

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on
Thursday 24 February 2022 at 09:30am
via MS Teams

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
0.	Patient story	Discuss	Present	SN		
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 27 January 2022	Approve	Enclosed	TG		
4.	Matters arising and action points	Note	Enclosed	TG		
5.	Chief Executive's Report	Note	Enclosed	MK	00:15	All
6.	Guardian of safe working	Assurance	Enclosed	LW		
7.	FTSU Q3 report	Assurance	Enclosed	IT		
8.	Oriel update	Discuss	Enclosed	JM		
9.	Integrated performance report	Assurance	Enclosed	JS	00:10	1
10.	Finance report	Assurance	Enclosed	JW	00:10	7
11.	Membership council report	Note	Enclosed	TG		
12.	Identify any risk items arising from the agenda	Note	Verbal	TG		
13.	AOB			TG		

Date of the next meeting – Thursday 24 March 2022

* Strategic Objectives

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

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 27 JANUARY (via video link)**

Attendees:	Tessa Green (TG)	Chairman
	Martin Kuper (MK)	Chief executive
	Vineet Bhalla (VB)	Non-executive director
	Andrew Dick (AD)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Peng Khaw (PK)	Director of research & development
	Sarah Needham (SN)	Acting chief nurse and director of AHPs
	Johanna Moss (JM)	Director of strategy & partnerships
	Jon Spencer (JS)	Chief operating officer
	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Richard Macmillan	General counsel
	Nick Roberts (NR)	Chief information officer
	Michele Russell (MR)	Director of education
	Ian Tombleson (IT)	Director of quality and safety
	Kieran McDaid (KMD)	Director of estates, capital and major projects
	Sarah Martin (SMO)	HR consultant
	Joy Adesanya (JA)	Service manager, Brent Cross
	Sofina Begum (SB)	Technician, Brent Cross
	Samiul Alom (SA)	Technician, Brent Cross
Governors:	Allan MacCarthy	Public governor, SEL
	John Sloper	Public governor, Beds & Herts
	Jane Bush	Public governor, NCL
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Jon Russell	Patient governor
	Richard Collins	Public governor, NEL & Essex
	Ian Humphreys	Appointed governor, College of Optometrists
	Vijay Arora	Public governor, NWL
	Vijay Tailor	Staff governor, City Road
	Mike Gill	RSM
	Patrick Hunter	Sodexo

22/2651 Apologies for absence

Apologies were received from Ros Given-Wilson and Richard Holmes. Sarah Needham was welcomed to the board as acting chief nurse and director of AHPs and will act into the role until Sheila Adam takes up the role in March.

22/2652 Declarations of interest

There were no declarations of interests.

22/2653 Minutes of the last meeting

The minutes of the meeting held on the 25 November 2021 were agreed as an accurate record.

22/2654 Matters arising and action points

All actions were either completed or attended to via the agenda.

22/2655 Chief executive's report

MK advised that the trust continues to do well operationally and that Covid is decreasing in London, having peaked in late December. A great deal of focus is going on vaccination as a condition of deployment and the trust is working with sector colleague in an attempt to standardise the approach. 90.4% of all frontline staff have received their first dose of the Covid vaccination and 74.6% have received the booster.

Flu vaccination uptake across London is low and 54% of frontline staff at the trust have so far received the flu jab (this is 52% of all staff).

MK advised that the trust had announced the death of Roshan Ramsurran, accident & emergency co-ordinator. Roshan was well-known and highly respected by both patients and colleagues and had worked at the trust for nearly 20 years. Support is in place for those staff who have been affected by Roshan's death.

MK also congratulated Professor Ian Murdoch who was awarded an MBE in the 2022 honours list in recognition of his services to health in West Africa.

SD expanded on the VCOD issue and advised that the vast majority of staff have been vaccinated. For those staff that are not vaccinated it is critical to obtain a clear data set that sets out the reasons for not being vaccinated or if there are any exemptions. Opportunities for redeployment will be extremely limited and it is important to make sure that staff have all the information they need to make a decision. Support is available for those that are hesitant and the trust is facilitating access for vaccinations where possible.

Further infection control guidance is expected and that that point consideration will be given as to whether this will be implemented in the organisation. Covid will become endemic so providers need to be able to manage the implications.

JS referred to the potential NE London hub and advised that a business case will come to the executive once plans are more advanced.

22/2656 Staff story – Brent Cross hub technicians

SD advised that the trust has recruited and trained 60 new technicians to work in the Brent Cross hub, many of whom had not previously worked in the healthcare sector. Sofina Begum started working at Brent Cross in August 2021 and had left a previous

role due to family issues and to provide full time care for a family member. Training was done in City Road, Cayton Street and then Brent Cross and signed off in eight weeks. SB reported that there had been some challenges as with any role but it has been particularly pleasing to get good feedback from patients about the hub and the new pathway.

Samiul Alom advised that he has been a patient of Moorfields and has seen first-hand the service that could be brought to patients. He found it particularly positive to be able to deal with patients face to face and the pathway means that patients see one technician that takes them through the whole clinic rather than waiting to see a number of different clinicians over a longer period. SA was particularly keen to progress his career and said that it would be helpful for the trust to create more opportunities for patients to be able to work for Moorfields and they have a particular connection with the hospital and the new innovations are exciting. Pandemic has been a challenge but technicians are able to socially distance from patients and it has not stopped the hub from working well.

The board thanked SB and SA for sharing their stories and were pleased to hear such positive feedback from the new service. SS also thanked JA for facilitating her visit to the hub.

22/2657 Learning from deaths

LW reported that there have been no deaths at the trust over the last quarter.

22/2658 Oriol update

The main focus this year is the completion and submission of the FBC which is the final milestone in the regulatory approval framework. Ideally the team want to start enabling works on site at the end of this year.

A number of enabling business cases have been submitted; the JDV in November, land disposal business case in November and the OBC financial case affordability in December. All enabling business cases must be approved prior to FBC which should therefore not be submitted in advance of these enabling business cases or before sufficient financial information is available. It has been agreed to submit a draft in March and then the final case in April.

There is one significant transaction for the board and membership council to support and approve in March which is the sale of the City Road site. A separate MC meeting will be scheduled for April where there will be other significant transactions requiring approval.

Key risks were discussed. The UCL council approved their FBC in November so this risk can be removed. Regulator decision-making has been raised as a risk due to the complex decisions that are required, the time taken to make those decisions and making sure the relevant support is in place.

Another key risk is the ability to secure vacant possession of the St Pancras site and this requires oversight of the decant of various services. It is hoped that the full works can commence in a year's time, and appropriate notice must be served.

22/2659 Integrated performance report

Attempts are being made to get activity up to previous levels although there are still pockets of sickness that are having an impact and this is a combination of planned and unplanned sickness. The trust needs to respond to commissioning intentions for next year which are to get to 110% of 19/20 levels.

52-week numbers are stable but the diagnostic target was not achieved due to a data quality issue with an external team. Theatre cancellations are an issue and this is affecting the planning of lists. Communication between teams is being improved to make sure there is optimal use of theatres.

A&E activity has dropped and it was suggested that the lack of footfall in London is the primary contributor to the reduction so the trust needs to be ready to ramp services back up if required. Further analysis is to be done as to how use other facilities to support. As people change their working practices they may also change health-seeking behaviours and these are likely to become embedded.

Appraisal figures are not as high as they should be and it was agreed that to get people engaged and see the process as meaningful the system needs to be linked to staff development. SD advised that there is a bigger piece of work to be undertaken about how to identify the development needed to equip staff to undertake transformation.

22/2660 Finance report

JW reported a continuation of the previous trend with a YTD surplus of £12.7m and a forecast outturn of £17m. In M9 pay spend has remained static month on month and the liquidity position remains strong with cash at £75m.

Capex will outturn at £17m with £2.7m additional schemes identified that need to be completed by the end of the financial year.

Annual planning should be under way in January but it is not yet clear as to what impact the ICS control total will have on the trust and more clarity is likely by April.

Likely to see a significant cut in Covid funding. A&E at 62% of 19/20 due to reduction in footfall, aspiration to get to 110% challenging due to Omicron which has hampered progress towards to target.

22/2661 Green Plan

The green plan has been completed in accordance with a system requirement. The trust has established a sustainability group and it is likely that the group will need to come back to the board seeking resource for the implementation of initiatives as they are prioritised and agreed.

There has been positive engagement from colleagues across the trust and a number of creative ideas emerging. The committee will need to work with staff to understand where priorities lie. There is no budget at this stage although utility costs and the likely increase are already included in budgets. Any significant spend will need to go through the capital planning group.

Patient travel and patient visits are potentially an area to review due to the change in patient pathways.

Climate change and health change is a major issue in research and it may be that the biggest change that can be made is through the change in patient pathways and the advent of hybrid working.

NR noted that technology uses a lot of energy and that moving larger systems to the public cloud or more scalable environments will have an impact.

It will also be important to push the agenda with some of the larger suppliers and the use of recyclable plastics.

To come back in six months with an update.

22/2662 BAF summary update

The December 2021 position was presented and there has been fluctuation in both the Oriel and Covid risks for reasons that have already been discussed.

Discussion took place as to whether cyber security should have a likelihood score of five as an attack is almost certain. Further analysis should be done as to whether the definition refers to the likelihood of attack or likelihood of a successful attack which should have reduced due to the work done to protect systems.

Review of the cyber security risk to reflect discussion.

22/2663 Report of the quality and safety committee

The committee reviewed detailed reports on serious incidents as well as the Covid impact of DNAs and the risk that presents to patients.

The committee also discussed the CITO referral service and were assured that preliminary investigations are going well and no harm has been identified as yet. There are clinical protocols in place to ensure that there no clinical data is lost.

A detailed presentation was provided by the EBME with an important focus on equipment and protocols.

Discussion on fire safety was deferred although there were no major risks identified, the key issue is that training must be maintained.

The main concerns are identified as staff sickness, VCOD and CITO.

22/2664 Report of the audit and risk committee

Internal audit produced five reports, four of which achieved a rating of reasonable assurance and one with only partial assurance on theatres management. There has been disruption in the theatre management team and closer alignment is required between NHS and private. NH advised that these had been very thorough reports and that the board should be assured about progress.

LCFS had hoped to have the CFA at the meeting to update on the pending legal action from the 2017 referral but was disappointed that they did not attend. A benchmarking report has been done on the use of waivers which are appropriate in some circumstances but need to be kept under review.

Progress is being made on salary overpayments with issues raised about payroll performance and slippage on management training. More structure is required in the area of job planning and accountability is moving to service directors with a timeline on getting a full set of job plans in place by the end of March.

Key escalations are job planning resourcing and prioritisation as well as the ability to recruit in a number of areas.

22/2665 Report of the people and culture committee

The committee reviewed how well the executive team are able to balance operational challenges vs the need to keep mid to long term initiatives on track. The committee can be used to understand the overall transformation programme and how workforce objectives can be tracked across all the key themes. Oriel workforce assumptions need to be validated.

Feedback from employees was positive about the increased visibility of the executive team which must not undermine line managers but provide a different channel for staff to provide feedback. However there are still areas where the trust is not seeing a material difference or positive change such as bullying and harassment.

VCOD will have an effect on everyone, both those vaccinated and unvaccinated. There is a lot of work going on to improve staff health and wellbeing as well as looking at how the trust can use agile working to its advantage in the future.

A deep dive will be done into recruitment ideally before the next committee.

22/2666 Committee terms of reference

It was agreed to amend the people committee terms of reference to allow a private and committee report to take account of any sensitive issues that may need to be reported.

The terms of reference of each of the board subcommittees were approved.

