2.26)	(77)%	
Employee Expenses	(14.44)	(1.18)	(0.86)	0.32	27%	
Non Pay Expenditure	(16.79)	(1.37)	(0.79)	0.58	43%	
Financing & Depreciation	(1.10)	(0.10)	(0.03)	0.07	70%	
Total Other Operational Areas	**5.42**	**0.28**	**(1.01)**	**(1.29)**	(465)%	

* As a Joint Venture, only the share of Abu Dhabi profits, and management fee are counted towards the Trusts overall financial position.

Key Messages

Commercial Trading Units Contribution

Moorfields Commercial trading units are reporting an adverse variance to plan of £1.29m YTD.

- Moorfields Private are reporting an adverse variance of £0.89m YTD, primarily linked to activity/income being £1.47m adverse to plan YTD, shown further overleaf.
- Moorfields Private are reviewing their recovery plan in light of activity levels reductions linked to COVID.
- Moorfields Dubai excluding Abu Dhabi are reporting an adverse variance of £0.34m YTD including an income adverse variance of £0.66m.

Trading Position Analysis

During the temporary financial regime implemented as part of COVID, NHS resources are offsetting Commercial, R&D, and other income losses, via the block payment and Top-up processes.

It is not clear for how long these may be continued, and therefore recovery in the above areas will be critical to the Trust financial sustainability going forward.

Commercial Trading - Moorfields Private, Dubai and Abu Dhabi

Strictly Private & Confidential

MOORFIELDS PRIVATE PERFORMANCE

Divisional Contribution £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	%	RAG
Income						
General Surgery	13.41	0.98	0.04	(0.94)	(96)%	
Refractive Laser	2.94	0.21	0.00	(0.21)	(98)%	
Outpatients (Clinical)	3.44	0.25	0.02	(0.23)	(92)%	
Other (Clinical)	0.91	0.07	0.01	(0.06)	(92)%	
Other (Non Clinical)	0.42	0.03	0.00	(0.03)	(90)%	
Total Income	**21.11**	**1.54**	**0.07**	**(1.47)**	(95)%	
Operating Expenses						
Employee Expenses	(7.95)	(0.66)	(0.47)	0.20	30%	
Non Pay Expenditure	(8.64)	(0.70)	(0.31)	0.39	55%	
Financing & Depreciation	-	-	-	-	0%	
Total Operating Expenses	**(16.58)**	**(1.36)**	**(0.78)**	**0.58**	43%	
Control Total Surplus/(Deficit)	**4.53**	**0.18**	**(0.71)**	**(0.89)**	(488)%	
Memorandum						
EBITDA	4.53	0.18	(0.71)	(0.89)		
EBITDA %	21.5%	11.8%	(1007.2%)			
Surplus %	21.5%	11.8%	(1007.2%)			

MOORFIELDS DUBAI PERFORMANCE

Divisional Contribution £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	%	RAG
Total Income	**12.74**	**1.04**	**0.38**	**(0.66)**	(64)%	
Operating Expenses						
Employee Expenses	(4.82)	(0.37)	(0.25)	0.13	34%	
Non Pay Expenditure	(6.69)	(0.55)	(0.37)	0.18	33%	
Financing & Depreciation	(0.43)	(0.04)	(0.03)	0.01	30%	
Total Operating Expenses	**(11.94)**	**(0.96)**	**(0.64)**	**0.32**	33%	
Control Total Surplus/(Deficit)	**0.80**	**0.08**	**(0.26)**	**(0.34)**	(420)%	
Memorandum						
EBITDA	0.80	0.08	(0.26)	(0.34)		
EBITDA %	6.3%	7.9%	(69.0%)			
Surplus %	6.3%	7.9%	(69.0%)			

MOORFIELDS ADU DHABI JOINT VENTURE

Total Income	**3.90**	**0.34**	**0.21**	**(0.13)**	(38)%	
Operating Expenses						
Employee Expenses	(1.68)	(0.14)	(0.14)	(0.00)	(2)%	
Non Pay Expenditure	(1.45)	(0.13)	(0.11)	0.02	14%	
Financing & Depreciation	(0.56)	(0.05)	(0.05)	(0.00)	(2)%	
Total Operating Expenses	**(3.69)**	**(0.31)**	**(0.30)**	**0.01**	4%	
Control Total Surplus/(Deficit)	**0.21**	**0.03**	**(0.09)**	**(0.12)**	(381)%	
Memorandum						
EBITDA	0.21	0.03	(0.09)	(0.12)		
EBITDA %	5.4%	9.0%	(41.2%)			
Moorfields 49% share of JV Surplus*	0.10	0.02	(0.04)	(0.06)		
Management Fee	0.01	0.00	-	(0.00)		
Total JV Contribution	**0.12**	**0.02**	**(0.04)**	**(0.06)**		
Surplus %	56.0%	56.6%	50.3%			

*As a Joint Venture, only the share of profits, and management fee are counted towards the Trusts overall financial position. Abu Dhabis total income and expenditure are shown above as memorandum items for information only. JV contribution is subject to exchange rate timing differences.

Financial Risks and Opportunities

Financial Risks and Opportunities

The below table represents an extract of the Trusts risk register, with the major financial risks scored highest.

