

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on
Thursday 27 May 2021 at 09:30am
via Life size video link

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 22 April 2021	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.	Improving sight loss awareness	Assurance	Present	TL	00:20	1
7.	NHSX and the department of digital medicine	Discuss	Present	PT	00:30	6
8.	Integrated Performance Report	Assurance	Enclosed	JS	00:10	1
9.	Finance Report	Assurance	Enclosed	JW	00:10	7
10.	Report from the quality and safety committee	Assurance	Enclosed	RGW	00:10	1
11.	FTSU Q4 report	Assurance	Enclosed	IT	00:10	1
12.	Membership council report	Note	Enclosed	TG	00:05	5
13.	Identify any risk items arising from the agenda	Note	Verbal	TG		
14.	AOB			TG		
15.	Date of the next meeting – Thursday 10 June (extraordinary) 09:30am					
	Thursday 22 July 2021 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 22 APRIL 2021 (via video link)**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Richard Holmes (RH)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Johanna Moss (JM)	Director of strategy & partnerships
	Peng Khaw (PK)	Director of research & development
	Tracy Lockett (TL)	Director of nursing and AHPs
	Jon Spencer (JS)	Chief operating officer
Louisa Wickham (LW)	Medical director	
Jonathan Wilson (JW)	Chief financial officer	
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Kieran McDaid (KM)	Director of estates, major projects and capital
	Nick Roberts (NR)	Chief information officer
	Ian Tombleson (IT)	Director of quality and safety
	Richard Macmillan (RM)	General counsel
	Thomas Clutterbuck	Graduate management trainee
	Herdip Sidhu-Bevan	Acting deputy director of nursing
Justin Betts	Deputy CFO	
Governors:	John Sloper	Public governor, Beds & Herts
	Ian Wilson	Public governor, NWL
	Richard Collins	Public governor, NEL & Essex
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Paul Murphy	Public governor, NCL
	Jane Bush	Public governor, NCL
	Roy Henderson	Patient governor
	Vijay Tailor	Staff governor, City Road
	Vijay Arora	Public governor, NWL
	John Russell	Public governor, NEL & Essex

21/2566 Apologies for absence

Apologies were received from Kieran McDaid.

TG thanked all trust staff on behalf of the board for their continued dedication and resilience in light of the ongoing challenges of the pandemic. TG also reaffirmed best wishes and condolences to the families of trust staff who sadly passed away. The

trust is looking at appropriate ways to remember those staff and thank those who continue to provide excellent patient care in the most difficult of circumstances. The NCL sector has agreed to give all staff an additional day's leave this year.

21/2567 Declarations of interest

There were no declarations of interests.

21/2568 Minutes of the last meeting

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

21/2569 Matters arising and action points

TL will bring back a report on leading and guiding and patients will be attending the board to provide assurance on their experience.

Scheduled for May.

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

21/2560 Chief executive's report

The trust still continues to operate under pandemic conditions and is making sure that patients are being seen as quickly and safely as possible. This includes those patients that have been waiting over 52-weeks and all patients that require outpatient service and review.

In relation to the patient backlog, the recovery focus has been on the longest waiting patients (those at 52 weeks and then those waiting 40 weeks). The trust is also working to identify areas where there are particular bottlenecks, such as Croydon, and putting in additional capacity. Working is taking place with clinical teams as to whether to undertake additional triage for patients that might need to come in more quickly and using a risk stratification tool to make sure the capacity is there to be able to manage demand.

In terms of business planning for next year, a process is underway to review investment decisions to understand where best to put capacity and how to get back to appropriate waiting times. This includes co-ordination of communication with patients and a group has been established to review this. The trust has commissioned Picker to accumulate data on a monthly basis in order to inform and support its approach.

Divisions are also seeking to recruit additional bank staff in order to support the booking centre, as well as working with estates to try and appropriately direct calls. Priority is being given to vulnerable patients such as those with LD and dementia, in conjunction with the safeguarding team.

78% of the workforce has now been vaccinated although it is acknowledged that it is important to push the figure as high as possible. There are still issues of vaccine hesitancy and these must be dealt with sensitively.

Within the NCL system the focus continues to be on Covid recovery but the trust is also working with NHSX about how eye care might be transformed nationally.

The executive team has now started to sign off the design briefs for Oriel and is also focusing on the work streams in place that will be producing content for the full business case. Work is now taking place on the design and internal configuration which includes rooms, space, acoustics and internal wayfinding. A number of advisory groups have been established that aim to provide inclusive engagement and conversations continue in relation to the last half mile.

Discussion took place about the sale of the City Road site and JM advised that 60 companies had expressed an interest. The team is designing the governance that will sit around decision-making as to the choice of development partner, with a formal sub-board of MEH/UCL partners to form in September to look at a short list of six. The decision on the appointment of the development partner will go to the board and membership council for approval.

SS advised that she had attended the first meeting and although it went well it was a challenge for visually-impaired people to be involved. JM advised that the original proposal was to create tactile models but that this had been a challenge due to Covid. The team is keen to engage with people to look at different ways of dealing with this issue.

JM also stressed that the team is not looking to design solely in light of Covid and is not assuming that social distancing will still be in place when the building is finally opened. However, transformation in processes and pathways that have been made over the past year should transfer into Oriel.

DP congratulated Louisa Wickham, Mariya Moosajee, Dawn Sim and Sobha Sivaprasad on being named on this year's ophthalmology power list, and also Frank Larkin for being appointed as editor of the British Journal of Ophthalmology.

Finally, DP advised that he was delighted to confirm the appointment of Pete Thomas to the role of chief clinical informatics officer following the retirement of Chris Canning. DP thanked Chris on behalf of the board for his many years of dedication and commitment to the trust and wished him well for the future.

21/2561 Staff survey

This is a national survey and used to drive improvement in performance. The full report is a public document.

There has been no significant change since last year. The trust has the highest scores in the country in relation to quality of care. Equality, diversity and inclusion and bullying and harassment are key improvement areas. There were specific questions on Covid this year, for those that were redeployed as well as those that stayed within the trust. Staff working remotely had the lowest scores in terms of their engagement, access to facilities, etc.

There are a number of plans in place to improve such as more executive walk arounds using a listening, team-based approach, support for career development

for ethnic minority staff and additional support for EDI and staff networks. The approach to agile and remote working is also an area for review.

There is a significant variation in the numbers of staff that wish to formally declare a disability or long term condition and those that do so through an anonymous survey. Where this information is available the trust will work with staff to provide greater support and trust the organisation to work with them to address their concerns. It will also be important to review the risk assessment process linked to Covid and underlying conditions, particularly for those staff that are high risk in terms of shielding and where they work in the organisation, to assess whether their experience is materially different to others.

Analysis has been done on age group and ethnicities which enables the targeting of specific groups. The ideal position is to improve the overall staff experience for the team although take targeted action where appropriate.

It was agreed that it is positive to keep results flat over a challenging year. However, trend scores have not moved much over the last few years so the board needs to think about how to move the dial materially and change the interventions to make an impact, appropriately reflecting trust-wide action at a local level.

DP said that it was disappointing that the position has not moved more. There are very specific groups that are reporting extreme negative outcomes and it is important to show more action and outcomes from issues being raised by staff.

21/2562 Learning from deaths Q4 report

LW advised that the trust had one death last year and this has now resulted in a conclusion from the coroner. The trust will be reviewing all processes relating to the treatment of the patient and there is an ongoing SI investigation which had been delayed but can now continue following issue of the coroner's report.

A medical examiner is now in place and the trust is using expert advice to review all SOPs that relate to patient deaths to make sure they appropriately reflect best practice.

21/2563 Fit and proper persons report

The report summarises the checks that the trust is required to perform annually for board directors, as well as confirmation that all directors have completed their annual self-declaration.

The board was assured that all directors remain fit and proper to continue in their roles.

21/2564 Integrated performance report

JS advised that a review is underway to put in place an amended set of metrics that will be available next month. There has been an increase in activity across all areas, at 93% (elective) and 85% (outpatient) compared to the 19/20 average. Referrals also continue to increase.

Revised metrics to be available for the next report.

The number of 52-week wait patients is decreasing and the trust is meeting the trajectory agreed with the sector. Teams are now starting to validate patients waiting 40-weeks. A decision will then need to be made about whether the trust continues to reduce its waits or offer mutual aid to the sector.

The backlog of complaints is being worked through in the divisions and teams are actively trying to improve and streamline the process. IG compliance targets are being achieved and a proactive approach is being taken to make sure appraisal dates are in for all staff.

Discussions are taking place as to how to create equity for patients across London. The trust has been keen to offer mutual aid to other providers and the partnership with Kings has allowed them to operate on some of their longest waiting patients. The trust has also given up operating capacity at sites such as St Ann's for other providers and will continue to do so where possible. It is important to make sure that the capacity being offered will be used appropriately.

JS advised that 52-week waits are a combination of admitted and non-admitted patients. It is critical to make sure clinicians are dealing with the risk patients present, and therefore providing equity. The trust has maintained its position of offering sight-saving and high priority surgery so these patients can be treated as quickly as possible.

There is potential to get to such a positive position in terms of surgery that resource can be diverted to dealing with outpatient backlog. This process, along with all others, would be clinically-led.

21/2565 Finance report – M12

JW advised that the trust has achieved a surplus of £6.2m from a forecast outturn of £6.1m. There was a significant uplift in activity of 47% in March as well as an activity increase in the higher cost elements such as injections and elective day case surgery. There were smaller favourable variances in areas such as drugs and consumables and an improvement in commercial performance of both London and UAE.

End of year adjustments will relate to a review of the fixed asset register, dilapidations, accruals, etc. that have affected the in-month position.

The over spend against the capital plan has been agreed with the ICS and in the context of under spend overall across London.

The second half of the year is still unknown in terms of funding and the closure of 20/21 has been late, although the trust continues with the gateway planning process internally.

The key issue will be how to make sure the outpatient capacity is there in order to achieve the required activity.

Submission of the accounts will be in early June and there will be inevitable external audit issues relating to undertaking the audit remotely, as was seen last year.

20/2566 Report from the audit and risk committee

Accounts are prepared on the basis that the organisation is a going concern. If the trust is providing public sector services that are underwritten by the government then the board can be assured that the organisation will be a going concern and continue to be publicly funded. It was agreed that the draft going concern statement would be included in the draft annual report, for final approval at the board in June.

The quality governance audit was positive and contained some minor recommendations relating to the exploration of consistency of approach across divisions and some housekeeping issues that need to be addressed.

The external audit and potential challenges were discussed along with issues relating to the problems at UHL and how the committee can get formal assurance that this could not happen at MEH.

The committee will monitor the plan and deliverables on salary overpayments as well as the impact of potential consolidation of resources and functions across the sector.

A new risk relating to digital resilience has been added to the BAF and other emerging issues relate to HR systems interoperability and resource required for equality, diversity and inclusion.

