

## A MEETING OF THE BOARD OF DIRECTORS

To be held in public on  
**Thursday 26 November 2020 at 09:30am**  
**via Life size video link**

### AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 22 October 2020	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:20	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Freedom to speak up annual report	Assurance	Enclosed	IT	00:20	5
9.	Board assurance framework	Assurance	Enclosed	DP	00:10	All
10.	Committee terms of reference	Assurance	Enclosed	HE	00:10	6
11.	2021 Cycle of business	Approve	Enclosed	HE	00:05	6
12.	Membership council report	Note	Enclosed	TG	00:05	3
13.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
14.	AOB	Note	Verbal	TG	00:05	
15.	<b>Date of the next meeting – Thursday 28 January 2021 09:30am</b>					

\* 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 22 OCTOBER 2020**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director (via video link)
	Ros Given-Wilson (RGW)	Non-executive director (via video link)
	Nick Hardie (NH)	Non-executive director (via video link)
	David Hills (DH)	Non-executive director (via video link)
	Richard Holmes (RH)	Non-executive director (via video link)
	Sumita Singha (SS)	Non-executive director (via video link)
	Steve Williams (SW)	Non-executive director (via video link)
	Peng Khaw (PK)	Director of research & development (via video link)
	John Quinn (JQ)	Chief operating officer
	Nick Strouthidis (NS)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
In attendance:	Anita Aubrey (AA)	Service improvement
	Nora Colton (NC)	Joint director of education
	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Niloufar Hajilou (NH)	Head of quality and safety
	Richard Macmillan (RM)	General counsel
	Johanna Moss (JM)	Director of strategy & business development
	Sarah Needham (SN)	Deputy director of nursing
	Mark Redhead (MR)	Head of systems partnerships
	Nick Roberts (NR)	Chief information officer
	Ian Tombleson (IT)	Director of quality and safety
Governors:	Allan MacCarthy	Vice chair of the membership council
	John Sloper	Public governor, Beds & Herts
	Ian Wilson	Public governor, NWL
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Andrew Clark	Public governor, Beds & Herts
	Richard Collins	Patient governor

**20/2494 Apologies for absence**

Apologies were received from Andrew Dick and Tracy Luckett.

**20/2495 Declarations of interest**

There were no declarations of interests.

## **20/2496 Minutes of the last meeting**

The minutes of the meeting held on the 24 September 2020 were agreed as an accurate record.

## **20/2497 Matters arising and action points**

All actions were completed or attended to via the agenda.

## **20/2498 Staff stories**

SD introduced AA, who shared the story of her deployment to the Nightingale with the board. AA undertook the necessary training and started shift patterns which were generally a 50-hour week in 12-hour shift patterns. The Nightingale Wards were managed by staff in full PPE once patients were allocated. AA had not been in an intensive care area for a number of years but everyone was there to learn and brought different skills to the team, with a single goal which was to preserve life and care for people to get them stepped down out of the unit. A number of staff found it particularly challenging but there was a great deal of emotional support available.

Coming back to Moorfields was a very different challenge, and particularly in relation to getting back on public transport and helping people understand the effects of the virus on individuals.

AA's job at the trust is supporting the outpatient recovery plan, with a role to lead project support officers in developing diagnostic lanes and understand how patients and staff experience the new pathways. Her experience at the Nightingale allowed her to put systems in place to support both. Additional space for staff to be able to relax is critical to their health and wellbeing so that they have the space to talk and reflect now that close contact is not possible. AA also highlighted the importance of governance, guidelines and procedures in order to reduce variation and get staff working with the same approach.

AA thanked the board and the trust for giving her the opportunity to work at the Nightingale. It was noted that Moorfields sent over 150 staff to other trusts and the Nightingales in the first wave.

The huge effort made across the NHS was acknowledged and RGW asked if there were any plans to share the learning. SD advised that exit interviews had been conducted with those working at Nightingales along with reflection sessions. Work is under way to find a mechanism to share this information. It was agreed that it would be helpful to have a space for staff to come together in a forum to share themes, particularly for those staff that might need to go back.

**JM/SD to work together on how this forum might be delivered – 26.11.20**

## **20/2499 Chief executive's report**

The trust continues to manage the Covid-19 pandemic well, with elective care delivery back up and running with the exception of a small number of operating sessions and sites. The trust is delivering care at around 75% of pre-COVID19 levels.

It took some time to ramp up properly but this has put the trust in a better position to be able to cope with a second wave of the pandemic. There are no identified issues with PPE and IPC guidance for London is being followed. Patient and staff testing protocols remain in place.

There are approximately 500 people in hospitals with COVID19 in London, which is significantly lower than in April. However all providers need to prepare for the situation to change. It is critical to maintain the delivery of elective care. Staff sickness or external risks factors that we cannot manage are those that might affect the position.

The trust achieved a green rating for its internal audit on clinical audit, which is extremely positive and indicates the robustness of the clinical audit process.

Congratulations go to Anthony Khawaja who has been successful in achieving the prestigious UKRI Future Leaders Fellowship, which aims to develop, retain and sustain research and innovation talent in the UK.

A planning application for Oriel was submitted on 16 October to the London Borough of Camden. This is a significant milestone in the development of the project and congratulations go to JM, KM and the rest of the team.

## **20/2500 People plan overview**

The people plan was published in August and has a particular focus on health and wellbeing of staff and equality and diversity. It is important for the board to understand how this aligns with the trust workforce strategy. There are a number of other initiatives that have to be aligned, such as the objectives for NCL, London objectives, the WRES strategy, etc.

The plan sets out seven pledges to staff including 'belonging' in the NHS and growing for the future. SD presented the trust position against the provider-side objectives but stressed the importance of keeping focus on the objectives already in place for workforce transformation, planning and skill mix that are key to the trust strategy. There is more to do culturally on flexible working through the trust.

Three subgroups have been established that that will report to the people committee, focusing on EDHR, health and wellbeing and workforce transformation. There is also a lot of work to do on the maturity of workforce systems and making sure the right data and metrics can be reported. A review of all systems and their interoperability has been commissioned.

One of the growth areas is the supply side as there has been an increase in people applying to study and train in health and social care. This will require a relaunch of the promise and ambition for staff and objective to rapidly upskill and increase the workforce.

A health and wellbeing guardian needs to be identified by the board although the system is working on the role description as to what this would look like.

**Update to be provided  
– SD 26.11.20**

Historically, the trust has not had a great deal of flexible working in place and this could be an attribute in growing resources but presents a number of challenges. A home working survey has been conducted and the team is looking at how to use Kemp House as a test bed to test how people might work in a more agile way.

SS said that each trust should be able to tailor the people plan to their needs. Staff health and wellbeing is particularly important, and how to embed those principles within the workplace. Bullying and harassment also requires action but needs buy-in from staff.

SD advised that it has been identified that there is significant health and wellbeing offer at Moorfields but not all staff are aware of what is on offer. The trust will also need to work with staff to understand what it is they want and how to work together to deliver through a significant period of change. There are still issues in terms of staff reporting but people are using the bullying and harassment pathway. It is critical to make sure work is evidence-based.

It was agreed that the working groups will need a clear work plan and set of priorities, along with a risk register describing the consequences of delaying specific initiatives. The people committee has a key role in holding the team to account and overseeing delivery.

NH asked how bank and agency staff fit within the plan. 65% of bank shifts are done by the trust's own substantive staff and there is a smaller pool of bank-only staff. The key issue will be how to manage the partner contract. There is a relatively low level of agency staff but this is being worked on at an STP level.

Another critical factor will be to bring in stakeholders that are working on digital technology to see how that impact staff and what opportunities it will present to allow people to continue to work virtually.

#### **20/2501 Learning from deaths Q2**

There were no deaths in scope to report in the most recent quarter.

#### **20/2502 Guardian of safe working**

The role of the guardian is to make sure that doctors are working safely in relation to their contracted hours. There have been no incident reports over the last quarter.

Concern was raised at the junior doctor's forum over the impact of some of the changes required by the response to COVID19 in relation to surgical training. The trust has been slower than others in ramping up surgical training opportunities for more junior trainees although the situation is improving. The trust potentially has too many trainees for the number of training opportunities but mitigations are in place for any potential impact.

**Keep the board  
updated as to  
progress – NS  
26.11.20**

#### **20/2503 Integrated performance report**

Activity is recovering well and a forecast was submitted in September. Monitoring

will take place against this forecast going forward. A number of trusts are still working on P2 patients but the trust is now seeing P4 patients.

Performance against KPIs is positive, with the 14-day locally agreed cancer target being missed by a small amount due to patient choice. Other targets are challenged but improving week on week.

The injection service is at 98% compared to last year's activity and this includes patients that are vulnerable either from an age or co-morbidity perspective. The service has been very proactive in reminding patients from the beginning of the urgency of their condition.

A cataract drive is taking place at SGH this week, with planning in place for a similar drive in the north at the end of November.

RGW noted that the average call waiting time was under 1 minute in June/July but moved to over 2 mins in August. This was raised at the quality and safety committee as one of the key themes in relation to communication with patients.

NR explained that redirecting calls from external patients to staff working at home means using both an internal and external line, which reduces capacity by 50%. Work is being done to increase capacity and expediting with suppliers.

Figures have been decreasing for appraisal compliance and IG training as staff have not been coming in to the office. There is guidance in place for managers as to how to conduct appraisals remotely and what support we give them to do so. Most training should be available remotely and through the app., although there is often a fluctuation in IG training as it is not evenly spread throughout the year. Another challenge is how to set objectives when the nature of work has changed, as well as how managers connect with staff to check on their wellbeing.

## **20/2504 Finance report**

M6 is the last month of the COVID19 response financial regime. The deficit prior to the application of top-up funding has reduced to £4.3m. Activity has moved up to 63% largely as a consequence of the cataract drive, although there has been an increase in both elective and outpatient at 63% and 41% respectively against plan.

There have been increases of £600k against the pay bill and £1.1m against drugs and clinical supplies. There was also an increase in bank spend of £300k due to cataract week which impacted on City Road and a non-recurrent investment in IT. A £300k substantive uplift is in place to deal with legacy payroll issues. These items need to be stripped away to understand the underlying cost base. From next month providers will be moving into new financial architecture which is a block contract with activity targets.

Cash is up £1.6m to £83.6m and there has been a £600k reduction in debt in-month.

A review is underway as to how a more agile workforce is remunerated, and whether there is a higher variable pay element and reduced substantive.

It is expected that the trust will be running at a loss for the rest of the financial year, as well as carrying £80m worth of advanced service level agreements and a high level of accruals as a consequence of delayed NHS billing that will come through in the last months of the year.

## **20/2505 Provider alliance**

All providers have been working in a different way throughout the pandemic and moves are being made at looking at how the sector continues to collaborate. This does not create a legal organisation but more a collaborative way of working. It is important that the trust concedes to changes that do not reduce its sovereignty as an NHS Foundation Trust. However, all providers are working together and have been doing so throughout the pandemic. This is likely to be the way that systems work in future, as the pandemic has allowed a more efficient and collaborative way of working in relation to clinical care.

Autonomous organisations have worked together in the past to work on shared services. There are a number of things the trust might wish to do that are not possible to do due to the size of the organisation. This architecture would allow more flexibility and help improve the way patient care is provided.

The digital and IT agenda and future of the landscape are built on the premise that trusts are able to do things at scale and make the patient journey more efficient and effective.

It was agreed that clarity is still required as to how this fits into ICS; how ophthalmology fits in to the sector, and the trust's management bandwidth. There is no legislative framework to support at this stage, but agreed that the trust should be engaged and influencing from the beginning. All executives are involved in the ICS work streams and it is important as a specialist hospital to be involved.

VB asked for clarification as to why the provider alliance and ICS are separate. The ICS is much broader and brings in local authorities, commissioning, etc. The provider alliance has to work together to understand how to deliver what the ICS needs. It will be important to avoid conflicts of interest although it was agreed that it is important to be involved. An example was given of paediatric surgical ophthalmology which has temporarily moved from the Royal Free to MEH. It is easier within this framework such changes happen.

UCL is also playing an important role in the alliance, and the trust continues to make sure the relationship with UCL is developed.

Another factor will be the shape of the trust network and how to work with provider alliances across each ICS in each system. It was also acknowledged that conflicts will arise and that the decisions the provider alliance wishes to make will not always be in alignment with what is best for the trust. However, it is more of a risk not to be involved at the early stages.



## **20/2506 Report from the quality and safety committee**

The July meeting focused on infection prevention and control, PPE and fire safety, and work on stratification and communication with patients, particularly those at lower risk.

In September discussion focused on AI as an increasing theme, with a number of concerns and issues around the adoption of AI and making sure there is safe digital support in place. Discussion also took place about clinical audit which is being established for each of the new pathways that have been developed to make sure there is robust clinical oversight.

There have been increased reports of aggression towards staff which is being driven by anxiety so this needs to be kept under close review.

## **20/2507 Report from the audit and risk committee**

There were a number of issues raised around SBS contract management, with key recommendations focusing on having in place a specific contract management plan and having touch points in the organisation to deal with problems as they arise.

The culture of controls audit covers some of the 'softer' elements of internal control and governance and looked at staff surveys and outcomes of workshops held with staff. Staff said that they didn't always feel that data was reliable, and were not always aware of how concerns can be raised. There is an overall lack of understanding as to the purpose of internal controls and why they are necessary. Discussion took place about getting simple SOPs in place and in line with all managers. NH noted that it was positive to see governance being raised as an important issue by staff but that this needs to permeate through the organisation.

Good progress has been made on job planning with all job plans loaded on to Allocate for consultants. This now needs to align with the planning process so that individual and team job plans can be used to inform business planning.

The board assurance framework will come to the next board meeting for review. There have been reduction in the scores relating to Covid-19 and commercial risks although they remain significant.

The committee was also advised of the new NAO code of practice and change in practice to accounting and consultancy to mitigate conflicts of interest.

SW asked about the concern raised on dates being pushed back and actions not being completed. NH reported issues around timings of the reports and a tension in relation to the perception of responsiveness from management and internal audit. Although there has been good progress in the last 18 months, IA are stretched in terms of resource and the trust needs to be realistic in setting dates for management recommendations to be completed. The committee will in future require those responsible for continued failure to achieve recommendations and actions to report to them.



In relation to salary overpayments, an audit has been commissioned of all salary overpayments to understand the causes. This is often a complex situation that arises from having a matrix management model in the organisation. There is resource in place to review the position. NH advised that it would be very unlikely to have no salary overpayments but that the trust needs to understand the reasons behind them in order to address.

**20/2508 Report from the people and culture committee**

The committee discussed the people plan, WRES and WDES figures, salary overpayments and a progress update on the workforce strategy.

Board level appointments are required for both WRES and health and wellbeing although this had been discussed previously in the meeting.

The people plan has 103 priority areas, so need to keep under review the alignment of the trust priorities and those of the people plan.

**20/2506 Identify any risk items arising from the agenda**

Management bandwidth is an issue; need to work out how to make sure this risk is reflected in the BAF.

**HE to work with  
executive on how to  
articulate – 26.11.20**

**20/2507 AOB**

None.

