

# A MEETING OF THE BOARD OF DIRECTORS

To be held on

Thursday 23 April 2020 at **09:30am**

In the **Boardroom, 4<sup>th</sup> Floor, Kemp House and via 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 26 March 2020	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:10	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Learning from deaths	Assurance	Enclosed	NS	00:05	1
9.	Fit and Proper Persons annual report	Assurance	Enclosed	HE	00:10	5
10.	Report from the audit and risk committee	Assurance	Enclosed	NH	00:10	6
11.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
12.	AOB	Note	Verbal	TG	00:05	
13.	<b>Date of the next meeting – Thursday 28 May 2020 09:30am</b>					

\* Strategic Objectives

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

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON  
THURSDAY 26 MARCH 2020**

Attendees:	Tessa Green (TG)	Chairman (via video link)
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director (via video link)
	Andrew Dick (AD)	Non-executive director (via video link)
	Peng Khaw (PK)	Director of research & development (via video link)
	Nick Hardie (NH)	Non-executive director (via phone link)
	David Hills (DH)	Non-executive director (via video link)
	Richard Holmes (RH)	Non-executive director (via video link)
	Tracy Lockett (TL)	Director of nursing and AHPs
	John Quinn (JQ)	Chief operating officer
	Sumita Singha (SS)	Non-executive director (via video link)
	Nick Strouthidis (NS)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Steve Williams (SW)	Vice chair (via video link)
In attendance:	Sandi Drewett (SD)	Director of workforce and OD (via video link)
	Helen Essex (HE)	Company secretary (minutes)
	Jo Moss (JM)	Director of strategy and business development

**20/2417 Apologies for absence**

Apologies were received from Ros Given-Wilson. TG formally welcomed VB and RH to the board.

TG also thanked the executive team on behalf of the non-executives on the work they are doing in such challenging circumstances. It was agreed that the principal role of the NEDs in this situation would be to support the executive team where possible.

**20/2418 Declarations of interest**

There were no declarations of interests.

**20/2419 Minutes of the last meeting**

The minutes of the meeting held on the 27 February 2020 were agreed as an accurate record.

**20/2420 Matters arising and action points**

All actions were completed or attended to via the agenda.

**20/2421 Chief executive's report**

DP updated the board on the current position around elective and emergency activity

and provided assurance that the trust remains compliant with all relevant requirements in relation to civil contingency. The trust will be moving rapidly to operate from seven sites only from Monday although it is likely that it will change again due to staff shortages and a dip in activity. Four theatres will still be open and injection services running. Staff and patients are generally well but the staff sickness rate is around 25% and likely to increase.

A huge amount of work has been done in developing the plan and moving the trust to emergency activity only from Monday. The trust is preparing a skills analysis for clinicians to assess which staff might be redeployed to other hospitals or Nightingale. This is likely to be junior doctors, and consultant staff will therefore be required to backfill A&E rotas.

VB asked if there were any additional steps being taken on information security due to number of people working from home. DP advised that the trust had procured more remote access tokens and reinforced communication about security issues in relation to home working. All nurse and doctor revalidation has been deferred.

SS asked about staff morale and social distancing at work. DP replied that there is a full mental health and wellbeing plan in place to support staff and that adjustments had been made to working environments so that people are able to observe social distancing rules. 'Hot' and 'cold' operational rotas are in place for a number of corporate teams and being worked up for operational teams. DP gave particular thanks to the clinical administration team in the booking centre who are working hard to make sure that patient appointments are being appropriately cancelled and not lost to follow-up.

Although the trust is currently well stocked in relation to masks and hand gel, there is a national shortage of visors so work is ongoing to try and source. Temperature checks have been introduced at front entrances for staff and patients coming in to the building.

A redeployment bureau has been established to centrally co-ordinate the redeployment of staff both to the wider system and the Nightingale Hospital in the ExCel centre.

Thus far there have been no incidents to report that have involved any patient harm and teams are working hard to find innovative ways of working with patients to minimise the risk.

The board assurance framework has been updated to include the Covid risk, which is rated at a 25. As well as the impact on patients and staff, there will be a future impact on NHS and non-NHS activity, finances and Oriel. However it is not possible to quantify the impact at this stage.

TG was keen to make sure the command structure is established so that teams are able to take time out to prevent burnout. DP provided assurance that this was the case and that people were being urged to take leave or work from home or on rotation where possible.

DP also reported that the Oriel OBC was approved and that February was a positive month in terms of finances.

The charity held its annual eye to eye walk and launched its new website along with the Friends of Moorfields.

### **20/2422 Integrated performance report**

JQ presented the IPR which is focused on data and has no commentary this month. The key issues are similar to previous months, e.g. journey times and 14-day cancer target. Overall activity was up in February.

There has been a lot of communication about appraisal and revalidation being pushed back. It was agreed that it would be helpful to identify other areas where targets could be relaxed. JW replied that there is a list of items that trusts will not need to submit for the coming months alongside the move in the deadlines for the closure of year-end accounts.

### **20/2423 Finance report**

As at M11 (end of Feb) there was a £0.25m favourable variance in month with a corresponding strong narrative that the trust was on course to deliver its year end totals. The in-month position benefitted from a review of accruals in relation to satellite sites.

The trust had recently submitted a revised capital forecast of £13.5m prior to the full impact of Covid-19, and it was considered that this would impact further against completion of the capital programme for the year. In relation to Covid-19 reimbursement, the trust submitted a data return on 16 March. It was stressed that the maintenance of having governance process in place was a necessity, and that the trust should keep a tally of spend but should not be concerned about spending money where required. Although the nature of the situation means that trusts have to move at speed, it is still important to think about whether the resource is reasonable and can be justified.

An SOP will go to the management executive and audit committee. All expenditure will be badged against one code which requires CFO or deputy CFO sign off. A process is required so that there can be an assessment following the outbreak.

As part of the reconciliation exercise the centre will consider revenue lost from commercial income streams. The trust is expecting payment on account with regard to revenue costs. There was as yet no specified process on capital although it is clear that trusts should not be pursuing any capital schemes unless previously approved.

There has been additional spend on security on the City Road site due to the need to maintain stricter control at the entrances. A number of other sites are exposed so need additional protection.

The trust will see deterioration in all income lines.

#### **20/2424 Annual Plan 2020/21**

JW advised that there has been a material reduction in the volume of activity across all points of delivery. Private activity had been static for the first two weeks in March, although this activity had subsequently ceased from mid-March. The trust had previously agreed fixed sum contracts with NWL/SEL CCG commissioners as well as NHS England, and is on fixed income for approximately £65m of £175m of its commissioning base. The residual income base was on a cost and volume basis, although in light of recent guidance the trust was seeking to fix the income position with other associate CCGs. The focus was on a rapid close down of 2019/20.

**JW to liaise with DP and come back to the board to suggest a position and mitigation that is judicious for next year and is balanced in a rapid-moving environment.**

For 19/20 the following guidance applies:

- Annual accounts – the unaudited accounts submission had been extended for three days.
- Audited accounts deadline had been extended by one month. It was noted that due to the circumstances that the audit would be undertaken remotely and that verification of stock levels would be problematic.
- Prioritisation of 2019/20 closure and to deal with audit over the next month.
- Implementation of IFRS16 is deferred to 2020/21
- Quality account deadlines are likely to be relaxed.
- It is not yet known what this means for the income position for 2019/20. The Board would be advised in early April of M12 performance.

For 2020/21 operational planning has been suspended. The trust has been given block values that have recently been advised, with the first payment on the 1 April.

#### **20/2426 Identify any risks to go on the risk register**

Covid-19 now included on the board assurance framework.

#### **20/2427 AOB**

It was agreed to schedule a half an hour conference calls between NEDs and DP every two weeks.

**HE to action – 31.03.20**

In relation to the use of technology, the trust will continue to assist people with learning. Education has moved exclusively to online teaching.

Discussion will take place about a review of subcommittees to help support the recovery process. Committee chairs will meet with executive leads to make sure that all statutory and regulatory reporting continues and that key issues continue to be addressed or escalated.

#### **20/2428 Date of next meeting – Thursday 23 April 2020**

## BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	23.07.20	Postponed	Open
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	23.07.20	Postponed	Open
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	23.07.20	Postponed	Open
23.01.20	20/2395	Administration and booking process	Update to be provided in six months	JQ	23.07.20		Open
26.03.20	20/2424	Annual plan 2020/21	JW to suggest a position and mitigation that is judicious for next year	JW	23.04.20		Open
26.03.20	20/2427	AOB	Schedule conference calls between NEDs and DP every two weeks	HE	23.04.20		Closing



### **Glossary of terms – April 2020**

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



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





**Moorfields  
Eye Hospital**  
NHS Foundation Trust



Agenda item 05  
Chief executive's report  
Board of directors 23 April 2020

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

<p><b>Brief summary of report</b></p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> <li>• Covid-19 assurance update</li> <li>• Financial position M12</li> <li>• Oriel</li> </ul>
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<p><b>Action required/recommendation.</b></p> <p>The board is asked to note the chief executive's report.</p>
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<b>For assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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## MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

### PUBLIC BOARD MEETING – 23 APRIL 2020

#### Chief Executive's report

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

The trust continues to follow all guidance from Public Health England (PHE), NHS Executive and Improvement (NHSE/I) and the Department of Health and Social Care (DHSC). We are fulfilling our obligations as a major public body and health provider with regard to **emergency planning and contingency** and still providing high quality emergency and urgent care across 7 sites.

**Advanced infection controls** measures continue to be in place, including triage screening and temperature monitoring at the front door.

The trust continues to work with the **NCL and the London sector** to look at provision for all ophthalmology emergency work and other ways that we can support the wider system.

There are currently no concerns within the trust around provision of **PPE (personal protective equipment)**. The trust is part of the procurement partnership service (PPS) which is managing stock controls for a number of trusts across North Central London (NCL). Divisions receive daily reports on stock which is being controlled from a central point within the organisation.

The trust is exploring a number of different options with regard to **staff testing** but is predominately working as part of the NCL STP to ensure rapid testing when appropriate. We are encouraging front line staff to use the slots available at the NCL hubs within the first three days of developing symptoms.