The committee also reviewed the London Claremont and potential level of impairment.

21/2567 Identify any risk items arising from the agenda

Nothing additional to add.

21/2568 AOB

None.

21/2569 Date of the next meeting – Thursday 27 May 2021

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
25.03.21	21/2555	Matters arising and action points	Full update on leading and guiding group to be provided at the April meeting	TL	27.05.21	Scheduled for May	Closing
25.03.21	21/2556	Chief Executive's Report	Full report on diagnostic hubs to come to a future meeting	JS	22.07.21		Open
22.04.21	21/2564	Integrated performance report	Revised metrics to be available next month	JS	27.05.21		Closing



Glossary of terms – May 2021

Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
AAR	After action review
AfL	Agreement for lease
AHP	Allied health professional
AI	Artificial intelligence
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
CQC	Care quality commission
CSSD	Central sterile services department
DHCC	Dubai Healthcare City
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EIS	Elective incentive scheme
EMR	Electronic medical record
ENP	Emergency nurse practitioner
EU	European union
FBC	Full business case
FFT	Friends and family test
FT	Foundation trust
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GMC	General medical council
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
ICS	Integrated care system
IOL	Intra ocular lens
IPR	Integrated performance report
ITU	Intensive therapy unit
JDV	Joint development vehicle



KPI	Key performance indicators
LCFS	Local counter fraud service
LD	Learning disability
MEH	Moorfields Eye Hospital
NAO	National audit office
NCL	North Central London
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NMC	Nursing & midwifery council
OBC	Outline business case
OD	Organisation development
PALS	Patient advice and liaison service
PAS	Patient administration system
PbR	Payment by results
PDC	Public dividend capital
PID	Patient identifiable data
PP	Private patients
PPE	Personal protective equipment
QIA	Quality impact assessment
QIPP	Quality, innovation, productivity and prevention
QRA	Quantitative risk assessment
QSC	Quality & safety committee
QSI	Quality service improvement and sustainability
RAG	Red amber green [ratings]
RCA	Root cause analysis
R&D	Research & development
RTT	Referral to treatment
SCC	Strategy & commercial committee
SGH	St Georges University Hospital
SI	Serious Incident
SLA	Service level agreement
ST	Senior trainee
STP	Sustainability and transformation partnership
UAE	United Arab Emirates
UCL	University College London
UCLH	University College London Hospital
VFM	Value for money
VR	Vitreo-retinal
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 27 May 2021



Chief Executive's report

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

Operational Response to the COVID-19 second wave

Although Moorfields is monitoring the threat posed by variants of the Covid-19 virus very carefully, it is also seeking to return services to as full a state as possible. Activity levels have risen in the month of April compared to March, however as a result of the infection control restrictions and the need to provide patients with an improved experience when receiving their care, it has not yet proved possible to return activity levels back to those achieved prior to the pandemic. Short and longer term options are being assessed to provide additional patient care, either through new methods or extended hours of working.

The Trust remains ahead of its plan to treat all patients who have waited over 52 weeks for their treatment and we should have treated all remaining patients in this category by the middle of June. Detailed work is also being undertaken by our Clinical Leads and Operational Managers to assess how best to risk assess and diagnose the large volume of patients who are waiting on the Trust's patient tracking list. It is estimated that this method of risk assessing patients will need to continue for a number of months until all patients can all be offered treatment in a timely manner.

The majority of measures to prevent the spread of Covid-19 remain in place, however some of them such as the management of the entrance to City Road are being adapted to respond to the latest guidance from our regulatory bodies. The Trust is focused on improving communication with patient groups regarding queries about their treatment through a variety of initiatives. These include the introduction of a patient portal to provide targeted reminders to patients and a call filtering system within our booking centre to direct patients to the most appropriate individual to deal with their query. These initiatives have led to some improvement in the service which is being provided to patients however further work is required before this can be deemed acceptable. The Trust is also recruiting an additional four members of staff into the Booking Team, representing a 13% increase in staff available to answer patient calls.

As a member of the North Central London ICS, Moorfields is taking part in the NHS Accelerator Programme which aims to test whether patient activity levels can be increased to 120% by the end of July. We are also engaged in a number of discussions regarding how we can support certain NHS providers of Ophthalmology across London, including the temporary diversion of a limited number of emergency and elective patients to us where this will not adversely impact on our ability to diagnose and treat our own patients.

Following the success of **cataract drives** on the City Road, St George's and Northwick Park sites, the Trust recently completed another drive week at Croydon on 30th April 2021. Over the course of one week 85 patients received their operation which represented a 63% increase in throughput compared to a routine week of operating on the site. This was the first cataract drive which was held after the latest wave of the pandemic and there are further plans to undertake similar drives at both St Ann's and Northwick Park in the near future as part of our plans to increase elective activity over and above the levels which were achieved prior to the outbreak of Covid-19.

Staff Covid Vaccinations

The trust has now vaccinated 81% of its substantive staff and vaccinations are still available on site and at several community sites for those staff who have yet to be vaccinated. Support is in place for staff who remain hesitant either by contacting one of the trust's vaccinator champions or accessing specialist advice from the Moorfields pharmacy team. Additional information is also available on the intranet.

Strategy

Work on Moorfields' **strategy re-fresh** continues, centred around seven themes – outcomes; experience; use of resources; research and development; developing people; digital optimisation and impactful expert leadership.

These themes have been identified from our engagement process, which is continuing at the time of writing. For example, we are now inviting patients to submit their stories of care at Moorfields, which will help us focus on the right issues for improvement. Staff and patient workshops are being scheduled for mid-June.

Each strategic theme has been linked with an executive sponsor, and the sponsors are currently meeting with appropriate colleagues in "Task and Finish Groups" to identify the most useful issues to take forward under each heading, the supporting programmes, ambitions, measures, resources and risks. The groups are using material from the staff survey, and patient stories as they become available, to inform their process.

A working title for the strategy is "Equity and Kindness at the forefront of eye care". Equity reflecting the fact that we are here for all our served populations, and equally providing a common narrative around consistently good outcomes, experience, access and productivity. Kindness because of the need to ensure our patients and staff have good experiences every time they come to Moorfields, and are heard, respected and understood. At the forefront of eye care because of Moorfields global standing, its innovations and leadership across all aspects of its work, that we want to offer and enhance in service of improvements to eye care across the world.

System and partnership working

Attached is a letter confirming appointments to the inaugural board of the **NCL Provider Alliance**, to which the chairman and I have been appointed, respectively representing specialist trusts and academic health.

People and awards

The trust was delighted to mark Wednesday 12 May as **International Nurses Day**, celebrating the positive contribution that nurses make to society. Tracy Lockett, director of nursing and allied health professionals used this opportunity to announce that the trust is embarking on the '**Pathway to Excellence**' accreditation programme. Moorfields is one of 14 trusts in England and the only specialist trust in London to be selected to take part in the programme, which aims to help develop our registered nurses to be leaders in ophthalmic practice and will hopefully grow the trust's profile as a centre of excellence and employer of choice for all healthcare professionals.

Oriel

A huge amount of work has taken place over the last month with our Oriel User Groups and I am pleased to confirm that the executive team has now reviewed and approved the individual service scope, pathways and functional requirements for FBC for A&E and Urgent Care, patient support services, shared operations and internal wayfinding, clinical support services, Moorfields private, surgery, children's & young people and outpatients, diagnostics and applied research. The design team will now be instructed to commence work with the user groups to develop further plans for their areas.

Financial position – M1

The trust is reporting a surplus of £0.28m against a planned surplus of £0.81m, an adverse variance of £0.53m. Reported financial performance however excludes the impact of the Elective Recovery Fund pending confirmation from the ICS, with a calculated value of £1.6m. Patient activity increased during April to 93% against the equivalent

month in 2019/20, compared to 74% in the previous month as elective and outpatient activity recovered, and this increase in patient activity in turn has impacted costs in April. Cash balances stood at £64.7m at the end of April, a decrease of £3.7m on the previous month, as capital creditors in particular were paid down following the significant capital spend in February and March. Capital expenditure in April was £1.2m, with early notification of the 2021/22 Capital Plan correspondingly leading to expenditure early in the financial year.

David Probert,
Chief executive
May 2021

30 April 2021

To all NCL Provider Chairs and Chief Executives and ICS Leadership Team

Dear Colleagues

Appointments to the Board of the NCL Provider Alliance

We are writing to update you on the development of the Provider Alliance and to confirm the appointments to the inaugural Board. Thank you all for your support so far and, as always, we welcome further comments as we progress.

In parallel with the Alliance Board being established, Mike Cooke and ICS colleagues will come forward with dates and proposals for the ICS meetings which we have agreed previously. These include a quarterly Partnership Council, which will have a wide Non-Executive and Borough Leader membership and a more regular and smaller Steering Committee. So, as well as the Provider Alliance Board membership set out in this letter, there will be further important roles to fill in the ICS governance arrangements as well. When taken together with the Provider Alliance, this means a wide range of people will be involved in contributing to our collective system development.

We have been very encouraged by the strong interest in joining the inaugural Alliance Board and, in order to be as inclusive as possible, we have agreed an expanded initial membership for the first year, from 1 May 2021. These initial appointments will be for one year only. During our first year, we will conduct a formal review of the composition of the Board and how well it has functioned. The Board will then agree any changes needed, including the approach to appointments, terms and roles going forward. Given the context of the proposed legislative changes, it is likely that we will also want to consider whether greater distinction between the ICS and the Provider Alliance would be desirable, given the likely role of the ICS in holding providers to account.

The membership of the integral Alliance Board for the first year has been agreed as:

- *Non-Executive Directors:*
 - Dominic Dodd – Chair
 - Mark Lam – Vice-Chair
 - Julia Neuberger – Vice-Chair
 - Cedi Frederick (acute)
 - Tessa Green (specialist)
 - Dot Griffiths (community services)
 - David Lomas (academic health)
 - Frances O’Callaghan (primary care)
 - Jackie Smith (mental health)

- *Executive Directors:*
 - Caroline Clarke (acute)
 - Paul Fish (sustainability lead)
 - Siobhan Harrington (community services)
 - Jinjer Kandola (mental health)

- Alpesh Patel (primary care)
- David Probert (academic health)
- Mat Shaw (specialist)

- *Clinical Leads:*
 - Chris Cauldwell
 - Clare Dollery

In addition to the above members, the Board will be attended by Mike Cooke as ICS Chair and Rob Hurd as ICS Senior Responsible Officer.

The first meeting of the Provider Alliance Board is being arranged for late May and it will meet every other month initially, transitioning over time to quarterly. The agenda for the first meeting will be:

- Recommendations from the Alliance Executive Group on our initial focus
- Name for the Alliance
- Funding model
- Forward agenda for the Board
- Communications

We hope this update is useful. Please do let us know if you have any comments. We are looking forward to continuing to work with you all and to the real opportunities ahead to improve services, support our staff and create a leading Provider Alliance.