22/2667 Identify any risk items arising from the agenda

VCOD and cyber security to be reviewed to make sure they accurately reflect the scale of risk.

22/2668 AOB

None.

22/2669 Date of the next meeting – Thursday 24 February 2022

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
28.10.21	21/2626	Journey to FBC	Agreed to sequence a series of updates on FBC assumptions	JW/JM	27.01.22		Closing
27.01.22	22/2661	Sustainability agenda	To come back with an update in six months	PC	27.07.22		Open
27.01.22	22/2662	Board assurance framework	Review cyber security risk to ensure it accurately reflects the discussion	NR	28.04.22		Open

Glossary of terms – February 2022

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



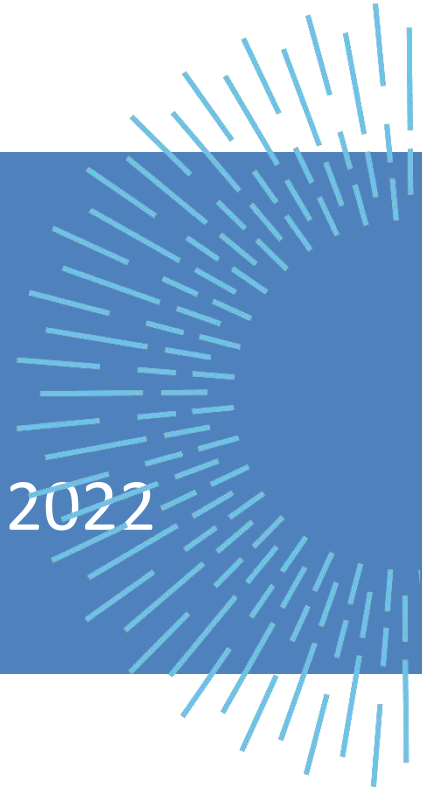
ICO	Information commissioners office
ICS	Integrated care system
IOL	Intra ocular lens
IoO	Institute of Ophthalmology
IPR	Integrated performance report
JDV	Joint delivery vehicle
KPI	Key performance indicators
LCFS	Local counter fraud service
LDBC	Land disposal business case
MEC	Moorfields Eye Charity
MEH	Moorfields Eye Hospital
NCL	North Central London
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NPSA	National patient safety agency
NWP	Northwick Park
OBC	Outline business case
OD	Organisation development
PALS	Patient advice and liaison service
PAS	Patient administration system
PDC	Public dividend capital
PID	Patient identifiable data
PMO	Programme management office
PP	Private patients
PPA	Pre-planning agreement
PTL	Patient tracking list
QIA	Quality impact assessment
QSC	Quality & safety committee
QSI	Quality service improvement and sustainability
RAG	Red amber green [ratings]
RCA	Root cause analysis
R&D	Research & development
RTT	Referral to treatment
SCC	Strategy & commercial committee
SI	Serious Incident
SLA	Service level agreement
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UAE	United Arab Emirates
UCL	University College London
UCLB	University College London Business
UCLH	University College London Hospital
UCLP	University College London Partners
VCOD	Vaccination as a condition of deployment
VFM	Value for money
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date



Moorfields
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Agenda item 05
Chief executive's report
Board of directors 24 February 2022



Report title	Chief executive's report
Report from	Martin Kuper, chief executive
Prepared by	Company secretary and executive team
Link to strategic objectives	The chief executive's report links to all eight strategic objectives

<p>Brief summary of report</p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> • Quality and the recovery of clinical services • Regional update • People and awards • Infrastructure • Financial performance
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<p>Action required/recommendation.</p> <p>The board is asked to note the chief executive's report.</p>

For assurance		For decision		For discussion		To note	✓
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MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 24 FEBRUARY 2022

Chief Executive's report

Operational Response to COVID-19 and recovery of clinical services

As the prevalence of the omicron variant has reduced through January, the Trust has seen an improvement in the number of staff who are isolating because of the virus. This has allowed the level of activity being delivered through the month to increase proportionately, however pockets of higher sickness levels within the theatre and administration teams have stalled the recovery of elective activity levels.

The number of our patients waiting over 52 weeks for a new treatment or for a follow up appointment has remained stable. The total number of new patient waiting for a new treatment has risen slightly, however it is anticipated that this will begin to reverse during February as activity levels return to normal. The Trust has begun to see a significant increase in the number of patients who we are providing mutual aid for, with 182 patients being transferred to us from the Royal Free, of which 82 patients have waited over 52 weeks for their treatment.

In response to the reduction in prevalence of the latest wave of the pandemic, the Trust has reduced the frequency of the gold / silver command structure to one meeting of each per week. Should the current trend continue then it is anticipated that we will return to a normal operating model within the next 2 weeks.

Vaccination figures remain relatively static with 54% of frontline staff having received the **flu vaccination** (52.3% of all staff). In relation to **Covid vaccinations**, 93% of staff have received their first dose and 74.6% have received the booster.

Vaccination as a condition of deployment

As board members will be aware, the Secretary of State for Health and Social Care announced to the House of Commons on 31 January that it was no longer proportionate for NHS staff to be required to have the full course of vaccinations. The announcement advised that there would be a consultation on the matter and a vote in the House of Commons with the intention to revoke the Regulations. This consultation ended on 16 February and the outcome is awaited, along with further guidance on next steps. In the meantime, the trust continues to encourage staff to take the vaccine as it is the best line of defence against Covid-19.

Site visits

In the past month I have had the opportunity to visit Potters Bar, my last unvisited site, and return to Bedford. My thanks again to all those who hosted and took the time to speak to me. My executive colleagues and I are committed to helping deliver excellent care across the network and are developing a programme of planned visits. We want to ensure that all staff have a regular opportunity to discuss directly how we can help them to be as effective as they all want and strive to be. I always find these visits valuable with opportunities for reflection. The layout at Bedford doesn't easily allow team interactions to occur naturally, so the plans Sandi Drewett is developing for team-building initiatives become even more pertinent. Another theme is that a competency framework for administrative roles showing, for example, which courses would help promotion to the next level would help support those staff that are keen to advance their careers.

Transformation programme

As previously reported, the board postponed signing off the trust strategy to allow time for further alignment with the new 'excellence' transformation programme, which will set out how we intend to deliver against strategic objectives in order to achieve excellence. This has gone well, and the draft strategy will come to the public Board in March along with an update on the structure of the transformation programme.

Regional update

The number of cases of Covid-19 have significantly reduced across London over the past month, however it is anticipated that the current level of c. 9000 cases per day, which is roughly double of that before the latest wave of the virus, could be maintained for a few weeks. This reduction in cases has translated into a significant reduction of the number of general and acute beds which are being used to support patients with the disease (350 vs 600 at the start of January).

In line with the wider London region, the NCL ICS is now focusing on increasing elective and outpatient activity levels. Over the last four weeks NCL has averaged 81% for elective activity and 90% for outpatient activity. The sector is also focusing on using the remaining funds to fast-track accelerator schemes through February and March and is then beginning to develop an elective recovery plan for 2022/23 which takes inputs from individual Trusts and the speciality networks.

System working

The UCL Health Alliance is the collaboration of provider organisations in North-Central London. On 21 January the Alliance Board approved next steps to establish a legal entity for the Alliance. These include developing the Alliance business case and formal governance arrangements (through articles of association and memorandum of association). Once iterated through the Alliance Executives, plans will be submitted to member boards for approval and the NHS England and Improvement for authorisation. National and regional leads at NHS England and Improvement are already engaged in support of these next steps. Conversations are underway to elucidate the definitions and interface between the Alliance and the ICS, and further detail will be shared once these have been further solidified.

People and awards

The trust was proud to celebrate **LGBTQ+ History Month** in February and these celebrations have been led by MoorPride, the LGBTQ+ staff network. The month aims to educate out prejudice and make LGBTQ+ people visible in all their rich diversity. Throughout February trust communications have been focused on how all staff can hear from colleagues who will be sharing their personal stories and reflections on being part of the LGBTQ+ community, and about the important role of allies. The trust has also been celebrating some of the extraordinary achievements of Patrick Trevor-Roper, who was an eye surgeon at Moorfields from 1961-1980. Patrick played a key role in ensuring that homosexuality was decriminalised in England and Patrick's portrait is hung in the ground floor waiting area at City Road.

I am pleased to confirm the arrangements for the **corporate governance** function following the departure of Helen Essex, company secretary at the end of February. Richard Macmillan, general counsel, will be taking on the company secretary function and we have appointed Jamie O'Callaghan as the interim head of corporate governance until a formal, permanent structure is agreed.

Nominations for **staff governor elections** for City Road and the network sites closed on 16 February. Once nominees are confirmed, all staff are eligible to vote in the election and we look forward to announcing the results and welcoming new governors on to the membership council at the end of March, at what is an extremely busy but exciting period for the trust.

I continue to hold regular **staff briefings** and the change in date and timings has had a positive impact with approximately 200 staff now in attendance at each briefing session.

January Performance

The trust is reporting a £2.44m surplus in January, £1.42m favourable to plan. The cumulative surplus now stands at £15.08m – £1.59m favourable, and if forecast to outturn at £19.9m for the year. Patient activity decreased during January to 89% against the equivalent month in 2019/20, compared to 93% in the prior month. On a like for like basis against 2019/20 capacity, this metric falls to 83% for both Elective and Outpatient activity. The trust cash position remains strong at £78.7m, equivalent to 118 days of operating cash. Capital expenditure stands at £6.3m, with a further £5.4m of orders raised against a cumulative plan of £15.4m.

Martin Kuper

Chief Executive

February 2022



**Moorfields
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Agenda item 06
Guardian of safe working report
Board of directors 24 February 2022



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

Brief summary of report

The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report covers the period from 13/09/2021 – 16/02/2022.

Exception Reports:

During this period, there have only been **2 Exception Reports**. These were reported by the same ST3 on the St Georges rota.

One exception report was for 2 hours overtime work in a glaucoma clinic. This was a one-off and occurred due to Covid-related staff shortage. An email by management was sent to all consultants to ensure residents leave on time and to check this clinic does not regularly overrun and take action if it does.

The second exception report was for 2 hours overtime during a weekend on-call. This was discussed in the review meeting with the relevant Educational Supervisor, and it was felt that non-urgent patients could have been brought back the following day to avoid this. Overtime payment was agreed for both exception reports.

I am pleased to report that during this period, there have been no reported instances of breach of the minimum 8 hours rest requirement between shifts; no instances of a breach of the 48-hour average working week (across the reference period agreed); no instances of a breach of the maximum 72-hour limit in any seven days. Consequently, no financial penalties have been levied during this period. There have been no reports of any trainee missing greater than 25% of their natural breaks.

Feedback from the last Junior Doctor Forum (JDF):

-Trainees had previously expressed concern about missed training opportunities during redeployment. I am pleased to report that most trainees have been satisfied with the targeted training they are receiving from Moorfields especially with cataract surgery training.

- Trainees from both the North and South Rotation expressed satisfaction with working conditions and believe the reduced rates of exception reports are a true reflection of this. Trainees who are working on firms where clinics notoriously overrun have been questioned and I have been reassured that they had been invited to leave on time.

- In general, trainees miss interaction and networking opportunities and would like to have occasional face to face Wednesday afternoon training sessions. They have also appointed a social representative to organise activities soon when Covid restrictions will be lifted.

- Some trainees did not receive their work schedule on time before starting their rotation at Moorfields and an audit will be carried out to address this.

