A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 28 October 2021 at 09:30am

via MS Teams

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 September 2021	Approval	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	MK	00:15	All
6.	Oriel – the journey to FBC	Assurance	Enclosed	JM	00:20	1
7.	Medical revalidation annual report	Assurance	Enclosed	LW	00:15	5
8.	Learning from deaths	Assurance	Enclosed	LW	00:05	1
9.	Integrated performance report	Assurance	Enclosed	JS	00:10	1
10.	Finance report	Assurance	Enclosed	JW	00:10	7
11.	Report from the audit and risk committee	Assurance	Enclosed	RGW	00:10	1
12.	Report from the people and culture committee	Assurance	Enclosed	VB	00:10	5
13.	Identify any risk items arising from the agenda	Note	Verbal	TG		
14.	AOB			TG		
15.	**Date of the next meeting – Thursday 25 November 2021**					

* 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 SEPTEMBER 2021 (via video link)

Attendees:	Tessa Green (TG)	Chairman
	Martin Kuper (MK)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Richard Holmes (RH)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Peng Khaw (PK)	Director of research & development
	Tracy Luckett (TL)	Director of nursing and AHPs
	Johanna Moss (JM)	Director of strategy & partnerships
	Jon Spencer (JS)	Chief operating officer
	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Richard Macmillan	General counsel
	Nick Roberts (NR)	Chief information officer
	Michele Russell (MR)	Director of education
	Ian Tombleson (IT)	Director of quality and safety
Governors:	Allan MacCarthy	Public governor, SEL
	John Sloper	Public governor, Beds & Herts
	John Russell	Public governor, NEL
	Vijay Arora	Public governor, NWL
	Jane Bush	Public governor, NCL
	Roy Henderson	Patient governor
	Una O'Halloran	Partner governor
	Kimberley Jackson	Public governor, SWL
	Jennie Dyson	

21/2607 Apologies for absence
Apologies were received from Vineet Bhalla.

TG welcomed Martin Kuper to the board as the new chief executive and Michele Russell as the director of education, which is a joint appointment between the trust and UCL.

21/2608 Declarations of interest
NH advised the board of his application to purchase shares in Norlase, a company in Denmark that produces laser equipment.

There were no further declarations of interests.

21/2609 Minutes of the last meeting
The minutes of the meeting held on the 22 July 2021 were agreed as an accurate record.

21/2610 Matters arising and action points
All actions were either completed or attended to via the agenda.

21/2611 Chief executive's report
Recovery of clinical services continues to progress well with many services getting close to the 100% target, although there is a clear need to address some of the structural issues that might prevent achievement of this target.

The trust is awaiting final confirmation of when the booster vaccinations will be available although it is hoped that this programme will start on Monday 27 September.

The trust has won a number of awards over the last month including the best use of technology from the HSJ for work done in A&E, the best emergency department in the country and the second best junior doctor experience in the country.

MK congratulated TL on receiving a gold nursing award from the chief nursing officer and advised the board that TL had recently been appointed to the role of chief nurse at Great Ormond Street Hospital and would take up her role in February 2022.

MK welcomed Michele Russell to the team as director of education. This is a joint appointment between MEH and UCL and there will be a number of exciting initiatives to implement over the coming months.

The board was also updated on a number of ongoing issues such as the IT infrastructure programme and next month's launch of the refreshed trust strategy.

MK said that it was a privilege to be appointed to the role of chief executive and that there are a number of opportunities to explore, particularly in the area of patient-centred design and innovation across the transformation pathway. Generating knowledge about how to catalyse innovation and transformation whilst acknowledging the primacy of the patient pathway is particularly important.

TG thanked TL for her hard work and commitment over a number of years and particularly over the Covid pandemic. RGW added congratulations on the trust's awards and achievements.

Write to the award winners on behalf of the board.

21/2612 WRES and WDES

SD provided an overview of the equality and diversity indicators that are measured nationally and designed to attempt to improve performance across the agenda but in particular focusing on two protected characteristics. A deep dive on this is undertaken each year but there is a bigger programme of work overseen by the EDHR group.

There is generally more maturity around WRES data than WDES, which has only been in place for a couple of years. The data feeds in to the well led domain and is taken from a variety of different sources to inform the indicators (such as the employee database, internal trackers held by employee relations, national staff survey, etc.)

WDES
2.1% of staff identify as disabled as part of their employee record. There is a difference between this number and those that declare in the anonymous staff survey. Through the vaccination programme and Covid risk assessment it has become apparent that some staff have underlying conditions that they don't wish to formally declare.

In relation to levels of engagement and feeling valued, the trust scores higher than the national average but there are lower levels of experience in other areas. The trust is a significant outlier on disabled staff entering the capability process although this is due to some extremely small numbers that skew the figures.

Improvement areas will focus on data, the culture of reporting and making staff feel confident in reporting. The trust does not currently have an adjustments policy and has not yet introduced the disability passport.

WRES
There are four areas where the trust scores above the national average, improved numbers of staff from BAME backgrounds are applying for roles and are appointed. There has been a decrease in the overall staff experience and higher levels of discrimination.

Areas of focus need to be understanding the implied bias in recruitment and identifying each element of the recruitment pathway to see what can be changed. It will also be important to establish whether there are there patterns between clinical and non-clinical staff or any pinch points around career progression or support for BAME staff.

There are wider plans that capture elements from both WRES and WDES such as the re-launch and improvement of the bullying and harassment pathway and the role of pathfinders.

In response to a question about how we train people in unconscious bias, SD replied that training is available but evidence about its impact is mixed. It is important to engender a consistently empathetic culture across the trust and people need to have the confidence to be able to share their experiences.

The vaccination programme has been targeted at the public but also a lot of work has been done on engaging with different populations and groups. The learning from this is that people talk differently to different people and in areas that they feel safe. It is also critical not to underestimate the effect of Covid and the impact on people's behaviour, as well as the ways we may need to adapt our approach to engagement in the future.

Staff networks can have a great deal of value but it must be clear to staff what those benefits in participation might be.

21/2613 Guardian of safe working

There have been 26 exception reports. The high volume clinics are those that have the most issues with overrunning and in particular glaucoma and MR with the most pressure to get through backlog. There are no specific individual clinics to target but it is important to review the figures in light of the positive experience of junior doctors. Some of the issues have been related to IT infrastructure challenges and the running of clinics which are improving.

In general the feedback is good but there are concerns about breaks and appropriate rest periods. These are being dealt with by making sure A&E shifts are covered and handovers are run well.

Overall it is a good report and there is nothing of concern, but it will be critical to review plans to manage the backlog and not put too much pressure on junior doctors.

There is a general point on overrunning clinics which needs to be addressed as a whole rather than just in relation to juniors. There may be staffing issues but it will be challenging to measure the extra pressure staff are under as this is not something that is regularly reviewed. The team is trying to look at where there are inefficiencies in the system and where staff would be best utilised. Previously clinics would go on late into the evening but attempts are being made to change this type of culture.

21/2614 Q1 FTSU

The trust has six guardians spread across a wide range of backgrounds and levels of seniority across the organisations, although there is still a gap in the north. The guardians have visited a number of network sites in order to get feedback from individuals and groups and reports where positive action has been taken in response to concerns being raised.

A new training package has been launched and work continues to create an environment that creates a safe space for people to speak up. Speak Up month takes place in October and will be about listening as well as being able to respond.

21 concerns were raised within the quarter, with more than half related to culture and behaviours.

It was agreed that it will be important to discuss further how to feed this information in to the people committee and triangulate the data from this, the staff survey and other areas. The freedom to speak up function is primarily for staff to raise clinical and patient concerns, rather than HR issues.

21/2615 Integrated performance report

Most of the activity was done in July with numbers dropping to around 80% in August, although referrals also dropped to similar levels. A&E remains below target, with referrals at 63% going up to 70%. A review of the longer-term model will need to take place.

The number of patients waiting for over 18 weeks has increased, but the main focus is on clearing follow-up backlog patients and the process of escalation between divisions.

Call centres have had challenges over the last month with a number of issues having an impact, particularly staffing levels and the holiday period. The trust is looking at short term fixes, such as recruiting at pace to make sure the team is at a full complement and exploring the option of using volunteers who can direct patients on to a centre where they can seek advanced support.

As per a request at the previous board meeting, the team has reflected on the numbers of staff that might be needed to address the challenges but this could vary considerably depending on local issues. The volunteer route is the best to go down due to funding constraints. The team is also trying to reduce the volume of calls coming in to the call centre by reviewing communication, directing patients in an automated way and making sure queries are cleared promptly. The rollout of Dr Doctor continues with patients being given the option of changing appointments through that system, with the aim to improve the patient experience and reduce calls coming in to the centre.

The trust is also taking feedback from the membership council as to how it communicates with patients who are being discharged and the council have highlighted the need to involve patients to a greater extent in the changes.

RGW raised the issue of the NPSA alert which went to the old MEH site rather than the new NHS net email address and asked whether the team is satisfied that this issue is not happening elsewhere.

To assess whether there are other areas in which this issue could pose a risk.

21/2616 Finance report

The position in August is a surplus of £0.81m and a £6.75m cumulative surplus YTD. This is a continuation of the trend with a marginal underperformance on activity which is being compensated through the block payment mechanism. Activity is being delivered at 90% for outpatient and 84% elective which has fed into non-pay costs.

The financial architecture for H2 is still not clear but all M1-6 targets have been achieved. Cash is strong at £69m and debt is down by £0.6m.

Points of concern are Capex (£2.7m spend YTD and £0.8m in month) which primarily relate to Oriel, EBME (medical equipment) and the Better Payment Practice Code. Ideally we want to push towards the 95% standard for BPPC, the trust is not an outlier but this will be an area of focus.

H2 likely to be a continuation but there will be more challenges in the areas of Covid funding and efficiency requirements.

JW referred to the elective recovery fund which was introduced as an incentive to get organisations to step up capacity. This operates within the ICS and is a limited pot of money for additional activity, meaning the cash may not be available to pay for the activity. The key risk for the trust is that there are fundamental structural changes and no knowledge yet as to how they will impact.

21/2617 Report from the quality and safety committee

July report

The key discussion was about trainees and the committee was provided with good assurance about how they are being looked after and trained.

The committee also received a presentation from City Road division and the tissue bank and reviewed the issue of IT and related patient incidents.

September report

The committee followed up on IT and the remediation plan and received a good presentation on infection prevention and control which was patient focused and well-linked to pathway redesign.

Assurance presentations were also included on building controls and governance of fire safety.

21/2618 Identify any risk items arising from the agenda

Recovery of services already included.

21/2619 AOB

None.

21/2620 Date of the next meeting – Thursday 28 October 2021

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
27.05.21	21/2575	Improving sight loss awareness	Update to come back to the board in November	TL	25.11.21		Open
22.07.21	21/2597	Chief executive's report	Session to be arranged with the audit committee chair in order to understand outcomes related to IT resilience.	NR	23.09.21		Closing
22.07.21	21/2598	Integrated performance report	Agreed to review the staffing level that might be needed to address the issues in the call centre in the short term	JS	23.09.21		Closing
22.07.21	21/2601	Strategy	Quarterly update to come back to the board in October	JM	28.10.21		Closing
23.09.21	21/2611	Chief executive's report	Write to the award winners on behalf of the board.	TG	28.10.21		Closing
23.09.21	21/2615	Integrated performance report	To assess whether there are other areas in which the issue of information going to old Moorfields email addresses could pose a risk.	IT	28.10.21		Open

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

Bold shows updates

Moorfields Eye Hospital NHS Foundation Trust

NHS

Glossary of terms – October 2021	
Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
A&E	Accident & Emergency
AHP	Allied health professional
AI	Artificial intelligence
AMRC	Association of medical research charities
BAF	Board assurance framework
BAME	Black, Asian and minority ethnic
BRC	Biomedical research centre
C&I	Camden & Islington
CCG	Clinical commissioning group
CCIO	Chief clinical informatics officer
CIO	Chief information officer
CIP	Cost improvement programme
CQC	Care quality commission
CRF	Clinical research facility
CRM	Customer relationship management
CSC	Capital scrutiny committee
CSSD	Central sterile services department
DNA	Did not attend
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EIS	Elective incentive scheme
EMR	Electronic medical record
ERF	Elective recovery fund
FBC	Full business case
FFT	Friends and family test
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GOSH	Great Ormond Street Hospital
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
ICS	Integrated care system
IOL	Intra ocular lens
IPR	Integrated performance report
JDV	Joint delivery vehicle

KPI	Key performance indicators
LCFS	Local counter fraud service
LDBC	Land disposal business case
MEC	Moorfields Eye Charity
MEH	Moorfields Eye Hospital
NCL	North Central London
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NPSA	National patient safety agency
OBC	Outline business case
OD	Organisation development
PALS	Patient advice and liaison service
PAS	Patient administration system
PDC	Public dividend capital
PID	Patient identifiable data
PMO	Programme management office
PP	Private patients
PPA	Pre-planning agreement
QIA	Quality impact assessment
QSC	Quality & safety committee
QSIS	Quality service improvement and sustainability
RAG	Red amber green [ratings]
RCA	Root cause analysis
R&D	Research & development
RTT	Referral to treatment
SCC	Strategy & commercial committee
SGH	St Georges University Hospital
SI	Serious Incident
SLA	Service level agreement
ST	Senior trainee
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UAE	United Arab Emirates
UCL	University College London
UCLH	University College London Hospital
VFM	Value for money
WDES	Workforce disability equality standards
WHO	World health organisation
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 October 2021

Report title	Chief executive's report
Report from	Martin Kuper, chief executive
Prepared by	Company secretary and executive team
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:

- Operational response to the recovery of clinical services
- Quality and site visits
- People and awards
- Research
- Strategy, transformation and partnerships
- Financial performance

Action required/recommendation.