With our best wishes

Yours sincerely

Dominic Dodd
Chair

Mark Lam
Vice-Chair

Julia Neuberger
Vice-Chair



**Moorfields
Eye Hospital**
NHS Foundation Trust



Agenda item 06

Improving sight loss awareness

Board of directors

27 May 2021



Report title	Improving sight loss awareness at Moorfields
Report from	Tracy Lockett, Director of Nursing and Allied Health Professions
Prepared by	Ian Tombleson, Director of Quality and Safety
Attachments	None
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary			
This paper provides a summary of a number of initiatives to improve sight loss awareness amongst staff and the overall patient experience at Moorfields. The work is being led through the sight-loss awareness group attended by patients, stakeholders and Moorfields staff.			
Quality implications			
Moorfields strategy, our vision of excellence, seeks to discover, develop and deliver world beating eye care. As well as delivering excellent patient outcomes, our ambition is to deliver an excellent patient experience and this theme runs consistently through our quality and patient involvement strategies.			
This paper sets out our approach to improving sight loss awareness through a number of different routes in parallel. Overtime our undesired patient experience variations will reduce and our staff will deliver this aspect of patient care in the same way as all others. This supports the organisational vision to provide world-class eye care across all areas of the patient experience.			
Financial implications			
There are no direct financial implications arising from this paper.			
Risk implications			
Moorfields needs to maintain a good reputation for delivering of all aspects of care and treatment, importantly including sight loss awareness and the patient experience more broadly.			
Action Required/Recommendation			
This paper is provided to the Board for assurance. The Board is asked to:			
<ul style="list-style-type: none"> Discuss and note the content of the paper. 			
For assurance	✓	For decision	
		For discussion	✓
			To note ✓

Improving sight loss awareness at Moorfields

1. Background

Moorfields strategy, our vision of excellence, seeks to discover, develop and deliver world beating eye care. As well as delivering excellent patient outcomes, our ambition is to deliver an excellent patient experience and this theme runs consistently through our quality and patient involvement strategies.

To achieve this we need to ensure that our patient experience is as broad and supportive as possible, catering for a range of eye care needs from those with temporary sight impairments to those who have no sight at all. We are aware that our patient sight support needs are very different. This might include patients being made of aware of temporary impacts to their sight and what support is available, to immediate life changing impacts, or to those impacts that might happen over many years as an eye disease or condition develops.

We know that Moorfields care and treatment is overall extremely good, but we must aim to increase the consistency of our patient experiences. This paper sets out our approach to improving sight loss awareness through a number of different routes in parallel. Overtime our undesired patient experience variations will reduce and our staff will deliver this aspect of patient care in the same way as all others.

2. Variations in sight loss patient experience

We know that patient experiences vary and we receive complaints, PALS feedback and other shared experiences that informs us that although care standards remain high and despite interventions in previous years to improve patient experience, staff still do not always see the person 'behind the eyes'. Staff are not always aware that some patients may require additional support when attending Moorfields facilities. Through a desire to provide the best care they focus on the condition and the treatment needs rather than the human and life impact of a diagnosis, or the evolution of a complex, life-long eye condition.

In October 2019 a patient with severe sight loss attended the Trust Board to describe a number of poor clinic experiences she had at Moorfields. Her experiences highlighted that in a very busy working environment staff can sometimes overlook the basic needs of patients with sight loss. Staff are sometimes not welcoming, do not show empathy and do not address patients with respect. Occasionally they do not engage directly with a patient at all, rather preferring to speak to their companion. This extends to the presence of guide dogs, which are key in supporting sight loss patients' lives and staff need to be aware that their health and well-being is extremely important for patients. We are also aware from feedback that leading and guiding can be an issue across the organisation. Some staff are very good at this and do it naturally without prompting. Others are not and patients' needs are neglected, making their overall experience poor.

In addition we are aware that the Covid-19 pandemic has been a particularly challenging period for those with severe sight loss and this continues as business begins to open up and life returns more to what it was like preCovid. Particular impacts have been changes to appointment schedules, social distancing and navigation within Moorfields facilities.

A further area for us to improve is how staff break 'bad news' when serious eye disease or eye conditions are diagnosed. Delivering this badly can have a huge psychological impact and can severely effect patients for a substantial period of time. This can also impact on-going care experiences. Direct feedback from the nurse counselling team is that some clinical staff are not good at doing this and there is also further feedback from shared experiences although these do not always lead to formal complaints.

3. Improving sight loss staff awareness

Following the patient story after the October 2019 Trust Board, Moorfields formed a sight loss awareness group which is working to improve the patient experience. This group is sponsored by the Director of Nursing and Allied Health Professions and is now chaired by the Director of Quality and Safety. The group is

attended by patients, stakeholder groups including London Vision, the RNIB, Guide Dogs and Moorfields staff.

The remit and work of this group is supported by the attendance of the patient with severe sight loss who previously attended Moorfields Board. She is now a member of staff for London Vision and we are grateful for her on-going support.

i) Progress during the Covid period

During the Covid period the work of the group was paused in March 2020 and recommenced in September 2020. From quarter 3 2020/21, the group has been focused on support for patients in a hospital environment where social distancing has been an essential part of the management of day-to-day care and treatment. The group promoted government guidance for staff to be extra vigilant to support the needs of patients with sight loss or who are severely sight impaired. There were also discussions with the volunteer team, who have done an excellent job throughout the Covid period, to make them aware of situations where those with severe sight loss might be more anxious, or in need of sight supported guiding. This has been particularly necessary with the social distancing restrictions limiting the attendance of family, carers and friends attending appointments to support patients. As always the volunteers responded very positively to this request. A further positive step by the group has been the introduction of a new policy about how to support and care for guide dogs when their owners attend for hospital appointments. This has been included as an annex to Moorfields visitor's policy.

ii) Sight loss group objectives

The sight loss awareness group is working across the organisation to ensure that sight loss awareness and supporting patients with sight loss is genuinely part of our day-to-day culture and working environment. We want to ensure that when patients attend Moorfields, staff are ready to support them and their experience will be genuinely patient centred. Key drivers of this change are set out below:

- There will be a **campaign raising staff awareness** about sight loss including vignettes and videos about patient experiences both good and bad, illustrating to staff why it is important to be sight loss aware and how to support patients as part of day to day working. This will include active participation in sight loss awareness week in September 2021 with a week of activities to raise the profile with staff across the organisation.
- **A new education package for staff** about how to support patients with sight loss will be introduced during July 2021. This will include a variety of ways to create understanding and situational awareness of the impact of a sight loss disease or condition, and how to be aware of those patients with specific needs. The package will include new immersive technology so that staff can perceive and partially experience what it is like to live with a life impacting eye disease or condition. It will also include videos and guides for staff to make sight led guiding a day-to-day reality in the work place. The package will be flexible so that modules can be expanded and developed so that improvements and new ideas are introduced on an on-going basis. Our approach is that improving the patient experience is one that requires continuous variety and maintenance to stimulate staff and team awareness.
- We are **revising our staff induction package** using some of the newly developed education videos, so that from day one of working at Moorfields, staff are aware that sight loss support for patients is everyone's responsibility and part of our day-to-day culture.
- **Improving how we deliver 'bad news'** sensitively and in a respectful way to patients who have been newly diagnosed with a serious sight disease or condition. This will be led by the counselling team with the objective being to raise awareness, improve know how and provide a supportive environment.
- **Use of clinical governance sessions** and events to raise awareness and to provide examples of good and bad practice.
- **Using digital technology** at every opportunity to facilitate and support those with severe sight impairment and sight loss. The sight loss awareness group are currently assessing the use of Apps to

support information provision and navigation in hospital facilities. We are grateful to have obtained charity funding from the Friends of Moorfields to develop a new immersive virtual reality tool that will be used to support staff education of what it feels like to have different eye conditions and the sight impacts that creates. We are planning this to be available in September 2021 and this will be added to the education package. Also the sight loss awareness group are working as an expert reference group with the project team who are revising and updating the Moorfields internet site, creating a service environment suitable for all patients and particularly those who are highly sight impaired.

4. The future of delivering a high quality patient experience

We want to ensure that all aspects of patients' experiences at Moorfields are fully embedded in everything we do and that staff are fully supported to ensure that we always deliver a great patient experience.

Moorfields is currently refreshing its strategy and the updated document will include a new section on improving our customer care, focused on sight loss and associated leading and guiding training. This will be linked to the work of the workforce and organisational development team to refresh awareness of the Moorfields Way and our cultural values and how we care for our patients and staff.

The Project Oriel team is working with patients to ensure that the new ways of working and the new facilities are transformed to provide an eye care centre that will cater for those with sight loss and all aspects of a high quality patient experience. This will include a range of technologies to support eye care and treatment, and navigation to and within the eye centre. It will also include a new patient support hub. This supports the organisational vision to provide world-class eye care across all areas of the patient experience.

Report to Trust Board

Report Title	Integrated Performance Report - April 2021
Report from	Jon Spencer - Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee
Attachments	

Brief Summary of Report

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

Executive Summary

Following consultation with the relevant Trust Directors, some of the metrics within the IPR which have not been mandated nationally have been revised to reflect the current priorities facing Moorfields. New metrics have been added in the following areas:

- Over 18 week pathways – This will be monitored until the Trust has successfully addressed the large volume of patients waiting over 18 weeks for their diagnosis and treatment
- Call abandonment rate – This will be used to assess whether the Trust is successfully improving the service that it provides to patients who call in with queries relating to their care

The IPR for April 2021 shows that activity levels have still yet to return to the average levels seen during 2019/20. The absolute number of patients seen within the emergency, outpatients and elective categories all reduced slightly compared to the March levels however when the reduced number of working days in April is factored in then all categories rose slightly above the March figures. Although there were two breaches of the 4 hour A&E standard, the Trust was again above the national target for this metric.

The Trust achieved all of the cancer metrics with the exception of the 28 day standard. We failed this standard due to it taking longer than expected to diagnose two complex patients. Although learning has taken place to prevent similar breaches from occurring, as a result of the relatively low number of patients who we treat against this standard then there is a risk of us failing to achieve it again in the future.

As anticipated the Trust did not achieve either of the 18 week or 52 week RTT incomplete performance targets. It is anticipated that the 52 week target will be met for the first time in 2 months, however it is likely to be a number of months before it will be possible to achieve the 18 week target. The new measure of pathways over 18 weeks shows a slight improvement from March, but also the proportion of patients who need to be diagnosed and treated before the Trust's 2019/20 average of 1608 can be achieved.

The Trust did not meet the diagnostic waiting time target for the same reason as last month. A small number of patients chose to delay their non-urgent scan to a later date than the Trust was able to offer. Although work continues to encourage patients to attend the Trust for their diagnosis as soon as possible, if patients continue to express a wish to wait then this target is also in danger of being breached.