To support patients during Covid-19 we have implemented the **Attend Anywhere video consultation platform** to enable patients to receive eye care remotely. Our A&E service at City Road has set up an A&E virtual waiting room that patients can access from home via smart phones, laptops or iPads. This reduces the risk to patients, who can have underlying health conditions which makes them vulnerable on the journey to City Road or spending time in the hospital. The platform also supports colleagues who are vulnerable to enable them to continue caring for patients from home.

A total of 30 virtual waiting areas have been set up on Attend Anywhere to support different services, with 10 now in active use including the adnexal service which has launched scheduled, invitation-only video consultation clinics and a rapid access clinic in Croydon. Patients who require review by these services are contacted by phone, email or text message with an appointment time and information about how to join the virtual waiting room.

The trust continues to adhere to **clinical and corporate governance procedures and protocols** at this time of unprecedented challenge. Board and subcommittee meetings are being held virtually and a standard operating procedure is in place for any meetings that are cancelled. Scheduled calls are in place between non-executive directors and the chief executive so that assurance processes remain robust. Board members and governors are kept up to date with briefings on a daily/weekly basis.

The trust is running a gold/silver/bronze (GSB) **incident command structure** that includes executives, clinical and operational managers and other corporate departments in order to make sure that appropriate representation is in place for all key decision-making.

The IT department has issued equipment to allow **remote working** for as many staff as possible, with key users being prioritised in line with divisional and directorate requests. In further support of remote working capacity the team has installed additional servers to support increased demands for remote access.

The department is supporting the rollout of Microsoft Teams, Pando (an alternative to WhatsApp) and is planning to participate in a national pilot of the Facebook Portal Pilot via NCL, which could be used to communicate with our more vulnerable patients and utilised within A&E. We are also looking to extend the use of iPads and Facetime to reduce contact time for on-site symptomatic patients, following on from the pilot running in A&E.

IT Infrastructure and Applications Teams will re-focus effort and resources on **cyber threats** and management of the action plans associated with recent penetration test and NHS Digital IT Health and Cyber Essentials checks, to prepare for any increase in cyber threats.

## **People**

I am pleased to confirm that Moorfields has very actively and positively looked to support NHS London during this current COVID 19 pandemic. Around 200 clinical and non-clinical staff have been trained and many deployed to work at the newly formed Nightingale Hospital; a large number have been redeployed to support their local host sites during the crisis and at executive level I am now supporting the role out of video consultation technology and recovery of NHS clinical services at NHSE/I, Sandi Drewett is the acting Deputy Director or HR at the Nightingale Hospital and Jo Moss is now supporting the expansion and development of the Nightingale hospitals for NHSE/I. I would like to take all staff for their commitment, flexibility and support to the wide health service during this difficult time.

## **Finance**

The trust over-achieved against the **financial plan in March** with a surplus of £1.22m against a planned surplus of £0.57m - £0.65m favourable. The year-end position is a surplus of £1.01m – a favourable variance of £1.01m against the breakeven plan and Control Total for the year. Cash balances stood at £52.4m at the end of March, some £15.2m favourable to plan. Capital expenditure in-year excluding the impact of the COVID-19 response was £12.9m against a projected outturn of £13.5m – an under shoot of £0.6m as attention focused on the COVID response.

## **Strategy**

Regulatory review of the submitted Oriel outline business case is continuing and early indications are that the original timeline for approval (September) remains in place.

The current pandemic has inevitably created new risks to the Oriel programme including uncertainty in the property market and delay in being able to undertake further patient public and staff engagement.

The joint oriel executive board and trust capital scrutiny committee are in agreement that it would be sensible at this point to continue the process of engaging with planners to develop a planning application for the St Pancras site.

The trust will therefore keep a steady but low-cost pace on the project and make sure there is regular review of any options and decisions that might need to be made over the summer.

**David Probert**  
**Chief Executive**  
**April 2020**

<b>Report to Trust Board</b>							
<b>Report Title</b>		<b>Integrated Performance Report - March 2020</b>					
<b>Report from</b>		John Quinn, Chief Operating Officer					
<b>Prepared by</b>		Performance And Information Department					
<b>Previously discussed at</b>		Trust Management Committee					
<b>Attachments</b>							
<b>Brief Summary of Report</b>							
<p>The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.</p>							
<b><u>Executive Summary</u></b>							
<p>As can be seen activity has dropped during the month compared to the previous year. This is due to the cancellation of elective activity due to the COVID-19 pandemic. Prior to this the Trust was on target overall to have delivered its activity plan. Indeed the injections still delivered just above plan.</p> <p>Although there has been a large amount of cancellation in March the Trust delivered the national cancer targets. The RTT position was below the target for March due to elective cancellations however did hit the target for the year.</p> <p>Staff appraisals and IG training were not on target due to staff being redeployed to other activities to support the cancellation of patients and other COVID-19 activities. These will be picked up in the recovery plan.</p> <p>Overall for the month and the year the Trust has more green total on the scorecard than ambers or reds.</p>							
<b>Action Required/Recommendation</b>							
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.							
<b>For Assurance</b>	<b>X</b>	<b>For decision</b>		<b>For discussion</b>		<b>To Note</b>	

## Trust Executive Summary By Scorecard Domain - March 2020

### Service Excellence (Ambitions)

Patient Centred Care				Collaborative Research		
	G	A	R	G	A	R
<b>Total</b>	<b>27</b>	<b>1</b>	<b>8</b>	1	0	0
Cancer	4	0	1			
Access & Outpatients	3	1	2			
Admitted	3	0	4			
Quality & Safety	14	0	1			
Private Patients	3	0	0			

Innovation & Education		
G	A	R
0	0	0

Influence National Policy		
G	A	R
0	0	0

### People (Enablers)

Workforce Metrics			Staff Satisfaction & Advocacy		
G	A	R	G	A	R
0	0	2	0	0	0

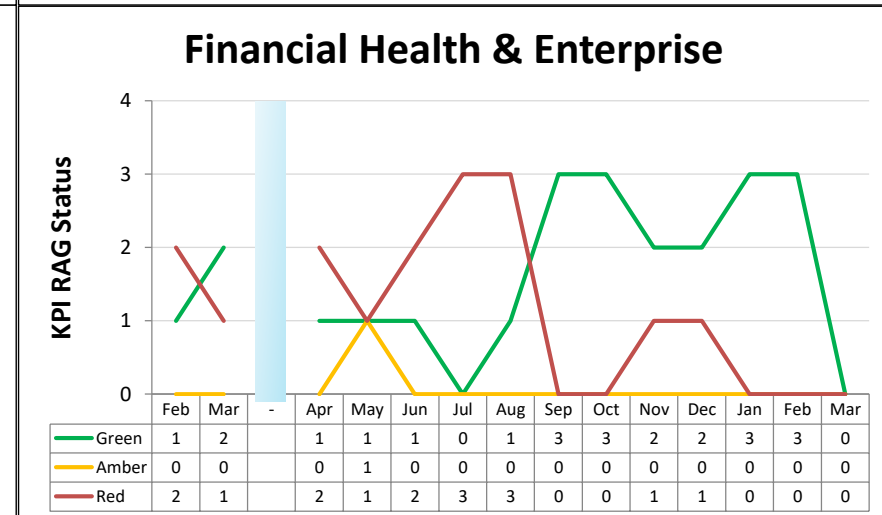
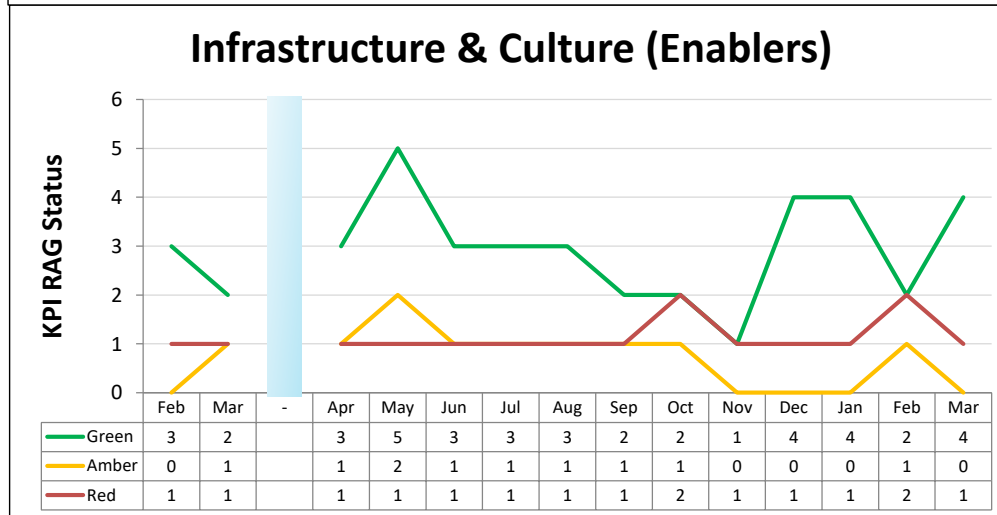
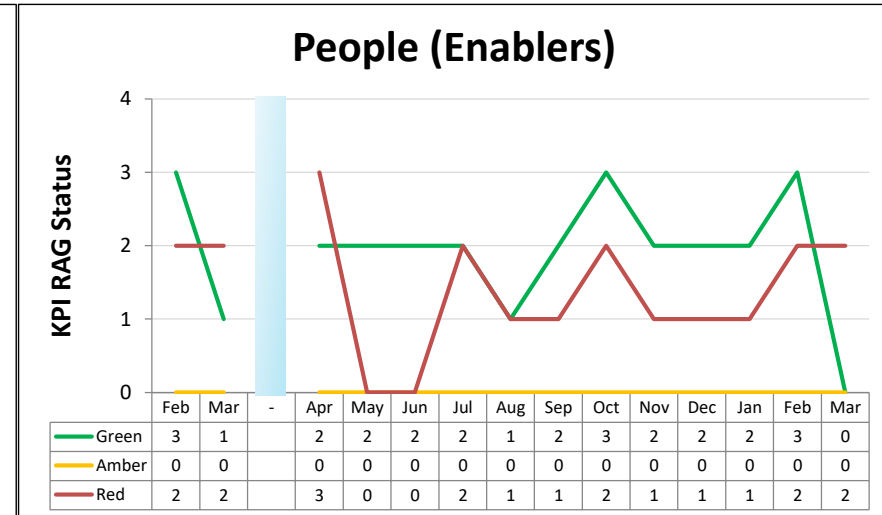
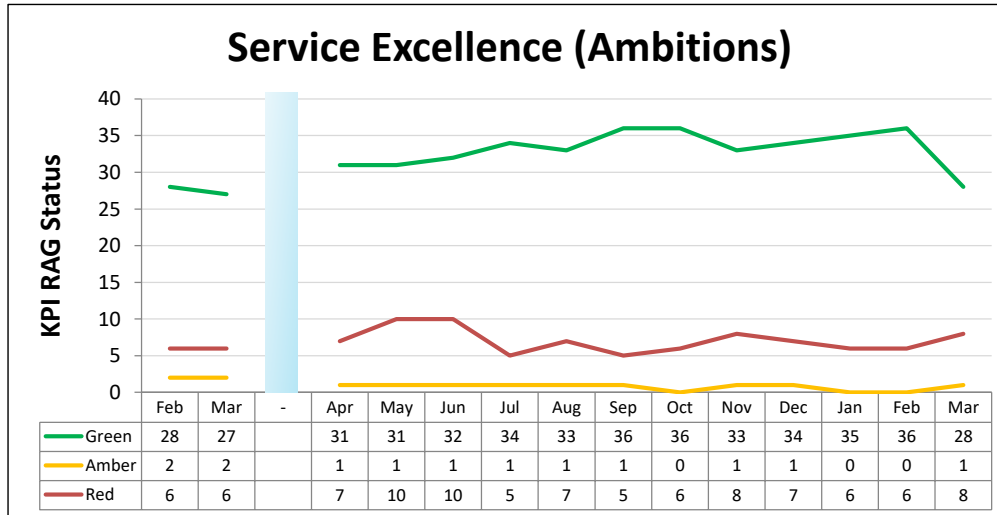
### Infrastructure & Culture (Enablers)

