

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on
Thursday 28 January 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 26 November 2020	Approve	Enclosed	TG	00:05	
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:20	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Learning from deaths	Assurance	Enclosed	LW	00:20	5
9.	Report from the audit and risk committee	Assurance	Enclosed	NH	00:10	6
10.	Report from the people committee	Approve	Enclosed	SS	00:05	6
11.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
12.	AOB	Note	Verbal	TG	00:05	
13.	Date of the next meeting – Thursday 25 February 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 26 NOVEMBER 2020**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	Non-executive director (via video link)
	Andrew Dick (AD)	Non-executive director (via video link)
	Ros Given-Wilson (RGW)	Non-executive director (via video link)
	Nick Hardie (NH)	Non-executive director (via video link)
	David Hills (DH)	Non-executive director (via video link)
	Sumita Singha (SS)	Non-executive director (via video link)
	Steve Williams (SW)	Non-executive director (via video link)
	Peng Khaw (PK)	Director of research & development (via video link)
	Tracy Lockett (TL)	Director of nursing and AHPs
	John Quinn (JQ)	Chief operating officer
	Nick Strouthidis (NS)	Medical director
Jonathan Wilson (JW)	Chief financial officer	
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Richard Macmillan (RM)	General counsel
	Johanna Moss (JM)	Director of strategy & business development
	Nick Roberts (NR)	Chief information officer
	Ian Tombleson (IT)	Director of quality and safety
Governors:	John Sloper	Public governor, Beds & Herts
	John Russell	Public governor, NEL & Essex
	Ian Wilson	Public governor, NWL
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Richard Collins	Patient governor
	Jane Bush	Public governor, NCL
Paul Murphy	Public governor, NCL	

20/2509 Apologies for absence

Apologies were received from Richard Holmes and Nora Colton.

TG advised that this would be the last board meeting for John Quinn and Nick Strouthidis. DP thanked JQ for his hard work, commitment and contribution to the trust and said that he would be greatly missed and has been a loyal and valuable colleague.

RGW praised NS for his commitment and loyalty to the organisation and the professional style he brought to the medical leadership which allowed better handling of particularly challenging problems and has allowed for sustainability and succession planning. NS has made a significant strategic contribution and the trust is in a much better place now in terms of medical leadership.

TG also thanked NC for her significant contribution to the trust. AD advised that the trust had been looking for a distinct type of leadership. NC has been able to join both organisations together and has left us in an incredibly strong place to move forward. She has achieved a great deal in a very short space of time and will be working within UCL so will continue to link with the trust.

20/2510 Declarations of interest

There were no declarations of interests.

20/2511 Minutes of the last meeting

The minutes of the meeting held on the 22 October 2020 were agreed as an accurate record.

20/2512 Matters arising and action points

DP advised that five staff will TUPE across from Darent Valley to the new provider on 1 December and the service will fully transfer on this date.

NS provided an update on surgical trainees who are still expected to achieve the required targets despite cataract training being paused due to the cessation of elective surgery during the pandemic. The plan to mitigate the risk of any impact on A&E or the on call programme is to remove international cataract fellow posts in order to provide those opportunities for UK trainees but this will take until August. In the short-term the trust will need to find additional targeted training opportunities but a more robust cataract training portfolio should be in place by the summer. Pre and post-operative appointments can be done virtually, which means that there is a more efficient and streamlined way of managing patients and the opportunity to provide high quality training is there.

Detail relating to the health and wellbeing guardian role to be reviewed through the health and wellbeing subgroup.

Bring role description to January board.

There is a plan to get more of a staff voice into the people committee and bring regular feedback to the board via that route.

An additional 250 telephone lines are now in place to try and mitigate the issues previously discussed by the board in relation to patients getting through.

All actions were completed or attended to via the agenda.

20/2513 Chief executive's report

DP advised that the trust remains in the middle of a national health emergency and pandemic but continues to meet all its obligations and maintain elective and outpatient services. There are no issues with the provision of PPE or around infection prevention and control.

The trust is being asked to increase the pace at which the flu vaccination is delivered. Achievement is currently at 70% but a request has been made to achieve 90% by the end of November. This will be challenging as the flu vaccination is not mandated.

All patient-facing NHS staff will be able to access testing kits. The team is distributing kits to all frontline staff so that they can test themselves twice weekly.

The 'Courageous' Covid vaccine will present challenges in terms of storage and can only go to one hub before it is distributed. It is likely that the vaccine will arrive next week for staff but still awaiting national SOPs and safety data before the programme starts. It will be critical to take the key messages from government and make sure they are shared directly with staff. Strong clinical leadership will be required.

DP highlighted the activities taking place throughout black history month and congratulated Adam Mapani and Primrose Magala for their contribution.

In relation to Oriel, the trust is now working with Camden planners to take things forward now the planning submission has been submitted. The board acknowledged that this is a huge milestone and congratulated JM and KM for their continued hard work to move things forward.

JW has taken on the role of SRO for managing the exit from the EU. The biggest risk to the trust is around supplies/procurement and pharmacy although at the moment it is believed to be relatively low.

20/2514 Integrated performance report

Structures are back in place to manage targets with the goal to achieve the targets set out in the phase three letter. For elective the forecast was 91% with 88% delivered. For outpatient the forecast was 69% with 72% delivered. A low forecast was submitted due to social distancing requirements.

RTT is on an improvement trajectory with the aim of getting as close to the national target as possible.

Average call times are deteriorating although telephone lines are now in place and a programme of work is being implemented on communication with patients.

A&E is undertaking telephone triage in order to get patients to the right place and have been advising general/acute A&Es as to how to implement the process. The trust is discouraging face to face patients in A&E; it is critical to get the right patients in and for those that need help to get to the right service.

**Agreed to invite
them to present in
the new year.**

For RTT the two biggest concerns were MR and glaucoma due to the scale of the backlog and the fact that they are chronic conditions. There has been senior clinical overview of patients with those at the lower or moderate risk end of the spectrum being re-triaged. Paediatric service lists are also being regularly reviewed.

Referrals being received are still well down from where they were last year. The route in for patients is via GP and optometrists, most of which are functioning at diminished levels. A&E activity is back to normal.

20/2515 Finance report

The overall position for M7 is over performance against target leading to a £0.28m positive variance. The plan was for underperformance against the block contract in M7 and M8 and over performance later in the financial year which would bring things back in line. Underperformance was at £5m last month, and is just under £3m this month. Outpatient appointments are showing a 2000 increase and follow-ups a 5000 increase. Achievement has been 75% against the previous month (63%). Commercial areas had a positive month as did R&D.

Pay remains relatively static. There has been an increase in bank and agency largely related to network sites and activity drives. Drug spend is high due to two specific high cost injections. In relation to other non-pay there has been increased cost relating to patient transport and the Croydon contract.

Cash is static but will decrease by the end of the year. Debt is up by £3.6m but is current and related to Bedford.

Capital is £900k under spent in month and £1m under spent YTD. Teams are looking at areas of underspend and how to ameliorate the position.

The PDC payment may reduce over time, usually the first half is paid in September but providers have not heard anything formally as to the current position. The closing cash balance may be significantly in excess of plan but it is sensible to be prudent. Although costs are included for high cost drugs the income has not been matched as there is no confirmation as to whether the costs will be forthcoming. This is a potential risk.

20/2516 Freedom to speak up annual report

IT advised that the trust has a network model of FTSU guardians which works well. October was FTSU month and there is an ongoing programme of visits to City Road and network sites.

In comparison of Y1 and Y2 data staff have raised issues about their health and wellbeing although Covid has had a particular impact on the data this year.

There is generally a good spread of professional groups using the services although this is dominated by nursing staff and HCAs. A specific session was held with BAME staff to discuss their concerns about Covid risks.

Although the trust remains above the national average there has been a drop in scores this year and this relates to staff feeling empowered to raise patient safety issues, and therefore their confidence in the service.

SW advised that he had no concerns about independence and praised the commitment and time the guardians spend on supporting staff. He queried as to whether the scope could be expanded to include corporate departments and administration to encourage the reporting of fraud, etc. It was noted that there already examples of inclusion of those areas within the scope but it is important to maintain the independence of guardians and make sure that staff trust the process.

SS asked how the trust makes sure it is listening to everyone and why there appear to be so many BAME staff making complaints. DP said he wanted to make sure the trust was being supportive of its BAME staff due to all the media and communication about the increased risks. The event was advertised in order to bring people in, however the service is available for all staff and across all networks. It was not considered that there is any overlap between the FTSU service from host sites.

20/2517 Board assurance framework

A slight reduction has been made in the Covid risk as services have come out of the most acute phase.

The Oriel risk may reduce once the OBC has been approved although there are still a number of elements that present a relatively high level of risk.

The financial risk will not be reduced until the planning guidance has been received and reviewed in terms of its impact for the trust.

It was agreed that the risks on the BAF reflect the key areas of the external and internal agenda.

20/2518 Committee terms of reference

The key changes relate to the strategy and commercial committee and inclusion of the network strategy agenda and monitoring of the education strategy. The audit and risk committee terms of reference need to be amended to include IT systems and cyber security.

All terms of reference were approved subject to the additional amendments to ARC.

Amendments to be finalised.

20/2519 Cycle of business and schedule of dates

The cycle of business for 2021 was approved although it was acknowledged that there will be some changes to the people committee structure going forward.

20/2520 Membership council report

TG reported that the membership council had received a very moving presentation from Alex Ionides, one of the trust consultants who was redeployed to the Nightingale during the first lockdown.

The membership council discussed patient communication needs and the plans around the provider alliance, received a detailed Oriel update and heard feedback from various events governors have been involved in, such as the AGM and EDHR steering group.

20/2521 Identify any risk items arising from the agenda

There were no additional risks to raise.

20/2522 AOB

None.

20/2523 Date of the next meeting – Thursday 28 January 2021

DRAFT

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	25.02.21		Deferred
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	TBA		Deferred
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	25.02.21		Deferred
23.01.20	20/2395	Administration and booking process	Update to be provided in six months	JQ	25.02.21	Updates provided through recovery	Closing
28.05.20	20/2448	Finance report	Advise on suitable timeline for CIP review	JW	26.11.20	JW to update on current position	Closing
22.10.20	20/2498	Staff stories	JM/SD to work together on a mechanism to develop a staff learning and sharing forum.	JM/SD	25.02.21		Open
22.10.20	20/2500	People plan overview	Update to be provided on a board health and wellbeing guardian role description.	SD	28.01.21	Role description to come to January board	Open
22.10.20	20/2502	Guardian of safe working	Keep the board updated as to progress in relation to surgical training opportunities for junior doctors.	NS	25.02.21		Closing
26.11.20	20/2513	Chief Executive's Report	Invite Adam Mapani and Primrose Magala to a meeting in the new year	HE	25.02.21		Open
26.11.20	20/2518	Terms of reference	Amendments to be finalised	HE	28.01.21		Closing



Glossary of terms – January 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
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
CPIS	Child protection information sharing
CQC	Care quality commission
CQRG	Commissioner quality review group
CQUIN	Commissioning for quality innovation
CR	City Road
CSSD	Central sterile services department
CTP	Costing and transformation programme
DHCC	Dubai Healthcare City
DMBC	Decision-making business case
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EMR	Electronic medical record
ENP	Emergency nurse practitioner
EU	European union
FBC	Full business case
FFT	Friends and family test
FRF	Financial recovery funding
FT	Foundation trust
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
IFRS	International financial reporting standards
IOL	Intra ocular lens



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



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 05
Chief executive's report
Board of directors 28 January 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

In line with both national and London guidance, and in response to the second wave of COVID-19 across London and the South East, the trust took the decision on the 4th January to suspend all non-urgent operational service delivery (known as Priority 3 and 4 cases). This suspension was based on the need to re-prioritise support to London more broadly with the provision of ophthalmic emergency care – especially where other organisations are focused on delivering urgent general COVID-19 care – as well as allowing the organisation to redeploy clinical and non-clinical staff across London hospitals to provide much needed urgent support to the healthcare system. As a result of the decision Moorfields is now only providing emergency and urgent diagnostic services across a reduced number of sites. This decision is being reviewed carefully on a weekly basis with the aim of restarting a full elective programme as soon as our staff are no longer required to support the broader health system, and as soon as London providers are able to support their own challenges with regard to urgent ophthalmic demand.