The metric for the average call waiting time has been amended to reflect the correct 2 minute standard that was being monitored by the local team, rather than a 3 minute standard that was previously reported to the Board. Performance against this standard has improved significantly through a combination of reduced call volumes and targeted actions. Further actions highlighted in the IPR will be delivered by June and these try to balance the Trust investing in additional employees to respond to the calls and making digital enhancements to deal with queries in a more targeted manner. The new metric of call abandonment rate shows an improvement below the suggested target, however work will continue to further improve this metric down to the lowest level possible within the current resources.

The Trust is now achieving the standard for the percentage of responses to written complaints within 25 days, and although it is not quite achieving the required standard for appraisal compliance, the positive trend over the past few months indicates that this should be achieved in June.

Action Required/Recommendation

The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.

For Assurance	X	For decision		For discussion		To Note	
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Context - Overall Activity - April 2021

		April 2021	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	5,105	8,230	5,105
	Number of 4 hour breaches	2	124	2
Outpatient Activity	Number of Referrals Received	9,147	12,051	9,147
	Total Attendances	44,278	51,427	44,278
	First Appointment Attendances	9,009	11,392	9,009
	Follow Up (Subsequent) Attendances	35,269	40,035	35,269
Admission Activity	Total Admissions	2,626	3,281	2,626
	Day Case Elective Admissions	2,423	2,944	2,423
	Inpatient Elective Admissions	67	102	67
	Non-Elective (Emergency) Admissions	136	235	136

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












Service Excellence (Ambitions)

April 2021

Operational Metrics

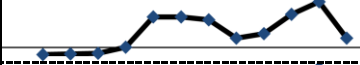



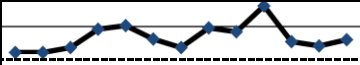

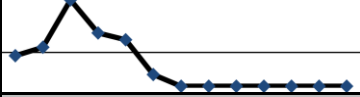


* RTT ratings will be re-introduced in the next few months once initial recovery plan has been completed

** Figure not reported as not submitted nationally, will be re-introduced in the next few months once initial recovery plan has been completed

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	G		100.0%	100.0%		100.0%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		98.8%	96.3%		96.3%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		100.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%			n/a	n/a		n/a
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	R	4	100.0%	70.0%		70.0%
18 Week RTT Incomplete Performance *	Monthly	≥92%			69.1%	70.0%		70.0%
RTT Incomplete Pathways Over 18 Weeks *	Monthly	≤1608 (Avg. 2019/20)			9968	9821		
52 Week RTT Incomplete Breaches *	Monthly	Zero Breaches			419	179		179
A&E Four Hour Performance	Monthly	≥95%	G		100.0%	100.0%		100.0%
Percentage of Diagnostic waiting times less than 6 weeks	Monthly	≥99%	R	5	96.9%	98.0%		98.0%

Service Excellence (Ambitions)

April 2021

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	6	618	223		n/a
Average Call Abandonment Rate	Monthly	≤15%	G		30.1%	14.7%		14.7%
Median Clinic Journey Times - New Patient appointments	Monthly	tbc			102	79		79
Median Clinic Journey Times -Follow Up Patient appointments	Monthly	tbc			85	85		85
Patients Waiting For Follow-Up KPI - to be defined	tbc	tbc			<i>In Development</i>			
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.20%	0.39%		0.39%
Number of non-medical cancelled operations not treated within 28 days **	Monthly	Zero Breaches			<i>Data Unavailable</i>			
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		0.00%	0.00%		
VTE Risk Assessment	Monthly	≥95%	G		99.4%	99.6%		99.6%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95% (tbc)	G		0.88%	0.87%		0.87%








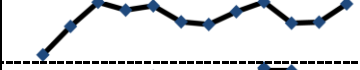


Remedial Action Plan - April 2021					Domain	Service Excellence (Ambitions)				
Cancer 28 Day Faster Diagnosis Standard					Lead Manager	Alex Stamp	Responsible Director	Jon Spencer		
Target	Rating	YTD	Previous Period		Current Period					
≥75%	Red	70.0%	100.0%		70.0%					
Divisional Benchmarking (Apr 21)			City Road	North	South	Other				
			70.0%	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		
<p>There were two breaches to the 28 day standard in April.</p> <p>The first was due to a complex pathway - the patient required appointments with Ocular Oncology and Adnexal and discussion in both MDT meetings, and this added to the pathology turnaround time meant that it took more than 28 days to rule out Lymphoma.</p>					<p>Due to the low number of relevant cases at MEH, individual breaches to the 28 day standard will always mean a risk of underperformance against the operational standard in month. Performance and trajectory against all national and locally agreed standards continue to be reviewed weekly at the Cancer performance meeting with actions agreed as required.</p>			No Further Action Required		
<p>The second breach occurred as two biopsies were required in order to definitively diagnose the patient.</p>					<p>Patients subject to the standard are routinely flagged to clinical teams to ensure visibility; MDT coordinators work with the teams to ensure diagnostic surgery is scheduled within appropriate timeframes wherever possible, including in additional theatre capacity as needed.</p>			No Further Action Required		
					<p>Ocular Oncology will now not see 28-day patients virtual clinics so as to avoid adding time to the pathway of those who then need to be reviewed in person prior to a decision to proceed to theatre.</p>			No Further Action Required		

Remedial Action Plan - April 2021					Domain	Service Excellence (Ambitions)																																																						
Percentage of Diagnostic waiting times less than 6 weeks					Lead Manager	Alex Stamp		Responsible Director	Jon Spencer																																																			
Target	Rating	YTD	Previous Period	Current Period	<table border="1"> <caption>Line Chart Data: Percentage of Diagnostic waiting times less than 6 weeks</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>Apr20</td><td>85%</td></tr> <tr><td>May20</td><td>25%</td></tr> <tr><td>Jun20</td><td>25%</td></tr> <tr><td>Jul20</td><td>30%</td></tr> <tr><td>Aug20</td><td>35%</td></tr> <tr><td>Sep20</td><td>65%</td></tr> <tr><td>Oct20</td><td>95%</td></tr> <tr><td>Nov20</td><td>95%</td></tr> <tr><td>Dec20</td><td>95%</td></tr> <tr><td>Jan21</td><td>85%</td></tr> <tr><td>Feb21</td><td>95%</td></tr> <tr><td>Mar21</td><td>95%</td></tr> <tr><td>Apr21</td><td>95%</td></tr> <tr><td>May21</td><td>95%</td></tr> <tr><td>Jun21</td><td>98%</td></tr> <tr><td>Jul21</td><td>98%</td></tr> <tr><td>Aug21</td><td>98%</td></tr> <tr><td>Sep21</td><td>98%</td></tr> <tr><td>Oct21</td><td>98%</td></tr> <tr><td>Nov21</td><td>98%</td></tr> <tr><td>Dec21</td><td>98%</td></tr> <tr><td>Jan22</td><td>98%</td></tr> <tr><td>Feb22</td><td>98%</td></tr> <tr><td>Mar22</td><td>98%</td></tr> </tbody> </table>						Month	Percentage	Apr20	85%	May20	25%	Jun20	25%	Jul20	30%	Aug20	35%	Sep20	65%	Oct20	95%	Nov20	95%	Dec20	95%	Jan21	85%	Feb21	95%	Mar21	95%	Apr21	95%	May21	95%	Jun21	98%	Jul21	98%	Aug21	98%	Sep21	98%	Oct21	98%	Nov21	98%	Dec21	98%	Jan22	98%	Feb22	98%	Mar22	98%
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Position improved slightly from February (96.1% to 96.9%) in line with recovery. Services are continuing to schedule medium and low risk patients whose original appointments were postponed, this is helping to reduce the backlog. Fewer patients are refusing appointments due to Covid safety concerns, this is enabling the backlog to be cleared at a slightly quicker rate.					Services are continuing to schedule appointments for medium and low risk patients with the aim to clear the backlog by quarter two.			Jun 2021	In Progress (Update)																																																			
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date																																																				
Position remained very similar to previous reporting period. Activity has increased across all DM01 modalities and teams are booking appointments within the six week window for the majority of patients. There have still been cases where patients have declined appointments due to health issues or delayed appointments to coincide with other appointments they have at Moorfields at a future date. Services are continuing to follow up with these patients and book them an appointment as soon as possible.					Services are continuing to schedule appointments for medium and low risk patients and are making progress on clearing the backlog by quarter two.			June 2021																																																				

Remedial Action Plan - April 2021					Domain	Service Excellence (Ambitions)				
Average Call Waiting Time					Lead Manager	Alex Stamp	Responsible Director	Jon Spencer		
Target	Rating	YTD	Previous Period		Current Period					
≤ 2 Mins (120 Sec)	Red	n/a	618		223					
Divisional Benchmarking (Apr 21)			City Road	North	South	Other				
			n/a	n/a	n/a	n/a				
Previously Identified Issues					Previous Action Plan(s) to Improve			Target Date	Status	
<p>The worsening of the average call waiting time is symptomatic of the increased volume of calls coming in from patients regarding their care. Although temporary measures are being put in place to address the speed of response, it may be the case that the call volumes do not decrease until patients are being treated within a more acceptable timescale.</p>					<p>1) Staffing levels being reviewed as well as schedule to manage arrangements for staff availability during the week. 2) Additional Saturday sessions being run but longer-term review of opening times is underway. 3) Patient Portal rollout is commencing to aim at reducing call volumes in short-to-medium term. 4) Process mapped to involve more direct links with comms team to send out social messages if busy.</p>			Jun 2021	In Progress (Update)	
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date		
<p>Despite still underperforming, the trend has significantly improved over the last month and this is reassuring that previous actions are having a significant impact. This includes changes to Netcall providing patients with different options when calling to filter calls to the Contact Centre. We continue to be understaffed in the Contact Centre impacting on the number of staff able to answer calls especially at peak times on a Monday.</p>					<p>We have gone out to Bank and Agency for call handlers. We have conducted interviews to employ permanent call handler. Further work being undertaken to understand and adapt our staffing levels at peak times.</p>			June 2021		
<p>High numbers of patients calling to confirm booked appointments.</p>					<p>The Patient Portal rollout and provision of appointment confirmation via text messages should reduce these call volumes.</p>			June 2021		
<p>High numbers of patients calling to reschedule a booked appointment. Data analysis has confirmed that this is higher amongst particular services.</p>					<p>Address individually with services with the highest numbers.</p>			June 2021		



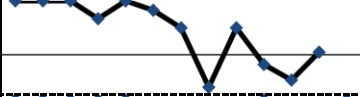

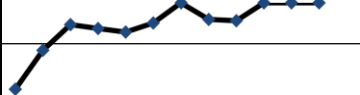
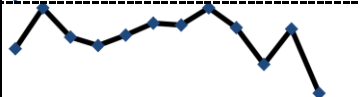


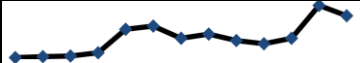

Service Excellence (Ambitions)

April 2021

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0		0
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant			0			
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.5%	95.9%		95.9%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.5%	93.6%		93.6%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.0%	93.7%		93.7%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		92.8%	92.8%		92.8%

Service Excellence (Ambitions)

April 2021


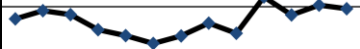
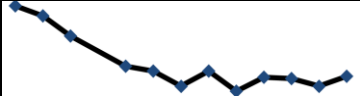


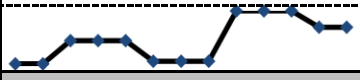


Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
NHS England/NHS Improvement Patient Safety Alerts breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	G		70.6%	81.0%		87.4%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80% (tbc)	G		95.2%	100.0%		100.0%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	100.0%		95.5%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		98.1%	92.5%		97.4%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	tbc			86	96		n/a
Research Metrics								
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥150	G		418	336		336
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.1%	5.1%		

Enablers (People, Infrastructure & Culture and Financial Health & Enterprise)

April 2021

'Enabler' Metrics

* For further commentary see Finance Report.