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

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

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 28 OCTOBER 2021

Chief Executive's report

Operational Response to COVID-19 and recovery of clinical services

As anticipated, the number of patients who were diagnosed and treated in the Trust rose significantly between August and September. Activity levels are not yet at the levels undertaken during the 2019 / 20 financial year, however they remain in excess of the number of referrals that are being received by the Trust and are therefore helping us to see the backlog of patients who are awaiting a follow up appointment. It is still anticipated that this particular backlog of patients will be cleared back to pre-Covid levels by November of this year. The number of patients who have waited over 52 weeks for their treatment has increased slightly this month to 15 however we expect to treat all but two of these patients by next month.

Pre-existing infection control measures remain in place at present but these are being reviewed on a regular basis by the Trust's Infection Control Group to make sure that we take account of the latest guidance from NHS England. We continue to provide mutual aid to all of the Trusts that we have been supporting to date, and have also recently agreed to provide support to the Princess Alexandra Hospital.

The trust has now vaccinated 87% of frontline staff against Covid and undertook a two-week programme of providing Covid booster jabs and flu vaccinations from 27 September. During this period the 28% of staff were given the flu jab and 56% of staff the Covid booster. The flu vaccination programme will continue over the coming months and the trust is confident the target of 85% can be achieved by the end of the financial year (March 2022).

Regional update

Case rates and hospitalisations are rising again although other regions are seeing bigger increases. The biggest pressure remains on urgent and emergency care. London has seen an increase in the number of Covid patients in adult acute and specialist trusts, occupied adult critical care beds and occupied adult general & acute beds over the last week. The community case rate is now at 237 per 100,000 population although London remains considerably lower than the national average of 424 cases per 100,000 population). Systems are being asked to continue with all the measures that they have in place at the moment, work with local authorities to ensure flow and to protect elective capacity where possible.

Quality

Over the last month I have visited a number of sites, including **Bedford, Croydon, St George's, Purley and Hoxton**. I have been very impressed by the effort and commitment to patient care across our sites with a lot of innovation taking place. One thing I would like to improve is how we harness the great ideas and initiatives being implemented across our network and adopt them in other sites as quickly as possible. We are therefore going to work with UCL Partners, who have been researching what they call 'learning systems', to think about what the lessons are for us and how we make the make a 'learning network' across our sites.

City Road held a **clinical governance half day** on 8 October, the theme of the event being 'Eyecare is a team sport'. These events are an excellent opportunity to share the latest developments, learning and best practice across services and departments. I would encourage board members to attend future events where at all possible, in order to gain further assurance about the collaborative work that takes place for the benefit of patients.

People

I am pleased to advise that Professor Sir Peng Khaw has been named an **honorary fellow of the Royal College of Ophthalmologists**, the highest accolade the college can bestow. The award of honorary fellow recognises those who have made a significant contribution in the field of ophthalmology.

The citation delivered at the awarding ceremony highlighted a number of Peng's achievements and his long service at Moorfields where he leads the world's largest paediatric service. The citation also referenced the considerable number of treatments and techniques pioneered by Peng that have been adopted globally, significantly transforming clinical practice and life of patients.

Rebecca Ellis is a Principal Optometrist at Moorfields and has recently been appointed to the role of **'Advanced Practice Training Programme Director' for Ophthalmology in the London region at Health Education England (HEE).**

Rebecca will be responsible for supporting the development and delivery of advanced practice roles within ophthalmic settings across London to deliver an integrated workforce comprising individuals from a spectrum of professional backgrounds. The role will involve working with NHS trusts, HEI's, HEE and the relevant professional bodies (such as RCOphth, RCN, College of Optometrist and BIOS) to help improve clinical continuity, provide more patient-focused care, enhance the multi-professional team, and help to continue to provide safe, accessible, and high-quality care for Ophthalmology patients across London.

The trust celebrated **National Inclusion Week** between 27 September and 3 October, with a series of events, blogs, videos led by our Staff Networks, and exec site visits to engage colleagues in a conversation about inclusion and how to make Moorfields a more inclusive place to work. These events allowed us to meet with around 150 staff across all trust sites and the themes and topics raised by staff will be used to focus the equality, diversity and inclusion agenda.

In October the trust has supported a number of different events to celebrate **Black History month** and **Freedom to Speak Up month**. More will be reported on the emerging themes coming out of these events over the next few weeks but I can assure the board that the executive team is seeking continued improvement in how staff experience the trust as an inclusive and supportive employer.

Strategy and partnerships

Coming new into the organisation, it is clear that we have a large programme of transformation to undertake to prepare us for both Oriel and to enhance the rest of the network. This is necessitated by various challenges, including the new build, addressing the backlog, the pressures of Covid and the changing external environment. We are currently discussing how best to organise, coordinate and deliver this transformation programme and with this in mind we have decided to pause the publication of our next **strategy**. Whilst the components and overall programme reflect what we want to do as an organisation, the priorities and timelines will need to be aligned with the organisational transformation programme so we can communicate our priorities for transformation to staff, patients and broader stakeholders as clearly and effectively as possible. We will therefore need to review the presentation of the strategic objectives to provide this slightly different emphasis and will publish the strategy in parallel with the developing transformation programme in the coming months.

The trust continues to work in collaboration with partners across London as the NHS moves towards putting **Integrated Care Systems** on a statutory footing by 1 April 2022. Further work will be done with board members and governors as to how the new arrangements will affect the trust and how partnerships can be utilised to make sure we continue to provide the highest standards of patient care.

Research

The key items to report this month are the **NIHR Clinical Research Facility (CRF)** and **NIHR Biomedical Research Centre (BRC)** submissions for further funding. The trust has been in receipt of CRF and BRC awards since their inception and they are key markers of our national standing as a centre of excellence, also acknowledging our global status in ophthalmology.

Moorfields' NIHR CRF is the largest experimental medicine centre for ophthalmology in the world and the bid highlights a number of the key jewels in the trust's crown as well as detailing those elements that rank Moorfields/UCL Institute of Ophthalmology research as number one globally.

The CRF is different to other non-ophthalmic clinical research facilities in the NHS as it has specialist equipment that does not exist elsewhere. It is the key vehicle through which new innovations such as gene therapies and stem cell therapies are pulled through from our BRC. The BRC partnership spans Moorfields and UCL and harnesses one of the world's leading faculties of investigators in fields ranging from cell biology to engineering.

Our applications showcase the strengths of Moorfields/UCL Institute of Ophthalmology as a national hub for UK ophthalmology. If successful we will be invited to interview in April 2022 and will know the outcome in May next year. The whole research team has worked above and beyond to deliver these excellent submissions and is confident that they have put the trust in the best possible position to benefit from this important programme of national investment in NHS R&D.

Financial performance

For September the trust is reporting a £1.24m surplus, £1.01m favourable to plan. The cumulative surplus now stands at £7.99m – £1.44m favourable to the H1 plan. Patient activity increased during September to 91% against the equivalent month in 2019/20, compared to 87% in the previous month. The trust cash position remains strong at £69.7m, equivalent to 105 days of operating cash, with a further reduction in debtor balances in September of £0.6m. Capital expenditure stands at £2.8m, some £3.9m adverse to plan, and this will be area of focus in the second half of the year to achieve against the Capital Plan.

Martin Kuper
Chief Executive
October 2021

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 06
Oriel – journey to FBC
Board of directors
28 October 2021

Oriel
Creating the centre for advancing eye health

Oriel – the journey to FBC

Moorfields Eye Charity

Moorfields Eye Hospital NHS Foundation Trust

NHS

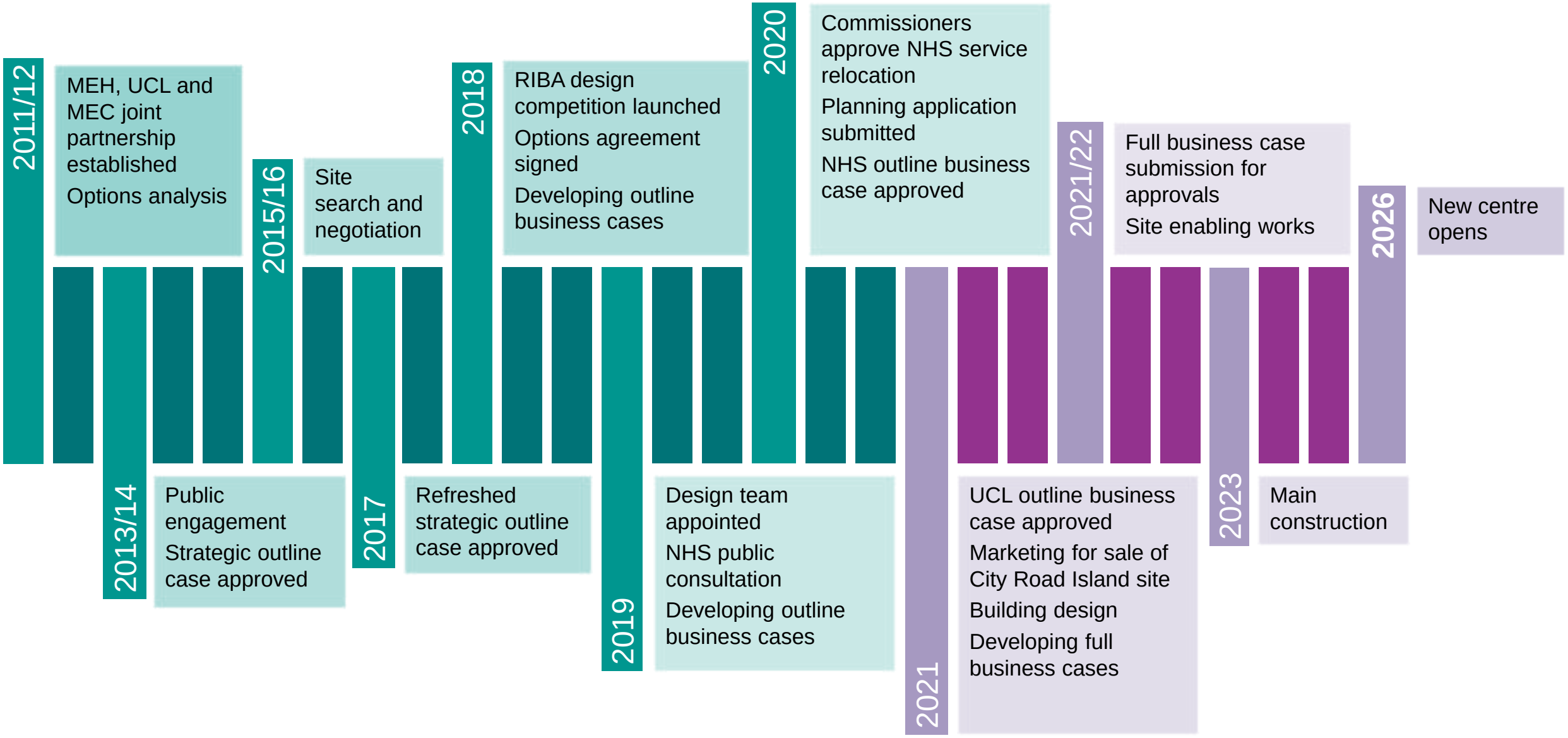
UCL INSTITUTE OF OPHTHALMOLOGY

Oriel Timeline

The timeline represents the past and future work of the Oriel project. Points to note include:

- The timeline demonstrates the huge progress made so far on the Oriel project, with the last 3 years in particular including the NHS public consultation, appointment of the design team, NHS approval of the Outline Business Case (OBC) and the resolution to grant planning permission for the new site at St Pancras.
- There are several milestones upcoming, most notably approval of the RIBA Stage 3 design as well as submission of the Joint Development business case, Land Disposal business case and Full Business Case (FBC).
- Important dates to note include:
  - FBC regulatory approval is required by October 2022.
  - Vacant possession (VP) of the St Pancras site is due in January 2023.

