

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 5 December 2019 at **09:30am**

In the **Boardroom, 4th Floor, Kemp House, 152 – 160 City Road, EC1V**

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 3 October 2019	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:15	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:15	1
7.	Finance Report	Assurance	Enclosed	JW	00:15	7
8.	Learning from deaths	Assurance	Enclosed	IT	00:05	1
9.	Q2 Complaints	Assurance	Enclosed	TL	00:20	1
10.	Amendments to the constitution	Approve	Enclosed	HE	00:05	6
11.	Report from the quality and safety committee	Assurance	Enclosed	RGW	00:10	1
12.	Report from the audit and risk committee	Assurance	Enclosed	NH	00:10	6
13.	Membership council report	Note	Enclosed	TG	00:05	3
14.	2020 Cycle of business	Note	Enclosed	HE	00:05	6
15.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	
16.	AOB	Note	Verbal	TG	00:05	
18.	Date of the next meeting – Thursday 23 January 2020 09:30am					

* Strategic Objectives

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

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 3 OCTOBER 2019**

Attendees:	Tessa Green (TG) David Probert (DP) Andrew Dick (AD) Peng Khaw (PK) Nick Hardie (NH) David Hills (DH) Ros Given-Wilson (RGW) Tracy Lockett (TL) Johanna Moss (JM) John Quinn (JQ) Sumita Singha (SS) Nick Strouthidis (NS) Jonathan Wilson (JW) Steve Williams (SW)	Chairman Chief executive Non-executive director Director of research & development Non-executive director Non-executive director Non-executive director Director of nursing and AHPs Director of strategy and business development Chief operating officer Non-executive director Medical director Chief financial officer Vice chair and senior independent director
In attendance:	Nora Colton (NC) Sandi Drewett (SD) Helen Essex (HE) Ian Tombleson (IT) Elisa Steele (ES) Richard MacMillan (RM)	Director of education Director of workforce and OD Company secretary (minutes) Director of quality and safety Chief information officer (from item 2362) Head of legal services
Governors present:	Brenda Faulkner Richard Collins John Sloper Brenda Faulkner Emily Brothers Jane Bush Remija Mponzi	Patient governor Patient governor Public governor Patient governor Public governor Public governor Staff governor
By invitation:	Bhavini Makwana	Patient journey
Public:	Mike Sealy	Liaison Workforce

19/2354 Patient Journey

Bhavini Makwana took the board through the challenge of her diagnosis at the age of 17. She first attended Moorfields in 2002 but wanted to share an experience she had with the service within the last few years that highlighted a number of errors in communication and customer service. These included being asked to use the check-in kiosks and fill out a FFT form despite her visual impairment. She met with staff that were not welcoming and who spent her appointment speaking to husband rather than her and not giving her the information she needed as a patient. Staff did not appear to have had the relevant training to deal with her guide dog and the whole appointment left her feeling extremely vulnerable and concerned about what other

patients may go through. PK apologised to BM on behalf of the trust and said that the customer service she received was not acceptable for what is a world-leading eye hospital and that he was very disappointed that this is the case for patients. The trust needs to do much better with these issues and it is no good for clinical care to be excellent if patient experience is poor. This kind of services makes a patient feel that staff don't care even if that is not the case and goes to the essence of what we are as a hospital.

RGW discussed the challenges with giving patients a difficult diagnosis and how the trust captures the feedback we get on this issue. A lack of time and empathy from clinicians is often cited and it is particularly important for clinicians to understand the impact on someone's life. Having an ECLO present can make a huge difference and there are still a lot of consultants that don't know that the service is being provided, although the trust has ECLOs at every site as well as counselling teams.

There are a number of different contact points where BM was failed by the organisation and in particular NS highlighted the need to work with the new Fellowship director about communication skills. Leading and guiding sessions for staff on induction include how to deal with guide dogs but there is clearly a gap, particularly if staff have been in the organisation for a long time and have not had their training refreshed, or if they are temporary staff.

The trust also needs to think about how to have the conversation with individuals, or a forum where patients come and talk to staff about their experience. Visual awareness training needs to be delivered by people with sight loss and should be part of compulsory training for clinicians as it is in a number of different specialties. The visibility of the executive team is also important to allow a dialogue with patients to discuss their experience.

To report back to the board on action taken to address the points raised – TL 05.12.19

TG thanked BM for sharing her story with the board.

19/2355 Apologies for absence

Apologies were received from Kieran McDaid.

19/2356 Declarations of interest

There were no declarations of interests.

19/2357 Minutes of the last meeting

The minutes of the meeting held on the 5 September 2019 were agreed as an accurate record.

19/2358 Matters arising and action points

NH had raised the issue of assets being higher than planned. JW advised that of the £5m increase, £1m was related to stock levels in pharmacy and the rest related to current debt. Focus will be on the stock levels issue for the moment and any disconnect between the pharmacy system and finance ledger.

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

19/2359 Chief Executive's Report

October is national freedom to speak up month and there will be a number of different events going on throughout the month and opportunities to further communicate the work of the guardians to the organisation.

A number of new appointments were announced and in particular DP welcomed Will Tucker as the new divisional director for Moorfields South and thanked Alison Davis, who continues in a new role focused on external engagement and consultant job planning. Congratulations also go to NC on her appointment as Pro-vice provost which is an opportunity to further integrate the education agenda with UCL.

The trust has been announced as one of the seven new health research data hubs along with a number of different collaborative partners from industry and the charitable sector. The board congratulated the bid team and commended the commitment to work with patients on the use of their data.

DP provided assurance about the focus the trust has had on the key areas of significant risk that will impact the organisation in the event of an exit from the EU. The main risks are medicines management, research and workforce to a lesser extent. Another issue is likely to be people that are no longer eligible to receive clinical care. The risks to the organisation are being mitigated as far as possible and assurance has been received from national bodies that a medicines supply will be available for six months.

Oriel public consultation update

JM thanked all patients, members of staff and the public who have engaged in the process. The public consultation has now closed and over 1500 survey responses are being collated.

Specific work has been done with groups with protected characteristics and rare conditions and established that changes to services could have a greater impact on these groups. A number of key themes have been raised, such as making it more possible for people to be independent, empowering people to take control of their own care, the importance of good communication, understanding hidden disabilities and how we support people over the period of transition.

This learning will be used by commissioners to help inform their decisions and by the trust to inform how the building and operation of the new centre is designed, as well as how we deliver services across the whole network from today.

Initial feedback suggests that the consultation has been inclusive and TG formally thanked all those who worked on the consultation, and in particular Emily Brothers who has co-chaired the Oriel Advisory Group.

SS mentioned that the percentage of staff engagement appears low and asked how the trust proposes to further engage staff. JM replied that a 17% staff response is

what we might expect as the consultation was primarily for patients and the public.

How to engage staff in the wider consultation is an important issue and the trust is starting to think more actively about broader staff engagement. A wider group of staff need to be briefed about how to have the conversation with their teams. There are a number of staff who are directly engaged in redesign as well as those who need more general awareness.

19/2360 Integrated performance report

A&E activity continues to rise and may increase to 100,000 by the end of the year. This is being closely monitored in terms of the potential impact on performance.

The position remains strong against national access targets. There have been some cancer 14-day breaches which relates to a specific issue around internal referrals.

Journey times have improved although beginning to plateau and the trust needs to establish if there is anything further to be done or whether this is a natural plateau. This may be a suitable point to look at different ways to manage clinics (i.e. face to face vs virtual consultations). Currently the figures for the two are averaged together but waiting times should be reviewed separately.

An electronic friends and family test option is now in place and this has improved the nature and quality of feedback from patients. The response rate has increased to over 30%.

RGW raised the issue of incidents as the target is 20 but the number of open incidents at 120. She asked whether the target should be revised or whether there are challenges in managing the situation. JQ advised that the target is being revised although the position is improving in terms of incidents remaining open for longer than 28 days. Each division has been asked to review how they manage incidents as there has been an over-reliance on individuals in the past and processes need to be more systematic.

AD asked how the trust is planning to achieve a target of a reduction of 10% in clinic journey times without affecting care. JQ stressed that the intention is to take waste out of the system without removing time spent with clinicians. It is important to try to reduce the amount of time patients spend waiting but need a mechanism to make sure that clinical face to face time is not being reduced.

19/2361 Finance report

The trust overachieved against the deficit plan in month (the planned deficit is £850k, currently £30k adrift). The Q2 position is likely to be achieved which is positive in relation to release of PSF and FRF. The trust has also overachieved on its income target in-month at City Road and Moorfields North. It is important to understand patient flows and what has changed, particularly in the cataract service.

Pressures relate to health records, theatres and the IOL contract where the trust is working with existing suppliers to see what can be done in terms of mitigating the cost pressure.

There is a revenue pressure £200k in year on the Oriel project and undelivered CIP of just under £0.5m adverse, although this is £600k up from the last board meeting. The overall CIP target is £1.9m adverse to plan in terms of forecast but has significant focus across the organisation. It was acknowledged that this is a significant gap although a number of schemes are phased towards the end of the year. The trust needs to maintain £0.7m achievement per month in order to deliver the outturn. There has been renewed vigour in a number of areas and good progress made in City Road. There are two trust-wide schemes that could potentially release £600k. There may be a requirement to utilise reserves in order to mitigate the Oriel cost pressure.

Working capital is good, with debt down on last month. Focus will be on billings for non-core patient services. Capital outturn is coming in just under plan and a mid-term review will take place to assess the position.

There is a risk of between £0 and £600k on stock. Pharmacy systems work on an average pricing basis and issues out may not equate to values that have gone in. Currently looking at potential mitigations for any emerging risk. The stock level number needs to be revalidated.

In relation to financing and adjustments, JW advised that ideally the trust wants to focus on operational variances and keep any special items separate in order to be able to see the real picture.

19/2362 Service improvement reports

JQ presented the annual report for 18/19 and the bi-annual report for 19/20. The reports focus on three main areas; building a culture of continuous improvement, running a suite of service improvement projects and working with divisions on developing CIP schemes.

The trust is a training centre for quality and service improvement and can accredit staff in QSIR training. 79 staff have been trained so far and this needs to continue in order to embed the culture.

The board was provided with updates on two of the key projects, which are high volume cataract lists at City Road and the Big Picture pilot in Croydon which allows better triage of complex and urgent patients.

TG asked how the board is able to assess the targets and milestones against what the trust is looking to achieve (i.e. how many clinics on how many sites, etc.) This needs more clarity and should be reported in the format of a programme with a tracker that can be measured for progress more easily.

Discussion took place about outpatient journey times and the blocks to maintaining progress. The process was started with larger services and looked at stratification. The trust needs to now start looking at which other services can be reviewed to see where the next step change can be made. The board would be keen to see the plan as to how this work is going to progress.

Amendments to be made for the next report – JQ March 20

An update was also given about the 'Hand holding' project, where volunteers go into theatres with patients to provide support. Although it is early in the process feedback has been given that it is working very well.

19/2363 Q1 complaints, compliments and PALS report

Over the first quarter of the year the trust has received 70 written complaints, which is a relatively static number. Complaints focus on three main areas; information given to patients, quality of consultation and managing patient expectation and communication with patients/staff behaviours.

There are no themes that relate to specific teams, services or members of staff at the moment although this will continue to be an issue for scrutiny. Similar themes are coming from PALS, as well as a focus on the administration, booking and appointments systems.

Lessons learned have been identified but need to be tackled on a trust-wide basis. An event was held with staff to focus on solutions and a number of actions arose from this. A review is also taking place of the management of complaints including write-up and the quality of responses.

There are a number of areas that have seen improvement such as the relaunch of the buzzer system, although these projects tend to highlight issues with logistics that may not have been identified, such as the availability of buzzers at kiosks rather than just at reception.

It was agreed that reception staff should be trained to explain to patients the likely differences in their patient journey as this is a key way of keeping patients informed. However, there has also been an increase in abusive behaviour towards staff, and the board strongly condoned the trust's policy to take firm action to support staff in such situations.

NS said that complaints are often multifactorial and often include a medical component, particularly about perception of clinical management. Responses are often done at Fellow level and this is an area that the fellowship director is actively reviewing and wants to see a real improvement.

19/2364 Annual freedom to speak up report

The trust freedom to speak up guardians took up post in September 2018 and cover a wide range of professions and sites. The role is independent of management and concerns are kept anonymous. The guardians have a lot of visibility across network sites and have a rolling programme of visits so that staff know the guardians are available.

Over the last year some concerns have been raised, although no specific patient safety concerns. Staff often come for signposting to other services. Guardians spend direct time with the chair and chief executive to identify themes, particular areas that require focus and whether guardians need any support. At this stage the guardians have given assurance that there is a good process in place that is working well and that

their activities are manageable within the time they have available. There will be a lot of work taking place as part of freedom to speak up month in October.

Board members asked about the process for reviewing the effectiveness of guardians. The trust is required to report figures nationally and the regular meetings with senior members of the board provide assurance. There has been a demonstration of effectiveness in a particular service which was reviewed by the guardians and revisited to see if concerns had been addressed.

19/2365 Guardian of safe working

This quarterly report triangulates with results from GMC trainee survey which saw a particular improvement in SGH. There were two breaches; one relating to a serious clinical issue that needed to be addressed and another relating to an overbooked clinic.

In relation to exception reporting sign off the trust will be moving towards a clinical supervisor rather than an educational supervisor undertaking the process.

HEE has also awarded the trust a £30k grant to be used to see how we might improve the welfare of junior doctors. There are proposals to use the money to fund educational benefits.

The board was keen to understand how the trust is assured that trainees are empowered to make exception reports. NS replied that consultants have been advised of the trust position and are expected to adhere to it. The only risk is the OOH service on a site like SGH but there are no current concerns that trainees are not reporting.

19/2366 Administration and booking process

JQ provided a summary of themes that are coming through complaints and the patient feedback route. Patients often find it difficult to get appointments and are having to rebook multiple times. This is a direct response to lost to follow up issues that happened historically. The trust sought to avoid these problems by giving every patient an appointment, which could be moved closer to the time if that was required. However, this leads to overbooking clinics and the system allows the overbooking from multiple sites. In order to put more control into who has booking privileges, there are technical fixes that need to be made to the PAS system but these will take up to a year to address.

Patient experience of calling is another issue in that patients can't always get through or get through to the wrong service. Letters are not standardised across all sites. The plan is to implement a new patient portal so that patients have more control over their experience.

The trust is also looking at implementing a single point of access which would involve implementing a call management system. This would allow services to better analyse calls, dropped calls, etc.

Buzzers not being used in the way that was first anticipated and needs a specific piece of work to address some of the practical issues that have arisen.

The issue of whiteboards was raised and the fact that they are not used consistently across clinics. The trust needs to be clear that using whiteboards to communicate with patients is not the best option and that better use of electronic screens should be made.

The Board acknowledged the difficulties in addressing some of these issues and will receive an update every three months.

**Next update to be
provided in January – JQ
23.01.20**

19/2367 Report from the quality and safety committee

RGW highlighted three key issues; that of health records, considerable improvement and discussion about research governance and associated clinical risk that is mitigated by having appropriate governance in place.

19/2368 Identify any risk items arising from the agenda

None.

19/2369 AOB

None.

19/2370 Date of next meeting – Thursday 5 December 2019

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.09.19	19/2344	Finance report	Investigate figures in the SoFP which show assets higher than planned	JW	03.10.19		Closing
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	27.03.20		Open
03.10.19	19/2354	Patient journey	To report back to the board on action taken to address the points raised	TL	05.12.19		Open
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	27.03.20		Open
03.10.19	19/2366	Administration and booking process	Update to the board on progress in three months	JQ	23.01.20		Open



Glossary of terms – December 2019

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



LCFS	Local counter fraud service
LD	Learning disability
MFF	Market forces factor
NCL	North central london
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NIS	Network and information systems
NMC	Nursing & midwifery council
OBC	Outline business case
OD	Organisation development
PAM	Premises assurance management
PAS	Patient administration system
PDC	Public dividend capital
PID	Patient identifiable data
PP	Private patients
PROMS	Patient related outcome measures
PSF	Provider sustainability fund
QIA	Quality impact assessment
QIPP	Quality, innovation, productivity and prevention
QSC	Quality & safety committee
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
SGH	St Georges University Hospital
SI	Serious Incident
SLA	Service level agreement
STP	Sustainability and transformation partnership
TMC	Trust management committee
UAE	United Arab Emirates
UCL	University College London
VFM	Value for money
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 05
Chief executive's report
Board of directors 5 December
2019

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

<p>Brief summary of report</p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> • New appointments • Financial position M7 • Awards and recognition • Moorfields Academy • Oriel public consultation • Emergency planning assurance
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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	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 5 DECEMBER 2019

Chief Executive's report

1. Quality

I am pleased to confirm that **Moorfields Private was successful in winning a 2019 LaingBuisson Award for clinical services – healthcare outcomes category**. This award is given for excellence in the delivery of better healthcare outcomes with a focus on the ability to deliver those outcomes. This category was particularly competitive with ten organisations in total being shortlisted.

Alongside the LaingBuisson award I am pleased to report that Moorfields Private has also earned **joint first place in a survey by consumer watchdog Which?** for their review of laser eye surgery providers. Which? awarded Moorfields Private's services four stars out of five across various categories including: explaining the procedure, sales practice, time with the surgeon and aftercare. The report, which included data from 1000 customers, singled out Moorfields Private for 'overall communication during the surgery itself', with a customer rating of 'excellent' (five stars) in that category.

2. Financial

The trust over-achieved against the **financial plan** in October with a surplus of £1.06m against a planned surplus of £0.96m. The year to date position now stands at a surplus of £0.17m – a favourable variance of £0.15m. Forecast Cost Improvement Plan (CIP) performance for the year now stands at £5.85m – an improvement of £0.6m on the prior month as several new schemes were added and several others finalised. This CIP performance remains £1.15m adverse against the plan for the year and continues to be an area of organisational focus. The Use of Resources rating achieved a score of 1 in-month (against a plan of 1) as the financial plan was achieved.

3. People

I would like welcome the following senior **new appointments**; Andrew Robertson as the director of private care, Gordon Hay as service director for A&E and City Road urgent care services, Alessandra Martins as paediatric and adult glaucoma consultant and Mark Redhead as the head of system partnerships.