As board members are aware we completed the transfer of our **Moorfields private clinic** from its premises in Upper Wimpole Street (where the lease was coming to an end) to an existing ophthalmology private clinic in New Cavendish Street – known as the Claremont Clinic – from which a number of our own clinicians currently practice privately. I am delighted to say that this transfer of services and acquisition of the existing business has gone well and we are now working with the incumbent management team to ensure that we can appropriately and carefully expand the footprint of our private business within central London.

Redeployment

The trust has redeployed over 150 staff to the wider system with a particular focus on supporting NCL acute care and the intensive care units. We have used the learning from the first wave of redeployment to ensure that staff are supported and that their health and wellbeing whilst redeployed is prioritised. Redeployment is reviewed on a weekly basis to ensure that staff are repatriated back to Moorfields as soon as possible and supported to recover and reset for recovery.

Staff Covid Vaccination Programme

Between the 4th and 15th of January 2021, the Trust completed its initial vaccination programme for staff. All Trust staff were offered the first dose of the vaccination, this included subcontractors who work on site (such as cleaning and catering staff) and our volunteers.

In total we vaccinated 1,972 staff, this also included frontline staff who work within North Central London. A further programme will commence on Monday 25th January for one week to offer a further opportunity for staff to receive their first dose. The Trust will commence the roll out of the programme of the second follow up dose in early March.

Diagnostic hubs

Moorfields at Hoxton opens on the 1st February 2021. Hoxton is a diagnostic hub providing elective ophthalmic diagnostics for Glaucoma and Medical Retina patients in a community setting. Patients are stratified onto specified diagnostic pathways and the new site provides high volume technician-led clinics for digital data collection with an asynchronous clinical review. Diagnostic data will be reviewed by a team of ophthalmologists, graders and optometrists. Patients will be informed of the results, for most this will be via letter, some may require a telephone or video consultation and only those that require clinical intervention will be required to attend a face to face appointment. The site is equipped with all new devices which are networked and connected directly to City Road

servers. A new Trust wide technical recruitment, education and training programme has been developed to ensure we have the highest quality technicians providing standardised diagnostics.

Over 700 patients per week will be seen in Hoxton which will have a significant impact on our recovery as well as providing 'proof of concept' evidence for further network-wide transformational change. A dedicated failsafe officer and clinical oversight with escalation processes have been put in place. Specific patient leaflets have been developed for Hoxton, and patient experience will be closely monitored along with clinical audit, patient flow and productivity over the coming months.

People and awards

I attach for the board a summary of the very latest **GMC trainee survey**. As the board can see the results are very positive with the trainees reporting above average experience in many areas and significantly so in some. My thanks to all the leadership team for their support of our doctors in training especially during a particularly difficult year with the impact of COVID 19 which will not be reflected in this survey.

Financial position

The trust is reporting a surplus of £2.41m against a planned deficit of £0.28m, a favourable variance of £2.69m for the month of December. The favourable performance was aided by positive performance from Commercial areas and Research, together with expenditure underspends. The reduction in actual patient activity under plan remained relatively constant at 26% in December, compared to the 23% in the previous month. Cash balances stood at £82.6m at the end of December, a decrease of £1.7m on the previous month, which was £1.0m favourable to plan. Working capital liquidity equates to 124 days (previous month: 127 days) of expenditure. Capital expenditure in December was £0.5m, taking overall expenditure to £6.2m, £1.8m under plan.

Exiting the European Union

The trust continues to follow national advice concerning the exit from the European Union. Contingency work streams developed at a national level around the provision of medical devices and drugs remain in place and it is to be noted that no issues around lead-in times for the provision of goods have been reported within the trust.

David Probert
Chief Executive
January 2021

GMC survey results 2020

- Survey performed March 2020
 - May not capture subsequent anxiety from trainees about surgical opportunities during the recovery
- The trust was above average in every indicator and significantly so (a positive outlier - green) in many.
- Several of these positive outlier related to patient safety indicators such as reporting safety concerns and clinical supervision
- There were also two positive outlier responses regarding the trust response to the COVID pandemic.

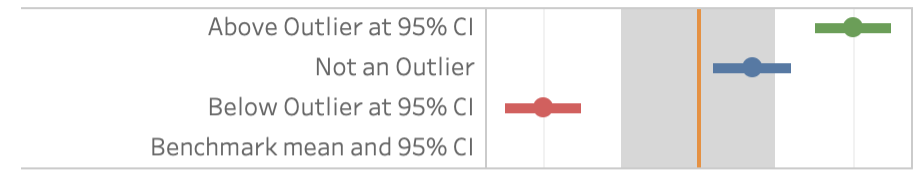
Theme

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Display Option

Question Score Graph ▼

Benchmark (BM): Selected Post Specialty Trainees



Select Question

(All) ▼

Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**

Not all questions are scored and will not appear in the Question Score Views

Theme	Question Text	Selection	Specialty (if ap..	Question Score
Bullying and undermining and Patient safety	Concerns relating to patient safety were taken seriously by my organisation.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	85
	I was made aware of how to report patient safety incidents and near misses.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	85
	There were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	85
Clinical supervision	Did you always know who was providing your clinical supervision when you were working?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	95
	How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	88

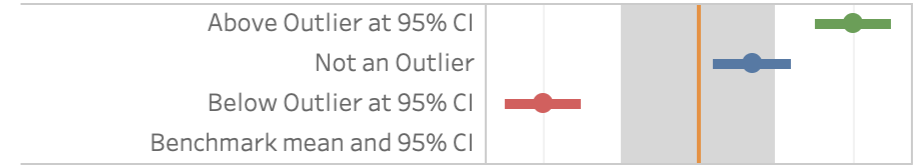
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Benchmark (BM): Selected Post Specialty Trainees



Select Question

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Theme	Question Text	Selection	Specialty (if ap..	Question Score
Clinical supervision - Out of Hours	How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience OUT OF HOURS?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~93, 95% CI: [90, 96]
	Please rate the quality of clinical supervision, OUT OF HOURS.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~80, 95% CI: [70, 92]
Communication and teamwork	Did someone explain your role and responsibilities in the unit / department / practice when you started the role you were working in for this period?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~85, 95% CI: [73, 95]
	I felt I was a valued member of the team I worked in.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~78, 95% CI: [66, 88]
	Information relating to the pandemic (written and/or verbal) was communicated effectively to me by senior colleagues	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~80, 95% CI: [72, 88]

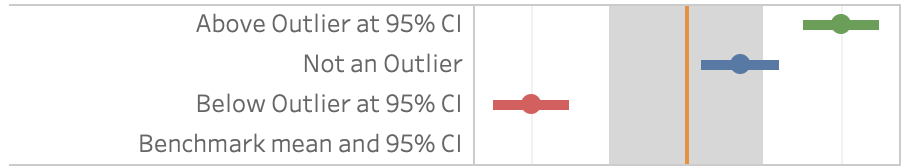
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Question Score Graph

Benchmark (BM): Selected Post Specialty Trainees

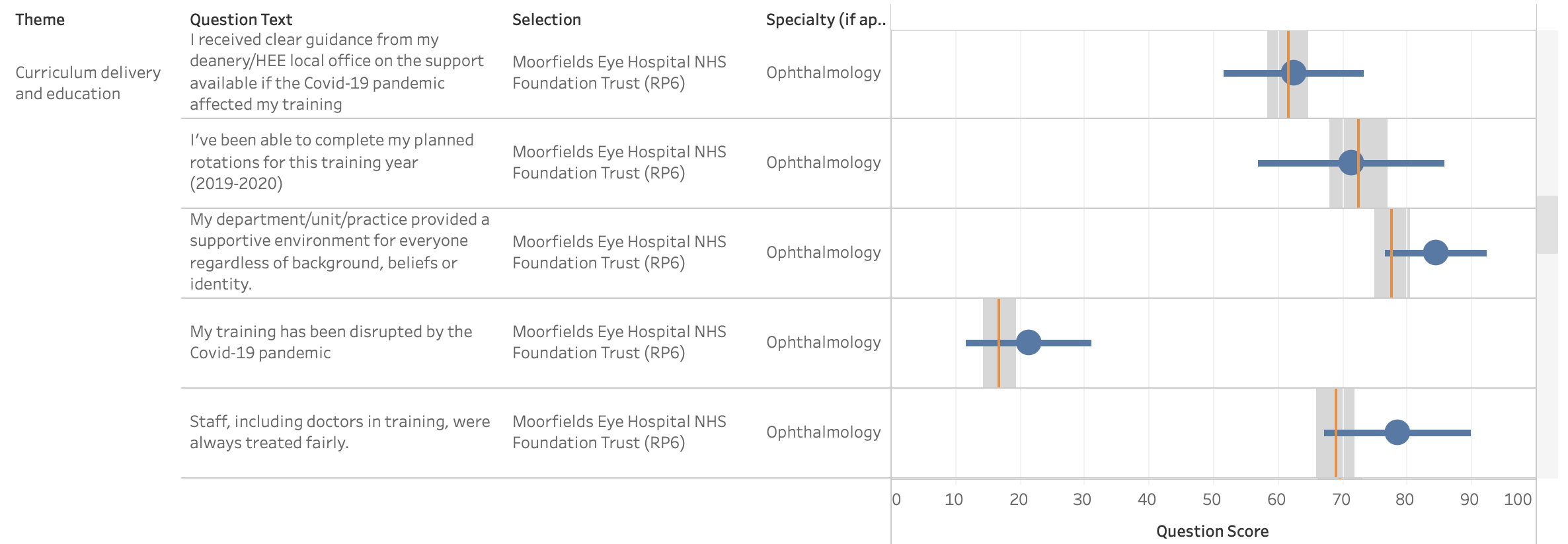


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Not all questions are scored and will not appear in the Question Score Views



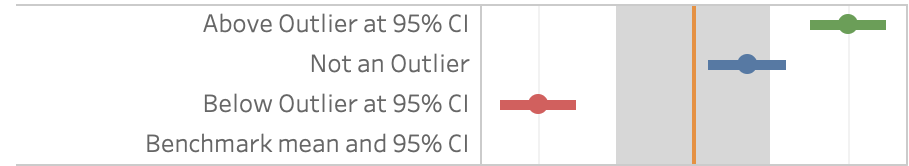
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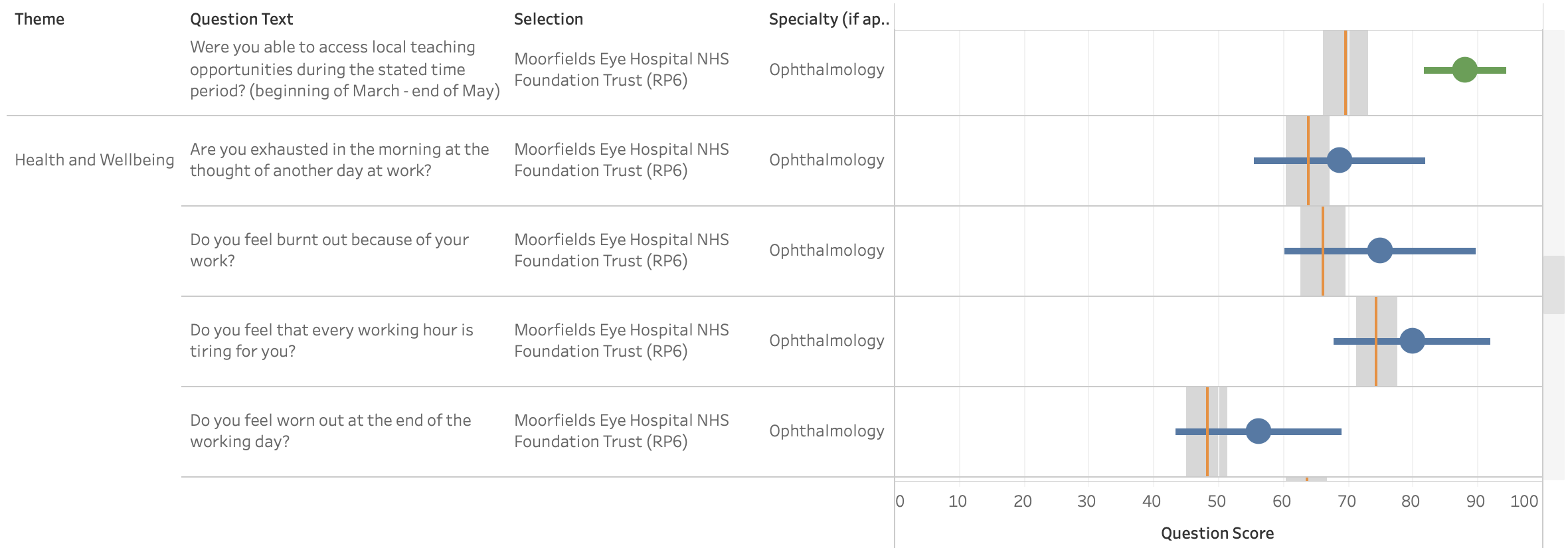
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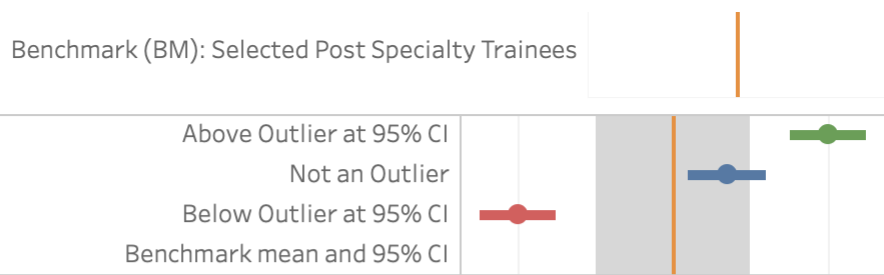
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Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**
 Not all questions are scored and will not appear in the Question Score Views