Oriel
Creating the centre for advancing eye health


2011/12
MEH, UCL and MEC joint partnership established
Options analysis
2013/14
Public engagement
Strategic outline case approved
2015/16
Site search and negotiation
2017
Refreshed strategic outline case approved
2018
RIBA design competition launched
Options agreement signed
Developing outline business cases
2019
Design team appointed
NHS public consultation
Developing outline business cases
2020
Commissioners approve NHS service relocation
Planning application submitted
NHS outline business case approved
2021
UCL outline business case approved
Marketing for sale of City Road Island site
Building design
Developing full business cases
2021/22
Full business case submission for approvals
Site enabling works
2023
Main construction
2026
New centre opens

The Six Chapters of an NHSI-compliant Business Case

1) Strategic case

Set the context and define the problem

2) Economic case

- Identify a short list of options that solve the problem
- Select the preferred option based on which is best for the UK as a whole

Planning for delivery of the preferred option

3) Clinical quality case

Define service models and implications for workforce, IT and building design

4) Finance case

Demonstrate the preferred option is affordable with Moorfields' budget

5) Commercial case

Procurement, acquisition and disposal, JDV (Joint Development Vehicle), FM, equipping

6) Management case

Project management – programme, risk, change management, benefits, comms, letters of support

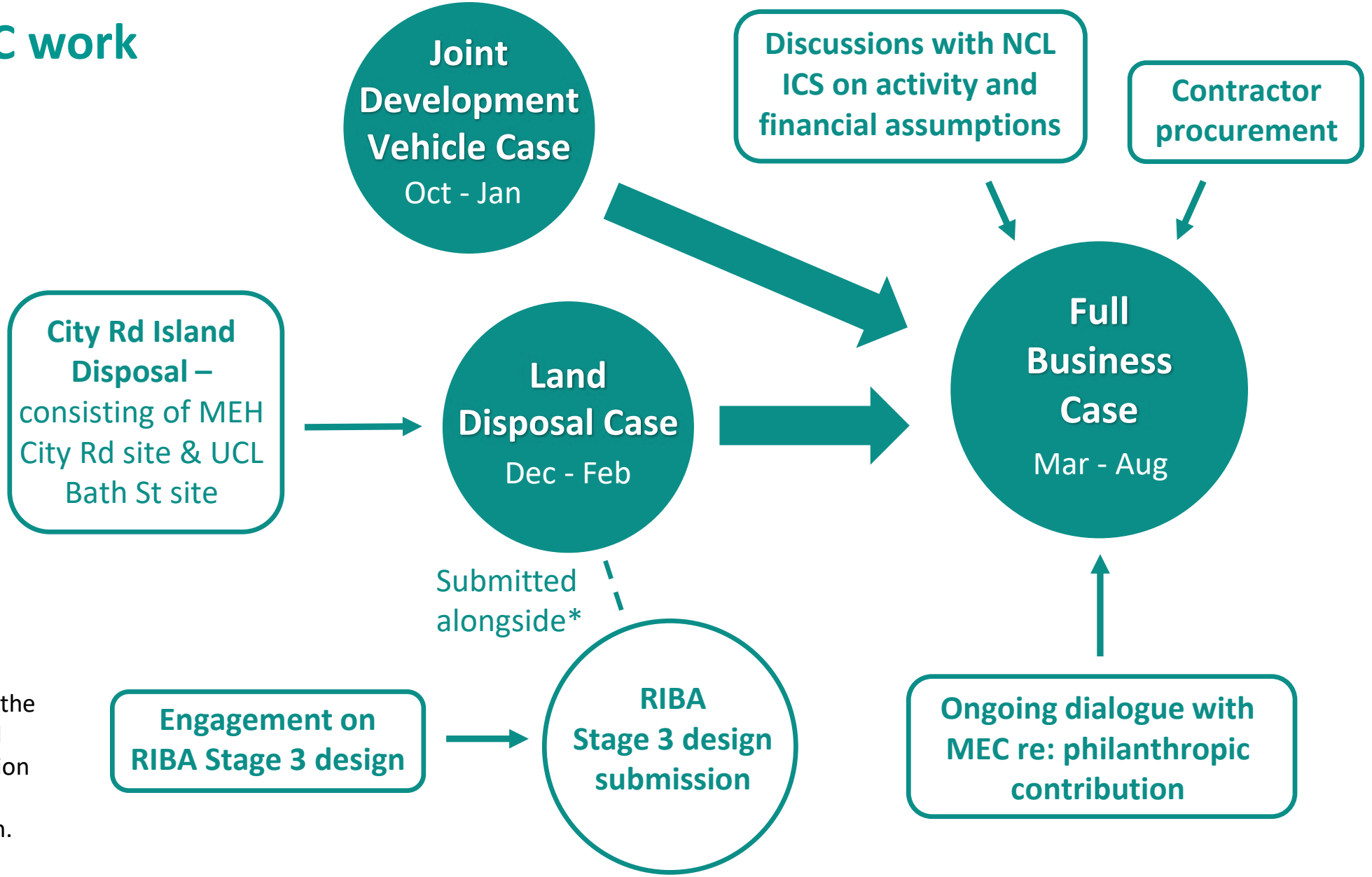
Preparatory FBC work

Overall, including the FBC, there are three business cases requiring NHS assurance and approval.

This diagram outlines the order in which they will be submitted, as well as highlighting some of the contributory work that is required.

Dates noted are the estimated assurance period from NHS I/E & DHSC.

*The design update, along with the financial updates in the disposal case, will satisfy the OBC condition to complete an affordability gateway prior to FBC submission.



Oriel
Creating the centre for advancing eye health

Please let us know your thoughts and questions. There will be a dedicated Q&A section at the end of this session.

You can also find out more at www.oriel-london.org.uk or contact the oriel team at moorfields.oriel@nhs.net

Moorfields Eye Charity

Moorfields Eye Hospital NHS Foundation Trust

NHS

UCL INSTITUTE OF OPHTHALMOLOGY

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 07
Annual medical revalidation report
Board of directors
28 October 2021

Classification: Official

Publications approval reference: B0614

A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1, July 2021

Contents

Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

Annual Organisational Audit (AOA):

At the end of April 2021, Professor Stephen Powis wrote to Responsible Officers and Medical Directors in England letting them know that although the 2020/2021 AOA exercise had been stood down, organisations will still be able to report on their appraisal data and the impact of adopting the Appraisal 2020 model, for those organisations who have, in their annual Board report and Statement of Compliance.

Board Report template:

Following the revision of the Board Report template in June 2019 to include the qualitative questions previously contained in the AOA, the template has been further updated this year to provide organisations with an opportunity to report on their appraisal data as described in the letter from Professor Stephen Powis.

A link to the letter is below:

https://www.england.nhs.uk/coronavirus/publication/covid-19-and-professional-standards-activities-letter-from-professor-stephen-powis/

The changes made to this year's template are as follows:

Section 2a – Effective Appraisal

Organisations can use this section to provide their appraisal information, including the challenges faced through either pausing or continuing appraisals throughout and the experience of using the Appraisal 2020 model if adopted as the default model.

Section 2b – Appraisal Data

Organisations can provide high level appraisal data for the period 1 April 2020 – 31 March 2021 in the table provided. Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested is enough information to demonstrate compliance.

With these additional changes, the purpose of the Board Report template is to help the designated body review this area and demonstrate compliance with the responsible officer regulations. It simultaneously helps designated bodies assess their effectiveness in supporting medical governance in keeping with the General Medical Council (GMC) handbook on medical governance.[1] This publication describes a four-point checklist for organisations in respect of good medical governance, signed up to by the national UK systems regulators including the Care Quality Commission (CQC). The intention is therefore to help designated bodies meet the requirements of the system regulator as well as those of the professional regulator. Bringing these two quality strands together has the benefits of avoiding duplication of recording and harnessing them into one overall approach.

The over-riding intention is to create a Board Report template that guides organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

a) help the designated body in its pursuit of quality improvement,

b) provide the necessary assurance to the higher-level responsible officer, and

c) act as evidence for CQC inspections.

[1] Effective clinical governance for the medical profession: a handbook for organisations employing, contracting or overseeing the practice of doctors GMC (2018) [https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf]

Statement of Compliance:

The Statement Compliance (in Section 8) has been combined with the Board Report for efficiency and simplicity.

Designated Body Annual Board Report

Section 1 – General:

The board / executive management team – [*delete as applicable*] of [*insert official name of DB*] can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

   Yes. Miss Louisa Wickham, Medical Director is the RO

2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

   Yes

3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

   Yes.

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

   Yes, there is an appraisal and revalidation policy

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

No there has not been.

In the next 12 months, Moorfields will approach a local specialist acute Trust to partake in a peer review of our appraisal and revalidation process.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Yes. Fixed term contract holders are provided with access to the Trust appraisal system.

Section 2a – Effective Appraisal

1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes. For organisations that have adopted the Appraisal 2020 model, there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet used the Appraisal 2020 model may want to consider whether to adopt the model and how they will do so.

Yes

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

NA

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Yes

4. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Yes

5. Medical appraisers participate in ongoing performance review and training/ development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers[2] or equivalent).

Yes – Refresher appraiser training was recently delivered and our appraisers have access to an on line refresher module. Our RO is also part of the local and national RO network and attends events when possible. Internally we are convening an appraiser forum which will be set up in the upcoming 6 months, meeting on a quarterly basis.

[2] http://www.england.nhs.uk/revalidation/ro/app-syst/

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Appraisal lead to lead an appraisal audit– ROAG will sample 10% of appraisal.

Section 2b – Appraisal Data

1. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Name of organisation:	
Total number of doctors with a prescribed connection as at 31 March 2021	**304**
Total number of appraisals undertaken between 1 April 2020 and 31 March 2021	**231**
Total number of appraisals not undertaken between 1 April 2020 and 31 March 2021	**42**
Total number of agreed exceptions	**0**

Section 3 – Recommendations to the GMC

1. Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Yes

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Positive recommendations are not confirmed to the doctor by the Trust, however they receive notification from the GMC of the recommendation. IN future, they will receive notification from the Trust as well as the GMC.

Deferrals are discussed with the doctor prior to the recommendation being submitted by the Medical Director and revalidation team.

Deferrals were made due to a lack of evidence. 1 Deferral was made due to maternity leave. 1 Deferral was made due to a career break. Of those deferrals, 3 have since been revalidated.

Most deferrals that we are currently having requests for represent the effect of COVID in disrupting the ability of some doctors to collect all their evidence for example patient feedback, in time for their revalidation date. We are supporting our clinicians to complete this as quickly as possible.

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Yes we have a number of forums including clinical governance half days, regular service teaching and dissemination of important safety information, support for professional development, robust incident reporting and feedback mechanisms and electronic delivery of mandatory training.

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Yes. Doctors are instructed to include all issues of conduct or performance in their yearly appraisal. Information for appraisal is provided by P+I and quality partners to ensure full capture of all relevant data.

3. There is a process established for responding to concerns about any licensed medical practitioner's[1] fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Yes, the Maintaining high professional standards process is followed.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.[3]

Formal casework is reported and analysed to ensure fair application of processes and policies.

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.[4]

Yes, via the GMC MPIT form

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Yes

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term

[3] This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.
[4] The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents

doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

NHS pre employment checks guidance in followed in relation to all recruitment of staff at the Trust.

Section 6 – Summary of comments, and overall conclusion

Appraisal and revalidation continued throughout the last 12 month despite the disruption caused by the pandemic. There has been some negative impact to the rates of appraisal during this period, however taking into consideration the challenges faced, the Trust has performed well. 75% of all prescribed connects had an appraisal, including non substantive/bank staff.