The trust was proud to host Ruth May, chief nursing officer for NHS England who awarded **Chief Nursing Officer awards** to two members of nursing staff on a recent visit. The gold award went to nurse consultant Adam Mapani in recognition of his outstanding achievements and exceptional contributions to ophthalmic nursing. The silver award was presented to Mally Scrutton, paediatrics matron, for going above and beyond the expectations of her role and putting children and families at the centre of what she does.

The nomination process for **Moorfields' Stars of 2019** opened on 5 November and will close on 10 December. Paper nomination forms for the patient choice award and volunteer of the year award are available a number of sites. Patients, families, carers and volunteers can use these nomination forms or nominate online via the website. All other categories are nominated by staff.

The Cayton Street urgent care and optometrist-led glaucoma team has been shortlisted for the 'Hospital Optometry Team of the Year' award, and optometrist Zachary Cairns is a finalist for 'Newly Qualified Optometrist of the Year' at the **Association of Optometrist awards**. The team was shortlisted in recognition of the expansion of the service they provide, improvements in the patient experience and increased capacity, whilst conducting clinics in a safe, efficient manner and maintaining clinical standards.

4. Research and innovation

Peter Thomas, Moorfields' director of digital innovation and Iain Livingstone, consultant ophthalmologist and acute tele-ophthalmology system lead from NHS Forth Valley, have delivered the world's first **tele-examination of an eye** in 4k resolution using 5G broadband. The examination was streamed live at a conference in Edinburgh. The quality of the image was good enough to be used in clinic and can be streamed in real time, opening up huge potential for telemedicine in the future. There are many potential benefits for patients, especially those who travel long distances for appointments. Provision of detailed examinations could also increase access to specialist advice for patients in under-resourced countries.

5. Education

The **Moorfields Academy** celebrated its 28th meeting on November 20th, 2019 with a half day programme of inspirational talks on topical issues important to staff and students. Our speakers covered wellness and resilience, reducing the carbon footprint of clinical activity, understanding and communicating clinical 'risk', robotic surgery and citizen facing technology in the NHS.

A total of 122 people (66 staff, 17 trainees and 39 students) attended, travelling from across the globe to join the meeting. The audience feedback demonstrated high levels of satisfaction and both informal and formal feedback with regards to our six speakers demonstrated that the meeting was an inspirational and enjoyable educational networking event for all, offering concrete guidance and practical steps on how to improve health care delivery now and in the future.

6. Infrastructure

The 2019 **annual EPRR assurance process** review for the trust took place on 21 October 2019. The aim of this process is to assure NHS England & Improvement (London) that the trust is prepared to respond to an emergency, and to have the resilience in place to continue to provide safe patient care during a major incident or business continuity event. Prior to the meeting the trust carried out and submitted a RAG rated self-assessment against the NHS Core Standards for EPRR. In addition to this a set of 'deep dive' questions in relation to severe weather planning and long term adaptation planning formed part of this year's process. This year the trust was awarded a green RAG rating with full compliance in all standards. This is an improvement on last year's performance whereby the trust was awarded substantial compliance. The summary report is appended to this paper.

Strategy

Adjustments have been made to the **schedule for decision-making** following the public consultation on Oriel, which ended on 16 September 2019. In line with Cabinet Office guidance on the conduct of public service business during a pre-election period, commissioners have agreed to pause the process until after the General Election on 12 December 2019. New dates for decision-making phase are:

31 January 2020	North Central London JHOSC to consider the Moorfields proposal at its meeting in public
February 2020	NHS England Specialised Commissioning and CCGs' Committees-in-Common consider outcome of consultation and Decision-Making Business Case

David Probert
Chief Executive
December 2019

Executive Summary

This paper provides a summary of the outcomes of Moorfields' emergency preparedness, resilience and response (EPRR) annual assurance survey submission to NHS England & Improvement during 2019. It assures as far as reasonably practicable, cohesive coordination in all aspects of emergency preparedness, resilience and response, across all sites and services provided by the trust.

Section 1 pg 3: introduction – overview of assurance process, including 2019 assurance results.

Section 2, pg 6: EPRR sustained improvement - brief overview of the improvement achieved from 2018 inspection.

Section 3, pg 6: NHS England (London) (NHSEL) 2019 assurance review summary – summary from the submission and subsequent meeting with NHSEL, about areas of good practice.

Section 4, pg 6: post assurance action planning and next steps – assurance that the standard achieved will continue, and scope for further EPRR work streams.

1. Introduction

The trust is required to prepare for and respond to a wide range of incidents or emergencies that could impact on health or patient care. These could be anything from extreme weather events, infectious disease outbreaks, terrorist attacks to major transport accidents. The trust must be internally resilient and be able to respond safely to such incidents, or other internal disruptions, whilst maintaining its services to patients.

The Trust is termed as 'a Category One Responder' under the Civil Contingencies Act (2004) due to its 24 hour A&E ophthalmic service; however Moorfields is **not** a designated receiving hospital. This being the case, the trust is still required to meet all EPRR core standards. The trust also has a duty to cooperate with the wider integrated healthcare and civil resilience systems to ensure there is a seamless and coordinated response for protecting both the health of local communities and the nation against the challenges of natural hazards, accidents, infectious disease outbreaks and the enduring threat of terrorism.

The NHS service-wide objective for emergency preparedness, resilience and response (EPRR) set by NHS England is to:

'ensure that the NHS is capable of responding to significant incidents or emergencies of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enacting its capability to work across organisational boundaries'

1.1 EPRR Framework

The EPRR framework which operates throughout the trust acts as assurance that the hospital can meet both its legal and societal EPRR duties as follows:

- Fulfil all relevant legal and contractual EPRR requirements including, the Civil Contingencies Act (2004) and ensure appropriate resource is allocated to meet these requirements
- Provide an adequately supported Accountable Emergency Officer who holds the overall responsibility for ensuring EPRR and Business Continuity Management within the Trust
- Produce and maintain risk based plans that set out how the Trust will respond to and recover from internal disruptions, general and threat specific emergencies and significant incidents which meet NHS governance arrangements and NHS England core EPRR standards
- Maintain a sustainable 24/7 emergency response system linked to robust command and control structures for enhanced leadership and effective management of internal or external incidents

- Maintain systems to ensure the notification of the coordinating commissioner and other relevant parties including staff, patients and visitors of the activation of any incident response plan
- Respond to NHS England requests for the sharing of resources as deemed necessary in response to a significant incident or emergency
- Maintain adequate facilities and equipment, including suitable incident coordination centres from which significant incidents or emergencies can be managed
- Ensure all staff are aware of the incident response arrangements and staff with specific incident response roles are suitably trained and competent in EPRR arrangements
- Assist in the development of joint exercises and conduct individual exercises that meet the NHS England minimum requirements
- Contribute to the annual NHS England health sector EPRR capability and capacity report
- Collaborate and cooperate with local multi-agency partners in order to facilitate inclusive planning and response, including contributing to multi-agency plans, through active participation in Local Borough Resilience Forums, etc.
- Produce an annual programme of work that ensures links with infection controls major outbreak policy, security lockdown plans and fire evacuation procedures are maintained

1.2 Legal, Regulatory and Contractual Context

The following legislation, regulation, conditions and guidance has been used to inform the trust's EPRR framework:

- The Civil Contingencies Act 2004 (and its associated Regulation, statutory and non- statutory guidance)
- The NHS Act 2006 (as amended)
- The NHS Constitution
- The requirements for EPRR as set out in the NHS Standard Contract(s)
- NHS England EPRR guidance and supporting materials including:
 - NHS England Core Standards for Emergency Preparedness, Resilience and Response
 - NHS England Business Continuity Management Framework (service resilience)
 - Other guidance available at www.england.nhs.uk/ourwork/gov/eprr/
- National Occupational Standards for Civil Contingencies
- BS ISO 22301 Societal Security – Business Continuity Management Systems
- Section 46 of the Health and Social Care Act 2012
- NHS Commissioning Board 2018/19 NHS Standard Contract Service Condition 30
- Cabinet Office National Risk Register for Civil Emergencies September 2017
- Cabinet Office Civil Protection Lexicon 2013

This paper assures the board that the trust is in compliance with Care Quality Commission standards 4B and 6D of the Essential Standards of Quality and Safety as well as parts of standards 10E, 10H, 11C and 13A. A synopsis of each standard is detailed below:

- 4B – Manage risk through effective procedures e.g. Learn from adverse events etc;
- 6D – People who use services benefit from a service that: have a planned and prepared response to major incidents etc;
- 10E- People who use services, and staff understand what to do in an emergency;
- 10H- People who work, visit or use services that, in relation to maintenance and renewal: There are clear procedures, followed in practice, monitored and reviewed i.e. electricity failure;
- 11C- Manage risk through effective procedures about equipment suitability e.g. what will happen in the event of electricity, water or gas supply failure etc;
- 13A- Lead effectively to ensure there are sufficient staff e.g. trust can respond to

unexpected changing circumstances in the service i.e. cover sickness, vacancies, absences and emergencies.

1.3 EPRR assurance process

The EPRR Assurance process is an annual survey which is submitted to NHS England & Improvement on behalf of the trust. The purpose of this process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards. The compliance levels are **Full (green)**, **Substantial (green)**, **Partial (amber)** and **Non-compliant (red)**. The core standards are listed as follows:

- Governance
- Duty to assess risk
- Duty to maintain plans – emergency plans and business continuity plans
- Command and control
- Training and exercising
- Response
- Warning and informing (duty to communicate with the public, partners etc)
- Co-operation
- Business continuity framework
- Hazmat (hazardous material) CBRN (chemical, biological, radiological and nuclear)

The organisation undertook a self-assessment, which entailed rag rating the trust’s compliance on each of the core standards (69 in total) i.e. green, amber, and red. This self- assessment was submitted during early September 2019 to NHS England, followed up with a review meeting in October 2019. The emergency planning lead in consultation with the Deputy COO rag rated all core standards as green. An additional set of ‘deep dive’ questions was included this year, which entailed a further 20 questions and encompassed severe weather planning and long term adaptation planning. The trust rag rated itself as amber on two of the long term adaptation planning questions, which related to building adaptations and flooding. The outcome of the deep dive section does not affect the overall rating awarded to the trust as these standards are outside the remit of the emergency planning lead.

NHS England & Improvement awarded the trust a full level of compliance **(green)** rag rating.

1.4 EPRR assurance process Moorfields 2019 Results

EPRR Core Standards	Moorfields Rag Rating 2019
Governance	Green
Duty to assess risk	Green
Duty to maintain plans – emergency plans and business continuity plans	Green
Command and Control	Green
Training and exercising	Green
Response	Green
Warning and informing	Green
Co-operation	Green
Business continuity framework	Green
Hazmat (hazardous material) CBRN (chemical, biological, radiological and nuclear)	Green

2. EPRR sustained improvement

Year on year improvements have been achieved in regards to the EPRR work streams, ultimately improving the trust’s overall resilience when responding to incidents. NHSE&I stated that the trust had clearly demonstrated its

commitment to EPRR. It was noted that the trust continues to maintain a high standard for EPRR arrangements and reference was made to continuous improvement and shared learning via after action review process and shared learning experiences with the senior manager on-call team. Reference was made to the trust's planning and preparation for the UK's EU Exit which has improved the trust's resilience in relation to supplier assurance.

3. NHSE&I 2019 Assurance Review Summary

Other points of note:

- There is good support and engagement throughout the trust, up to Board Level;
- EPRR Policy was noted as a 'best practice' document;
- Annex C – Procedure for declaring a major incident and associated Action Cards;
- Good training and exercising schedules;
- Good annual EPRR work plan, which will be replicated for 2020/2021;
- Good CBRN training package;
- Good partnership working with the LRF and community partnership group.

4. Next steps

The EPRR function will continue to strive to maintain the high standards achieved this year, with the main objective of continuous improvement. The EPRR focus at present centres around resilience in relation to the contamination of buildings and other significant business continuity types of incidents, and how to mitigate against these. Work continues in preparation for the UK's EU Exit and we await further instruction from NHS England in regard to this. To further strengthen the EPRR function throughout the trust a number of actions are currently being progressed:

Recruit a deputy / assistant EPRR person, which will assist with the following:

- Allow a greater strategic focus for the EPL;
- Assist the trust in achieving improved business continuity resilience – working more on a one to one basis with key leads e.g. focussing more in-depth on single points of failure;
- Assist the trust in achieving certification to the ISO 22301 standard (requirements for a management system to protect against, reduce the likelihood of, and ensure your business recovers from disruptive events).

Report to Trust Board							
Report Title	Integrated Performance Report - October 2019						
Report from	John Quinn, Chief Operating Officer						
Prepared by	Performance And Information Department						
Previously discussed at	Trust Management Committee						
Attachments							
Brief Summary of Report							
<p>The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.</p>							
<u>Executive Summary</u>							
<p>The Board is asked to note the IPR which is grouped into four scorecards in order the Board can identify the areas that contribute to our ambition of service excellence. Though good financial health with good infrastructure and culture as enablers and good people as enablers this should ensure the Trust delivers service excellence.</p>							
Context							
<p>A&E activity continues to be higher than expected and exceeds plan. If growth continues as current then the department will see a yearly attendance of 102,000. This will be continue to be monitored closely to assess if this is an ongoing trend and any impact on performance.</p>							
<p>Outpatient, injections and elective activity have all seen positive growth in month which is in line with our plan. Elective activity is now on plan although finally balanced and carefully monitored.</p>							
Service excellence							
<p>Overall performance remains strong and the Trust is meeting the national access targets year to date. Areas of note:</p>							
<p>The NHSE locally agreed 14 day cancer target has just missed the target this month at 92.9%. This was mainly due to patient choice although there are an episode with Trust delays which have been investigated.</p>							
<p>Journey times have plateaued. The new outpatient programme with the service improvement team will now be looking at this in the coming months to ascertain whether this plateau is now being reviewed in service improvement to ascertain what else can be done now to see any further reductions in patient journey times in clinic.</p>							
<p>A&E FFT responses have shown a significant improvement in response rates which is due to the implementation of the text messaging service. Response rates for outpatients remain low however all services are due to move to the text service from December.</p>							
People (enabler)							
<p>The staff FFT submission for the quarter shows a score of 54.8%. a review of management and leadership development has been commissioned with a key component of staff engagement as a key work stream. In addition executive walkabouts and staff listening events continue.</p>							
Infrastructure and culture (enabler)							
<p>Ethnicity recording remains just under the target and has done for some months. A review of this continues to understand how this target can be met.</p>							
Financial Health and Enterprise							
<p>Activity has improved in month 6 and all PODs are on plan YTD in August. Commercial division performance remains mixed. CIP delivery has improved but remains a challenge which is actively being addressed with divisions and corporate services Detail is provided in the finance plan.</p>							
Action Required/Recommendation							
<p>The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.</p>							
For Assurance	X	For decision		For discussion		To Note	

Trust Executive Summary By Scorecard Domain - October 2019

Service Excellence (Ambitions)

Patient Centred Care			
	G	A	R
Total	34	0	6
Cancer	4	0	1
Access & Outpatients	5	0	2
Admitted	7	0	0
Quality & Safety	18	0	3
Private Patients	0	0	0

Collaborative Research		
G	A	R
2	0	0

Innovation & Education		
G	A	R
<i>In Development</i>		

Influence National Policy		
G	A	R
<i>In Development</i>		

People (Enablers)

Workforce Metrics		
G	A	R
2	0	1

Staff Satisfaction & Advocacy		
G	A	R
1	0	1

Infrastructure & Culture (Enablers)