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Appraisal Compliance	Monthly	≥80%	R	10	78.2%	79.7%		
Information Governance Training Compliance	Monthly	≥95%	A	11	95.1%	94.8%		
Staff Turnover (Rolling Annual Figure)	Monthly (Month in Arrears)	≤15%	G		9.4%	9.8%		
Proportion of Temporary Staff	Monthly	RAG as per Spend			12.3%	9.4%		9.4%
Median Time To Recruitment of First Patient (Days)	Monthly	≤70 Days	G			61		
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		75.0%	75.0%		75.0%
Overall financial performance (In Month Var. £m)	Monthly	≥0	R	*	-0.13	-0.53		-0.53
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.08	0.25		0.25

Remedial Action Plan - April 2021					Domain	People (Enablers)				
Appraisal Compliance					Lead Manager	Bola Ogundeji	Responsible Director	Sandi Drewett		
Target	Rating	YTD	Previous Period	Current Period						
≥80%	Red	n/a	78.2%	79.7%						
Divisional Benchmarking (Apr 21)			City Road	North	South	Other				
			n/a	n/a	n/a	n/a				
Previously Identified Issues			Previous Action Plan(s) to Improve				Target Date	Status		
Remote working and Covid pressure and recovery planning			<p>The development of support and guidance for virtual appraisal is on-going and a process of reminder emails to managers is now in operation. HR Business Partners are communicating appraisal rates with Divisional Management Teams on a monthly basis. The learning and development team are also providing additional support to managers to undertake appraisals remotely and have implemented an action plan including:</p> <ul style="list-style-type: none"> Monitoring expiries and sending reminders to staff and managers with weekly escalation where there is no response. We will be attaching objective setting guidelines to the reminder email to support managers Undertaking analysis to understand reasons for non-compliance eg absence, workload and reporting this back to the HRBPs Where training requirement linked to the e-appraisal tool is identified, the team offer 121/small group coaching. L&D team are taking a targeted approach within corporate services to drive up lower % compliance by sending non-standard reminders to managers with staff requiring appraisal and a deadline for completion - Friday 14th May. This reflects opportunities for face to face appraisals as corporate staff increasingly return to the office. This will be monitored by L&D. We are also proposing to launch an appraisals awareness week supported by communication team in the next few weeks. This would focus on post-COVID reset and review of objectives. 				May 2021	In Progress (No Update)		
Reasons for Current Underperformance					Action Plan(s) to Improve Performance				Target Date	
No Further Issues or Actions										

Remedial Action Plan - April 2021					Domain	People (Enablers)				
Information Governance Training Compliance					Lead Manager		Responsible Director	Ian Tombleson		
Target	Rating	YTD	Previous Period	Current Period						
≥95%	Amber	n/a	95.1%	94.8%						
Divisional Benchmarking (Apr 21)			City Road	North	South	Other				
			n/a	n/a	n/a	n/a				
Previously Identified Issues					Previous Action Plan(s) to Improve			Target Date	Status	
<p>Organisational performance remains excellent and close to the 95% target. It continues to stand up well during COVID and has shown good stability. Issues have been identified with new starters not always completing their mandatory training before starting and data quality. The IGC and ITSG are concerned that all staff must have current IG training before being provided with passwords for our systems. Also, (and in line with ICO recommendations from a recent investigation), non-compliance should be followed up promptly.</p>					<p>The IG team is working with L&D and IMDQG to 1) ensure all staff have IG training before they start the organisation 2) ensure that reminders are sent to the organisation focusing on those who are about to fall out of compliance or those that demonstrate long term poor compliance (for a variety of possible reasons) - sent by IG 3) fix any data quality issues. This requires continuous maintenance.</p>			Mar 2021	In Progress (No Update)	
Reasons for Current Underperformance					Action Plan(s) to Improve Performance			Target Date		
No Further Issues or Actions										



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 09

Finance report

Board of directors 27 May 2021



Report title	Monthly Finance Performance Report Month 01 – April 2021
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

All NHS organisation were issued with revised control totals for the first six months of the year referred to as 2021/22 H1. This is a £4.8m surplus.

Points to Note

- There is no national financial reporting in April 2021 to allow organisations and ICS systems time to consider and confirm financial trajectories during the first half of the financial year;
- A national submission is due on the 26th May 2021, which may alter organisations control totals and/or monthly profiling;
- There is no current guidance surrounding the 2021/22 H2 financial regime;

As a result of the above, the April financial performance report is an abridged report to display the summary level financial position.

For April the Trust is reporting :-

- **a £0.28m surplus**, compared to an initial planned surplus of £0.8m, a £0.5m adverse variance.
- Whilst, activity levels are higher than the corresponding period in 2020/21 Quarter 3 upon which the initial financial plan has been set, current block income values exceed the value of activity being undertaken in April;
- Elective Recovery Funding (ERF) has been excluded until formal confirmation is received via the ICS in respect of the NCL overall performance and distribution.

Compared to plan, the Trust is reporting:-

Financial Performance <i>£m</i>	Annual Plan	In Month			Year to Date			
		Plan	Actual	Variance	Plan	Actual	Variance	%
Income	£258.5m	£22.1m	£22.0m	(£0.0m)	£23.5m	£22.0m	(£0.0m)	(0)%
Pay	(£137.0m)	(£11.1m)	(£10.9m)	£0.3m	(£11.1m)	(£10.9m)	£0.3m	2%
Non Pay	(£107.2m)	(£9.3m)	(£10.1m)	(£0.8m)	(£9.3m)	(£10.1m)	(£0.8m)	(9)%
Financing & Adjustments	(£9.4m)	(£0.8m)	(£0.8m)	£0.0m	(£0.8m)	(£0.8m)	£0.0m	1%
CONTROL TOTAL	£4.8m	£0.8m	£0.3m	(£0.5m)	£2.3m	£0.3m	(£0.5m)	

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 30th April 2021 (Month 01)

Abridged Summary Report

Presented by

Jonathan Wilson; Chief Financial Officer

Prepared by

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



Monthly Finance Performance Report

For the period ended 30th April 2021 (Month 01)



Key Messages

Statement of Comprehensive Income

Full year reported financial position This is an abridged financial report for April 2021.

- There is no national financial reporting for April 2021, to allow time for organisations and ICS systems time to consider and confirm financial trajectories during the first half of the financial year. A national submission is due on the 26th May 2021. The Trust has received a £4.850m surplus Control Total for the first half of 2021/22 only, referred to as H1. There is no current guidance surrounding the 2021/22 H2 financial regime.

Financial Position For April, the Trust is reporting:-

£0.28m surplus
Including support

- **A £0.3m surplus compared to an initial planned surplus of £0.8m, a £0.5m adverse variance.**
- Block income values exceed the value of activity undertaken during April;
- Activity levels are higher than the corresponding period in 2020/21 Quarter 3 upon which the initial financial plan has been set, resulting in increased levels of expenditure., particularly within high cost drugs injections operating at 114% of prior year activity levels.
- Commercial income has reported a favourable position contributing to the Trusts reported position.
- The trust is receiving COVID top up funding from the ICS totalling £8.1m in H1.
- Elective Recovery Funding (ERF) has been excluded until formal confirmation is received via the ICS in respect of the NCL overall performance and distribution. Initial calculation suggest this would be £1.6m for April.

Statement of Financial Position

Cash and Working Capital Position The cash balance at the 30th April is £64.7m approximately 97 days of operating cash. In relation to 2021/22, the financing regime continues to operate on block contract payments during the H1 financial regime.

Whilst full year capital plans are known, and H1 revenue plans are tentatively agreed, there is no clarity on cash flows for the H2 period. As a result indicative cash flows are shown on page seven.

Capital The capital plan for the full financial year has been agreed at £17.0m rising to £17.5m including externally funded schemes.

(both gross capital expenditure and CDEL) Capital spend during April totalled £1.2m, primarily surrounding medical equipment replacement programmes.

Debtors Receivables have reduced by £0.5m since the end of the 2020/21 financial year to £12.5m.

Use of Resources Current use of resources monitoring remains suspended.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month			Year to Date			%	RAG
		Plan	Actual	Variance	Plan	Actual	Variance		
Income	£258.5m	£22.1m	£22.0m	(£0.0m)	£23.5m	£22.0m	(£0.0m)	(0)%	●
Pay	(£137.0m)	(£11.1m)	(£10.9m)	£0.3m	(£11.1m)	(£10.9m)	£0.3m	2%	●
Non Pay	(£107.2m)	(£9.3m)	(£10.1m)	(£0.8m)	(£9.3m)	(£10.1m)	(£0.8m)	(9)%	●
Financing & Adjustments	(£9.4m)	(£0.8m)	(£0.8m)	£0.0m	(£0.8m)	(£0.8m)	£0.0m	1%	●
CONTROL TOTAL	£4.8m	£0.8m	£0.3m	(£0.5m)	£2.3m	£0.3m	(£0.5m)		●
<i>Memorandum Items</i>									
Research & Development	(£1.40m)	(£0.12m)	(£0.10m)	£0.01m	(£0.12m)	(£0.10m)	£0.01m	12%	●
Commercial Trading Units	£5.74m	£0.26m	£0.51m	£0.25m	£0.26m	£0.51m	£0.25m	94%	●
ORIEL Revenue	(£2.25m)	(£0.39m)	(£0.08m)	£0.31m	(£0.39m)	(£0.08m)	£0.31m	78%	●

INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
NHS Clinical Income	£140.7m	£11.9m	£9.2m	(£1.2m)	●	-	-	-
Pass Through	£35.3m	£2.6m	£3.0m	£0.4m	●	-	-	-
Other NHS Clinical Income	£9.8m	£0.7m	£0.6m	(£0.1m)	●	-	-	-
Commercial Trading Units	£37.0m	£2.8m	£3.1m	£0.3m	●	-	-	-
Research & Development	£15.0m	£1.1m	£1.1m	(£0.0m)	●	-	-	-
Other	£12.6m	£1.5m	£1.4m	(£0.2m)	●	-	-	-
INCOME PRE TOP-UP	£250.4m	£20.7m	£18.4m	(£0.9m)		-	-	-
ERF/COVID Top up funding	£8.1m	£2.8m	£3.7m	£0.9m		-	-	-
TOTAL OPERATING REVENUE	£258.5m	£23.5m	£22.0m	(£0.0m)		-	-	-

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

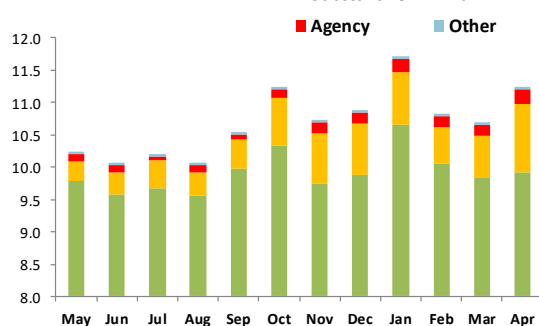
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			%
		Plan	Actual	Variance	Plan	Actual	Variance	
Employed	(£135.6m)	(£11.0m)	(£9.8m)	£1.2m	(£11.0m)	(£9.8m)	£1.2m	90%
Bank	(£0.9m)	(£0.1m)	(£0.8m)	(£0.7m)	(£0.1m)	(£0.8m)	(£0.7m)	8%
Agency	£0.0m	£0.0m	(£0.2m)	(£0.2m)	£0.0m	(£0.2m)	(£0.2m)	2%
Other	(£0.5m)	(£0.0m)	(£0.0m)	£0.0m	(£0.0m)	(£0.0m)	£0.0m	0%
TOTAL PAY	(£137.0m)	(£11.1m)	(£10.9m)	£0.3m	(£11.1m)	(£10.9m)	£0.3m	

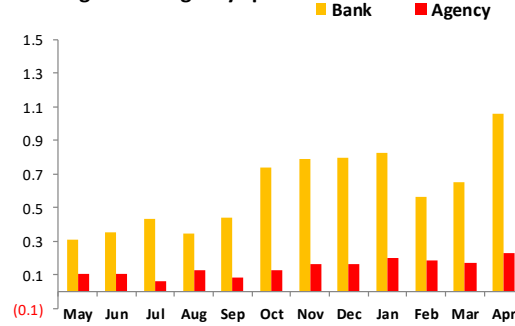
CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
Trust Funded	(£17.0m)	(£1.4m)	(£1.2m)	(£0.2m)	●	-	-	-
Donated/Externally funded	(£0.5m)	-	-	-	●	-	-	-
TOTAL	£17.5m	£1.4m	£1.2m	(£0.2m)		-	-	-

Rolling Pay Spend £m



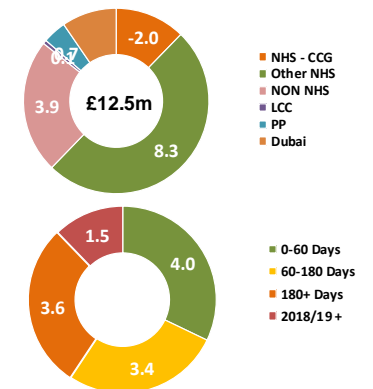
Rolling Bank & Agency Spend £m



Key Metrics

	Plan	Actual	RAG
Cash	64.7	64.7	●
Debtor Days	45	30	●
Creditor Days	45	43	●
PP Debtor Days	65	58	●

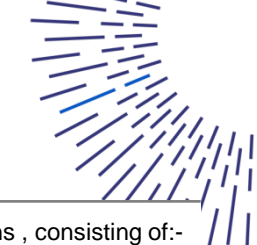
Net Receivables/Ageing £m



Use of Resources

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

Trust Income & Expenditure Performance



FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month					Year to Date				
		Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Income											
NHS Commissioned Clinical Income	175.99	13.11	12.23	(0.87)	(7)%	●	14.56	12.23	(0.87)	(6)%	●
Other NHS Clinical Income	9.77	0.72	0.63	(0.10)	(13)%	●	0.72	0.63	(0.10)	(13)%	●
Commercial Trading Units	36.97	2.77	3.05	0.29	10%	●	2.77	3.05	0.29	10%	●
Research & Development	15.04	1.12	1.08	(0.04)	(4)%	●	1.12	1.08	(0.04)	(4)%	●
Other Income	12.64	1.55	1.38	(0.17)	(11)%	●	1.55	1.38	(0.17)	(11)%	●
Total Income	250.42	19.27	18.37	(0.90)	(5)%	●	20.72	18.37	(0.90)	(4)%	●
Operating Expenses											
Pay	(137.04)	(11.14)	(10.86)	0.28	2%	●	(11.14)	(10.86)	0.28	2%	●
Drugs	(36.17)	(2.70)	(2.76)	(0.06)	(2)%	●	(2.70)	(2.76)	(0.06)	(2)%	●
Clinical Supplies	(21.53)	(1.51)	(1.51)	(0.00)	(0)%	●	(1.51)	(1.51)	(0.00)	(0)%	●
Other Non Pay	(49.48)	(5.12)	(5.85)	(0.73)	(14)%	●	(5.12)	(5.85)	(0.73)	(14)%	●
Total Operating Expenditure	(244.23)	(20.47)	(20.98)	(0.52)	(3)%	●	(20.47)	(20.98)	(0.52)	(3)%	●
EBITDA	6.19	(1.20)	(2.61)	(1.41)	(118)%	●	0.25	(2.61)	(1.41)	(560)%	●
Financing & Depreciation	(10.01)	(0.84)	(0.83)	0.01	1%	●	(0.84)	(0.83)	0.01	1%	●
Donated assets/impairment adjustments	0.57	0.05	0.04	(0.00)	(4)%	●	0.05	0.04	(0.00)	(4)%	●
Control Total Surplus/(Deficit) Pre FRF/Top Up Payments	(3.25)	(1.99)	(3.40)	(1.40)	(70)%	●	(0.54)	(3.40)	(1.40)	(259)%	●
Elective Recovery Funding	-	-	-	-		●	-	-	-		●
Block funding in excess of activity	-	1.45	2.32	0.87		●	1.45	2.32	0.87		●
COVID Top Up Payments	8.10	1.35	1.35	(0.00)		●	1.35	1.35	(0.00)		●
Post PSF/FRF Control Total Surplus/(Deficit)	4.85	0.81	0.28	(0.53)	(66)%	●	2.26	0.28	(0.53)		●

Commentary

Income

Total trust income is £0.90m less than initial plans, consisting of:-

£0.90m less than plan pre support

Commissioned Clinical activity income is **£0.87m adverse to plan**;

- Directly commissioned activity income, if reimbursed by normal contracting arrangements would total £12.23m compared to a plan of £13.11m based on 2019/20 activity levels; £0.87m adverse to plan.

Other non commissioned income includes:-

- Clinical activity income **losses £0.10m adverse to plan**;
- Commercial **income £0.29m favourable to plan**;
- Research income **£0.04m favourable to plan**;
- Other income **£0.17m favourable to plan**;

Overall, income is supported by block contract payments in excess of the level of activity performed of £2.32m, and further COVID top up funding reported at the bottom of the table to the left £1.35m.

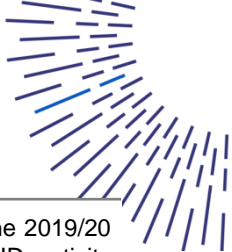
Expenditure

Pay costs are £0.28m favourable to plan including a reduction in temporary staffing compared to 2020/21 quarter 3 levels, following increases in March costs relating to increased annual leave.

£1.9m adverse to plan (pay, non pay, excl financing)

Non-pay costs are £0.79m adverse to plan mainly due to additional high cost drugs and general supplies and services such as 'outside the envelope testing'. The plan is set at Quarter 3 2020/21 activity levels.

Trust Patient Clinical Income Performance



PATIENT ACTIVITY AND CLINICAL INCOME

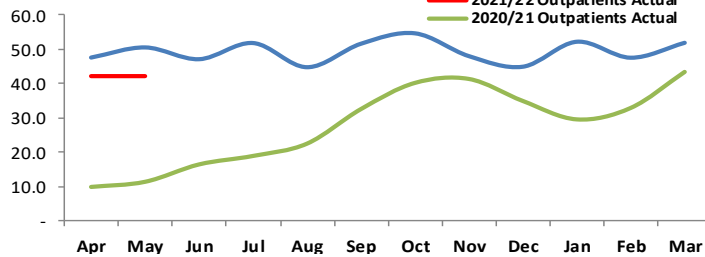
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,117	5,105	(3,012)	63%	8,117	5,105	(3,012)	63%	£1,268	£751	(£517)	59%
Daycase / Inpatients	2,581	2,451	(130)	95%	2,581	2,451	(130)	95%	£2,895	£2,757	(£138)	95%
High Cost Drugs	4,005	4,758	753	119%	4,005	4,758	753	119%	£2,617	£2,994	£377	114%
Non Elective	229	136	(93)	59%	229	136	(93)	59%	£446	£266	(£180)	60%
OP Firsts	9,310	8,057	(1,253)	87%	9,310	8,057	(1,253)	87%	£1,594	£1,381	(£213)	87%
OP Follow Ups	34,460	34,155	(305)	99%	34,460	34,155	(305)	99%	£3,533	£3,519	(£14)	100%
Other NHS clinical income									£392	£245	(£147)	62%
Total	58,702	54,662	(4,040)	93%	58,702	54,662	(4,040)	93%	£12,745	£11,913	(£832)	93%

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

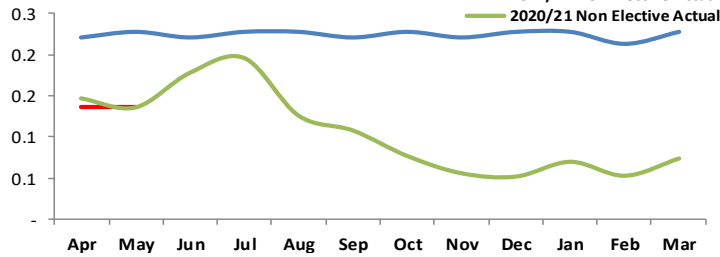
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND

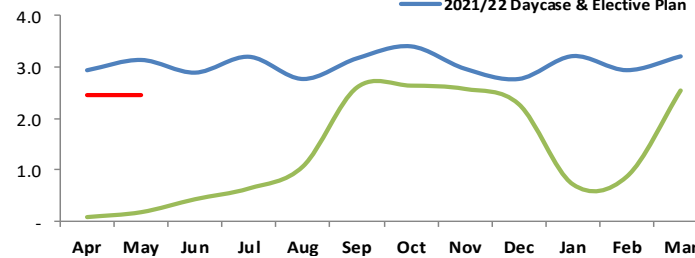
Outpatient Activity



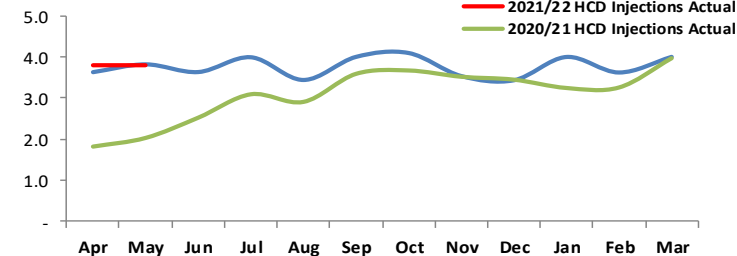
Non Elective Activity



Daycase & Elective Activity



HCD Injections Activity



Commentary

NHS Income The 2021/22 activity plan is based on the 2019/20 activity levels to represent a pre-COVID activity baseline.