Over the upcoming 12 months, a number of actions will be taken with the aim to improve the quality of appraisal, and to ensure an increase in the appraisal completion.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists)]

Official name of designated body: _ _ _ _ _ _ _ _ _ _ _

Name: _ _ _ _ _ _ _ _ _ _ _ _ Signed: _ _ _ _ _ _ _ _ _ _ _

Role: _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _ _ _ _ _

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This publication can be made available in a number of other formats on request.

Publication approval reference: PAR614

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 08

Learning from deaths

Board of directors 28 October 2021

Report title	Learning from deaths
Report from	Louisa Wickham, medical director
Prepared by	Julie Nott, head of risk & safety
Link to strategic objectives	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary

This report provides an update regarding how we learn from deaths that occur within Moorfields defined by criteria (see Annex below) as set out in trust policy. It is a requirement for all trusts to have a similar policy.

The trust has identified 0 patient deaths in Q2 2021/22 that fall within the scope of the learning from deaths policy.

Quality implications

The Board needs to be assured that the trust is able to learn lessons from serious incidents in order to prevent repeat mistakes and minimise patient harm.

Financial implications

Provision of the medical examiner role for Moorfields may have cost implications for the organisation.

Risk implications

If the trust fails to learn from deaths there is clinical risk in relation to our ability to provide safe care to patients, reputational risk, financial risk of potential litigation and legal risk to directors.

Action Required/Recommendation

The Board is asked to receive the report for assurance and information.

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

Learning from deaths Board paper

This report satisfies the requirement to provide the trust board with an update regarding compliance with, and learning from, the NHS Improvement learning from deaths agenda.

The Q1 2021/22 data, as at 9 July 2021, is shown in table 1 below.

Indicator	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0	0	0
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	1	0	0	0
% of cases reviewed under the structured judgement review (SJR) methodology/ reviewed by the Serious Incident panel	100	N/A	N/A	N/A
Deaths considered likely to have been avoidable	0*	N/A	N/A	N/A

Table 1

Learning and improvement opportunities identified during Q2

- As no patient deaths, that fall within the scope of the learning from deaths policy, have been reported as having occurred during Q2 the opportunities for learning have been limited.
- Implementation of the action plan associated with the serious incident (SI) investigation into the patient death that occurred in Q3 2020/21, following endoresection of a choroidal melanoma, remains on-going. Implementation is being monitored by the SI panel.
- The death of a patient policy (City Road) is being reviewed and updated to take account of the role of the Medical Examiner (ME). Work with University College London Hospitals NHS Foundation Trust (UCLH), who will provide the ME service where a death occurs at City Road, remains on-going. A data sharing agreement is in the process of being developed.

ME role update

One national medical examiner update has been published by NHS England and NHS Improvement since the Q1 report:

- September 2021 https://www.england.nhs.uk/wp-content/uploads/2019/05/September-2021-National-Medical-Examiner-bulletin.pdf

Annex 1

Included within the scope of this Policy:

- All in-patient deaths;
- Patients who die within 30 days of discharge from inpatient services (where the Trust becomes aware of the death);
- Mandated patient groups identified by the NQB Learning from Deaths guidance including individuals with a learning disability, mental health needs or an infant or child;
- The death of any patient who is transferred from a Moorfields site and who dies following admission to another provider hospital;
- The death of any patient, of which the trust is made aware, within 48 hours of surgery;
- All deaths where bereaved families and carers, or staff, have raised a significant concern about the quality of care provision by Moorfields;
- Deaths of which the trust becomes aware following notification, and a request for information, by HM Coroner;
- Persons who sustain injury as a result of an accident (e.g. a fall down stairs) whilst on Trust premises and who subsequently die;
- Individual deaths identified by the Medical Examiner or through incident reporting or complaints or as a result of the Inquest process;

Excluded from the scope of this Policy:

- People who are not patients who become unwell whilst on trust premises and subsequently die;

Report to Trust Board	
Report Title	**Integrated Performance Report - September 2021**
Report from	Jon Spencer - Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee / Management Executive
Attachments	

Brief Summary of Report

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

Executive Summary

The IPR for September 2021 demonstrates the significant increase in patients who were diagnosed and treated in September compared to August. Compared to the average number of patients seen in 2019/20 the Trust saw 94.8% of the outpatient numbers and 90.2% of the elective numbers. Referral rates were just below these levels at 89.8% and the number of emergency patients seen through the Trust's Accident and Emergency Units remained low at 64.8%. Significant work is ongoing to increase the outpatient and elective activity numbers towards 100% of the 2019/20 activity levels by the end of March 2022 and a review focussing on the reasons for the reduction in emergency activity is due to be completed imminently.

The Trust did not meet the 2 week wait cancer standard due to a single patient breaching when they did not attend their appointment on two occasions. No further action could have been taken to prevent this breach. The number of patients who have waited over 52 weeks for their treatment has increased from 6 to 12 in month owing to additional patients being identified within the backlog of those waiting for a follow up appointment. All but two of these patients waiting over 52 weeks are expected to receive their treatment by the end of October and we remain on course to clear the backlog of follow up patients by November.

The Trust has seen has seen a good improvement in both the average call waiting time and the average call abandonment rate. Although we are not yet compliant on the first of these two metrics, it is hoped that the actions which have been outlined will continue to proactively reduce the volume of call coming into the call centre and therefore mean that the Trust achieves this target by December at the latest.

We have failed to meet the median journey time target for the first time this year. Initial analysis has identified a deterioration in performance in the clinics which deliver the External Service and work is therefore underway to ensure that this data is accurate and to assess where the patient journey time can be improved.

The Trust has seen a significant deterioration in the performance against the 25 day complaint response standard. This was due to the relevant teams taking longer than usual to provide draft responses to the complaints due to annual leave and conflicting priorities. These teams have been reminded of the importance of responding to patient complaints in a timely manner.

Performance against both of the appraisal and IG training targets have slipped marginally below the required target. This is for a variety of reasons including a change of personnel within the HR team and some data reporting anomalies. It is believed that the necessary actions are in place to meet these targets next month.

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	

Context - Overall Activity - September 2021

		September 2021	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	5,336	8,230	30,986
	Number of 4 hour breaches	1	124	18
Outpatient Activity	Number of Referrals Received	10,817	12,051	61,437
	Total Attendances	48,733	51,427	277,405
	First Appointment Attendances	11,152	11,392	60,146
	Follow Up (Subsequent) Attendances	37,581	40,035	217,259
	% Appointments Undertaken Virtually	7.4%	0.2%	9.1%
Admission Activity	Total Admissions	2,960	3,281	16,847
	Day Case Elective Admissions	2,718	2,944	15,380
	Inpatient Elective Admissions	71	102	415
	Non-Elective (Emergency) Admissions	171	235	1,052

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

Moorfields Eye Hospital NHS Foundation Trust

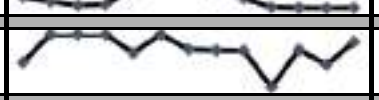
NHS

Service Excellence (Ambitions)

September 2021

Operational Metrics

* RTT Ratings will be re-introduced once initial recovery plan has been completed
** Figures Provisional for September 2021
*** A&E Performance for month at 99.98% (one four hour breach)

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	R	4	100.0%	90.9%		97.6%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		100.0%	98.9%		98.6%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	96.0%		99.3%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		100.0%	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		92.3%
18 Week RTT Incomplete Performance *	Monthly	≥92%			80.5%	79.8%		78.1%
RTT Incomplete Pathways Over 18 Weeks *	Monthly	≤1608 (Avg. 2019/20)			6974	7209		
52 Week RTT Incomplete Breaches *	Monthly	Zero Breaches			6	12		336
A&E Four Hour Performance ***	Monthly	≥95%	G		99.9%	100.0%		99.9%
Percentage of Diagnostic waiting times less than 6 weeks	Monthly	≥99%	G		99.4%	99.4%		99.4%

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

Service Excellence (Ambitions)

September 2021

Operational Metrics

Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	5	588	207		
Average Call Abandonment Rate	Monthly	≤15%	G		29.2%	11.9%		16.8%
Median Clinic Journey Times - New Patient appointments	Monthly	≤ 95 Mins (tbc)	G		80	82		77
Median Clinic Journey Times -Follow Up Patient appointments	Monthly	≤ 85 Mins (tbc)	R	6	85	87		84
Patients Waiting For Follow-Up KPI - to be defined	Monthly	tbc			*In Development*			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.21%	0.60%		0.49%
Number of non-medical cancelled operations not treated within 28 days **	Monthly	Zero Breaches	G		3	0		11
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		0.58%	0.00%		
VTE Risk Assessment	Monthly	≥95%	G		98.0%	98.2%		98.4%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.44%	0.27%		0.90%

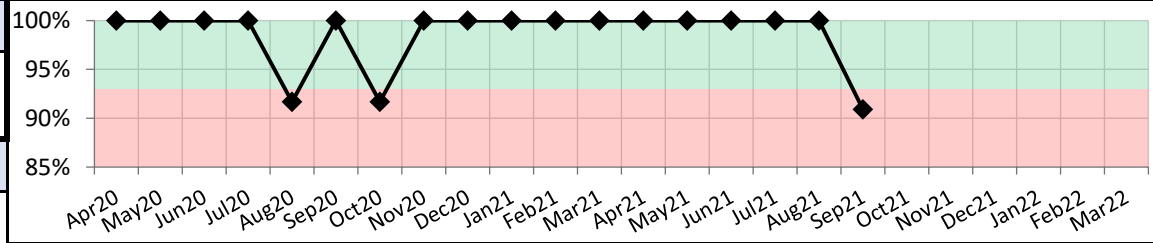
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Remedial Action Plan - September 2021

Domain	Service Excellence (Ambitions)		
Cancer 2 week waits - first appointment urgent GP referral	**Lead Manager**	**Alex Stamp**	**Responsible Director**	**Jon Spencer**

Target	Rating	YTD	Previous Period	Current Period
≥93%	Red	97.6%	100.0%	90.9%

Divisional Benchmarking (Sep 21)	City Road	North	South	Other
	90.9%	n/a	n/a	n/a



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
There was a single unavoidable breach to the 2WW standard in September. There were insufficient referrals received in month to achieve the operational standard. The patient concerned DNA twice. They attended the third appointment given and declined treatment. Cancer waiting times rules only allow pathway adjustment following the first failure to attend.	No Further Action Required	No Further Action Required

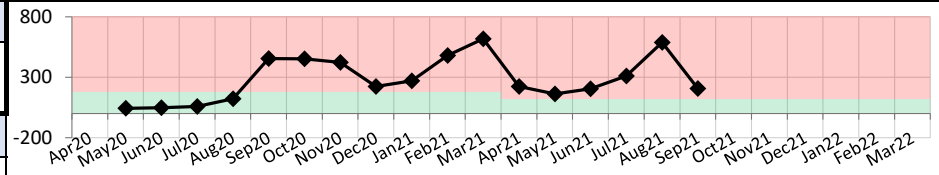
Remedial Action Plan - September 2021

Domain	Service Excellence (Ambitions)		
Lead Manager	Alex Stamp	Responsible Director	Jon Spencer

Average Call Waiting Time

Target	Rating	YTD	Previous Period	Current Period
≤ 2 Mins (120 Sec)	Red	n/a	588	207