Digital Delivery		
G	A	R
1	0	1

Research		
G	A	R
1	1	1

Education		
G	A	R
<i>In Development</i>		

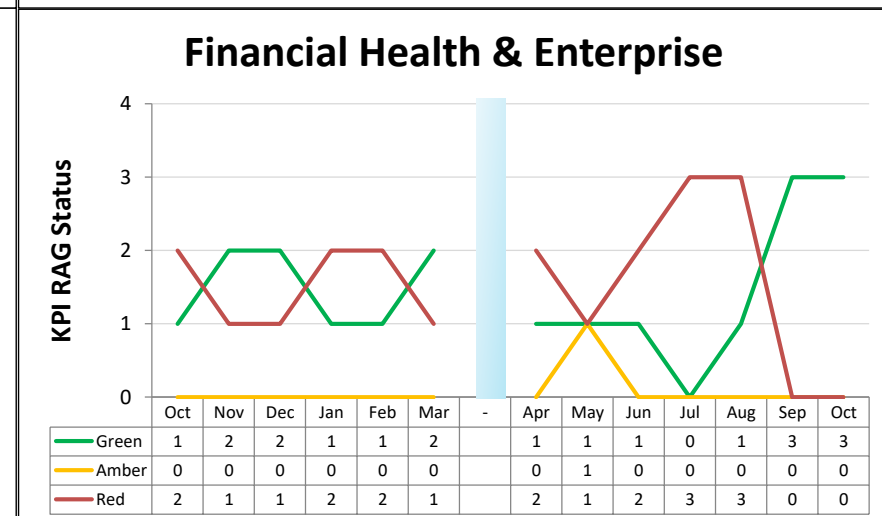
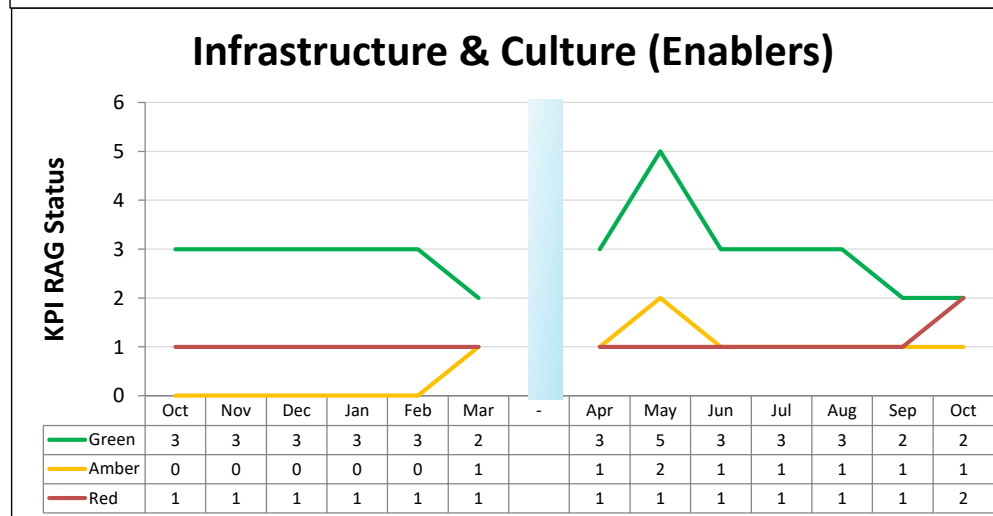
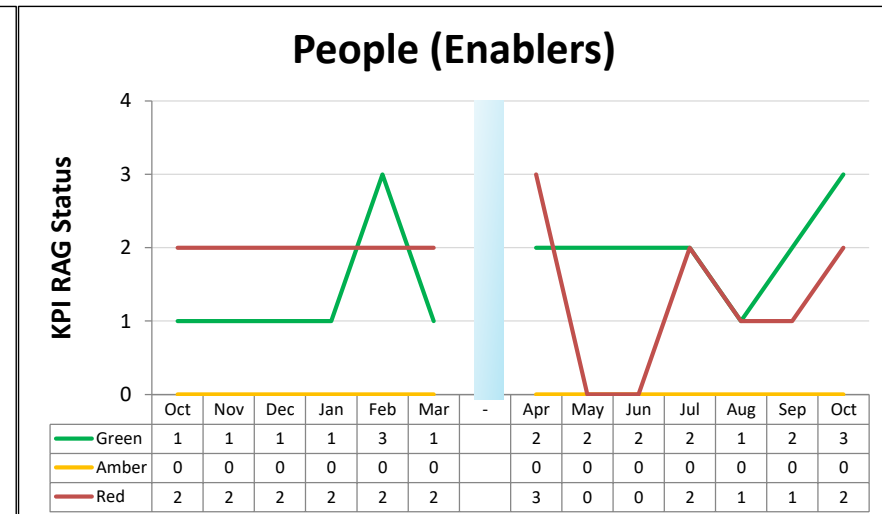
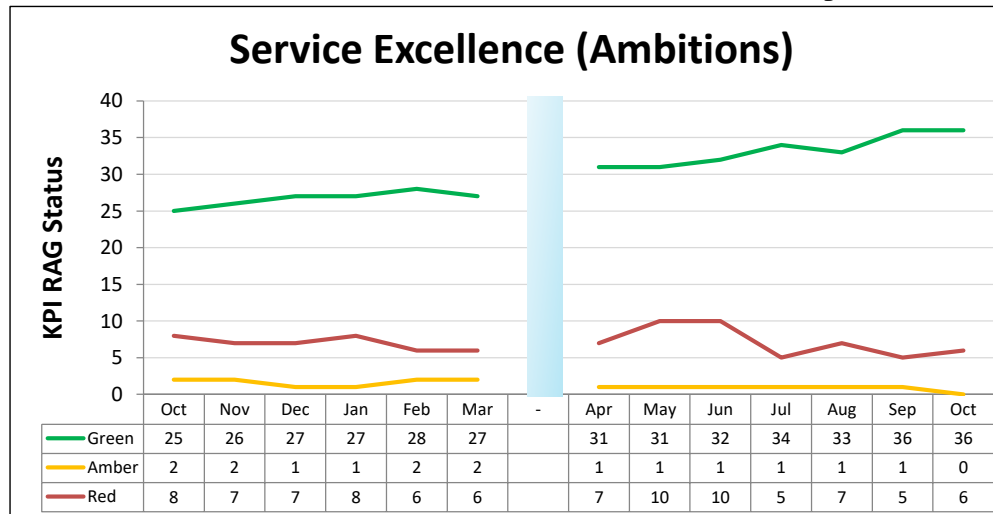
Financial Health & Enterprise (Enablers)

Overall Plan		
G	A	R
2	0	0

Commercial Operations		
G	A	R
1	0	0

Cost Improvement Plans		
G	A	R
0	0	0

Executive Summary - Scorecard Domain Trends

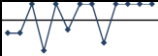
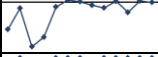
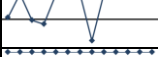
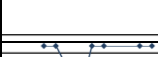


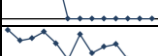


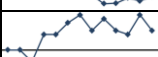
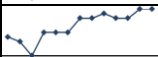



Lines split by financial year due to different number of metrics

Context - Overall Activity - October 2019

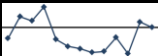
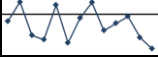
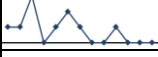

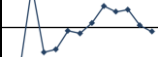

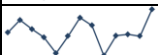





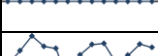

		October 2019		Monthly Variance	Year To Date		YTD Variance
		2018/19	2019/20		2018/19	2019/20	
Accident & Emergency	A&E Arrivals (All Type 2)	8,484	8,533	+ 0.6%	58,028	59,845	+ 3.1%
	Number of 4 hour breaches	28	230	+ 721.4%	1,091	1,052	- 3.6%
Outpatient Activity	Number of Referrals Received	12,424	13,189	+ 6.2%	82,359	87,007	+ 5.6%
	Total Attendances	55,502	56,707	+ 2.2%	352,889	364,032	+ 3.2%
	First Appointment Attendances	12,882	12,637	- 1.9%	80,784	80,780	- 0.0%
	Follow Up (Subsequent) Attendances	42,620	44,070	+ 3.4%	272,105	283,252	+ 4.1%
Admission Activity	Total Admissions	3,374	3,488	+ 3.4%	22,846	23,344	+ 2.2%
	Day Case Elective Admissions	3,059	3,149	+ 2.9%	20,631	20,934	+ 1.5%
	Inpatient Elective Admissions	80	112	+ 40.0%	642	715	+ 11.4%
	Non-Elective (Emergency) Admissions	235	227	- 3.4%	1,573	1,695	+ 7.8%

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

Domain		Service Excellence (Ambitions)				October 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G		98.1%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	R	8	91.0%	Monthly	94.0%	83.8%	94.2%	92.9%		↓
	Cancer 31 day waits - diagnosis to first appointment	≥96%	G		98.8%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 31 day waits - subsequent treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from urgent GP referral to first definitive treatment	≥85%	G		80.0%	Monthly	n/a	n/a	100.0%	100.0%		→
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	G		94.5%	Monthly	95.0%	94.3%	94.5%	94.5%		→
	52 Week RTT Incomplete Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	A&E Four Hour Performance	≥95%	G		98.2%	Monthly	98.8%	97.9%	96.9%	97.2%		↑
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	G		99.9%	Monthly	100.0%	99.4%	100.0%	100.0%		→
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	G		105	Monthly	69	110	86	120		↑
	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 99Mins	R	9	102	Monthly	101	100	105	101		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 89Mins	R	10	95	Monthly	94	94	96	96		→

* Provisional Figures for Oct 2019

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

Domain		Service Excellence (Ambitions)				October 2019						
Theme	Metric Description	Target	Current RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last	
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	G	6.4%	Monthly	6.5%	5.8%	7.2%	7.0%		↓	
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	G	0.68%	Monthly	0.71%	0.78%	0.56%	0.44%		↓	
	Number of non-medical cancelled operations not treated within 28 days *	Zero Breaches	G	2	Monthly	1	0	0	0		→	
	Mixed Sex Accommodation Breaches	Zero Breaches	G	0	Monthly	0	0	0	0		→	
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	G		Monthly (Rolling 3 Months)	3.69%	3.83%	2.79%	2.39%		↓	
	VTE Risk Assessment	≥95%	G	98.8%	Monthly	99.2%	99.5%	99.4%	98.5%		↓	
	Posterior Capsular Rupture rates	≤1.95%	G	0.80%	Monthly	0.72%	0.74%	0.71%	1.14%		↑	
	Occurrence of any Never events	Zero Events	G	0	Monthly	0	0	0	0		→	
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant			Quarterly			0				
	MRSA Bacteraemias Cases	Zero Cases	G	0	Monthly	0	0	0	0		→	
	Clostridium Difficile Cases	Zero Cases	G	0	Monthly	0	0	0	0		→	
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G	0	Monthly	0	0	0	0		→	
	MSSA Rate - cases	Zero Cases	G	0	Monthly	0	0	0	0		→	
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G	94.4%	Monthly	90.1%	93.3%	98.0%	96.5%		↓	

* Provisional Figures for Oct 2019

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

Domain		Service Excellence (Ambitions)				October 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last
Patient Centred Care (Quality & Safety)	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		99.3%	Monthly	99.3%	99.2%	99.0%	99.6%		↑
	A&E Scores from Friends and Family Test - % positive	≥90%	G		92.6%	Monthly	92.7%	94.7%	92.3%	92.3%		→
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		96.4%	Monthly	96.5%	96.7%	96.2%	96.2%		→
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		97.6%	Monthly	97.1%	97.8%	96.7%	96.7%		→
	Inpatient Scores from Friends and Family Test - % response rate	≥30%	G		50.1%	Monthly	55.1%	39.3%	53.8%	49.6%		↓
	A&E Scores from Friends and Family Test - % response rate	≥20%	G		15.6%	Monthly	8.6%	7.3%	33.3%	33.2%		↓
	Outpatient Scores from Friends and Family Test - % response rate	≥15%	R	11	11.5%	Monthly	14.5%	12.5%	12.1%	8.2%		↓
	Paediatric Scores from Friends and Family Test - % response rate	≥15%	G		17.7%	Monthly	16.2%	17.0%	18.9%	15.8%		↓
	Summary Hospital Mortality Indicator	Zero Cases	G		0	Monthly	0	0	0	0		→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G		n/a	Monthly	0	0	0	0		→
	Number of Written Complaints	YTD ≤ 131	R	12	209	Monthly	32	27	42	38		↓
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		100.0%	Monthly (Month in Arrears)	100.0%	100.0%	100.0%	100.0%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		98.3%	Monthly (Month in Arrears)	100.0%	100.0%	93.6%	98.4%		
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		0	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open	R	13		Monthly	168	131	138	152		↑

* Provisional Figures for Oct 2019

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

Integrated Performance Report - October 2019

Domain		Service Excellence (Ambitions)				October 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1050	G		1080	Monthly	183	210	195	109		↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G		n/a	Monthly	2.1%	3.8%	3.4%	2.8%		↓
Innovation & Education	Metrics in Development	tbc				tbc	<i>In Development (Due Dec 19)</i>					
Influence National Policy	Metrics in Development	tbc				tbc	<i>In Development</i>					

* Provisional Figures for Oct 2019

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

Integrated Performance Report - October 2019

Remedial Action Plan - October 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Cancer)
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)							Lead Manager	Tim Reynolds	Responsible Director	John Quinn
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
≥93%	Red	91.0%	94.0%	83.8%	94.2%	92.9%				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				92.9%	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Outstanding Issues or Actions										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
84 patient seen with a total of 6 breaches. 5 of these were due patient choice, and 1 internal referral delay.							(1) Improved communication to patients about the importance of their appointment during booking highlighting the urgency. (2) We are also looking at how the delay is flagged to management and CNS to establish if the CNS may need to call the patient to encourage an earlier date. (3) There is greater emphasis to the referrer to ensure adherence to the Trust standard of internal referrals to be made within the same day of a patient being seen.		December 2019	

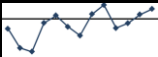
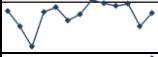
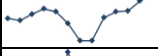
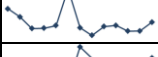

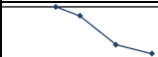
Remedial Action Plan - October 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins							Lead Manager	Naomi Sheeter	Responsible Director	John Quinn
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
Mth: ≤ 99Mins	Red	102	101	100	105	101				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>The process for new patient journey times remains variable mainly due to a lower volume of appointments compared with follow up appointments. Coupled with steadily increasing data completeness this means that we are continuing to report a more accurate representation of journey times.</p>							<ul style="list-style-type: none"> - Although there has been a slight increase in new outpatient journey times this month, this remains within expected statistical variation. - We continue to roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20 which should create more capacity for new patient journey times to be streamlined. Progress has been made in the implementation of stratified clinics particularly in the North divisions during September. - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty - the model is in the testing phase at present. - Data completeness continues to be reviewed in weekly divisional performance meetings. 		Dec 2019	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>Median new journey times show a decrease from last month from 105 minutes to 101 minutes. In the context of the second highest new patient attendances on record. The increase in activity accounts for 16% increase compared to the weighted average monthly new attendances for the last 3 years.</p>							<p>Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20.</p> <ul style="list-style-type: none"> - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty. - Data completeness continues to be reviewed in weekly divisional performance meetings. 		April 2020	

Remedial Action Plan - October 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins							Lead Manager	Naomi Sheeter	Responsible Director	John Quinn
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
Mth:≤ 89Mins	Red	95	94	94	96	96				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>Follow-up journey times have been stable from April 2019. In-depth analysis shows that journey times vary greatly month-by-month for each site and service and there is no apparent trend. There have been no significant exceptions in terms of activity, data completeness or journey times in the month of September.</p> <p>Data completeness does continue to increase slightly across the board; we are continuing to report a more accurate representation of journey times and this is reviewed weekly by the divisions.</p>							<ul style="list-style-type: none"> - Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20. Progress has been made in the implementation of stratified clinics particularly in the North divisions during September. - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty - the model is in the testing phase at present. - Data completeness continues to be reviewed in weekly divisional performance meetings. 		Dec 2019	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>Follow-up journey times show very mild increase which is not significantly higher than normal variance levels. The median journey time is 95 mins which is up by 1 minute from last year, however 2019 has seen significantly higher levels of activity and particularly for October where we saw the highest volume of follow-up patients on record. This represents a 16% increase in activity compared to the average monthly follow-up activity for the last 3 years.</p>							<p>Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20.</p> <ul style="list-style-type: none"> - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty. - Data completeness continues to be reviewed in weekly divisional performance meetings. 		April 2020	

Remedial Action Plan - October 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Number of Written Complaints							Lead Manager	Tim Withers	Responsible Director	Ian Tombleson
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
YTD ≤ 131	Red	209	32	27	42	38				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				16	7	5				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>The number of formal complaints is above the 2018/19 benchmark. Increases appear to be due to multiple reasons - service/care, communication/customer care issues. City Road numbers are larger compared to other divisions. Further analysis is required to identify local concerns and trends.</p>							<p>There are on-going improvements to the central/divisional complaints processes. 3 new medium initiatives should help reduce the number of complaints in the next few months: 1) A FFT text feedback service is commencing in September; this will speed up patient feedback to frontline staff to make changes/improvements 2) Expanding customer care training as part quality strategy implementation 3) taking forward the outcomes of August's Hackathon led by the COO</p>		Dec 2019	In Progress (Update)
<p>The number of formal complaints continues to be above the 2018/19 benchmark. Analysis does not indicate one specific department/area of concern leading to this increase. There appear to be more clinical complaints.</p>							<p>No new actions at this stage. Performance continues to be closely monitored by the divisions and central team</p>		Dec 2019	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>Overall complaints numbers have increased concerning clinical care, communication and appointments. A new area contributing significantly is transport concerns, due to a new contract with a new provider.</p>							<p>Divisional training and education has led to increased divisional ownership of complaints and resolving the issues raised and improvement. With the initiatives set out above the organisation may see a stabilisation or reduction in complaints numbers.</p>		February 2020	


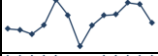

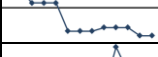
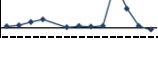
Remedial Action Plan - October 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)			
Number of Incidents (excluding Health Records incidents) remaining open after 28 days							Lead Manager	Julie Nott	Responsible Director	Ian Tombleson			
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19							
≤ 20 Open	Red	n/a	168	131	138	152							
Divisional Benchmarking (Oct 19)			City Road	North	South								
			16	26	49								
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status			
Overall there has been no improvement compared to the previous month, although in month the organisation achieved the lowest number >28 days at 119							A bi-weekly escalation report is generated for Executive performance reviews and also for SMT where there are focussed discussions about incident reduction. The central team continues to support divisions to close incidents		Dec 2019	In Progress (Update)			
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date				
The number of incidents open for more than 28 days fluctuates on a daily basis, and the management of them has improved substantially over the past year to a more controlled and lower level. The current target needs to be reviewed to reflect an accurate picture of this level of control and divisional performance.							The central team is undertaking targeted reviews of compliance and investigation training for managers to support divisions with investigations. Focus continues to be dissemination of learning following robust management of incidents as well as a review of overall target.		January 2020				

Remedial Action Plan - October 2019							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Outpatient Scores from Friends and Family Test - % response rate							Lead Manager	Tim Withers	Responsible Director	Ian Tomblason
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
≥15%	Red	11.5%	14.5%	12.5%	12.1%	8.2%				
Divisional Benchmarking (Oct 19)			City Road	North	South					
			n/a	n/a	n/a					
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Again performance has slipped slightly from the previous month; staff continue to try to improve performance with the new texting system anticipated shortly							FFT text system to be introduced from 1 November 2019 in all City Road clinics. Trial in A&E has demonstrated a four fold increase in response rate.		Nov 2019	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Performance has reduced for OPD generating a poorer response rate for October - it's likely this is in anticipation of the new texting service being introduced from 1 November 2019.							FFT texting has been introduced to City Road clinics from 1 November 2019. Preliminary results indicate a response rate of >20% well above the target and a great improvement.		December 2019	

Domain		People (Enablers)				October 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	G		n/a	Monthly	78.8%	79.4%	80.5%	81.2%		↑
	Information Governance Training Compliance	≥95%	R	15	n/a	Monthly	94.6%	94.8%	92.2%	93.7%		↑
	Staff Turnover (Rolling Annual Figure)	≤15%	G		n/a	Monthly	13.1%	13.1%	13.5%	13.7%		↑
	Proportion of Temporary Staff	RAG as per Spend			12.6%	Monthly	13.2%	12.1%	12.2%	13.8%		↑
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%	G		n/a	Quarterly	92.9%			94.8%		
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%	R	16	n/a	Quarterly	57.7%			54.8%		

Remedial Action Plan - October 2019							Domain	People (Enablers)	Theme	Workforce Metrics
Information Governance Training Compliance							Lead Manager	Jo Downing	Responsible Director	Sandi Drewett
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
≥95%	Red	n/a	94.6%	94.8%	92.2%	93.7%				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Historically IG training compliance drops during September, attributed to a large number of staff being on annual leave during August and early September and therefore not completing training							The IG team is directly contacting those members of staff who are currently non compliant requesting they complete their training. Their managers are also being copied into emails. If no response is received this will be escalated further		Dec 2019	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
No Further Issues or Actions										

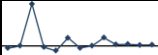
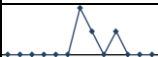
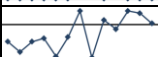
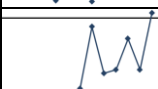
Remedial Action Plan - October 2019							Domain	People (Enablers)	Theme	Staff Satisfaction & Advocacy														
Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"							Lead Manager		Responsible Director	Sandi Drewett														
Target	Rating	YTD	18/19 Q3	18/19 Q4	19/20 Q1	19/20 Q2	<table border="1"> <caption>Staff Satisfaction Data</caption> <thead> <tr> <th>Quarter</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>2018/19 Q1</td> <td>70.0%</td> </tr> <tr> <td>2018/19 Q2</td> <td>61.0%</td> </tr> <tr> <td>2018/19 Q3</td> <td>57.7%</td> </tr> <tr> <td>2018/19 Q4</td> <td>54.8%</td> </tr> <tr> <td>2019/20 Q1</td> <td>54.8%</td> </tr> <tr> <td>2019/20 Q2</td> <td>54.8%</td> </tr> </tbody> </table>				Quarter	Percentage	2018/19 Q1	70.0%	2018/19 Q2	61.0%	2018/19 Q3	57.7%	2018/19 Q4	54.8%	2019/20 Q1	54.8%	2019/20 Q2	54.8%
Quarter	Percentage																							
2018/19 Q1	70.0%																							
2018/19 Q2	61.0%																							
2018/19 Q3	57.7%																							
2018/19 Q4	54.8%																							
2019/20 Q1	54.8%																							
2019/20 Q2	54.8%																							
≥70%	Red	n/a	70.0%	61.0%	57.7%	54.8%																		
Divisional Benchmarking (2019/20 Q1)				City Road	North	South																		
				n/a	n/a	n/a																		
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status														
Following the Staff FFT submission for Quarter 1, it was noted the percentage of staff who would recommend the organisation as a place to work as this is lower than we would expect.							156 staff completed the family and friends test which is 6% of the available workforce. Improvement work is being undertaken in admin systems and processes which appears to impact according to some comments. A review of management and leadership development has been commissioned. The workforce strategy identifies management and staff engagement as key workstreams to improve experience of all staff.		Oct 2019	In Progress (Update)														
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date															
Staff FFT submission for Quarter 2 continues to be lower than expected							Management and leadership development has been built into the workforce strategy and work on the delivery of that strategy has commenced with an initial review of the Mary Seacole programme and Managers Induction.																	