KEY FINANCIAL RISKS

Description	Risk Assessment		
	Impact	Likelihood	Risk Score
RISKS			
Covid-19 Recovery Whilst the Trust is on block contracts and a central top-up to ensure a breakeven position for the first four months of the year, the impact on a post-COVID recovery position has not been communicated. Whilst it is anticipated that significant patient backlogs will have built up, this poses a challenge in meeting these in a structured way with sustainable financial, staffing and capacity consequences. Further thought around post-COVID planning is therefore required.	5	5	25
New Ways of Working - Future Activity Assumptions The Trust had previously assumed a planned year on year growth in activity at an average of 3.0% in support of the Oriel OBC. Failure to achieve this, or indeed adapt to likely new ways of working off the back of COVID-19 with regard to an increased focus on virtual/remote attendances with a commensurately reduced tariff structure therefore poses a risk. This may in turn impact on our current hub and spoke operating model in a material way and further consideration as to how Ophthalmic care is delivered is required.	5	4	20
Cost Improvement Performance Failure to identify and deliver recurrent efficiency schemes will affect the current financial years planned forecast, and create a negative underlying position, affecting future years financial sustainability.	5	4	20
Commissioner turbulence If there is continued or increased turbulence in the commissioning, and financial landscape then this will lead to increasing pressure on services, more notices of termination and tendering of services leading to loss of contracts and income, a significant impact on staff and serious reputational risk.	4	4	16
Sci-Pharm Legal Claim EURO 1.9m Provision of 50% settlement at £0.85m has been made in the 2019/20 accounts on the basis of a considered potential resolution. Should the Trust take the case to court and lose the legal action claim for EURO 1.9m (£1.6m GBP) against it, the maximum potential loss including Trust legal fees, claimant legal fees, trial liability fees, settlement and interest could total £3.5m.	5	3	15
Research Funding Research funding has reduced by £1.5m over the last two financial years, and reduces further in 2020/2021. This poses a challenge in either reducing structural costs and external commitments commensurate with reduced funding levels, or increasing commercial research income to offset the reduction. This also poses a risk to Trust finances and a sustainable platform for ongoing R&D, and the upcoming 2021 BRC 3 bid.	4	3	12
Health records The business case approved in March 2018 anticipated significantly lower levels of health records activity than now being seen. Additionally the staff level reductions predicted as a result of holding records off site is now deemed not fully feasible.	3	4	12

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 07

Finance report

Board of directors 28 May 2020

Report title	Monthly Finance Performance Report Month 01 – April 2020
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

Since the NHS emergency response to COVID in March 2020, Operational planning nationally has been formally suspended. The Annual Plan and in-month plan values in this report represent the Trusts draft 2020/21 Financial Plan approved by the Trust Board and submitted to NHS Improvement on the 5th March 2020.

Please note therefore that variances to plan provide an indication only as to how income and expenditure patterns have changed.

For April the Trust is reporting :-

- **a deficit of £11.45m** prior to block payment support;
- **a breakeven position** adjusting for block payment income support.

Compared to initial plans, the Trust is reporting:-

- **£13.91m less income** than would be expected, offset by
- **£ 1.41m less pay**, and
- **£ 3.70m less non pay** operating expenditure.

Financial Performance £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Budget	Actual	Variance
Income	£251.7m	£19.0m	£16.6m	(£2.5m)	£19.0m	£16.6m	(£2.5m)
Pay	(£138.5m)	(£11.6m)	(£10.2m)	£1.4m	(£11.6m)	(£10.2m)	£1.4m
Non Pay	(£104.8m)	(£9.2m)	(£5.5m)	£3.7m	(£9.2m)	(£5.5m)	£3.7m
Financing & Adjustments	(£9.4m)	(£0.8m)	(£0.9m)	(£0.1m)	(£0.8m)	(£0.9m)	(£0.1m)
CONTROL TOTAL	**(£0.8m)**	**(£2.6m)**	**£0.0m**	**£2.6m**	**(£2.6m)**	**£0.0m**	**£2.6m**

Efficiency scheme performance will remain unreported during the Covid-19 response period.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation							
The board is asked to consider and discus the attached report.							
For Assurance		**For decision**		**For discussion**	✓	**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report
For the period ended 30th April 2020 (Month 01)

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

Monthly Finance Performance Report

For the period ended 30th April 2020 (Month 01)

Key Messages

Statement of Comprehensive Income

Operational Planning	Since the NHS emergency response to COVID in March 2020, Operational planning nationally has been formally suspended. The Annual Plan and in-month plan values in this report represent the Trusts draft 2020/21 Financial Plan approved by the Trust Board and submitted to NHS Improvement on the 5th March 2020. Please note therefore that variances to plan provide an indication only as to how income and expenditure patterns have changed.
Financial Position £11.45m deficit pre support	For April the Trust is reporting :- • **a deficit of £11.45m** prior to block payment support; • **a breakeven position** adjusting for block payment income support. Compared to initial plans, the Trust is reporting:- • **£13.91m less income** than would be expected, offset by • **£ 1.41m less pay**, and • **£ 3.70m less non pay** operating expenditure (£1.4m drugs).
Income £13.91m less than plan	Total Trust income is £13.9m less than would be expected, consists of: • Clinical activity income losses £10.46m; • Commercial income losses £2.14m; • Research income losses £0.74m; and • Other income losses including Bedford £0.4m. Activity income, if reimbursed by normal contracting arrangements would total £3.3m compared to a plan of £13.76m, a £10.46m adverse variance.
Expenditure £5.11m less than plan (pay, non pay, excl financing)	Pay costs are £1.41m below plan, with bank and agency costs £0.77m less than 2019/20 average expenditure levels. Non-pay costs are £3.7m below plan mainly due to Drugs (£1.4m), Clinical Supplies (£1.05m), Oriel (£0.6m), and Commercial expenditure (£0.3m).