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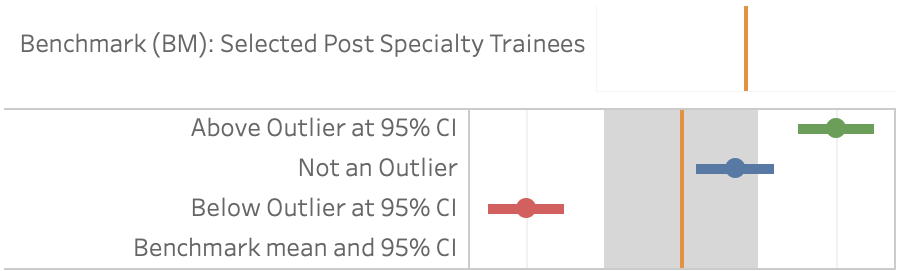
Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**
 Not all questions are scored and will not appear in the Question Score Views

Theme	Question Text	Selection	Specialty (if ap..
	Do you have enough energy for family and friends during leisure time?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Does your work frustrate you?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	I had easy access to a catering facility providing suitable food.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	If I had any concerns about occupational health and wellbeing there was somebody available for me to talk to in confidence.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Is your work emotionally exhausting?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology

Question Score

Theme (All) ▼

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Select Question (All) ▼

Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**
 Not all questions are scored and will not appear in the Question Score Views

Theme	Question Text	Selection	Specialty (if ap..	Score
	Please rate the support for your personal safety you received from your organisation	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	~78
	Please rate the support for your wellbeing you received from your organisation	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	~80
	Rest facilities were available to me free of charge when I needed them.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	~95
Speaking up and voice	Concerns relating to my personal safety, or that of colleagues, were taken seriously by my employer.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	~78
	Did you have any concerns about your personal safety, or that of your colleagues, during the Covid-19 pandemic?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	~80

Question Score

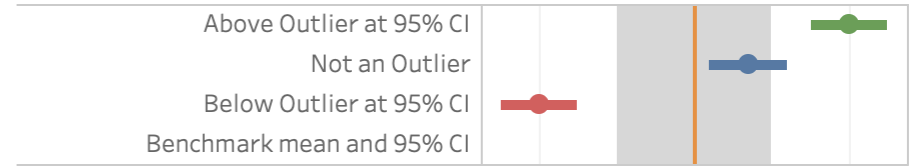
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Question Score Graph ▼

Benchmark (BM): Selected Post Specialty Trainees

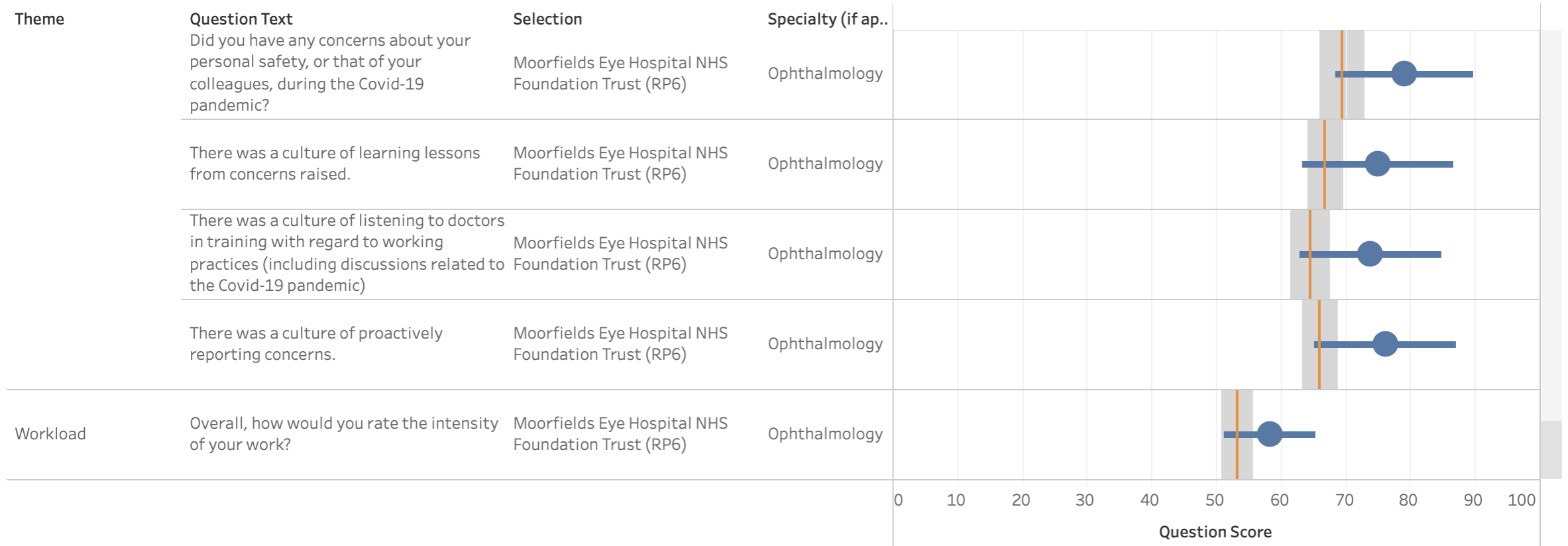


Select Question

(All) ▼

Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**

Not all questions are scored and will not appear in the Question Score Views



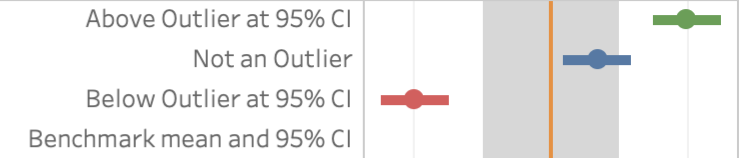
Theme

(All)

Display Option

Question Score Graph

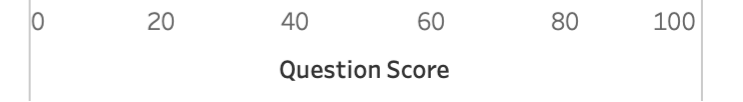
Benchmark (BM): All Trainers



Question

(All)

Theme	Question	Selection	Specialty (if applicab..	
Communication and leadership	I felt valued by my trust/board (or equivalent).	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	
	Information relating to the pandemic (written and/or verbal) was communicated effectively to me by senior leaders in my trust/board (or equivalent)	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	
	My trust/board (or equivalent) encouraged a culture of teamwork between all healthcare professionals	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	
	My trust/board (or equivalent) provided a supportive environment for everyone regardless of background, beliefs or identity	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	
	Staff were always treated fairly in my trust/board	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	



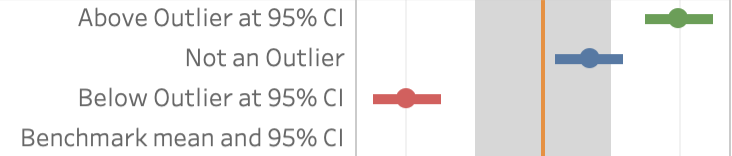
Theme

(All) ▼

Display Option

Question Score Graph ▼

Benchmark (BM): All Trainers



Question

(All) ▼

Theme	Question	Selection	Specialty (if applicab..)	Question Score
	In my trust/board (or equivalent) there were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	Score: ~85 (Green dot, Above Outlier at 95% CI)
	Within my trust/board (or equivalent) where I worked there was a culture of proactively reporting concerns	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	Score: ~85 (Green dot, Above Outlier at 95% CI)
Training and support for training	I received clear guidance from my deanery/HEE local office on the support available to me if the COVID-19 pandemic affected my role as a trainer.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	Score: ~55 (Blue dot, Not an Outlier)
	My role as a trainer was disrupted by the COVID-19 pandemic (please take this to mean a negative disruption).	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	Score: ~30 (Blue dot, Not an Outlier)
	Please rate the support you received from your trust/board (or equivalent) in your role as a trainer.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	All	Score: ~75 (Green dot, Above Outlier at 95% CI)

GMC survey results 2020

- Survey performed March 2020
 - May not capture subsequent anxiety from trainees about surgical opportunities during the recovery
- The trust was above average in every indicator and significantly so (a positive outlier - green) in many.
- Several of these positive outlier related to patient safety indicators such as reporting safety concerns and clinical supervision
- There were also two positive outlier responses regarding the trust response to the COVID pandemic.

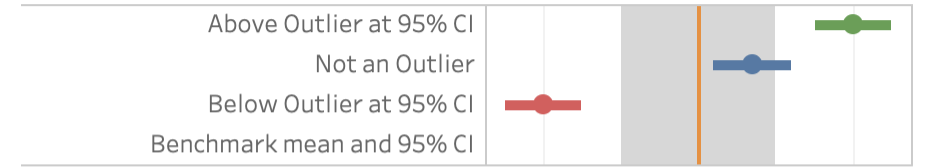
Theme

(All) ▼

Display Option

Question Score Graph ▼

Benchmark (BM): Selected Post Specialty Trainees

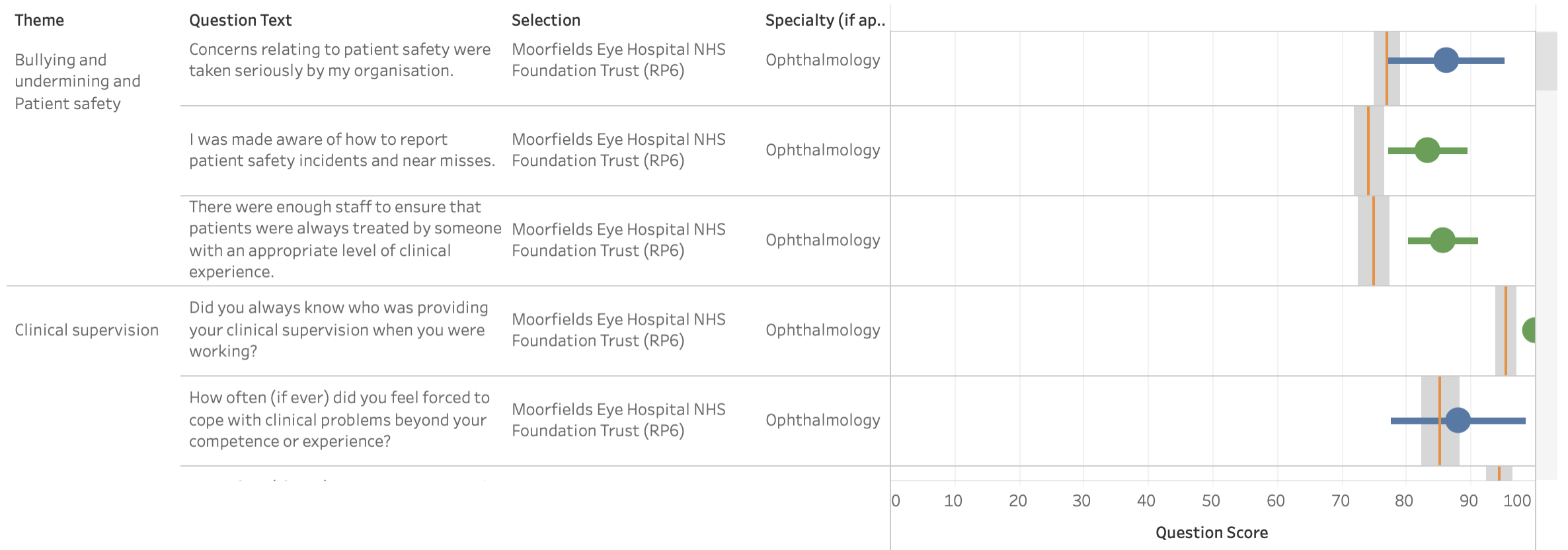


Select Question

(All) ▼

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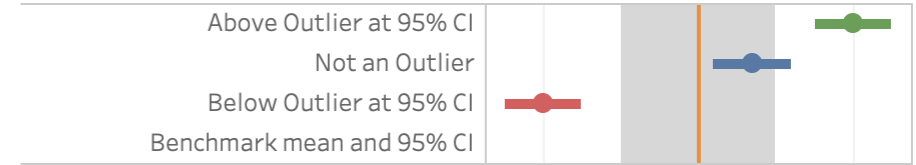
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(All) ▼