Domain	Infrastructure & Culture (Enablers)					October 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last
Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	R	18	89.7%	Monthly	89.4%	89.8%	89.7%	89.8%		↑
	Data Quality - Ethnicity recording (A&E)	≥94%	G		99.8%	Not Set	99.8%	99.9%	99.9%	99.8%		↓
Research	70 Day To Recruit First Research Patient	≥80%	G		98.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	A	19	57.4%	Monthly	58.3%	58.3%	55.6%	55.6%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	R	20	108.0%	Monthly	360.0%	211.1%	110.6%	89.3%		↓

Remedial Action Plan - October 2019							Domain	Infrastructure & Culture (Enablers)	Theme	Digital Delivery
Data Quality - Ethnicity recording (Outpatient and Inpatient)							Lead Manager	Donna Flatt	Responsible Director	John Quinn
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
≥94%	Red	89.7%	89.4%	89.8%	89.7%	89.8%				
Divisional Benchmarking (Oct 19)			City Road	North	South					
			90.6%	84.7%	93.4%					
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>This is a long standing issue for the organisation and whilst benchmark performance is better than many other trusts the national target has never been achieved and is extremely stretching. Underlying reasons include the lack of comprehensive operating procedures, customer service training and the inherent sensitivities surrounding the collection of these data.</p>							<p>This has been aligned with the Ethnicity Data Improvement project, a project scoping document has been produced and on-site observations and interviews with staff have commenced with the aim of identifying barriers to the collection of this data.</p>		Aug 2019	In Progress (Update)
							<p>The Ethnicity project has highlighted some recommendations for improvement, this report was shared at IMDQG, Operational teams have taken on the recommendations. This will be further discussed in other forums.</p>		Nov 2019	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>This is a long standing issue for the organisation and whilst benchmark performance is better than many other trusts the national target has never been achieved and is extremely stretching. Underlying reasons include the lack of comprehensive operating procedures, customer service training and the inherent sensitivities surrounding the collection of these data.</p>							<p>The DQ Ethnicity report has recently been presented and discussed at the Weekly Access meeting and this issue formally recognised by operational managers as an area in need of improvement. The Data Quality Qlik Sense application was promoted at the meeting and Ethnicity data will now be added to the agenda for regular review at that Weekly Access group</p>		<p>December 2019</p>	

Remedial Action Plan - October 2019							Domain	Infrastructure & Culture (Enablers)	Theme	Research
Percentage of Research Projects Achieving Time and Target							Lead Manager	Julian Hughes	Responsible Director	Sir Peng Tee Khaw
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
≥65%	Amber	57.4%	58.3%	58.3%	55.6%	55.6%				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>5 studies successful and 4 studies unsuccessful in reaching recruitment target during the reporting period.</p> <p>1. SIVS1039 (A dose-ranging study of intravitreal OPT-302 in combination with ranibizumab, compared with ranibizumab alone, in participants with neovascular age-related macular degeneration wet AMD; Sivaprasad): 1/4 patients recruited. Contract negotiations for costings delayed initial opening of the study and study closed 3 weeks early as global recruitment target was met. Study had high screening failure rate i.e. most patients ineligible as vision was too good or had previous injections.</p> <p>2. Mauv 1011 (Post-Market Clinical Investigation of the Clareon« IOL; Maurino): 3/10 recruited. (i) study ended up opening during the summer months when theatre space was at a low as well as maintenance works in theatre limiting availability (ii) Difficulty finding eligible patients with bilateral cataracts with no other condition.</p> <p>3. MICM1022 (A Phase 2b randomized, double-masked, controlled trial to establish the safety and efficacy of Zimura compared to sham in subjects with autosomal recessive stargardt disease; Michealides): 1/2 recruited. Recruitment window reduced from 3 to 2 months which didn't give enough time to recruit a second patient.</p> <p>4. SIVS1044 (A Randomized, Double Masked, Uncontrolled, Multicenter Phase I/II Study to Evaluate Safety and Tolerability of PAN-90806 Eye Drops, Suspension in Treatment-Naive Participants with Neovascular Age-Related Macular Degeneration; Sivaprasad): 1/5 recruited. (i) Study difficult to recruit to with stringent inclusion / exclusion criteria (ii) Rapid access clinic pathway introduction for AMD made it difficult to access patients for consent.</p>							<p>Internal feasibility analysis will enable the setting of better targets in potentially difficult to recruit to studies. Negotiations with partners will in future develop target ranges which will allows us to report against both the lower and upper ends of that range. This will cater for those occasions where we are opening as a site later than most other international sites and avoid the risk of having studies close early before we have been able to meet our agreed target locally. We are also looking at predicted closure dates 6 months in advance and engaging with sponsors early to try to avoid missing future recruitment targets. The pass rate will increase to 69.2% in January 2020.</p>		Jan 2020	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
No Further Issues or Actions										

Remedial Action Plan - October 2019							Domain	Infrastructure & Culture (Enablers)	Theme	Research
Percentage of Patients Recruited Against Target (Studies Closed In Month)							Lead Manager	Julian Hughes	Responsible Director	Sir Peng Tee Khaw
Target	Rating	YTD	Jul-19	Aug-19	Sep-19	Oct-19				
100%	Red	108.0%	360.0%	211.1%	110.6%	89.3%				
Divisional Benchmarking (Oct 19)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Outstanding Issues or Actions										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Under recruitment in 'The UK Inherited Retinal Dystrophy Consortium RP Genome Project' (Andrew Webster) study where 75/125 patients has been consented when the study was closed to recruitment. This outweighed over recruitment in other studies closed in the quarter including 'Optic disc pit maculopathy: an observational study' (Lyndon Da Cruz) which over recruited 87/50 patients							Improve visibility of study recruitment for studies that do not receive direct management support from the R&D Office. Improve awareness of study closure by external sponsors to allow time to renegotiate recruitment targets when studies are closed early.		January 2020	

Domain		Financial Health & Enterprise (Enablers)				October 2019						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Jul 19	Aug 19	Sep 19	Oct 19	13 Month Trend	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G		0.15	Monthly	0.12	0.16	0.07	0.10		↑
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit)	1	G		1	Monthly	2	1	1	1		→
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	G		0.06	Monthly	-0.04	0.12	0.10	0.01		↓
Cost Improvement Plans	Cost Improvement Plan Variance	≥0	R	*	-4.31	Monthly	-0.30	-0.12	-0.30	0.03		↑

** For commentary, please refer to the Finance Report presented to board*



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 07

Finance report

Board of directors 5 December 2019

Report title	Monthly Finance Performance Report Month 07– October 2019
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

The Trust has reported a control total surplus of £1.1m in October, compared to a planned surplus of £1.0m, a favourable variance of £0.1m. Year to date the Trust has reported a £0.2m surplus, a favourable variance against plan of £0.1m.

<i>Financial Performance</i> £m	Annual		In Month		Year to Date		
	Plan	Plan	Actual	Variance	Budget	Actual	Variance
Income	£242.4m	£21.8m	£21.6m	(£0.2m)	£142.2m	£143.3m	£1.0m
Pay	(£132.7m)	(£11.0m)	(£10.8m)	£0.1m	(£77.6m)	(£76.1m)	£1.4m
Non Pay	(£100.6m)	(£9.2m)	(£9.0m)	£0.2m	(£58.9m)	(£61.0m)	(£2.1m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.7m)	(£0.0m)	(£5.7m)	(£5.9m)	(£0.2m)
CONTROL TOTAL	(£0.0m)	£1.0m	£1.1m	£0.1m	£0.0m	£0.2m	£0.1m

Efficiency scheme performance is reporting delivery of £1.0m in October, compared to a planned £1.0m, a break-even position. Year to date delivered savings are £3.1m against a planned £3.7m, an adverse variance against plan of £0.6m.

The Trust is forecasting £5.9m of savings schemes inclusive of £0.9m red risk rated schemes from the planned £7.0m target. There remains a forecast gap of £1.2m.

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 October 2019 (Month 07)

Presented by

Jonathan Wilson; Chief Financial Officer

Prepared by

Justin Betts; Deputy Chief Finance Officer
Amit Patel; Head of Financial Management



Monthly Finance Performance Report

For the period ended 31st October 2019 (Month 07)



Key Messages

Statement of Comprehensive Income

Financial Position	The Trust is reporting a surplus of £1.06m in October, compared to a planned surplus of £0.96m; £0.10m favourable to plan. Year to date performance is a surplus of £0.17m compared to a planned surplus of £0.02m; a favourable variance of £0.15m.
Income	Year to date total income is £1.05m favourable to plan. NHS commissioned clinical income is £1.04m favourable to plan YTD, largely due to inpatient activity at £0.33m and Outpatient activity at £0.72m above plan. Commercial income is £0.23m adverse to plan, linked to Moorfields Private activity being lower than plan (£0.48m).
Expenditure (pay, non pay and financing)	Pay costs are £1.42m favourable to plan YTD primarily due to vacancies across all staff groups, with the exception of registered nursing. Non pay expenses are £2.09m adverse to plan YTD including, Health Records (£0.70m), City Road clinical supplies (£1.05m), and non-delivered efficiencies (£0.89m). Agency costs are below NHSI plan levels and reflect the positive move to increase substantive recruitment
Research	R&D is reporting an adverse YTD variance of £0.57m due to reductions in national income compared to costs.
Commercial Trading Units	Trading units are reporting a surplus YTD of £2.46m compared to a planned surplus of £2.40m. Moorfields Private are £0.08m adverse YTD, offset by Moorfields Dubai at £0.14m favourable YTD.
Efficiency Programme	The Trust is reporting YTD efficiency savings achieved of £3.11m compared to a plan of £3.68m, an adverse variance of £0.57m. There are currently £0.67m of unidentified savings schemes, and a further £0.91m schemes assessed as high risk. Current forecast delivery is £5.85m, compared to the £7.00m full year target, representing a gap of £1.15m.

Statement of Financial Position

Cash and Working Capital Position	Cash balances at the 30 th October were £49.6m, £5.5m above plan linked to slippage in the capital expenditure against original plan. The cash forecast for year-end remains on plan at £37.3m.
Capital (both gross capital expenditure and CDEL)	Total capital expenditure YTD is £4.700m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been amended to £15.50m from £18.10m further to the requested review of planned in year capital spend.
Use of Resources	The Use of Resources rating is 1 against the planned rating of 1 The year end rating is forecast to be 1.
Receivables	Trust receivable debt has decreased by £2.8m to £18.0m since the start of the financial year.
Payables	Trust creditors have reduced by £6.0m to £10.3m since the start of the year. Payment of invoices YTD is at 88% by volume for Non NHS suppliers.
Forecast	The Trust is forecasting to meet its planned full year control total of breakeven, and is reviewing and preparing potential mitigations in respect of known challenges such as efficiency programme identification levels, and operational financial risks.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan				Year to Date				Forecast		
	Plan	In Month Actual	Variance	RAG	Budget	Actual	Variance	RAG	Budget	Actual	Variance
Income	£242.4m	£21.8m	£21.6m	(£0.2m)	£142.2m	£143.3m	£1.0m	●	£242.4m	£240.2m	(£2.2m)
Pay	(£132.7m)	(£11.0m)	(£10.8m)	£0.1m	(£77.6m)	(£76.1m)	£1.4m	●	(£132.7m)	(£130.4m)	£2.3m
Non Pay	(£100.6m)	(£9.2m)	(£9.0m)	£0.2m	(£58.9m)	(£61.0m)	(£2.1m)	●	(£100.6m)	(£101.8m)	(£1.2m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.7m)	(£0.0m)	(£5.7m)	(£5.9m)	(£0.2m)	●	(£9.0m)	(£7.9m)	£1.1m
CONTROL TOTAL	(£0.0m)	£1.0m	£1.1m	£0.1m	£0.0m	£0.2m	£0.1m	●	(£0.0m)	£0.0m	(£0.0m)

Memorandum Items

Research & Development	£0.88m	£0.07m	(£0.06m)	(£0.14m)	£0.52m	(£0.06m)	(£0.57m)	●
Commercial Trading Units	£4.77m	£0.63m	£0.64m	£0.00m	£2.40m	£2.46m	£0.06m	●
ORIEL Revenue	(£2.50m)	(£0.13m)	(£0.08m)	£0.05m	(£1.76m)	(£1.74m)	£0.01m	●
Efficiency Schemes	£7.00m	£1.01m	£1.04m	£0.03m	£3.68m	£3.11m	(£0.57m)	●

INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan				Year to Date				Forecast			
	Plan	Budget	Actual	Variance	RAG	Budget	Actual	Variance	RAG	Budget	Actual	Variance
NHS Clinical Income	£138.1m	£81.2m	£82.4m	£1.1m	●	£138.1m	£139.5m	£1.4m				
Pass Through	£38.3m	£22.7m	£22.6m	(£0.1m)	●	£38.3m	£37.5m	(£0.8m)				
Other NHS Clinical Income	£9.8m	£5.8m	£5.7m	(£0.1m)	●	£9.8m	£10.0m	£0.2m				
Commercial Trading Units	£31.6m	£17.9m	£17.7m	(£0.2m)	●	£31.6m	£29.8m	(£1.9m)				
Research & Development	£14.5m	£8.8m	£8.9m	£0.0m	●	£14.5m	£13.0m	(£1.5m)				
Other	£10.0m	£5.8m	£6.1m	£0.3m	●	£10.0m	£10.4m	£0.5m				
TOTAL OPERATING REVENUE	£242.4m	£142.2m	£143.3m	£1.0m	●	£242.4m	£240.2m	(£2.2m)				

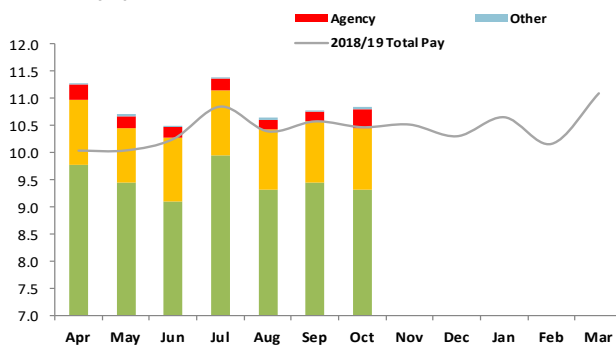
RAG Ratings

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

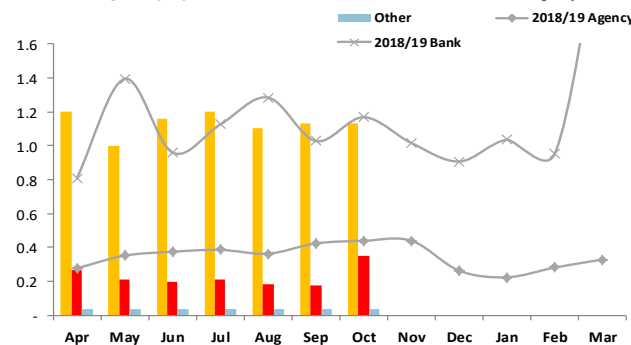
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan				Year to Date				% Total
	Plan	In Month Actual	Variance	RAG	Budget	Actual	Variance	RAG	
Employed	(£129.0m)	(£10.7m)	(£9.3m)	£1.36m	(£75.4m)	(£65.9m)	£9.46m	87%	
Bank	(£2.8m)	(£0.2m)	(£1.1m)	(£0.90m)	(£1.6m)	(£7.9m)	(£6.29m)	10%	
Agency	(£0.5m)	(£0.0m)	(£0.4m)	(£0.32m)	(£0.3m)	(£2.0m)	(£1.73m)	3%	
Other	(£0.4m)	(£0.0m)	(£0.0m)	(£0.00m)	(£0.2m)	(£0.3m)	(£0.01m)	0%	
TOTAL PAY	(£132.7m)	(£11.0m)	(£10.8m)	£0.14m	(£77.6m)	(£76.1m)	£1.42m		