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



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Trust wide system downtime affecting Netcall telephone lines and access to clinical applications.	Mitigations included extended hours of operation, weekend opening, and directing patients to our email address. Staff experiencing downtime whilst working from home required to work on site. Redirecting patients to email successful; 1692 emails received in July, compared to 1851 in August. Staff continue to log IT issues as incidents.	Oct 2021	Complete
Staffing levels within the Contact Centre are a challenge, which has been compounded by annual leave in August. There are 2 staff members on long term sick, and intermittent short term sickness within the team. The permanent recruitment of 1.0 WTE fell through and there have been challenges with the lack of provision of temporary staff through Bank Partners. Sickness/absence in the Bookings team + increased outpatient activity has reduced the amount of support the Bookings team can provide	Bank paperwork for a further 0.5 WTE in progress- anticipated September start date. Potential temporary recruitment of 1.0- if successful, anticipated Sept/Oct start date. Additional round of recruitment to take place w/c 20th Sept. Discussions underway with recruitment & Bank Partners to improve the service offered. Continued discussions with divisions on local recruitments drives to source suitable candidates.	Dec 2021	In Progress (Update)
1. Letters for appointments managed at local sites continue to have the contact centre number printed despite multiple change requests- changes to letters are in progress. 2. Calls from patients requesting to cancel/reschedule appointments due to Track and Trace/COVID concerns have increased. Reschedule requests form the bulk of calls received to the contact centre. 3. Website downtime resulted in an increase of calls from patients requiring information about appointments/transport/site information	1. Letter changes in progress so calls will be directed to the relevant sites. 2. Dr Dr go live for new patient reschedule requests at City Road started 23/08. Follow up reschedule requests to go live 14/09. This will enable patients to text us their cancel/reschedule request instead of calling (44.22% of calls in August were for rescheduling requests with 22.84% to confirm a booking). Impact of Dr Dr will be closely monitiored. Reduction in call volumes will largely be dependant on patient behaviour	Dec 2021	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Staffing levels within the Contact Centre are a challenge, however this has improved through September through substantive and bank recruitment.	Ongoing discussions underway with recruitment & Bank Partners to improve the service offered and scope for flexible support for the team when challenged. Continued discussions with divisions on local recruitments drives to source suitable candidates.	December 2021
Reschedule requests or queries are still being made to the Booking Centre from patients as DrDoctor rollout has not fully completed yet.	Rollout to be completed in early October and then impact of DrDoctor will be closely monitiored to see if reduces call volumes as anticipated.	December 2021

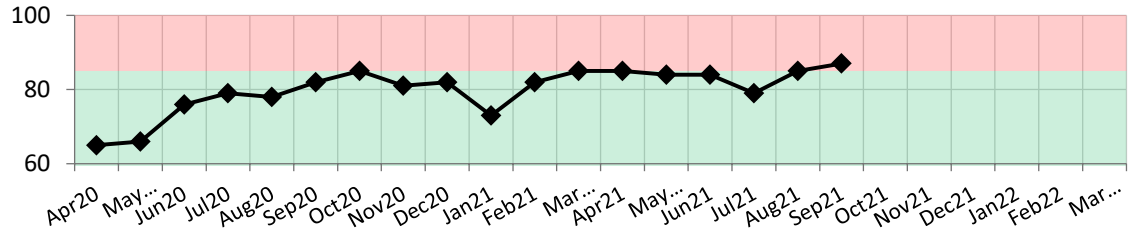
Remedial Action Plan - September 2021

Domain	Service Excellence (Ambitions)		
Lead Manager	Alex Stamp	Responsible Director	Jon Spencer

Median Clinic Journey Times -Follow Up Patient appointments

Target	Rating	YTD	Previous Period	Current Period
≤ 85 Mins (tbc)	Red	84	85	87

Divisional Benchmarking (Sep 21)	City Road	North	South	Other
	92	78	67	n/a



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

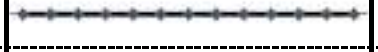
Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
The median journey time has increased by two minutes in September, meaning it is now over target.	1. External SM to lead on work to improve waiting times in clinics as these have been shown to be higher than in other services of late. 2. Work with P&I to ensure accuracy by only including relevant clinics in this metric - ie discounting virtual clinics 3. Review average journey times and journey time completeness by service on a weekly basis in divisional performance meeting	November 2021

Moorfields Eye Hospital NHS Foundation Trust

NHS

Service Excellence (Ambitions)

September 2021

Quality and Safety Metrics								
Metric Description	**Reporting Frequency**	**Target**	**Rating**	**RAP Pg**	**Previous Period**	**Current Period**	**13 Month Series**	**Year to Date**
Occurrence of any Never events	Monthly	Zero Events	G		0	0		1
Endopthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant	G		0	0		
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.1%	95.6%		95.0%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		91.4%	93.1%		92.7%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.6%	93.0%		93.4%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.5%	93.1%		94.0%

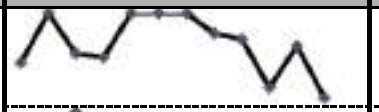
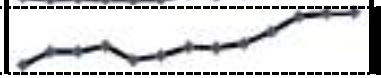
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Moorfields Eye Hospital NHS Foundation Trust

NHS

Service Excellence (Ambitions)

September 2021

Quality and Safety Metrics								
Metric Description	**Reporting Frequency**	**Target**	**Current**	**RAP Pg**	**Previous Period**	**Current Period**	**13 Month Series**	**Year to Date**
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		1	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	R	9	78.4%	56.5%		78.3%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		98.2%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		96.8%	91.7%		95.7%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		95.4%	95.1%		95.7%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	tbc			193	220		
Research Metrics								
* Metric frequency changed to Quarterly as data is measured over a 12 month period, a more responsive version of this metric is being investigated.								
Median Time To Recruitment of First Patient (Days) *	Quarterly	≤ 70 Days			*In Development*			
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		100.0%	100.0%		88.9%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800	G		2356	2373		8350
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.4%	5.4%		

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

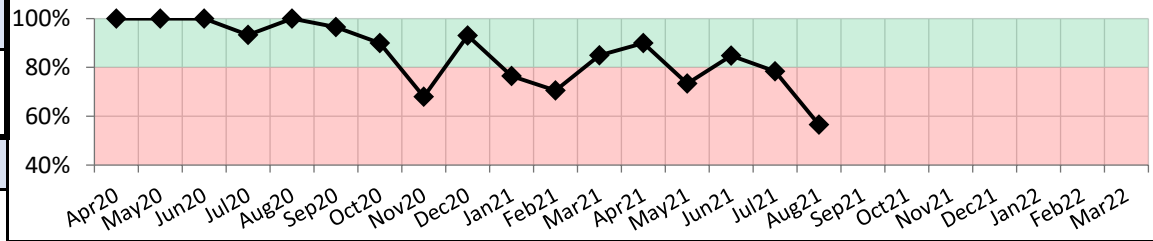
Remedial Action Plan - September 2021

Domain	Service Excellence (Ambitions)		
Lead Manager	Tim Withers	Responsible Director	Ian Tombleson

Percentage of responses to written complaints sent within 25 days (Month in Arrears)

Target	Rating	YTD	Previous Period	Current Period
≥80%	Red	78.3%	78.4%	56.5%

Divisional Benchmarking (Aug 21)	City Road	North	South	Other
	68.4%	0%	n/a	0%



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Of the ten complaints that breached the 25 day KPI (August 2021), six were for City Road, three for DHL/Royal Free (Transport - recorded as CR) and one for North division. The main reason for the breaches were the delays by City Road and DHL in submitting draft responses.	Discussions are being held with CR division to recover normal performance. Representations continue to be made to DHL/RF about the timeliness of their complaints management.	November 2021

Moorfields Eye Hospital NHS Foundation Trust

NHS

People (Enablers)

September 2021

Workforce and Financial Metrics								
Metric Description	**Reporting Frequency**	**Target**	**Rating**	**RAP Pg**	**Previous Period**	**Current Period**	**13 Month Series**	**Year to Date**
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	11	80.6%	79.6%		
Information Governance Training Compliance	Monthly	≥95%	A	12	95.5%	94.4%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	G		3.6%	4.0%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			10.9%	12.1%		11.3%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.24	1.01		1.44
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.10	0.28		1.30

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

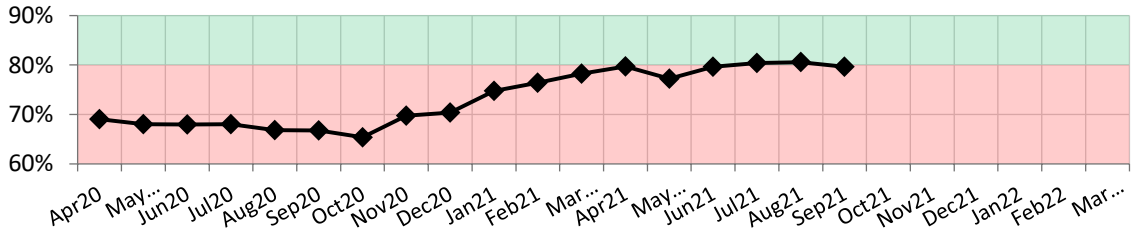
Remedial Action Plan - September 2021

Domain	People (Enablers)		
Lead Manager	Bola Ogundeji / Angela Cleary	Responsible Director	Sandi Drewett

Appraisal Compliance

Target	Rating	YTD	Previous Period	Current Period
≥80%	Red	n/a	80.6%	79.6%

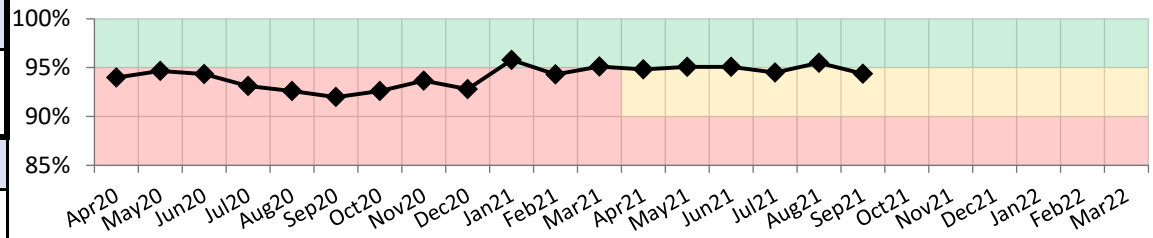
Divisional Benchmarking (Sep 21)	City Road	North	South	Other
	n/a	n/a	n/a	n/a



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Change in personnel covering the monitoring role understandably led to slight drop in activity during the training/handover period. This has now settled and compliance is currently back to 80%+	Staff member being supported to maintain levels of monitoring output through iincreased confidence in role. Targeted engagement with managers of areas with low (er) compliance to improve ownership and accountability. Work with HR Business Partners to ensure that appraisal compliance rate is monitored, discussed and challenged at monthly divisional performance meetings.	November 2021

Remedial Action Plan - September 2021					Domain	People (Enablers)		
Information Governance Training Compliance					Lead Manager	Information Governance Dept.	Responsible Director	Ian Tombleson
Target	Rating	YTD	Previous Period	Current Period				
≥95%	Amber	n/a	95.5%	94.4%				
Divisional Benchmarking (Sep 21)	City Road	North	South	Other				
	n/a	n/a	n/a	n/a				



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Performance remains good although 0.6% below target. The majority of expired IG training compliance is due to staff being non-compliant with mandatory training. Some Active Directory accounts have been disabled for a number of individuals however Insight is displaying users as active. Some new starters have not completed IG training or their Insight record has not been updated.	Escalating to HR the anomalies in data reporting to remove leavers from Insight and also to recruitment about new starters. Continuing to send staff reminder emails where IG compliance has expired.	November 2021

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 10

Finance report

Board of directors 28 October 2021

Report title	Monthly Finance Performance Report Month 06 – September 2021
Report from	Jonathan Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

For September the Trust is reporting :-

- **a £2.24m deficit** (£14.87m deficit YTD) prior to funding support;
  - Additional support funding consists of:-
    - £0.51m Elective Recovery Funding;
    - £1.96m Block income funded values above activity levels; and
    - £1.01m Additional NCL COVID support funding.
- **Resulting in a £1.24m surplus** post support (£7.99m surplus YTD);

- Activity delivery is 91% and 93% of 2019/20 activity levels for elective and outpatients respectively.
- The Trusts activity levels was below national expectations (95%) to receive 'national' Elective Recovery Funding (ERF) although NCL ICS have implemented local ERF funding for activity and the Trust has received £0.43m in month for activity greater than 80%.
- Year to date the Trust is reporting £4.29m of national ERF and £1.10m of local ERF income within financial position;
- Ongoing support funding, and ERF distribution is subject to and awaiting NCL confirmation.

Compared to plan, the Trust is reporting:-

Financial Performance £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Income	£274.9m	£26.7m	£24.6m	(£2.1m)	£146.6m	£139.0m	(£7.6m)
Pay	(£145.7m)	(£14.9m)	(£12.5m)	£2.4m	(£73.8m)	(£68.8m)	£5.0m
Non Pay	(£113.1m)	(£10.8m)	(£10.2m)	£0.6m	(£61.6m)	(£57.5m)	£4.0m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.7m)	£0.1m	(£4.7m)	(£4.6m)	£0.1m
CONTROL TOTAL	**£6.5m**	**£0.2m**	**£1.2m**	**£1.0m**	**£6.6m**	**£8.0m**	**£1.4m**

All NHS organisation were issued with revised control totals for the first six months of the year referred to as 2021/22 H1. The revised £4.85m surplus has been increased further to £6.55m reflecting a £1.7m contribution from Elective Recovery Funded (ERF) activity subject to NCL confirmation. Guidance for submission of the H2 plan has been received and a plan will be submitted in November.