Display Option

Question Score Graph ▼

Benchmark (BM): Selected Post Specialty Trainees



Select Question

(All) ▼

Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**
 Not all questions are scored and will not appear in the Question Score Views

Theme	Question Text	Selection	Specialty (if ap..	Question Score
Clinical supervision - Out of Hours	How often (if ever) did you feel forced to cope with clinical problems beyond your competence or experience OUT OF HOURS?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~93, 95% CI: [90, 96]
	Please rate the quality of clinical supervision, OUT OF HOURS.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~80, 95% CI: [70, 92]
Communication and teamwork	Did someone explain your role and responsibilities in the unit / department / practice when you started the role you were working in for this period?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~84, 95% CI: [73, 95]
	I felt I was a valued member of the team I worked in.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~78, 95% CI: [66, 88]
	Information relating to the pandemic (written and/or verbal) was communicated effectively to me by senior colleagues	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology	Score: ~80, 95% CI: [72, 88]

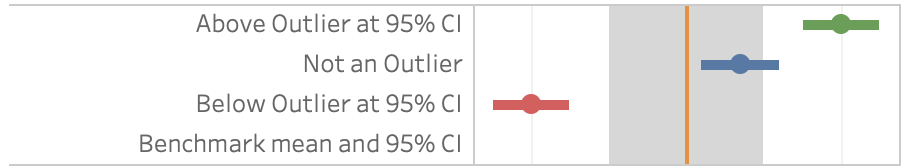
Item name

(All) ▼

Display Option

Question Score Graph ▼

Benchmark (BM): Selected Post Specialty Trainees

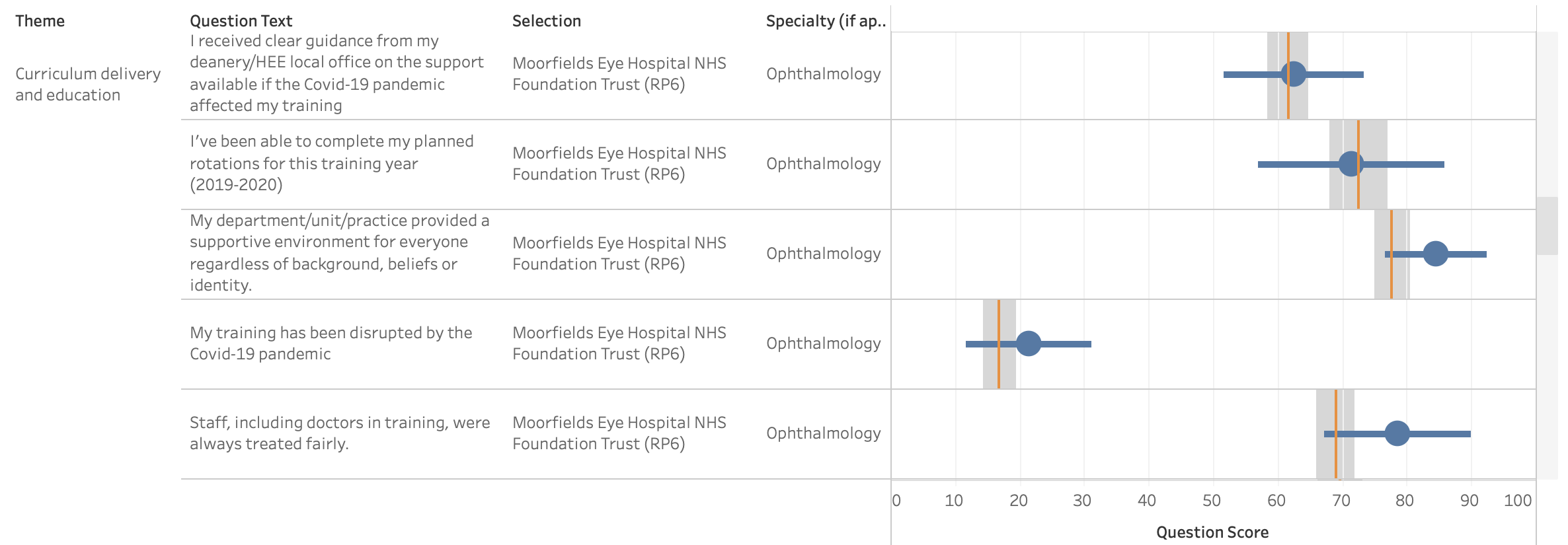


Select Question

(All) ▼

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Not all questions are scored and will not appear in the Question Score Views



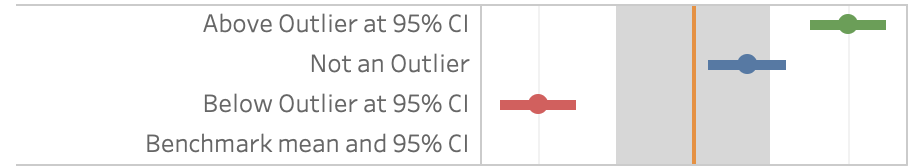
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Display Option

Question Score Graph

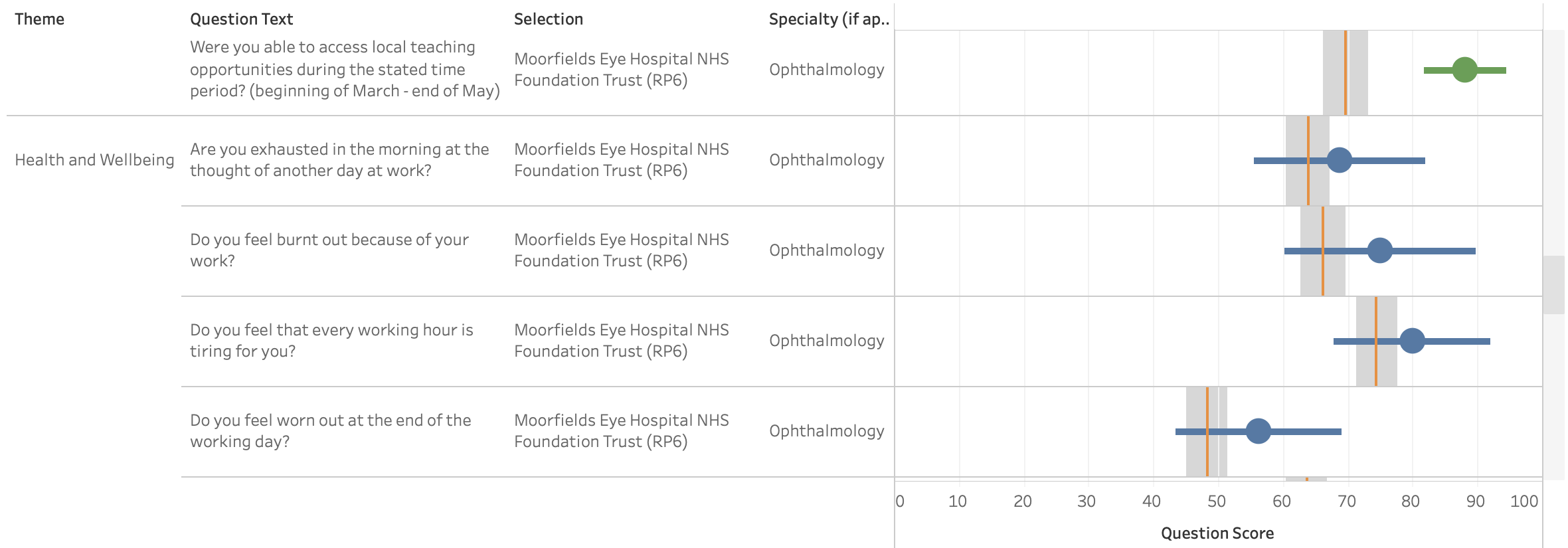
Benchmark (BM): Selected Post Specialty Trainees



Select Question

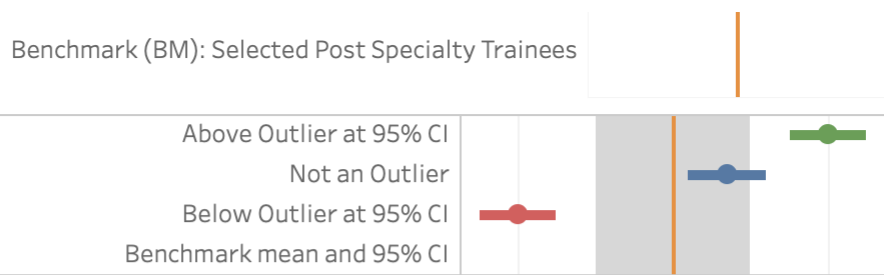
(All)

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 Not all questions are scored and will not appear in the Question Score Views



In name
 (All) ▼

Display Option
 Question Score Graph ▼



Select Question
 (All) ▼

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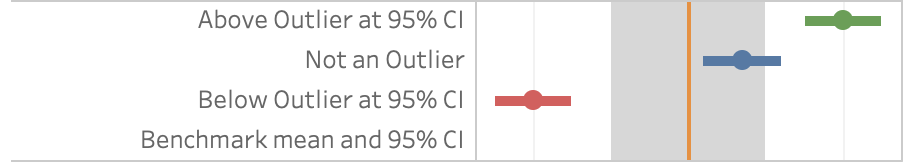
Theme	Question Text	Selection	Specialty (if ap..
	Do you have enough energy for family and friends during leisure time?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Does your work frustrate you?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	I had easy access to a catering facility providing suitable food.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	If I had any concerns about occupational health and wellbeing there was somebody available for me to talk to in confidence.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Is your work emotionally exhausting?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology

Question Score

Theme (All) ▼

Display Option Question Score Graph ▼

Benchmark (BM): Selected Post Specialty Trainees



Select Question (All) ▼

Survey questions with less than 3 responses are excluded. In Public View response count rounded to the nearest **multiple of 5**
 Not all questions are scored and will not appear in the Question Score Views

Theme	Question Text	Selection	Specialty (if ap..
	Please rate the support for your personal safety you received from your organisation	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Please rate the support for your wellbeing you received from your organisation	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Rest facilities were available to me free of charge when I needed them.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
Speaking up and voice	Concerns relating to my personal safety, or that of colleagues, were taken seriously by my employer.	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology
	Did you have any concerns about your personal safety, or that of your colleagues, during the Covid-19 pandemic?	Moorfields Eye Hospital NHS Foundation Trust (RP6)	Ophthalmology

Question Score

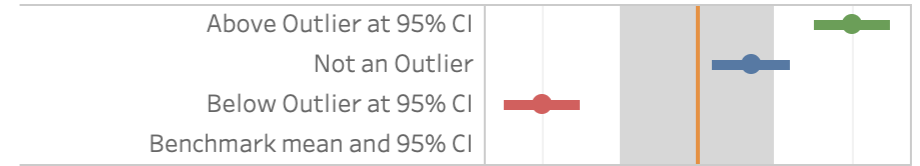
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(All)