High level data							
Number of doctors in training (total):	58						
Amount of time available in job plan for guardian to do the role:	1 PA/week						
Admin support provided to the guardian (if any):	Ad Hoc provided by HR						
Amount of job-planned time for educational supervisors:	1 PA per week						
<p>Actions/Discussions taking place:</p> <ul style="list-style-type: none"> • Exception reporting is low, and this reflects trainees' wellbeing and satisfaction in working conditions. • Work Schedules should be sent to trainees 6-8 weeks prior to the start date. <p>Summary</p> <p>All Moorfields trainees are safely rostered in compliant rota patterns with no breaches of the terms and conditions of service occurring during this reporting period. Most trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. Trainee morale is high and working conditions good with all exception reports resolved.</p>							
<p>Quality implications</p> <p>There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work.</p>							
<p>Financial implications</p> <p>The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised.</p>							
<p>Risk implications</p> <p>The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract.</p>							
<p>Action required</p> <p>The board is asked to consider the report for assurance.</p>							
For Assurance	✓	For decision		For discussion		To note	✓



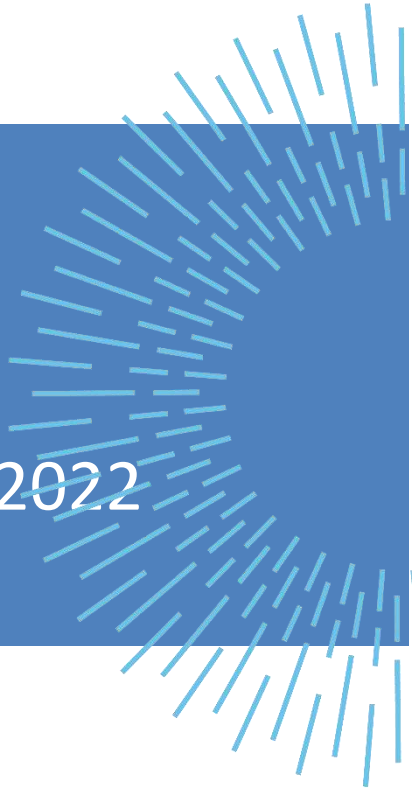
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Agenda item 07

Q3 Freedom to speak up report

Board of directors 24 February 2022



Report title	Q3 Freedom to Speak Up report (1 October – 31 December 2022)
Report from	Ian Tombleson, Lead Freedom to Speak Up Guardian
Prepared by	Ian Tombleson, Lead Freedom to Speak Up Guardian with input from the Guardian team
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary							
<p>This paper provides a Q3 report from the Freedom to Speak Up (FTSU) Guardians covering the period 1 October to 31 December 2021.</p> <p>This report provides assurance to the Board that FTSU Guardians are providing an independent effective service in line with promoting an open and safe culture in which to speak up and this also meets the expectations of National Guardian’s Office requirements. FTSU Guardians are accessible and staff are able to raise concerns. The number of concerns raised and the broad themes are set out in this report.</p> <p>Feedback to the Guardians from staff about their role is very positive. The role of Guardians will continue to be promoted.</p>							
Quality implications							
<p>The Trust’s approach to developing and supporting the work of the FTSU Guardians is a key element of providing a supportive and open culture. If staff feel that they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and staff well-being 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>							
Financial implications							
<p>There are no direct financial implications arising from this paper.</p>							
Risk implications							
<p>Organisations should have a culture where staff feel able to voice their concerns safely. 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>							
Action Required/Recommendation							
<p>This paper is provided to the Board for assurance. The Board is asked to:</p> <ul style="list-style-type: none"> • Discuss and note the content of the paper. 							
For assurance	✓	For decision		For discussion	✓	To note	✓

1. Background to the Guardian Service

FTSU was a recommendation of the Freedom to Speak Up review by Sir Robert Francis that was published in 2015 and the role of Guardians continues to mature across the NHS. He recommended that FTSU Guardians act in a genuinely independent capacity and support staff to raise concerns. Guardians promote a culture in which staff feel safe to raise concerns. The Guardians service at Moorfields is not part of the management structure. They report directly to Chief Executive and provide reports of their activities to the Board quarterly.

FTSU has a much broader definition than the previous term 'whistleblowing' which was often only used in the most extreme circumstances and was viewed negatively. Over the years since its inception FTSU continues to broaden its support service and is seen very clearly to run alongside other support services within organisations. 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 polices. FTSU runs complementary to encouraging a broad speaking up culture where staff feel free to raise concerns as they go about their day to day business. Speaking up should be business as usual rather than something that is a unique environment of the Guardians. However, if we are required we should be accessible, readily available and responsive.

In policy terms Moorfields (like other NHS organisations) follows the national freedom to speak up policy which provides a framework rather than a specific model for FTSU. The national policy is being updated reflecting further maturing and progress. It is likely to be clearer in its messages and further reflect the supportive role of Guardians in organisational culture and their role in supporting other services to resolve issues and concerns. Moorfields policy is due for updating shortly and will include the key elements from the national policy.

Moorfields has five FTSU Guardians from across the network geography and also shows good representation across professional groups and backgrounds. From 1 January 2022 after more than three years' service as a Guardian, Carmel Brookes, lead nurse for clinical innovation has decided to step back due to other commitments. We thank her for all her service and dedication to the role in supporting staff. We are actively looking for a replacement for her.

The current five Guardians are:

- Dr Ali Abbas, consultant ophthalmologist, City Road and Moorfields South
- Derek Scott, health records manager, City Road/Trust-wide
- Amita Sharma, infection control lead nurse, City Road/Trust-wide
- Julie Smythe, ECLO, Moorfields South
- Ian Tombleson, director of quality and safety (lead guardian), Trust-wide

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 Adrian Morris, non-executive director. All the Guardians have received training from the National Guardian's Office.

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

- Unsafe patient care
- Lack of, or poor, response to a reported patient safety incident
- Unsafe working conditions
- Suspicion of fraud
- Possible criminal offence
- Negative staff morale
- Bullying or harassment.

2. Guardian accessibility and initiatives

As has been made clear in previous reports, visibility of the Guardians is key to accessibility and use of the service. We have an eyeQ page and lock screens are often used displaying us across the organisation. Staff comment that they do notice these screens and recognise the Guardians from there. However, the best way of creating visibility is through network site visits and these have become an established part of the Guardian function. As well as promoting the role of Guardians, engagement across the network enables Guardians to keep in touch with staff experiences.

Two key phrases the Guardians use when promoting their role are:

‘Everyone should feel able to speak up’ and;

‘Let’s make ‘speaking up’ business as usual’.

October 2021 was FTSU month. The communications team provided an extended communications exercise advertising the role of Guardians via multiple channels.

During Freedom to speak up month the Guardians visited Barking, Hoxton, Bedford South and North, City Road, Purley and Sir Ludwig Guttman. Reception and feedback from staff during these visits was welcoming and positive and staff responded well to the engagement opportunity and knowing the service is available to support them.

Typically visits include speaking to staff 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. Following every visit an anonymised report is sent back to the relevant management team providing them with the issues that were raised and staff perspectives. We notice that staff speak freely in this environment as they have the confidence that information is collected in a safe space and is non-attributable.

We have noticed that in January 2022 there were no concerns raised with the Guardians, this is likely due a combination of factors including Covid, staff sickness and other life priorities. The Guardians have therefore proactively put in place a programme of increased visits in Q4 covering seven sites. Later in the year a simple questionnaire will be developed and promoted, inviting staff for their views about the Guardians service and how it can support them.

As a further initiative the Guardians are working with the workforce team to support organisational learning from their visits which will help inform the new people plan.

Moorfields Guardians form a proactive part of the London Regional network and attend regular on-line sessions. This network is useful to review practice and to share on-going challenges between services and it is sometimes attended by the National Guardian’s Office to provide feedback and explain about policy direction and change.

3. Board oversight

Guardians have regular sessions with the Chair and Chief Executive to discuss how the process is functioning, activities and key themes. The Director of Workforce is also present during these sessions. They pay a keen interest and ensure that the Guardians are fully supported in their roles. Adrian Morris, as a non-executive director, provides independent oversight and support for the Guardians. No cases have been referred to him this year. The Board receives quarterly reports from the Guardians and an Annual Report at the end of each year.

This report provides assurance that FTSU Guardians are in place, that they are independent from management and accessible, and that staff are able to raise concerns. FTSU is part of the trust’s culture to support and promote an environment where staff feel safe and confident to speak up. It also highlights areas where there are opportunities to improve the service. The number of concerns raised and the broad themes that have been raised are set out.

4. Concerns raised 1 October to 31 December 2021/22 (Q3)

Quarter 3 2021/22 concerns/issues

During Q3, 17 concerns were raised as set out below. Sometimes multiple concerns are raised shown in the data as primary and secondary concerns.

Theme	Primary	Secondary
Culture/Behaviour ¹	8	
Process ²		
Training		1
Patient safety/quality/risk ³	8	
Staff safety/well-being ⁴	1	5
Total	17	6

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 = Staff safety and staff well-being impact.

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

5. Conclusions and learning

Q3 2021/22 has shown consistent activity compared to previous recent quarters and in general terms is consistent with the distribution of data in the Annual Report.

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

There are processes in place to resolve concerns as they arise, for example direct and immediate feedback to management on the themes raised. The Chair and Chief Executive have regular confidential conversations with FTSU Guardians to keep them informed about activity and themes and to provide additional support as required.

Ian Tombleson

Lead Freedom to Speak Up Guardian

24 February 2022



Oriel

Creating the centre for
advancing eye health

Oriel Board update

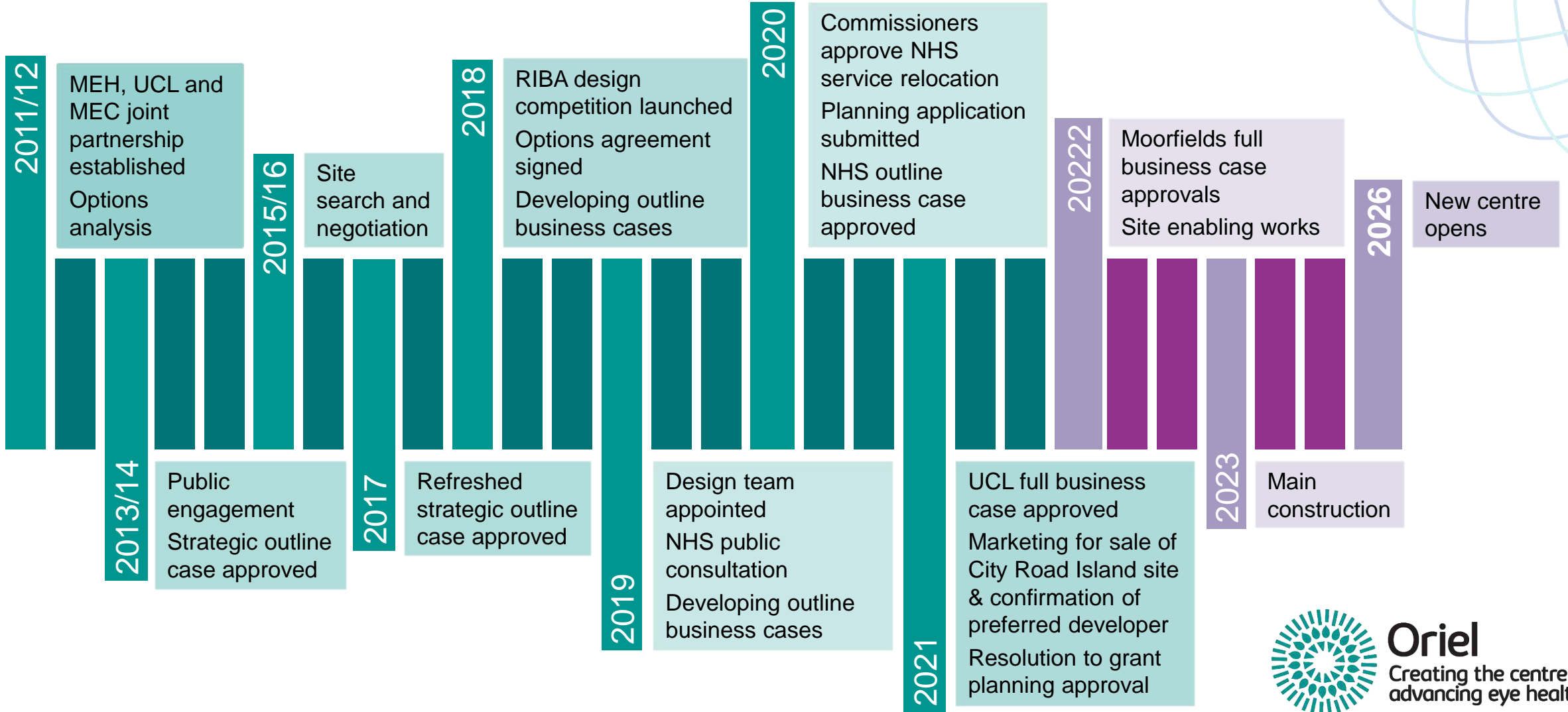
24 February 2022



Overview

- Context
 - Reminder of the Oriel programme
- Preparation for Full Business Case (FBC)
 - NHS assurance to FBC
 - Membership Council decision making
- Key risks