Statement of Financial Position

Cash and Working Capital Position	The cash balance at the 30th April is £68.4m significantly higher than initially planned, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisation 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 totally a limit £13.7m for Moorfields. Current capital plans are being reviewed in light of post COVID recovery and responses. Capital spend in April totalled £0.5m primarily linked to Oriel (£0.4m).
Use of Resources	Current use of resources monitoring has been suspended.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	In Month %	RAG	Year to Date Budget	Year to Date Actual	Year to Date Variance	Year to Date %
Income	£251.7m	£19.0m	£16.6m	(£2.5m)	(13)%		£19.0m	£16.6m	(£2.5m)	(13)%
Pay	(£138.5m)	(£11.6m)	(£10.2m)	£1.4m	12%		(£11.6m)	(£10.2m)	£1.4m	12%
Non Pay	(£104.8m)	(£9.2m)	(£5.5m)	£3.7m	40%		(£9.2m)	(£5.5m)	£3.7m	40%
Financing & Adjustments	(£9.4m)	(£0.8m)	(£0.9m)	(£0.1m)	(12)%		(£0.8m)	(£0.9m)	(£0.1m)	(12)%
CONTROL TOTAL	**(£0.8m)**	**(£2.6m)**	**£0.0m**	**£2.6m**	100%		**(£2.6m)**	**£0.0m**	**£2.6m**	100%
Memorandum Items										
Research & Development	(£2.18m)	(£0.20m)	(£0.99m)	(£0.78m)	(387)%		(£0.20m)	(£0.99m)	(£0.78m)	(387)%
Commercial Trading Units	£5.42m	£0.28m	(£1.01m)	(£1.29m)	(460)%		£0.28m	(£1.01m)	(£1.29m)	(460)%
ORIEL Revenue	(£3.56m)	(£0.59m)	(£0.05m)	£0.54m	92%		(£0.59m)	(£0.05m)	£0.54m	92%

INCOME BREAKDOWN RELATED TO ACTIVITY

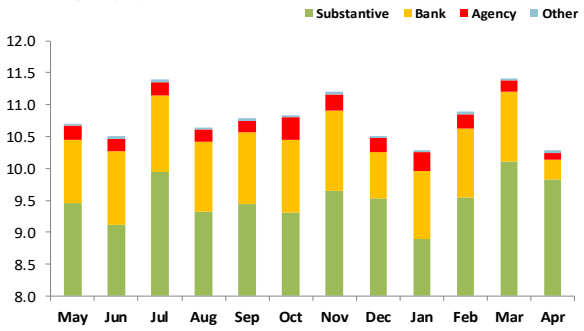
Income Breakdown £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£182.1m	£13.4m	£3.1m	(£10.3m)		-	-	-
Pass Through	£4.6m	£0.3m	£0.2m	(£0.1m)		-	-	-
Other NHS Clinical Income	£9.8m	£0.7m	£0.3m	(£0.4m)		-	-	-
Commercial Trading Units	£33.9m	£2.6m	£0.4m	(£2.1m)		-	-	-
Research & Development	£11.7m	£1.1m	£0.4m	(£0.7m)		-	-	-
Other	£8.8m	£0.8m	£0.7m	(£0.1m)		-	-	-
Total Operating Revenue	**£250.9m**	**£19.0m**	**£5.1m**	**(£13.9m)**		**-**	**-**	**-**
FRF, Block and Top Up Payments	£0.8m	-	£11.4m	£11.4m		-	-	-
TOTOAL OPERATING REVENUE	**£251.7m**	**£19.0m**	**£16.6m**	**(£2.5m)**		**-**	**-**	**-**

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

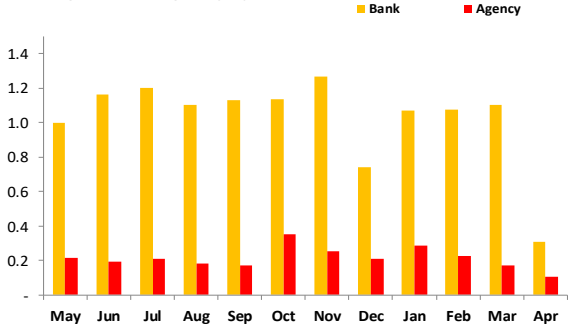
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	% Total
Employed	(£136.1m)	(£11.4m)	(£9.8m)	£1.66m	(£11.4m)	(£9.8m)	£1.66m	96%
Bank	(£1.9m)	(£0.2m)	(£0.3m)	(£0.15m)	(£0.2m)	(£0.3m)	(£0.15m)	3%
Agency	-	-	(£0.1m)	(£0.11m)	-	(£0.1m)	(£0.11m)	1%
Other	(£0.5m)	(£0.0m)	(£0.0m)	£0.00m	(£0.0m)	(£0.0m)	£0.00m	0%
TOTAL PAY	**(£138.5m)**	**(£11.6m)**	**(£10.2m)**	**£1.41m**	**(£11.6m)**	**(£10.2m)**	**£1.41m**	