Digital Delivery			Research			Education		
G	A	R	G	A	R	G	A	R
1	0	1	3	0	0	0	0	0

### Financial Health & Enterprise (Enablers)

Overall Plan			Commercial Operations			Cost Improvement Plans		
G	A	R	G	A	R	G	A	R
0	0	0	0	0	0	0	0	0

# Executive Summary - Scorecard Domain Trends



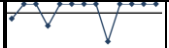
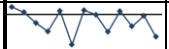


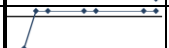
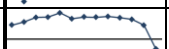






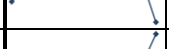




Lines split by financial year due to different number of metrics

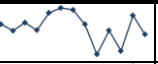
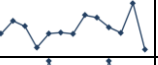
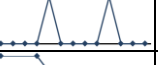
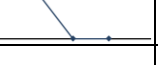


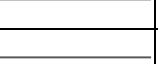
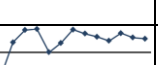
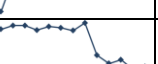
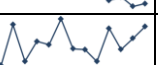
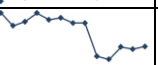
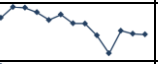
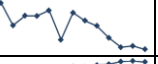
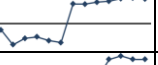
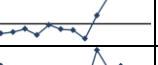


## Context - Overall Activity - March 2020













		March 2020		Monthly Variance	Year To Date		YTD Variance
		2018/19	2019/20		2018/19	2019/20	
<b>Accident &amp; Emergency</b>	A&E Arrivals (All Type 2)	8,727	4,997	- 42.7%	97,217	95,527	- 1.7%
	Number of 4 hour breaches	177	13	- 92.7%	1,517	1,377	- 9.2%
<b>Outpatient Activity</b>	Number of Referrals Received	12,384	7,399	- 40.3%	140,481	139,959	- 0.4%
	Total Attendances	50,396	33,173	- 34.2%	600,045	598,865	- 0.2%
	First Appointment Attendances	11,130	7,283	- 34.6%	136,033	132,592	- 2.5%
	Follow Up (Subsequent) Attendances	39,266	25,890	- 34.1%	464,012	466,273	+ 0.5%
<b>Admission Activity</b>	Total Admissions	3,333	1,939	- 41.8%	38,579	38,035	- 1.4%
	Day Case Elective Admissions	3,081	1,701	- 44.8%	34,813	34,084	- 2.1%
	Inpatient Elective Admissions	108	75	- 30.6%	1,153	1,201	+ 4.2%
	Non-Elective (Emergency) Admissions	144	163	+ 13.2%	2,613	2,750	+ 5.2%

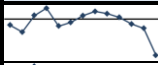
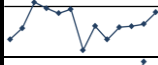
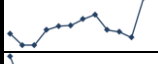
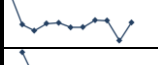

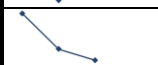
These figures are not subject to any finance or commissioning business logic. They present all activity, whether chargeable or not




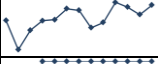
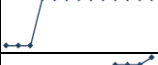
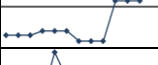

Domain	Service Excellence (Ambitions)					March 2020					
Theme	Metric Description	Target	Current	Year to Date	Reporting Frequency	Dec 19	Jan 20	Feb 20	Mar 20	13 Month Trend	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G	96.4%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	R	90.5%	Monthly	93.9%	89.3%	92.5%	86.2%		↓
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%	G	99.2%	Monthly	100.0%	100.0%	100.0%	100%		→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%	G	100.0%	Monthly	100.0%	100.0%	100.0%	100%		→
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%	G	85.7%	Monthly	n/a	n/a	100.0%	100%		→
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	R	94.1%	Monthly	94.4%	94.2%	93.6%	90.9%		↓
	52 Week RTT Incomplete Breaches	Zero Breaches	G	1	Monthly	0	0	0	0		→
	A&E Four Hour Performance	≥95%	G	98.5%	Monthly	99.3%	98.8%	99.9%	99.7%		↓
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	G	99.9%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Average Call Waiting Time	≤ 3 Mins (180 Sec)		n/a	Monthly	72	71	91	n/a		
Patient Centred Care (Access & Outpatients)	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 95Mins	R	101	Monthly	98	103	99	99		→
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 85Mins	A	94	Monthly	92	93	94	87		↓
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	R	6.8%	Monthly	7.2%	6.7%	6.8%	10.4%		↑
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	R	0.76%	Monthly	0.96%	0.65%	0.77%	1.27%		↑
	Number of non-medical cancelled operations not treated within 28 days	Zero Breaches	R	11	Monthly	5	2	1	n/a		
	Mixed Sex Accommodation Breaches	Zero Breaches	G	0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	R	n/a	Monthly (Rolling 3 Months)	1.02%	2.62%	3.01%	3.53%		↑

Domain	Service Excellence (Ambitions)					March 2020					
Theme	Metric Description	Target	Current	Year to Date	Reporting Frequency	Dec 19	Jan 20	Feb 20	Mar 20	13 Month Trend	vs. Last
	VTE Risk Assessment	≥95%	G	98.4%	Monthly	98.2%	97.0%	99.1%	97.9%		↓
	Posterior Capsular Rupture rates	≤1.95%	G	0.85%	Monthly	0.86%	0.73%	1.41%	0.35%		↓
	Occurrence of any Never events	Zero Events	G	2	Monthly	1	0	0	0		→
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant		n/a	Quarterly	0	n/a	n/a	n/a		
	MRSA Bacteraemias Cases	Zero Cases		0	Monthly	0	0	0	n/a		
	Clostridium Difficile Cases	Zero Cases		0	Monthly	0	0	0	n/a		
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases		n/a	Monthly	n/a	n/a	n/a	n/a		
	MSSA Rate - cases	Zero Cases		n/a	Monthly	n/a	n/a	n/a	n/a		
Patient Centred Care (Quality & Safety)	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G	94.7%	Monthly	94.0%	96.7%	95.2%	94.8%		
	Inpatient Scores from Friends and Family Test - % positive	≥90%	G	98.4%	Monthly	96.2%	96.5%	95.7%	95.9%		↑
	A&E Scores from Friends and Family Test - % positive	≥90%	G	92.6%	Monthly	94.0%	92.3%	93.2%	94.1%		↑
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G	95.0%	Monthly	93.3%	94.3%	94.1%	94.3%		↑
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G	96.3%	Monthly	92.9%	95.8%	95.4%	95.4%		→
	Inpatient Scores from Friends and Family Test - % response rate	≥30%	G	46.3%	Monthly	40.3%	35.3%	36.0%	34.2%		↓
	A&E Scores from Friends and Family Test - % response rate	≥20%	G	22.6%	Monthly	35.2%	37.0%	37.5%	36.7%		↓
	Outpatient Scores from Friends and Family Test - % response rate	≥15%	G	16.7%	Monthly	27.8%	29.4%	27.9%	27.9%		→
	Paediatric Scores from Friends and Family Test - % response rate	≥15%	G	22.8%	Monthly	27.7%	30.3%	27.6%	27.0%		↓

Domain		Service Excellence (Ambitions)				March 2020						
Theme	Metric Description	Target	Current	Year to Date	Reporting Frequency	Dec 19	Jan 20	Feb 20	Mar 20	13 Month Trend	vs. Last	
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases	G	0	Monthly	0	0	0	0		→	
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G	n/a	Monthly	0	0	0	0		→	
	Number of Written Complaints	YTD ≤ 253	R	321	Monthly	26	22	25	21		↓	
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G	99.2%	Monthly (Month in Arrears)	100.0%	100.0%	100.0%	90.7%			
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%		98.1%	Monthly (Month in Arrears)	96.7%	93.6%	100.0%	n/a			
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G	0	Monthly	0	0	0	0		→	
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open	R		Monthly	199	117	102	147		↑	
	Outpatient Scores from feedback questionnaire - % Positive	≥95%	G	96.4%	Monthly	98.2%	98.8%	96.5%	95.2%		↓	
	Inpatient Scores from feedback questionnaire - % Positive	≥95%	G	98.2%	Monthly	100.0%	100.0%	100.0%	100.0%		→	
	Private Patient Complaint Rate - rate per 3,500 attendances	≤ 3.0	G	1.97	Monthly	2.03	1.63	2.62	2.65		↑	
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1800	G	1997	Monthly	118	135	64	29		↓	
	Percentage of Trust Patients Recruited Into Research Projects	≥2%		n/a	Monthly	3.7%	3.7%	3.1%	n/a			