**20/2508 Date of the next meeting – Thursday 26 November 2020**

**BOARD ACTION LOG**

<b>Meeting Date</b>	<b>Item No.</b>	<b>Item</b>	<b>Action</b>	<b>Responsible</b>	<b>Due Date</b>	<b>Update/Comments</b>	<b>Status</b>
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	28.01.20		Open
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	TBA		Open
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	28.01.20		Open
23.01.20	20/2395	Administration and booking process	Update to be provided in six months	JQ	28.01.20		Open
28.05.20	20/2448	Finance report	Advise on suitable timeline for CIP review	JW	26.11.20	JW to update on current position	Open
22.10.20	20/2498	Staff stories	JM/SD to work together on a mechanism to develop a staff learning and sharing forum.	JM/SD	26.11.20		Open
22.10.20	20/2500	People plan overview	Update to be provided on a board health and wellbeing guardian role description.	SD	26.11.20		Open
22.10.20	20/2502	Guardian of safe working	Keep the board updated as to progress in relation to surgical training opportunities for junior doctors.	NS	26.11.20		Open
22.10.20	20/2506	Identify any items for the risk register arising from the agenda	Work with executive on how to articulate management bandwidth issue	HE	26.11.20		Closing



## Glossary of terms – November 2020

<b>Oriel</b>	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.
<b>AAR</b>	After action review
<b>AHP</b>	Allied health professional
<b>AI</b>	Artificial intelligence
<b>ALB</b>	Arms length body
<b>AMRC</b>	Association of medical research charities
<b>ASI</b>	Acute slot issue
<b>BAF</b>	Board assurance framework
<b>BAME</b>	Black, Asian and minority ethnic
<b>BRC</b>	Biomedical research centre
<b>CCG</b>	Clinical commissioning group
<b>CIP</b>	Cost improvement programme
<b>CPIS</b>	Child protection information sharing
<b>CQC</b>	Care quality commission
<b>CQRG</b>	Commissioner quality review group
<b>CQUIN</b>	Commissioning for quality innovation
<b>CR</b>	City Road
<b>CSSD</b>	Central sterile services department
<b>CTP</b>	Costing and transformation programme
<b>DHCC</b>	Dubai Healthcare City
<b>DMBC</b>	Decision-making business case
<b>DSP</b>	Data security protection [toolkit]
<b>ECLO</b>	Eye clinic liaison officer
<b>EDI</b>	Equality diversity and inclusivity
<b>EDHR</b>	Equality diversity and human rights
<b>EMR</b>	Electronic medical record
<b>ENP</b>	Emergency nurse practitioner
<b>EU</b>	European union
<b>FBC</b>	Full business case
<b>FFT</b>	Friends and family test
<b>FRF</b>	Financial recovery funding
<b>FT</b>	Foundation trust
<b>FTSUG</b>	Freedom to speak up guardian
<b>GDPR</b>	General data protection regulations
<b>GIRFT</b>	Getting it right first time
<b>GoSW</b>	Guardian of safe working
<b>HCA</b>	Healthcare assistant
<b>I&amp;E</b>	Income and expenditure
<b>IFRS</b>	International financial reporting standards
<b>IOL</b>	Intra ocular lens



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

Report to Trust Board							
Report Title		Integrated Performance Report - October 2020					
Report from		John Quinn, Chief Operating Officer					
Prepared by		Performance And Information Department					
Previously discussed at		Trust Management Committee					
Attachments							
Brief Summary of Report							
<p>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.</p>							
<u>Executive Summary</u>							
<p>The IPR continues to reflect the Trust performance during the COVID period. Activity still remains below historical averages however there is improvement from the previous month.</p> <p>The phase 3 letter targets for recovery should be at 90% for elective compared to the same period last year and 100% for outpatients. The Trust forecast in response to this was to achieve 91% for elective and 69% for outpatients The Trust has achieved 88% for elective and 72% for outpatients</p> <p>Access recovery the Trust is improving the RTT position and this is expected to continue. Delivery of the cancer targets remains good with the exception of one breach in the 2 week wait pathway. Long waiter patients above 52 weeks are improving and again this is expected to continue to improve.</p> <p>Average call times are increasing. This is due to increased calls as we recover and also known issues with our telephone lines. This is being monitored through the recovery oversight committee and a paper is being presented at the next meeting in how patient communication can be improved.</p> <p>Appraisal rate remain below target which was due to a decision made during the Covid response to refocus this. However as staff return to work more normally managers are now picking appraisal back up and this is expected to improve over the coming months.</p>							
Action Required/Recommendation							
<p>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.</p>							
For Assurance	X	For decision		For discussion		To Note	

## Trust Executive Summary By Scorecard Domain - October 2020

### Service Excellence (Ambitions)

#### Patient Centred Care

	G	A	R
<b>Total</b>	<b>28</b>	<b>1</b>	<b>4</b>
Cancer	4	0	1
Access & Outpatients	1	1	3
Admitted	6	0	0
Quality & Safety	17	0	0
Private Patients	0	0	0

#### Collaborative Research

G	A	R
1	0	0

#### Innovation & Education

G	A	R
0	0	0

#### Influence National Policy

G	A	R

*In Development*

### People (Enablers)

#### Workforce Metrics

G	A	R
0	0	2

#### Staff Satisfaction & Advocacy

G	A	R
0	0	0

### Infrastructure & Culture (Enablers)

#### Digital Delivery

G	A	R
2	0	0

#### Research

G	A	R
3	0	0

### Financial Health & Enterprise (Enablers)

#### Overall Plan

G	A	R
1	0	0

#### Commercial Operations

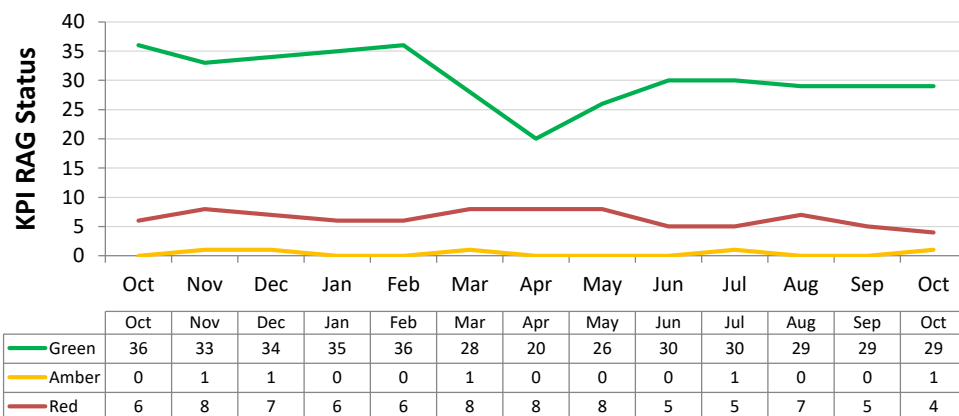
G	A	R
2	0	0

#### Cost Improvement Plans

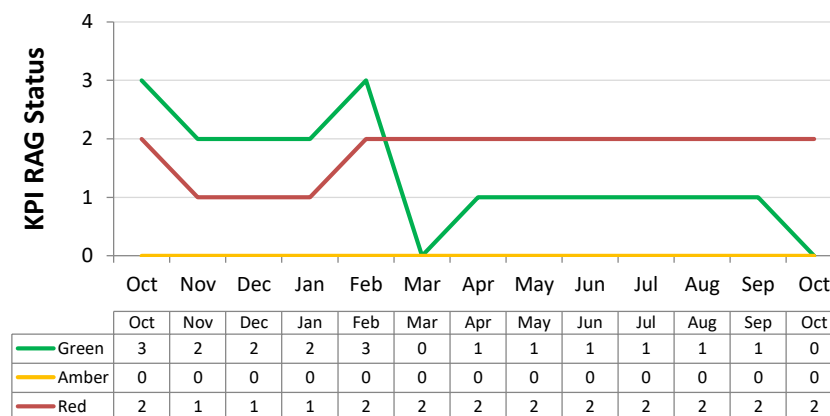
G	A	R
0	0	0

## Executive Summary - Scorecard Domain Trends

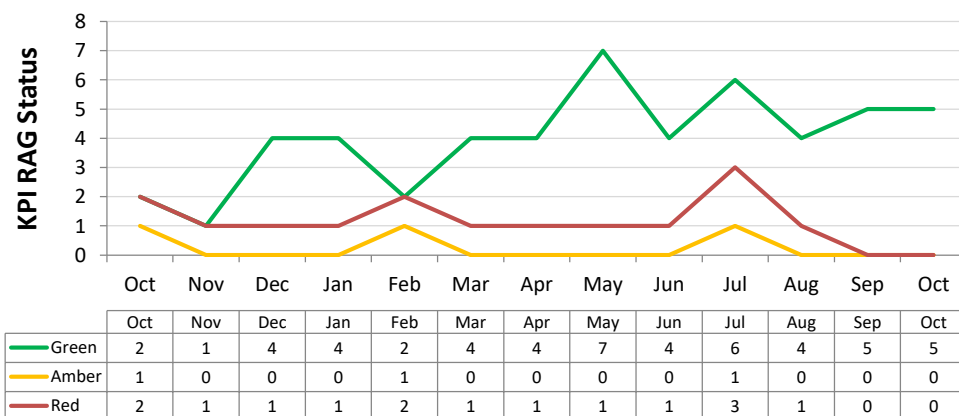
### Service Excellence (Ambitions)



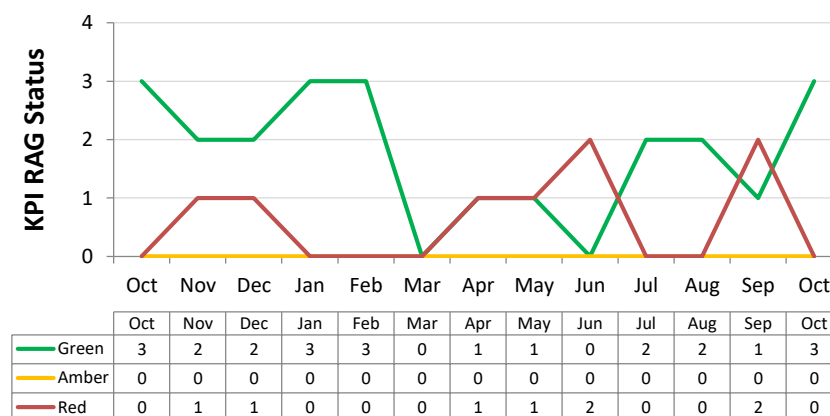
### People (Enablers)



### Infrastructure & Culture (Enablers)



### Financial Health & Enterprise




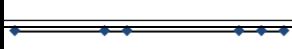




















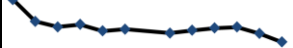











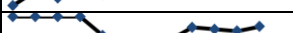





## Context - Overall Activity - October 2020

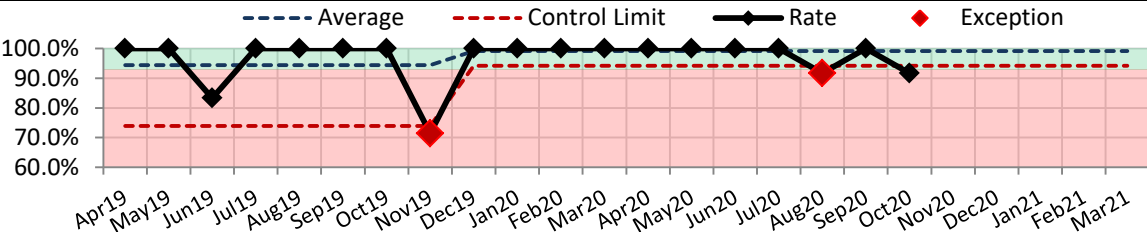
		October 2020		Monthly Variance	Year To Date		YTD Variance
		2019/20	2020/21		2019/20	2020/21	
<b>Accident &amp; Emergency</b>	A&E Arrivals (All Type 2)	8,533	5,445	- 36.2%	59,845	36,452	- 39.1%
	Number of 4 hour breaches	230	0	- 100.0%	1,052	9	- 99.1%
<b>Outpatient Activity</b>	Number of Referrals Received	13,189	7,910	- 40.0%	87,007	36,682	- 57.8%
	Total Attendances	56,707	41,012	- 27.7%	364,032	152,155	- 58.2%
	First Appointment Attendances	12,637	7,870	- 37.7%	80,780	28,828	- 64.3%
	Follow Up (Subsequent) Attendances	44,070	33,142	- 24.8%	283,252	123,327	- 56.5%
<b>Admission Activity</b>	Total Admissions	3,488	2,711	- 22.3%	23,344	8,635	- 63.0%
	Day Case Elective Admissions	3,149	2,565	- 18.5%	20,934	7,338	- 64.9%
	Inpatient Elective Admissions	112	70	- 37.5%	715	338	- 52.7%
	Non-Elective (Emergency) Admissions	227	76	- 66.5%	1,695	959	- 43.4%

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

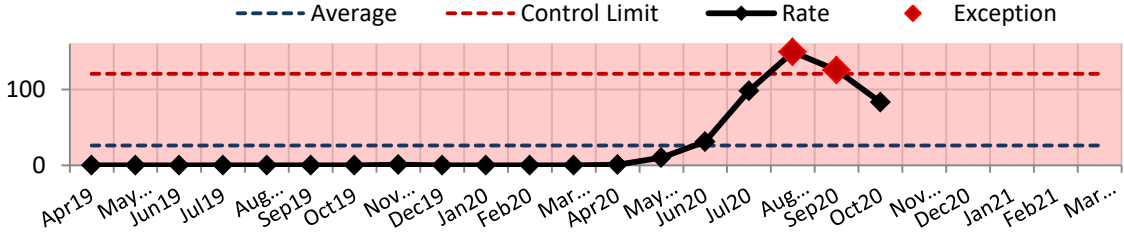
Domain	Service Excellence (Ambitions)					October 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 20	Aug 20	Sep 20	Oct 20	13 Month Series	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	R	7	96.2%	Monthly	100.0%	91.7%	100.0%	91.7%		↓
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	G		95.0%	Monthly	92.7%	93.9%	92.9%	98.6%		↑
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%	G		100.0%	Monthly	n/a	100.0%	100.0%	100.0%		→
	Cancer 28 Day Faster Diagnosis Standard	≥85%			87.2%	Monthly	100.0%	100.0%	75.0%	71.4%		
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	R	8	52.0%	Monthly	29.4%	36.0%	47.7%	59.3%		↓
	52 Week RTT Incomplete Breaches	Zero Breaches	R	9	497	Monthly	98	149	125	83		↓
	A&E Four Hour Performance	≥95%	G		100.0%	Monthly	100.0%	100.0%	99.9%	100.0%		↑
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	A	10	49.3%	Monthly	30.3%	36.7%	69.0%	97.1%		↑
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	R	11	n/a	Monthly	58	122	454	453		↓
Patient Centred Care (Access & Outpatients)	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 95Mins			n/a	Monthly	92	87	98	93		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 85Mins			n/a	Monthly	79	78	82	85		↑

Domain		Service Excellence (Ambitions)				October 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 20	Aug 20	Sep 20	Oct 20	13 Month Series	vs. Last
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	G		6.3%	Monthly	6.6%	5.9%	6.8%	6.6%		↓
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	G		0.38%	Monthly	0.72%	0.84%	0.42%	0.15%		↓
	Mixed Sex Accommodation Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	G		n/a	Monthly (Rolling 3)	4.21%	3.67%	0.93%	0.00%		↓
	VTE Risk Assessment	≥95%	G		97.7%	Monthly	98.2%	96.5%	99.5%	98.6%		↓
	Posterior Capsular Rupture rates	≤1.95%	G		1.05%	Monthly	0.00%	1.40%	1.10%	1.11%		↑
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	G		1	Monthly	0	0	1	0		↓
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant				Quarterly			0			
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	MSSA Rate - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G		100.9%	Monthly	97.5%	101.6%	102.8%	109.2%		↑
	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		95.2%	Monthly	96.0%	96.2%	95.3%	94.3%		↓
	A&E Scores from Friends and Family Test - % positive	≥90%	G		94.4%	Monthly	94.7%	93.9%	94.0%	94.0%		→
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		93.2%	Monthly	93.8%	93.5%	93.6%	93.0%		↓
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		94.4%	Monthly	95.2%	94.1%	95.7%	93.7%		↓

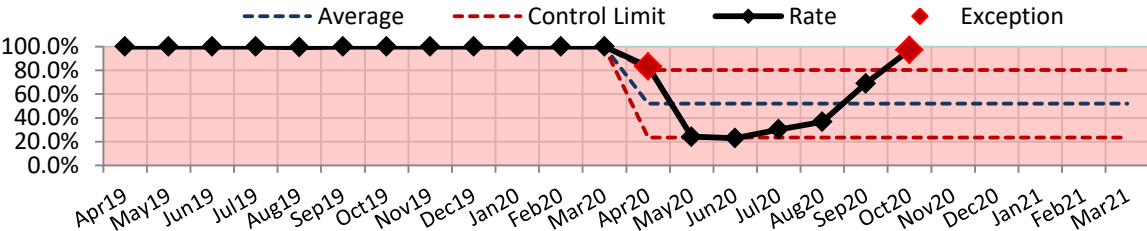
Domain		Service Excellence (Ambitions)				October 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 20	Aug 20	Sep 20	Oct 20	13 Month Series	vs. Last
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases	G		0	Monthly	0	0	0	0		◆
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G			Monthly	0	0	0	0		→
	Percentage of responses to written complaints sent within 25 days	≥80%	G		97.8%	Monthly (Month in	100.0%	93.3%	100.0%	96.6%		
	Percentage of responses to written complaints acknowledged within 3 days	≥80%	G		98.3%	Monthly	100.0%	100.0%	96.6%	96.7%		↑
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		91.5%	Monthly (Month in	94.7%	93.8%	92.9%	95.1%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		98.5%	Monthly (Month in	94.9%	100.0%	97.6%	93.2%		↓
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		2	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open				Monthly	0	78	46	122		↑
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1800			598	Monthly	43	227	236	61		↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G		n/a	Monthly	3.6%	4.8%	5.0%	5.1%		↑

Remedial Action Plan - October 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Cancer)
Cancer 2 week waits - first appointment urgent GP referral							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20				
≥93%	R	97.5%	100.0%	91.7%	100.0%	91.7%				
Divisional Benchmarking (Oct 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Previously Identified Issues										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>2WW performance was below the target in October due to a single breach to the standard, which occurred as the result of an administrative error in the booking centre.</p> <p>The patient concerned was booked outside of breach in error. This was flagged to the booking centre by the Adnexal and Oncology Service Manager, who was subsequently assured the patient had been rescheduled to an earlier date within breach. They had not been. The patient attended on day 16.</p>							<p>The error has been highlighted to the individual responsible, with expectations reiterated.</p> <p>Ongoing scrutiny via the weekly Cancer Performance meeting.</p>		December 2020	