Total Pay Spend £m



Bank & Agency Spend £m



CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan				Year to Date				Forecast			
	Plan	Budget	Actual	Variance	RAG	Budget	Actual	Variance	RAG	Budget	Actual	Variance
Trust Funded	(£17.7m)	(£8.6m)	(£4.7m)	£3.9m	●	(£17.7m)	(£15.4m)	(£2.2m)				
Donated	(£0.4m)	-	-	-	●	(£0.4m)	(£0.1m)	(£0.4m)				
TOTAL	£18.1m	£8.6m	£4.7m	(£3.9m)		£18.1m	£15.5m	£2.6m				

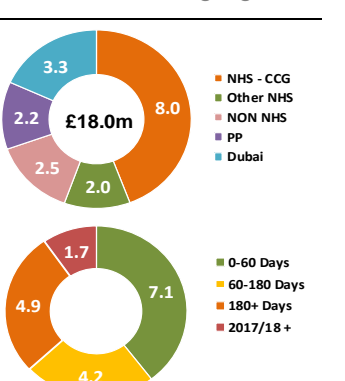
Key Metrics

	Plan	Actual	RAG
Cash	44.1	49.6	●
Debtor Days	45	27	●
Creditor Days	45	36	●
PP Debtor Days	65	66	●

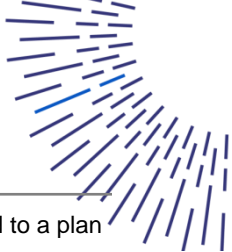
Use of Resources

	Plan	Actual
Capital service cover rating	2	1
Liquidity rating	1	1
I&E margin rating	2	2
I&E margin: distance from fin. plan	1	1
Agency rating	1	1
OVERALL RATING	1	1

Net Receivables/Ageing £m



Trust Income & Expenditure Performance

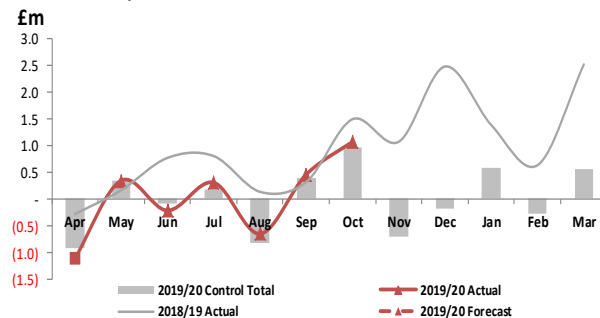


FINANCIAL PERFORMANCE

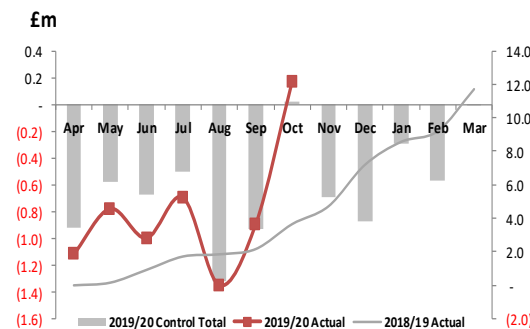
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Budget	Actual	Variance
Operating Income										
NHS Commissioned Clinical Income	176.40	16.06	15.98	(0.08)	103.88	104.92	1.04	176.40	177.03	0.63
Other NHS Clinical Income	9.80	0.90	0.83	(0.07)	5.80	5.72	(0.08)	9.80	9.96	0.16
Commercial Trading Units	31.64	2.96	2.83	(0.13)	17.89	17.66	(0.23)	31.64	29.75	(1.89)
Research & Development	14.55	1.05	1.10	0.05	8.84	8.89	0.05	14.55	13.00	(1.55)
Other Income	9.98	0.79	0.84	0.05	5.81	6.08	0.27	9.98	10.43	0.46
Total Income	242.37	21.76	21.58	(0.18)	142.21	143.26	1.05	242.37	240.18	(2.20)
Operating Expenses										
Employee Expenses	(132.72)	(10.98)	(10.84)	0.14	(77.57)	(76.14)	1.42	(132.72)	(130.39)	2.33
Non Pay Expense	(100.61)	(9.16)	(8.97)	0.19	(58.93)	(61.02)	(2.09)	(100.61)	(101.84)	(1.23)
Total	(233.33)	(20.14)	(19.81)	0.33	(136.49)	(137.16)	(0.67)	(233.33)	(232.22)	1.11
EBITDA	9.04	1.62	1.77	0.15	5.72	6.10	0.38	9.04	7.95	(1.09)
Financing & Depreciation	(9.58)	(0.71)	(0.76)	(0.05)	(6.02)	(6.21)	(0.19)	(9.58)	(8.43)	1.16
SURPLUS / (DEFICIT)	(0.54)	0.91	1.02	0.10	(0.30)	(0.11)	0.19	(0.54)	(0.48)	0.07
Donated assets adjustments	0.54	0.04	0.05	0.00	0.32	0.28	(0.04)	0.54	0.50	(0.04)
CONTROL TOTAL SURPLUS / (DEFICIT)	(0.00)	0.96	1.06	0.11	0.02	0.17	0.15	(0.00)	0.03	0.03

PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual



Trust Cumulative Plan v Actual



Commentary

Operating Income The Trust is reporting income of £21.58m in October, compared to a plan of £21.76m, an adverse variance of £0.18m.

Commissioned patient care income is £0.08m adverse to plan in October with Inpatient activity (£0.21m) being the main driver. Activity above plan for Injections and Outpatients recovered the in-month position.

Commercial income was adverse to plan in October by £0.08m, whilst non-commissioned clinical income (primarily Bedford) was also £0.07m adverse to plan.

Employee Expenses Total pay was £0.14m favourable to plan in October due to Admin and Clerical vacancies across the Trust, and in-particular within Health Records.

Medical additional/locum session payments during October totalled £0.31m of which £0.15m relates to specialties at City Road, whilst a further £0.15m relates to satellite sites.

Non Pay Expenses Non pay reported an favourable variance of £0.19m in October, primarily due to the recent contractual agreement over Intra Ocular Lenses (£0.23m), whilst Health Records reported an adverse variance (£0.14m) in-month. (non pay and financing)

Cost improvement savings were on-plan in October, aided by the backdated IOL agreement.

Financing, depreciation and adjustments were broadly on plan in month as donated asset income and favourable variances following the Trusts estate revaluation exercise performed in 2018/19 off-set by the impairment to the Electronic Medical Records system.

Trust Patient Clinical Income Performance



PATIENT CLINICAL INCOME								PRICE & ACTIVITY VARIANCE					
Point of Delivery	Activity YTD			YTD Income £'000			RAG	Average price			£000's		Price and Activity Variance
	Plan	Actual	Variance	Plan	Actual	Variance		Per Plan	Received	Variance %	Price Variance	Activity Variance	
AandE	57,934	59,844	1,910	£9,019	£9,347	£328	●	£156	£156	0%	£31	£297	
Daycase / Inpatients	21,514	21,468	(46)	£23,690	£23,700	£10	●	£1,101	£1,104	0%	£60	(£51)	
High Cost Drugs	29,749	31,905	2,156	£22,654	£22,550	(£103)	●	£761	£707	-7%	(£554)	£451	
Non Elective	1,573	1,673	100	£3,037	£3,245	£208	●	£1,930	£1,940	0%	£16	£192	
OP Firsts	74,916	76,328	1,412	£12,710	£13,055	£345	●	£170	£171	1%	£105	£240	
OP Follow Ups	274,022	277,922	3,900	£27,924	£28,368	£443	●	£102	£102	0%	£46	£397	
Other NHS Clinical Income	12,378	10,792	(1,586)	£2,479	£2,433	(£46)	●	£200	£225	13%	£272	(£318)	
Total	472,087	479,932	7,845	£101,514	£102,699	£1,185	●				(£24)	£1,209	

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

Commentary

NHS Income Overall NHS Patient Clinical activity in October was high but was slightly behind plan for income. Income is reporting a favourable variance to plan YTD of £1.2m.

Outpatients Outpatient activity was high and over performed planned levels during October, exceeding the activity plan levels YTD, representing an increase in activity compared to the same period last year.

Day case and Inpatient Activity was under plan during October, and is now appearing below plan YTD. Key specialities where YTD activity is behind plan include Adnexal and Medical Retina. Strabismus and Cataract are over performing YTD.

High Cost Drugs/ Injections Activity was above planned levels for October and is below plan YTD by £0.1m.

A change in price for the drug has created an adverse price variance of £0.554m compared to plan resulting in a net adverse income position.

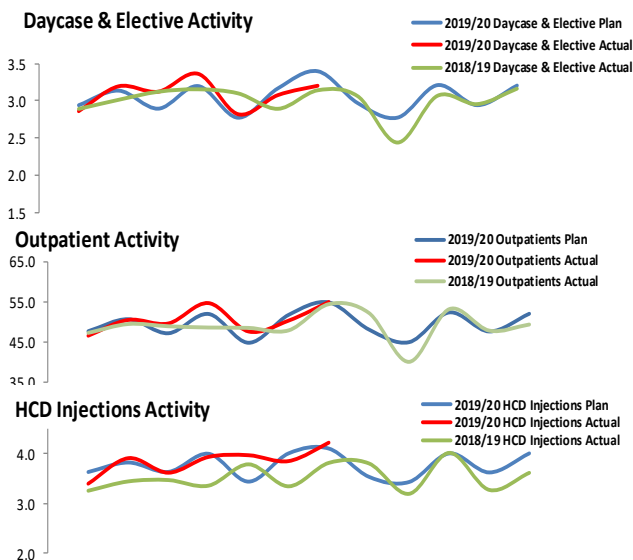
High Cost Drugs/injections represent a pass through cost for the organisation and any under/over performance within income is compensated within non pay, therefore not affecting the Trusts overall financial performance.

CONTRACT SLA PERFORMANCE

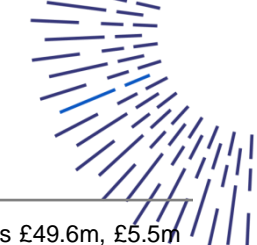
Divisional Income Performance £m	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
City Road	296,078	301,320	5,242	£62,222	£62,433	£210
North	94,847	97,458	2,611	£21,851	£22,755	£904
South	81,161	81,154	(7)	£17,151	£17,512	£361

Top CCG's	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS Croydon CCG	34,126	32,497	(1,629)	£7,360	£7,183	(£177)
NHS Ealing CCG	23,542	25,475	1,934	£5,440	£6,091	£651
NHS Wandsworth CCG	19,170	21,113	1,943	£4,153	£4,786	£633
NHS Harrow CCG	18,977	19,544	567	£4,387	£4,597	£210
NHS City and Hackney CCG	21,495	21,921	426	£4,395	£4,545	£150
NHS Islington CCG	14,485	15,616	1,132	£2,958	£3,243	£285

ACTIVITY TREND



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



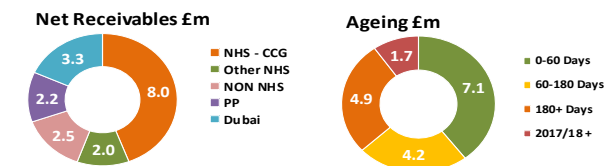
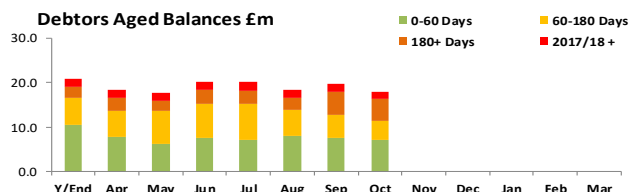
CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	4.1	2.1	0.2	(1.8)	4.1	3.9	0.2
Medical Equipment - Trust Funded	3.3	1.0	1.1	0.1	3.3	2.7	0.6
IT - Trust Funded	4.0	2.4	0.6	(1.8)	4.0	2.3	1.7
ORIEL - Trust Funded	6.0	2.9	2.5	(0.4)	6.0	6.2	(0.2)
Dubai - Trust funded	0.3	0.1	0.1	0.0	0.3	0.3	-
Other - Trust funded	-	-	-	-	-	-	-
TOTAL - TRUST FUNDED	17.7	8.6	4.7	(3.9)	17.7	15.4	2.2
IT - Externally Funded	0.4	-	-	-	0.4	0.1	0.4
TOTAL INCLUDING DONATED	18.1	8.6	4.7	(3.9)	18.1	15.5	2.6

Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	7.1	7.1	-	100%
Cash Reserves - B/Fwd cash	8.7	8.7	-	100%
Capital investment loan funding	-	-	-	-
Cash Reserves - Other (PSF)	3.6	3.6	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - TRUST FUNDED	17.7	17.7	-	100%
Externally funded	0.4	-	0.4	0%
TOTAL INCLUDING DONATE	18.1	17.7	0.4	98%

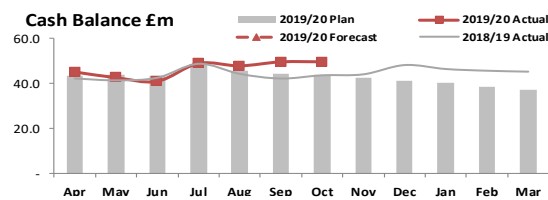
RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2017/18 +	Total
CCG Debt	3.1	1.4	3.5	0.0	8.0
Other NHS Debt	0.4	0.6	0.4	0.5	2.0
Non NHS Debt	0.9	0.9	0.3	0.5	2.5
Commercial Unit Debt	2.7	1.4	0.7	0.7	5.5
TOTAL RECEIVABLES	7.1	4.2	4.9	1.7	18.0



STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
	Plan	Actual	Variance	
Non-current assets	102.9	95.6	89.3	(6.3)
Current assets (excl Cash)	19.6	20.5	26.0	5.5
Cash and cash equivalents	37.3	44.1	49.6	5.6
Current liabilities	(39.9)	(39.4)	(38.2)	1.2
Non-current liabilities	(36.1)	(37.0)	(38.1)	(1.1)
TOTAL ASSETS EMPLOYED	83.8	83.8	88.7	4.9



OTHER METRICS

Use of Resources	Weighting	Plan YTD	Score
Capital service cover rating	20%	2	1
Liquidity rating	20%	1	1
I&E margin rating	20%	2	2
I&E margin: distance from financial	20%	1	1
Agency rating	20%	1	1
OVERALL RATING		1	1

Working Capital Metrics	KPI	Sep 19	Oct 19
BPPC - NHS (YTD) by number	95%	62%	61%
BPPC - NHS (YTD) by value	95%	42%	42%
BPPC - Non-NHS (YTD) by number	95%	88%	88%
BPPC - Non-NHS (YTD) by value	95%	86%	87%
Debtor Days (YTD)	45	30	27
Creditor Days (YTD)	45	47	36
PP Debtor Days (YTD)	65	62	66

Commentary

Cash and Working Capital The cash balance at the 31st October is £49.6m, £5.5m above plan primarily due to higher than planned 2018/19 PSF receipts and £3.9m capital expenditure underspend.

Capital Expenditure Total capital expenditure YTD is £4.70m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been amended to £15.50m from £18.10m further to the requested review of planned in year capital spend.

Use of Resources The overall Use of Resources rating in October is 1, compared to a plan of 1 for October.

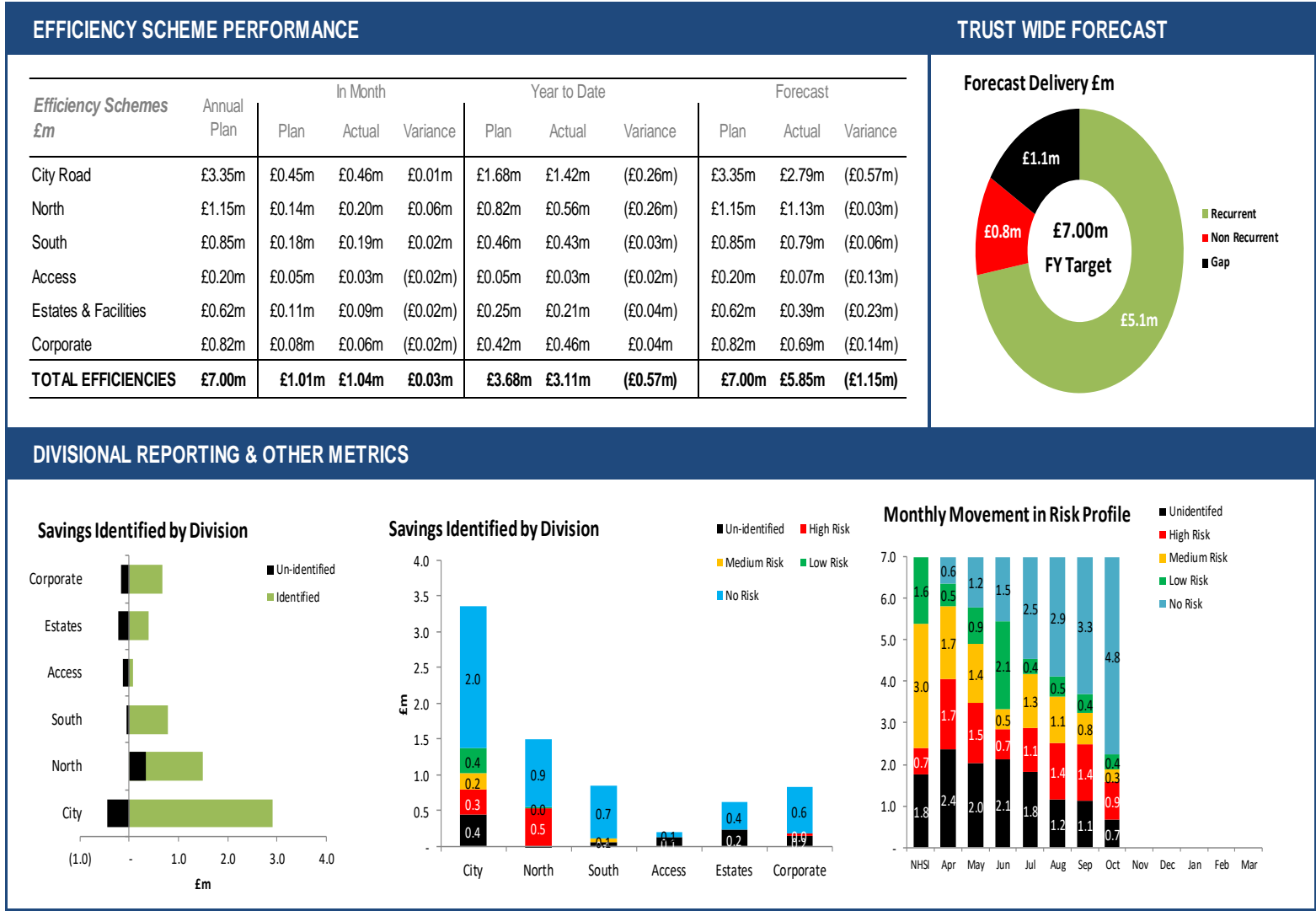
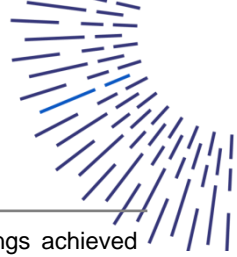
Key points to note are:-

- I&E margin metric is reporting a 2 for October, in line with a plan of 2.
- Capital Service rating of 1 is better than plan due to the favourable surplus to plan reported.