Rolling Pay Spend £m



Rolling Bank & Agency Spend £m



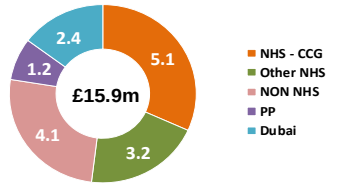
CASH, CAPITAL AND OTHER KPI'S

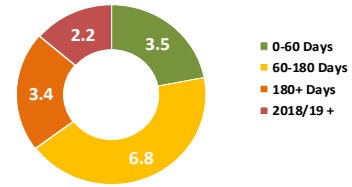
Capital Programme £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Trust Funded	(£13.7m)	(£0.5m)	(£0.5m)	£0.0m		-	-	-
Donated	(£1.4m)	-	-	-		-	-	-
TOTAL	**£15.1m**	**£0.5m**	**£0.5m**	**£0.0m**		**-**	**-**	**-**

Key Metrics	Plan	Actual	RAG
Cash	39.5	68.4	
Debtor Days	45	31	
Creditor Days	45	42	
PP Debtor Days	65	53	

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

TRUSTWIDE FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	In Month %	RAG
Income						
NHS Commissioned Clinical Income	186.75	13.76	3.31	(10.46)	(76)%	
Other NHS Clinical Income	9.80	0.71	0.28	(0.43)	(61)%	
Commercial Trading Units	33.87	2.58	0.45	(2.14)	(83)%	
Research & Development	11.73	1.14	0.40	(0.74)	(65)%	
Other Income	8.76	0.82	0.68	(0.14)	(18)%	
Total Income	**250.91**	**19.02**	**5.11**	**(13.91)**	**(73)%**	
Operating Expenses						
Pay	(138.46)	(11.65)	(10.24)	1.41	12%	
Drugs	(38.59)	(2.80)	(1.41)	1.39	50%	
Clinical Supplies	(21.67)	(1.59)	(0.54)	1.05	66%	
Other Non Pay	(44.51)	(4.77)	(3.51)	1.26	26%	
Total Operating Expenditure	**(243.23)**	**(20.81)**	**(15.70)**	**5.11**	**25%**	
EBITDA	*7.68*	*(1.79)*	*(10.59)*	*(8.80)*	(492)%	
Financing & Depreciation	(10.04)	(0.83)	(0.91)	(0.08)	(10)%	
Donated assets/impairment adjustments	0.68	0.06	0.05	(0.01)	(16)%	
Surplus/(Deficit) - Pre Block/Top Up Payments	**(1.67)**	**(2.56)**	**(11.45)**	**(8.89)**	**(347)%**	
Provider PSF/FRF	0.84	-	-	-	0%	
Covid Block Payments Received	-	-	11.65	11.65	0%	
Covid Top Up Payments	-	-	(0.20)	(0.20)	0%	
Control Total Surplus/(Deficit)	**(0.84)**	**(2.56)**	**-**	**2.56**	**100%**	

Commentary

Operating Income

£13,9m below plan pre support

Trusts received block income payments during April based on an average of 2019/20 income levels to offset anticipated lower activity levels, and potentially greater costs during the initial COVID response.

Clinical activity levels recorded were 78% lower than would normally have been expected during April. If the Trust was reimbursed under activity-based contracting arrangements this income would have totalled £3.31m, £10.46m lower than plan.

In addition to the above the Trust income losses included Commercial Trading Income (£2.14m lower than plan), Research Income lower than plan (£0.74m) and other NHS/Other income (£0.5m) lower than plan.

This was compensated for via 'block' and 'top up' payments received, shown at the bottom of the table to the left, with organisations instructed to report break-even positions.

Employee Expenses

£5.11m below plan

Total pay costs were £1.41m below plan, with bank and agency costs £0.770m (65%) less than 2019/20 average expenditure levels.

Non pay costs are £3.7m below plan mainly due to Drugs (£1.4m), Clinical Supplies (£1.05m), Oriel (£0.6m), and Commercial expenditure (£0.3m).

Non Pay Expenses

(non pay and financing)

Non pay costs are £3.7m below plan mainly due to Drugs (£1.4m), Clinical Supplies (£1.05m), Oriel (£0.6m), and Commercial expenditure (£0.3m).

Cost improvement saving reporting was suspended during April.

Trust Patient Clinical Income Performance

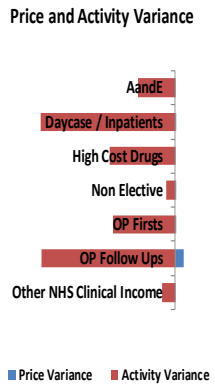
PATIENT CLINICAL INCOME

Point of Delivery	Activity YTD Plan	Activity YTD Actual	Activity YTD Variance	Activity YTD %	YTD Income £'000 Plan	YTD Income £'000 Actual	YTD Income £'000 Variance	RAG
AandE	8,790	3,457	(5,333)	(61)%	£1,371	£520	(£851)	
Daycase / Inpatients	2,722	46	(2,676)	(98)%	£3,028	£63	(£2,965)	
High Cost Drugs	4,039	1,818	(2,221)	(55)%	£2,848	£1,393	(£1,455)	
Non Elective	246	145	(101)	(41)%	£481	£285	(£196)	
OP Firsts	9,575	1,604	(7,971)	(83)%	£1,660	£282	(£1,378)	
OP Follow Ups	34,533	6,131	(28,402)	(82)%	£3,598	£819	(£2,779)	
Other NHS Clinical Income	1,383	91	(1,292)	(93)%	£311	£11	(£300)	
Total	61,288	13,292	(47,996)	(78)%	£13,297	£3,374	(£9,924)	