Display Option

Question Score Graph

Benchmark (BM): Selected Post Specialty Trainees

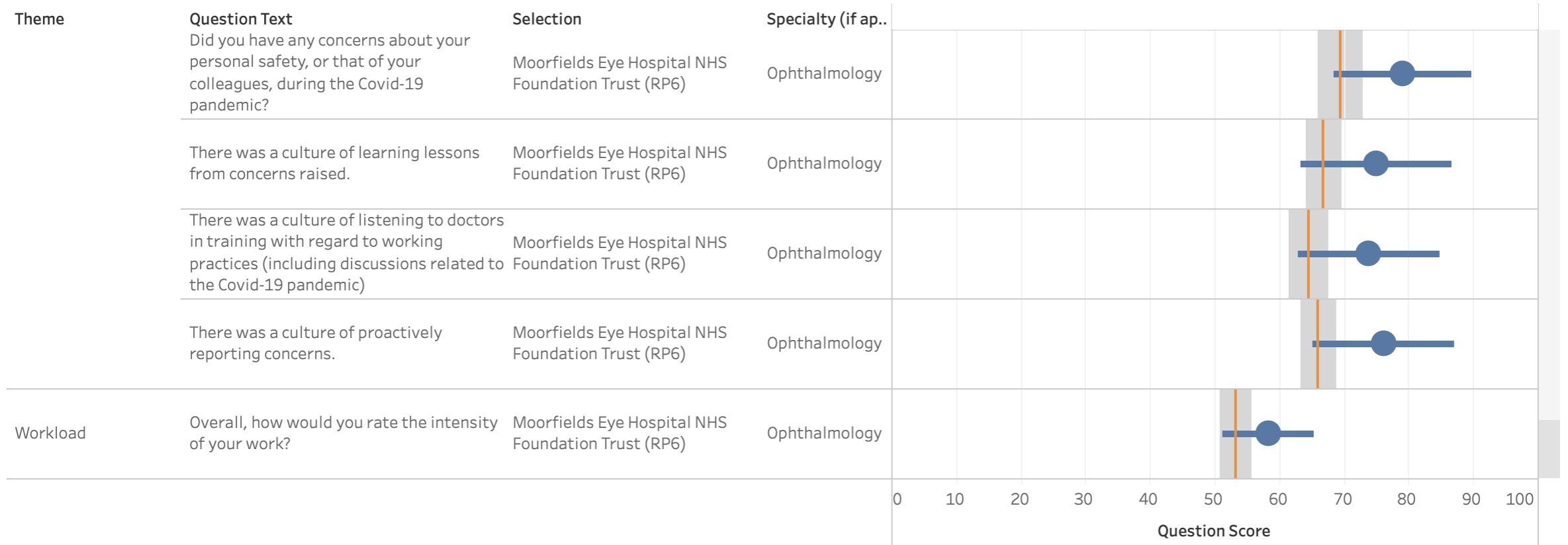


Select Question

(All)

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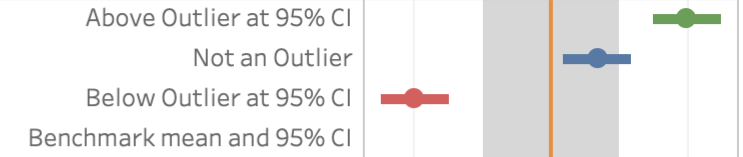
Theme

(All)

Display Option

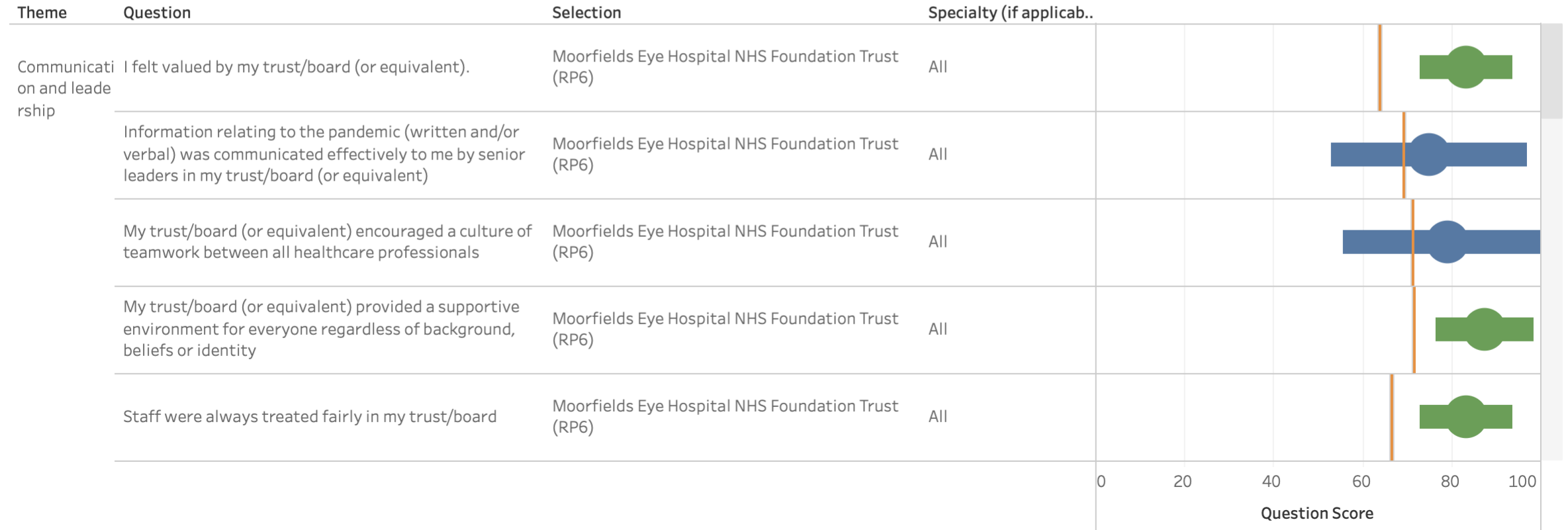
Question Score Graph

Benchmark (BM): All Trainers



Question

(All)



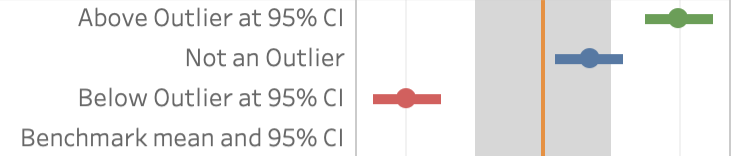
Theme

(All) ▼

Display Option

Question Score Graph ▼

Benchmark (BM): All Trainers



Question

(All) ▼

Theme	Question	Selection	Specialty (if applicab..)	Question Score
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Report to Trust Board							
Report Title	Integrated Performance Report - December 2020						
Report from	Alex Stamp, Chief Operating Officer (Acting)						
Prepared by	Performance And Information Department						
Previously discussed at	Trust Management Committee						
Attachments							
Brief Summary of Report							
<p>The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.</p>							
<u>Executive Summary</u>							
<p>The IPR continues to reflect the Trust performance during the COVID period. Activity still remains below historical averages however there was improvement in December in line with our forecast provided to NCL.</p> <p>The phase 3 letter targets are elective recovery should be at 90% for elective compared to the same period last year and 100% for outpatients. The trust achieved 89% for elective and 82% for outpatients overall.</p> <p>Access recovery the Trust improved and was forecast to continue prior to the second Covid-19 surge with performance increasing to 73.4% for our total Incomplete pathway performance. There was an increase in long waiter patients above 52 weeks however this was mainly due to specific sub-specialty delays at sites or patient choice while we had a slight decline in diagnostic waiting times due to patient choice. Delivery of the cancer targets was largely good however our 14-Day NHS England target breached in month mainly due to patient choice and administrative issues which are being reviewed by City Road and the Access team.</p> <p>Average call times are increasing. This is due to increased call volumes both as we recover to contact patients but also as patients contact us increasingly with concerns about attending appointments due to Covid-19. As activity has stepped down, the Booking Centre has increased its staffing levels through internal redeployment and the Trust are seeking to deploy the DrDoctor system to support with patient contacts. The concerns from patients are also reflected in an increase in our Theatre Cancellations data as well which were above average for December and are being reviewed by divisions.</p>							
Action Required/Recommendation							
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.							
For Assurance	X	For decision		For discussion		To Note	

Trust Executive Summary By Scorecard Domain - December 2020

Service Excellence (Ambitions)

Patient Centred Care			
	G	A	R
Total	24	0	9
Cancer	3	0	1
Access & Outpatients	1	0	4
Admitted	5	0	1
Quality & Safety	15	0	3
Private Patients	0	0	0

Collaborative Research		
G	A	R
1	0	0

Innovation & Education		
G	A	R
0	0	0

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

People (Enablers)

Workforce Metrics		
G	A	R
1	0	2

Staff Satisfaction & Advocacy		
G	A	R
0	0	0

Infrastructure & Culture (Enablers)

Digital Delivery		
G	A	R
2	0	0

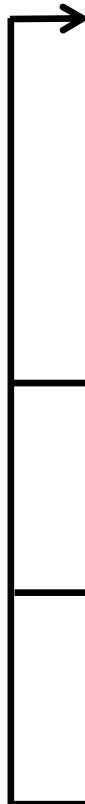
Research		
G	A	R
3	0	0

Financial Health & Enterprise (Enablers)