Domain		People (Enablers)				March 2020						
Theme	Metric Description	Target	Current	Year to Date	Reporting Frequency	Dec 19	Jan 20	Feb 20	Mar 20	13 Month Trend	vs. Last	
Workforce Metrics	Appraisal Compliance	≥80%	R	n/a	Monthly	80.3%	79.2%	78.5%	74.2%		↓	
	Information Governance Training Compliance	≥95%	R	n/a	Monthly	93.6%	93.7%	93.8%	94.6%		↑	
	Staff Turnover (Rolling Annual Figure)	≤15%		n/a	Monthly	12.8%	12.5%	14.6%	n/a*			
	Proportion of Temporary Staff	RAG as per Spend		12.4%	Monthly	9.1%	13.2%	n/a	n/a*			
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%		n/a	Quarterly	n/a	n/a	n/a	n/a			
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%		n/a	Quarterly	n/a	n/a	n/a	n/a			

\* at time of publication, financial end of year closure is in progress

Domain		Infrastructure & Culture (Enablers)				March 2020					
Theme	Metric Description	Target	Current	Year to Date	Reporting Frequency	Dec 19	Jan 20	Feb 20	Mar 20	13 Month Trend	vs. Last
	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	R	89.7%	Monthly	89.8%	90.0%	89.7%	89.6%		↓
	Data Quality - Ethnicity recording (A&E)	≥94%	G	99.8%	Not Set	100.0%	99.9%	99.9%	99.9%		→
Research	70 Day To Recruit First Research Patient	≥80%	G	99.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G	61.6%	Monthly	66.7%	66.7%	66.7%	68.8%		↑
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G	132.1%	Monthly	167.5%	182.2%	100.0%	180.3%		↑

Domain		Financial Health & Enterprise (Enablers)				March 2020					
Theme	Metric Description	Target	Current	Year to Date	Reporting Frequency	Dec 19	Jan 20	Feb 20	Mar 20	13 Month Trend	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0		n/a	Monthly	-0.22	0.04	0.27	n/a*		
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit)	1		n/a	Monthly	1	1	1	n/a*		
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0		n/a	Monthly	0.08	n/a	-0.09	n/a*		
Cost Improvement Plans	Cost Improvement Plan Variance	≥0		-7.54	Monthly	-0.32	-0.27	-0.23	n/a*		

\* at time of publication, financial end of year closure is in progress



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 07

Finance report

Board of directors 23 April 2020



<b>Report title</b>	Monthly Finance Performance Report Month 12 – March 2020
<b>Report from</b>	Jonathon Wilson, Chief Financial Officer
<b>Prepared by</b>	Justin Betts, Deputy Chief Financial Officer
<b>Link to strategic objectives</b>	Deliver financial sustainability as a Trust

### Executive summary

The Trust has reported a control total surplus of £0.6m in March, compared to a planned deficit of £0.1m, a favourable variance of £0.7m.

Year to date, the Trust is reporting a £0.4m surplus, compared to an adjusted Control Total deficit of £0.7m, a favourable variance against plan of £1.1m.

The in-month and full year performance is reported below.

<i>Financial Performance</i> <i>£m</i>	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Budget	Actual	Variance
Income	£243.3m	£22.1m	£24.4m	£2.3m	£243.3m	£247.2m	£3.9m
Pay	(£133.0m)	(£11.7m)	(£12.1m)	(£0.4m)	(£133.0m)	(£131.1m)	£1.9m
Non Pay	(£102.0m)	(£9.8m)	(£11.0m)	(£1.2m)	(£102.0m)	(£106.3m)	(£4.3m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.7m)	£0.0m	(£9.0m)	(£9.4m)	(£0.3m)
<b>CONTROL TOTAL</b>	<b>(£0.7m)</b>	<b>(£0.1m)</b>	<b>£0.6m</b>	<b>£0.7m</b>	<b>(£0.7m)</b>	<b>£0.4m</b>	<b>£1.1m</b>

Efficiency scheme performance is reporting delivery of £0.6m in March, compared to a planned £0.8m, an adverse variance of £0.2m. Year to date delivered savings are £5.9m against a planned £7.0m, an adverse variance against plan of £1.1m.

### Quality implications

Patient safety has been considered in the allocation of budgets.

### Financial implications

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

### Risk implications

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

### Action Required/Recommendation

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

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



# Monthly Finance Performance Report For the period ended 31<sup>st</sup> March 2020 (Month 12)

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**Presented by**

Jonathan Wilson; Chief Financial Officer

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**Prepared by**

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

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# Monthly Finance Performance Report

For the period ended 31<sup>st</sup> March 2020 (Month 12)



## Key Messages

### Statement of Comprehensive Income

**Financial Position** For the full financial year, the Trust is reporting a **regulatory surplus of £0.391m** compared to an adjusted deficit of £0.704m, a **favourable variance of £1.094m**.

Please note the above reflects nationally mandated amendments to the Trust's agreed Control Total (which was previously a break-even full year plan), as a result of elements of Covid-19 reimbursement.

**Covid-19 Impact** Month twelve reporting (March 2020) was an exceptional month as a result of Covid-19. Therefore the report will seek to highlight key themes in relation to the full year financial position and the relevant in month movements.

**Income and Expenditure Summary** **Income**  
NHS income was £2.429m favourable in March as a consequence of the Trust working with CCGs to close down contractual positions for 2019/20, alongside the number of fixed outturn or 'block' contracts made earlier in the year. The Trust benefitted from high levels of CQUIN achievement compared to prior expectation, alongside the contractual agreements allowing the cessation of commissioner challenges, and associated revenue benefit of no longer accruing for this potential impact.

Contribution losses in non-NHS commissioned income, commercial trading and research income was reimbursed nationally by NHS England/Improvement as part of measures to support provider Trusts.

#### Expenditure

Actual pay costs in March were not materially reduced in line with activity reductions with high levels of sickness cover and delayed annual leave.

Non-pay in March reported material reductions, primarily linked to high cost drugs, and clinical consumables reductions resulting from activity reductions. Other year end adjustments made up the remainder of expenditure movements.

### Statement of Financial Position

**Cash and Working Capital Position** The cash balance at the 31<sup>st</sup> March is £52.4m, £15.1m above plan due to a reduction in receivables, higher than planned 2018/19 PSF receipts and the capital expenditure underspend.

**Capital** Total capital expenditure reported is £13.8m; £0.3m above the forecast outturn as a consequence of £0.3m of Covid related capital spend.

**Use of Resources** The Use of Resources rating is 1 against the planned rating of 1 (the prior month was at a rating of 2).

**Receivables** Trust receivable debt has reduced by £0.6m to £20.2m from the prior month.

**Payables** Trust creditors have reduced by £6.1m to £10.5m since the start of the year, and a reduction of £1.7m on the prior month. Payment of invoices YTD is at 87% by volume for Non NHS suppliers.

# Trust Financial Performance - Financial Dashboard Summary

## FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month			Year to Date			RAG	M11 v M12 Comparator		
		Plan	Actual	Variance	Budget	Actual	Variance		M11 FOT	M12 Actual	Variance
Income	£243.3m	£22.1m	£24.4m	£2.3m	£243.3m	£247.2m	£3.9m	●	£243.3m	£247.2m	£3.9m
Pay	(£133.0m)	(£11.7m)	(£12.1m)	(£0.4m)	(£133.0m)	(£131.1m)	£1.9m	●	(£130.2m)	(£131.1m)	(£0.9m)
Non Pay	(£102.0m)	(£9.8m)	(£11.0m)	(£1.2m)	(£102.0m)	(£106.3m)	(£4.3m)	●	(£103.6m)	(£106.3m)	(£2.7m)
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.7m)	£0.0m	(£9.0m)	(£9.4m)	(£0.3m)	●	(£9.4m)	(£9.4m)	(£0.0m)
<b>CONTROL TOTAL</b>	<b>(£0.7m)</b>	<b>(£0.1m)</b>	<b>£0.6m</b>	<b>£0.7m</b>	<b>(£0.7m)</b>	<b>£0.4m</b>	<b>£1.1m</b>	●	<b>£0.0m</b>	<b>£0.4m</b>	<b>£0.4m</b>

### Memorandum Items

Research & Development	£0.67m	£0.03m	(£0.16m)	(£0.19m)	£0.67m	(£0.52m)	(£1.19m)	●	(£0.43m)	(£0.52m)	£0.09m
Commercial Trading Units	£4.77m	£0.61m	(£0.16m)	(£0.77m)	£4.77m	£3.76m	(£1.02m)	●	£4.37m	£3.76m	£0.61m
ORIEL Revenue	(£2.50m)	(£0.16m)	(£0.06m)	£0.10m	(£2.50m)	(£2.03m)	£0.47m	●	(£2.03m)	(£2.03m)	£0.00m
Efficiency Schemes	£7.00m	£0.93m	£0.52m	(£0.42m)	£7.00m	£5.91m	(£1.09m)	●	£5.95m	£5.91m	(£0.04m)

## INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan	Year to Date			RAG	M11 v M12 Comparator		
		Budget	Actual	Variance		M11 FOT	M12 Actual	Variance
NHS Clinical Income	£138.1m	£138.1m	£142.4m	£4.2m	●	£139.5m	£142.4m	£2.8m
Pass Through	£38.8m	£38.8m	£38.6m	(£0.2m)	●	£39.3m	£38.6m	(£0.7m)
Other NHS Clinical Income	£9.8m	£9.8m	£9.5m	(£0.3m)	●	£9.7m	£9.5m	(£0.2m)
Commercial Trading Units	£31.7m	£31.7m	£29.9m	(£1.7m)	●	£30.1m	£29.9m	(£0.2m)
Research & Development	£14.2m	£14.2m	£14.0m	(£0.2m)	●	£13.8m	£14.0m	£0.2m
Other	£10.8m	£10.8m	£12.9m	£2.1m	●	£10.8m	£12.9m	£2.1m
<b>TOTAL OPERATING REVENUE</b>	<b>£243.3m</b>	<b>£243.3m</b>	<b>£247.2m</b>	<b>£3.9m</b>	●	<b>£243.2m</b>	<b>£247.2m</b>	<b>£4.0m</b>

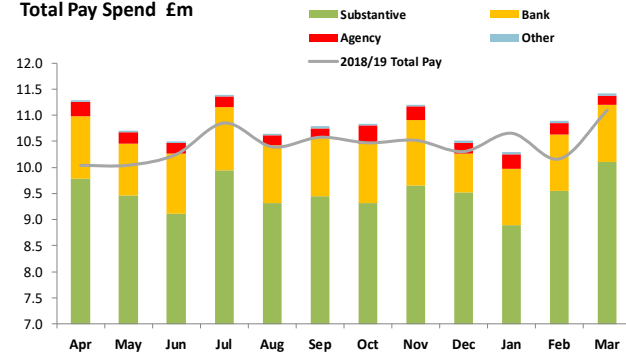
### RAG Ratings

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

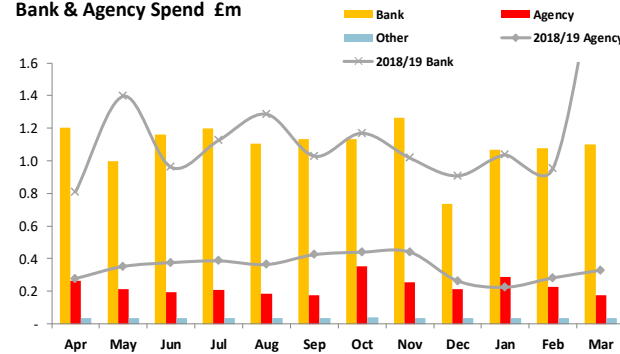
## PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			% Total
		Plan	Actual	Variance	Budget	Actual	Variance	
Employed	(£129.2m)	(£11.3m)	(£10.7m)	£0.59m	(£129.2m)	(£114.3m)	£14.88m	87%
Bank	(£2.9m)	(£0.3m)	(£1.1m)	(£0.84m)	(£2.9m)	(£13.2m)	(£10.32m)	10%
Agency	(£0.5m)	(£0.1m)	(£0.2m)	(£0.10m)	(£0.5m)	(£3.2m)	(£2.65m)	2%
Other	(£0.4m)	(£0.0m)	(£0.0m)	(£0.00m)	(£0.4m)	(£0.4m)	(£0.03m)	0%
<b>TOTAL PAY</b>	<b>(£133.0m)</b>	<b>(£11.7m)</b>	<b>(£12.1m)</b>	<b>(£0.35m)</b>	<b>(£133.0m)</b>	<b>(£131.1m)</b>	<b>£1.88m</b>	

### Total Pay Spend £m



### Bank & Agency Spend £m



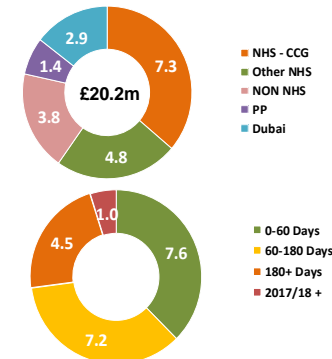
## CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date			RAG	Forecast		
		Budget	Actual	Variance		Budget	Actual	Variance
Trust Funded	(£17.7m)	(£17.7m)	(£13.8m)	(£3.9m)	●	(£13.8m)	(£13.8m)	-
Donated	(£0.4m)	(£0.4m)	-	(£0.4m)	●	-	-	-
<b>TOTAL</b>	<b>£18.1m</b>	<b>£18.1m</b>	<b>£13.8m</b>	<b>(£4.3m)</b>		<b>£13.8m</b>	<b>£13.8m</b>	<b>-</b>

### Key Metrics

	Plan	Actual	RAG
Cash	37.3	52.4	●
Debtor Days	45	31	●
Creditor Days	45	43	●
PP Debtor Days	65	61	●

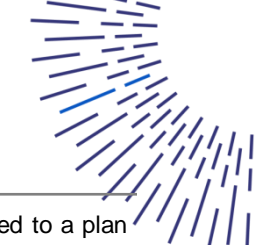
### Net Receivables/Ageing £m



### Use of Resources

	Plan	Actual
Capital service cover rating	2	1
Liquidity rating	1	1
I&E margin rating	2	3
I&E margin: distance from fin. plan	1	1
Agency rating	1	1
<b>OVERALL RATING</b>	<b>1</b>	<b>1</b>

# Trust Income & Expenditure Performance

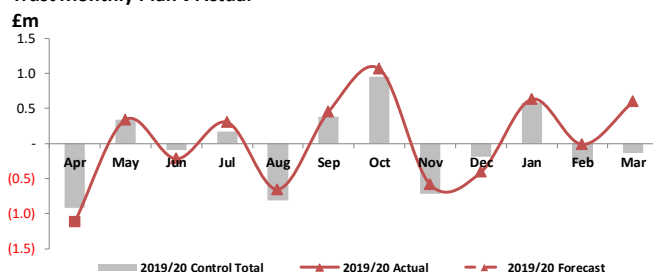


## FINANCIAL PERFORMANCE

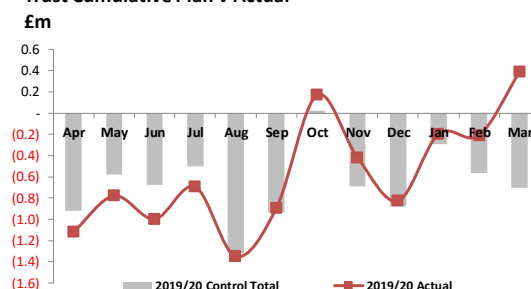
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	M11 FOT	Actual	Variance
<b>Operating Income</b>										
NHS Commissioned Clinical Income	176.90	15.37	17.80	2.43	176.90	180.95	4.05	178.86	180.95	2.09
Other NHS Clinical Income	9.80	0.85	0.55	(0.31)	9.80	9.46	(0.34)	9.73	9.46	(0.27)
Commercial Trading Units	31.66	3.18	2.34	(0.84)	31.66	29.94	(1.72)	30.12	29.94	(0.18)
Research & Development	14.20	1.35	0.68	(0.67)	14.20	13.99	(0.21)	13.75	13.99	0.24
Other Income	10.75	1.38	3.03	1.65	10.75	12.85	2.10	10.79	12.85	2.06
<b>Total Income</b>	<b>243.32</b>	<b>22.13</b>	<b>24.39</b>	<b>2.26</b>	<b>243.32</b>	<b>247.19</b>	<b>3.88</b>	<b>243.25</b>	<b>247.19</b>	<b>3.94</b>
<b>Operating Expenses</b>										
Employee Expenses	(132.97)	(11.70)	(12.06)	(0.35)	(132.97)	(131.09)	1.88	(130.24)	(131.09)	(0.85)
Non Pay Expense	(102.01)	(9.84)	(11.03)	(1.19)	(102.01)	(106.33)	(4.33)	(103.65)	(106.33)	(2.68)
<b>Total</b>	<b>(234.98)</b>	<b>(21.55)</b>	<b>(23.09)</b>	<b>(1.54)</b>	<b>(234.98)</b>	<b>(237.42)</b>	<b>(2.44)</b>	<b>(233.89)</b>	<b>(237.42)</b>	<b>(3.53)</b>
<b>EBITDA</b>	<b>8.34</b>	<b>0.58</b>	<b>1.30</b>	<b>0.72</b>	<b>8.34</b>	<b>9.77</b>	<b>1.43</b>	<b>0.94</b>	<b>9.77</b>	<b>8.83</b>
Financing & Depreciation	(9.58)	(0.76)	(1.42)	(0.66)	(9.58)	(10.56)	(0.98)	(9.87)	(10.56)	(0.69)
<b>SURPLUS / (DEFICIT)</b>	<b>(1.25)</b>	<b>(0.18)</b>	<b>(0.12)</b>	<b>0.06</b>	<b>(1.25)</b>	<b>(0.79)</b>	<b>0.45</b>	<b>(0.51)</b>	<b>(0.79)</b>	<b>(0.29)</b>
Donated assets/impairment adjustments	0.54	0.04	0.72	0.68	0.54	1.19	0.64	0.51	1.19	0.68
<b>CONTROL TOTAL SURPLUS / (DEFICIT)</b>	<b>(0.70)</b>	<b>(0.14)</b>	<b>0.60</b>	<b>0.74</b>	<b>(0.70)</b>	<b>0.39</b>	<b>1.09</b>	<b>0.00</b>	<b>0.39</b>	<b>0.39</b>

## PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual



Trust Cumulative Plan v Actual



## Commentary

**Operating Income** The Trust is reporting income of £24.39m in March, compared to a plan of £22.13m, a favourable variance of £2.26m.

NHS Commissioned clinical income is £2.43m favourable in March as a consequence of the Trust working with CCGs to close down contractual positions for 2019/20, alongside the number of fixed outturn or 'block' contracts made earlier in the year.

Contribution losses in other NHS clinical income, commercial trading and research income was reimbursed nationally by NHS England/Improvement as part of measures to support provider Trusts.

**Employee Expenses** Total pay was £0.35m adverse to plan in March.

As a predominantly fixed cost, pay costs did not reduce materially in March. Additionally, bank and agency were relatively static as activity reductions were mitigated by high levels of sickness.

Run rate vacancy underspends were offset by year end adjustments.

**Non Pay Expenses** Non pay reported an adverse variance of £1.19m in March.

Drugs and Clinical supplies were £1.083m, and £0.310m favourable respectively as a result of reduced activity.