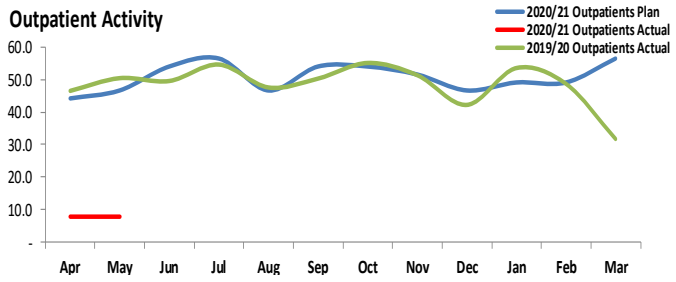
Excludes CQUIN, Bedford, and Trust to Trust test income.

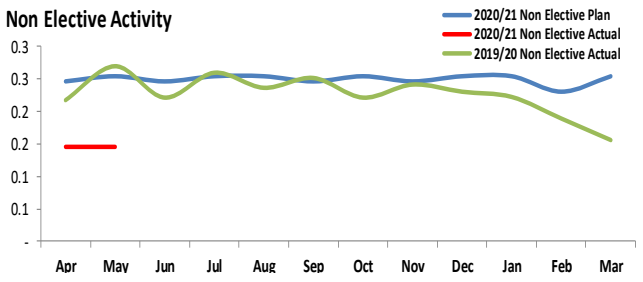
PRICE & ACTIVITY VARIANCE

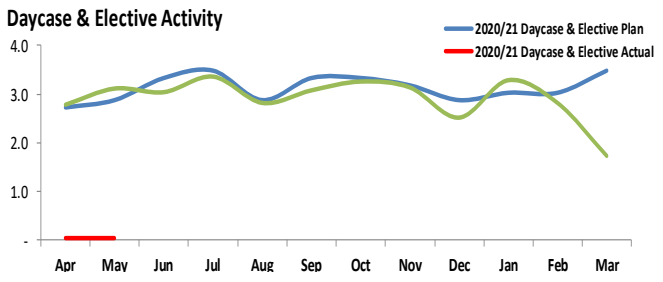
Average price Per Plan	Average price Received	Variance %	£000's Price Variance	£000's Activity Variance
£156	£150	-3%	(£19)	(£832)
£1,113	£1,377	24%	£12	(£2,977)
£705	£766	9%	(£1)	(£1,454)
£1,955	£1,967	1%	£2	(£197)
£173	£176	1%	£4	(£1,382)
£104	£134	28%	£180	(£2,959)
£225	£116	-48%	(£10)	(£290)
			£169	(£10,092)

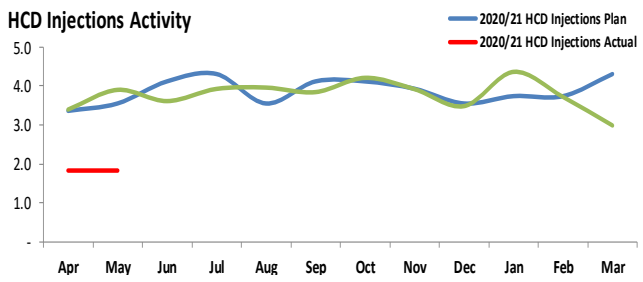


ACTIVITY TREND









Commentary

NHS Income Activity levels recorded during April were 78% below anticipated levels, across all points of delivery.

The charts to the left demonstrate the material shift in activity compared to last financial year and March 2020.

NHS Patient Clinical activity income in April was £3.4m if reimbursed via activity based contracting arrangements.

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

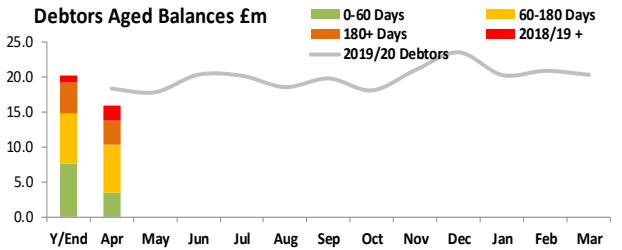
CAPITAL EXPENDITURE

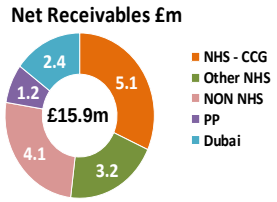
Capital Expenditure £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	-	-	0.1	0.1	-	0.1	0.1
Medical Equipment - Trust Funded	-	-	0.0	0.0	-	0.0	0.0
IT - Trust Funded	-	-	0.0	0.0	-	0.0	0.0
ORIEL - Trust Funded	5.8	0.5	0.4	(0.1)	0.5	0.4	(0.1)
Dubai - Trust funded	-	-	-	-	-	-	-
Other - Trust funded	7.9	-	-	-	-	-	-
TOTAL - TRUST FUNDED	**13.7**	**0.5**	**0.5**	**0.0**	**0.5**	**0.5**	**0.0**
IT - Externally Funded	1.4	-	-	-	-	-	-
TOTAL INCLUDING DONATED	**15.1**	**0.5**	**0.5**	**0.0**	**0.5**	**0.5**	**0.0**