Oriel timeline



Oriel
Creating the centre for
advancing eye health

NHS assurance to FBC

- We submitted the Joint Development Vehicle business case to our regulator on 11 November 2021
- We submitted the Land Disposal business case to our regulator on 30 November 2021
- We submitted the OBC financial case affordability addendum to our regulator on 23 December 2021
- We are continuing to work with the New Hospital Programme (NHP) team as they complete an In Flight Project Review

Membership Council role in decision-making (1)

- It has always been recognised that the Membership Council has an important role in;
 - Satisfying itself that the Trust Board has undertaken appropriate due diligence and provided sufficient challenge & oversight of the Oriel programme
 - Approving significant transactions relating to Oriel
- In July 2017 it was proposed that the Membership Council would be “asked to approve three significant transactions during the course of the project”
 - Land purchase agreement (in principle) subject to appropriate conditions including planning permission, and associated occupation agreement with Moorfields Eye Charity *Autumn 2017*
 - Development agreement (in principle) for the sale of the City Road site, subject to appropriate conditions including planning permission *Winter 2017/18*
 - Full Business Case *2020*



Membership Council role in decision-making (2)

- Over the years, the detail of the Oriel programme has evolved and as a result the language and timeframes agreed in 2017 have required updating
- However, the principle that the Membership Council must satisfy itself that the Trust Board has undertaken appropriate due diligence and provided sufficient challenge & oversight of the Oriel programme and approve any significant transactions remains unchanged.

Forthcoming and final decisions

Decision	Timeframe
Sale of City Road site to Derwent London PLC	March 2022
Exercise of Option Agreement to purchase 2 acres of land on the St Pancras Hospital site	April 2022
Enter into c£300m contract with preferred bidder to construct the Oriel centre	April 2022
Establishment of Joint Development Vehicle with UCL	April 2022
Approval of Full Business Case	April 2022

- Two extraordinary meetings of the Membership Council will be scheduled in March and April
 - The March meeting will seek approval of the significant transaction relating to the sale of the City Road site
 - The April meeting will seek approval for all other items

Key risks

Risk	Mitigation	Update
City Road disposal – risk that bids are not in line with site valuations	Completion of City Road disposal process and confirmation of preferred bidder, with confirmed price by December 2021	Land Disposal case submitted; awaiting regulator approval
Regulator decision making – risk that Moorfields business case is delayed	Active engagement with NHSE/I, DHSC and HMT on timelines for business case submission and approval dates	Engagement ongoing
Securing St Pancras site vacant possession – risk that this is delayed	Active engagement with Camden & Islington; NCL ICS; London Region team	Engagement ongoing
Contractor procurement – risk that tender prices do not align with OBC assumptions	Completion of contractor procurement process and confirmation of preferred bidder, with confirmed price by December 2021	Final bids received; tender evaluation due to complete in February 2022

Report to Trust Board							
Report Title	Integrated Performance Report - January 2022						
Report from	Jon Spencer - Chief Operating Officer						
Prepared by	Performance And Information Department						
Previously discussed at	Trust Management Committee / Management Executive						
Attachments							
Brief Summary of Report							
<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>							
Executive Summary							
<p>Through the month of January 2022 the Trust achieved 90.8% of the outpatient activity and 80% of the elective activity that we were required to deliver by our commissioners. These averages were influenced by a slow start to the month which was caused by staff being absent from work due to the latest wave of the pandemic. Sickness levels caused particular problems in the theatre and administration teams which meant that the Trust had to reduce the number of theatres that we could safely staff and could not fill clinic sessions and theatre lists as optimally as normal. Work is ongoing to get elective and outpatient activity levels up towards 100% of the level expected by the end of February.</p> <p>The level of referrals received recovered to 86.7% of the expected level, which was close to the level seen in November. A&E attendances remained particularly low at 58.6% and a piece of work has now begun between our clinical and operational teams to explore how the City Road A&E service can support a greater number of patients from across London through the attend anywhere system.</p> <p>The number of patients waiting over 52 weeks for their treatment has reduced to 2, however this number has subsequently risen to 41 as the Trust has agreed to treat a number of patients from the Royal Free. The number of patients waiting over 18 weeks has also risen, partly as a result of the Trust's reduced activity over Christmas, but also due to us providing support to other NHS Trusts.</p> <p>The Trust did not meet the diagnostic standard as a result of a key member of the ultrasound team being on sick leave. It was not possible to obtain cover for this specialist role in what is a relatively small team however action is now being taken to sign off the competencies of other team members so that they can provide cross cover in the medium term.</p> <p>Following a number of months of improved performance, we did not meet the call waiting time metric for our booking centre. This was due to the particularly high sickness levels that were caused by the latest wave of the pandemic. These sickness / performance issues continued into early February but we are now starting to see a return to the previous level of performance.</p> <p>Although performance improved against the theatre cancellations metric, the Trust still did not meet the required standard. This was caused by the reduced capacity that was available in the City Road Theatres, which meant that some patients had to be rescheduled and a spike in patient cancellations taking place in the North.</p> <p>The Trust did not meet the 28 day cancellation metric as a result of an administration error which caused three breaches of the standard. Training has been provided to the relevant staff members in the Admissions Team to reinforce the need to comply with this performance standard and the Admissions Manager will now be monitoring this standard on a weekly basis.</p> <p>In January we also saw a drop in the number of complaints which were responded to within the required timescale. This was at City Road and was due to a combination of planned and unplanned leave which delayed responses alongside a complex mix of complaints across multiple services. The division has instigated an escalation process if complaint leads are unavailable to ensure appropriate support is provided.</p> <p>We again did not meet either the appraisal and IG targets in the month. Although some actions continue from the previous month, it is also anticipated that the Trust will see an improvement in these metrics as staffing levels return to normal. Sickness levels averaged 4.3% in the month, however behind this there was an improving picture through the month.</p>							
Action Required/Recommendation							
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.							
For Assurance	X	For decision		For discussion		To Note	

Context - Overall Activity - January 2022

		January 2022	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	4,822	8,230	50,597
	Number of 4 hour breaches	2	124	31
Outpatient Activity	Number of Referrals Received	10,443	12,051	101,973
	Total Attendances	46,675	51,427	467,422
	First Appointment Attendances	10,506	11,392	102,910
	Follow Up (Subsequent) Attendances	36,169	40,035	364,512
	% Appointments Undertaken Virtually	7.8%	0.2%	8.4%
Admission Activity	Total Admissions	2,626	3,281	28,180
	Day Case Elective Admissions	2,375	2,944	25,684
	Inpatient Elective Admissions	77	102	725
	Non-Elective (Emergency) Admissions	174	235	1,771

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

Service Excellence (Ambitions)

January 2022












Operational Metrics

* Figures Provisional for January 2022

** RTT Figures Provisional for January 2022, RTT ratings will be re-introduced once initial recovery plan has been completed

*** January Performance at 99.96% (2 four hour breaches)









**** Median Clinic Journey Time Metrics under review, definitions to be updated to further account for different clinic environments (e.g Face-to-Face & Video appointments, Diagnostic Hubs)

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	G		100.0%	100.0%		98.2%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		98.1%	97.1%		98.2%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		97.4%	100.0%		98.9%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		100.0%	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	G		100.0%	100.0%		94.5%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.8%	77.4%		78.2%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤1608 (Avg. 2019/20)			7895	8124		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches			3	2		352
A&E Four Hour Performance ***	Monthly	≥95%	G		100.0%	100.0%		99.9%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	R	4	98.4%	94.8%		98.8%

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

Service Excellence (Ambitions)

January 2022

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	5	68	167		
Average Call Abandonment Rate	Monthly	≤15%	G		4.5%	10.5%		13.3%
Median Clinic Journey Times - New Patient appointments ****	Monthly	≤ 95 Mins (tbc)	G		Under Review			
Median Clinic Journey Times -Follow Up Patient appointments ****	Monthly	≤ 85 Mins (tbc)	G		Under Review			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	R	6	1.35%	0.87%		0.71%
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	R	7	1	3		18
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		1.37%	2.05%		
VTE Risk Assessment	Monthly	≥95%	G		97.5%	98.9%		98.5%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.19%	1.42%		0.96%

Remedial Action Plan - January 2022



Percentage of Diagnostic waiting times less than 6 weeks

Red	Target	≥99%		Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as showing a recent downward trend.			
	YTD	Previous Period	Current Period					
	98.8%	98.4%	94.8%					
City Road	North	South	Other					
94.7%	n/a	95.7%	n/a					
Domain	Service Excellence (Ambitions)			Responsible Director	Lead Manager			
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status
Breaches caused by data quality issues for the SGH Radiology team when they counted the clock start date as the referral date.				SGH Radiology team have admitted responsibility and was only declared after breaches were incurred and back-dated. MEH P&I team have linked with Radiology team to improve data quality to avoid this moving forward.			February 2022	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date	
The breaches this month were due to 12 breaches within the Ultrasound department. This was caused by the Ultrasound Lead taking unplanned sick leave before annual leave which could not be rescheduled.				Training for 4 members of staff to sign off key competencies including reporting will be expedited to provide further crosscover in instances like this.			May 2022	

Remedial Action Plan - January 2022

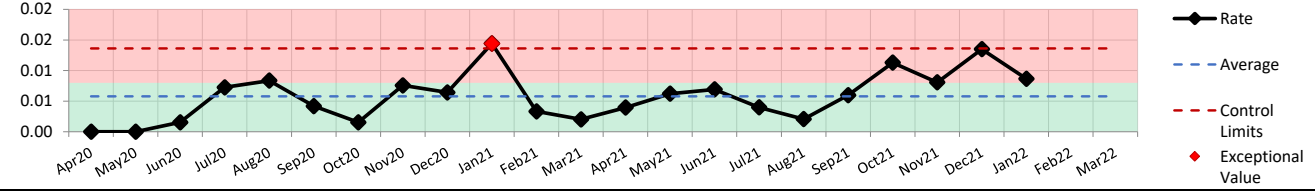


Average Call Waiting Time

Red	Target	≤ 2 Mins (120 Sec)	Current Period Overview	Whilst not achieving the threshold, Performance was below average showing no recent trends. It is within it's expected variation	
	YTD	Previous Period	Current Period		
	n/a	68	167		
City Road	North	South	Other		
n/a	n/a	n/a	n/a		
Domain	Service Excellence (Ambitions)		Responsible Director	Lead Manager	
Previously Identified Issues			Previous Action Plan(s) to Improve		Target Date
No Outstanding Issues or Actions					
Reasons for Current Underperformance			Action Plan(s) to Improve Performance		Target Date
Staffing levels within the team have been challenged due to unplanned sickness as a result of impact on Covid-19 during January.			Ongoing monitoring of staff sickness, which has gradually improved moving into February. Continue to work with Friends of Moorfields and Bank Partner to increase potential short-notice cover when sickness impacts performance.		April 2022