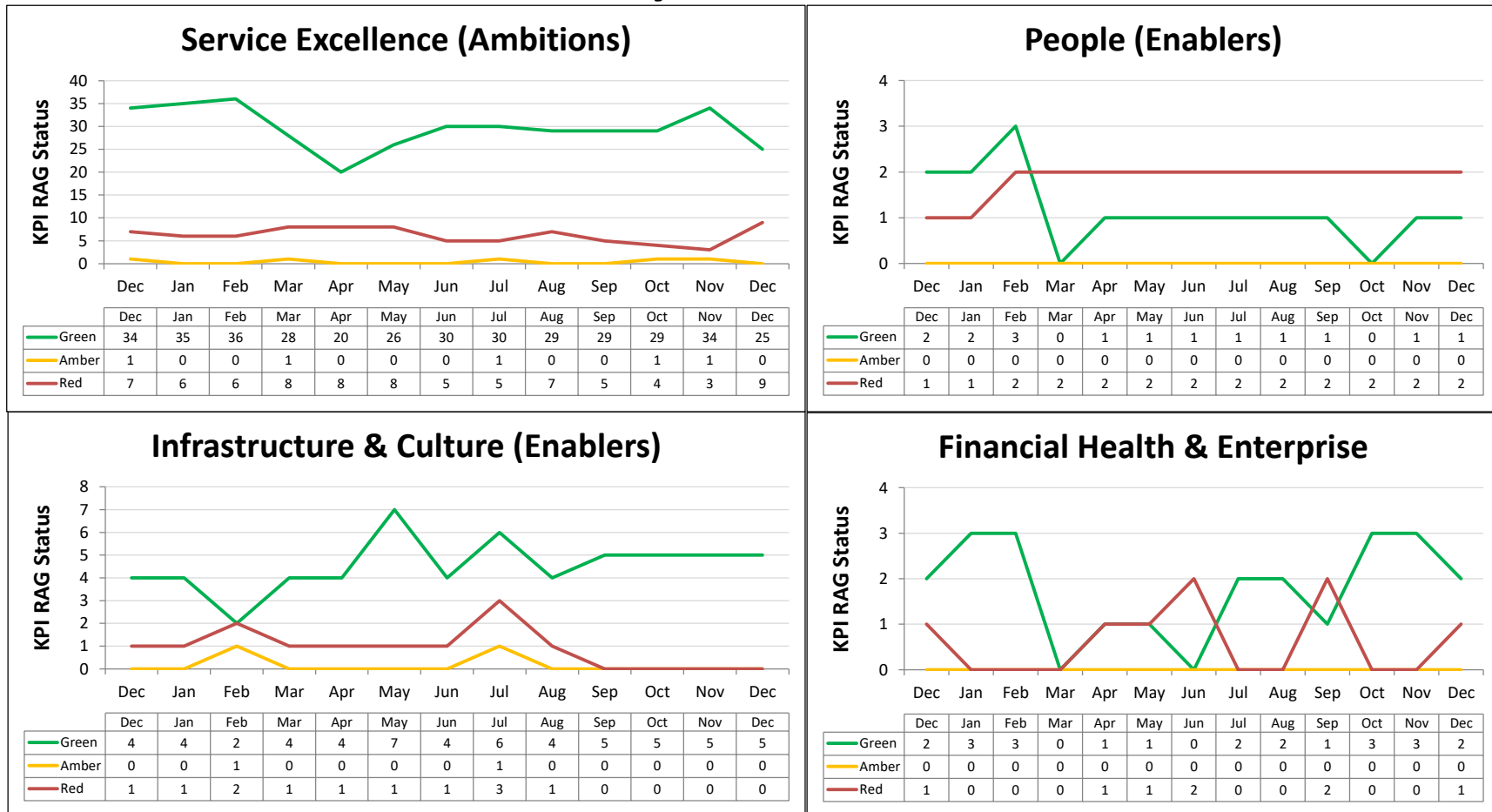
Overall Plan		
G	A	R
1	0	0

Commercial Operations		
G	A	R
1	0	1

Cost Improvement Plans		
G	A	R
0	0	0






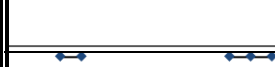

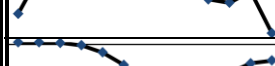





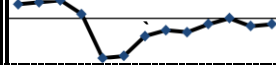

Executive Summary - Scorecard Domain Trends















Context - Overall Activity - December 2020

		December 2020		Monthly Variance	Year To Date		YTD Variance
		2019/20	2020/21		2019/20	2020/21	
Accident & Emergency	A&E Arrivals (All Type 2)	7,228	5,001	- 30.8%	75,024	46,782	- 37.6%
	Number of 4 hour breaches	46	0	- 100.0%	1,263	9	- 99.3%
Outpatient Activity	Number of Referrals Received	9,987	6,761	- 32.3%	109,275	51,357	- 53.0%
	Total Attendances	43,397	36,076	- 16.9%	460,532	230,801	- 49.9%
	First Appointment Attendances	9,841	7,530	- 23.5%	102,681	45,537	- 55.7%
	Follow Up (Subsequent) Attendances	33,556	28,546	- 14.9%	357,851	185,264	- 48.2%
Admission Activity	Total Admissions	2,770	2,326	- 16.0%	29,514	13,587	- 54.0%
	Day Case Elective Admissions	2,434	2,207	- 9.3%	26,428	12,042	- 54.4%
	Inpatient Elective Admissions	107	68	- 36.4%	911	480	- 47.3%
	Non-Elective (Emergency) Admissions	229	51	- 77.7%	2,175	1,065	- 51.0%

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

Domain		Service Excellence (Ambitions)				December 2020									
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 20	Oct 20	Nov 20	Dec 20	13 Month Series		vs. Last		
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G		97.0%	Monthly	100.0%	91.7%	100.0%	100.0%			→		
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	R	9	93.7%	Monthly	92.9%	98.6%	95.3%	88.2%			↓		
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%	G		100.0%	Monthly	n/a	100.0%	100.0%	100.0%			→		
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%			100.0%	Monthly	n/a	100.0%	100.0%	n/a					
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%	G		100.0%	Monthly	n/a	100.0%	100.0%	100.0%			→		
	Cancer 28 Day Faster Diagnosis Standard	≥85%			76.6%	Monthly	75.0%	71.4%	83.3%	40.0%			↓		
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	R	10	56.4%	Monthly	47.7%	59.3%	70.2%	73.4%			↑		
	52 Week RTT Incomplete Breaches	Zero Breaches	R	11	581	Monthly	125	83	36	48			↑		
	A&E Four Hour Performance	≥95%	G		100.0%	Monthly	99.9%	100.0%	100.0%	100.0%			→		
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	R	12	58.4%	Monthly	69.0%	97.1%	97.6%	96.4%			↓		
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	R	13	n/a	Monthly	454	453	422	223			↓		
Patient Centred Care (Access & Outpatients)	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth: ≤ 95Mins			n/a	Monthly	98	93	95	93			↓		
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth: ≤ 85Mins			n/a	Monthly	82	85	81	82			↑		

Domain	Service Excellence (Ambitions)					December 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 20	Oct 20	Nov 20	Dec 20	13 Month Series	vs. Last
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	R	14	6.7%	Monthly	6.8%	6.6%	6.9%	8.2%		↑
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	G		0.49%	Monthly	0.42%	0.15%	0.76%	0.64%		↓
	Mixed Sex Accommodation Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	G		n/a	Monthly (Rolling 3 Months)	0.93%	0.00%	0.00%	0.00%		→
	VTE Risk Assessment	≥95%	G		98.3%	Monthly	99.5%	98.6%	99.4%	99.4%		→
	Posterior Capsular Rupture rates	≤1.95%	G		1.08%	Monthly	1.10%	1.11%	1.23%	1.00%		↓
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	R	15	2	Monthly	1	0	0	1		↑
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant	R	16		Quarterly	1			1		♦
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	MSSA Rate - cases	Zero Cases	G		0	Monthly	0	0	0	0		→

Domain	Service Excellence (Ambitions)					December 2020						
Theme	Metric Description	Target	Current RAP Pg	Year to Date	Reporting Frequency	Sep 20	Oct 20	Nov 20	Dec 20	13 Month Series	vs. Last	
Safety	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G	102.0%	Monthly	102.8%	109.2%	107.9%	103.9%		↓	
	Inpatient Scores from Friends and Family Test - % positive	≥90%	G	95.2%	Monthly	95.3%	94.3%	94.8%	95.7%		↑	
	A&E Scores from Friends and Family Test - % positive	≥90%	G	94.4%	Monthly	94.0%	94.0%	94.5%	94.4%		↓	
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G	93.2%	Monthly	93.6%	93.0%	92.9%	93.4%		↑	
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G	94.5%	Monthly	95.7%	93.7%	95.3%	94.3%		↓	
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases	G	0	Monthly	n/a	0	0	0		→	
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G	n/a	Monthly	0	0	0	0		→	
	Percentage of responses to written complaints sent within 25 days	≥80%	R	17	91.1%	Monthly (Month in Arrears)	100.0%	96.6%	90.0%	68.0%		
	Percentage of responses to written complaints acknowledged within 3 days	≥80%	G		97.7%	Monthly	96.6%	96.7%	96.0%	96.6%		↑
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		93.7%	Monthly (Month in Arrears)	92.9%	95.1%	100.0%	96.0%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		97.5%	Monthly (Month in Arrears)	97.6%	98.7%	93.2%	98.3%		
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		2	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open				Monthly	46	122	62	94		↑
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1800			1001	Monthly	252	154	190	102		↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G		n/a	Monthly	5.0%	5.1%	5.1%	5.1%		→

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Cancer)
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)							Lead Manager	Tim Reynolds	Responsible Director	Alex Stamp (Acting)
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
≥93%	Red	93.7%	92.9%	98.6%	95.3%	88.2%				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				88.2%	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	
Patients booked outside of breach date by Booking Centre team.							Review of Booking Centre processes being undertaken by Booking Centre manager and overseen by Access team.		February 2021	

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
18 Week RTT Incomplete Performance							Lead Manager	Andy Birmingham	Responsible Director	Alex Stamp (Acting)
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
≥92%	Red	56.4%	47.7%	59.3%	70.2%	73.4%				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				77.7%	71.8%	63.5%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Impact on performance due to Covid-19 deferral of activity.							Ongoing review of activity which can be safely stepped up in line with national and regional guidance. Plan for WL to be back at pre-Covid-19 levels by May 2021.		May 2021	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
No Further Issues and Actions										

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
52 Week RTT Incomplete Breaches							Lead Manager	Andy Birmingham	Responsible Director	Alex Stamp (Acting)
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
ZERO Breaches	Red	581	125	83	36	48				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Ongoing challenge with booking patients in particular sub-specialties within City Road, St George's Hospital and Northwick Park.							Ongoing weekly management via PTL meeting and Access meeting.		Jan 2021	In Progress (No Update)
Legacy DVH patients requesting to remain within Moorfields Eye Hospital but are long RTT waits.							Patients being offered dates in November to be treated.		Dec 2020	Complete
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Covid-19 surge within London affecting capacity at sites and patient willingness to attend appointments.							Monitoring post-Covid-19 surge to be restarted and recovery plan to be activated.		February 2021	

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Percentage of Diagnostic waiting times less than 6 weeks							Lead Manager	Kerry Tinkler	Responsible Director	Alex Stamp (Acting)
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
≥99%	Red	58.4%	69.0%	97.1%	97.6%	96.4%				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Backlog clearance following suspension of medium and low risk activity.							Additional clinics implemented and 6 week waiters (excluding patient choice) will be cleared by December 2020.		Dec 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Backlog clearance following suspension of medium and low risk activity.							Lag due to patient choice and increase in cancellations.		January 2021	



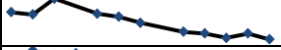

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)			
Average Call Waiting Time							Lead Manager	Alex Stamp	Responsible Director	Alex Stamp (Acting)			
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20							
≤ 3 Mins (180 Sec)	Red	n/a	454	453	422	223							
Divisional Benchmarking (Dec 20)			City Road	North	South								
			n/a	n/a	n/a								
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status			
Increase in call volumes have resulted in almost double daily call volumes for the team to manage. This is a result of queries from patients about appointments and the ongoing challenges regarding telephone systems which mean calls often divert to booking centre when patients cannot get through.							1) Team are looking to increase WTE staff via bank, 2) Patient portal business case submitted to improve with patient communications, 3) Implementing messaging and email service in conjunction with communications team, 4) Telephone system upgrade to be completed mid-November.		Jan 2021	In Progress (No Update)			
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date				
No Further Issues and Actions													

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Theatre Cancellation Rate (Overall)							Lead Manager	Divisional Managers	Responsible Director	Alex Stamp (Acting)
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
≤7.0%	Red	6.7%	6.8%	6.6%	6.9%	8.2%				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				7.1%	9.7%	8.0%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Outstanding Issues or Actions										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Increase in patient's deferring cases due to concerns with Covid-19 surge.							Ongoing monitoring of cases as part of Covid-19 Silver Command.		January 2021	

Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Occurrence of any Never events							Lead Manager		Responsible Director	
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
Zero Events	Red	2	1	0	0	1				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				1	0	0				
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	
A patient underwent glaucoma surgery in October 2020 and experienced a retained foreign object (a swab, which is a piece of gauze) in their left eye. This was discovered approximately two weeks after surgery at a follow up appointment as it was causing irritation to the patient's eye. The surgery appears well managed from a clinical perspective.							An investigation is underway.		March 2021	

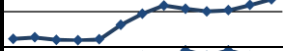




Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Endophthalmitis Rates - Aggregate Score							Lead Manager		Responsible Director	
Target	Rating	YTD	19/20 Q4	20/21 Q1	20/21 Q2	20/21 Q3				
Zero Non-Compliant	Red	n/a	0	0	1	1				
Divisional Benchmarking (2019/20 Q1)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Outstanding Issues or Actions										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>Across the year there has been an increase in post vitrectomy endophthalmitis. There are 5 cases overall with 1 occurring in August, 1 in October, 2 in November and 1 in December. The benchmark rate for post vitrectomy endophthalmitis is set at 0.6, it currently stands at 2.33. There are no cumulative factors identified as a causative agent for the increase in number.</p>							<p>The Infection Control Nurses undertook a review of the probability using the trust EMA tool which assessed the current rate of endophthalmitis as Condition Amber i.e. services to continue operating but to consult with colleagues regarding possible cause and prevention. The service lead was informed after which the issue was discussed at the service meeting and a senior fellow was assigned to review the cases. Further investigation is being sorted to ascertain if any similar issues are occurring in other ophthalmic units across the UK. Staff remain vigilant in their practice and continued surveillance of endophthalmitis is being conducted by the infection control team.</p>			




Remedial Action Plan - December 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)	
Percentage of responses to written complaints sent within 25 days (Month in Arrears)							Lead Manager		Responsible Director		
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20					
≥80%	Red	91.1%	100.0%	96.6%	90.0%	68.0%					
Divisional Benchmarking (Nov 20)				City Road	North	South					
				68.4%	100%	100%					
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	
Overall YTD performance is solid. Eight out of 25 complaints breached the 25 day response rate this month. Several were complex medical cases requiring multiple input. Two were regarding transport which are responded to by DHL /RF. Excluding transport the trust response was 76%							Remedial discussions have taken place with the City Road team and DHL/RF and improvement is expected for the next report.				