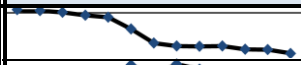
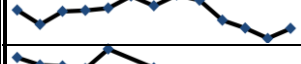
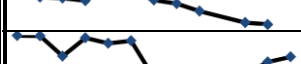

Remedial Action Plan - October 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
18 Week RTT Incomplete Performance							Lead Manager		Responsible Director	John Quinn
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20	<div> <div> Average Control Limit Rate Exception </div> </div>			
≥92%	Red	52.0%	29.4%	36.0%	47.7%	59.3%				
Divisional Benchmarking (Oct 20)				City Road	North	South				
				69.8%	34.2%	43.8%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Impact on performance due to Covid-19 deferral of activity.							Ongoing review of activity which can be safely stepped up in line with national and regional guidance. Plan for WL to be back at pre-Covid-19 levels by May 2021.		May 2021	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Impact on performance due to Covid-19 deferral of activity.							Ongoing review of activity which can be safely stepped up in line with national and regional guidance. Plan for WL to be back at pre-Covid-19 levels by May 2021.		May 2021	

Remedial Action Plan - October 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
52 Week RTT Incomplete Breaches							Lead Manager		Responsible Director	John Quinn
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20				
Zero Breaches	Red	497	98	149	125	83				
Divisional Benchmarking (Oct 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Backlog of cases due to Covid cancellation. Delays with 52 week clearance due to patient choice and specialism of cases.							Weekly PTL meetings with division to focus on all patients 46 weeks+ and identify plans for patients both over 52 weeks and at risk of tipping over.		Nov 2020	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Ongoing challenge with booking patients in particular sub-specialties within City Road, St George's Hospital and Northwick Park.							Ongoing weekly management via PTL meeting and Access meeting.		January 2021	
Legacy DVH patients requesting to remain within Moorfields Eye Hospital but are long RTT waits.							Patients being offered dates in November to be treated.		December 2020	

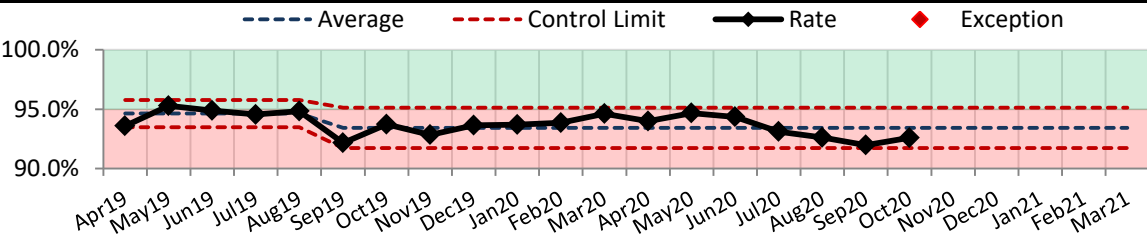







Remedial Action Plan - October 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Percentage of Diagnostic waiting times less than 6 weeks							Lead Manager	Kerry Tinkler	Responsible Director	John Quinn
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20				
≥99%	Red	49.3%	30.3%	36.7%	69.0%	97.1%				
Divisional Benchmarking (Oct 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Backlog clearance following suspension of medium and low risk activity.							Additional clinics implemented and 6 week waiters (excluding patient choice) will be cleared by December 2020.		Dec 2020	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Backlog clearance following suspension of medium and low risk activity.							Additional clinics implemented and 6 week waiters (excluding patient choice) will be cleared by December 2020.		December 2020	

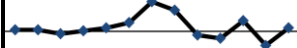
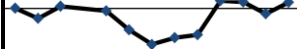

Remedial Action Plan - October 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Average Call Waiting Time							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20				
≤ 3 Mins (180 Sec)	Red	n/a	58	122	454	453				
Divisional Benchmarking (Oct 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Outstanding Issues or Actions										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Increase in call volumes have resulted in almost double daily call volumes for the team to manage. This is a result of queries from patients about appointments and the ongoing challenges regarding telephone systems which mean calls often divert to booking centre when patients cannot get through.							1) Team are looking to increase WTE staff via bank, 2) Patient portal business case submitted to improve with patient communications, 3) Implementing messaging and email service in conjunction with communications team, 4) Telephone system upgrade to be completed mid-November.		January 2021	

Domain	People (Enablers)					October 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 20	Aug 20	Sep 20	Oct 20	13 Month Series	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R	13	n/a	Monthly	68.0%	66.8%	66.8%	65.4%		↓
	Information Governance Training Compliance	≥95%	R	14	n/a	Monthly	93.1%	92.6%	92.0%	92.6%		↑
	Staff Turnover (Rolling Annual Figure)	≤15%			9.4%	Monthly	n/a	10.2%	10.0%	n/a		
	Proportion of Temporary Staff	RAG as per Spend			5.7%	Monthly	4.7%	5.0%	7.7%	8.9%		↑

Remedial Action Plan - October 2020							Domain	People (Enablers)	Theme	Workforce Metrics																																																																											
Appraisal Compliance							Lead Manager	Nicky Wild	Responsible Director	Sandi Drewett																																																																											
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20	<div><div><div>Average</div><div>Control Limit</div><div>Rate</div><div>Exception</div></div><table border="1"><thead><tr><th>Month</th><th>Rate</th><th>Control Limit</th></tr></thead><tbody><tr><td>Apr19</td><td>78.0%</td><td>80.0%</td></tr><tr><td>May19</td><td>80.0%</td><td>80.0%</td></tr><tr><td>Jun19</td><td>82.0%</td><td>80.0%</td></tr><tr><td>Jul19</td><td>78.0%</td><td>80.0%</td></tr><tr><td>Aug19</td><td>78.0%</td><td>80.0%</td></tr><tr><td>Sep19</td><td>80.0%</td><td>80.0%</td></tr><tr><td>Oct19</td><td>82.0%</td><td>80.0%</td></tr><tr><td>Nov19</td><td>82.0%</td><td>80.0%</td></tr><tr><td>Dec19</td><td>80.0%</td><td>80.0%</td></tr><tr><td>Jan20</td><td>80.0%</td><td>80.0%</td></tr><tr><td>Feb20</td><td>78.0%</td><td>80.0%</td></tr><tr><td>Mar20</td><td>75.0%</td><td>75.0%</td></tr><tr><td>Apr20</td><td>70.0%</td><td>70.0%</td></tr><tr><td>May20</td><td>68.0%</td><td>70.0%</td></tr><tr><td>Jun20</td><td>68.0%</td><td>70.0%</td></tr><tr><td>Jul20</td><td>68.0%</td><td>70.0%</td></tr><tr><td>Aug20</td><td>68.0%</td><td>70.0%</td></tr><tr><td>Sep20</td><td>68.0%</td><td>70.0%</td></tr><tr><td>Oct20</td><td>65.4%</td><td>70.0%</td></tr><tr><td>Nov20</td><td>65.0%</td><td>70.0%</td></tr><tr><td>Dec20</td><td>65.0%</td><td>70.0%</td></tr><tr><td>Jan21</td><td>65.0%</td><td>70.0%</td></tr><tr><td>Feb21</td><td>65.0%</td><td>70.0%</td></tr><tr><td>Mar21</td><td>65.0%</td><td>70.0%</td></tr></tbody></table></div>				Month	Rate	Control Limit	Apr19	78.0%	80.0%	May19	80.0%	80.0%	Jun19	82.0%	80.0%	Jul19	78.0%	80.0%	Aug19	78.0%	80.0%	Sep19	80.0%	80.0%	Oct19	82.0%	80.0%	Nov19	82.0%	80.0%	Dec19	80.0%	80.0%	Jan20	80.0%	80.0%	Feb20	78.0%	80.0%	Mar20	75.0%	75.0%	Apr20	70.0%	70.0%	May20	68.0%	70.0%	Jun20	68.0%	70.0%	Jul20	68.0%	70.0%	Aug20	68.0%	70.0%	Sep20	68.0%	70.0%	Oct20	65.4%	70.0%	Nov20	65.0%	70.0%	Dec20	65.0%	70.0%	Jan21	65.0%	70.0%	Feb21	65.0%	70.0%	Mar21	65.0%	70.0%
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Previously Identified Issues							Previous Action Plan(s) to Improve			Target Date	Status																																																																										
At the start of the Covid-19 period an executive decision was made to suspend the appraisal process. The appraisal process has now restarted with new Covid-19 specific guidance but it is recognised that recovery towards target will take some time as working restrictions are still in place.							The development of support and guidance for virtual appraisal is on-going and a process of reminder emails to managers is now in operation. HR Business Partners are communicating appraisal rates with Divisional Management Teams on a monthly basis.			Mar 2020	In Progress (Update)																																																																										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance			Target Date																																																																											
Remote working and Covid pressure and recovery planning							In addition to the above, the learning and development team are providing additional support to manager to undertake appraisals remotely.			March 2021																																																																											

Remedial Action Plan - October 2020							Domain	People (Enablers)	Theme	Workforce Metrics
Information Governance Training Compliance							Lead Manager	Jo Downing	Responsible Director	Ian Tombleson
Target	Rating	YTD	Jul-20	Aug-20	Sep-20	Oct-20				
≥95%	Red	n/a	93.1%	92.6%	92.0%	92.6%				
Divisional Benchmarking (Oct 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Organisational performance for IG training remains very good and close to the 95% target. This continues to stand up well during the COVID recovery phase and has shown good stability. However, issues have been identified with new starters not always completing their mandatory training before starting and data quality. The IGC and ITSG are concerned that all staff must have current IG training before being provided with passwords for our systems.							The IG team is working with L&D and IMDQG to 1) ensure all staff have IG training before they start the organisation 2) ensure that reminders are sent to the organisation focusing on those who are about to fall out of compliance or those that demonstrate long term poor compliance (for a variety of possible reasons) - sent by IG 3) fix any data quality issues. This requires continuous maintenance.		Dec 2020	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
As Above							Above actions still in progress			

Domain		Infrastructure & Culture (Enablers)				October 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 20	Aug 20	Sep 20	Oct 20	13 Month Series	vs. Last
Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	G		93.3%	Monthly	94.9%	94.4%	94.0%	94.2%		↑
	Data Quality - Ethnicity recording (A&E)	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
Research	70 Day To Recruit First Research Patient	≥80%	G		96.9%	Monthly	93.3%	93.3%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G		70.3%	Monthly	72.7%	72.7%	69.2%	69.2%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		100.5%	Monthly	87.3%	87.6%	100.0%	100.0%		→

Domain		Financial Health & Enterprise (Enablers)					October 2020					
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 20	Aug 20	Sep 20	Oct 20	13 Month Series	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G		n/a	Monthly	-0.63	0.91	-1.23	0.28		↑
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	G		-3.32	Monthly	0.28	0.23	-0.20	0.22		↑
	Private Patients Enquiry Line Conversion Rate	≥40%	G		40.9%	Monthly	58.6%	64.1%	55.5%	53.2%		↓





Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 07  
Finance report  
Board of directors 26 November 2020

<b>Report title</b>	Monthly Finance Performance Report Month 07 – October 2020
<b>Report from</b>	Jonathon Wilson, Chief Financial Officer
<b>Prepared by</b>	Justin Betts, Deputy Chief Financial Officer
<b>Link to strategic objectives</b>	Deliver financial sustainability as a Trust

### Executive summary

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

This report represents the Trusts revised 2020/21 financial plan submitted to NHSI in October 2020 in which the Trust has planned a deficit of £0.256m for the year.

For October the Trust is reporting :-

- **a £0.99m surplus position** adjusting for block payment and STP income support;
- **a deficit of £1.64m** prior to block payment support (£51.77m YTD);

Compared to initial plans, the Trust is reporting:-

- **£2.97m less income** from clinical activity than would be expected, (£55.33m YTD) offset by £2.63m block payment and STP income support;
- **£1.3m more income** due to commercial income/Research and other income;
- **£0.1m less pay**, and
- **£0.7m less non pay** operating expenditure.

<b>Financial Performance £m</b>	<b>Annual Plan</b>	<b>In Month</b>			<b>Year to Date</b>		
		<b>Plan</b>	<b>Actual</b>	<b>Variance</b>	<b>Budget</b>	<b>Actual</b>	<b>Variance</b>
Income	£245.5m	£20.5m	£21.5m	£1.0m	£143.3m	£127.6m	(£15.7m)
Pay	(£131.5m)	(£10.7m)	(£10.7m)	(£0.1m)	(£76.2m)	(£73.1m)	£3.1m
Non Pay	(£104.8m)	(£8.3m)	(£9.0m)	(£0.7m)	(£61.1m)	(£47.9m)	£13.2m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.7m)	£0.1m	(£5.2m)	(£5.6m)	(£0.4m)
<b>CONTROL TOTAL</b>	<b>(£0.3m)</b>	<b>£0.7m</b>	<b>£1.0m</b>	<b>£0.3m</b>	<b>£0.7m</b>	<b>£1.0m</b>	<b>£0.3m</b>

### Quality implications

Patient safety has been considered in the allocation of budgets.

### Financial implications

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

### Risk implications

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

### Action Required/Recommendation

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

<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>	✓	<b>To note</b>	✓
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**Moorfields  
Eye Hospital**  
NHS Foundation Trust



## **Monthly Finance Performance Report**

### **For the period ended 31<sup>st</sup> October 2020 (Month 07)**

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**Presented by**

Jonathan Wilson; Chief Financial Officer

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**Prepared by**

Justin Betts; Deputy Chief Finance Officer  
Amit Patel; Head of Financial Management  
Lubna Dharssi, Head of Financial Control

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# Monthly Finance Performance Report

For the period ended 31<sup>st</sup> October 2020 (Month 07)

## Key Messages

### Statement of Comprehensive Income

**Operational Planning** All NHS organisation were issued with revised control totals for the final six months of the year following mandated reported positions of breakeven for months 01-06. This report represents the Trusts revised 2020/21 financial plan submitted to NHSI in October 2020 in which the Trust was given a control total deficit of £0.256m for the year (including £5.064m STP support).

**Financial Position** For October the Trust is reporting:-

£0.99m surplus  
Including support

- a **£0.991m surplus** adjusting for block payment income support;
- a **deficit of £1.64m** prior to block payment support (£51.77m YTD);

Compared to the revised resubmitted plans, the Trust is reporting:-

- **£1.67m less income** than would be expected; offset by
- **£0.05m more pay**; and
- **£0.70m more non pay** operating expenditure (£0.35m drugs).

**Income** Total Trust income is £1.67m less than would be expected, consisting of:-

£1.67m less  
than plan pre  
support

- Clinical activity **income losses £2.97m**; (£55.33m YTD)
- Commercial **income gains £0.66m**; (£4.80m YTD losses)
- Research **income gains £0.04m**; (£4.09m YTD losses) and
- Other **income gains of £0.06m**; (£1.42m YTD losses).

Activity income, if reimbursed by normal contracting arrangements would total £12.94m compared to a plan of £15.91m - £2.97m adverse to plan.

**Expenditure** Pay costs are £0.05m above plan. Pay expenditure is broadly on plan and the small over-spend has been driven by additional temporary costs related to COVID and social distancing practices. Temporary staffing spend is £0.946m in month versus £1.487m in October 2019.

£0.75m adverse to  
plan  
(pay, non pay, excl  
financing)

Non-pay costs are £0.70m adverse to plan mainly due to Drugs (£0.35m), driven by the use of two Voretogene injections (£0.6m). Other adverse variances across included Clinical Supplies (£0.29m) relating to testing activity.

### Statement of Financial Position

**Cash and Working Capital Position** The cash balance at the 31<sup>st</sup> October is £83.3m significantly higher than initially planned, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisations have sufficient cash to deal with the initial emergency COVID response.