Remedial Action Plan - January 2022

Theatre Cancellation Rate (Non-Medical Cancellations)

Red	Target	≤0.8%		Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation				
	YTD	Previous Period	Current Period						
	0.71%	1.35%	0.87%						
City Road	North	South	Other						
1.00%	0.87%	0.46%	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Lead Manager				
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
South division: 9 cases - St George's - 3 cases, 2 of which were due to the surgeon being unwell and 1 was due to unavailability of a toric lens which was not highlighted at the point of listing - Queen Mary's - 1 case, due to a complex case requiring additional theatre time that was not known until during the procedure - Croydon - 5 cases, all due to surgeon isolation (4 cases) or sickness (1 case), neither instance was not known prior to the day of surgery				- Medical team reminded to indicate lens requirement for all patients in OpeyEyes - Daily staffing levels and sickness absence rates being reviewed - Continue to communicate with other sites to transfer urgent patients if required when a list is cancelled due to sickness			February 2022		
City Road Division: 21 cases - 6 were cases scheduled onto emergency lists that could not be accommodated as initially planned due to complexity - 6 cases could not proceed due to overruns with other scheduled patients (complexity) - 4 cases were booked in error onto a list with no cover and had to be cancelled - 2 were patient initiated cancellations; 1 unwell patient, 1 transport problem - 1 patient cancelled as no IOL had been selected and there were no staff available to do the requisite calculations - 2 cases were cancelled prior to surgery date to accommodate more clinically urgent patients				- Service manager working with admissions to ensure complete visibility of list cover - IOL processes reiterated to team concerned			February 2022		
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
City Road - main challenges with performance relate to challenges with availability of appropriate staff to run a list - either in terms of consultant cover to do cases or nursing staff to run the full complement of theatres. This was a particular issue with the Covid-19 sickness impact in January.				Staff sickness levels being closely monitored by division and still ongoing monitoring via weekly Silver meeting.			February 2022		
North - Ealing experienced an issue with temperature and adverse weather which triggered an increase in cancellations.				Ongoing weekly monitoring of performance at weekly performance meeting within division.			February 2022		

Remedial Action Plan - January 2022













Number of non-medical cancelled operations not treated within 28 days

Red	Target	Zero Breaches	Current Period Overview	The threshold was not achieved, with performance above average showing no recent trends, and is within it's expected variation			
	YTD	Previous Period	Current Period				
	18	1	3				
City Road	North	South	Other				
3	0	0	n/a				
Domain	Service Excellence (Ambitions)		Responsible Director	Lead Manager			
Previously Identified Issues			Previous Action Plan(s) to Improve			Target Date	Status
1 28-day breach in the period within the South division - patient could not be rebooked within the 28-day timeframe as the toric lens required for surgery was not available from the supplier. Notification of the delay was sent from the supplier on day 20 and the lens was not on site until day 43.			<ul style="list-style-type: none"> - Reminder to staff to escalate supply issues when they have the potential to cause a breach - Low likelihood of appropriate lens being available on another site however going forward staff will communicate with other divisions following supply issues going forward 			February 2022	
Reasons for Current Underperformance			Action Plan(s) to Improve Performance			Target Date	
All three breaches are at City Road - all were due to administrative errors with staff not being aware of the need to expedite a cancelled procedure.			Training has been provided to the relevant staff members in admissions to reinforce the need to comply with this performance standard. Admissions manager will be monitoring this weekly to pick up any concerns and expedite a procedure.			February 2022	

Service Excellence (Ambitions)

January 2022



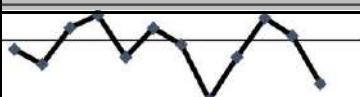





Quality and Safety Metrics

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0		2
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant			0			
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		96.4%	96.0%		95.2%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.7%	94.4%		93.0%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.1%	93.6%		93.3%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.5%	93.7%		93.8%

Service Excellence (Ambitions)

January 2022

Quality and Safety Metrics

Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	R	10	81.8%	63.0%		77.0%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		98.8%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		95.9%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		95.7%	92.5%		95.1%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	tbc			329	321		

Research Metrics

* Metric frequency changed to Quarterly as data is measured over a 12 month period, a more responsive version of this metric is being investigated.







Median Time To Recruitment of First Patient (Days) *	Quarterly	≤ 70 Days			<i>In Development</i>			
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		100.0%	100.0%		94.4%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800			4793	5619		28617
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.5%	5.4%		

Remedial Action Plan - January 2022



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

Red	Target	≥80%		Current Period Overview	The threshold was not achieved, with performance below average and showing a downward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	77.0%	81.8%	63.0%						
City Road	North	South	Other						
20.0%	100.0%	75.0%	85.7%						
Domain	Service Excellence (Ambitions)			Responsible Director	Ian Tombleson		Lead Manager	Tim Withers	
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	
The delay in responses to complaints received in December by City Road was due to a combination of factors: <ul style="list-style-type: none"> • Sickness absence due to COVID • More complex complaints requiring significant investigation across multiple services • Planned leave over the holiday season 				The division has put in place an early escalation process to senior management to ensure complaint leads have support to manage complaints in the event of further challenges				February 2022	

People (Enablers)				January 2022				
Workforce and Financial Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	12	77.4%	71.0%		
Information Governance Training Compliance	Monthly	≥95%	A	13	94.3%	93.0%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	14	4.1%	4.3%		
Proportion of Temporary Staff	Monthly	RAG as per Spend	G		11.4%	12.1%		11.6%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		0.14	1.41		1.59
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		0.02	-0.25		1.27

Remedial Action Plan - January 2022



Appraisal Compliance

Red	Target	≥80%		Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance as well as showing a recent downward trend.				
	YTD	Previous Period	Current Period						
	n/a	77.4%	71.0%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Lead Manager				
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Despite ongoing monthly reminders from the L&D team's compliance lead to all of the managers in each directorate, compliance is still low. All those whose appraisals have expired receive system-generated reminders, sent to all individuals concerned, including their managers at 21 days and 41 days respectively before the expiry date. A system-generated reminder goes out every 20 days to the individual and their manager after the appraisal has expired. In spite of these consistent and clear reminders, individuals are still not taking action to complete them.				Data cleanse activity is underway to ensure those not in scope (i.e. those on maternity leave) are removed. A report by Division will be produced that details staff appraisal status and sent to Divisional leadership teams and HRBP to support conversations to increase compliance.			January 2022		
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
Appraisals are not being completed in a timely way. This is partially due to covid related absence levels and also annual leave over the christmas period.				A review of individuals that are on maternity leave/career break/suspended and are currently included in the figures has been undertaken. There are 5 staff that fall into this category so these numbers are not skewing the figures significantly. Hot-spot areas are being identified and contacted directly by the L&D Manager to explore potential issues impacting managers ability to complete appraisals in conjunction with the HR Business Partners.					

Remedial Action Plan - January 2022



Information Governance Training Compliance

Amber	Target	≥95%		Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance. There are no recent trends showing.				
	YTD	Previous Period	Current Period						
	n/a	94.3%	93.0%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Lead Manager				
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status	
Performance has improved although 0.7% below target. There are three main reasons for this position. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; small number of new starters yet to complete training. Moorfields benchmarks at the top of national performance for IG training.				Continuing to escalate to HR any anomalies in data reporting to remove leavers from Insight and also IG training for recruitment of new starters. Continuing reminder emails to individuals and line managers where IG compliance has expired			February 2022	In Progress (Update)	
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date		
At 14/2/22 compliance is 94% which has improved slightly. There are four main reasons for this position. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; small number of new starters yet to complete training; some having completed the training directly on e-LFH platform which has not yet updated on Insight.				Continuing to escalate to HR the anomalies in data reporting to remove leavers from Insight, IG training for recruitment of new starters and ascertaining employment positions on ESR to clarify the root cause. IG and HR continue to send reminder emails to individuals and line managers where IG compliance has expired. On-going push at SMT meetings to encourage compliance in all teams and departments.			March 2022		

Remedial Action Plan - January 2022



Staff Sickness (Rolling Annual Figure) (Month in Arrears)

Amber	Target	≤4%		Current Period Overview	The threshold was not achieved, Performance was high indicating indicating a special cause variance as well as showing a recent upward trend.						
	YTD	Previous Period	Current Period								
	n/a	4.1%	4.3%								
City Road	North	South	Other								
n/a	n/a	n/a	n/a								
Domain	People (Enablers)			Responsible Director	Lead Manager						
Previously Identified Issues				Previous Action Plan(s) to Improve			Target Date	Status			
November sickness figures cover the period at the end of the month where the Omicron variant was becoming prevalent				Further details on the trust response will be included in the December report			January 2022				
Reasons for Current Underperformance				Action Plan(s) to Improve Performance			Target Date				
<p>Since October, sickness absence figures have been on the rise due to an increase in COVID-19 infections rates and other sickness reasons amongst staff. The rates will likely continue to fluctuate with the prevalence of COVID and the Trust is not an outlier with these rates albeit it's going up.</p>				<p>The Employee Relations Team manages sickness and absence according to the Trust's sickness and absence procedure. The Trust continues to provide a robust infection control and prevention protocols and guidance to reduce infection amongst staff. Line managers are utilising the COVID-19 risk assessments to determine isolation-but working from home arrangement for asymptomatic staff, which helps mitigate staff going off sick and thereby causing more work pressures for their colleagues. We also continue to strengthen our health and wellbeing offering to ensure staff are supported to return to work as soon as possible.</p>							



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 10

Finance report

Board of directors 24 February 2022



Report title	Monthly Finance Performance Report Month 10 – January 2021
Report from	Jonathan Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

For January the Trust is reporting:-

- a £17.5m deficit year to date pre COVID support and top-up funding;
- £32.6m of COVID support and top-up funding; resulting in a
- £15.1m surplus year to date.

<i>Financial Performance</i> £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	£258.8m	£22.0m	£20.3m	(£1.7m)	£216.0m	£197.7m	(£18.3m)	£258.8m	£238.1m	(£20.7m)
Pay	(£140.7m)	(£12.4m)	(£12.1m)	£0.3m	(£116.8m)	(£116.3m)	£0.4m	(£140.7m)	(£139.3m)	£1.3m
Non Pay	(£112.2m)	(£8.9m)	(£8.0m)	£1.0m	(£94.2m)	(£91.2m)	£3.0m	(£112.2m)	(£107.7m)	£4.5m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.8m)	£0.1m	(£7.9m)	(£7.8m)	£0.1m	(£9.5m)	(£9.2m)	£0.3m
CONTROL TOTAL PRE SUPPORT	(£3.6m)	(£0.2m)	(£0.6m)	(£0.3m)	(£2.8m)	(£17.5m)	(£14.7m)	(£3.6m)	(£18.1m)	(£14.5m)
COVID Top-up/support	£18.8m	£1.2m	£3.0m	£1.8m	£16.3m	£32.6m	£16.3m	£18.8m	£38.1m	£19.3m
CONTROL TOTAL POST SUPPORT	£15.2m	£1.0m	£2.4m	£1.4m	£13.5m	£15.1m	£1.6m	£15.2m	£19.9m	£4.8m

The Trust is receiving funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 57% of A&E activity, 84% Elective, 83% Core Outpatients (excluding DGH or 94% inclusive), and 109% injections activity. Excess funding over activity levels contributed £1.51m in month and £15.2m year to date to the Trusts surplus reported position.