Receivables Receivables totalled £18.0m in October, a reduction of £2.8m since March 2019.

Payables Payables totalled £10.3m in October, a reduction of £6.0m since March 2019.

Efficiency Schemes Performance



Commentary

In Year Delivery The Trust is reporting efficiency savings achieved of £1.04m in October, compared to a plan of £1.01m. YTD efficiency savings achieved are £3.11m compared to a plan of £3.68m, an adverse variance of £0.57m.

Identified Savings There are currently £0.67m of unidentified savings schemes, and a further £0.91m of schemes assessed as high risk.

The divisional reporting segment highlights the level of identified schemes by division and the corresponding risk profile for these schemes.

Risk Profiles The chart to the left demonstrates the changing risk profiles of identified schemes Trustwide since the beginning of the year.

Forecast Of the planned target for £7m efficiency savings, the currently assessed forecast achievement based on the level of identified schemes, and risk profile is £5.85m, an adverse forecast of £1.15m compared to plan.



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 08
Learning from deaths Q1 & 2 19/20
Board of directors 5 December 2019

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

Executive summary							
<p>This report provides an update regarding how we learn from deaths that occur within Moorfields defined by criteria (see Annex below) as set out in trust policy. It is a requirement for all trusts to have a similar policy.</p> <p>The trust has identified 0 patient deaths in Q1 and Q2 2019/20 that fall within the scope of the learning from deaths policy.</p>							
Quality implications							
The board needs to be assured that the trust is able to learn lessons from serious incidents in order to prevent repeat mistakes and minimise patient harm.							
Financial implications							
Provision of the medical examiner role for Moorfields may have cost implications for the organisation.							
Risk implications							
If the trust fails to learn from deaths there is clinical risk in relation to our ability to provide safe care to patients, reputational risk, financial risk of potential litigation and legal risk to directors.							
Action Required/Recommendation							
The board is asked to receive the report for assurance and information.							
For Assurance	✓	For decision		For discussion		To note	✓

Learning from deaths

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

The Q1/Q2 2019/20 data, as at 28 October 2019, is shown in table 1 below.

Indicator	Q1 2019/2	Q2 2019/2	Q3 2019/2	Q4 2019/2
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0		
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	0	0		
% of cases reviewed under the structured judgement review (SJR) methodology/reviewed by	N/A	N/A		
Deaths considered likely to have been avoidable	N/A	N/A		

Table 1

Learning and improvement opportunities identified

- The Q4 2018/19 report recorded that the outcome of a review of the private patient pre-operative assessment procedure, and actions required to improve it to the consistently high level of NHS practice, was still on-going. The documentation review has taken place and, based on the available information, no concerns were identified. A written report is awaited;
- During Q2 the actual impact code 'notification of a patient death received' was added to the incident reporting system. Addition of this new code was prompted by the notification of the death of 2 patients either shortly after leaving hospital premises or following a medical emergency and subsequent admission to the host trust. Neither case related to Moorfields activity; however it is recognised that recording of such cases provides an extended opportunity for potential learning.

Medical examiner role (update)

NHS England and NHS Improvement continues to provide monthly updates in relation to the development of the roles of medical examiners and medical examiner officers (managers of a medical examiner office). Key points to date are as follows:

- Regional medical examiners and a lead medical examiner for Wales have been appointed;
- Regional medical examiner officers are in the process of being appointed;
- Training for medical examiners, including 26 e-Learning for Health on-line core modules and Royal College of Pathologist face to face training, is on-going;

- The national medical examiner, Dr Alan Fletcher, wrote to all medical directors on 11 September 2019, to provide more information about what the introduction of medical examiners in England means. An annex to the letter described the:
 - **structure of the medical examiner system:** medical examiners will be employed by trusts, with a separate professional line of accountability to allow for access to information in the sensitive and urgent timescales surrounding death registration, but with independence necessary for the credibility of the scrutiny process;
 - **introduction and operation of the system:** the medical director has had a discussion with the London region medical examiner regarding the extent to which Moorfields will utilise this service and it has been agreed that using a shared examiner with UCLH will be the best approach. UCLH have not yet finalised their in-house arrangements; access to the future service will be progressed by the medical director;
 - **continued development of a digital tool** to support the work/inform the death certification process;
 - **funding for the service:** it is not yet clear how this will work for organisations such as Moorfields, where there will be a requirement to source the service from another provider.

Annex 1

Included within the scope of this Policy:

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

Excluded from the scope of this Policy:

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



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 09
Q2 Complaints, PALS and compliments
Board of directors
5 December 2019



Report title	Q2 Complaint, PALS and compliments
Report from	Tracy Lockett, director of nursing and AHP's
Prepared by	Tim Withers, head of patient experience
Previously discussed at	Prepared for Quality and safety committee and Trust Board
Linked to strategic objectives	We will have an infrastructure and culture that supports innovation We will pioneer patient centered care with exceptional clinic outcomes and excellent patient experience

Brief summary of report

This report provides an overview of complaints and PALS concerns received by the trust during Quarter 2 (July 2019 – September 2019). This supports the information in the monthly IPR performance report. This report is used to support improvements and is presented to the quality and safety committee and trust board for assurance. It is also available for the Clinical Quality Review Group (CQRG) where the trust discusses the quality of Moorfields services with our lead commissioners. The report is discussed at the patient participation and experience committee with divisional senior managers and quality partners to support trust wide learning.

During Q2 the trust received 101 formal complaints. During previous quarters the trust received around 70 formal complaints. Some of this increase is due to issues around the change in transport provision and patients eligibility; there has also been an increase in other categories of complaint such as clinical concerns, staff behavior and appointments management. However, these were across several sites and services and no discernable cause can be identified for the increase.

540 PALS concerns (excluding compliments and enquiries) were received in quarter 2, similar to previous quarters. The keys themes concern appointments management, communication, transport and clinical enquiries. There were 390 general enquiries and 50 compliments. Most compliments are given through the friends and family test. The overall number of PALS enquiries increased by about 100 (980 vs 879) on the previous quarter with transport enquiries contributing substantially this this.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

One of the key board assurance risks for NHS trusts is that they fail to learn from patient feedback including complaints. The board / committee should be aware of the themes arising from complaints and PALS concerns and make sure actions are in place to mitigate the risks. All complaints are shared with the risk and safety team and adult and child safeguarding teams.

Action required/recommendation

Themes arising from complaints are a key performance indicator for the trust and analysis of those themes indicate where divisional teams need to focus resource where appropriate and keep systems and processes under constant review.

For assurance	√	For decision		For discussion		To note	
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1.0 Introduction

This report provides an overview of complaints and PALS concerns received by the Trust during Quarter 2 (July 2019 and 30 September 2019). This supports the information in the monthly IPR performance report. This report is used to support improvements and is presented to the Quality and Safety Committee and Trust Board. It is also available for the Clinical Quality Review Group (CQRG) where the Trust discusses the quality of Moorfields services with our lead commissioners. This report is provided on a quarterly basis. A weekly complaints summary, including a summary of all PALS concerns/enquiries is sent to divisional management teams, so that themes can be identified and actions taken. It is reported at the Patient Participation and Experience committee so that Trust-wide learning can take place.

During Q2 the Trust received 101 complaints; this represents an increase on the previous three quarters in which the trust received around 70 complaints a quarter. For July and August the numbers were unexceptional. In September, the introduction of the new transport service partly explains the increase. However, excluding the transport issues, the number of complaints increased to 38 (44 including transport). Clinical concerns, communication and staff behaviour remain the main themes identified.

Complaints by type, service and network site can be seen at fig. 4 and 5 for comparative purposes.

PALS concerns/enquiries received were 980 which have increased from Q1 during which there were 868. Again transport concerns and enquiries contributed to the increase. PALS concerns remain, however, dominated by appointments management and telephone calls not being answered. Information about treatment, admission or hospital services was the source of the majority of enquiries.

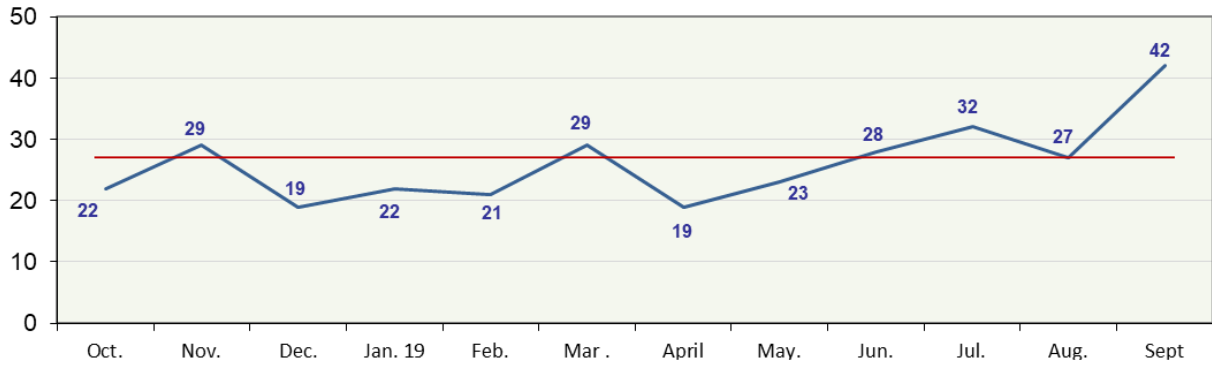
2.0 Complaints activity

2.1 Complaints received Q2 2019/20

Complaints received by quarter Q3 2018/19 – Q2 2019/20

	Quarter 3	Quarter 4	Quarter 1	Quarter 2
	70	72	70	101
Percentage of patients seen who went on to complain	0.04% 182,734	0.04% 187,670	0.04% 186,672	0.05% 192,646
Complainants per 10,000 patient contacts	3.8	3.8	3.7	5.2

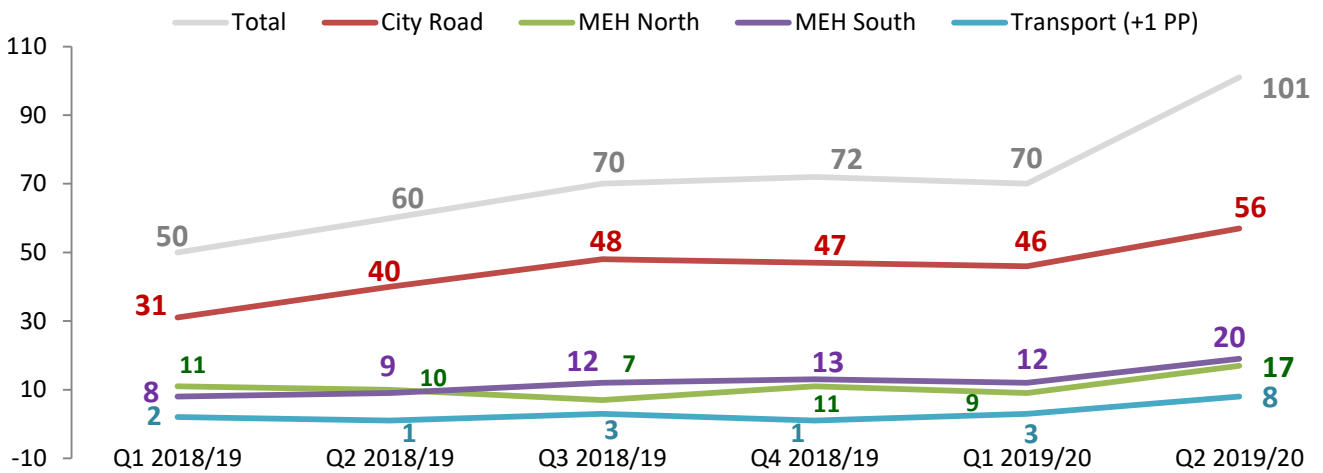
Fig.1 Trust complaints October 2018 to September 2019 (mean-26)



On average, 34 complaints a month were received by the trust during the second quarter of 2019/20, with June beginning an upward trend which has continued.

Fig.2 Complaints by division

Complaints by Division: Q1 2018/19 to Q2 2019/20



Complaints by division reflect the activity within those divisions with the majority of complaints being for City Road, however there is an increased number of complaints for each division.

2.2 Complaints by type

Fig. 3 Complaints by type: Q2 2018/19 to Q1 2019/20

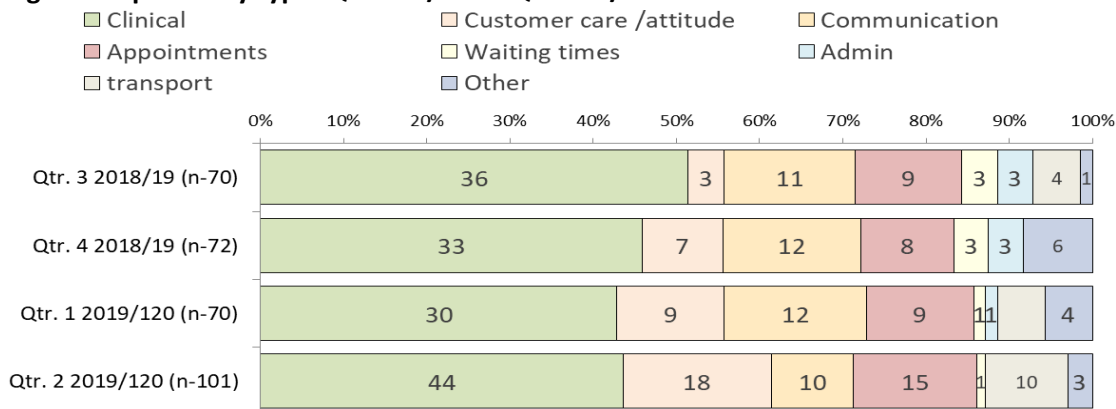


Fig. 4 Complaints by City Road specialism and type: Q1 and Q2 2019/20

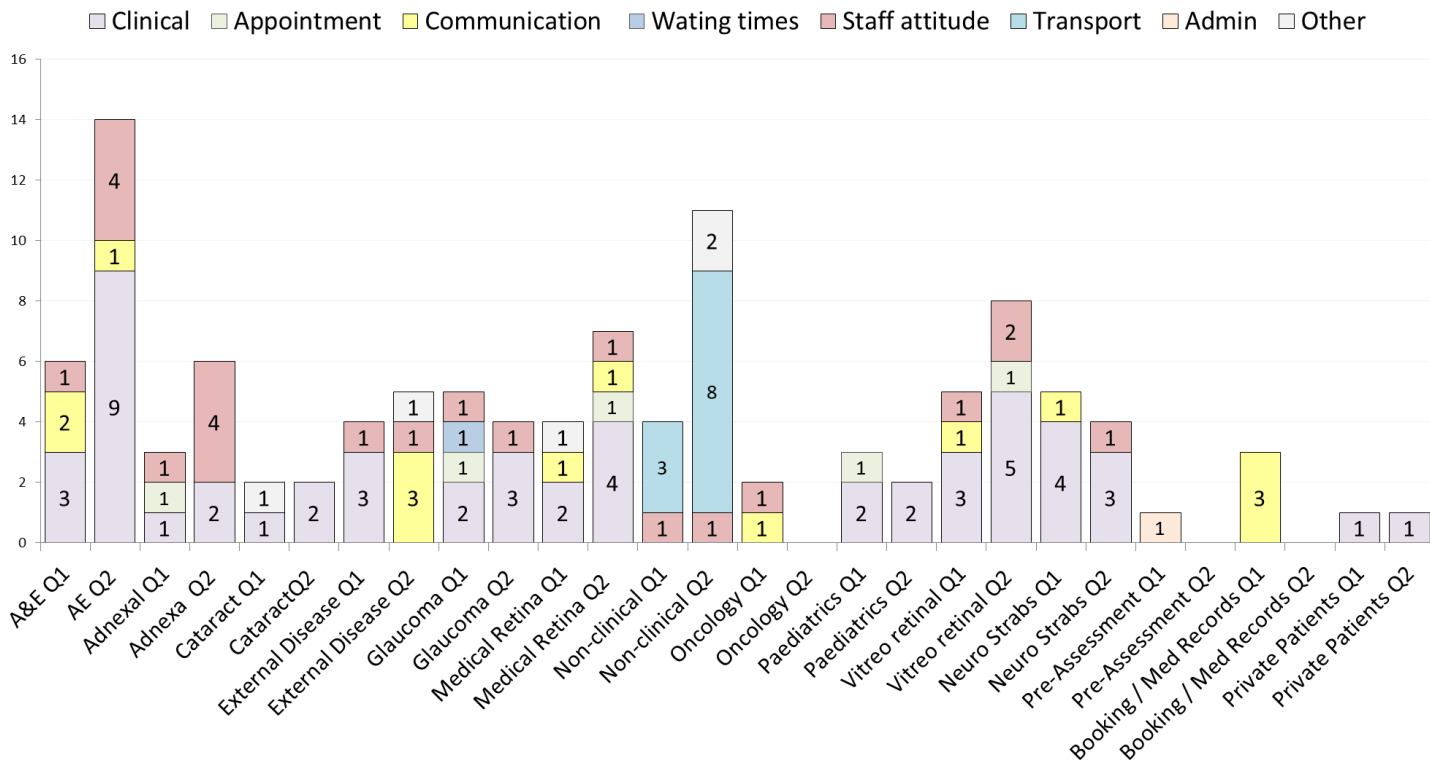
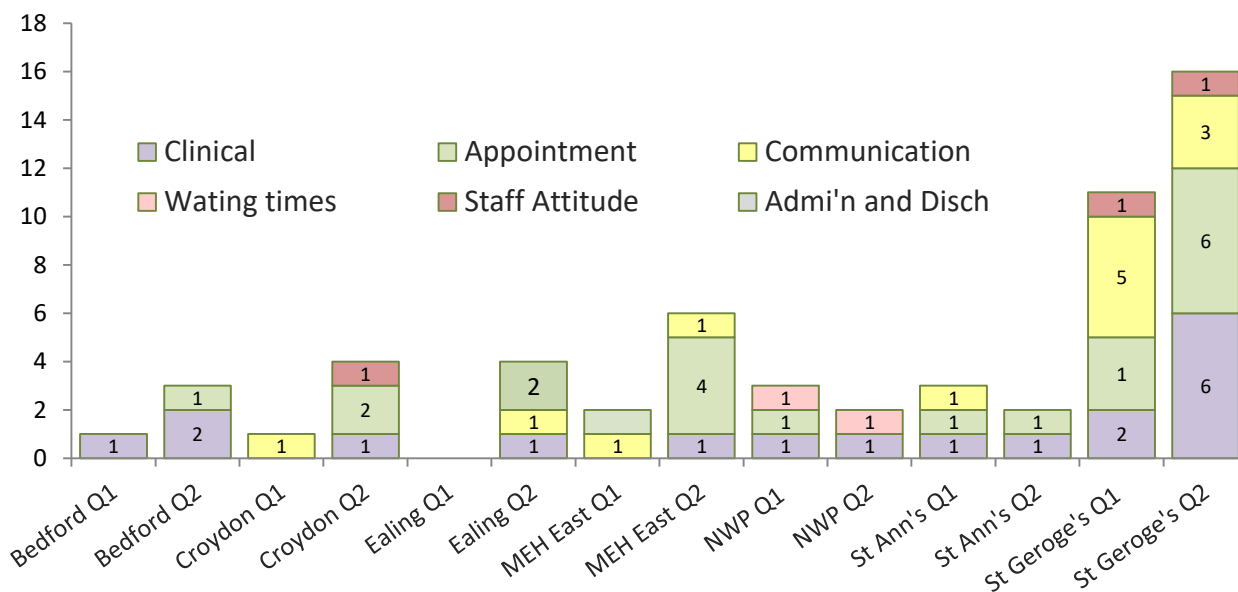


Fig. 5 Complaints by network site and type: Q1 and Q2 2019/20



2.3 Complaint analysis

As can be seen from fig.3, there has been a notable increase in the number of complaints received during quarter two compared to previous quarters. The increase can be seen in four themes; clinical, staff attitude, appointments management and transport.