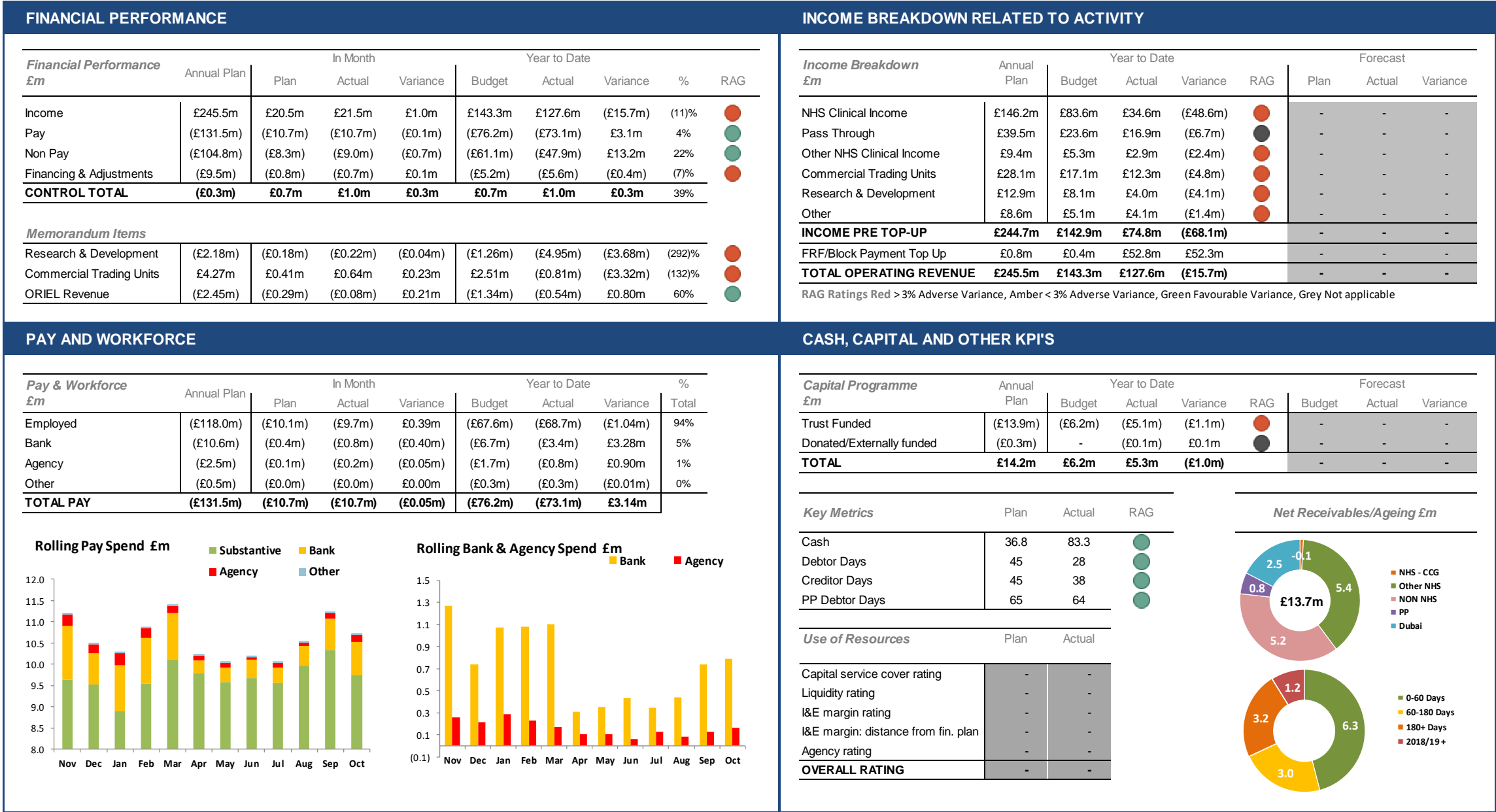
**Capital** Revised capital allocations for Trusts, and STP's were notified in May with a Trust funded limit of £13.7m for Moorfields. Current capital plans have been reviewed and amended in light of post COVID recovery and responses.

(both gross capital  
expenditure and CDEL)

Capital spend to October totalled £5.3m largely linked to Oriel and purchases of new medical equipment.

**Use of Resources** Current use of resources monitoring has been suspended.

# Trust Financial Performance - Financial Dashboard Summary



# Trust Income & Expenditure Performance

## FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month					Year to Date				
		Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
<b>Income</b>											
NHS Commissioned Clinical Income	185.67	15.91	12.94	(2.97)	(19)%	●	107.26	51.50	(55.33)	(52)%	●
Other NHS Clinical Income	9.36	0.66	0.86	0.21	31%	●	5.33	2.88	(2.45)	(46)%	●
Commercial Trading Units	28.14	2.26	2.92	0.66	29%	●	17.12	12.33	(4.80)	(28)%	●
Research & Development	12.87	0.95	1.32	0.36	38%	●	8.10	4.01	(4.09)	(51)%	●
Other Income	8.64	0.72	0.78	0.06	8%	●	5.08	4.08	(1.42)	(28)%	●
<b>Total Income</b>	<b>244.67</b>	<b>20.50</b>	<b>18.83</b>	<b>(1.67)</b>	<b>(8)%</b>	●	<b>142.89</b>	<b>74.80</b>	<b>(68.09)</b>	<b>(48)%</b>	●
<b>Operating Expenses</b>											
Pay	(131.55)	(10.68)	(10.73)	(0.05)	(0)%	●	(76.23)	(73.09)	3.14	4%	●
Drugs	(38.02)	(2.72)	(3.07)	(0.35)	(13)%	●	(21.99)	(15.48)	6.51	30%	●
Clinical Supplies	(21.10)	(1.64)	(1.75)	(0.11)	(7)%	●	(11.76)	(7.70)	4.06	35%	●
Other Non Pay	(45.63)	(3.95)	(4.19)	(0.23)	(6)%	●	(27.40)	(24.72)	2.68	10%	●
<b>Total Operating Expenditure</b>	<b>(236.30)</b>	<b>(18.98)</b>	<b>(19.74)</b>	<b>(0.75)</b>	<b>(4)%</b>	●	<b>(137.37)</b>	<b>(120.98)</b>	<b>16.38</b>	<b>12%</b>	●
<b>EBITDA</b>	<b>8.37</b>	<b>1.51</b>	<b>(0.91)</b>	<b>(2.42)</b>	<b>(160)%</b>	●	<b>5.52</b>	<b>(46.18)</b>	<b>(51.71)</b>	<b>(936)%</b>	●
Financing & Depreciation	(9.75)	(0.85)	(0.77)	0.08	9%	●	(5.28)	(5.93)	(0.65)	(12)%	●
Donated assets/impairment adjustments	0.29	0.05	0.05	(0.00)	(1)%	●	0.05	0.33	0.29	598%	●
<b>Control Total Surplus/(Deficit) Pre FRF/Top Up Payments</b>	<b>(1.09)</b>	<b>0.71</b>	<b>(1.64)</b>	<b>(2.35)</b>	<b>(330)%</b>	●	<b>0.29</b>	<b>(51.77)</b>	<b>(52.07)</b>	<b>(17,710)%</b>	●
Provider PSF/FRF	0.84	-	-	-	0%	●	0.42	-	(0.42)	(100)%	●
Covid Block Payments Received	-	-	2.63	2.63	0%	●	-	54.86	54.86	0%	●
Covid Top Up Payments	-	-	-	-	0%	●	-	(2.09)	(2.09)	0%	●
<b>Post PSF/FRF Control Total Surplus/(Deficit)</b>	<b>(0.26)</b>	<b>0.71</b>	<b>0.99</b>	<b>0.28</b>			<b>0.71</b>	<b>0.99</b>	<b>0.28</b>		

## Commentary

**Operating Income** The trust received block income payments during October based on an average of 2019/20 income levels adjusted for the de-commissioning of the Darent Valley site. Clinical activity levels recorded were 75% of planned levels expected during October. If the Trust was reimbursed under activity-based contracting arrangements, this income would have totalled £12.94m - £2.97m lower than plan.

£1.67m below plan pre support

Outside of NHS clinical income, all other areas were favourable, with Commercial Trading income (£0.66m higher than plan), Research (£0.36m favourable), and Other Income (favourable £0.06m) in excess of plan.

Including block income in excess of activity, and COVID reimbursement in aggregate totalling £2.63m the Trust reported a net £1.0m favourable income variance.

**Employee Expenses** Total pay costs were £0.05m adverse to plan, with bank and agency costs £0.54m (38%) less than 2019/20 M1-7 average expenditure levels.

£0.05m above plan During October there were increase in the use of bank staff across all staff groups in clinical areas as activity increased. There were also additional staffing requirements due to weekend working, social distancing, additional sessions, ward layout changes, and additional Administration staff were also required to reduce patient booking backlogs.

**Non Pay Expenses** Non pay costs are £0.70m adverse to plan mainly due to increased Drugs (£0.35m), Clinical Supplies (£0.11m) spend, whilst other expenditure overspent by £0.23m. These variances are now reporting against the revised plan which considers reduced activity levels. Drugs was overspent due to two Voretogene injections totalling £0.63m, whilst clinical consumables increased due to patient testing.

£0.99m below plan

(non pay and financing)

# Trust Patient Clinical Income Performance

## PATIENT ACTIVITY AND CLINICAL INCOME

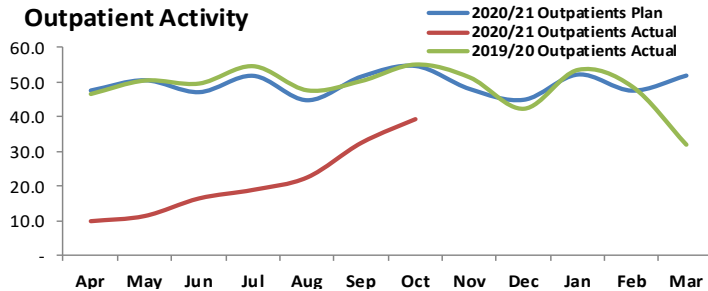
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	9,220	5,445	(3,775)	59%	63,089	36,457	(26,632)	58%	£9,839	£5,336	(£4,503)	54%
Daycase / Inpatients	3,372	2,579	(793)	76%	22,222	7,637	(14,585)	34%	£24,814	£9,128	(£15,686)	37%
High Cost Drugs	4,948	4,621	(327)	93%	32,609	24,545	(8,064)	75%	£21,290	£16,872	(£4,418)	79%
Non Elective	255	76	(179)	30%	1,762	961	(801)	55%	£3,444	£1,885	(£1,559)	55%
OP Firsts	11,915	6,813	(5,102)	57%	78,529	25,069	(53,460)	32%	£13,498	£4,295	(£9,203)	32%
OP Follow Ups	43,326	32,590	(10,736)	75%	285,556	126,040	(159,516)	44%	£29,415	£11,480	(£17,935)	39%
Other NHS clinical income									£2,510	£524	(£1,986)	21%
Total	73,036	52,124	(20,912)	75%	483,767	220,709	(263,058)	44%	£104,809	£49,519	(£55,290)	47%

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

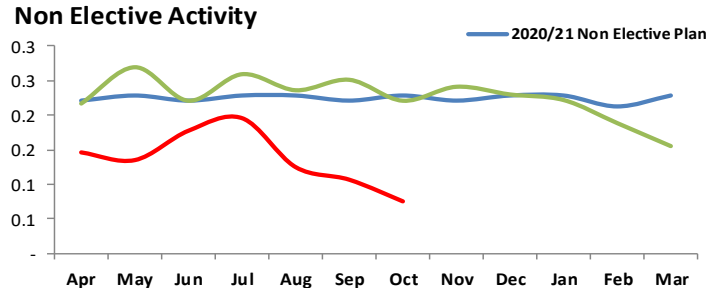
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

## ACTIVITY TREND

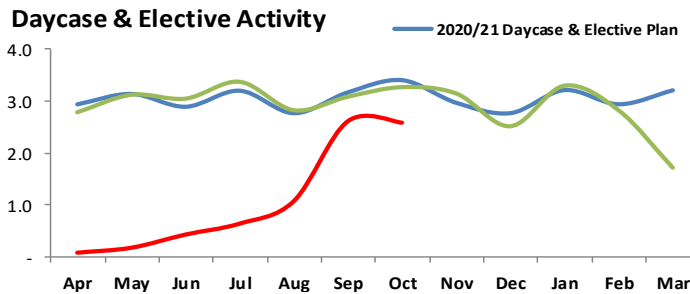
### Outpatient Activity



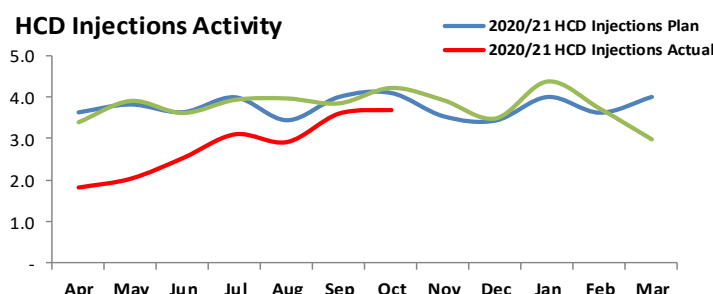
### Non Elective Activity



### Daycase & Elective Activity



### HCD Injections Activity



## Commentary

**NHS Income** Activity levels recorded during October were 75% of the 2020/21 activity plan levels (prior month: 63%).

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

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

NHS Patient Clinical activity income in October was £12m if reimbursed via activity based contracting arrangements £4m less than planned prior to top-up income shown on slide four.



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

## CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	1.6	0.2	0.0	(0.2)	1.2	0.7	(0.6)
Medical Equipment - Trust Funded	3.4	0.5	0.1	(0.4)	1.8	1.7	(0.1)
IT - Trust Funded	1.3	0.2	(0.0)	(0.2)	0.7	0.3	(0.3)
ORIEL - Trust Funded	5.8	0.2	0.2	(0.0)	2.2	2.1	(0.1)
Dubai - Trust funded	0.5	0.1	0.1	0.0	0.2	0.2	0.0
Other - Trust funded	1.4	0.1	-	(0.1)	0.2	0.1	(0.0)
<b>TOTAL - TRUST FUNDED</b>	<b>13.9</b>	<b>1.3</b>	<b>0.4</b>	<b>(0.9)</b>	<b>6.2</b>	<b>5.1</b>	<b>(1.1)</b>
Donated/Externally funded	0.3	-	-	-	-	0.1	0.1
<b>TOTAL INCLUDING DONATED</b>	<b>14.2</b>	<b>1.3</b>	<b>0.4</b>	<b>(0.9)</b>	<b>6.2</b>	<b>5.3</b>	<b>(1.0)</b>

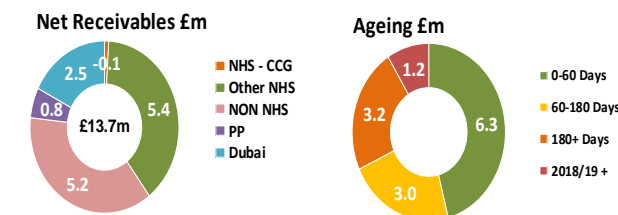
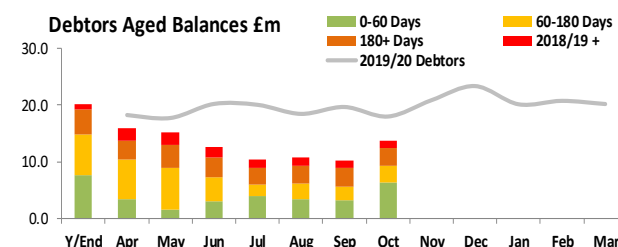
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.1	8.1		100%
Cash Reserves - B/Fwd cash	7.6	7.6		100%
Capital investment loan funding (approved)				0%
Cash Reserves - Other (PSF)				0%
Capital Loan Repayments	(1.8)	(1.8)		100%
<b>TOTAL - TRUST FUNDED</b>	<b>13.8</b>	<b>13.8</b>	<b>-</b>	<b>100%</b>
Donated/Externally funded	0.3	0.3		100%
<b>TOTAL INCLUDING DONATED</b>	<b>14.2</b>	<b>14.2</b>	<b>-</b>	<b>100%</b>

## STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	108.2	100.5	96.1	(4.3)
Current assets (excl Cash)	20.4	21.2	18.6	(2.6)
Cash and cash equivalents	29.3	36.8	83.3	46.6
Current liabilities	(34.5)	(36.3)	(71.8)	(35.6)
Non-current liabilities	(35.4)	(35.3)	(35.3)	(0.0)
<b>TOTAL ASSETS EMPLOYED</b>	<b>88.1</b>	<b>86.9</b>	<b>90.9</b>	<b>4.0</b>

## RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 +	Total
CCG Debt	(0.4)	-	0.1	0.1	(0.1)
Other NHS Debt	4.1	0.2	0.7	0.4	5.4
Non NHS Debt	1.1	2.1	1.7	0.3	5.2
Commercial Unit Debt	1.5	0.7	0.6	0.4	3.3
<b>TOTAL RECEIVABLES</b>	<b>6.3</b>	<b>3.0</b>	<b>3.2</b>	<b>1.2</b>	<b>13.7</b>



## OTHER METRICS

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

## Commentary

**Cash and Working Capital** The cash balance as at the 31<sup>st</sup> October is £83.3m, significantly higher than initially planned, largely due to block income and top-up payments in advance received by the trust. It is to be noted that both cash balances and current liabilities have increased by £18m over plan due to cash having been received in advance.

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

Capital spend to October totalled £5.3m primarily linked to Oriel and purchase of new medical equipment.