The Trusts full year forecast surplus contains a number of material assumptions and is assessed as a likely £19.9m surplus. The key dependencies are outlined in the key messages section.

Capital Expenditure

- Capital spend to 31st January totalled £6.3m, with additional commitments and orders of £5.4m awaiting invoices against a plan of £15.4m. The Trust expects to achieve a forecast capital expenditure of £16-17m.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

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

For Assurance		For decision		For discussion	✓	To note	✓
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**Moorfields
Eye Hospital**
NHS Foundation Trust



Monthly Finance Performance Report For the period ended 31st January 2022 (Month 10)

Presented by

Jonathan Wilson; Chief Financial Officer

Prepared by

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



Monthly Finance Performance Report

For the period ended 31st January (Month 10)



Key Messages

Statement of Comprehensive Income

Financial Position For January the Trust is reporting:-

£2.45m surplus in month
Including support

- £17.5m deficit year to date pre COVID support and top-up funding;
- £32.6m of COVID support and top-up funding; resulting in a;
- £15.1m surplus year to date.

Income Total Trust income was £20.1m in January, a £1.70m adverse variance to plan, largely linked to activity delivery. Material variances include:-

£20.28m in month

- Commissioned Clinical Income £2.00m adverse (£18.60m YTD);
- Other Clinical Income £0.09m favourable (£0.31m adverse YTD);
- Commercial Income £0.10m adverse (£0.13m favourable YTD);
- Research Income £0.27m favourable (£0.77m YTD);

The Trust is receiving funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 57% of A&E activity, 84% Elective, 83% for Outpatients (excluding additive capacity equating to 94% inclusive), and 109% of Injection activity.

Excess funding over activity levels contributed £1.51m in month and £15.18m year to date to the Trusts surplus reported position.

Expenditure Pay is reporting £12.1m in January, a £0.32m favourable variance to plan. This is due to reduced temporary staffing expenditure in line with lower activity levels.

£20.07m in month

(pay, non pay, excl financing)
Bank and agency costs remain constant against the cumulative trend reflecting the continued reduction in activity against plan. although this remains at approximately 11% of pay costs.

Non-pay costs were £0.96m favourable to plan in January, due to elective activity levels being below plan. Cumulatively non-pay budgets are £3.02m favourable, reflecting lower activity levels, alongside delays to Oriel revenue costs compared to plan (£0.93m).

Statement of Financial Position

Cash and Working Capital Position The cash balance as at the 31st January was £78.7m, an increase of £10.3m since the end of March 2021.

The Better Payment Practice Code (BPPC) performance in January was 87% (volume) and 91% (value) against a target of 95 across both metrics.

Capital Capital spend to 31st January totalled £6.3m, with additional commitments and orders of £5.4m awaiting invoices against a plan of £15.4m. Slippage within major schemes such as London Claremont Centre, and network strategy decision timelines surrounding consolidation which would not be able to be executed in this financial year.

(both gross capital expenditure and CDEL)

Mitigation plans were approved in January to moderate a potential £3.2m capital underspend, and subject to supply chain delays, the trust expects to achieve forecast capital expenditure of circa £16m.

Use of Resources Current use of resources monitoring remains suspended.

2012/22 Financial Plan and Forecast The Trust received a £15.19m surplus Control Total for 2021/22, having been given a H1 control total of £6.55m, which it exceeded its by £1.44m, reporting a £7.99m surplus.

Likely £19.9m surplus forecast

The Trusts full year forecast surplus contains a number of material assumptions and is assessed as a likely £19.9m surplus. The key dependencies with upside potential include:-

- Core activity levels reaching 98% by March 2022;
- Approved invest to save bids being fully executed by 31st March;
- Commercial areas continued recovery;
- Satisfactory judgement linked to external legal challenges.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month			Year to Date				Forecast			
		Plan	Actual	Variance	Plan	Actual	Variance	%	RAG	Plan	Actual	Variance
Income	£277.6m	£23.2m	£23.3m	£0.1m	£232.3m	£230.3m	(£2.0m)	(1)%	●	£277.6m	£276.2m	(£1.4m)
Pay	(£140.7m)	(£12.4m)	(£12.1m)	£0.3m	(£116.8m)	(£116.3m)	£0.4m	0%	●	(£140.7m)	(£139.3m)	£1.3m
Non Pay	(£112.2m)	(£8.9m)	(£8.0m)	£1.0m	(£94.2m)	(£91.2m)	£3.0m	3%	●	(£112.2m)	(£107.7m)	£4.5m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.8m)	£0.1m	(£7.9m)	(£7.8m)	£0.1m	1%	●	(£9.5m)	(£9.2m)	£0.3m
CONTROL TOTAL	£15.2m	£1.0m	£2.4m	£1.4m	£13.5m	£15.1m	£1.6m		●	£15.2m	£19.9m	£4.8m
Memorandum Items												
Research & Development	(£1.47m)	(£0.12m)	£0.00m	£0.12m	(£1.22m)	(£0.55m)	£0.67m	55%	●	(£1.5m)	(£0.7m)	£0.8m
Commercial Trading Units	£4.97m	£0.68m	£0.43m	(£0.25m)	£3.80m	£5.07m	£1.27m	33%	●	£5.0m	£6.7m	£1.7m
ORIEL Revenue	(£2.26m)	(£0.06m)	(£0.03m)	£0.02m	(£2.14m)	(£1.39m)	£0.75m	35%	●	(£2.3m)	(£1.7m)	£0.6m
Efficiency Schemes	£7.00m	£0.93m	£0.52m	(£0.42m)	£2.14m	£7.00m	(£1.09m)	(51)%	●	-	-	-

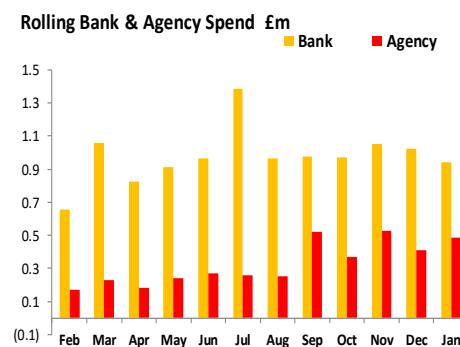
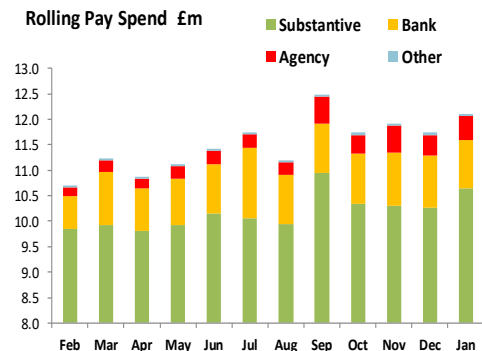
INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
NHS Clinical Income	£147.0m	£122.7m	£101.7m	(£21.0m)	●	£147.0m	£121.8m	(£25.3m)
Pass Through	£38.1m	£32.0m	£34.4m	£2.4m	●	£38.1m	£40.7m	£2.6m
Other NHS Clinical Income	£9.9m	£8.2m	£7.9m	(£0.3m)	●	£9.9m	£9.5m	(£0.4m)
Commercial Trading Units	£36.8m	£30.5m	£30.7m	£0.1m	●	£36.8m	£37.5m	£0.7m
Research & Development	£13.4m	£11.2m	£12.0m	£0.8m	●	£13.4m	£15.4m	£1.9m
Other	£13.5m	£11.3m	£11.1m	(£0.2m)	●	£13.5m	£13.4m	(£0.2m)
INCOME PRE TOP-UP	£258.8m	£216.0m	£197.7m	(£18.3m)		£258.8m	£238.2m	£20.7m
ERF/COVID Top up funding	£18.8m	£16.3m	£32.6m	£16.3m		£18.8m	£38.1m	£19.3m
TOTAL OPERATING REVENUE	£277.6m	£232.3m	£230.3m	(£2.0m)		£277.6m	£276.2m	£1.4m

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

PAY AND WORKFORCE

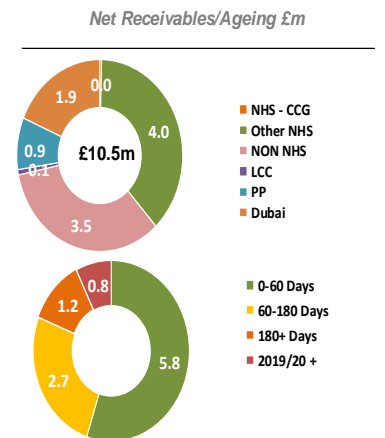
Pay & Workforce £m	Annual Plan	In Month			Year to Date			% Total
		Plan	Actual	Variance	Plan	Actual	Variance	
Employed	(£138.9m)	(£12.2m)	(£10.6m)	£1.6m	(£115.2m)	(£102.4m)	£12.8m	88%
Bank	(£1.0m)	(£0.1m)	(£0.9m)	(£0.8m)	(£0.9m)	(£10.0m)	(£9.2m)	9%
Agency	(£0.3m)	(£0.0m)	(£0.5m)	(£0.4m)	(£0.3m)	(£3.5m)	(£3.2m)	3%
Other	(£0.5m)	(£0.0m)	(£0.0m)	(£0.0m)	(£0.4m)	(£0.4m)	(£0.0m)	0%
TOTAL PAY	(£140.7m)	(£12.4m)	(£12.1m)	£0.3m	(£116.8m)	(£116.3m)	£0.4m	



CASH, CAPITAL AND OTHER KPIS

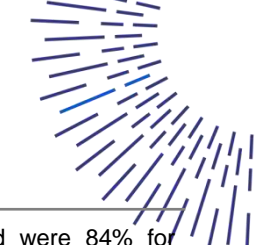
Capital Programme £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
Trust Funded	(£17.0m)	(£14.4m)	(£5.9m)	(£8.5m)	●	(£17.0m)	(£15.8m)	(£1.2m)
Donated/Externally funded	(£1.1m)	(£1.0m)	(£0.4m)	(£0.6m)	●	(£1.1m)	(£0.7m)	(£0.4m)
TOTAL	£18.1m	£15.4m	£6.3m	(£9.1m)		£18.1m	£16.5m	(£1.6m)

Key Metrics	Plan	Actual	RAG
Cash	78.7	78.7	●
Debtor Days	45	26	●
Creditor Days	45	42	●
PP Debtor Days	65	65	●