Activity levels recorded during April range from 63% of prior year activity levels to 119%.

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

Organisations are requested to increase activity levels and where possible exceed prior year activity levels to assist with reducing waiting lists and urgent cases.

Elective Recovery Funding Elective recovery funding excluded from the reporting would be calculated as £1.6m in April subject to ICS validation and confirmation relating to activity delivered above the threshold set for April of 70% 2019/20 activity levels.

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



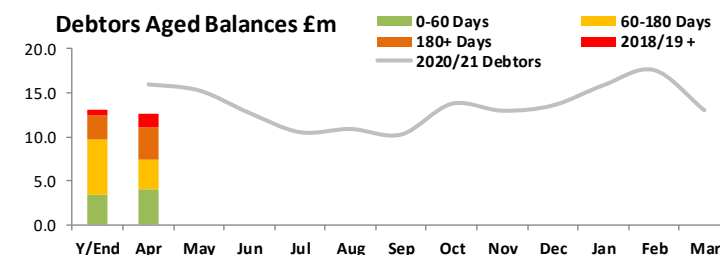
CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	0.9	-	-	-	-	-	-
Medical Equipment - Trust Funded	3.6	1.1	1.1	0.0	1.1	1.1	0.0
IT - Trust Funded	1.2	0.0	0.0	(0.0)	0.0	0.0	(0.0)
ORIEL - Trust Funded	2.6	0.3	0.1	(0.2)	0.3	0.1	(0.2)
Dubai - Trust funded	0.4	-	-	-	-	-	-
Other - Trust funded	8.3	-	-	-	-	-	-
TOTAL - TRUST FUNDED	17.0	1.4	1.2	(0.2)	1.4	1.2	(0.2)
Covid/Donated/Externally funded	0.5	-	-	-	-	-	-
TOTAL INCLUDING DONATED	17.5	1.4	1.2	(0.2)	1.4	1.2	(0.2)

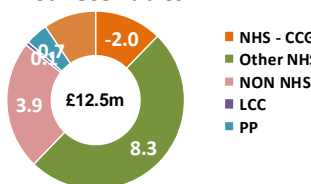
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.3	8.3	-	100%
Cash Reserves - B/Fwd cash	6.0	6.0	-	100%
Cash Reserves - Other (ICS)	4.5	4.5	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - TRUST FUNDED	17.0	17.0	-	100%
Donated/Externally funded	0.3	0.3	-	100%
Donated/Externally funded	0.2	-	100%	0%
TOTAL INCLUDING DONATE	17.3	17.3	-	100%

RECEIVABLES

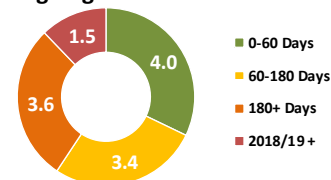
Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/1 9 +	Total
CCG Debt	(2.0)	-	-	-	(2.0)
Other NHS Debt	2.9	2.3	2.4	0.6	8.3
Non NHS Debt	0.9	1.0	1.1	1.0	3.9
Commercial Unit Debt	2.3	0.1	0.0	(0.0)	2.4
TOTAL RECEIVABLES	4.0	3.4	3.6	1.5	12.5



Net Receivables £m



Ageing £m



STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	-	104.2	104.2	-
Current assets (excl Cash)	-	23.3	23.3	-
Cash and cash equivalents	-	64.7	64.7	0.0
Current liabilities	-	(58.3)	(58.3)	-
Non-current liabilities	-	(36.0)	(36.0)	-
TOTAL ASSETS EMPLOYED	-	97.9	98.0	0.0

OTHER METRICS

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

Trust Statement of Financial Position – Cashflow



CASH FLOW

Cash Flow £m	Apr Actual	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Outturn Total
Opening Cash at Bank	68.4	64.7	64.9	63.2	63.7	62.4	59.8	60.2	60.3	59.9	60.1	54.4	54.4
Cash Inflows													
Healthcare Contracts	15.4	15.4	13.7	15.4	15.4	15.4	15.4	15.4	15.4	15.4	15.4	15.4	183.2
Other NHS	1.3	1.4	1.5	1.5	1.4	1.5	1.5	1.4	1.4	1.4	1.4	1.5	17.1
Moorfields Private/Dubai	3.6	3.0	3.1	3.2	3.1	3.4	3.6	3.8	2.9	3.7	3.5	3.8	40.7
Research	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	11.7
VAT	0.6	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	5.0
PDC	-	-	-	-	-	-	-	-	-	-	-	0.3	0.3
Other Inflows	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	1.8
Total Cash Inflows	22.2	21.3	19.8	21.6	21.4	21.8	22.0	22.1	21.2	22.1	21.8	22.5	259.8
Cash Outflows													
Salaries, Wages, Tax & NI	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(9.6)	(115.0)
Trade Creditors	(13.5)	(9.4)	(9.7)	(9.7)	(10.7)	(10.9)	(10.1)	(10.3)	(9.6)	(10.2)	(10.0)	(10.7)	(124.8)
Capital Expenditure	(1.7)	(0.7)	(0.8)	(0.3)	(0.3)	(1.2)	(0.4)	(0.5)	(1.2)	(0.5)	(5.8)	(1.3)	(14.6)
Oriel	(0.3)	(0.2)	(0.2)	(0.3)	(0.2)	(0.6)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	(1.8)	(4.3)
Moorfields Private/Dubai	(0.8)	(1.2)	(1.2)	(1.3)	(1.2)	(1.3)	(1.5)	(1.4)	(1.2)	(1.4)	(1.3)	(1.4)	(15.2)
Loan Interest and Capital Payable	-	-	-	-	(0.6)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.8)
Public Dividend	-	-	-	-	-	(0.1)	-	-	-	-	-	(0.3)	(0.3)
Total Cash Outflows	(25.8)	(21.1)	(21.5)	(21.2)	(22.7)	(24.4)	(21.7)	(22.0)	(21.6)	(21.8)	(27.5)	(25.8)	(277.1)
Net Cash inflows /(Outflows)	(3.7)	0.2	(1.7)	0.4	(1.3)	(2.6)	0.3	0.1	(0.4)	0.2	(5.7)	(3.2)	(17.3)
Closing Cash at Bank 2021/22	64.7	64.9	63.2	63.7	62.4	59.8	60.2	60.3	59.9	60.1	54.4	51.1	51.1



Moorfields
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Agenda item 10

Report of the quality and safety committee

Board of directors 27 May 2021



QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

18 May 2021

<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 87.5% • Action completion status - 99% • Agenda completed – Yes
<p>Current activity</p>	<p>The committee received an assurance paper about the governance of network sites. The process to have a full set of SLAs is nearing completion and there is an improved process of operational contract monitoring. The committee also received an update about consent, including a trust-wide audit of consent, the changes and improvements (including electronic and on-line elements) to the consent process, and making the process more user friendly and accessible for patients. An action plan is being developed and an update will be presented at the committee’s next meeting.</p> <p>Infection control 2020/21: The infection control annual report was presented accompanied by a presentation including a summary of the current COVID-19 position.</p> <p>Serious Incidents: The committee received the SI tracker and it was noted that Duty of Candour compliance is maintained. An SI report was presented: <i>Death of a patient within 24 hours of elective surgery (City Road)</i>. This was discussed in detail, particularly in relation to the recommendations of HM Coroner’s report, consent and complex surgery (see Escalations, below).</p> <p>Divisional Presentation – North Division: The committee received an annual divisional presentation from the North. This highlighted local issues and challenges, including access to services and space. This was followed by priorities for the year and areas for improvement. The presentation highlighted what the Division is proud of and concluded summarising the learning. The committee was encouraged to learn about the Division’s response to the pandemic and the resulting innovations.</p> <p>Imaging Systems Update: The committee received and discussed an update about imaging systems which included a deep dive into recent imaging incidents at St George’s. This provided a detailed analysis of the imaging incidents and the resulting consequences including the wider impacts on St. George’s imaging use. There was a detailed review of lessons learned. The presentation also considered the imaging systems landscape and maturity across Moorfields and a summary of the proposed improvements.</p> <p>Clinical Audit (COVID-19): An update about Clinical Audit, April 2020 to April 2021 was presented. This followed on from an update provided to the committee in April 2020 and addressed concerns raised at the time as to whether the new ways of working would be safe and effective. The presentation provided assurance from the audits looking at safety and efficacy of new pathways and ways of working. It also</p>

	<p>highlighted that all audit standards and outcomes were achieved despite the pandemic. It was noted that trust-wide clinical governance plans would be expanded to preCovid levels.</p> <p>Fire Safety update: The committee received a regular fire safety update for assurance.</p> <p>Quality & Safety update: The quality and safety update was presented, which included the following reports:</p> <ul style="list-style-type: none"> • Q&S team update • Q4 Quality and Safety Report • WHO Audit Report. <p>Annual Reports: The committee received and approved its annual report for 2020/21. The committee also received the following annual reports:</p> <ul style="list-style-type: none"> • Complaints, PALS and Compliments 2020/21 • Safeguarding Adults 2020/2021 • Safeguarding Children and Young People 2020/2021. <p>Summary reports from committees: Clinical Governance Committee, Risk and Safety Committee, Information Governance Committee.</p>
<p>Key concerns</p>	<ul style="list-style-type: none"> • The work to improve the consent process was noted with a particular emphasis on the information that patients can understand and process. Whilst the use of on-line and other electronic tools is vital, there is a need to avoid digital exclusion. • The patient death SI raised the issue of complex surgery at Moorfields, both in terms of the strict processes around this, and the availability of advice and practice elsewhere. There needs to be an on-going focus on the governance of future surgical innovation. • The SI raised a concern about discharge documentation and how this could be improved. • The various innovations in response to the pandemic were welcomed; the success of these needs to be evidenced through feedback and audits. • There is now better support and communication from the South host trusts, compared with those in the North. Collaboration is vital, as is building relationships at a senior level across organisations. • The complex nature of the Moorfields network results in a number of information technology issues and challenges. This results in performance issues which are a constant frustration to clinicians. • There have been several image-related incidents at St George’s since January 2021, including images being lost or corrupted. This has been reported to the ICO, but is now closed. • There are short and medium plans to address a number of the image-related issues that is due to be presented to the Management Executive shortly. • It was noted that the progress with clinical audits during the past year has been a great achievement. With the activity rate set to increase to 120% it is very important that standards do not drop.
<p>Escalations</p>	<p>It was agreed that the following would be escalated to the Board:</p> <ul style="list-style-type: none"> • Information technology and digital imaging • Estates issues at host trusts (particularly in the North) • Issues arising from an SI report and HM Coroner’s report (this includes complex surgery and consent).
<p>Date of next meeting</p>	<p>20 July 2021</p>