**Use of Resources** Use of resources monitoring and reporting has been suspended.

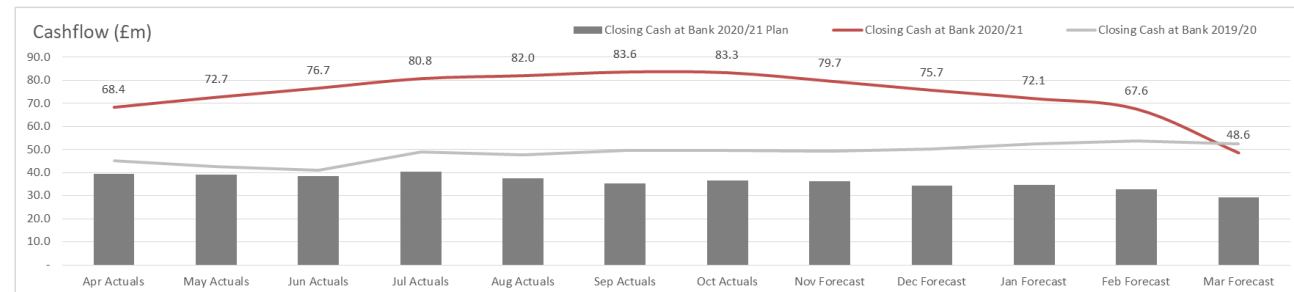
**Receivables** Receivables have reduced by £6.5m since the end of the 2019/20 financial year to £13.7m. A increase of £3.5m was recorded in October from the September position.

**Payables** Payables totalled £8.5m at the end of October, a reduction of £7.2m since March 2020. The reduction is partly due to the Trust adopting the new Prompt Payment guidance issued to NHS bodies and a reduction in operating expenses.

# Trust Statement of Financial Position – Cashflow

## Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Oct Plan	Oct Var
<b>Opening Cash at Bank</b>	<b>52.4</b>	<b>68.4</b>	<b>72.7</b>	<b>76.7</b>	<b>80.8</b>	<b>82.0</b>	<b>83.6</b>	<b>83.3</b>	<b>79.7</b>	<b>75.7</b>	<b>72.1</b>	<b>67.6</b>	<b>52.4</b>		
<b>Cash Inflows</b>															
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.1	16.4	14.5	14.8	14.8	14.8	-	184.2	14.8	1.7
Other NHS	3.9	2.6	1.6	1.9	0.5	1.2	0.5	1.4	1.4	1.4	1.4	1.5	19.3	1.5	(1.0)
Moorfields Private/Dubai	1.4	0.9	1.6	2.6	2.8	3.3	3.9	2.8	2.6	2.7	2.7	3.0	30.4	2.9	1.0
Research	1.1	0.6	1.0	2.7	0.8	1.1	1.0	1.0	1.0	1.0	1.0	1.0	13.1	1.0	0.0
VAT	0.4	0.5	0.2	-	0.5	-	0.2	0.4	0.4	0.4	0.4	-	3.4	0.4	(0.2)
PDC	-	-	-	0.3	-	-	-	-	-	-	-	0.4	0.8	-	-
PSF	-	0.2	-	-	-	-	-	-	-	-	-	-	0.2	-	-
Other Inflows	0.2	1.8	0.4	0.4	0.3	0.4	0.5	0.3	0.3	0.3	0.3	0.4	5.7	0.3	0.1
<b>Total Cash Inflows</b>	<b>40.3</b>	<b>21.8</b>	<b>19.9</b>	<b>23.1</b>	<b>20.1</b>	<b>21.1</b>	<b>22.5</b>	<b>20.4</b>	<b>20.4</b>	<b>20.6</b>	<b>20.5</b>	<b>6.3</b>	<b>257.0</b>	<b>20.8</b>	<b>1.7</b>
<b>Cash Outflows</b>															
Salaries, Wages, Tax & NI	(9.6)	(9.6)	(9.4)	(9.4)	(9.4)	(9.6)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(115.0)	(9.7)	(0.1)
Non Pay Expenditure	(10.6)	(6.7)	(5.4)	(8.1)	(7.3)	(7.8)	(11.4)	(11.1)	(11.1)	(11.1)	(11.4)	(10.9)	(112.9)	(10.6)	(0.8)
Capital Expenditure	(1.0)	(0.4)	(0.4)	(0.6)	(0.5)	(0.2)	(0.3)	(0.2)	(0.6)	(0.4)	(0.5)	(0.9)	(6.0)	(0.2)	(0.0)
Oriel	(2.3)	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(1.4)	(2.0)	(1.8)	(1.7)	(1.3)	(11.7)	(1.4)	1.2
Moorfields Private/Dubai	(0.9)	(0.7)	(0.8)	(0.6)	(0.7)	(0.8)	(1.1)	(1.1)	(1.1)	(1.2)	(1.1)	(1.1)	(11.2)	(0.9)	(0.2)
Financing - Loan repayments	-	-	-	-	(0.7)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.9)	-	-
Dividend and Interest Payable	0	0	-	-	-	-	-	(0.6)	-	-	-	(0.7)	(1.3)	(0.7)	0.7
<b>Total Cash Outflows</b>	<b>(24.4)</b>	<b>(17.5)</b>	<b>(16.0)</b>	<b>(19.0)</b>	<b>(18.8)</b>	<b>(19.5)</b>	<b>(22.8)</b>	<b>(24.0)</b>	<b>(24.4)</b>	<b>(24.2)</b>	<b>(25.1)</b>	<b>(25.3)</b>	<b>(260.8)</b>	<b>(23.5)</b>	<b>0.8</b>
<b>Net Cash inflows /(Outflows)</b>	<b>15.9</b>	<b>4.3</b>	<b>4.0</b>	<b>4.1</b>	<b>1.3</b>	<b>1.6</b>	<b>(0.3)</b>	<b>(3.6)</b>	<b>(4.0)</b>	<b>(3.6)</b>	<b>(4.5)</b>	<b>(19.0)</b>	<b>-</b>	<b>(2.7)</b>	<b>2.4</b>
<b>Closing Cash at Bank 2020/21</b>	<b>68.4</b>	<b>72.7</b>	<b>76.7</b>	<b>80.8</b>	<b>82.0</b>	<b>83.6</b>	<b>83.3</b>	<b>79.7</b>	<b>75.7</b>	<b>72.1</b>	<b>67.6</b>	<b>48.6</b>	<b>48.6</b>		
<b>Closing Cash at Bank 2020/21 Plan</b>	<b>39.5</b>	<b>39.1</b>	<b>38.6</b>	<b>40.4</b>	<b>37.7</b>	<b>35.5</b>	<b>36.8</b>	<b>36.2</b>	<b>34.4</b>	<b>34.8</b>	<b>32.8</b>	<b>29.3</b>	<b>29.3</b>		
<b>Closing Cash at Bank 2019/20</b>	<b>45.1</b>	<b>42.6</b>	<b>41.0</b>	<b>48.9</b>	<b>47.8</b>	<b>49.6</b>	<b>49.6</b>	<b>49.5</b>	<b>50.3</b>	<b>52.6</b>	<b>53.8</b>	<b>52.4</b>	<b>52.4</b>		



## Commentary

**Cash flow** The cash balance at the 31<sup>st</sup> October is £83.3m, significantly higher than initially planned.

The interim financial regime introduced to support NHS organisations during the CVOID response has contributed to significantly higher cash balances than previously planned, designed to ensure sufficient cash is available to the NHS to implement any required changes. The Trust currently has 122 days (prior month: 126 days) of operating cash.

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

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

October saw a cash outflow of £0.3m against a plan of a £2.7 outflow as Public Dividend Capital dividend collections were delayed to November, and expenditure continues to be lower than forecast.

Agenda item 08

Annual freedom to speak up report

Board of directors

26 November 2020

<b>Report title</b>	Annual Freedom to Speak Up report (1 October 2019 - 30 September 2020), including a report for Q2 2020/21
<b>Report from</b>	Ian Tombleson, director of quality and safety
<b>Prepared by</b>	Ian Tombleson, director of quality and safety
<b>Attachments</b>	None
<b>Link to strategic objectives</b>	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

<b>Executive summary</b>							
<p>This paper provides the second Annual Report for the Freedom to Speak Up (FTSU) Guardians. It covers the period 1 October 2019 to 30 September 2020, following the introduction of a new policy and new arrangements and the new FTSU Guardians starting in September 2018.</p> <p>The report provides assurance to the Board that FTSU Guardians are providing an effective service in line with requirements and also the expectations of National Office for Freedom to Speak Up Guardian. FTSU Guardians are accessible and staff are able to raise concerns. The numbers of concerns raised and the broad themes are set out in the report as is further data and information about who is speaking up and about what.</p>							
<b>Quality implications</b>							
<p>The Trust’s approach to developing and supporting a ‘speaking up’ culture is a key element of the CQC well-led framework. If staff feel that they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and improve the trust’s ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.</p>							
<b>Financial implications</b>							
<p>There are no direct financial implications arising from this paper.</p>							
<b>Risk implications</b>							
<p>Organisations need to have a culture where staff feel able to safely voice their concerns. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact.</p>							
<b>Action Required/Recommendation</b>							
<p>The Board is asked to:</p> <ul style="list-style-type: none"><li>• Discuss and note the content of the paper.</li></ul>							
For Assurance	✓	For decision		For discussion	✓	To note	✓

## 1. Summary

This paper provides an Annual Report from the Freedom to Speak Up (FTSU) Guardians covering the period from 1 October 2019 to 30 September 2020. This represents the second complete year of operating under the current FTSU Guardian arrangements. The full year of data comprises Q3 and Q4 2019/20 and Q1 and Q2 2020/21. Where relevant comparisons are made to the previous year's data. This report also separately includes the Q2 data for 2020/21.

The Freedom to Speak Up function has matured well in the organisational culture of Moorfields over the past two years. Guardians are recognised around the organisation.

It is important that everyone at Moorfields feels able to speak up. In year 2, 93 concerns were raised compared to 23 in year 1. This increase is understandable as year 2 has been dominated by Covid and its impact on staff. As reported in the Q1 2020/21 report a large number of concerns (40) were raised at two BAME events in May 2020; staff well-being and the impact of Covid on staff dominated the issues raised.

That staff were willing to come forward under the banner of FTSU so their concerns could be resolved – and most of them were during that meeting - is a good sign of an open and honest culture. It is important to note that over the two year period no serious patient safety concerns have been raised (where death or serious harm had been or was about to be caused directly or indirectly to patients).

Analysis indicates that the big difference between year 2 and year 1 concerns raised by type is the health and well-being of staff and largely these are a direct result of Covid and of its impact.

At the end of the second year a review of the FTSU arrangements has been undertaken by Steve Williams Vice Chairman of the Board and Senior Independent Director. He sits independently of the Guardians service provided by staff member and would deal with concerns that could not be dealt with adequately by the Guardians, or at a Trust Board level.

The key points he made were:

- 1) That the service provided was effective and it was of note that no concerns had been raised with him.
- 2) That the Guardians provide a service in line within guidance.
- 3) That the service benefits from being independent from day to day operations and departments and is internally focused to provide an appropriate support service.
- 4) That the service is spread across staff professions, network geography and has a good mix across male/female and ethnicity.
- 5) He commented that it was clear that Guardians were proud to provide the service and he commended the team for the voluntary commitment, providing an excellent empathetic service for staff.

## 2. Background about the Guardian Service

All NHS trusts are required to have FTSU Guardians and Moorfields has a policy setting out FTSU arrangements. From 1 October 2019 to 30 March 2020 there were five Guardians spread across the network geography and also Moorfields professional groups. For the second half of the FTSU year Farhana Sultana-Miah relinquished her Guardian role as she had increased divisional responsibilities. The five Guardians are:

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

If individuals are not happy to raise concerns via the Guardians, or their concern is about the Guardians themselves or is at a Trust Board level, then these can be raised with Steve Williams Vice Chairman of the Board and Senior Independent Director. There have been no examples of this to include within this report.

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

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

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- A bullying culture (usually across a team)
- A criminal offence has been committed, is being committed or is likely to be committed
- That the environment has been, is being, or is likely to be damaged.

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

### **3. Visibility and initiatives**

FTSU Guardians have been active in their role to make themselves accessible. Guardians have been visiting network locations to make themselves available to staff should they want to raise concerns, either at that time or at another opportunity.

During this year Guardians have visited several network sites and departments within Moorfields. The lead Guardian has attended every network site visit over the two year period. As an impact of Covid, virtual FTSU sessions were introduced. Apart from the BAME session in May (where about two thirds of the staff attended remotely) this has not had good take up.

October 2020 was Freedom to speak up month. The communications team provided an extended communications exercise advertising the role of Guardians via multiple channels. There is a Guardians intranet page and the Guardians distribute simple cards and leaflets. The CEO has also reiterated on several occasions through his video briefing to staff and his recovery bulletins, the importance of feeling able to speak up and explaining about the role of Guardians. He also talks about the Guardians at his breakfast sessions with staff which the Guardians also attend. The CEO also provides an explanation of the role of the Guardians during his staff induction sessions.

During Freedom to speak up month the Guardians visited Croydon, Northwick Park and more than a dozen departments and areas at City Road. Reception and feedback from staff on all of these visits was welcoming and positive. Staff fed-back that the service provided additional support and they were reassured that they continued to be thought about. Also very observant and helpful concerns were raised. One example at City Road is that two members of staff observed that sometimes patients got confused when the volunteers were not always present at a particular point in the corridor on the one way system. This was fedback to the volunteer team who were able to immediately improve the situation. This practical feedback also supports the day to day running of the organisation.

Typically visits include speaking to staff around the network about how they are feeling, making them aware of how to raise concerns more broadly through their management line and also to make them aware of the FTSU role. This also helps staff feel relaxed and makes them aware they could raise concerns to the FTSU Guardians in a confidential way.

Guardians also have regular catch-ups with the Chair and Chief Executive to discuss how the process is functioning, activities and key themes. They pay a keen interest and ensure that the Guardians are fully supported and feel enabled in their roles.

Guardians continue to be part of the London Regional network and attend the larger formal (remote) sessions and also the smaller (again remote) networking sessions. This network is useful to review practice and to share on-going challenges between services.

### **4. Concerns raised and data analysis**

#### **Quarter 2 2020/2021**

The experience of the FTSU guardians is that often Guardians provide staff with someone to go to if they wish to raise a concern that they believe is serious and they are unable to resolve themselves without additional impartial support. Many have already raised a concern either directly or indirectly with their line manager or have sought support from

Human Resources. Sometimes concerns are raised as a result of frustration because a delay or a perceived impasse in process has arisen.

The fourth quarter period for year 2 data (1 July to 30 September 2020) is set out below. There were 14 concerns raised compared to 63 in the previous quarter. Although the number of concerns is smaller, the health and well-being of staff continues to dominate.

Theme	Primary concern	Secondary
<b>Culture/Behaviour</b> <sup>1</sup>	1	
<b>Process</b> <sup>2</sup>	2	1
<b>Training</b>	0	
<b>Patient safety/quality</b> <sup>3</sup>	1	2
<b>Staff health and well-being</b> <sup>4</sup>	10	1
<b>Total</b>	14	

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

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

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

4 = those concerns about staff impact/health and well-being either individual, group or team

It is important to note that no serious patient safety concerns have been raised (where death or serious harm had been or was about to be caused directly or indirectly to patients).

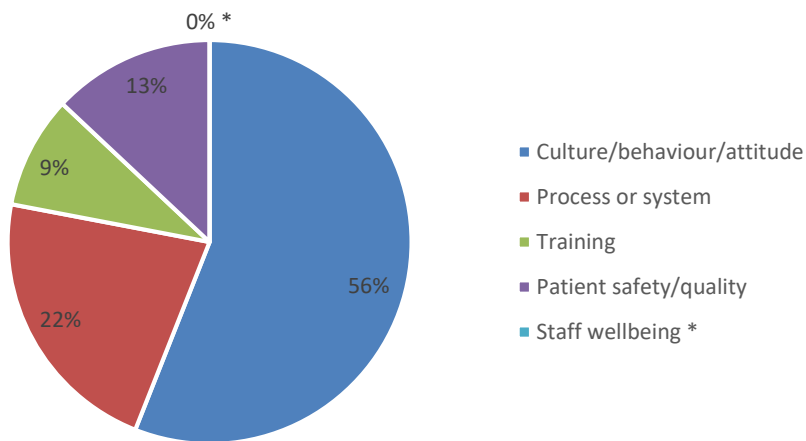
#### Year 2 analysis - Concerns by theme

This table shows year 1 and year 2 data and this is also shown in percentage terms in the pie charts below.

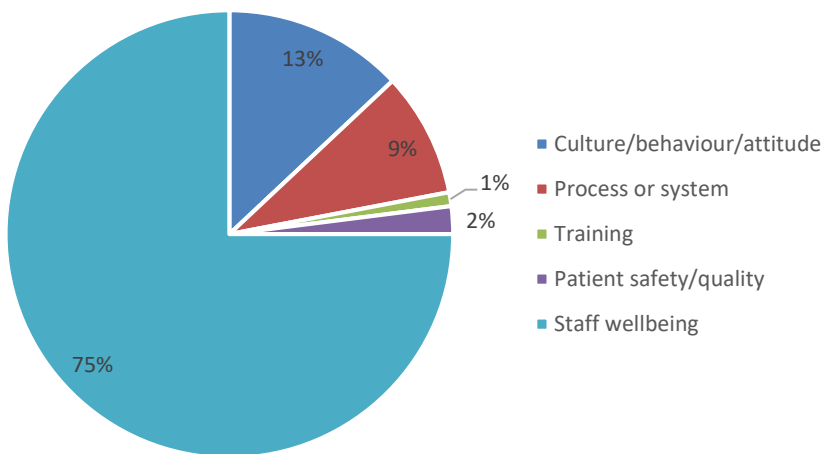
Theme	Numbers year 1	% year 1	Numbers year 2	% year 2
<b>Culture/behaviour/attitude</b>	13	56	12	13
<b>Process or system</b>	5	22	8	9
<b>Training</b>	2	9	1	1
<b>Patient safety/quality</b>	3	13	2	2
<b>Staff health and well-being</b>	0	0	70	75
<b>Totals</b>	23	100	93	100

The numbers of concerns raised each year are very similar except that staff health and well-being concerns dominate year two forming 75% of all queries raised. These concerns have largely been caused by the direct and in-direct impacts of Covid on staff and many of them were raised at the BAME sessions in May 2020. A number of concerns were also raised by clinical staff returning to work after they had been redeployed following changes due to Covid.