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 September 2021 (Month 06)

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

Monthly Finance Performance Report

For the period ended 30th September 2021 (Month 06)

Key Messages

Statement of Comprehensive Income

Financial Position
 	
£1.24m surplus Including support
	For September the trust is reporting:-
	
	• A £2.24m deficit (£14.87m deficit YTD) prior to funding support;
	• Additional support funding consists of:-
	  • £0.51m Elective Recovery Funding;
	  • £1.96m Block income funded values above activity levels; and
	  • £1.01m Additional North Central London COVID support funding.
	
	• Resulting in a £1.24m surplus (a cumulative £7.99m surplus YTD);

Income £2.27m adverse to plan pre support	Total trust income is £2.27m adverse to plan, largely linked to activity delivery at 91% of 2019/20 levels. Other material variances include:- • Commissioned Clinical Income £2.61m adverse (£10.97m YTD); • Other Clinical activity Income £0.10m adverse (£0.13m YTD); • Commercial Income £0.50m favourable (£2.48m YTD); • Research income £0.12m adverse (£2.46m YTD); National expectation is for activity to exceed 95% of 2019/20 activity levels. Clinical activity levels recorded were 91% for Day case and 93% for Outpatients during September compared to 2019/20 levels. Activity-based income totalled £14.61m, some £2.61m below the level of block funding.
Expenditure £3.01m favourable to plan (pay, non pay, excl financing)	Pay is reporting a favourable variance of £2.44m in September, (£1.62m in August). The increased variance is caused by Elective recovery plans initially planning >95-100%, ERF activity in September with ERF Income, pay and non-pay budgets increased to match this level of activity. As reported, activity levels were below this level contributing £1.4m to the reported £2.4m favourable variance in month. Pay costs increased in September due to the fully funded national pay award backdated to April totalling £1.40m. Non-pay costs were £0.57m favourable to plan in September, largely due to activity levels. Cumulatively, non-pay budgets are £4.03m favourable, reflecting lower activity levels than funded, alongside delays to Oriel revenue costs compared to plan (£0.9m).

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 30th September 2021 was £69.7m, an increase of £1.3m since the end of March 2021. The trust's performance against the Better Payment Practice Code (BPPC) was 90% (volume) and 88% (value) against a target of 95%.
Capital (both gross capital expenditure and CDEL)	Capital spend to 30th September totalled £2.8m against a plan of £6.7m as slippage within Oriel work streams delayed expenditure, and staff shortages within EBME impacted on the equipment replacement programme. Capital is forecast to be in line with plan and will be revised as projects are further developed and refined.
Use of Resources	Current use of resources monitoring remains suspended.
2012/22 Financial Plan and H1	The Trust received a £6.55m surplus Control Total for the first half of 2021/22, referred to as H1, having been increased from the original £4.85m target to reflect a further £1.70m contribution from Elective Recovery Fund (ERF) activity. The Trust has exceeded this H1 control total by £1.44m, reporting a £7.99m surplus.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG
Income	£274.9m	£26.7m	£24.6m	(£2.1m)	£146.6m	£139.0m	(£7.6m)	(5)%	
Pay	(£145.7m)	(£14.9m)	(£12.5m)	£2.4m	(£73.8m)	(£68.8m)	£5.0m	7%	
Non Pay	(£113.1m)	(£10.8m)	(£10.2m)	£0.6m	(£61.6m)	(£57.5m)	£4.0m	7%	
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.7m)	£0.1m	(£4.7m)	(£4.6m)	£0.1m	1%	
CONTROL TOTAL	**£6.5m**	**£0.2m**	**£1.2m**	**£1.0m**	**£6.6m**	**£8.0m**	**£1.4m**		
Memorandum Items									
Research & Development	(£1.47m)	(£0.15m)	(£0.13m)	£0.02m	(£0.52m)	(£0.36m)	£0.16m	30%	
Commercial Trading Units	£5.59m	£0.47m	£0.75m	£0.28m	£2.12m	£3.42m	£1.30m	61%	
ORIEL Revenue	(£2.26m)	(£0.45m)	(£0.37m)	£0.09m	(£1.82m)	(£0.94m)	£0.88m	48%	

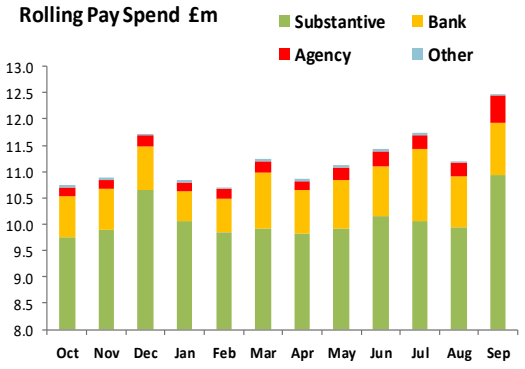
INCOME BREAKDOWN RELATED TO ACTIVITY

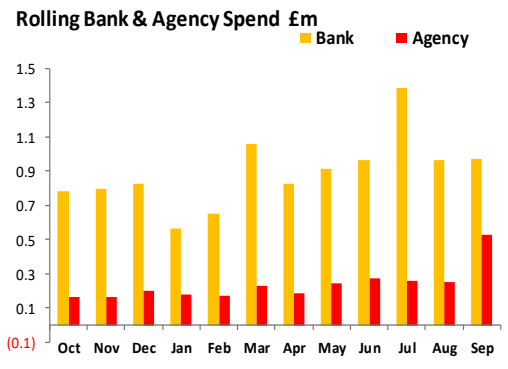
Income Breakdown £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£142.6m	£71.2m	£58.9m	(£12.4m)		-	-	-
Pass Through	£38.1m	£20.4m	£21.7m	£1.4m		-	-	-
Other NHS Clinical Income	£9.9m	£4.9m	£4.8m	(£0.1m)		-	-	-
Commercial Trading Units	£35.2m	£15.5m	£18.0m	£2.5m		-	-	-
Research & Development	£17.1m	£8.7m	£6.2m	(£2.5m)		-	-	-
Other	£13.1m	£6.9m	£6.4m	(£0.4m)		-	-	-
INCOME PRE TOP-UP	**£255.9m**	**£127.6m**	**£116.1m**	**(£11.5m)**		**-**	**-**	**-**
ERF/COVID Top up funding	£19.0m	£19.0m	£22.9m	£3.9m		-	-	-
TOTAL OPERATING REVENUE	**£274.9m**	**£146.6m**	**£139.0m**	**(£7.6m)**		**-**	**-**	**-**

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 Plan	Year to Date Actual	Year to Date Variance	% Total
Employed	(£144.2m)	(£14.8m)	(£10.9m)	£3.9m	(£73.0m)	(£60.8m)	£12.2m	88%
Bank	(£1.0m)	(£0.1m)	(£1.0m)	(£0.9m)	(£0.5m)	(£6.0m)	(£5.5m)	9%
Agency	£0.0m	£0.0m	(£0.5m)	(£0.5m)	£0.0m	(£1.7m)	(£1.7m)	3%
Other	(£0.5m)	(£0.0m)	(£0.0m)	£0.0m	(£0.2m)	(£0.2m)	£0.0m	0%
TOTAL PAY	**(£145.7m)**	**(£14.9m)**	**(£12.5m)**	**£2.4m**	**(£73.8m)**	**(£68.8m)**	**£5.0m**	





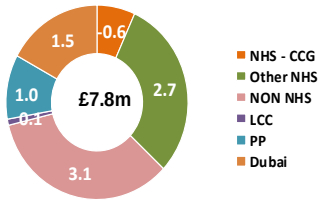
CASH, CAPITAL AND OTHER KPI'S

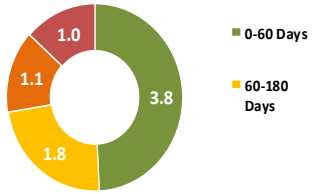
Capital Programme £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
Trust Funded	(£17.0m)	(£6.7m)	(£2.8m)	(£3.9m)		-	-	-
Donated/Externally funded	(£0.5m)	-	£0.0m	(£0.0m)		-	-	-
TOTAL	**£17.5m**	**£6.7m**	**£2.8m**	**(£3.9m)**		**-**	**-**	**-**

Key Metrics	Plan	Actual	RAG
Cash	69.6	69.7	
Debtor Days	45	29	
Creditor Days	45	37	
PP Debtor Days	65	69	

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 and Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month					Year to Date				
		Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Income											
NHS Commissioned Clinical Income	180.65	17.22	14.61	(2.61)	(15)%		91.60	80.63	(10.97)	(12)%	
Other NHS Clinical Income	9.86	0.86	0.77	(0.10)	(11)%		4.92	4.79	(0.13)	(3)%	
Commercial Trading Units	35.22	2.87	3.37	0.50	18%		15.53	18.01	2.48	16%	
Research & Development	17.10	1.19	1.07	(0.12)	(10)%		8.70	6.24	(2.46)	(28)%	
Other Income	13.09	1.28	1.34	0.06	5%		6.88	6.44	(0.44)	(6)%	
Total Income	**255.92**	**23.43**	**21.16**	**(2.27)**	**(10)%**		**127.63**	**116.11**	**(11.52)**	**(9)%**	
Operating Expenses											
Pay	(145.66)	(14.92)	(12.48)	2.44	16%		(73.78)	(68.82)	4.96	7%	
Drugs	(39.62)	(4.36)	(3.80)	0.56	13%		(21.34)	(21.10)	0.24	1%	
Clinical Supplies	(22.66)	(2.42)	(1.80)	0.63	26%		(11.16)	(10.23)	0.93	8%	
Other Non Pay	(50.84)	(3.98)	(4.59)	(0.61)	(15)%		(29.07)	(26.20)	2.86	10%	
Total Operating Expenditure	**(258.78)**	**(25.69)**	**(22.68)**	**3.01**	**12%**		**(135.34)**	**(126.35)**	**8.99**	**7%**	
EBITDA	*(2.86)*	*(2.26)*	*(1.52)*	*0.74*	33%		*(7.71)*	*(10.24)*	*(2.53)*	(33)%	
Financing & Depreciation	(10.16)	(0.86)	(0.76)	0.10	12%		(5.02)	(4.91)	0.11	2%	
Donated assets/impairment adjustment	0.61	0.05	0.04	(0.01)	(23)%		0.32	0.27	(0.05)	(15)%	
Control Total Surplus/(Deficit) Pre ERF/Block and Top Up Payments	**(12.41)**	**(3.08)**	**(2.24)**	**0.84**	**27%**		**(12.41)**	**(14.87)**	**(2.47)**	**(20)%**	
Elective Recovery Funding	10.86	1.95	0.51	(1.44)			10.86	5.39	(5.47)		
Block funding in excess of activity	-	-	1.96	1.96			-	11.42	11.42		
COVID Top Up Payments	8.10	1.35	1.01	(0.34)			8.10	6.06	(2.04)		
Control Total Surplus/(Deficit) Post ERF/Block and Top Up	**6.55**	**0.23**	**1.24**	**1.01**	**449%**		**6.55**	**7.99**	**1.44**		

Commentary

Operating Income

£2.27m adverse to plan pre support

Clinical activity levels recorded were 91% for Daycase and 93% for Outpatients during September compared to 2019/20 levels, with activity-based income totalling £14.61m, £2.61m below the level of block funding. Other significant variances included:-

- Commercial Trading income was £0.50m favourable as activity levels exceeded plan;
- Elective Recovery Funding (ERF) was £1.44m below plan as activity levels were below organisational recovery plan levels;
- COVID outside of block funding income remains constant and in the main include testing and vaccination costs.

Employee Expenses

£2.44m favourable to plan

Pay is reporting a favourable variance of £2.44m in September linked to underperformance against ERF activity targets between 95-100% in month of £1.4m, and further activity underperformance <95%.

Total pay costs increased in September due to the national pay award backdated to April totalling £1.40m, which was fully funded.

- The trusts initial activity recovery plan predicted £1.95m ERF income levels during September (>95-100% activity) with pay budgets increased to match this level of activity by £1.4m which was not utilised;
- Removal of accruals associated with the funded pay award (£0.5m);
- Bank and agency costs totalled £1.5m in September; a 15% increase compared to September 2019 levels.