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

Trust Income and Expenditure Performance



FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date					Forecast				
		Plan	Actual	Variance	Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Income														
NHS Commissioned Clinical Income	185.11	15.22	13.22	(2.00)	154.68	136.07	(18.60)	(12)%	●	185.11	162.42	(22.69)	(12)%	●
Other NHS Clinical Income	9.91	0.85	0.95	0.09	8.20	7.89	(0.31)	(4)%	●	9.91	9.52	(0.39)	(4)%	●
Commercial Trading Units	36.85	3.21	3.11	(0.10)	30.55	30.68	0.13	0%	●	36.85	37.50	0.66	2%	●
Research & Development	13.42	1.48	1.75	0.27	11.24	12.01	0.77	7%	●	13.42	15.35	1.93	14%	●
Other Income	13.53	1.22	1.26	0.04	11.32	11.08	(0.24)	(2)%	●	13.53	13.36	(0.17)	(1)%	●
Total Income	258.81	21.98	20.28	(1.70)	215.98	197.73	(18.25)	(8)%	●	258.81	238.15	(20.66)	(8)%	●
Operating Expenses														
Pay	(140.67)	(12.43)	(12.11)	0.32	(116.76)	(116.31)	0.45	0%	●	(140.67)	(139.34)	1.33	1%	●
Drugs	(42.62)	(3.59)	(3.02)	0.58	(35.43)	(33.19)	2.24	6%	●	(42.62)	(39.22)	3.40	8%	●
Clinical Supplies	(20.60)	(1.79)	(1.81)	(0.02)	(17.04)	(17.20)	(0.16)	(1)%	●	(20.60)	(20.64)	(0.04)	(0)%	●
Other Non Pay	(49.00)	(3.54)	(3.14)	0.40	(41.72)	(40.78)	0.94	2%	●	(49.00)	(47.84)	1.15	2%	●
Total Operating Expenditure	(252.88)	(21.35)	(20.07)	1.27	(210.95)	(207.49)	3.46	2%	●	(252.88)	(247.04)	5.85	2%	●
EBITDA	5.93	0.63	0.21	(0.42)	5.03	(9.76)	(14.79)	(294)%	●	5.93	5.93	-	0%	●
Financing & Depreciation	(10.13)	(0.88)	(0.79)	0.09	(8.37)	(8.13)	0.24	3%	●	(10.13)	(9.77)	0.35	4%	●
Donated assets/impairment adjustments	0.59	0.05	0.03	(0.01)	0.50	0.37	(0.13)	(26)%	●	0.59	0.53	(0.06)	(11)%	●
Control Total Surplus/(Deficit) Pre ERF/Block and Top Up Payments	(3.61)	(0.21)	(0.55)	(0.34)	(2.84)	(17.51)	(14.68)	(517)%	●	(3.61)	(18.13)	(14.52)	(402)%	●
Elective Recovery Funding	4.29	-	-	-	4.29	5.81	1.52		●	4.29	5.81	1.52		●
Block funding in excess of activity	-	-	1.51	1.51	-	15.18	15.18		●	-	18.21	18.21		●
COVID Top Up Payments	14.51	1.23	1.48	0.25	12.04	11.60	(0.43)		●	14.51	14.05	(0.45)		●
Control Total Surplus/(Deficit) Post ERF/Block and Top Up Payments	15.19	1.03	2.44	1.42	13.49	15.08	1.59	31%	●	15.19	19.95	4.76	31%	●

Commentary

Operating Income On a like for like comparison, clinical activity levels recorded were 84% for Daycase and 83% for Outpatients during January compared to 2019/20 levels, with activity-based income totalling £13.22m, £2.00m below the level of block funding. Other significant variances included:-

£1.70m adverse to plan pre support

- Commercial Trading income was £3.11m; an adverse variance of £0.10m;
- Research and Development income was £1.75m; a favourable variance of £0.27m.
- Other income was on plan in month

Employee Expenses

Pay in January is reported as £12.11m against a cumulative trend of £11.58m.

£0.32m favourable to plan in month

- Bank and agency costs totalled £1.43m in January; an increase on the £1.36m reported in January 2020. Although the trust has experienced a reduction in activity levels, temporary staffing costs have remained high due to sickness and operational restrictions in clinical areas. In addition, temporary staffing expenditure in corporate areas remains high linked to IMT remediation plans and responses to VCOD..
- Clinical divisions (including Hercules) temporary staffing costs are £0.86m against £0.83m in January 2020.

Non Pay Expenses

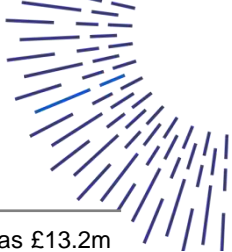
Non-Pay costs in January stood at £7.96m against a cumulative trend of £9.24m.

£0.96m favourable to plan in month

(non pay and financing)

- Drugs expenditure was £0.58m favourable to plan reflecting no Voretogene treatments in month, and lower wholesale drug activity at the Claremont Clinic. Actual expenditure was £3.02m in month against prior month expenditure of £2.90m.
- Clinical supplies expenditure was £0.02m adverse to plan in month. Actual expenditure was £1.81m in January against a November spend of £1.65m. The expenditure increase mainly relates to Moorfields Private.
- Other non pay costs were £0.40m favourable to plan. Actual expenditure was £3.14m in January against £4.52m in the prior month.

Trust Patient Clinical Income Performance



PATIENT ACTIVITY AND CLINICAL INCOME

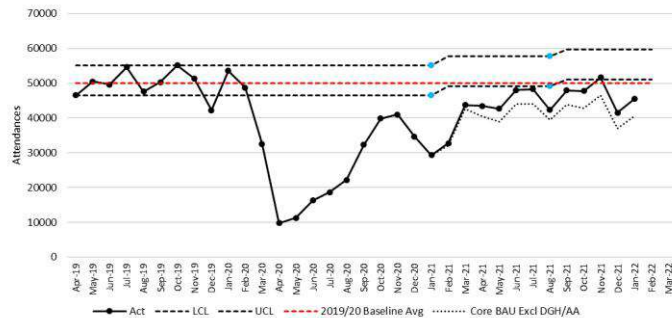
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,388	4,819	(3,569)	57%	82,799	50,846	(31,953)	61%	£12,932	£8,166	(£4,767)	63%
Daycase / Inpatients	2,872	2,398	(474)	83%	28,876	26,095	(2,781)	90%	£32,330	£31,659	(£670)	98%
High Cost Drugs	4,444	4,733	289	107%	44,657	48,973	4,316	110%	£32,670	£34,385	£1,716	105%
Non Elective	235	173	(62)	74%	2,328	1,739	(589)	75%	£4,547	£3,643	(£904)	80%
OP Firsts	10,349	9,756	(593)	94%	104,014	96,378	(7,636)	93%	£17,799	£16,150	(£1,649)	91%
OP Follow Ups	38,285	35,725	(2,560)	93%	384,758	362,917	(21,841)	94%	£39,447	£36,012	(£3,435)	91%
Other NHS clinical income									£3,719	£2,495	(£1,224)	67%
Total	64,573	57,604	(6,969)	89%	647,432	586,948	(60,484)	91%	£143,443	£132,510	(£10,933)	92%

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

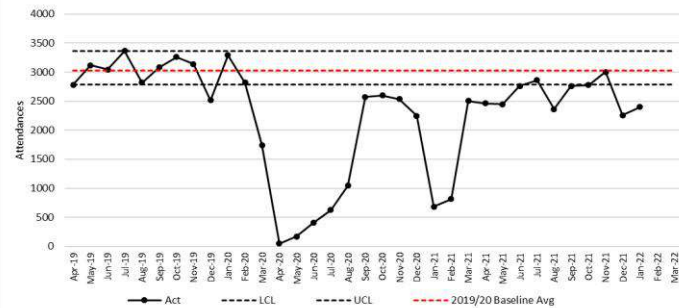
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND

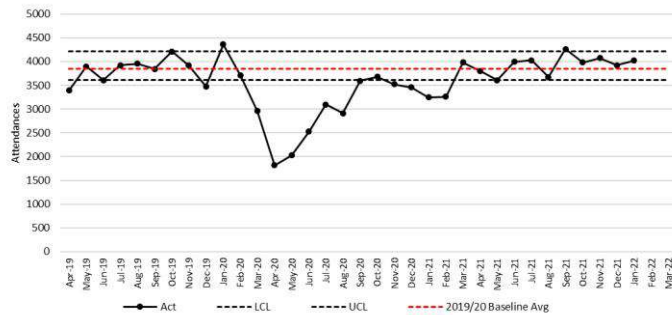
Out Patient Activity



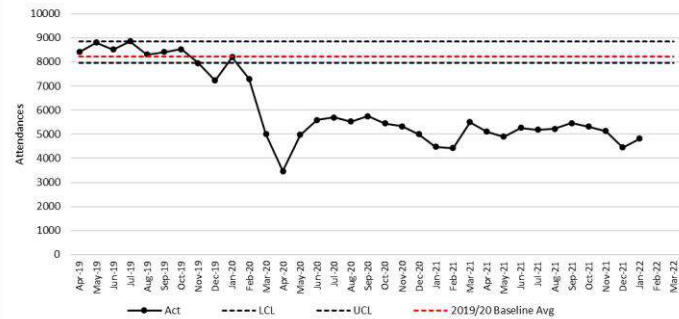
Elective Activity



Injections Activity



A&E Activity



Commentary

NHS Income

NHS Patient Clinical activity income in January was £13.2m if reimbursed via normal activity based contracting arrangements. Significant items include:-

Inpatient activity

- The trust achieved 84% of baseline activity levels in January (92% in December);

Outpatient Activity

- The trust achieved 94% of baseline activity levels in January (100% in December); however approximately 9% is via additive diagnostic hub activity and a further 2% is A&E attend anywhere activity, meaning like for like outpatient activity outside of these items achieved 83% of 2019/20 levels.

High Cost Drugs Injections

- The Trust achieved 109% of baseline activity levels in January (125% in December);

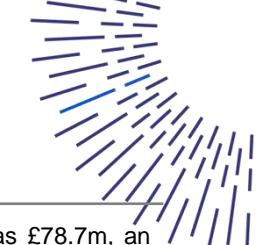
Activity Plans

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

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

The red line represents average 2019/20 activity levels pre additive capacity. Where the upper and lower lines increase represent additive capacity such as Hoxton, Brent Cross, and other diagnostic hub investments.

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



CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	0.9	0.9	0.6	(0.3)	0.9	0.9	-
Medical Equipment - Trust Funded	4.5	3.7	2.8	(0.9)	4.5	4.5	-
IT - Trust Funded	1.2	1.2	1.0	(0.2)	1.2	2.0	0.8
ORIEL - Trust Funded	2.6	2.3	1.0	(1.3)	2.6	2.9	0.3
Commercial - Trust funded	4.4	3.1	0.4	(2.8)	4.4	3.4	(1.0)
Other - Trust funded	3.4	3.1	0.1	(3.0)	3.4	2.1	(1.3)
TOTAL - TRUST FUNDED	17.0	14.4	5.9	(8.5)	17.0	15.8	(1.2)
Covid/Donated/Externally funded	1.1	1.0	0.4	(0.6)	1.1	0.7	(0.4)
TOTAL INCLUDING DONATED	18.1	15.4	6.3	(9.1)	18.1	16.5	(1.6)

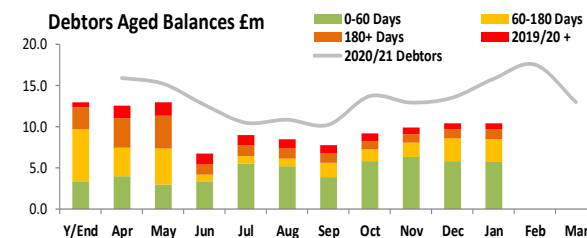
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.3	8.3	-	100%
Cash Reserves - B/Fwd cash	6.0	6.0	-	100%
Cash Reserves - Other (ICS)	4.5	4.5	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - TRUST FUNDED	17.0	17.0	-	100%
Externally funded	0.9	0.9	-	100%
Donated/Charity	0.2	0.2	-	100%
TOTAL INCLUDING DONATED	18.1	18.1	0%	100%

STATEMENT OF FINANCIAL POSITION

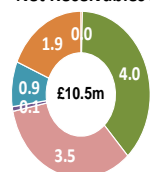
Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	-	103.0	103.0	-
Current assets (excl Cash)	-	22.5	22.5	-
Cash and cash equivalents	-	78.7	78.7	-
Current liabilities	-	(56.6)	(56.6)	-
Non-current liabilities	-	(35.1)	(35.1)	-
TOTAL ASSETS EMPLOYED	-	112.5	112.6	-

RECEIVABLES

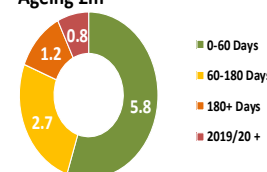
Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 +	Total
CCG Debt	0.0	0.0	0.0	-	0.0
Other NHS Debt	2.8	0.5	0.3	0.4	4.0
Non NHS Debt	1.2	1.2	0.7	0.4	3.5
Commercial Unit Debt	1.7	1.0	0.2	(0.0)	3.0
TOTAL RECEIVABLES	5.8	2.7	1.2	0.8	10.5



Net Receivables £m



Ageing £m



OTHER METRICS

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

Commentary

Cash and Working Capital

The cash balance as at the 31st January was £78.7m, an increase of £10.3m since the end of March 2021, and £4.0m from the prior month.