Domain		People (Enablers)				December 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 20	Oct 20	Nov 20	Dec 20	13 Month Series	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R	19	n/a	Monthly	66.8%	65.4%	69.7%	70.4%		↑
	Information Governance Training Compliance	≥95%	R	20	n/a	Monthly	92.0%	92.6%	93.7%	92.8%		↓
	Staff Turnover (Rolling Annual Figure)	≤15%	G		n/a	Monthly	10.0%	9.4%	10.0%	9.2%		↓
	Proportion of Temporary Staff	RAG as per Spend			6.5%	Monthly	7.7%	8.9%	9.2%	9.0%		↓

Remedial Action Plan - December 2020							Domain	People (Enablers)	Theme	Workforce Metrics
Appraisal Compliance							Lead Manager	Nicky Wild	Responsible Director	Sandi Drewett
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20				
≥80%	Red	n/a	66.8%	65.4%	69.7%	70.4%				
Divisional Benchmarking (Dec 20)				City Road	North	South				
				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							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 manager to undertake appraisals remotely.		Mar 2021	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
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. 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. 		March 2021	

Remedial Action Plan - December 2020							Domain	People (Enablers)	Theme	Workforce Metrics	
Information Governance Training Compliance							Lead Manager		Responsible Director		
Target	Rating	YTD	Sep-20	Oct-20	Nov-20	Dec-20					
≥95%	Red	n/a	92.0%	92.6%	93.7%	92.8%					
Divisional Benchmarking (Dec 20)				City Road	North	South					
				n/a	n/a	n/a					
Previously Identified Issues							Previous Action Plan(s) to Improve			Target Date	Status
Organisational performance for IG training remains very good and close to the 95% target. This continues to stand up well during the COVID recovery phase and has shown good stability. However, issues have been identified with new starters not always completing their mandatory training before starting and data quality. The IGC and ITSG are concerned that all staff must have current IG training before being provided with passwords for our systems.							The IG team is working with L&D and IMDQG to 1) ensure all staff have IG training before they start the organisation 2) ensure that reminders are sent to the organisation focusing on those who are about to fall out of compliance or those that demonstrate long term poor compliance (for a variety of possible reasons) - sent by IG 3) fix any data quality issues. This requires continuous maintenance.			Dec 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance			Target Date	
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.							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.				

Domain		Infrastructure & Culture (Enablers)				December 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Sep 20	Oct 20	Nov 20	Dec 20	13 Month Series	vs. Last
	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	G		93.9%	Monthly	94.0%	94.2%	95.0%	95.9%		↑
	Data Quality - Ethnicity recording (A&E)	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
Research	70 Day To Recruit First Research Patient	≥80%	G		97.3%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G		70.8%	Monthly	69.2%	69.2%	69.2%	77.8%		↑
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		103.9%	Monthly	100.0%	100.0%	126.2%	126.2%		→

Domain		Financial Health & Enterprise (Enablers)				December 2020					
Theme	Metric Description	Target	Current RAP Pg	Year to Date	Reporting Frequency	Sep 20	Oct 20	Nov 20	Dec 20	13 Month Series	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G	3.85	Monthly	-1.23	0.28	0.88	2.68		↑
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	R	-3.06	Monthly	-0.20	0.22	0.26	0.00		↓
	Private Patients Enquiry Line Conversion Rate	≥40%	G	42.3%	Monthly	55.5%	53.2%	48.3%	45.4%		↓



Agenda item 07
Finance report
Board of directors 28 January 2021

Report title	Monthly Finance Performance Report Month 09 – December 2020
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 final six months of the year following mandated reported positions of breakeven for months 01-06.

This report represents the Trusts re-revised 2020/21 financial plan submitted to NHSI in November 2020 in which the Trust has planned a break-even position (nil control total).

For December the Trust is reporting :-

- a **£2.41m surplus position** adjusting for block payment and STP income support;
- a **deficit of £2.11m** prior to block payment support (£55.33m YTD);

Compared to plan, the Trust is reporting:-

- **£3.84m less income** from directly commissioned clinical activity than would be expected, (£61.94m YTD) offset by £4.52m block payment and STP income support;
- **£0.25m more income** due to commercial income/Research and other income;
- **£0.10m less pay**, and
- **£1.16m less non pay** operating expenditure.

<i>Financial Performance</i> <i>£m</i>	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Budget	Actual	Variance
Income	£247.9m	£21.3m	£22.6m	£1.4m	£186.0m	£171.2m	(£14.8m)
Pay	(£133.0m)	(£11.8m)	(£11.7m)	£0.1m	(£99.4m)	(£95.7m)	£3.7m
Non Pay	(£105.9m)	(£9.0m)	(£7.9m)	£1.2m	(£79.1m)	(£63.8m)	£15.2m
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.6m)	£0.1m	(£6.7m)	(£6.9m)	(£0.3m)
CONTROL TOTAL	£0.0m	(£0.3m)	£2.4m	£2.7m	£0.9m	£4.7m	£3.9m

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

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

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



Monthly Finance Performance Report For the period ended 31st December 2020 (Month 09)

Presented by

Jonathan Wilson; Chief Financial Officer

Prepared by

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



Monthly Finance Performance Report

For the period ended 31st December 2020 (Month 09)



Key Messages

Statement of Comprehensive Income

Operational Planning All NHS organisation were issued with revised control totals for the final six months of the year following mandated reported positions of breakeven for Months 1-6. This report represents the Trusts revised 2020/21 financial plan re-submitted to NHSI in November 2020 in which the Trust was given a control total of zero (nil) for the year (including £5.064m of ICS support).

Financial Position For December the Trust is reporting:-
£2.41m surplus Including support

- a **£2.41m surplus** adjusting for block payment income support;
- a **deficit of £2.11m** prior to block payment support (£55.59m YTD);

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

- **£2.94m less income** than would be expected; offset by
- **£0.10m less pay**; and
- **£1.16m less non pay** operating expenditure (£0.70m relating to drugs).

Income Total Trust income is £2.94m less than would be expected, consisting of:-

- £2.94m less than plan pre support
- Clinical activity **income losses £3.97m**; (£64.41m YTD)
 - Commercial **income gains £0.38m**; (£3.87m YTD losses)
 - Research **income gains £0.25m**; (£4.46m YTD losses) and
 - Other **income gains of £0.38m**; (£1.48m YTD losses).

Directly commissioned activity income, if reimbursed by normal contracting arrangements would total £11.43m compared to a plan of £15.48m - £3.84m adverse to plan.

Expenditure Pay costs are £0.10m favourable to plan. Temporary staffing remains consistent with small increases on prior months due to COVID and social distancing practices. Temporary staffing spend is £1.02m in month versus £0.95m in December 2019.

£1.25m favourable to plan
(pay, non pay, excl financing)

Non-pay costs are £1.16m favourable to plan mainly due to Drugs (£0.70m) and Clinical Supplies (£0.36m) relating to the reported lower activity and income..

Statement of Financial Position

Cash and Working Capital Position The cash balance at the 31st December is £82.6m significantly higher than plan, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisations have sufficient cash to deal with the initial emergency COVID response.

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

(both gross capital expenditure and CDEL) Capital spend to December totalled £6.4m largely linked to Oriel and purchases of new medical equipment.

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

Forecast Commentary

Revenue The Trusts upside forecast position is currently being determined further to the continuance of block payment funding, alongside planned reductions in elective activity. National direction in relation to Elective Incentive penalties, and local ICS funding flows are also being clarified.

Capital The Trusts un-mitigated likely capital forecast reduced to £11.3m in December further to the confirmed underspend on Oriel of £2.1m, and additional COVID funding notified but not yet confirmed by NHSI of £1.3m.

Mitigations to offset this include bringing forward year two of the Trusts medical equipment replacement programme (£1.0m), and the second proposed diagnostic hub (£1.0m).

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month			Year to Date				RAG
		Plan	Actual	Variance	Budget	Actual	Variance	%	
Income	£247.9m	£21.3m	£22.6m	£1.4m	£186.0m	£171.2m	(£14.8m)	(8)%	●
Pay	(£133.0m)	(£11.8m)	(£11.7m)	£0.1m	(£99.4m)	(£95.7m)	£3.7m	4%	●
Non Pay	(£105.9m)	(£9.0m)	(£7.9m)	£1.2m	(£79.1m)	(£63.8m)	£15.2m	19%	●
Financing & Adjustments	(£9.0m)	(£0.7m)	(£0.6m)	£0.1m	(£6.7m)	(£6.9m)	(£0.3m)	(4)%	●
CONTROL TOTAL	£0.0m	(£0.3m)	£2.4m	£2.7m	£0.9m	£4.7m	£3.9m	438%	●
<i>Memorandum Items</i>									
Research & Development	(£2.18m)	(£0.18m)	£0.21m	£0.39m	(£1.63m)	(£4.81m)	(£3.18m)	(195)%	●
Commercial Trading Units	£4.28m	£0.25m	£0.25m	£0.01m	£3.05m	(£0.01m)	(£3.06m)	(100)%	●
ORIEL Revenue	(£2.45m)	(£0.24m)	(£0.09m)	£0.15m	(£1.83m)	(£0.70m)	£1.12m	62%	●

INCOME BREAKDOWN RELATED TO ACTIVITY

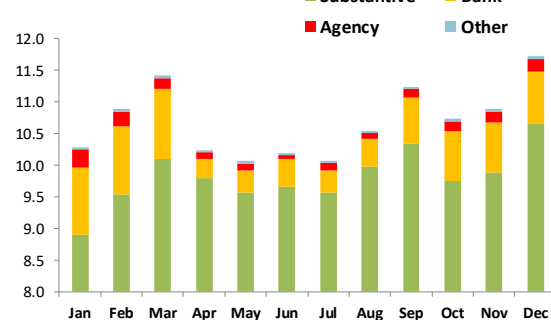
Income Breakdown £m	Annual Plan	Year to Date				RAG	Forecast		
		Budget	Actual	Variance	Plan		Actual	Variance	
NHS Clinical Income	£145.1m	£108.4m	£53.1m	(£54.7m)	●	-	-	-	
Pass Through	£39.5m	£29.8m	£22.5m	(£7.3m)	●	-	-	-	
Other NHS Clinical Income	£9.4m	£6.9m	£4.4m	(£2.5m)	●	-	-	-	
Commercial Trading Units	£29.5m	£22.3m	£18.5m	(£3.9m)	●	-	-	-	
Research & Development	£13.9m	£11.0m	£6.5m	(£4.5m)	●	-	-	-	
Other	£9.8m	£7.0m	£6.1m	(£1.5m)	●	-	-	-	
INCOME PRE TOP-UP	£247.1m	£185.4m	£111.1m	(£74.2m)		-	-	-	
FRF/Block Payment Top Up	£0.8m	£0.6m	£60.1m	£59.4m		-	-	-	
TOTAL OPERATING REVENUE	£247.9m	£186.0m	£171.2m	(£14.8m)		-	-	-	

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

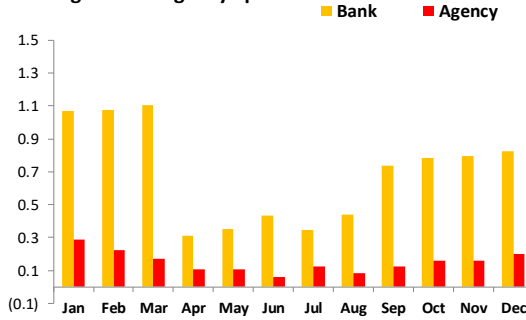
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			%
		Plan	Actual	Variance	Budget	Actual	Variance	
Employed	(£119.0m)	(£10.7m)	(£10.7m)	£0.03m	(£88.8m)	(£89.2m)	(£0.43m)	93%
Bank	(£11.0m)	(£0.9m)	(£0.8m)	£0.09m	(£8.3m)	(£5.0m)	£3.26m	5%
Agency	(£2.5m)	(£0.2m)	(£0.2m)	(£0.03m)	(£2.0m)	(£1.1m)	£0.84m	1%
Other	(£0.5m)	(£0.0m)	(£0.0m)	£0.00m	(£0.3m)	(£0.3m)	(£0.00m)	0%
TOTAL PAY	(£133.0m)	(£11.8m)	(£11.7m)	£0.10m	(£99.4m)	(£95.7m)	£3.67m	