**Themes of concerns - Year 1**



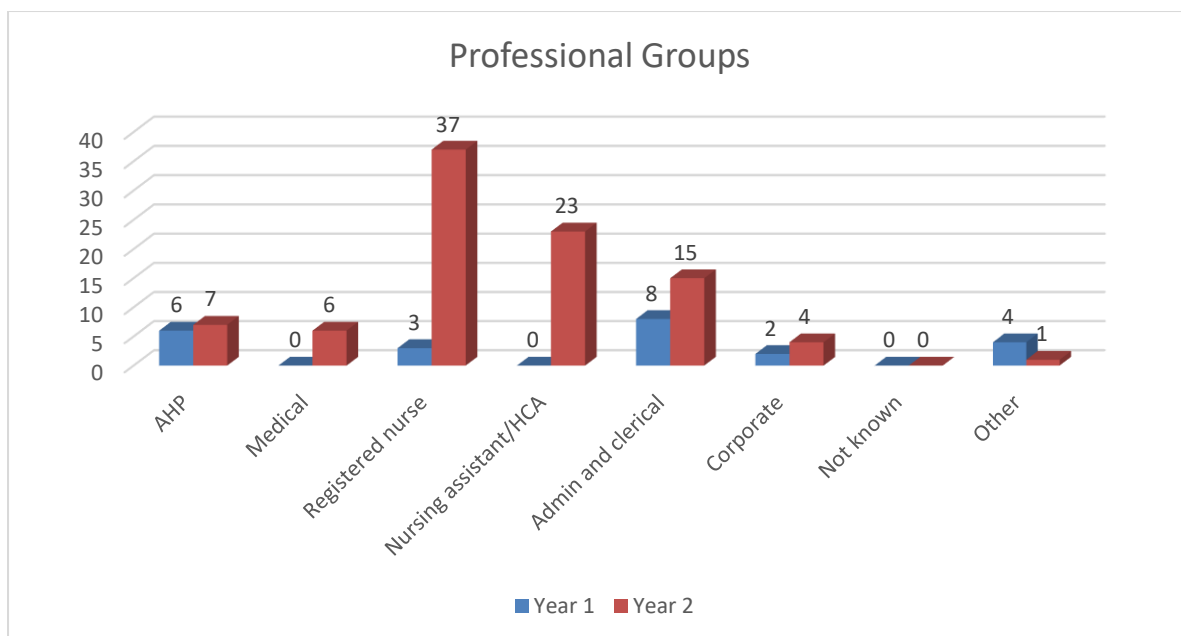
**Themes of concerns - Year 2**



### Professional Groups

The chart below indicates the professional groups (determined nationally) that have raised concerns. There is a spread of data across all categories for both years. Year 1 data is small (23 concerns in total) so no additional interpretation is meaningful. Year 2 data is larger (93 concerns in total) and indicates that predominately concerns were raised in the registered nursing and nursing assistant/HCA categories. These staff groups make up about one third of the total workforce but about two thirds of the concerns raised. This number is heavily influenced by the BAME sessions that occurred in May which were predominantly attended by nurses and HCAs concerned about the direct risk of Covid to their health and well-being.





### Raising concerns - Staff background

Three of the Guardians come from a BAME background, three are female and two are male. Although specific ethnicity data has not been collected for those that have raised concerns, data indicates that of the 93 concerns raised in year 2 that around 72% of concerns raised were from BAME staff; this percentage is heavily influenced by our event in May 2020 encouraging BAME staff to raise concerns about PPE and Covid health related risks (as a result of national data indicating that that they were more at risk) where 40 members of staff came forward. Around 50% of all other concerns were raised by BAME staff. Guardians observe that concerns are raised by staff from a wide range of ethnic backgrounds and there are no apparent barriers to staff raising concerns on an ethnicity basis. Staff continue to raise concerns from all our divisions including Moorfields Private.

### Learning and areas for action

These are the key learning points from this report:

- When asked the question would you use the Guardians service again, the large majority of those asked said they would, indicating the service is meeting the needs of those that raise concerns. There is no evidence that raising a concern creates additional stress in resolving concerns, rather that it reduces it. Guardians will continue to be sensitive to this and introduce additional measures/considerations if this begins to become apparent.
- Staff respond very well to face to face discussions and particularly to the Guardians visiting departments and sites across the network. Feedback continues to be that they feel supported and the organisation cares about their well-being. Whatever challenges Covid brings these will continue.
- Overall Moorfields performs better at 79.7% than the national average percentage, at 78.7%, for having a speaking up culture which is assessed based on four questions from the national staff survey 2019. Our speaking up culture needs to continue to be promoted across all areas of patient safety. For 2020 this has been particularly prominent for September's World Patient Safety day. The implementation of the new national patient safety strategy will create more opportunities to do this at Moorfields.
- Except for one particular successful session remotely hosted video conference sessions have not been an effective way for staff to communicate concerns.
- Feedback from some staff during visits is that some remain unaware of the Guardians and their role. This was in part attributed to not all staff having access to computers all of the time and being unable to see screen savers, the intranet etc. This has been feedback to the communications team and they are considering ways this could be improved.
- Guardians will consider whether more systematic feedback from staff about the role and awareness of the FTSU is required; this needs to be balanced against other substantial priorities during the Covid

recovery period and the need to get further perceptions of the service which appears to be functioning well.

- Ensuring that we respond to any changes in guidance, or any case studies/areas of good practice introduced.

## **5. Conclusions and Recommendations**

The Board is asked to note that the FTSU Guardians are in place and are accessible to staff. They function independently from management and departments and in line with best practice from the National Freedom to Speak Up Office. Guardians continue to promote their role and speaking up generally which is fully consistent with the culture set by the Board and senior leadership at Moorfields. This report also highlights a number of areas for improvement and actions.

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

This not a static service and the Guardians will continue to work to ensure that the service they provide is responsive to the needs of the organisation.

**Ian Tombleson**  
**Lead Guardian**  
**November 2020**



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 09  
BAF summary update  
Board of directors 26 November 2020

<b>Report title</b>	BAF and corporate risk register – Q1&2 2020/21
<b>Report from</b>	Helen Essex, company secretary
<b>Previously discussed at</b>	With individual risk owners, audit and risk committee
<b>Link to strategic objectives</b>	The corporate risk register and risk appetite statement links to all strategic objectives

<b>Brief summary of report</b>  The trust's corporate risk register is the means by which the management executive holds itself to account and defends its patients and staff as well as the trust. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care. Along with the board assurance framework, this should support the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities.							
<b>Quality implications</b>  The trust must have a robust approach to risk management in order to maintain the highest standards of quality care provided to patients. Identification and mitigation of risk is an important tool in being able to manage events that could have an impact.							
<b>Financial implications</b>  There are no financial implications arising from this paper.							
<b>Risk implications</b>  As detailed in the paper.							
<b>Action Required/Recommendation.</b>  The audit committee is asked to note the report and discuss risk updates.							
<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>	✓	<b>To note</b>	

# **Board assurance framework executive summary report**

## **May 2020 – September 2020 (Q2 2020/21)**

### **1. BAF analysis and summary of changes**

The top-rated risks to achieving the strategic objectives are as follows:

1. Impact of Covid-19 in all areas of the trust and on the wider system as a whole.
2. Delivery of our long-term plan for a new centre for research, education and clinical care.
3. Financial impact of COVID and future planning.
4. Recovery of clinical services.
5. Robust workforce planning.
6. Staff health and wellbeing.
7. The impact of a 'no deal' Brexit.
8. Attraction of sufficient research funding.

All have been identified as risks that will have a significant impact on the delivery of patient care, the patient and staff experience, the financial sustainability and reputation of the trust or a combination of these. The identified areas are those that require the most focus from the Board in terms of scrutiny and provision of assurance from the executive team. Particular attention is also being given to those risks that are not wholly within the trust's control to mitigate and a strategy developed as to how to manage such external factors.

#### ***1.1 Amendments made this quarter***

The risk relating to **COVID-19** has been reduced from a (5x3 – 25) to (4x3 – 12) due to the mitigations in place on recovery planning, development of new ways of working, opening up of all sites and increase in ability to deliver activity as per trajectories.

#### ***1.2 Risks added this quarter***

No new risks added this quarter.

#### ***1.3 Risks removed this quarter***

No risks have been removed this quarter, although clarity is still awaited from the centre as to the requirement relating to CIP and the BAF will be updated to reflect this risk once more is known.

#### ***1.4 Emerging concerns from the corporate risk register***

The Q2 corporate risk register review is currently taking place and the key theme emerging is as follows:

##### **Planning for a second Covid wave**

This is being managed through silver recovery with plans currently being developed following which a risk assessment will be conducted.

## **Board Assurance Framework (BAF)**

**September 2020**

Risk Scoring Matrix and Colour Codes					
	Likelihood				
Consequence	1. Very Unlikely	2. Unlikely	3. Likely	4. Very Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

### Risk summary

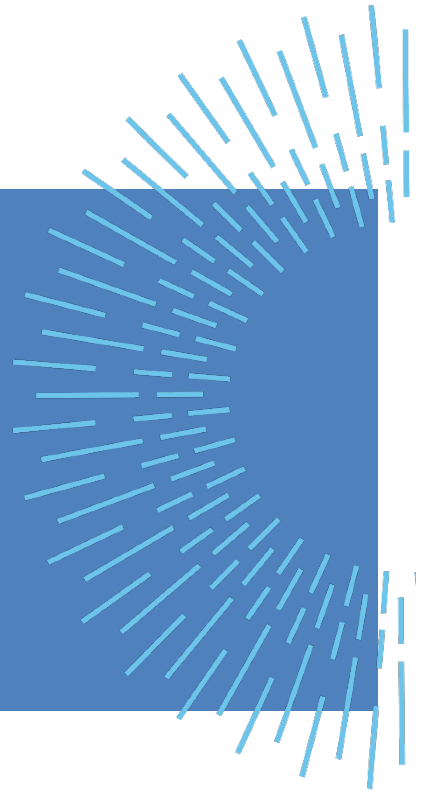
Risk Number:	Strategic Outcome:	Risk description:	Lead:	Lead Committee:	Score
1	All strategic objectives	If the trust is unable to appropriately manage the impact of the <b>Covid-19</b> virus there will be an impact in a number of areas including significant harm to staff and patients, significant financial risk both in the short and long term, reputational risk, workforce impact and system working risk.	Chief executive	Gold command	4x3 = 12
2	We will have an infrastructure and culture that supports innovation	If the key assumptions behind <b>Oriel</b> are not achieved then there may be insufficient capital and resources available leading to a failure to be able to deliver a new facility that is fit for purpose and improves the patient and staff experience.	Director of strategy & business development	Capital scrutiny committee	5x4 = 20
3	We are able to deliver a sustainable financial model	<b>Future funding models</b> for the period August – March and possibly beyond are currently unknown and are likely to be a variation of the current block funding methodology put into operation from April. The addition of a marginal rate for material activity variations is also considered possible. This approach therefore marks a potential significant shift since the introduction of Payment by Results in 2004.	Chief financial officer	Management executive	5x4 = 20
4	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	If the <b>recovery of clinical services</b> post-COVID does not ensure timely access to ophthalmic care for both new and existing patients then this may lead to patient harm, reputational risk and potential financial risk through litigation.	Medical director	Quality & safety committee	4x3 = 12
5	We will attract, retain and develop great people	If the trust does not have a <b>robust workforce plan</b> in place then there will be staff shortages and skill gaps leading to insufficient numbers of staff available in key areas and a subsequent impact on the quality of patient care, pressure on staff and a decrease in morale which will affect both the staff and patient experience.	Director of workforce & OD	People and culture committee	4x3 = 12
6	We will attract, retain and develop great people	If the trust fails to put in place sufficient support for staff and processes/procedures to manage <b>staff health and wellbeing</b> , both during and after the pandemic, then this will lead to increased stress and sickness absence, poor staff engagement with the organisation, poor recruitment and retention and a significant impact on staff morale.	Director of workforce & OD	People and culture committee	4x4 = 16
7	All strategic objectives	If a 'no deal' <b>Brexit</b> comes into force then there will be a significant impact in a number of areas, leading to a reduction in the ability to attract the best talent to the trust from a global market, risk to the continued availability of drugs and supplies from European Union based companies and our ability to attracting research funding.	Chief financial officer	Management executive	5x3 = 15
8	We will be at the leading edge of research making new discoveries with our partners and patients	If the trust cannot attract sufficient <b>research funding</b> to maintain its position then its capacity to conduct appropriate research will diminish leading to an inability to compete effectively for funding and a significant risk to the trust brand and reputation in the field	Director of R&D	JVIS Strategy and commercial committee	5x3 = 15



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 10  
Committee terms of reference  
Board of directors  
26 November 2020





<b>Report title</b>	Committee terms of reference – 2020 review
<b>Report from</b>	Helen Essex, company secretary
<b>Link to strategic objectives</b>	This paper links to all strategic objectives

<b>Brief summary of report</b> <p>The paper presents updated committee terms of reference for approval at the board. All terms of reference have been reviewed by the respective committee and are reviewed on an annual basis.</p>							
<b>Quality implications</b> <p>The board must be satisfied that is assured about all aspects of trust business, and particularly in the areas of patient safety, patient experience and clinical effectiveness and financial/commercial operations.</p>							
<b>Financial implications</b> <p>There are no direct financial implications arising from this paper.</p>							
<b>Risk implications</b> <p>The board holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. The board must have assurance that the trust has in place a framework that allows appropriate discussion and scrutiny of any issues that present a risk to the trust.</p>							
<b>Action Required/Recommendation</b> <p>The board is asked to approve the terms of reference for the following committees:</p> <ul style="list-style-type: none"> <li>• Audit and risk committee</li> <li>• Finance committee</li> <li>• Strategy and commercial committee</li> <li>• People and culture committee</li> <li>• Capital scrutiny committee</li> <li>• Quality and safety committee</li> </ul>							
<b>For Assurance</b>		<b>For decision</b>	✓	<b>For discussion</b>		<b>To note</b>	✓

## Quality and safety committee - Terms of Reference

<b>Authority</b>	<p>The Quality and safety committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
<b>Purpose</b>	<p>The purpose of the committee is to review, on behalf of the board, the following key areas;</p> <ul style="list-style-type: none"> <li>• to provide oversight and board assurance about the quality and safety aspects of clinical services</li> <li>• to provide assurance about legal compliance with health and safety and related legislation</li> <li>• to steer the quality elements of the trust's strategy</li> <li>• to support the implementation of the quality strategy and quality improvement plan</li> <li>• to oversee the development and implementation of the quality account</li> </ul>
<b>Membership</b>	<p>The members of the committee will be appointed by the board as follows:</p> <ul style="list-style-type: none"> <li>• Four non-executive directors, one of whom shall be nominated as chair</li> <li>• Chief executive</li> <li>• Medical director*</li> <li>• Director of nursing and allied health professions*</li> <li>• Chief operating officer</li> </ul> <p>(*Board leads for Quality and Safety)</p>
<b>Quorum</b>	<p>The quorum will be three members (one of whom must be either the medical director or the director of nursing and allied health professions), including two non-executive directors</p>
<b>Attendees</b>	<p>The following will also regularly attend the committee;</p> <ul style="list-style-type: none"> <li>• Director of quality and safety</li> <li>• Head of quality and safety</li> <li>• Divisional directors (if absent, Divisional head of nursing)</li> <li>• Clinical lead for patient safety</li> <li>• Moorfields Private (representative)</li> <li>• Quality and compliance manager (secretariat)</li> </ul> <p>Others may attend as agreed by the committee chair.</p>
<b>Frequency of meetings</b>	<p>The committee will meet at least six times per year and members and attendees are expected to attend at least 75% of meetings in any financial year.</p>
<b>Duties</b>	<p>The committee will only carry out functions authorised by the board, as referenced in these terms of reference.</p> <p><b>Delegated functions</b></p> <p>The committee will carry out the following on behalf of the board;</p> <ul style="list-style-type: none"> <li>• Analyse and challenge appropriate information on organisational and operational performance in relation to the committee's purpose</li> </ul>