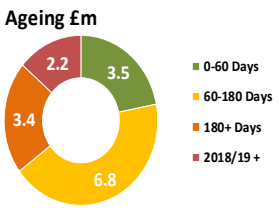
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	7.1	7.1		100%
Cash Reserves - B/Fwd cash	2.7	2.7		100%
Cash Reserves - Oriel	5.8	5.8		100%
Cash Reserves - Other (PSF)	-	-		0%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	**13.7**	**13.7**	**-**	**100%**
Externally funded	1.4	1.4		100%
TOTAL INCLUDING DONATED	**15.1**	**15.1**	**-**	**100%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2017/18 +*	*Total*
CCG Debt	1.1	1.4	2.1	0.5	5.1
Other NHS Debt	1.2	0.9	0.5	0.6	3.2
Non NHS Debt	0.8	2.5	0.3	0.5	4.1
Commercial Unit Debt	0.5	2.0	0.5	0.6	3.6
TOTAL RECEIVABLES	**3.5**	**6.8**	**3.4**	**2.2**	**15.9**







STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	134.2	126.9	95.9	(31.0)
Current assets (excl Cash)	21.4	63.2	68.4	5.2
Cash and cash equivalents	29.3	39.5	68.4	28.9
Current liabilities	(40.5)	(41.9)	(58.4)	(16.4)
Non-current liabilities	(56.2)	(61.3)	(37.2)	24.1
TOTAL ASSETS EMPLOYED	**88.2**	**126.4**	**137.2**	**10.8**

OTHER METRICS

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

Commentary

Cash and Working Capital

The cash balance at the 30th April is £68.4m significantly higher than initially planned, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisation have sufficient cash to deal with the initial emergency COVID response.

Capital Expenditure

Revised capital allocations for Trusts, and STP's were notified in May totally a limit £13.7m for Moorfields. Current capital plans are being reviewed in light of post COVID recovery and responses.

Capital spend in April totalled £0.5m primarily linked to Oriel.

Use of Resources

Use of resources monitoring and reporting have been suspended.

Receivables

Receivables have reduced by £4.3m since the end of the 2019/20 financial year to £15.9m, primarily linked to block income payments being received which reduces the current outstanding debt.

Payables

Payables totalled £13m in April, a reduction of £2.8m since March 2020. The reduction was due to the Trust adopting the new Prompt Payment guidance issued to NHS bodies.

Trust Statement of Financial Position – Cashflow

CASH FLOW

Cash Flow £m	Apr Actual	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Opening Cash at Bank	**52.4**	**68.4**	**70.1**	**70.0**	**70.7**	**69.5**	**67.4**	**67.2**	**66.8**	**66.3**	**65.9**	**65.1**
Cash Inflows												
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	-
Other NHS	3.9	1.4	1.5	1.5	1.4	1.5	1.5	1.4	1.4	1.4	1.4	1.5
Moorfields Private/Dubai	1.4	2.6	2.8	2.9	2.7	2.8	2.9	2.8	2.6	2.7	2.7	3.0
Research	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
VAT	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
PDC	-	-	-	-	-	-	-	-	-	-	-	1.4
PSF	-	0.7	-	-	-	-	-	-	-	-	-	-
Other Inflows	0.2	1.8	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.4
Total Cash Inflows	**40.3**	**23.1**	**21.1**	**21.3**	**21.0**	**21.1**	**21.2**	**21.1**	**20.8**	**21.0**	**20.9**	**7.7**
Cash Outflows												
Salaries, Wages, Tax & NI	(9.6)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)
Trade Creditors	(10.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.3)	(9.3)
Capital Expenditure	(1.0)	(0.0)	(0.4)	(0.3)	(0.3)	(0.6)	(0.2)	(0.2)	(0.6)	(0.4)	(0.5)	(1.9)
Oriel	(2.3)	(1.0)	(1.0)	(0.7)	(1.1)	(1.1)	(0.9)	(0.9)	(0.5)	(0.5)	(0.5)	(0.8)
Moorfields Private/Dubai	(0.9)	(1.1)	(0.5)	(0.4)	(0.8)	(0.8)	(0.9)	(1.1)	(1.1)	(1.2)	(1.1)	(1.1)
Loan Interest and Capital Payable	-	-	-	-	(0.7)	(0.8)	-	-	-	-	(0.6)	(0.8)
Public Dividend	-	-	-	-	-	(0.7)	-	-	-	-	-	(0.7)
Total Cash Outflows	(24.4)	(21.4)	(21.2)	(20.6)	(22.1)	(23.3)	(21.3)	(21.4)	(21.4)	(21.4)	(21.8)	(24.2)
Net Cash inflows /(Outflows)	15.9	1.7	(0.1)	0.7	(1.2)	(2.1)	(0.1)	(0.4)	(0.6)	(0.4)	(0.8)	(16.5)
Closing Cash at Bank 2020/21	**68.4**	**70.1**	**70.0**	**70.7**	**69.5**	**67.4**	**67.2**	**66.8**	**66.3**	**65.9**	**65.1**	**48.6**
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
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

Commentary

Cash flow 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 105 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.