Capital Expenditure

Capital spend to 31st January totalled £6.3m, with additional commitments and orders of £5.4m awaiting invoices against a plan of £15.4m. Slippage within major schemes such as London Claremont Centre, and network strategy decision timelines surrounding consolidation which would not be able to execute in this financial year.

Mitigation plans were approved in January to mitigate a potential £3.2m capital underspend, and subject to supply chain delays expect to achieve a forecast of circa £16m.

Use of Resources

Use of resources monitoring and reporting has been suspended.

Receivables

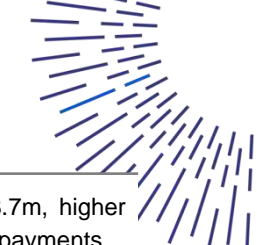
Receivables have reduced by £2.5m to £10.5m since the end of the 2020/21 financial year and show no movement since last month.

Payables

Payables totalled £18.7m at the end of January, a reduction of £8.5m since March 2021. The reduction is mainly attributable to significant capital spend in March this year.

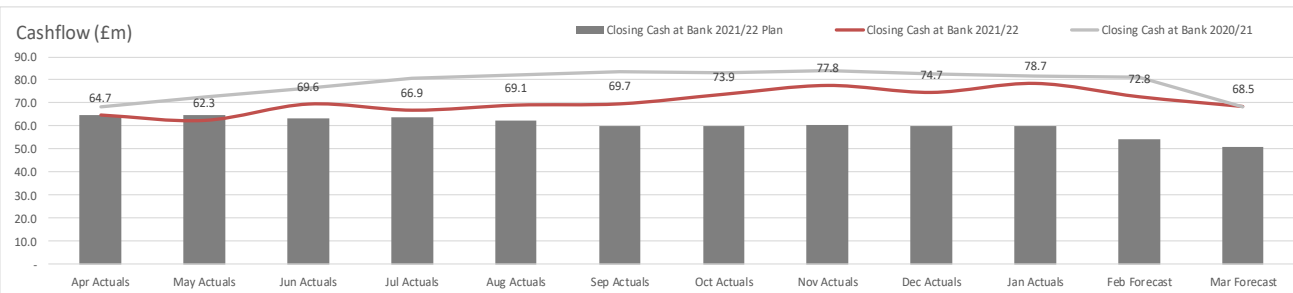
The trust's performance against the Better Payment Practice Code (BPPC) was 87% (volume) and 91% (value) against a target of 95%. Prior month achievement was 97% and 90%. across both areas.

Trust Statement of Financial Position – Cashflow



Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Actuals	Feb Forecast	Mar Forecast	Outturn Total	Jan Plan	Jan Var
Opening Cash at Bank	68.4	64.7	62.3	69.6	66.9	69.1	69.7	73.9	77.8	74.7	78.7	72.8	68.4		
Cash Inflows															
Healthcare Contracts	15.4	16.4	16.0	15.9	16.4	17.0	18.4	18.3	17.1	15.6	17.0	16.3	200.0	17.0	(1.4)
Other NHS	1.6	0.3	7.2	0.9	4.2	1.9	1.9	2.0	0.3	2.3	1.4	1.5	25.5	1.4	0.9
Moorfields Private/Dubai	3.6	3.5	3.9	3.6	3.3	3.7	3.6	4.3	3.5	3.7	3.5	3.8	43.9	3.7	0.0
Research	1.1	0.9	1.8	0.8	0.7	1.7	0.8	0.9	0.9	1.2	1.0	1.0	12.8	1.0	0.3
VAT	0.6	0.2	0.3	-	1.2	0.2	0.3	0.3	0.3	0.5	0.4	0.4	4.8	0.4	0.1
PDC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Inflows	(0.1)	0.6	0.5	0.4	0.1	0.4	0.3	0.4	0.3	0.2	0.2	0.2	3.3	0.2	0.0
Total Cash Inflows	22.2	22.0	29.5	21.5	25.9	25.0	25.4	26.3	22.4	23.6	23.4	23.2	290.3	23.7	(0.1)
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.8)	(9.8)	(9.7)	(9.9)	(10.6)	(10.7)	(10.1)	(10.2)	(10.1)	(10.1)	(10.1)	(120.7)	(10.1)	(0.0)
Non Pay Expenditure	(13.5)	(11.5)	(11.0)	(12.4)	(11.8)	(11.2)	(9.1)	(10.8)	(12.5)	(7.4)	(11.3)	(11.9)	(134.3)	(8.8)	1.4
Capital Expenditure	(1.7)	(2.1)	(0.1)	(0.5)	(0.4)	(0.4)	(0.4)	(0.1)	(0.7)	(0.8)	(5.8)	(1.3)	(14.1)	(0.5)	(0.2)
Oriel	(0.3)	(0.1)	(0.6)	(0.7)	(0.3)	(0.2)	(0.1)	(0.2)	(1.0)	(0.2)	(0.1)	(1.8)	(5.8)	(0.1)	(0.1)
Moorfields Private/Dubai	(0.8)	(0.8)	(0.9)	(0.8)	(0.7)	(1.3)	(0.8)	(1.0)	(1.1)	(1.1)	(1.3)	(1.4)	(12.1)	(1.4)	0.3
Financing - Loan repayments	-	-	-	-	(0.6)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.8)	-	-
Dividend and Interest Payable	-	-	-	-	-	(0.1)	-	-	-	-	-	(0.3)	(0.3)	-	-
Total Cash Outflows	(25.8)	(24.3)	(22.3)	(24.2)	(23.7)	(24.4)	(21.2)	(22.3)	(25.5)	(19.6)	(29.3)	(27.5)	(290.2)	(20.9)	1.3
Net Cash inflows /(Outflows)	(3.7)	(2.4)	7.2	(2.7)	2.2	0.6	4.2	3.9	(3.1)	4.0	(5.9)	(4.3)	-	2.8	1.2
Closing Cash at Bank 2021/22	64.7	62.3	69.6	66.9	69.1	69.7	73.9	77.8	74.7	78.7	72.8	68.5	68.5		
Closing Cash at Bank 2021/22 Plan	64.7	64.9	63.2	63.7	62.4	59.8	60.2	60.3	59.9	60.1	54.4	51.1	51.1		
Closing Cash at Bank 2020/21	68.4	72.7	76.7	80.8	82.0	83.6	83.3	84.3	82.6	81.6	81.1	68.4	68.4		



Commentary

Cash flow The cash balance at the 31st January is £78.7m, higher than forecast due to the timing of receipts and payments.

The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The Trust currently has 118 days (prior month: 112 days) of operating cash.

January saw a cash inflow of £4.0m against a plan of a £2.8m due primarily due to the timings of payments for trade and capital suppliers.



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 11
Membership Council report
Board of directors 24 February 2022

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

Brief summary of report							
Attached is a brief summary of Membership Council meeting that took place on 1 February 2022.							
Quality implications							
There are no direct quality implications arising from the report, although governors are particularly keen for focus on areas that have an impact on patient and staff experience such as patient communication, plans for the new site strategy and the increased focus on the sustainability agenda.							
Financial implications							
There are no direct financial implications arising from the report.							
Risk implications							
There is a risk to the organisation if the information flows between the board and membership council are not robust and in particular around areas of concern that affect the membership.							
Action Required/Recommendation.							
Board is asked to note the membership council report							
For Assurance		For decision		For discussion		To note	✓

REPORT FROM THE MEMBERSHIP COUNCIL MEETING – 01 FEBRUARY 2022

Chief executive's report

Governors received an update on the current status of vaccinations both in the trust and across London, and the issue of vaccination and health inequalities.

Governors also received an update on the position with Open Eyes and the revised timelines but were assured that there is a good clinical and operational working group that are undertaking user acceptance testing and working out the level of training users need on the system for go live at the end of March.

Patient communication

Governors were pleased to note that there has been a real improvement and a reduction in calls due to the rollout of the new Dr Doctor system. The trust is now starting to focus on training packages for staff to make sure the customer experience continues to improve. Dr Doctor is now live in all sites and teams are now looking at how to improve functionality and specific issues such as how to transfer care from one site to another. Ideally the trust wants to strive for as much consistency as possible across different sites. Governors were particularly keen to understand how the trust will take the next steps in setting standards and performance measures and then monitoring the patient experience.

There was also interest in patient-initiated follow-up, how it works and the impact it has on appointments and patient perception. It was noted that this is a relatively new initiative although it has been around for a while in other specialties, and it provides a safe and efficient way of patients being able to access services. It also provides clinicians with a second option that allows a patient to refer themselves if there is something concerning that is not an emergency or urgent situation.

Discussion also took place about virtual appointments for those with visual impairments and how to maintain patient confidentiality if someone else is in attendance. It was noted that virtual appointments should be used when it is helpful and appropriate for patients. Virtual should be seen as an adjunct to allow the flexibility to create additional space. Its appropriateness depends on the specialty and type of examination and consultation that needs to be done, as well as being in the patient's best interest for safe care.

Sustainability

This is an area of interest that had been raised by one of the staff governors with a number of staff particularly keen to get involved. Governors were advised of the new sustainability group terms of reference along with roles and responsibilities and how it will interact with other areas of the trust. Sustainability champions will also be put in place to act as conduits and promote sustainable behaviours. There is a wide and diverse mix of people on the group but it was agreed that it is critical that there is patient representation.

From a greener NHS point of view the move to the Oriel site would allow the trust to move towards the net zero challenge. However, before the move all services, processes and practices need to adapt and be embedded into the trust culture. This would not only be at City Road but within network sites which would benefit from the change in culture.

Discussion took place about the various different highlights and initiatives such as digital transformation, procurement, energy, the supply chain, single use vs reusable instruments, reduction in water usage, etc. It was agreed that the trust needs robust reviews about sustainability initiatives with a view to moving to Oriel and that this could be an area where governors could assist with engagement.

Oriel update

Governors were advised that once the FBC has been approved then Oriel can continue with no further impediment. Membership council decision making should be to gain assurance that the board has undertaken appropriate due diligence and provided sufficient challenge & oversight of the Oriel programme.

The significant transactions that now require approval all form a component part of the FBC:

- Sale of the City Road site to the preferred bidder
- Exercise of the option agreement to purchase two acres of land on the St Pancras hospital site
- Enter into a £300m contract with the preferred bidder to construct the Oriel centre
- Establishment of the joint development vehicle, which is the mechanism through which we appoint the contractor, design and operate the building.
- Approval of the full business case.

Two extraordinary membership council meetings will be scheduled in March and April to make the appropriate decisions.

Report from the board

Governors referred to the staff story and asked to what extent the Brent Cross technicians are able to provide clinical information to patients. Governors were assured that there are very clear guidelines as to the information technicians are able to provide.