	<p><b>Assurance functions</b></p> <p>The committee will review the following to provide assurance to the board;</p> <p><b>Clinical effectiveness</b></p> <ul style="list-style-type: none"> <li>• the content and effectiveness of the structures, systems and processes for quality assurance, clinical, research, information and quality governance;</li> <li>• the development and compliance requirements for the following: <ul style="list-style-type: none"> <li>○ NHS outcomes framework,</li> <li>○ NICE pathways of care standards,</li> <li>○ the Trust’s quality plan and any other KPIs relating to quality measures</li> </ul> </li> </ul> <p><b>Patient Safety</b></p> <ul style="list-style-type: none"> <li>• reports about compliance with external assessments and reporting, including those from: <ul style="list-style-type: none"> <li>○ Care Quality Commission</li> <li>○ NHS Resolution</li> <li>○ NHS England</li> <li>○ NHS Improvement</li> <li>○ Medicines and Healthcare products Regulatory Authority (MHRA)</li> <li>○ Health and Safety Executive (HSE),</li> <li>○ Organisations responsible for professional standards (GMC, NMC, etc.)</li> <li>○ Regulatory bodies in the United Arab Emirates</li> <li>○ Any other relevant regulatory bodies</li> </ul> </li> <li>• progress with implementing actions arising from the CQC report, the Francis inquiry and any other reports issued of a similar nature</li> <li>• internal reports, local or national reviews and enquiries and other data and information that may be relevant for understanding quality and safety within the Trust</li> <li>• the meaning, significance and learning from trends in complaints, incidents and serious incidents</li> <li>• compliance with surgical safety checklists</li> </ul> <p><b>Patient participation and experience</b></p> <ul style="list-style-type: none"> <li>• how the Trust is addressing the requirements of safeguarding for children and vulnerable adults</li> <li>• patient participation activities</li> <li>• environmental and other issues affecting patient experience</li> </ul> <p><b>Overall</b></p> <ul style="list-style-type: none"> <li>• the development of the quality account and priorities</li> <li>• supporting the implementation of the quality strategy</li> <li>• monitoring the implementation of the quality objectives and other actions arising from the quality strategy and quality account</li> <li>• address specific risks on the corporate risk register allocated by the board</li> </ul> <p><b>Other duties as agreed by the board</b></p> <ul style="list-style-type: none"> <li>• oversight of quality and safety related aspects of research activity</li> </ul>
<p><b>Reporting and review</b></p>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1</p>

	April of each year.		
<b>Sub-committees</b>	<p>There are no formal sub-committees of the committee but the outcomes of the following management groups will be reviewed on a regular basis to gain assurance</p> <ul style="list-style-type: none"> <li>• Clinical governance committee</li> <li>• Patient participation and experience committee</li> <li>• Information governance committee</li> <li>• Risk and safety committee</li> <li>• Joint research governance committee</li> </ul>		
<b>Meeting administration</b>	<p>The executive lead for the quality and safety committee will be the director of quality and safety, and the secretary for the meeting will be the quality and compliance manager.</p> <p>The secretary's role will be to</p> <ul style="list-style-type: none"> <li>• Agree the agenda with the chair</li> <li>• Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders</li> <li>• Maintain a forward plan of items for the committee</li> <li>• Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)</li> <li>• Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting</li> <li>• Ensure actions are captured, notified to relevant staff and followed up</li> </ul> <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors</p>		
<b>Approved by the quality and safety committee</b>			
<b>Approved by the board</b>	November 2020	<b>Date of next review</b>	November 2021

## Audit and risk committee – terms of reference

<b>Authority</b>	<p>The audit and risk committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf.</p> <p>The committee is empowered to initiate investigations and other reviews as it considers necessary to provide necessary assurance.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
<b>Purpose</b>	<p>The purpose of the committee is to review the effectiveness of the trust's corporate governance and internal control systems, and report to the board on its findings.</p> <p>Details of its responsibilities are set out below.</p> <ul style="list-style-type: none"> <li>• external and internal audit arrangements,</li> <li>• the annual report and accounts,</li> <li>• financial systems and processes,</li> <li>• robustness and reliability of financial and other information,</li> <li>• risk management and other controls,</li> <li>• counter-fraud prevention and detection.</li> </ul>
<b>Membership</b>	<p>The members of the committee will be appointed by the board, as follows;</p> <ul style="list-style-type: none"> <li>• Three non-executive directors (including the chair of the quality and safety committee), one of whom shall be nominated as chair</li> </ul>
<b>Quorum</b>	<p>The quorum will be two members</p>
<b>Attendees</b>	<p>The following will also regularly attend the committee;</p> <ul style="list-style-type: none"> <li>• Chief financial officer</li> <li>• Financial controller</li> <li>• Company secretary</li> <li>• External auditor</li> <li>• Internal auditor</li> <li>• Local counter-fraud specialist</li> </ul> <p>Others may attend as agreed by the committee chair as necessary.</p> <p>The chief executive will be invited to attend the committee on an annual basis in order to provide assurance in relation to his responsibilities as the Accounting Officer. This should be the same meeting during which the review of the annual accounts and report takes place.</p>

	The committee shall meet at least once a year separately with internal audit and external audit with no trust officers present.
<b>Frequency of meetings</b>	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any year.
<b>Duties</b>	<p>The committee can only carry out functions authorised by the board, as referenced in these terms of reference.</p> <p><b>Delegated Functions</b></p> <p>The committee will carry out the following on behalf of the board:</p> <ul style="list-style-type: none"> <li>• review waivers to the standing financial instructions (including single tenders), to ensure they are reasonable and do not represent a significant weakening of internal control</li> <li>• review write offs to ensure they represent value for money and do not represent a significant weakening of internal control</li> <li>• review and approve the internal audit plan</li> <li>• Carry out 'deep dives' as appropriate</li> </ul> <p><b>Assurance Functions</b></p> <p>The committee will carry out the following functions to provide assurance to the board:</p> <p><b>Financial reporting</b></p> <ul style="list-style-type: none"> <li>• through meetings with management and the external auditors, ensure the annual report (including the annual governance statement) and financial statements of the trust <ul style="list-style-type: none"> <li>○ are complete</li> <li>○ consistent with the information known to the committee and the external auditors</li> <li>○ reflect current accounting policies and principles,</li> <li>○ comply with statutory and legal requirements and accounting standards</li> </ul> </li> <li>• review the extent to which financial, performance and other information for decision making is effective, robust, comprehensive, timely and up to date</li> </ul> <p><b>Internal control and risk management</b></p> <ul style="list-style-type: none"> <li>• assess the effectiveness of the trust's internal control systems, including financial, operational and risk management controls</li> <li>• review the effectiveness of the work of the quality and safety committee in ensuring an independent review of the annual quality report (quality account)</li> <li>• review on a regular basis the trust's risk management framework and the management controls and procedures in place to manage risk</li> <li>• undertake an annual assessment of risk management before</li> </ul>

	<p>submission to the trust board, in the context of the annual report and financial statements</p> <ul style="list-style-type: none"> <li>• review on a regular basis the board assurance framework and interrogate specific risks as requested by the board or as identified by the committee</li> <li>• oversee the operation of the trust’s declaration of interests, gifts and hospitality policy</li> <li>• oversee the local security management service</li> </ul> <p><b>Internal auditors and counter-fraud</b></p> <ul style="list-style-type: none"> <li>• ensure that the trust has appropriate and effective internal audit arrangements that meet the requirements of NHS internal audit standards and are suitably independent <sup>i</sup></li> <li>• monitor the implementation of the audit plan, reviewing internal audit recommendations, management responses and monitor the implementation of actions</li> <li>• evaluate the performance of the internal auditors and value for money</li> <li>• monitor and review the findings of the local counter-fraud specialist function including an annual report of counter-fraud work undertaken</li> </ul> <p><b>External auditors</b></p> <ul style="list-style-type: none"> <li>• ensure that the trust has appropriate and effective external audit arrangements that meet the requirements of NHS external audit standards and are suitably independent<sup>ii</sup></li> <li>• make recommendations to the membership council in relation to the appointment, reappointment and removal of the external auditor</li> <li>• oversee the tendering process for new external auditors</li> <li>• approve the external audit plan</li> <li>• review the performance of the external auditors and evaluate their performance and value or money</li> <li>• meet formally with the external auditors, review the annual management letter and management’s responses and report matters of significance to the board</li> </ul> <p><b>Other duties as agreed by the board</b></p> <ul style="list-style-type: none"> <li>• Exceptional items explicitly requested by the board that fall outside the terms of reference</li> </ul>
<b>Reporting and review</b>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual review of its effectiveness against</p>

	these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.		
<b>Sub-committees</b>	There are no sub-committees of the audit and risk committee.		
<b>Meeting administration</b>	<p>The executive lead for the committee will be the chief financial officer.</p> <p>The secretary for the committee will be the company secretary.</p> <p>The secretary's role will be to;</p> <ul style="list-style-type: none"> <li>• Agree the agenda with the chair</li> <li>• Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders</li> <li>• Maintain a forward plan of items for the committee</li> <li>• Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)</li> <li>• Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting.</li> <li>• Ensure actions are captured, notified to relevant staff and followed up</li> </ul> <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors</p>		
<b>Date approved by the board</b>	October 2020	<b>Date of next review</b>	October 2021

### Standing financial instructions and scheme of delegation

<https://eyeg.moorfields.nhs.uk/download.cfm?doc=docm93jjm4n815.pdf&ver=8492>

<sup>i</sup> <https://www.nao.org.uk/code-audit-practice/wp-content/uploads/sites/29/2015/03/Auditor-Guidance-Note-01-General-Guidance-Supporting-Local-Audit.pdf>

<sup>ii</sup> As above



## Capital Scrutiny Committee - terms of reference

<b>Authority</b>	<p>The CSC is a formal sub-committee of the board of directors. It is authorised to provide assurance to the board that the trust's capital programme is appropriately managed. This includes assurance on delivery (in time and budget) of the joint Moorfields/UCL project, Oriel.</p> <p>The CSC is authorised to create (and disband) sub-committees to review in detail relevant aspects of the trust's capital programme.</p>
<b>Purpose</b>	<p>The purpose of the committee is to provide advice and scrutiny to the trust board on all capital investment projects above £1m.</p> <p>The committee will be led by a property professional able to advise and challenge the executive responsible for the trust's capital programme (currently the director of estates, capital and major projects).</p>
<b>Membership</b>	<p>The members of the committee will be as follows;</p> <ul style="list-style-type: none"> <li>• Three non-executive directors (including the chair of the audit and risk committee), one of whom shall be nominated as chair</li> <li>• The chief financial officer</li> </ul>
<b>Quorum</b>	<p>The quorum will be three members, and the quorum must include one executive and one non-executive.</p>
<b>Attendees</b>	<p>Other attendees will be:</p> <ul style="list-style-type: none"> <li>• The director of estates, capital and major projects</li> <li>• The director of strategy &amp; business development</li> <li>• The chief information officer</li> </ul> <p>Others may attend as agreed by the committee chair as necessary, including individuals with relevant industry experience to provide challenge and/or advice.</p>
<b>Frequency of meetings</b>	<p>The committee will meet quarterly and members are expected to attend at least 75% of meetings in any year.</p>
<b>Duties</b>	<p>The committee can only carry out functions authorised by the board, as referenced in these terms of reference.</p> <p><b>Delegated Functions</b></p> <p>The committee will carry out the following on behalf of the board:</p> <ul style="list-style-type: none"> <li>• review capital programmes with a total value &gt;£1m in order to assure the trust board of appropriate executive management</li> <li>• review key assumptions and methodologies used to inform the trust's capital programmes with a total value &gt;£1m</li> </ul> <p><b>Assurance Functions</b></p> <p>The committee will carry out the following functions to provide assurance to the board:</p> <p><b>Project management</b></p>

	<ul style="list-style-type: none"> <li>• review and assess the trust's logic linked schedule(s) and individual project programmes/timelines</li> <li>• challenge any changes or slippage to agreed project programmes/timelines</li> <li>• receive cost and progress update; review cost vs plan and trends of costs (see risks below)</li> <li>• evaluate the business requirements and business cases for any capital project prior to review by the strategy &amp; investment committee</li> <li>• review the whole life cycle of the trust's capital programme</li> <li>• recommend any material changes required to capital programme to the strategy and investment committee</li> <li>• review risks identified in relation to the trust's capital programme (as well as individual projects) to ensure appropriate management and mitigating activities are in place</li> <li>• review benefits identified in relation to the trust's capital programme (as well as individual projects) to ensure appropriate management activities are in place to deliver agreed benefits</li> <li>• monitor the implementation of strategic plans and the annual plan</li> </ul> <p><b>Financial reporting</b></p> <ul style="list-style-type: none"> <li>• assess financial performance of all capital programmes &gt;£2m against agreed project budgets</li> <li>• assess affordability of the trust's capital programme, in light of market values and trends</li> <li>• provide scrutiny of affordability, value for money and cost trending/contingency attrition of all capital programmes &gt;£2m</li> </ul>
<b>Reporting and review</b>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.</p>
<b>Sub-committees</b>	There are no sub-committees of the capital scrutiny committee.
<b>Meeting administration</b>	<p>The non-executive director will chair the meetings.</p> <p>The lead executive for the committee will be the director of estates, capital and major projects and the secretary will be the company secretary.</p> <p>The secretary's role will be to;</p> <ul style="list-style-type: none"> <li>• Agree the agenda with the chair</li> <li>• Ensure the agenda and papers are despatched five clear days before the meeting</li> <li>• Maintain a forward plan of items for the committee</li> <li>• Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)</li> <li>• Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure actions are captured, notified to relevant staff and followed up</li> </ul>		
<b>Date approved by the board</b>	November 2020	<b>Date of next review</b>	November 2021

**Standing financial instructions and scheme of delegation**

<https://eyeq.moorfields.nhs.uk/download.cfm?doc=docm93jjm4n815.pdf&ver=8492>



## Finance committee - terms of reference

<b>Authority</b>	<p>The finance committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
<b>Purpose</b>	<p>The purpose of the committee is to review, on behalf of the board, the following key areas;</p> <ul style="list-style-type: none"><li>• financial policies</li><li>• financial performance and delivery of the trusts budget</li></ul>
<b>Membership</b>	<p>The members of the committee will be appointed by the board so that there is a majority of non-executive directors over voting executive directors, as follows</p> <ul style="list-style-type: none"><li>• Three non-executive directors, one of whom shall be nominated as chair</li><li>• Chief financial officer</li><li>• Chief operating officer</li></ul>
<b>Quorum</b>	<p>The quorum will be three, including two non-executive directors</p>
<b>Attendees</b>	<p>The following will also regularly attend the committee;</p> <ul style="list-style-type: none"><li>• Chief executive</li><li>• Deputy chief financial officer</li></ul> <p>Others may attend as agreed by the committee chair as necessary.</p>
<b>Frequency of meetings</b>	<p>The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any year.</p>
<b>Duties</b>	<p>The committee can only carry out functions authorised by the board, as referenced in these terms of reference.</p> <p><b>Delegated Functions</b></p> <p>The committee has no delegated functions</p> <p><b>Assurance Functions</b></p> <p>The committee will review the following to provide assurance to the board:</p> <p><b>Financial policies</b></p> <ul style="list-style-type: none"><li>• financial and accounting policies and relevant processes</li><li>• the methodologies used to assess business cases and other investments</li></ul> <p><b>Financial planning</b></p> <ul style="list-style-type: none"><li>• the financial aspects of the trust's annual business plans and the annual plan prior to submission to the board for approval;</li><li>• the assumptions underlying budgets and plans</li><li>• scenario planning and stress testing of plans</li><li>• financial forecasts, including outturn and cash flow</li><li>• test the affordability of major schemes</li></ul> <p><b>Financial performance</b></p>

	<ul style="list-style-type: none"> <li>financial performance, including in depth analysis of income, expenditure, capital and cash</li> <li>effectiveness of the trust's investments referring any issues to the strategy and investment committee</li> <li>the development, management and delivery of cost improvement schemes</li> </ul> <p><b>Financial Stewardship</b></p> <ul style="list-style-type: none"> <li>financial stewardship of assets and liabilities, including contingent liabilities</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li>specific risks on the corporate risk register allocated by the board</li> </ul> <p><b>Other duties as agreed by the Board</b></p> <ul style="list-style-type: none"> <li>Exceptional items explicitly requested by the board that fall outside the terms of reference</li> </ul>		
<b>Reporting and review</b>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.</p>		
<b>Meeting administration</b>	<p>The lead executive for the committee will be the chief financial officer and the secretary for the committee will be the company secretary.</p> <p>The secretary's role will be to;</p> <ul style="list-style-type: none"> <li>Agree the agenda with the chair</li> <li>Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders</li> <li>Maintain a forward plan of items for the committee</li> <li>Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)</li> <li>Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting.</li> <li>Ensure actions are captured, notified to relevant staff and followed up</li> </ul> <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors</p>		
<b>Date approved by the board</b>	October 2020	<b>Date of next review</b>	October 2021

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## People & culture committee - terms of reference