Agenda item 08
Guardian of safe working
Board of directors 28 May 2020

Report title	Guardian of Safe Working Report
Report from	Nicholas Strouthidis, 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 quarterly report covers the period from 17/02/20 – 18/05/20

Exception Reports

During the last quarter, there has been only 1 exception report by an ST5 who was requested to stay for an extra hour to assist a fellow in 2 cases of endophthalmitis. This was reported in late February. There have been no exception reports during the Covid pandemic lockdown period despite email reminders to all junior doctors to exception report if necessary.

In this quarter which includes the lockdown period, 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.

Rota Gaps

St George's on-call rota:

10 trainees have been redeployed to the wards in Kingston and St Helier's during the Covid pandemic. Rotas at George's which are usually 3 tier were reduced to two tier and all doctors are doing more intense shifts of 1 in 9 weekdays and 1 in 9 weekends followed by a zero day after each on call which ensures that there is no breach of hours in their average working week. Consultants are still off-site during on-calls. This was only possible thanks to the support of the excellent ENP and Nurse triage team as well as Pando platform where cases could be discussed remotely.

All 9 trainee annual leaves were taken into account and a shadow rota for COVID related or other sickness was created taking into account vacation leave.

Rotas have now been resumed to normal and there are no rota gaps. Only one ST1 is shielding but this is not affecting rota.

City Road On-call rota

There have been 3 residents who have been re-deployed to Nightingale. All trainees except for the Medical Retina service have been deployed to A&E so no longer on their usual service timetables.

Day shifts include two on site A&E sessions and two off site virtual A&E sessions a week.

Their On-call rota remains the same in this period and is compliant - those who have isolated/been sick have had their on-calls covered by locums.

On questioning trainees and their representatives, there are no complaints on working conditions or working hours during these unprecedented times.

Training issues

There are significant concerns about training because many trainees are behind the College mandated targets, especially in cataract numbers. The College and Deanery are showing some flexibility this year but indicated that trainees will be expected to then 'catch up' with increased surgery once elective activity returns.

Ideally this should be factored into the trust's recovery plan for surgery.

Fine Money and £30,000 Health Education England Grant

There is an outstanding balance of £13,317 from the £30,000 F&F Charter grant as well as £1884 of Guardian fine money. Unfortunately the covid pandemic has disrupted all plans to spend this money before the start of the new financial year. The fine money was to be used for the Moorfields Junior Doctor Review which has been cancelled. We are in talks with the finance team to carry forward this money. Junior doctors have agreed that any money should be put toward upkeep of the EyeSi simulator. Currently the vitreoretinal module is not functioning and trainees will have to travel to the College for vitreoretinal simulation. Ability to provide this in house and to repair the cataract module when it too (inevitably) fails will save the trainees from making this trip by allowing it all to be done in house, which will enhance their quality of life. Providing such facilities is especially important in the post covid era when opportunities for surgical training may be reduced.

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 ensure that the outstanding balance from the £30,000 grant as well as the guardian fine money are carried forward to ensure that the working conditions of our trainees are improved in the post covid period

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 only one exception report 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/Recommendation

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 09

Freedom to speak up report

Board of directors

28 May 2020

Report title	Q4 Freedom to Speak Up report (1 January – 31 March 2020)
Report from	Tracy Luckett, director of nursing and allied health professions
Prepared by	Ian Tombleson, director of quality and safety
Attachments	None
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary

This paper provides a Q4 report for the Freedom to Speak Up (FTSU) Guardians. It covers the period 1 January to 31 March 2020.

This report provides assurance to the Board that FTSU Guardians are providing an effective service in line with requirements and also the expectations of National Guardian's Office. FTSU Guardians are accessible and staff are able to raise concerns. The number of concerns raised and the broad themes are set out in the report. Although outside the reporting time period (Q4) the Guardians have provided additional support during April and May (COVID response period) sign posting support as required. They also hosted two BAME freedom to speak sessions.

Feedback to the Guardians about their role is always very positive.

Quality implications

The Trust's approach to developing and supporting the work of the FTSU Guardians is a key element of providing a supportive and open culture. If staff feel that they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and improve the trust's ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

Organisations need to have a culture where staff feel able to safely voice their concerns. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact. There is no evidence of any of these impacts at Moorfields.

Action Required/Recommendation

This paper is provided to the Board for assurance. The Board is asked to:

- Discuss and note the content of the paper.

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

1. Summary

This paper provides the Q4 report from the Freedom to Speak Up (FTSU) Guardians covering the period from 1 January to 31 March 2020.

This report provides assurance that FTSU guardians are in place, that they are accessible and that staff are able to raise concerns. It also highlights areas where there are opportunities to improve the service. The number of concerns raised and the broad themes that have been raised are set out in the report.

2. Background

All NHS trusts are required to have FTSU Guardians. At Moorfields five FTSU Guardians are in place providing wide professional representation and also a good geographical spread across the network:

- Dr Ali Abbas, locum consultant, City Road and St George's
- Farhana Sultana-Miah, divisional manager, Moorfields North
- Carmel Brookes, lead nurse for clinical innovation and safety, City Road
- Aneela Raja, optometrist, Bedford
- Ian Tombleson, director of quality and safety (lead guardian).

If individuals are not happy to raise concerns via the Guardians, or their concern is about the Guardians themselves, or is at Trust Board level, then these can be raised with Steve Williams Vice Chairman of the Board and Senior Independent Director.