Clinical complaints

Following a slight decrease in the number of clinical complaints received over the previous quarters, in Q2 the number increased noticeably by 13. The largest number of these were from A&E where complainants questioned the treatment they received, or the active triage process. The rise in clinical concerns across the rest of the trust is related to clinical outcomes, diagnosis, delay in

treatments and access to services. The increase is accounted for by an increase of one or two complaints for the majority of City Road services and two network sites.

As with previous clinical complaints, ensuring that patients have an understanding of the decisions made and likely outcomes, especially for long term patients for whom the prognosis is poorer, would perhaps give them more insight and anticipate their concerns. The QSIS team is working on a letters project where the GP letter is now written directly for patients, which may mitigate this to some extent.

Reviewing the division, site, service or individuals involved, there do not appear to be any themes or areas of poor practice identifiable. All responses to complainants whose concerns are clinical are reviewed by the Medical Director.

Staff Attitude

These appear to be spread evenly across each City Road service with only two at network sites. A&E and Adnexal received four complaints each; however the individuals on each occasion were different. A&E concerns were related to the active triage process which can be challenging when patients do not meet the criteria of an A&E patient. Nothing appears to link the Adnexal incidents other than staff, and this is true of the other staff attitude concerns, not always being aware of the way they might be perceived by patients.

It is notable that, with a few exceptions, individual staff are rarely complained about again if they are mentioned in such a complaint.

Appointments

Of the 15 appointment issues raised, the majority (mainly about cancellation or re-scheduled appointments), were among the network sites with one or two issues for each. Although there are still many PALS concerns and enquiries regarding appointments, the low number of formal complaints for City Road may suggest the increasing effectiveness of the contact and booking centers. MEH South continues to have the greatest number of appointment complaints, however the establishment of a new middle management (due to staff turnaround) should support improvements.

Transport

The new transport contract changed from medical services to DHL (under the auspices of the Royal Free Hospital estates team), in September. Though there is a grace period, recently extended through to November, the main change for patients is that they now have to call and arrange their transport for each hospital visit and their eligibility criteria are no longer decided by their GP, but by telephoning a call centre where they are assessed. If refused transport or an escort etc. they can appeal via a further, nurse led, assessment. That decision is final. This formed the basis of the majority of transport complaints.

The criteria are designed to identify only those patients who have no other alternative and appear to be applied in a much stricter way than previously. As a result the number of formal complaints and PALS concerns has increased noticeably. There have been challenges with managing this process as the Royal Free team (providing oversight for service delivery contract) and the DHL team have been unprepared and to have not had the appropriate processes in place.

Moorfields staff have met with the Royal Free team and going forward, PALS concerns and formal complaints will be logged as Moorfields concerns and complaints, and will be forwarded to the

Royal Free team working with DHL to investigate, resolve and respond to patients. Moorfields will ensure this is done in a timely manner within our performance requirements.

2.4 Complaints performance

Fig.6 Complaints by type: Q4 2018/19 to Q2 2019/20

KPI	Target	Q4 19/18	Q1 19/20	Q2 19/20
Response	80%	76%	31%	59%
Acknowledgment	80%	98%	84%	88%

The performance for responding within 25 working days dropped during Q1 compared to previous quarters but has increased again in Q2 although is not yet at the Trust standard. Complaints training has taken place during Q2 to support divisions in undertaking investigations and writing responses and are having a positive impact. During Q2, divisional management and the complaints team held weekly meetings to improve complaints handling performance and provide support.

Re-opened complaints / Ombudsman referrals

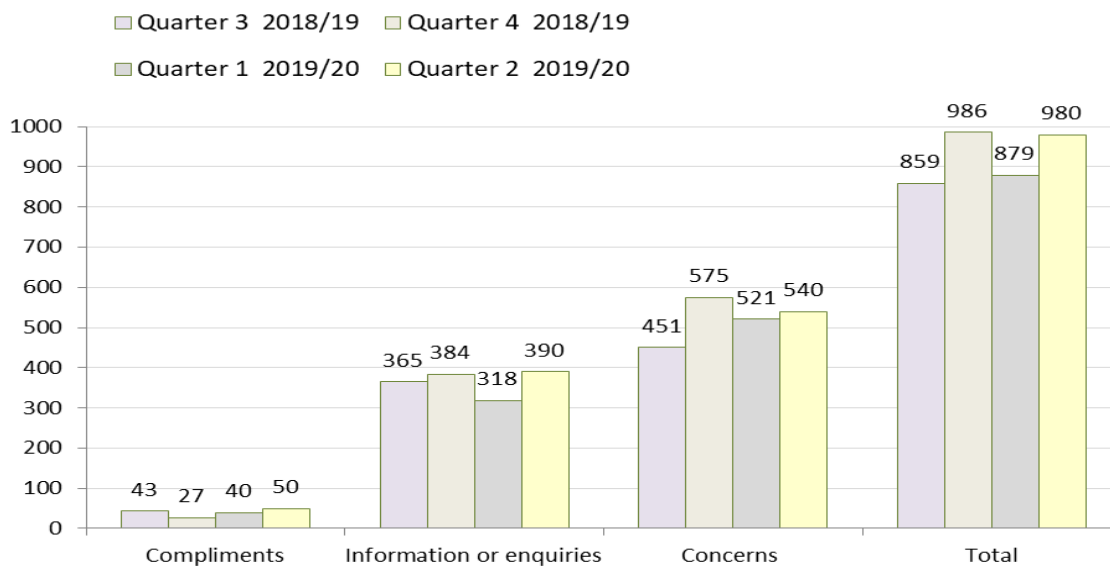
To date, 9 complaints were re-opened during quarter 2. These were due to disputed information or further concerns raised. There was one referral to the Parliamentary and Health Service Ombudsman (PHSO), the patient questioning the treatment they received. This was reviewed but not investigated by the PHSO. There are two ongoing concerns with the PHSO from January 2019 (both concerns following surgery). It has been several years since the PHSO has upheld a complaint against the trust.

3.0. Patient Advice and Liaison Service (PALS)

During quarter two, PALS handled 980 telephone calls, patient visits or emails. The PALS team consists of two PALS officers. PALS enquires are classified as one of three types: compliments, general enquiries for information or advice, and concerns or informal complaints. The latter two are similar as most of the concerns and informal complaints are at root, requests for information or a resolution of an issue, but the frustration caused to the patient by the problem is such that it presents as a concern or informal complaint. How these are recorded is left to the discretion of the PALS officer taking the call or enquiry.

Though the number of compliments appears to be low, it should be remembered that patients now leave their expressions of gratitude on Friends and Family cards (FFT) rather than write letters or send cards. There are around 50,000 positive FFT comments a year.

Fig. 7 PALS by type: Q4 2018/19 to Q2 2019/20



Appointment and communication issues are the two main issues of concern that arise from PALS enquiries. This has improved since the establishment of the contact and booking centers, although problems persist.

4.0 Moorfields Private

During Q2 Moorfields Private received seven complaints. Three of these were financial issues, two regarded communication and waiting times and the remaining two related to pharmacy not supplying medication and the insertion of a defective lens.

5.0 Learning from Complaints

As in previous quarters, the response to many of the clinical complaints received is to clarify the patient's care pathway, explain the reasons for treatment decisions and why the clinical outcome was as it was. Other 'non-specific' responses to complaints include resolving appointment issues, arranging meetings between trust staff (commonly the Medical Director) and complainants, offering second opinions, encouraging staff to reflect on their behaviours or be reminded of processes and procedures. The QSIS supports on-going projects to innovate and use technology to improve processes and procedures and to improve the experience for patients and staff. A recent example of an improvement is the introduction of the booking centre.

Some of the more specific recent responses to individual complaints include:

- At Bedford in response to confusion about the management of a patient referral, training was undertaken with the staff involved to ensure that all aspects of the process were fully understood.
- At Croydon, in response to a patient receiving a delayed review, the automatic two week appointment process for the macular clinic has been replaced with a same day scrutiny of the referral to identify those few patients who need more urgent referral to clinic.
- A patient at the Nelson clinic whose appointment was cancelled, waited for over an hour to be informed of this because the reception staff were from the Nelson and not Moorfields and were therefore unaware the clinic had been cancelled. A process is now in place to inform the Nelson staff whenever a Moorfields clinic is cancelled.

- Following a patient receiving the incorrect lens prescription at Moorfields optometry department, they were reimbursed for the cost of new lenses that they procured from another optician.
- Following the concerns of a patient who found the reception staff at St George's less than professional, the service manager arranged customer service training and will monitor ongoing performance.
- Due to a patient not speaking to an anaesthetist at, or following their pre-assessment, they attended on a Saturday for a general anaesthetic which was not appropriate due to the risks involved and unfortunately was cancelled on the day. The anaesthetic department has now agreed suitable booking criteria for weekend surgery which should prevent a repeat occurrence.
- In response to a patient's referral enquiry being misplaced between City Road and one of the network sites, a process has been implemented to ensure that one senior staff lead is allocated to each investigation to enable one point of contact across all our sites and the City Road division. The processes are being reviewed to ensure that each enquiry has a confirmed outcome recorded so that our PALS team are aware of, and can follow up, those concerns that are not closed in a timely manner

Agenda item 10

Amendments to the constitution

Board of directors

5 December 2019



Report title	Proposed changes to the constitution
Report from	Tessa Green, chairman
Prepared by	Helen Essex, company secretary
Previously discussed at	Membership council
Attachments	Proposed changes to the constitution

<p>Brief summary of report</p> <p>To summarise and highlight some proposed minor amendments to the trust constitution following a meeting of the Membership Council in October. These amendments will coincide with forthcoming elections starting in January 2020.</p> <p>Cosmetic changes made to the documents in relation to grammar, spelling, formatting and paragraph numbering are not included in the proposed amendments and will be taken as approved.</p> <p>Proposed changes to the constitution</p> <p>The constitution is the trust’s key governance document and requires regular review to make sure it complies with relevant legislation and best practice. Suggested amendments to the following clauses are listed in the table in Appendix 1.</p> <ol style="list-style-type: none"> 1) Clause 7.4 relating to partnership organisations 2) Clause 7.9 relating to the election of governors 3) Clause 7.10 relating to election of lead governor 4) Clause 7.15 relating to disqualification criteria 5) Clauses 7.16.3 and 7.16.4 relating to vacancies 6) Clause 17 relating to dispute resolution procedures 7) Annex 2 – standing orders of the board of directors (committees and register of sealing) <p>The amendments were approved by the Membership Council at their meeting of 17 October 2019.</p>							
<p>Action Required/Recommendation.</p> <p>Board is asked to approve the proposed changes to the constitution.</p>							
For Assurance		For decision	✓	For discussion		To note	✓

Trust Constitution

Section/paragraph	Current position	Proposed change	Rationale
<p>7 – Membership council <i>(7.4 partnership organisations)</i></p>	<p>The organisations currently specified as Partnership Organisations that may appoint a Governor to the Membership Council are:</p> <p>University College London; City University; The Royal National Institute for the Blind; and Vision UK; London borough of Islington</p>	<p>The organisations currently specified as Partnership Organisations that may appoint a Governor to the Membership Council are:</p> <p>University College London; College of Optometrists; The Royal National Institute for Blind People; Vision UK; and London borough of Islington</p>	<p>The trust has held a seat for City University on the council for a number of years due to the affiliation with the School of Optometry.</p> <p>The trust strategy over the coming years will be focused on the development of professions other than medics and nursing, and in particular optometrists. It is therefore proposed that the seat currently held by the City University is offered to the College of Optometrists for this period in order to have a representative who can provide the trust with a strategic overview of the whole profession.</p>
<p>7 – Membership council <i>(7.9 election of governors)</i></p>	<p>Elections for Elected Governors shall be conducted in accordance with the Model Rules for Elections using the first past the post voting system. Thus, where appropriate, the alternative rules marked "FPP" (First Past the Post) should be used.</p>	<p>Elections for Elected Governors shall be conducted in accordance with the Model Rules for Elections using the single transferable vote voting system. Thus, where appropriate, the rules marked "STV" (Single Transferable Vote) should be used.</p>	<p>STV is a form of proportional representation. The current (FPP) system allows candidates to win even if they do not have an overall majority of the votes cast. The STV system allows voters to rank candidates in order of preference so that if their first choice does not win, their second or third choice may still have a chance. In constituencies that are contested by a number of different candidates, STV is considered the fairest form of voting. This is the case for the majority of Moorfields constituencies.</p>

<p>7 – Membership Council <i>(7.10 election of a lead governor)</i></p>	<p>Election of lead governor:</p> <p>The Membership Council will elect a lead governor from among their number, who shall on any occasion when direct contact with Monitor is required, facilitate that contact between the Governors and Monitor.</p> <p>If a lead governor ceases to hold the office for any reason, the Secretary shall send out nominations forms for appointment as lead governor not less than 15 clear days prior to the next meeting of the Membership Council. (If a lead governor ceases to hold the office less than 15 clear days before a scheduled meeting of the Membership Council, the Secretary shall send out nominations forms not less than 15 clear days before the next following meeting of the Membership Council.) Each nomination shall be made in writing by the Governor seeking appointment and must be returned to the principal place of business of the Trust addressed to the Secretary to arrive not less than 3 days before the meeting.</p> <p>If there are two or more nominations for appointment a secret ballot shall be held of all the Governors present at the meeting with each Governor present having one vote.</p>	<p>Election of lead governor and vice chair:</p> <p>The Membership Council will elect a lead governor from among their number, who shall on any occasion when direct contact with Monitor is required, facilitate that contact between the Governors and Monitor.</p> <p>The Membership Council will elect a vice chair from among their number, who shall act as the key point of communication between the Chair and the Membership Council.</p> <p>If a lead governor or vice chair ceases to hold the office for any reason, the Secretary shall send out nominations forms for appointment as lead governor not less than 15 clear days prior to the next meeting of the Membership Council. (If a lead governor ceases to hold the office less than 15 clear days before a scheduled meeting of the Membership Council, the Secretary shall send out nominations forms not less than 15 clear days before the next following meeting of the Membership Council.) Each nomination shall be made in writing by the Governor seeking appointment and must be returned to the principal place of business of the Trust addressed to the Secretary to arrive not less than 3 days before the meeting.</p> <p>If there are two or more nominations for</p>	<p>To make explicit the governance arrangements for the lead governor and vice-chair roles.</p>
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	[Nominees may not vote].	<p>appointment a secret ballot shall be held of all the Governors present at the meeting with each Governor present having one vote.</p> <p>[Nominees may not vote].</p> <p>The term of office for a lead governor or vice chair will be three years, after which an election will be held. A lead governor or vice chair may serve a maximum of two three-year terms.</p>	
7 – Membership council <i>(7.15 disqualification)</i>	No current position	<p>Insert clause 7.15.27</p> <p>Where a Governor has been disqualified from office in accordance with paragraph 7.15.26, the secretary shall notify the membership council of the disqualification at a private session as allowed under Annex 3 – standing orders of the membership council, clause 2.1 (admission of the press and public).</p>	The relationship between trust officers and the membership council must remain open and transparent, at the same time respecting the confidentiality of the individual in question.
7 – Membership council <i>(7.16 vacancies)</i> 7.16.3	If the vacancy occurs more than 6 months before the end of the term of office, then the person who finished second in the previous election for that constituency will be appointed	If a vacancy occurs more than 6 months before the end of the term of office, an election will be arranged as soon as is practicable.	Moving to a STV system means that it is more of a challenge to identify the candidate who finishes in second/third, etc. place. Clauses 7.16.3 and 7.16.4 can therefore be merged and simplified.
7 – Membership council <i>(7.16 vacancies)</i> 7.16.4	If the person identified in 7.16.3 no longer wishes to be considered or there were no other candidates then an election will be arranged as soon as practicable.	Remove	Merged with 7.16.3 as above.