<b>Authority</b>	<p>The people &amp; culture committee is a formal committee of the board and is authorised to either provide assurance to the board or carry out delegated functions on its behalf.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
<b>Purpose</b>	<p>The purpose of the committee is to review, on behalf of the board, the following key areas:</p> <ul style="list-style-type: none"> <li>the recruitment, retention, management and development of the trust's workforce</li> <li>The workforce strategy of the trust and its implementation</li> <li>the education strategy of the trust and its implementation</li> <li>the trust's obligations under the public sector equality duty</li> </ul>
<b>Membership</b>	<p>The members of the committee will be appointed by the board as follows;</p> <ul style="list-style-type: none"> <li>Two non-executive directors, one of whom shall be nominated as chair</li> <li>Chief executive</li> <li>Director of nursing and allied health professions</li> <li>Medical director</li> </ul>
<b>Quorum</b>	<p>The quorum will be two members, including one non-executive director</p>
<b>Attendees</b>	<p>The following will also regularly attend the Committee;</p> <ul style="list-style-type: none"> <li>Director of workforce &amp; OD</li> <li>Director of quality &amp; safety</li> <li>Education director</li> </ul> <p>Others may attend as agreed by the committee chair as necessary.</p>
<b>Frequency of meetings</b>	<p>The committee will meet at least three times per year and members are expected to attend at least 50% of meetings in any year.</p>
<b>Duties</b>	<p>The committee can only carry out functions authorised by the Board, as referenced in these terms of reference.</p> <p><b>Delegated Functions</b></p> <p>The committee will carry out the following on behalf of the board:</p> <ul style="list-style-type: none"> <li>analyse and challenge appropriate information on organisational and operational performance in relation to the committee's purpose</li> </ul> <p><b>Assurance Functions</b></p> <p>The committee will review the following to provide assurance to the board:</p> <ul style="list-style-type: none"> <li>the existence and effective operation of systems to ensure that the trust has in place staff in sufficient number and appropriately qualified to ensure compliance with the conditions of the licence</li> </ul>

	<ul style="list-style-type: none"> <li>recruitment, retention, management and development policies and processes</li> <li>the workforce strategy of the trust and its implementation</li> <li>the approach the trust has to ensuring it fulfils its public sector equality duty for staff, patients and visitors</li> <li>specific risks on the corporate risk register allocated by the board</li> </ul> <p><b>Other duties as agreed by the board</b></p> <ul style="list-style-type: none"> <li>Exceptional items explicitly requested by the board that fall outside the terms of reference</li> </ul>		
<b>Reporting and review</b>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.</p>		
<b>Sub-committees</b>	There are no sub-committees of the people committee.		
<b>Meeting administration</b>	<p>The lead executive for the committee will be the director of workforce &amp; OD and the secretary for the committee will be the company secretary.</p> <p>The role of the lead executive, in conjunction with the secretary, will be to;</p> <ul style="list-style-type: none"> <li>Agree the agenda with the chair</li> <li>Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders</li> <li>Maintain a forward plan of items for the committee</li> <li>Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)</li> <li>Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting.</li> <li>Ensure actions are captured, notified to relevant staff and followed up</li> </ul> <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors</p>		
<b>Date approved by the board</b>	November 2020	<b>Date of next review</b>	November 2021

#### Standing financial instructions and scheme of delegation

<https://eyeg.moorfields.nhs.uk/download.cfm?doc=docm93ijim4n815.pdf&ver=8492>

## Strategy and commercial committee – terms of reference

<b>Authority</b>	<p>The strategy and commercial committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
<b>Purpose</b>	<p>The purpose of the committee is to review, on behalf of the board, the following key areas;</p> <ul style="list-style-type: none"> <li>• the development of strategic plans and in particular the network strategy</li> <li>• the development of business cases and investment proposals, including the approval of business cases within the limits set in SFIs</li> <li>• oversight of the research strategy carried out by and for the trust</li> <li>• oversight of the education strategy carried out by and for the trust</li> <li>• oversight of all commercial activity and areas of income generation</li> </ul>
<b>Membership</b>	<p>The members of the committee will be appointed by the board and have a majority of non-executive directors over voting executive directors, as follows;</p> <ul style="list-style-type: none"> <li>• Five non-executive directors (including the trust Chairman), one of whom shall be nominated as chair</li> <li>• Chief Executive</li> <li>• Chief Finance Officer</li> <li>• Medical Director</li> </ul>
<b>Quorum</b>	The quorum will be three members, including two non-executive directors
<b>Attendees</b>	<p>The following will also regularly attend the committee;</p> <ul style="list-style-type: none"> <li>• Director of strategy and business development</li> </ul> <p>Others may attend as agreed by the committee chair as necessary.</p>
<b>Frequency of Meetings</b>	The committee will meet at least four times per year and members are expected to attend at least 75% of meetings in any financial year.
<b>Duties</b>	<p>The committee can only carry out functions authorised by the board, as referenced in these terms of reference.</p> <p><b>Delegated Functions</b></p> <p>The committee will carry out the following on behalf of the board;</p> <ul style="list-style-type: none"> <li>• Approval of business cases with a maximum of £2m (capital) as specified in standing financial instructions</li> <li>• Ratification of contracts between £1.5m and £2m (revenue)</li> <li>• Approval of variations to contracts with a maximum of £2m (revenue)</li> </ul>



	<p><b>Assurance Functions</b></p> <p>The committee will review the following to provide assurance to the board;</p> <ul style="list-style-type: none"> <li>• the development of the investment strategy of the trust for approval by the board</li> <li>• business cases over £2m prior to consideration by the board, in line with standing financial instructions</li> <li>• complex or critical business cases below £1m (capital) or below £1.5m (revenue), as referred by the chief executive</li> <li>• contracts awarded outside standing financial instructions in excess of £1m</li> <li>• specific risks on the corporate risk register allocated by the board</li> </ul> <p><b>Other duties as agreed by the board</b></p> <p>To develop guidance and provide advice to the executive in key areas of strategic development, including (but not limited to):</p> <ul style="list-style-type: none"> <li>• Commercial strategy (including Moorfields Private, international, and UAE)</li> <li>• Research strategy, intellectual property and income generation</li> <li>• Education strategy and income generation</li> <li>• New collaborative or commercial partnership opportunities</li> </ul>
<b>Reporting and Review</b>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual review of its effectiveness against these terms of reference and this will be reported to the board, at the first available meeting after 1 September of each year.</p>
<b>Sub-committees</b>	<p>The committee has established the following sub-committees to help fulfil its duties.</p> <ul style="list-style-type: none"> <li>• Joint research strategy committee (joint committee with UCL)</li> </ul> <p>Terms of reference of sub-committees will be approved by the committee.</p> <p>Regular updates to the committee will be produced to provide assurance or request support. Efforts should be made to avoid duplicating items and discussions at the committee meeting that have taken place in sub-committees.</p> <p>Sub-committees will be subject to annual review against their terms of reference and reported to the committee in time for them to be included in the committee's own review of its effectiveness.</p>
<b>Meeting administration</b>	<p>The lead executive for the committee will be the chief executive and the secretary for the committee will be the company secretary.</p> <p>The secretary's role will be to;</p>

	<ul style="list-style-type: none"> <li>• Agree the agenda with the chair</li> <li>• Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders</li> <li>• Maintain a forward plan of items for the committee</li> <li>• Be responsible for the production and quality of the minutes (even if taken by a separate minute taker)</li> <li>• Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting.</li> <li>• Ensure actions are captured, notified to relevant staff and followed up</li> </ul> <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors</p>		
<b>Date approved by the board</b>	November 2020	<b>Date of next review</b>	November 2021

#### **Standing financial instructions and scheme of delegation**

<https://eyeg.moorfields.nhs.uk/download.cfm?doc=docm93ijm4n815.pdf&ver=8492>



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 11  
2021 Cycle of business  
Board of directors  
26 November 2020



<b>Report title</b>	2021 Cycle of business and schedule of committee dates
<b>Report from</b>	Helen Essex, company secretary
<b>Link to strategic objectives</b>	This paper links to all strategic objectives

<b>Brief summary of report</b> <p>The paper sets out the board cycle of business for 2021 along with a schedule of committee dates. The cycle of business is not an exhaustive list and additional items will be added as and when required. The framework sets out a clear annual plan and accountability for reporting.</p>							
<b>Quality implications</b> <p>The board must be satisfied that is assured about all aspects of trust business, and particularly in the areas of patient safety, patient experience and clinical effectiveness.</p>							
<b>Financial implications</b> <p>There are no direct financial implications arising from this paper.</p>							
<b>Risk implications</b> <p>The board holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. The board is at risk of failing to fulfil its statutory and regulatory duties if it does not receive regular and timely information that enables appropriate discussion and allows decisions to be made.</p>							
<b>Action Required/Recommendation</b> <p>The board is asked to approve the cycle of business and note the schedule of dates for 2021.</p>							
<b>For Assurance</b>		<b>For decision</b>	✓	<b>For discussion</b>		<b>To note</b>	✓

## 2021 Cycle of Business – public board

Subject	Lead	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jul 21	Sep 21	Oct 21	Nov 21
Standing items										
Apologies	Chair	X	X	X	X	X	X	X	X	X
Declarations of interest	Chair	X	X	X	X	X	X	X	X	X
Minutes of the last meeting	Chair	X	X	X	X	X	X	X	X	X
Matters arising	Chair	X	X	X	X	X	X	X	X	X
Chief executive’s report	CEO	X	X	X	X	X	X	X	X	X
Strategy										
Oriel	DoMP/DoS	X	X	X	X	X	X	X	X	X
Strategy progress	Board strategy days June and December									
Quality										
Patient/staff experience/story	DoN		X			X			X	
Infection control annual report	DoN						X			
Safeguarding annual report	DoN						X			
Learning from deaths	MD	X			X		X		X	
H&S annual report	DoMP			X						
Equality and diversity reports	DoW							X		
WRES/WDES	DoQS							X		
Staff survey	DoW				X					
Operational performance										
Integrated performance	COO	X	X	X	X	X	X	X	X	X
Finance report	CFO	X	X	X	X	X	X	X	X	X
Workforce report	DoW	X			X		X		X	
Divisional presentations	COO	X – CR		X – Digital	X - MS		X - MN			
Service improvement	COO			X					X	
EPPR assurance	COO	X								

Risk										
Board assurance framework	CS		X					X		
Committee reporting										
Audit and risk	ARC chair	X			X		X		X	
Quality and safety	QSC chair	X		X		X	X		X	
People	PC chair	X				X		X		
Terms of reference	CS									X
Committee effectiveness	CS	X								
Regulatory										
Annual accounts, report and quality account	CFO				X					
Annual plan	CFO			X						
Draft annual plan	CFO		X							
CoS6 and G7 compliance	CS				X					
Guardian of safe working	MD			X			X	X		
Fit and proper persons	CS				X					
Freedom to speak up	DoQS		X			X		X		
FT4 compliance	CS						X			
Medical revalidation	MD							X		
Register of interests	CS				X					
Information governance	DoQS									
Cyber security	CIO			X			X			X
Other										
Membership council	Chair		X		X		X			X

Moorfields Eye Hospital – Schedule of Board and Committee Dates 2021  
Final

Month	Board 9:30am – 1pm	Extraordinary Audit Cttee (Accounts)	Audit & Risk Committee 10:30 – 12:30	Finance Committee 08:30 – 10:15	S&C Committee 2pm – 5pm	RemCo To follow the board	Quality & Safety Committee 8:30 – 10:30	Membership Council 10am – 1pm	People Committee 11am – 1pm	CSC 12:00 – 13:30
Jan 2021	28.01.21		12.01.21	12.01.21	13.01.21	28.01.21	19.01.21		19.01.21	14.01.21 13:00
Feb 2021	25.02.21							04.02.21		
Mar 2021	25.03.21				10.03.21	25.03.21	16.03.21		16.03.21	10.03.21
Apr 2021	22.04.21		13.04.21	13.04.21				29.04.21		
May 2021	27.05.21	25.05.21			12.05.21	27.05.21	18.05.21		18.05.21	12.05.21
Jun 2021	Strategy day 24.06.21									
Jul 2021	22.07.21	AGM 15.07.21	13.07.21	13.07.21	14.07.21		20.07.21	29.07.21		14.07.21
Aug 2021										
Sept 2021	23.09.21				08.09.21	23.09.21	14.09.21		14.09.21	08.09.21
Oct 2021	28.10.21		12.10.21	12.10.21				21.10.21		
Nov 2021	25.11.21				10.11.21	25.11.21	16.11.21		16.11.21	10.11.21
Dec 2021	Strategy day 16.12.21									

Moorfields Eye Hospital – Schedule of Board and Committee Dates 2021  
Final

**ALL PAPERS WILL BE CIRCULATED 1 WEEK BEFORE THE MEETING DATE, LATE ITEMS WILL BE REMOVED FROM THE AGENDA**

Core Memberships:

- Board of Directors – all board members required
- Audit and risk committee – NH, RGW, DH, VB, JW (other directors may be required on an ad-hoc basis)
- Finance committee – NH, RGW, DH, JW, COO, RH
- Quality & safety committee – RGW, TG, AD, SS, DP, MD, TL, COO, IT
- Strategy & commercial committee – SW, TG, AD, DH, NH, RH, JM, DP, JW, MD
- Capital scrutiny committee – DH, NH, SS, KM, JM, JW, NR
- People and culture committee – VB, SS, RGW, SD, DP, TL, MD
- Remuneration and nominations committee– chair and independent non-executive directors, DP, SD
- AGM – all board members required

Please note that the above is core membership only, it would be useful for all directors have committee meetings logged in their diaries in case they are required.

Initial	Name	Initial	Name
AD	Andrew Dick	JM	Johanna Moss
DH	David Hills	IT	Ian Tombleson
DP	David Probert	NR	Nick Roberts
COO	Chief operating officer	SD	Sandi Drewett
JW	Jonathan Wilson	KM	Kieran McDaid
PK	Peng Khaw	VB	Vineet Bhalla
NH	Nick Hardie	RH	Richard Holmes
MD	Medical director	RL	Richard Lee
RGW	Ros Given-Wilson		
SS	Sumita Singha		
SW	Steve Williams		
TG	Tessa Green		
TL	Tracy Lockett		





**Moorfields  
Eye Hospital**  
NHS Foundation Trust



# Agenda item 12

## Membership Council report

### Board of directors 26 November 2020

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

<b>Brief summary of report</b> Attached is a brief summary of Membership Council meeting that took place on 29 October 2020.							
<b>Action Required/Recommendation.</b> Board is asked to note the membership council report							
<b>For Assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓

## **REPORT FROM THE MEMBERSHIP COUNCIL MEETING – 29 OCTOBER 2020**

### **Staff story**

Governors heard from Alex Ionides, consultant ophthalmologist, who was seconded to the Nightingale in April. He described the challenges he faced in undertaking intensive care for the first time and seeing patients that were so critically ill. He described the extreme mental and physical challenge although it was uplifting and exciting to be part of something where the sole focus was to care for patients. The key lesson to bring back is that the disease is devastating and real and needs to be taken seriously.

### **Patient communication audit**

Governors were taken through the recent patient communication audit. Overall results are good for September and have improved for October. Where people wanted to comment they did so positively and there are a relatively small number of concerns.

Patients were generally satisfied with the communication but need to focus on improvements and getting more data. It will be important to make sure there are diverse methods and channels of communication. Patients are not always seeking out information through mechanisms such as through the website so it will be important to look at more proactive ways of getting information out.

Governors will be given further assurance about those patients that the trust has been unable to contact via feedback from the recovery committee. This will be supported by patient experience co-ordinators.

### **Oriel engagement update**

Governors were provided with an update as to the key milestones to building opening along with next steps as to engagement, building design and community involvement. Buro Happold took governors through the specific last half mile issues that continue to be raised through the advisory groups.

Lots of work has been done to put a full proposition in to the council. The role of the membership council is to assure itself that the appropriate structures have been set up with the detail to be done in individual groups or for governors to contact the Oriel team directly.

### **Provider alliance**

Governors were advised that the trust has been asked to sign a charter and be part of an organisation that exists to improve health value, improving quality and cost of services from a total system and total person perspective.

A question was asked as to how this will specifically help Moorfields patients. Being a unified group could help in a number of areas, e.g. utilising theatres in other hospitals. Governors were also interested in the impact for patients that have a national profile. It was agreed that it is important to make specialist services available to the broader population. The trust will be writing a further letter to identify issues raised by both governors and board members.

## **Governor feedback**

*Briefings/coffee mornings* – a number of meetings have already been scheduled and topics for briefings to be prioritised between now and March. It is important that governors and non-executive directors have the opportunity to speak to staff.

*EDHR group* – reported on staff survey which was generally positive. The group established a patient-orientated objective, which is to make sure information is accessible to those with English as a second language. The group will report back on priority areas and how progress is being mapped against them.

*AGM feedback* – feedback was given on the AGM and it was agreed to think further about what to do in the future in order to better engage with members. This will go through the governance group to see how to take a more inclusive approach.