Non Pay Expenses

£0.57m favourable to plan

(non pay and financing)

Non pay costs are £0.57m favourable to plan. Reductions in clinical activity and drugs expenditure of £1.2m were offset by non-recurrent costs including in-month Oriel consultancy, project management and IT support.

- Drugs were £0.56m favourable reflecting the lower than planned activity levels;
- Clinical supplies were £0.63m favourable linked to reduced activity levels;
- Other non pay costs include charges linked to pump priming additional activity and projects for H2.

Trust Patient Clinical Income Performance

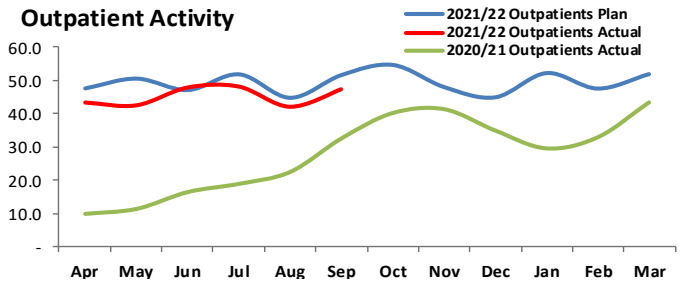
PATIENT ACTIVITY AND CLINICAL INCOME

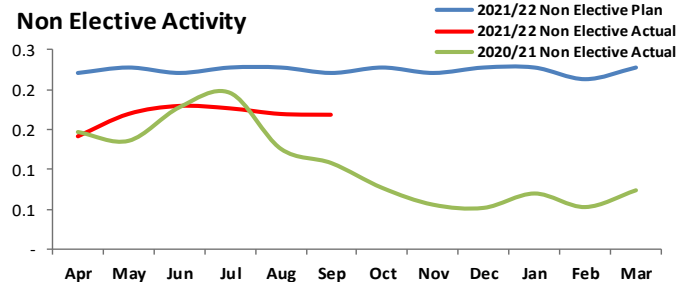
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,118	5,337	(2,781)	66%	49,517	30,990	(18,527)	63%	£7,734	£4,918	(£2,816)	64%
Daycase / Inpatients	2,990	2,719	(271)	91%	17,393	15,612	(1,781)	90%	£19,462	£18,249	(£1,214)	94%
High Cost Drugs	4,663	5,026	363	108%	26,883	28,715	1,832	107%	£21,036	£21,739	£703	103%
Non Elective	229	168	(61)	73%	1,394	1,002	(392)	72%	£2,719	£2,088	(£631)	77%
OP Firsts	10,845	10,327	(518)	95%	62,624	56,011	(6,613)	89%	£10,715	£9,363	(£1,352)	87%
OP Follow Ups	40,172	37,185	(2,987)	93%	231,629	216,221	(15,408)	93%	£23,746	£20,645	(£3,102)	87%
Other NHS clinical income									£2,234	£1,468	(£766)	66%
Total	67,017	60,762	(6,255)	91%	389,440	348,551	(40,889)	90%	£87,647	£78,470	(£9,177)	90%

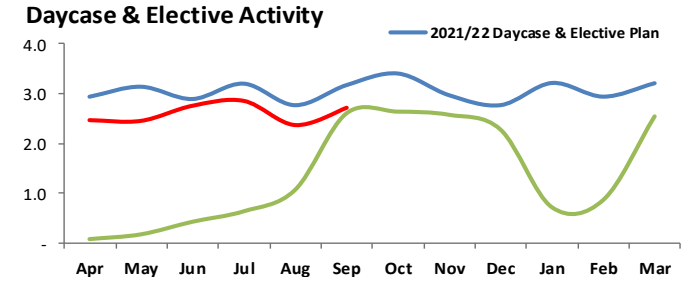
Income Figures Excludes CQUIN, Bedford, and Trust to Trust test income.

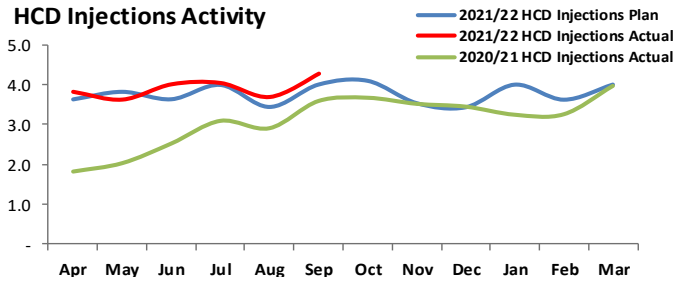
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND









Commentary

NHS Income

NHS Patient Clinical activity income in September was £14.2m if reimbursed via normal activity based contracting arrangements. Notable activity levels include:-

Inpatient activity
- The trust achieved 91% of baseline activity levels in September (86% in August);

Outpatient Activity
- The trust achieved 93% of baseline activity levels in September (91% in August);

High Cost Drugs
- The trust achieved 110% of baseline activity levels in September (105% in August);

Activity Plans

2019/20 activity levels (pre-COVID) are being used nationally as a proxy to report organisations return and recovery to pre pandemic levels of activity during 2021/22.

The charts to the left demonstrate the in year activity levels compared to previous years, highlighting the material shift in activity as a result of COVID, and the pace of recovery towards pre-COVID activity levels. The 2021/22 plan represents 2019/20 delivered levels of activity.

Elective Recovery Fund (ERF)

North Central London ERF expectations are activity levels greater than 85% achievement of 2019/20 activity levels.

The Trust submitted initial recovery plans achieving activity of up to 100% during August-September with forecast ERF income of £1.95m in moth and £10.8m cumulatively, matched with assumed additional costs of delivery. Based on the current activity achievement the trust will receive £5.4m of ERF funding in H1 versus the originally planned £10.8m.

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

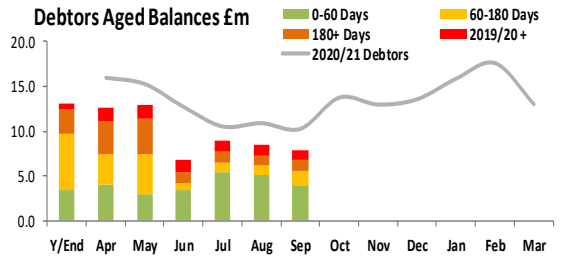
CAPITAL EXPENDITURE

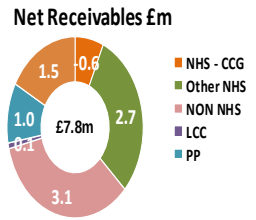
Capital Expenditure £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	1.6	0.1	0.1	0.0	0.5	0.2	(0.3)
Medical Equipment - Trust Funded	3.8	0.5	(0.0)	(0.5)	2.7	1.2	(1.5)
IT - Trust Funded	1.7	0.2	0.1	(0.0)	0.9	0.6	(0.3)
ORIEL - Trust Funded	2.6	0.6	0.1	(0.5)	1.7	0.6	(1.1)
Dubai - Trust funded	0.4	-	0.0	0.0	0.3	0.2	(0.1)
Other - Trust funded	7.0	0.3	-	(0.3)	0.6	-	(0.6)
TOTAL - TRUST FUNDED	**17.0**	**1.6**	**0.4**	**(1.2)**	**6.7**	**2.8**	**(3.9)**
Covid/Donated/Externally funded	0.5	-	(0.0)	(0.0)	-	(0.0)	(0.0)
TOTAL INCLUDING DONATED	**17.5**	**1.6**	**0.3**	**(1.2)**	**6.7**	**2.8**	**(3.9)**

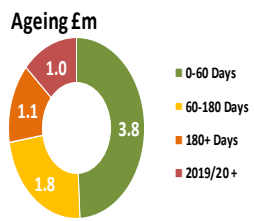
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.3	8.3		100%
Cash Reserves - B/Fwd cash	6.0	6.0		100%
Cash Reserves - Other (ICS)	4.5	4.5		100%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	**17.0**	**17.0**	**-**	**100%**
Externally funded	0.3	0.3		100%
Donated/Charity	0.2	-	100%	-
TOTAL INCLUDING DONATEI	**17.5**	**17.3**	**1%**	**99%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2018/19 +*	*Total*
CCG Debt	(0.6)	0.0	-	-	(0.6)
Other NHS Debt	1.9	0.2	0.2	0.4	2.7
Non NHS Debt	1.0	0.9	0.7	0.5	3.1
Commercial Unit Debt	1.6	0.7	0.2	0.0	2.6
TOTAL RECEIVABLES	**3.8**	**1.8**	**1.1**	**1.0**	**7.8**







STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	-	102.5	102.5	-
Current assets (excl Cash)	-	24.3	24.3	-
Cash and cash equivalents	-	69.6	69.7	0.0
Current liabilities	-	(54.9)	(54.9)	-
Non-current liabilities	-	(36.0)	(36.0)	-
TOTAL ASSETS EMPLOYED	**-**	**105.5**	**105.5**	**0.0**

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	20%	-	-
Agency rating	20%	-	-
OVERALL RATING		**-**	**-**

Commentary

Cash and Working Capital

The cash balance as at the 30th September 2021 was £69.7m, an increase of £1.3m since the end of March 2021.

Capital Expenditure

Capital spend to 30th September 2021 totalled £2.8m against a plan of £6.7m as staff shortages within EBME impact on the equipment replacement programme, and lower than planned Oriel expenditure impact on the capital programme.

Capital remains forecast to be in line with plan and will be revised as projects are further developed and refined.

Use of Resources

Use of resources monitoring and reporting has been suspended.

Receivables

Receivables have reduced by £5.2m to £7.8m since the end of the 2020/21 financial year, and reduced by a further £0.6m from August due to improved debt collection.

Payables

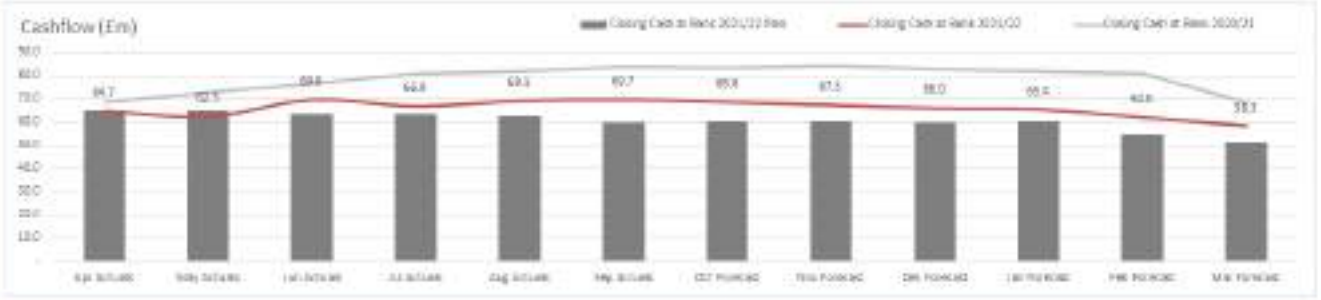
Payables totalled £11.6m at the end of September, a reduction of £15.7m since March 2021. The reduction is mainly attributable to significant capital spend in March this year.

The trust's performance against the Better Payment Practice Code (BPPC) was 90% (volume) and 88% (value) against a target of 95%.