This was offset by adverse movements in legal fees and premises costs associated with reviewing estates dilapidations.

Financing, and depreciation adverse variances relate to the estate revaluation, and are added back within the Donated Assets/Impairment adjustments.

# Trust Patient Clinical Income Performance



## PATIENT CLINICAL INCOME

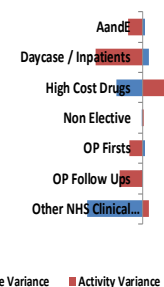
Point of Delivery	Activity YTD			YTD Income £'000			RAG
	Plan	Actual	Variance	Plan	Actual	Variance	
AandE	99,181	95,526	(3,655)	£15,425	£14,944	(£481)	●
Daycase / Inpatients	36,636	34,954	(1,682)	£40,320	£38,733	(£1,587)	●
High Cost Drugs	50,549	54,300	3,751	£38,587	£38,575	(£12)	●
Non Elective	2,692	2,712	20	£5,194	£5,231	£37	●
OP Firsts	127,613	124,492	(3,121)	£21,645	£21,209	(£436)	●
OP Follow Ups	466,712	457,805	(8,907)	£47,554	£46,576	(£979)	●
Other NHS Clinical Income	21,102	22,405	1,303	£4,232	£2,291	(£1,941)	●
<b>Total</b>	<b>804,485</b>	<b>792,194</b>	<b>(12,291)</b>	<b>£172,958</b>	<b>£167,559</b>	<b>(£5,399)</b>	●

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

## PRICE & ACTIVITY VARIANCE

Average price			£000's	
Per Plan	Received	Variance %	Price Variance	Activity Variance
£156	£156	1%	£87	(£568)
£1,101	£1,108	1%	£264	(£1,851)
£763	£710	-7%	(£1,031)	£1,018
£1,930	£1,929	0%	(£2)	£39
£170	£170	0%	£93	(£529)
£102	£102	0%	(£71)	(£908)
£201	£102	-49%	(£2,202)	£261
			<b>(£2,861)</b>	<b>(£2,538)</b>

Price and Activity Variance

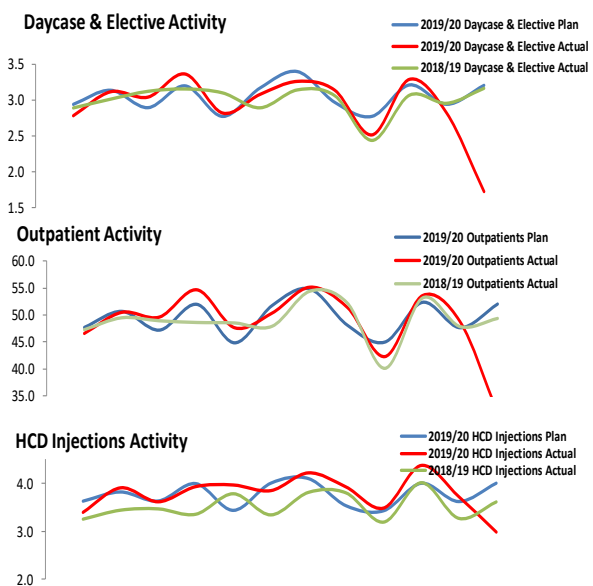


## CONTRACT SLA PERFORMANCE

Divisional Income Performance £m	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
City Road	505,635	492,518	(13,117)	£106,738	£102,973	(£3,764)
North	160,963	160,952	(11)	£37,082	£37,436	£354
South	137,887	138,724	837	£29,138	£29,269	£132

Top CCG's	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS England	49,544	46,828	(2,716)	£12,161	£11,089	(£1,072)
NHS Croydon CCG	58,502	57,162	(1,339)	£12,634	£12,042	(£592)
NHS Ealing CCG	40,357	41,770	1,413	£9,326	£9,941	£615
NHS Wandsworth CCG	32,862	35,226	2,364	£7,142	£7,933	£790
NHS Harrow CCG	32,533	32,576	43	£7,521	£7,562	£41
NHS City and Hackney CCG	36,849	36,078	(770)	£7,584	£7,512	(£72)
NHS Islington CCG	24,831	25,765	935	£5,109	£5,440	£331

## ACTIVITY TREND



## Commentary

**NHS Income** Overall NHS Patient Clinical activity income in March was below plan by £5.4m as a consequence of reduced activity linked to the consequences of Covid-19.

This loss was offset due to block agreements with NHS England, and North West and South East London commissioners being agreed in advance of the pandemic, and further year-end settlements across the remainder of London and the majority of contracted associate CCGs being agreed in April.

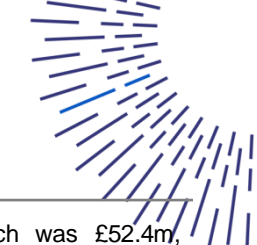
For all the sections below the charts to the left highlight the significant reductions to activity levels in March as a consequence of Covid-19.

**Outpatients** Outpatient income was £2.3m adverse to plan in March, leading to a full year of £1.415m adverse performance against plan.

**Day case and Inpatient** Day case and Inpatient income was £1.575m adverse to plan in March, leading to a full year £1.587m adverse performance against plan.

**High Cost Drugs/ Injections** High cost drugs and injection income was £0.829m adverse to plan in March, leading to a full year £0.012m adverse performance against plan.

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



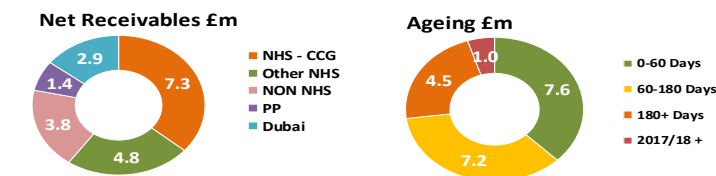
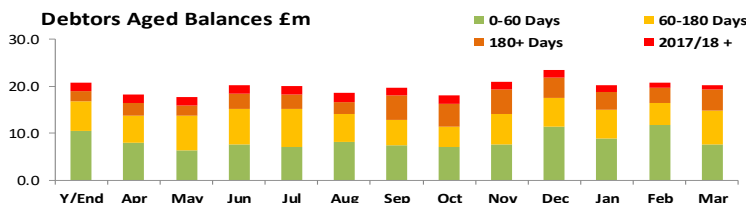
## CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Estates - Trust Funded	4.1	4.3	2.6	(1.7)
Medical Equipment - Trust Funded	3.3	2.4	3.2	0.9
IT - Trust Funded	4.0	4.0	3.0	(1.0)
ORIEL - Trust Funded	6.0	6.0	4.4	(1.7)
Dubai - Trust funded	0.3	0.3	0.6	0.3
Other - Trust funded	-	0.6	-	(0.6)
<b>TOTAL - TRUST FUNDED</b>	<b>17.7</b>	<b>17.7</b>	<b>13.8</b>	<b>(3.9)</b>
IT - Externally Funded	0.4	0.4	-	(0.4)
<b>TOTAL INCLUDING DONATED</b>	<b>18.1</b>	<b>18.1</b>	<b>13.8</b>	<b>(4.3)</b>

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

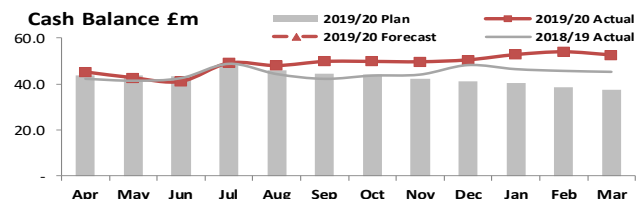
## RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2017/18 +	Total
CCG Debt	2.6	2.2	2.4	0.0	7.3
Other NHS Debt	2.2	1.3	0.9	0.3	4.8
Non NHS Debt	1.2	1.9	0.4	0.3	3.8
Commercial Unit Debt	1.6	1.7	0.7	0.4	4.4
<b>TOTAL RECEIVABLES</b>	<b>7.6</b>	<b>7.2</b>	<b>4.5</b>	<b>1.0</b>	<b>20.2</b>



## STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	102.9	102.9	95.9	(6.9)
Current assets (excl Cash)	19.6	19.6	24.2	4.6
Cash and cash equivalents	37.3	37.3	52.4	15.2
Current liabilities	(39.9)	(39.9)	(44.7)	(4.8)
Non-current liabilities	(36.1)	(36.1)	(38.4)	(2.4)
<b>TOTAL ASSETS EMPLOYED</b>	<b>83.8</b>	<b>83.8</b>	<b>89.5</b>	<b>5.7</b>



## OTHER METRICS

Use of Resources	Weighting	Plan YTD	Score
Capital service cover rating	20%	2	1
Liquidity rating	20%	1	1
I&E margin rating	20%	2	3
I&E margin: distance from financial p	20%	1	1
Agency rating	20%	1	1
<b>OVERALL RATING</b>		<b>1</b>	<b>1</b>

Working Capital Metrics	KPI	Feb 20	Mar 20
BPPC - NHS (YTD) by number	95%	66%	57%
BPPC - NHS (YTD) by value	95%	49%	48%
BPPC - Non-NHS (YTD) by number	95%	87%	87%
BPPC - Non-NHS (YTD) by value	95%	88%	88%
Debtor Days (YTD)	45	31	31
Creditor Days (YTD)	45	43	43
PP Debtor Days (YTD)	65	63	61

## Commentary

**Cash and Working Capital** The cash balance at the 31<sup>st</sup> March was £52.4m, £15.2m above plan primarily due to slippages in capital expenditure, better than plan receivables, and higher than planned 2018/19 PSF receipts earlier in the year.

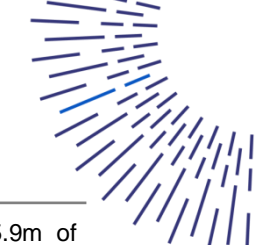
**Capital Expenditure** Total capital expenditure was £13.8m, some £0.3m above the forecast outturn as a consequence of £0.3m of Covid-19 related capital spend.

**Use of Resources** The overall Use of Resources rating is 1, compared to a plan of 1 for March.  
Key points to note are:-  
• I&E margin metric is reporting a 3 for March, as a result of the adjusted deficit control total due to Covid-19.