<p>17 – Dispute resolution procedures (17.3)</p>	<p>In the event of a dispute being referred to the Chairman under paragraph 7.14.4 above and a determination being made in accordance with the procedure set out in paragraph 17.2 above, if the Governor in question is aggrieved at the decision of the Board of Directors he or she may apply in writing within 7 days to the Board of Directors for the decision to be referred to an independent assessor. The independent assessor will then consider the evidence and conclude whether the proposed removal is reasonable or otherwise.</p>	<p>Remove</p>	<p>Clause 17.2 states that the board decision is final and this follows what is effectively two appeals (referral to the chairman and then to the board).</p> <p>There is no basis by which an independent assessor should be able to overturn a decision of the board, or any of the trust’s internal governance procedures.</p>
<p>17 – Dispute resolution procedures (17.4)</p>	<p>On receipt of an application under paragraph 17.3 above, the Board of Directors and the applicant Governor will co-operate in good faith to agree on the appointment of the independent assessor. If the parties fail to agree on an independent assessor within 28 days of the date upon which the application is received by the Board of Directors, the independent assessor will be nominated by the Centre for Dispute Resolution. The independent assessor's decision will be binding and conclusive on the parties.</p>	<p>Remove</p>	<p>As above</p>

Standing Orders of the Board of Directors

Section	Paragraph	Current position	Proposed change	Rationale
5.6	Committees	<p>Committees established by the Board of Directors are:</p> <p>Audit and Risk Committee Nominations and Remuneration Committee Quality & Safety Committee Strategy & Investment Committee Finance Committee People, Diversity and Education Committee</p>	<p>Committees established by the Board of Directors are:</p> <p>Audit and Risk Committee Nominations and Remuneration Committee</p> <p>The board may establish any other committee it requires in order to carry out the business of the trust. However, the committee structure must allow for the following portfolios to be covered for assurance purposes:</p> <ul style="list-style-type: none"> • Quality and safety • Strategy • Workforce 	<p>To allow flexibility in establishment and/or disestablishment of committees.</p>
9.4	Register of sealing	<p>A report of sealings will be made to the Board of Directors meeting following use of the seal. An annual report of sealings will be made to the Audit and Risk committee.</p>	<p>An annual report of sealings will be made to the Audit and Risk committee and appended to the next report of that committee to the board.</p>	<p>Streamlining of the process</p>



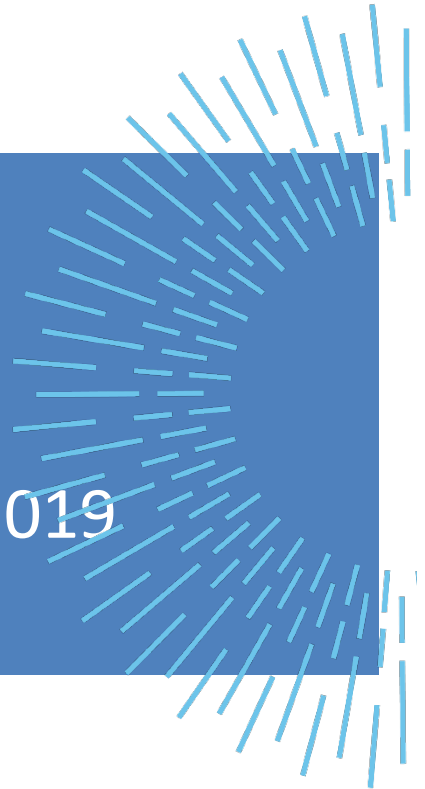
Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 11

Report of the QSC

Board of directors 5 December 2019





QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

Tuesday 12th November 2019

<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) - 88% • Action completion status - 99% • Agenda completed – Yes
<p>Current activity</p>	<ul style="list-style-type: none"> • The committee's actions from the last meeting were reviewed. • Four summary reports were received: the Clinical Governance, Information Governance, and Risk and Safety committees, and from the Patient and Carer Forum. • The latest SI tracker was presented. All SIs are on track. • A single SI report (City Road Botulinum Toxin (Botox) clinic – possible injection of Botox to the incorrect ocular muscle) was received. • An update about fire safety was received. • An update about Medical Records was presented. This was a follow-up to the presentation at the September meeting. A further update will come to the committee's meeting in March 2020. • The committee received a Divisional Update presentation from the South division. • There was a deep dive presentation about Governance in Moorfields Private. • The committee received an update about EBME. This focused on the Medical Devices and New Techniques Committee. • The Quality and Safety update focused on the on-going programme of executive-led <i>Listening, learning and sharing walkabouts</i>. • The quarterly quality and safety report for the period July to September 2019 was presented. • Also for the period July to September 2019, the Complaints, PALS and compliments report was also presented. This generated discussion about patient transport. • The committee received an updated about the NHSBT inspection. • The committee received a report about learning from deaths (noting there had not been any in the reporting period). The WHO Surgical Safety Checklist Compliance Audit Report for Q2 was also received.
<p>Key concerns</p>	<ul style="list-style-type: none"> • Resulting from the Risk and Safety Committee summary report, there was some concern about the use of mobile phones, both from a safety perspective and from that of etiquette and professionalism. • The blockage of some fire escape routes is still an issue, and this is being addressed. There will be an update about progress at the next meeting. • The two most significant issues raised as part of the medical records update is loose filing, and records prepping. A further update on medical records will come to the committee's March meeting. • The Divisional update from the South Division generated discussion around a serious incident, which is being reported to the Board in Part II. • Estates factors continue to be a concern at St. George's. • There is an increase in the number of patient-transport related complaints. This can be attributed to the change of provider for these services and the application

	<p>of strict eligibility criteria. This is also being escalated to the Board.</p> <ul style="list-style-type: none"> • The NHSBT inspection update reported good progress against all actions.
<p>Key learning</p>	<ul style="list-style-type: none"> • A priority from the recent Clinical Governance Committee was the availability of medical records. Two medical records-related concerns have been raised (see above). • Following discussion about the summary report for the Clinical Governance Committee, it was agreed that Duty of Candour would be a subject for a future Deep Dive. • Cyber security and asset management are two key areas of activity for the Information Governance Committee. • As a result of the introduction of texting, there is a very positive increase in FFT responses. • The next fire audit is due on 5/6 December. A full-scale evacuation of City Road had taken place since the last committee meeting and this went well. • The issuing of temporary notes rate has decreased from 5.3% (May) to 1.8%. There is also significant activity around the prepping of medical records. • The South Division presentation outlined plans for future expansion, including the use of smaller sites, and how this will reduce pressure on the two main hubs (Croydon and St. George’s). • The Moorfields Private presentation highlighted the low (13%) response rates in the patient satisfaction surveys. • There was discussion around the need for a quality partner in Moorfields Private. • The most recent executive-led walkabout was at Croydon and a good standard was achieved. • The formats of the new style quarterly quality and safety, and Complaints, PALS, and compliments reports were welcomed. • An options appraisal to see if tissue processing could recommence is currently underway.
<p>Escalations</p>	<ul style="list-style-type: none"> • There are two escalations as explained in some detail above: <ul style="list-style-type: none"> ○ Serious incident to be reported in PII of the board ○ Patient transport service provision.
<p>Items for discussion outside of committee</p>	<ul style="list-style-type: none"> • This summary for the Board and Membership Council.
<p>Date of next meeting</p>	<ul style="list-style-type: none"> • 21 January 2020



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 12
Report of the audit and risk committee
Board of directors 5 December 2019

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

Brief summary of report
Attached is a brief summary of the audit and risk committee meeting that took place on 17 October 2019.

Action Required/Recommendation.
Board is asked to note the report of the audit and risk committee and gain assurance from it.

For Assurance	✓	For decision		For discussion		To note	
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AUDIT AND RISK COMMITTEE SUMMARY REPORT – 15 OCTOBER 2019

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) - 100%
Current activity (as at date of meeting)	<p><u>Internal audit progress report</u></p> <ul style="list-style-type: none"> • A query was raised on progress on the overdue GDPR action. This relates to third party contracts, with answers required from 100 suppliers (35 received so far). <p>Consultant job planning</p> <ul style="list-style-type: none"> • The trust is looking to take a vfm approach as well as investing in staff. • The plan is to review the current position and how this supports business planning, whether the policy is still fit for purpose, whether the goal is to implement electronic job planning in the future, etc. • Job planning is being piloted in two services, looking at inconsistencies, allocation of sessions, etc. • An activity data set has been developed to allow input into job plans. Work is also taking place with divisions on job plans that cross both division and specialty. • The committee was pleased to see real progress on this issue. • The final aim would be to have in place a team job planning process on a rolling annual basis. • Although at the moment the focus is on medical staff there will be a future impact other professions. However, the building blocks need to be in place to be able to move things on. <p>Managing medical devices and equipment</p> <ul style="list-style-type: none"> • This audit provided significant assurance with minor improvement opportunities. • The focus of the audit was on the governance arrangements and controls relating to the operation of the department, such as commissioning and decommissioning of devices. • There is a medium priority recommendation around training records as the policy and underlying processes don't exist. There is a lack of compliance assurance around training records although it was acknowledged that training needs to be proportionate to requirements. • There are processes in place for equipment that is procured but also functionality in the database to identify that it is a donated asset. <p>Internal audit update plan</p> <ul style="list-style-type: none"> • For the lessons learned audit the main priority was assuring that how the trust learns from incidents, SIs and complaints is embedded in the quality governance framework and across the network. • The change to the Ulysses/risk management audit is a change to the timetable rather than scope. • The scope of the EMR audit needs to focus on lessons learned and how to mitigate any future projects. <p><u>LCFS progress report</u></p> <ul style="list-style-type: none"> • Guidance has been pushed out across the trust relating to email fraud and salary diversion. This action needs to be preventative rather than reactive as once someone's salary has been diverted the NHS CFA cannot investigate.

	<ul style="list-style-type: none"> Reactive referrals relate to one attempt to divert salary and one related to overtime fraud and longer lunch breaks, which tend to be more of a cultural problem within teams and services. <p>Sickness absence management proactive review</p> <ul style="list-style-type: none"> The sickness absence review looks at whether the right process and governance is in place, whether the right controls are in place and how good awareness is amongst staff. The review found no fundamental issues but a number of amber recommendations have been raised in all three areas. Data analytics across 17/18 show that there is a relatively low number and low value relating to sickness absence. However, there is no sense of how the trust deals with long-term sickness. <p>Pre-employment compliance review</p> <ul style="list-style-type: none"> It is clear that the trust is undertaking the basics but there are some areas where issues could be tightened such as document retention. <p><u>Board assurance framework</u></p> <ul style="list-style-type: none"> Risk added relating to the availability of research funding, particularly in light of the lack of clarity over the Brexit impact. The committee will review the corporate risk register and any emerging themes at the next meeting. <p>Risk appetite</p> <ul style="list-style-type: none"> The committee discussed the draft risk appetite statement which has been developed by looking at an overarching risk framework and adapting it to the trust's objectives. The challenge of appropriately assessing risk appetite when looking at issues such as the provision of clinical care was acknowledged. KPMG will share their which helps determine areas where the trust might be acting outside its risk appetite, allowing the committee and board to focus on the areas of genuine risk for the organisation.
Key concerns	<ul style="list-style-type: none"> Clinical audit has been removed from the plan for the last three years and the committee has had no oversight of this. To go into the plan early next year.
Items for discussion outside of committee	<ul style="list-style-type: none"> Executive team to agree lead and timeline for development of medical devices training records policy and procedure.
Date of next meeting	<ul style="list-style-type: none"> 14 January 2020



**Moorfields
Eye Hospital**
NHS Foundation Trust



Agenda item 13
Membership Council report
Board of directors 5 December
2019



Report title	Membership council report
Report from	Tessa Green, chair
Prepared by	Helen Essex, company secretary
Link to strategic objectives	<p>We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience</p> <p>We will be at the leading edge of research making new discoveries with our partners and patients</p> <p>We will innovate by sharing our knowledge and developing tomorrow's experts</p> <p>We will have an infrastructure and culture that supports innovation</p>

Brief summary of report

Attached is a brief summary of Membership Council meeting that took place on 15 October 2019.

Action Required/Recommendation.

Board is asked to note the membership council report

For Assurance		For decision		For discussion		To note	✓
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REPORT FROM THE MEMBERSHIP COUNCIL MEETING – 15 OCTOBER 2019

Report from the remuneration committee

The committee recommended the reappointment of both David Hills and Nick Hardie for a further three year term of office.

As part of its statutory role in determining NED remuneration, the governor remuneration committee will carefully review all guidance available to it at the time of any further reappointment or new appointment. However, the membership council will reserve the right to deviate from the guidance in order to make sure the trust is able to attract NEDs of a sufficient calibre to sit on the board.

A concern was raised over whether there is a danger of failing to sufficiently refresh the board. This point was discussed at some length and the remuneration committee recommendation to allow the chair some flexibility in terms of the number and timing of bringing new NEDs on board was approved.

Feedback from governors

The **governance development group** discussed the membership council self-assessment, which will be circulated at the start of November, and prospective governor events that will take place before Christmas allowing people who are interested in becoming a governor to attend sessions and establish the requirements in terms of time commitment.

The **membership development group** discussed a number of topics including the trust magazine and contents, public consultation on Oriel, Members' week in October/November and the 5-year anniversary celebrations in Croydon. The group was also pleased to note that governors have visited nearly all sites across the network over the last year.

The **patient carer forum** is coming up for its two-year review and will consider the membership in light of the need to continually refresh and have a view to diversity and inclusivity. There are lots of people and patients engaged across the trust and the council queried whether the PCF is able to capture the various different threads of activity. The terms of reference will be reviewed to make sure there is a mechanism to do so. It is also important not to duplicate what is already happening and make sure the group retains its analytical oversight function.

Feedback was provided from **governor visits** to Potters Bar, Barking and Bedford as well as a staff walkabout in A&E and Cayton Street. It was agreed that it would be useful to understand the financial and structural consequences of DNA for the trust. There was also comment about the introduction of technology and making sure that initiatives are as inclusive as possible. Governors are also keen that the trust is ambitious to achieve the same standards it is looking for in Oriel in all the network sites.

Governors received initial feedback from the **Oriel public consultation** and from the **Oriel Advisory Group** and an idea of themes and key timescales. An additional meeting will be scheduled to allow governors to go through the outcome in more detail.

Governors received a number of **reports from the executive** including the chief executive's report, integrated performance report, finance report, Q1 complaints report and quality and safety summaries. Governors received assurance that the concerns highlighted about fire safety were primarily related to internal administration of collating feedback and that an independent fire safety report had been very complimentary about the work done.

Governors received a **presentation on digital innovation** with a focus on quality of life and how people value their sight and what kind of digital pathway patients may encounter in the future. For example, a recent trial has been done where the trust connects with community optometry practices via a machine and is able to access images that were taken from patients, leading to 50% of people who would have had to come in not needing to come in at all. For patients this can mean that they spend considerably less time in hospital.

Key issues raised by governors were around timescales for adoption, reshaping the narrative so that it is positive in terms of patient benefit, as the way things are framed will affect how strong the public uptake is likely to be. Another issue raised was about patients getting the training/teaching that they might need to be able to get on board with the solutions.

Agenda item 14
2020 Cycle of business
Board of directors
5 December 2019



Report title	2020 Cycle of business and schedule of committee dates
Report from	Helen Essex, company secretary
Link to strategic objectives	This paper links to all strategic objectives

Brief summary of report							
The paper sets out the board cycle of business for 2020 along with a schedule of committee dates. The cycle of business is not an exhaustive list and additional items will be added as and when required. The framework sets out a clear annual plan and accountability for reporting.							
Quality implications							
The board must be satisfied that is assured about all aspects of trust business, and particularly in the areas of patient safety, patient experience and clinical effectiveness.							
Financial implications							
There are no direct financial implications arising from this paper.							
Risk implications							
The board holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. The board is at risk of failing to fulfil its statutory and regulatory duties if it does not receive regular and timely information that enables appropriate discussion and allows decisions to be made.							
Action Required/Recommendation							
The board is asked to approve the cycle of business and note the schedule of dates for 2020.							
For Assurance		For decision	✓	For discussion		To note	✓

2020 Cycle of Business – public board

Subject	Lead	Jan 20	Feb 20	Mar 20	Apr 20	May 20	Jul 20	Sep 20	Oct 20	Nov 20
Standing items										
Apologies	Chair	X	X	X	X	X	X	X	X	X
Declarations of interest	Chair	X	X	X	X	X	X	X	X	X
Minutes of the last meeting	Chair	X	X	X	X	X	X	X	X	X
Matters arising	Chair	X	X	X	X	X	X	X	X	X
Chief executive's report	CEO	X	X	X	X	X	X	X	X	X
Strategy										
Oriel	DoMP/DoS	X	X	X	X	X	X	X	X	X
Strategy progress	Board strategy days June and December									
Quality										
Patient experience/story	DoN		X			X			X	
Infection control annual report	DoN						X			
Safeguarding annual report	DoN						X			
Learning from deaths	MD	X			X		X		X	
H&S annual report	DoMP			X						
Equality and diversity reports	DoQS							X		
WRES/WDES	DoQS							X		
Staff survey	DoW				X					
Operational performance										
Integrated performance	COO	X	X	X	X	X	X	X	X	X
Finance report	CFO	X	X	X	X	X	X	X	X	X
Workforce report	DoW	X			X		X		X	
Divisional presentations	COO	X – CR		X – Digital	X - MS		X - MN			
Service improvement	COO			X					X	
EPPR assurance	COO	X								
Risk										

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

Moorfields Eye Hospital – Schedule of Board and Committee Dates 2020
Final version issued 4 September 2019

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

Core Memberships:

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

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

Initial	Name	Initial	Name
AD	Andrew Dick	JM	Johanna Moss
DH	David Hills	IT	Ian Tombleson
DP	David Probert	NC	Nora Colton
JQ	John Quinn	ES	Elisa Steele
JW	Jonathan Wilson	SD	Sandi Drewett
PK	Peng Khaw	KM	Kieran McDaid
NH	Nick Hardie		
NS	Nick Strouthidis		
RGW	Ros Given-Wilson		
SS	Sumita Singha		
SW	Steve Williams		
TG	Tessa Green		
TL	Tracy Lockett		