Moorfields has a FTSU policy which sets out the scope of our arrangements. FTSU has a much broader definition than the previous term 'whistleblowing ', which was often only used in the most extreme circumstances and was viewed negatively. FTSU is viewed as a way to provide additional support to staff to resolve concerns. It provides a set of flexible arrangements to get the best outcomes for staff and management and works alongside all other relevant polices.

Examples of potential FTSU concerns include, but are by no means restricted to:

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- A bullying culture (usually across a team)
- A criminal offence has been committed, is being committed or is likely to be committed
- That the environment has been, is being, or is likely to be damaged
- Concerns that appropriate process is not being followed.

FTSU guardians meet regularly to discuss the impact of their role and how to make themselves available and accessible to staff who require their services, including the communication routes that should be used.

3. Initiatives

The FSTU Guardians have been active in their role to make themselves accessible. The communications team have promoted further awareness of the Guardians through the regular CEO bulletin during these challenging times due to Covid. The Guardians have also been promoted further through EyeQ (trust intranet). A site visit planned in March for Ealing unfortunately had to be cancelled due to Covid. However this is being re-planned for the beginning of June. Other site visits will be arranged which are even more important for staff at this time. Leaflets explaining the role of the Guardians and how to contact them have been sent to the membership of the network groups via the chairs (MoorPride, MoorAbility and BeMoor) with a covering note indicating that support is available should it be required.

The Guardians supported two BAME open sessions earlier in May. These sessions were for staff to raise any concerns they might have during this challenging period in a safe space. More than 40 BAME staff attended (in a mostly virtual environment) with a huge range of questions asked with staff having full opportunity to raise concerns. A few

questions had also been raised in advance. The themes and actions ('You said, we did') were published on the intranet within a few days. The Guardians intend to extend this idea and offer more open sessions to staff in the coming weeks.

Guardians continue to have regular catch-ups with the Chair and Chief Executive to discuss how the process is functioning, activities and key themes. They also ensure that the Guardians are fully supported and feel enabled in their roles. The Chief Executive promotes the role of FTSU Guardians during his regular staff induction sessions.

4. Further developments

The Guardians will continue to promote their roles across the network reaching out to staff more widely. Other plans include:

- Hosting a regional FTSU Guardians event when conditions permit (or potentially using a virtual environment).
- Reaching out further to networks/staff meetings/raising awareness with harder to reach groups.
- Increasing links/joint working with contact/bullying and harassment officers.
- Considering extending the freedom to speak up model by having FTSU Champions as well as Guardians.
- Ensuring that we are learning and taking forward any recommendations from National FTSU case reviews and reports.

5. Concerns raised 1 January to 31 March 2020 (Q4)

The experience of the FTSU guardians is that in practice Guardians provide staff with someone to go to if they wish to raise a concern that they believe is serious and they are unable to resolve themselves without additional impartial support. Some have raised a concern either directly or indirectly with their line manager or have sought support from HR. Sometimes concerns are raised as a result of frustration because of delay, or an impasse in process has arisen. Sometimes concerns cover more than one area and these have been indicated as primary and secondary themes.

Quarter 4 2019/20 concerns/issues

During Q4, two concerns were raised (compared to fourteen concerns in Q3 and six raised in Q1/Q2 combined). With these small numbers it is not possible to identify specific data trends, however it is noted that the numbers do vary considerably from quarter to quarter. However overall numbers of concerns are low and remain low at Moorfields. Due to modifications to guidance signposting and informal concerns are now recorded (where a Guardian might simply 'point' a member of staff in the right direction rather than a serious concern being raised). Two sign posting issues were raised.

Theme	Primary	Secondary
Culture/Behaviour [1]	0	
Process[2]	2	Concerns were raised about the suitability of working environment for a team ++
Training	0	
Patient safety/quality[3]	0	
Total	2	
Sign posting/informal concerns	2	

1 = definition includes a range of behaviours from poor management visibility, poor communication, putting staff under undue pressure, potential bullying and harassment and poor working culture

2 = definition includes issues around what process is required or whether a specific process has been followed

3 = definition includes a very wide range of issues from potential concerns about specific harm to patients, to service quality, to poor customer care.

++ following discussion with the management team an action plan has been put in place to address the concerns of the team.

It is important to note that no serious patient safety concerns have been raised where death or serious harm have occurred or was about to be caused directly or indirectly to patients. It is also important to note that for Q1 2020/21 no such concerns have been raised so far during the Covid period.

From Q4, Guardians are now recording specific sign posting activity, where issues have been discussed with a Guardian but do not lead to a concern being raised formally; rather there is sign posting activity for example to their line manager, HR or possibly the bullying and harassment pathway.

6. Conclusions and learning

Guardians continue to be available and promoting their role during this challenging time and particularly are trying to make themselves accessible to staff network groups. The success of the BAME sessions (although outside the formal time period for this report) which were hosted by the Guardians, strongly indicates the open and safe culture that Moorfields promotes. Further open sessions with staff are planned.

The Board is asked to note that the FTSU Guardians are in place and are accessible to staff. They function independently from management and in line with best practice from the National Guardian's Office. Guardians continue to promote their role and speaking up generally which is fully consistent with the culture set by the Board and senior leadership at Moorfields.

There are processes in place to resolve concerns as they arise. The Chair and Chief Executive have regular confidential conversations with FTSU guardians to keep them informed about activity and themes and to provide additional support as required.

Ian Tombleson
Director of Quality and Safety
20 May 2020