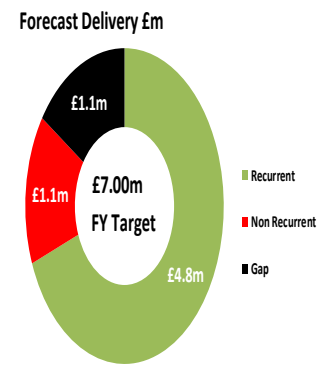
**Receivables** Receivables totalled £20.2m in March, which is a reduction of £0.6m from February.

**Payables** Trust creditors have reduced by £6.1m to £10.5m since the start of the year, and a reduction of £1.7m on the prior month. Payment of invoices YTD is at 87% by volume for Non NHS suppliers.

# Efficiency Schemes Performance



EFFICIENCY SCHEME PERFORMANCE					TRUST WIDE FORECAST						
Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast			
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	
City Road	£3.35m	£0.49m	£0.21m	(£0.28m)	£3.35m	£2.63m	(£0.73m)	£3.35m	£2.63m	(£0.73m)	
North	£1.15m	£0.08m	£0.11m	£0.03m	£1.15m	£1.15m	(£0.00m)	£1.15m	£1.15m	(£0.00m)	
South	£0.85m	£0.10m	£0.13m	£0.03m	£0.85m	£0.83m	(£0.02m)	£0.85m	£0.83m	(£0.02m)	
Access	£0.20m	£0.07m	£0.01m	(£0.06m)	£0.20m	£0.07m	(£0.13m)	£0.20m	£0.07m	(£0.13m)	
Estates & Facilities	£0.62m	£0.11m	£0.03m	(£0.09m)	£0.62m	£0.45m	(£0.17m)	£0.62m	£0.45m	(£0.17m)	
Corporate	£0.82m	£0.08m	£0.04m	(£0.05m)	£0.82m	£0.78m	(£0.04m)	£0.82m	£0.78m	(£0.04m)	
<b>TOTAL EFFICIENCIES</b>	<b>£7.00m</b>	<b>£0.93m</b>	<b>£0.52m</b>	<b>(£0.42m)</b>	<b>£7.00m</b>	<b>£5.91m</b>	<b>(£1.09m)</b>	<b>£7.00m</b>	<b>£5.91m</b>	<b>(£1.09m)</b>	



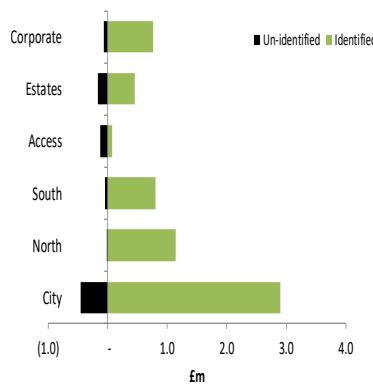
## Commentary

**In Year Delivery** The Trust is reporting full year delivery of £5.9m of savings compared to the plan of £7.0m; a gap of £1.1m. The outturn is £0.05m adverse to forecast outturn of £5.95m.

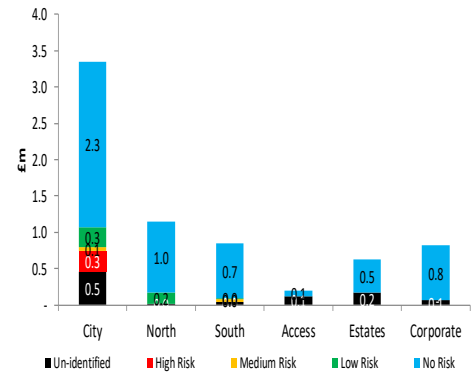
Within the delivered £5.9m of savings, £1.1m relate to non-recurrent schemes.

## DIVISIONAL REPORTING & OTHER METRICS

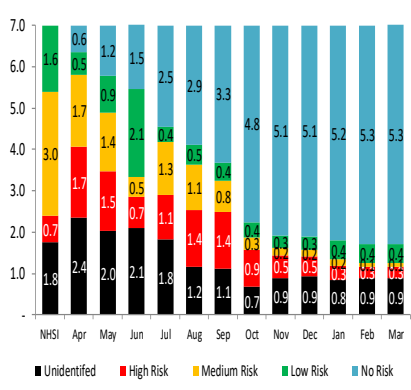
Savings Identified by Division



Savings Identified by Division



Monthly Movement in Risk Profile





**Moorfields  
Eye Hospital**  
NHS Foundation Trust



Agenda item 08  
Learning from deaths  
Board of directors 23 April 2020





<b>Report title</b>	Learning from deaths (Q4)
<b>Report from</b>	Nick Strouthidis, medical director
<b>Prepared by</b>	Julie Nott, head of risk & safety
<b>Link to strategic objectives</b>	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

<b>Executive summary</b>							
<p>This report provides an update regarding how we learn from deaths that occur within Moorfields defined by criteria (see Annex below) as set out in trust policy. It is a requirement for all trusts to have a similar policy.</p> <p>The trust has identified 0 patient deaths in Q4 that fall within the scope of the learning from deaths policy. The Serious Incident (SI) investigation into the death that occurred during Q3 2019/20 remains on-going.</p>							
<b>Quality implications</b>							
<p>The board needs to be assured that the trust is able to learn lessons from serious incidents in order to prevent repeat mistakes and minimise patient harm.</p>							
<b>Financial implications</b>							
<p>Provision of the medical examiner role for Moorfields may have cost implications for the organisation.</p>							
<b>Risk implications</b>							
<p>If the trust fails to learn from deaths there is clinical risk in relation to our ability to provide safe care to patients, reputational risk, financial risk of potential litigation and legal risk to directors.</p>							
<b>Action Required/Recommendation</b>							
<p>The board is asked to receive the report for assurance and information.</p>							
<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓

## Learning from deaths Board paper

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

The Q3 2019/20 data, as at 14 April 2020, is shown in table 1 below.

Indicator	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0	0	0
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	0	0	1	0
% of cases reviewed under the structured judgement review (SJR) methodology/ reviewed by the Serious Incident panel	N/A	N/A	1	0
Deaths considered likely to have been avoidable	N/A	N/A	0*	0

**Table 1**

\*Completion of the investigation and the SJR in respect of this patient is on-going.

### Learning and improvement opportunities identified during Q4

- A review of the way in which requests for imaging are managed by the neuro-ophthalmology service remained on-going during Q4. An extension to the deadline for submission of the SI investigation report, in light of COVID-19, was granted by the Commissioning Support Unit (CSU).

### Medical examiner role (update)

In January 2020 NHS England and NHS Improvement published 'Implementing the medical examiner system: National Medical Examiner's good practice guidelines'. The good practice guidelines set out how the National Medical Examiner expects medical examiner offices to operate during the current non-statutory phase of the programme.

- During 2019/20 trusts were asked to set up medical examiner offices to independently scrutinise deaths that occur at the acute trust or site. In order to satisfy this requirement Moorfields will receive medical examiner support from University College London Hospitals NHS Foundation Trust.
- During 2020/21 medical examiner offices work with local NHS partners and other stakeholders to widen scrutiny to non-coronial deaths within a specified geographical area.

## **Annex 1**

### **Included** within the scope of this Policy:

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

### **Excluded** from the scope of this Policy:

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



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Agenda item 10  
Fit and proper person's report  
Board of directors 23 April 2020

<b>Report title</b>	Fit and proper persons compliance report
<b>Report from</b>	Company secretary on behalf of the director of workforce & OD
<b>Link to strategic objectives</b>	We will attract, retain and develop great people

<p><b>Executive summary</b></p> <p>The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires all trusts to ensure that all executive and non-executive director posts (or anyone performing similar or equivalent functions) are filled by people that meet the requirements of the Fit and Proper Person Regulations (FPPR). The definition of directors includes those in permanent, interim or associate roles, irrespective of their voting rights.</p> <p>The regulations place a duty on trusts to ensure that their directors are compliant with the FPPR and this report provides assurance to the board on this matter.</p> <p>Following the annual declarations of interest review, all Board members have confirmed that they remain fit and proper to undertake their role. Due diligence checks have been undertaken and personal files reviewed by the company secretary and director of workforce &amp; OD.</p> <p>A summary of action taken in the past year, learning from the annual review and further expected guidance is included for reference.</p>							
<p><b>Quality implications</b></p> <p>There is an expectation on senior leaders to set the tone and culture of the organisation, which has a direct impact on the quality of staff and patient experience.</p>							
<p><b>Financial implications</b></p> <p>There are no direct financial implications arising from this paper.</p>							
<p><b>Risk implications</b></p> <p>Application and review of the requirement minimises the opportunity for individuals to act in a manner that may be detrimental to patients, staff or the organisation as a whole whilst in a position of power and influence.</p>							
<p><b>Action required/recommendation.</b></p> <p>The board is asked to receive the report and take assurance from it.</p>							
<b>For assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	

## 1. Background

Under the requirements, the trust must not appoint to a post under the scope of the Regulated Activity Regulations without first satisfying itself that the individual:

- Is of good character
- Has the necessary qualifications, competence, skills and experience
- Has the appropriate level of physical and mental fitness
- Has not been party to any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity
- Is not deemed unfit under the Regulated Activities Regulations provisions
- Can provide the personal information as set out in the regulations which must be available to be supplied to the CQC when required.

These requirements must be held at the point of commencing the role and on an ongoing basis.

The CQC's definition of 'good character' is not the objective test of having no criminal convictions but rather a judgement to be made as to whether a person's character is such that they can be relied upon to do the right thing under all circumstances. The Trust will use its discretion in reaching a decision regarding character.

In the event that an individual ceases to be a fit and proper person, the individual may be summarily dismissed and the Trust will notify the individual and the trust's regulator.