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Agenda item 11

Q4 Freedom to speak up report

Board of directors

27 May 2021



Report title	Q4 Freedom to Speak Up report (1 January – 31 March 2021)
Report from	Ian Tombleson, Lead Freedom to Speak Up Guardian
Prepared by	Ian Tombleson, Lead Freedom to Speak Up Guardian with input from the Guardian team
Attachments	None
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

<p>Executive summary</p> <p>This paper provides a Q4 report from the Freedom to Speak Up (FTSU) Guardians covering the period 1 January to 31 March 2021.</p> <p>This report provides assurance to the Board that FTSU Guardians are providing an independent effective service in line with promoting an open and safe culture in which to speak up and this also meets the expectations of National Guardian’s Office requirements. FTSU Guardians are accessible and staff are able to raise concerns. The number of concerns raised and the broad themes are set out in this report.</p> <p>Feedback to the Guardians about their role is always very positive. The role of Guardians will continue to be promoted.</p>							
<p>Quality implications</p> <p>The Trust’s approach to developing and supporting the work of the FTSU Guardians is a key element of providing a supportive and open culture. If staff feel that they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and staff well-being and improve the trust’s ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.</p>							
<p>Financial implications</p> <p>There are no direct financial implications arising from this paper.</p>							
<p>Risk implications</p> <p>Organisations need to have a culture where staff feel able to voice their concerns safely. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact.</p>							
<p>Action Required/Recommendation</p> <p>This paper is provided to the Board for assurance. The Board is asked to:</p> <ul style="list-style-type: none"> • Discuss and note the content of the paper. 							
For assurance	✓	For decision		For discussion	✓	To note	✓

1. Summary

This paper provides the Q4 report from the Freedom to Speak Up (FTSU) Guardians covering the period from 1 January to 31 March 2021.

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

2. Background

All NHS trusts are required to have FTSU Guardians. At Moorfields for the Q4 period four FTSU Guardians have been in place providing wide professional representation and also a good geographical spread across the network:

- Dr Ali Abbas, locum consultant, City Road and Moorfields South
- Carmel Brookes, lead nurse for clinical innovation and safety, City Road
- Aneela Raja, optometrist, Bedford
- Ian Tombleson, director of quality and safety (lead guardian). City Road and Network.

If individuals are not happy to raise concerns via the Guardians, or their concern is about the Guardians themselves, or is at Trust Board level, then these can be raised with Adrian Morris the Board Non-Executive Director independent Guardian.

Moorfields has a FTSU policy which sets out the scope of our arrangements. FTSU has a much broader definition than the previous term 'whistleblowing', which was often only used in the most extreme circumstances and was viewed negatively. FTSU is viewed as a way to provide additional support to staff to resolve concerns. It provides a set of flexible arrangements to get the best outcomes for staff and management and works alongside all other relevant policies. The FTSU policy is being updated in May 2021.

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

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

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

3. Impacts of Covid

The Board will note that the number of concerns raised in this quarter was two, much lower than in recent quarters and lower than would normally be expected.

There are a number of reasons for this as the beginning of 2021 has been one of the most exceptional in living memory. There was a further national lockdown starting on 4 January 2021 which had its biggest impact during quarter 4 and continues to be lifted at the time of writing of this paper. The Board is aware that this had a huge impact nationally and in London on the NHS. As a result, Moorfields redeployed hundreds of staff across London and we also considerably decreased our activity. This also meant that hundreds of staff were working at home during this period and more staff were sick. A further factor commented on in the previous Guardian's report, was that Moorfields has been very focused on staff health and well-being during Q4 both during and post-staff redeployment. This is likely to have a positive impact on the need to speak up in relation to health and well-being

All of these factors combine to give an anomalous period for the organisational and for the freedom to speak up guardians. It should be noted that the Guardians continued to make themselves available during Q4. Carmel Brookes was one of the nursing staff redeployed to Chase Farm and during that period and she continued to be available in her role as a Freedom to Speak up Guardian, although her skills were not required by staff.

Although this report focuses on Q4, the Guardians can report that numbers of concerns have increased again in Q1 2021/22.

4. Initiatives

For the reasons explained above there were no site visits or walkabouts during Q4. However these have been restored in Q1 2021/22 with several having taken place by the date of this report. Advertising these and the walkabout visits themselves have been factors in the increase in freedom to speak up queries in Q1 2021/22 although this has not been the only influence. It should continue to be noted that the response the Guardians receive when doing these walkabouts is one of openness, appreciation and a desire to engage.

At the end of Q4, one of the Guardians, Aneela Raja decided to relinquish her role as a Guardian. After more than two years of service as a Guardian, I am very grateful for her support and diligence and particularly dealing with some challenging issues during the early 2020 lock down period. She has been dedicated and committed to the role. The team have subsequently advertised for more Guardians to join the team in Q1 2021/22. I am pleased to say that there has been a positive response from the organisation and this will be reported in more detail in the Q1 report.

5. Further developments

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

- **Increasing awareness:** The Guardians are working with the workforce team to increase staff awareness about their supportive role alongside the other wide range of support the organisation provides. In Q4 this commenced with the Guardians attending the health and well-being weekly staff drop in briefings. A number of other initiatives have commenced in Q1 2021/22 and these will be reported on in the next Guardian's report. The Guardians continue to work with the communications team to promote their role and accessibility.
- **Implementing a FTSU champions model:** Advice from the National Guardians office about the implementation of FTSU champions has been that this had been difficult and subject to misinterpretation. In some organisations this has not been a helpful model and the broad feedback has been that increasing the number of guardians provided more benefit than introducing champions. The National Guardian's office has now produced a standard role description. Heeding that advice the Guardians are considering piloting champions in one or two areas of the organisation. More will be reported in the Q1 report. However if the response to expanding the number of Guardians is very positive this may off set the need for an extensive champions model. Again this will be reported on in more detail in the next Guardians report.
- **Freedom to speak up staff training:** The Guardians have obtained a suitable training package for staff which is ready for release and are working with the workforce and learning and development teams to implement this. An update will be given in the Q1 report.
- **Staff survey results:** The National Guardian's office are due to report their view of the effectiveness of FTSU Guardians using the results of the 2020 organisational staff surveys. When available this will be reported to the Board.
- **London regional network:** The Guardians continue to be active members of the network which is mainly used to share good practice and learning.

6. Concerns raised 1 January to 31 March 2020/21 (Q4)

Quarter 4 2020/21 concerns/issues

During Q4, two concerns were raised in only one of the five primary categories. With these small numbers it is not relevant to consider trends taking a quarterly view. The annual report will consider broader trends.

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

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

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

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

4 = Staff safety and staff well-being impact.

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

7. Conclusions and learning

Q4 2020/21 was probably the most challenging period ever for the NHS and also for Moorfields. This has had an impact on the number of staff speaking up during this period for the reasons set out in this report. However all the Guardians continued to be active during this period with one of the team part of the redeployment cohort. Moorfields Guardians continue to be available and promoting their role during this challenging time. Further initiatives are due to take place to reach out further to staff to provide opportunities to raise concerns and speak up.

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

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

Ian Tombleson

Lead Freedom to Speak Up Guardian

20 May 2021



Moorfields
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Agenda item 12
Membership Council report
Board of directors 27 May 2021

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

Brief summary of report
Attached is a brief summary of Membership Council meeting that took place on 29 April 2020.

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 – 29 APRIL 2021

Chief executive's report

Particular interest has been expressed by governors as to whether moving to a paperless/paperlite system means additional time for clinicians in undertaking administrative processes. Although there is evidence to support the potential loss in productivity, change needs to be adopted for the long term and will improve patient safety. At the moment there is still an option for clinicians to use paper records.

A clinical support group has been established with a broad representation across all clinical professions in order to use the learning to guide the way we use some of these systems.

Assurance was given that business continuity plans are in place although the digital system risk is acknowledged by the board as one that requires additional focus. Ultimately the aim is to use IHE and link up digital systems across primary, secondary and tertiary care in order to build a digital strategy that maps our journey towards becoming a digital hospital.

Discussion also took place about links to optometric practices and staff vaccination. There were more detailed presentations on diagnostic hubs and patient communication and engagement, of which board members are aware.

Election report

The election results for the March 2021 elections were noted and new governors (and re-elected governors) were welcomed to the membership council. Farewells and thanks were given to outgoing governors.

Oriel engagement update

Governors were updated on the latest progress on Oriel and in particular the design engagement programme. The Oriel Showcase will take place in May/June and this will comprise presentation of the feedback from events to patients and staff, and an interim report.

It is hoped that this part of the process will create a growing sense of ownership for staff and patients over the project. The final outcome report of the co-design stage will go to the design team.

Lots of work has taken place on the creation of a comforting and welcoming environment and striking a balance between making sure patients and visitors have independence but providing support where it is needed.

Discussion also took place about how we are learning from the pandemic and how that informs the design. The team is working closely with operations in looking at different models of working and what this means for Oriel given space constraints. A number of initiatives have been put in place to deal with the pandemic that might be seen as desirable for Oriel, such as staggered start times.

The membership council discussed the last half mile and the fact that Kings Cross is a complex hub. The recommendation from accessibility experts is that there is a single route identified although it is important that patients are empowered and have a series of different options.

Appointment of the chief executive

It is a requirement under the trust constitution for the governors to approve the appointment of the chief executive.

TG advised governors as to the process that had taken place, from informal discussions with 16 candidates through the longlisting and shortlisting process, four stakeholder sessions and final interview panel. She advised governors that the panel had been impressed with the successful candidate's vision, underpinned by his values, and that they found him authentic and engaging with the commitment, rigour, intelligence and resilience needed for the future.

The membership council was satisfied that the process had been thorough and rigorous, and approved the appointment of Martin Kuper to the role.