Trust Statement of Financial Position – Cashflow

Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Sep Plan	Sep Var
Opening Cash at Bank	**68.4**	**64.7**	**62.3**	**69.6**	**68.9**	**69.1**	**69.7**	**68.6**	**67.3**	**66.0**	**65.4**	**62.0**	**68.4**		
Cash Inflows															
Healthcare Contracts	15.4	16.4	16.0	15.9	16.4	17.0	15.4	15.4	15.4	15.4	15.4	15.4	189.6	15.4	1.6
Other NHS	1.6	0.5	7.2	0.9	4.2	1.9	1.5	1.4	1.4	1.4	1.4	1.5	24.7	1.5	0.5
Moorfields Private/Dubai	3.6	3.5	3.9	3.6	3.3	3.7	3.6	3.8	2.9	3.7	3.5	3.8	42.9	3.4	0.3
Research	1.1	0.9	1.8	0.8	0.7	1.7	1.0	1.0	1.0	1.0	1.0	1.0	12.7	1.0	0.7
VAT	0.8	0.2	0.3	-	1.2	0.2	0.4	0.4	0.4	0.4	0.4	0.4	5.0	0.4	(0.2)
PDC	-	-	-	-	-	-	-	-	-	-	-	0.3	0.3	-	-
Other Inflows	(0.1)	0.6	0.5	0.4	0.1	0.4	0.2	0.2	0.2	0.2	0.2	0.2	2.7	0.2	0.3
Total Cash Inflows	**22.2**	**22.0**	**29.5**	**21.5**	**25.9**	**25.0**	**22.0**	**22.1**	**21.2**	**22.1**	**21.8**	**22.5**	**277.8**	**21.8**	**3.2**
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.8)	(9.8)	(9.7)	(9.9)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)	(10.0)	(119.3)	(9.9)	(0.7)
Non Pay Expenditure	(13.5)	(11.6)	(11.0)	(12.4)	(11.8)	(11.2)	(11.1)	(11.3)	(10.1)	(10.6)	(10.3)	(10.7)	(135.5)	(11.0)	(0.2)
Capital Expenditure	(1.7)	(2.1)	(0.1)	(0.5)	(0.4)	(0.4)	(0.4)	(0.5)	(1.2)	(0.5)	(2.8)	(1.3)	(11.6)	(1.2)	0.8
Orlel	(0.3)	(0.1)	(0.6)	(0.7)	(0.3)	(0.2)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(1.8)	(4.8)	(0.6)	0.4
Moorfields Private/Dubai	(0.8)	(0.8)	(0.9)	(0.8)	(0.7)	(1.3)	(1.5)	(1.4)	(1.2)	(1.4)	(1.3)	(1.4)	(13.5)	(1.3)	0.0
Financing - Loan repayments	-	-	-	-	(0.8)	(0.8)	-	-	-	-	(0.8)	(0.8)	(2.8)	(0.8)	-
Dividend and Interest Payable	-	-	-	-	-	(0.1)	-	-	-	-	-	(0.3)	(0.3)	(0.1)	0.0
Total Cash Outflows	(25.8)	(24.3)	(22.3)	(24.2)	(23.7)	(24.4)	(23.1)	(23.4)	(22.5)	(22.6)	(25.2)	(26.2)	**(287.8)**	(24.8)	0.5
Net Cash inflows /(Outflows)	(3.7)	(2.4)	7.2	(2.7)	2.2	0.6	(1.1)	(1.3)	(1.3)	(0.5)	(3.4)	(3.8)	-	(3.0)	3.5
Closing Cash at Bank 2021/22	**64.7**	**62.3**	**69.6**	**66.9**	**69.1**	**69.7**	**68.6**	**67.3**	**66.0**	**65.4**	**62.0**	**58.3**	**58.3**		
Closing Cash at Bank 2021/22 Plan	64.7	64.9	63.2	63.7	62.4	59.8	60.2	60.3	58.9	60.1	54.4	51.1	51.1		
Closing Cash at Bank 2020/21	68.4	72.7	76.7	80.8	82.0	83.6	83.3	84.3	82.6	81.6	81.1	68.4	68.4		



Commentary

Cash flow

The cash balance at the 30th September is £69.7m, higher than forecast due to receipt of ERF funding and effective credit control resulting in payments from other NHS bodies.

The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The Trust currently has 105 days (prior month: 104 days) of operating cash.

September saw a cash inflow of £0.6m against a plan of £3.0m outflow due to the receipt of ERF and other payments.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 11
Report of the audit and risk committee
Board of directors 28 October 2021

Report title	Report of the audit and risk committee
Report from	Nick Hardie, chairman, audit and risk committee
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We are able to deliver a sustainable financial model

Brief summary of report

Attached is a brief summary of the audit and risk committee meeting that took place on 13 October 2021.

Action Required/Recommendation.

- The Board is asked to NOTE the report of the audit and risk committee and gain assurance from it.

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

AUDIT AND RISK COMMITTEE SUMMARY REPORT – 13 OCTOBER 2021	
Governance	• Quorate – Yes • Attendance (membership) - 100%
Current activity (as at date of meeting)	***Internal audit*** **BAF and risk management audit report – reasonable assurance.** • The audit provided a good insight into how risk is being managed and concluded that the BAF is working well and reflects a relatively strong position. • There could be greater clarity as to how risks escalate through the wider system from departments, divisions and up to the corporate risk register. • An improved e-learning and training package is being made available that will help to build the culture. • The risk questionnaire was positive although did flag some potential areas for focus. • Discussion also took place about how good the trust is at sharing learning across the organisation as there is often not a chance to reflect so become more action-orientated. • For example, the trust might want to insist that a project is not complete unless the post project review is completed and lessons have been learned. • Discussion about how far down the organisation the risk appetite needs to be understood and how the board can be assured that there is no misunderstanding about the direction of travel. **Progress report** • Lots of audit work going on at the moment although change to timings in some areas due to changes in national guidelines. • Four actions are overdue with three of those for research governance due on 30 September for which updates have been provided. • The SBS contract management review recommendation also has an update but is taking longer to complete. **External audit** • The team is closing the loop on the work done for the 20/21 audit. • The vfm work was finished and annual report issued prior to the laying of the accounts and AGM in July. • There were no significant weaknesses identified and the trust received a clean bill of health. **Counter fraud report** • The committee received a progress report and routine benchmarking report. • The trust has participated in a mandatory CFA exercise looking at procurement in the NHS and a report is expected in approximately a year. • The team is reviewing disclosures made under the trust policy on gifts, hospitality, fees, expenses, etc. • Proactive work is being done on the scope for the fraud and bribery risk assessment and rolling out the counter fraud awareness process to make sure there is a foundation level of coverage. • An update from the Counter Fraud Authority will be provided at the next meeting. • An update was provided from actions coming through from the compliance return on new requirements coming out from the centre with the vast majority either in progress or complete.

	Salary overpayments • The action plan has previously focused on salary overpayments but is now reviewing wider action on getting the basics right. • There is now a helpdesk in place which provides a front end. • A joint improvement plan has been developed with SBS and payroll specialist recruited to work through and clear the backlog. • Ideally want to try and benchmark industry standard around expectations of internal and external response. • Have a detailed action plan in place, summary of those that are slipping are escalated to committee. • Agreed that this issue is closely related to people management. • Want to establish two or three key things that can be done with SBS internally that would provide some kind of outcome improvement. **Job planning** • Guidance has been produced along with a sign off process which has been shared with senior teams. • Sign off and authorisation is now done by service director and divisions. • 80% of conversations have concluded with 20% at the manager sign off stage. • Agreed that there needs to be thought given to multi-week plans rather than expecting the same thing to be done each week. **Board assurance framework** • Discussion took place about risks that have been reduced or increased within the quarter. • It was been agreed to articulate an overarching risk about transformation with sub-sections of that risk relating to recovery of clinical services, workforce and digital transformation. • Also need to think about how to articulate any risk that might be posed by the new ICS framework. • The committee sought to challenge the scoring of the recovery of clinical services risk to see whether it should be scored at 'moderate'. **Counter fraud report** • The committee received a progress report and routine benchmarking report. • The trust has participated in a mandatory CFA exercise looking at procurement in the and a report is expected in approximately a year. • The team is reviewing disclosures made under the trust policy on gifts, hospitality, fees, expenses, etc. • Proactive work is being done on the scope for the fraud and bribery risk assessment and rolling out the counter fraud awareness process to make sure there is a foundation level of coverage. • An update from the Counter Fraud Authority will be provided at the next meeting. • An update was provided from actions coming through from the compliance return on new requirements coming out from the centre with the vast majority either in progress or complete.
Key concerns	• Progress is relatively slow on salary overpayments and it is difficult to assess responsibility and targets due to number of different issues and how to address putting in milestone dates. • The known spike in fraud activity during the course of the pandemic as well as potential 'unknown' risks in relation to agile and hybrid working.

Items for discussion outside of committee	• Need to look at risk appetite as the part of the natural cycle of business planning, has to be regularly reviewed in order to make sure that the board is content with the agreed position. What to consider risk as it pertains to opportunity as well as threat. • Need to think about how to integrate external audit recommendations, include as a subsection of the core internal audit report just to keep some visibility for the committee. • To established the line of sight over all HR systems and how they are embedded in the organisation, what is the path of resolution and is it drawn in to the wider programme of work
Date of next meeting	• 19 January 2022

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 12
Report of the people committee
Board of directors 28 October 2021

Report title	Report of the people and culture committee
Report from	Tessa Green, acting chairman, people and culture committee
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people

Brief summary of report

Attached is a brief summary of the people and culture committee meeting that took place on 21 September 2021.

Action Required/Recommendation.

Board is asked to:

- Note the report of the people and culture committee and gain assurance from it.

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

People & culture committee summary report – 21 September 2021

Governance	• Quorate – Yes • Attendance – 83%
Discussion points	***Workforce strategy*** **Programme plan** • The committee had sought more assurance about the programmes in train and any slippages in timescale. • There are currently three work programmes; getting the basics right, workforce transformation and HR improvement. The plan sets out delivery against the objectives set by the board in October 2020. • There are 25 projects with 1 complete, 4 not yet started and slippage on 6 due to resource constraints and issues with external partners. **Agile working** • A detailed discussion took place on agile working and the future direction of travel which has inevitably become more of an issue throughout the Covid period. • A set of activities and principles underpinned by a risk management framework that determined the appropriate levels of agile and office working had been agreed. • Medical staff are already work in a flexible way with 7% of consultations being delivered via Attend Anywhere and 20% of consultations going through diagnostic lanes. Corporate teams are also working in a hybrid way. • There is no desire to return to pre-pandemic levels but it is important to think about equity and the opportunity provided by Oriel, as well as financial and cultural considerations. • Discussion took place about the operational impact and the learning and limitations from the action that has been taken. • Staff expectation must also be taken into account as we are already seeing people expecting to work differently and will need to clarify the organisational position. **QSIS update** • Transformation work streams are focused on four areas – digital, outpatients, surgical pathways and quality & communication. • Digital – reviewing the development of digital transformation and clinical pathways and facilitating the development of a tool that allows us to better communicate with patients and refine administrative processes. • OP – focus is on diagnostic hubs and working on stratification pathways with glaucoma and MR services, although now other services such as cataract are being reviewed. • Surgical – work being done on cataract hub pathways and theatre productivity. • Service change and impact on patients and staff – working with the booking centre to improve patient communication and performance. **Approach to engagement** • Staff survey results have been static for the last few years and it is important to try and build trust with staff and close the gap between what we say and what we do. • This is not simply an HR or annual staff survey issue so ownership must be created to make sure there is a link managers for managers with expert capacity.

	• Areas of focus need to be a clear offer around management development to build confidence and capability, enhancing the employee voice by galvanizing staff networks and relaunching and embedding bullying and harassment pathway. • Team fit and function often has the most effect on how staff experience their work environment so there is a need to focus on annual appraisal and a positive move to develop people as individuals. **WRES and WDES** • The trust has not seen the same improvement in overall staff engagement against the backdrop of the last 18 months, and in particular staff are seeing more harassment and bullying from patients. • Representation for disability is very low and inaccurate based on staff survey data where more people identify themselves as having disabled status. • Focus for WDES improvement needs to be on enhancing declaration rates and review of reasonable adjustments. • Representation for race is stable year on year and the trust generally does well against the national average but representation rates decrease from Band 8a upwards. • The team needs to interrogate recruitment data to see if the likelihood of being appointed from the shortlist has any relation to the banding of the vacancy. • It will be critical to review the way the trust captures its data to see if trends can be identified and associated mitigating actions. • The action plan includes the galvanizing staff networks, establishment of a staff reference group and implementing reverse mentoring. **Education and training prioritisation** • Working on a shared vision for the education and workforce strategy and what infrastructure is needed to develop the skills that have been identified from the training needs analysis. **Workforce risks** • Key areas of focus relate to workforce planning, the payroll function and contract and the interoperability of workforce systems and maximising their potential.
Key concerns	• General concern was raised as to the number of QSIS initiatives and how quickly it is possible to close them off, prioritise and focus. • Issues were raised around how trust values link in to engagement, and then how behaviours map to our values.
Discussions outside the committee	• Agile working – it will be important to get to a position where the requirements of Oriel are more clearly understood and a focus on the needs of the business along with any impact on the way staff view and deliver their roles. • The committee supported the principles of the approach to engagement but agreed that the more detailed mapping as to how identified roles fit with other work programmes, QSIS, etc. would need to take place and go through management executive and back to the committee.
Date of next meeting	• 16 November 2021