The roles and responsibilities of individuals in relation to these guidelines are as follows:

- **Trust Chair** – to take overall responsibility and accountability for ensuring all those required to confirm that they meet the requirements of the Regulated Activity Regulations do so at appointment and as an ongoing requirement
- **Those within the scope of FPPR** – to hold and maintain suitability for the role they are undertaking, to respond to any requests for evidence of their ongoing suitability, to disclose any issues which may call into question their suitability for the role they are undertaking
- **HR Department** – to undertake all recruitment checks for employees and ensure the results are recorded and evidenced within an individual's file.
- **Company secretary** – to undertake all appointment checks for non-executive directors and ensure the results are recorded and evidenced within an individual's file. To undertake an annual refresh of suitability for all board members.
- **Agency providers** – to ensure the necessary checks have been outlined in this policy and make those checks available as and when required.

### Compliance at the point of recruitment

The trust has in place robust processes with regard to the appointment of directors. These processes include the following:

- Confirming the status of the specific qualifications as outlined within the relevant JD/Person Spec
- Identity checks
- Qualification and registration checks
- Right to work checks
- DBS checks
- References covering at least three years of employment, one of which must be from the most current/recent employer
- Search of insolvency/bankruptcy register and disqualified directors register

- Review of full employment history seeking an explanation of any gaps in employment
- Health questionnaire and occupational health clearance
- A search of the individual through internet search engines to note any information in the public domain which the trust should be made aware of
- A self-declaration from the individual
- An explicit clause within the contract of employment to ensure the individuals accept the requirements of the Regulated Activity Regulations at the point they commence with the trust

### **Assessment of continued compliance**

The trust is responsible for ensuring the continued compliance of those persons to whom the Regulated Activity Regulations apply. This requirement is fulfilled through a number of processes including:

- The completion of an annual self-declaration by all directors
- Annual checks for credit, bankruptcy, disqualification and regulation
- Formal appraisal processes
- Maintenance of the register of declared interests

Continued compliance is the responsibility of the company secretary with the exception of the formal appraisal process which is the responsibility of the line manager.

### **2. Annual review**

The due diligence process has been undertaken in line with previous years as follows:

- Each Director signs a declaration covering the specific aspects of the FPPR on an annual basis;
- New appointees to the Board of Directors have been through this process prior to appointment (this year, new appointees are the director of private care and two new non-executive directors).
- Annual appraisals are in place. The chief executive appraises the executive directors; the senior independent director appraises the chair; the chair appraises the non-executive directors; the relevant director appraises anyone who acts as a director or board member but does not report directly to the chief executive.
- The majority of performance reviews have been completed, with the outcome for the chair and non-executive directors reported and confirmed to the remuneration and nominations committee of the membership council on 11 September 2019 and 28 January 2020, and the membership council on 30 January 2020.
- All director contracts include the necessary FPPR statement.
- Each personal file has been checked by the company secretary and director of workforce and OD.
- Disqualified Directors and insolvency checks are undertaken and evidenced, as well as professional registration checks.

### **3. This year's learning**

The trust has found that there can be complications arising from appointments where individuals are unable to attend the trust in person to provide identity documents (due to the Covid-19 pandemic) and a separate verification process has been put in place to address this.

#### 4. Further guidance

In July 2018, Tom Kark QC was commissioned to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT). The review looked in particular at how effective the FPPT is in preventing unsuitable staff from being redeployed or re-employed in the NHS and follows the Kirkup report into Liverpool Community Health Trust in February 2018.

The Kark Review identified a range of problems with the FPPT and made the following recommendations:

1. All directors should meet specified standards of competence to sit on the board of any health providing organisation
2. A central database should be created, holding relevant information about qualifications and history about each director (including NEDs)
3. Full, honest and accurate mandatory employment references should be required from any relevant employer where an employee is moving from a post covered by Regulation 5 to a post covered by Regulation 5
4. The FPPT should be extended to all commissioners and other appropriate ALBs
5. An organisation should be set up with the power to suspend and disbar directors who are found to have committed serious misconduct
6. Further work is done to examine how the test works in the context of the provision of social care.

The government has accepted recommendations one and two: redefining the criteria used in the FPPT and the creation of a central database for NHS board level directors.

In addition however, during a recent health select committee hearing. NHS Improvement chair, Lady (Dido) Harding gave NHSI's indicative position. She supported the proposal to establish a professional regulator for board-level directors in the NHS, although she did also acknowledge that the current financial regulatory regime imposed by NHSI was incentivising inappropriate behaviour among senior managers.

It was also indicated that even implementing the first two recommendations would stretch beyond the summer of 2019 and there was no suggestion that the other recommendations would be taken forward in the immediate future. It was also stated that while greater regulation may be necessary it was not sufficient to address inappropriate behaviour.





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Agenda item 10  
Report of the audit and risk committee  
Board of directors 23 April 2020

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

**Brief summary of report**  
Attached is a brief summary of the audit and risk committee meeting that took place on 7 April 2020

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

<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	
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## AUDIT AND RISK COMMITTEE SUMMARY REPORT – 7 APRIL 2020

<b>Governance</b>	<ul style="list-style-type: none"><li>• Quorate – Yes</li><li>• Attendance (membership) - 66%</li></ul>
<b>Current activity (as at date of meeting)</b>	<p><b><u>Matters arising</u></b></p> <ul style="list-style-type: none"><li>• An update on job planning was received and noted. It was agreed that the committee needs to keep the pressure on this issue as job plans will change post-Covid.</li></ul> <p><b><u>Internal audit progress report</u></b></p> <ul style="list-style-type: none"><li>• The plan has largely been completed. Three assignment reports have been completed in this quarter relating to Hicom, procurement and divisional risk management</li><li>• The cultural review has been deferred although desktop analysis was completed and staff workshops were scheduled. This will be picked back up at a suitable time.</li></ul> <p><b><u>Internal audit plan</u></b></p> <ul style="list-style-type: none"><li>• Although the plan was presented and agreed in draft on the 14 January there is a need to address whether it is still the right plan to complete over the next 12 months in terms of priorities and focus of work.</li><li>• Alternatives being proposed include a lessons learned exercise following Covid-19.</li><li>• It was suggested that an evaluation of the benefits of having people working from home might be useful although measurements will be a challenge.</li></ul> <p><b><u>Head of internal audit opinion</u></b></p> <ul style="list-style-type: none"><li>• KPMG provided a significant assurance opinion and this will now be transposed into the annual governance statement.</li><li>• KPMG was asked whether there was evidence that the trust had improved over the few years. Although previously internal audit had identified more systems that were inefficient there are some areas that still provide the trust with challenge.</li></ul> <p><b><u>Procurement</u></b></p> <ul style="list-style-type: none"><li>• This audit focused on areas of compliance with NHS procurement regulations as well as some elements of counter fraud and how the trust sits as a high performing procurement function.</li><li>• Overall the opinion is amber/green and the trust is using the procurement function to plan ahead.</li><li>• There are still challenges such as reporting and managing actions being taken and contract management where there is a lack of consistency and standardisation.</li><li>• It was agreed that there is a clear need to look at the whole commercial function within the trust including research, education and anything else that moves into the commercial sphere.</li></ul> <p><b><u>Divisional risk management</u></b></p> <ul style="list-style-type: none"><li>• This audit builds on the work done 12 months ago and specifically on the development of the use of Ulysses.</li><li>• The audit was rated as amber/green with clear central oversight and engagement done to make sure divisions are monitoring and mitigating their own risks.</li><li>• The key area of focus now is getting the system working for the trust and pulling the reports required to undertake oversight management.</li></ul>

	<p><b><u>Hicom</u></b></p> <ul style="list-style-type: none"> <li>• This audit reviewed a number of elements on project implementation.</li> <li>• The audit was rated as amber/green for each of the components (governance, management and risk).</li> <li>• There were gaps in relation to a lack of articulation of risks that are live and ongoing and mitigated.</li> <li>• The most critical factor is how to use the Hicom experience to inform the next move by way of a post implementation review.</li> </ul> <p><b><u>LCFS progress report</u></b></p> <ul style="list-style-type: none"> <li>• The annual report and draft self-review tool sets out the summary of activity for the 19/20 year.</li> <li>• The report details the proactive and reactive work undertaken this year and sets out referrals received throughout the year and sources of those referrals. This information is consistent with what is seen elsewhere.</li> <li>• The committee was keen to make sure awareness is in the spotlight in order to get a degree of assurance that there is a stronger environment or lack of opportunity. It is not safe to assume that the trust is simply preventing more fraud.</li> <li>• It will be important to get awareness out across the network as well as establish how best to measure the effectiveness of the awareness programme.</li> <li>• The annual return was approved.</li> </ul> <p><b><u>Board assurance framework</u></b></p> <ul style="list-style-type: none"> <li>• The majority of work taking place to mitigate risks such as staff engagement and workforce planning is on hold. In relation to finances, all trusts have been moved on block contracts and topped up with central funding.</li> <li>• There are a number of big strategic questions that cannot yet be answered. It was agreed that the BAF needs to address where the trust goes post-Covid.</li> <li>• It was agreed that the cyber security risk should be on the BAF with an emphasis on how the hospital would operate if the system crashed.</li> <li>• Covid recovery and exit has particular importance as consideration needs to be given to offering a differentiated product in a post-Covid world.</li> </ul> <p><b><u>Review of going concern</u></b></p> <ul style="list-style-type: none"> <li>• The paper set out an initial view of the current position and how central funds are being distributed, through block contracts and central top ups and suspension of invoicing for other providers. Additional funding will also be present to cover the covid issue.</li> <li>• The recommendation is that it is appropriate to believe that the going concern statement remains valid.</li> </ul>
<p><b>Key concerns</b></p>	<ul style="list-style-type: none"> <li>• Covid recovery and exit understanding of the block contract and potential future impact</li> <li>• Cyber security</li> <li>• Lessons learned from the Hicom report are too generic and need to be more specific in certain areas</li> </ul>
<p><b>Items for discussion outside of committee</b></p>	<ul style="list-style-type: none"> <li>• Detailed cash flow statement when there is better understanding of central top ups</li> <li>• Risk appetite</li> <li>• PPS to supply a maturity assessment against NHS procurement standards to come</li> </ul>

	back to committees for review <ul style="list-style-type: none"><li>• Job description and person specification for procurement support</li></ul>
Date of next meeting	<ul style="list-style-type: none"><li>• 7 July 2020</li></ul>