Rolling Pay Spend £m



Rolling 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	(£13.9m)	(£8.2m)	(£6.2m)	(£2.0m)	●	(£13.9m)	(£13.1m)	(£0.8m)	
Donated/Externally funded	(£0.3m)	-	(£0.2m)	£0.2m	●	(£0.3m)	(£0.4m)	£0.0m	
TOTAL	£14.2m	£8.2m	£6.4m	(£1.8m)		£14.2m	£13.4m	(£0.8m)	

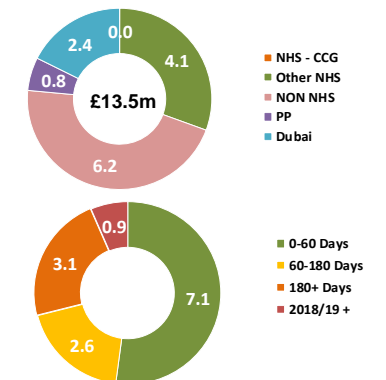
Key Metrics

	Plan	Actual	RAG
Cash	73.8	82.6	●
Debtor Days	45	29	●
Creditor Days	45	53	●
PP Debtor Days	65	63	●

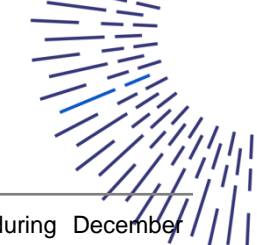
Use of Resources

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

Net Receivables/Ageing £m



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	184.60	15.48	11.43	(3.84)	(25)%	●	138.15	75.59	(61.94)	(45)%	●
Other NHS Clinical Income	9.36	0.82	0.70	(0.12)	(15)%	●	6.89	4.42	(2.47)	(36)%	●
Commercial Trading Units	29.52	2.79	3.17	0.38	14%	●	22.34	18.47	(3.87)	(17)%	●
Research & Development	13.86	1.21	1.46	0.25	21%	●	11.00	6.54	(4.46)	(41)%	●
Other Income	9.76	0.75	1.34	0.38	51%	●	6.98	6.13	(1.48)	(21)%	●
Total Income	247.10	21.05	18.10	(2.94)	(14)%	●	185.37	111.14	(74.23)	(40)%	●
Operating Expenses											
Pay	(132.99)	(11.81)	(11.72)	0.10	1%	●	(99.35)	(95.69)	3.67	4%	●
Drugs	(38.52)	(3.73)	(3.03)	0.70	19%	●	(28.74)	(21.32)	7.42	26%	●
Clinical Supplies	(21.29)	(1.93)	(1.58)	0.36	18%	●	(15.51)	(10.78)	4.73	31%	●
Other Non Pay	(46.13)	(3.34)	(3.24)	0.10	3%	●	(34.82)	(31.75)	3.08	9%	●
Total Operating Expenditure	(238.92)	(20.81)	(19.57)	1.25	6%	●	(178.43)	(159.53)	18.89	11%	●
EBITDA	8.18	0.23	(1.46)	(1.70)	(729)%	●	6.94	(48.39)	(55.33)	(797)%	●
Financing & Depreciation	(9.31)	(0.77)	(0.68)	0.09	11%	●	(6.83)	(7.36)	(0.53)	(8)%	●
Donated assets/impairment adjustments	0.29	0.05	0.04	(0.01)	(22)%	●	0.14	0.42	0.28	192%	●
Control Total Surplus/(Deficit) Pre FRF/Top Up Payments	(0.84)	(0.49)	(2.11)	(1.62)	(331)%	●	0.25	(55.33)	(55.59)	(21,885)%	●
Provider PSF/FRF	0.84	0.21	-	(0.21)		●	0.63	-	(0.63)		●
Covid Block Payments Received	-	-	4.52	4.52		●	-	62.16	62.16		●
Covid Top Up Payments	-	-	-	-		●	-	(2.09)	(2.09)		●
Post PSF/FRF Control Total Surplus/(Deficit)	0.00	(0.28)	2.41	2.69	961%	●	0.88	4.74	3.85	438%	●

Commentary

Operating Income The trust received block income payments during December based on an average of 2019/20 income levels adjusted for the de-commissioning of the Darent Valley site. Clinical activity levels recorded were 74% (prior month: 77%) of planned levels expected during the month. If the Trust was reimbursed under activity-based contracting arrangements, this income would have totalled £11.43m - £3.84m lower than plan.

£2.94m below plan pre support

Outside NHS Clinical Income, Commercial Trading income was £0.38m higher than plan, Research was £0.25m favourable, and Other Income was favourable by £0.38m due to the retrospective funding support with regard to COVID testing (£0.54m) and SIREN study costs (£0.11m), which relates to activity post M6.

Including block income in excess of activity, and COVID reimbursement in aggregate totalling £4.5m the Trust reported a net £1.4m favourable income variance.

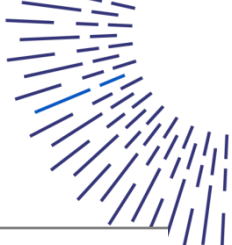
Employee Expenses Total pay costs were £0.10m favourable to plan, with bank and agency costs £1.02m, slightly higher than December 2019.

£0.10m below plan
Additional staffing requirements due to sickness, weekend working, and social distancing, including additional sessions, and ward layout changes continued as activity levels were maintained.

Non Pay Expenses Non pay costs are £1.16m favourable to plan due to reduced activity levels than planned. Drugs was £0.70m below plan, whilst Clinical Supplies was £0.36m below plan.

£1.15m below plan
(non pay and financing)
Oriel expenditure is now forecast to be £1.5m against £2.0 in the prior month.

Trust Patient Clinical Income Performance



PATIENT ACTIVITY AND CLINICAL INCOME

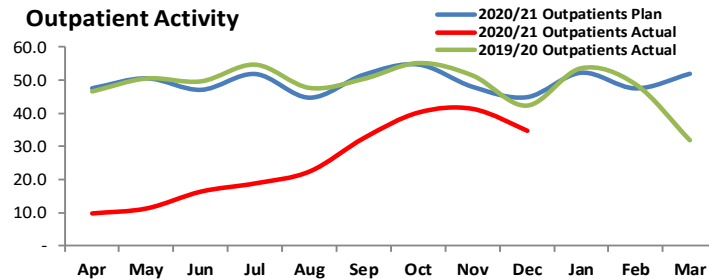
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	7,751	5,001	(2,750)	65%	79,392	46,787	(32,605)	59%	£12,382	£6,887	(£5,495)	56%
Daycase / Inpatients	2,912	2,276	(636)	78%	28,352	12,554	(15,798)	44%	£31,659	£14,875	(£16,784)	47%
High Cost Drugs	4,273	4,141	(132)	97%	41,604	33,233	(8,372)	80%	£27,164	£22,516	(£4,647)	83%
Non Elective	255	51	(204)	20%	2,264	1,067	(1,197)	47%	£4,426	£2,112	(£2,314)	48%
OP Firsts	10,290	6,695	(3,595)	65%	100,192	39,795	(60,398)	40%	£17,221	£6,813	(£10,408)	40%
OP Follow Ups	37,418	28,109	(9,309)	75%	364,330	188,546	(175,784)	52%	£37,529	£17,288	(£20,241)	46%
Other NHS clinical income									£3,202	£771	(£2,432)	24%
Total	62,899	46,273	(16,626)	74%	616,134	321,982	(294,154)	52%	£133,583	£71,261	(£62,322)	53%

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

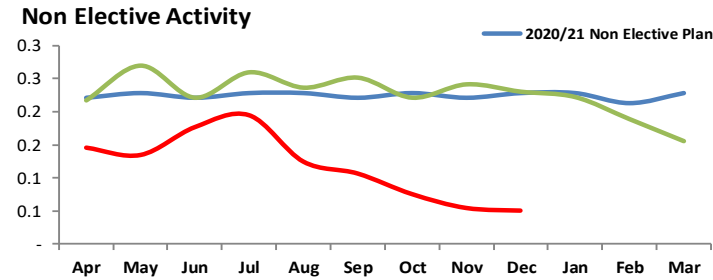
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND

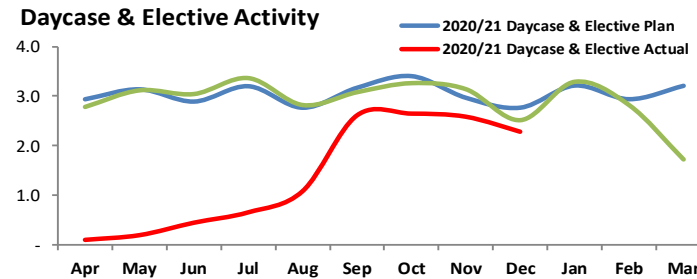
Outpatient Activity



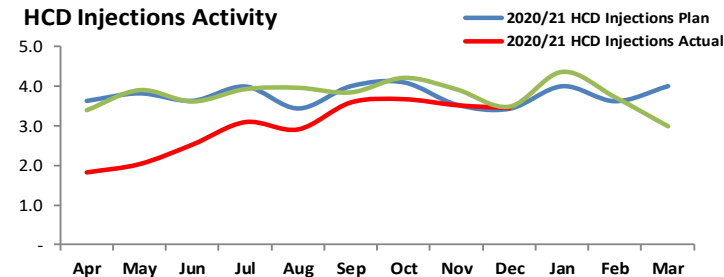
Non Elective Activity



Daycase & Elective Activity



HCD Injections Activity



Commentary

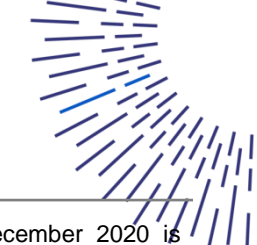
NHS Income Activity levels recorded during December were 74% of the 2020/21 activity plan levels (prior month: 77%).

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

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

NHS Patient Clinical activity income in December was £11.43m if reimbursed via activity based contracting arrangements £3.84m less than planned prior to top-up income shown on slide four.

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



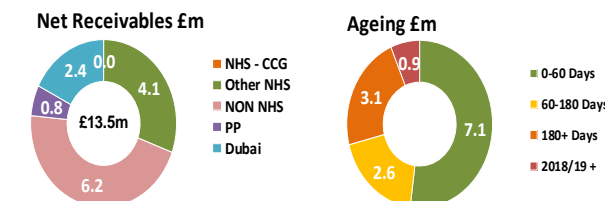
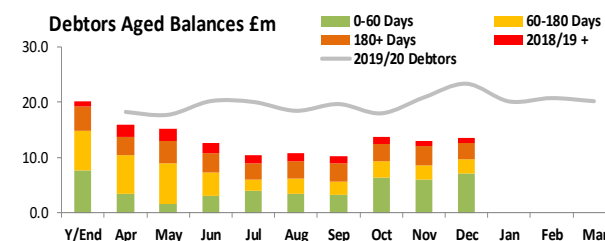
CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	1.6	1.6	0.8	(0.7)	1.6	1.7	0.1
Medical Equipment - Trust Funded	3.4	2.3	2.0	(0.3)	3.4	5.6	2.2
IT - Trust Funded	1.3	0.9	0.3	(0.5)	1.3	1.1	(0.2)
ORIEL - Trust Funded	5.8	2.5	2.5	(0.0)	5.8	3.7	(2.1)
Dubai - Trust funded	0.5	0.5	0.3	(0.2)	0.5	0.5	-
Other - Trust funded	1.4	0.4	0.2	(0.2)	1.4	0.5	(0.9)
TOTAL - TRUST FUNDED	13.9	8.2	6.2	(2.0)	13.9	13.1	(0.8)
Donated/Externally funded	0.3	-	0.2	0.2	0.3	0.4	0.0
TOTAL INCLUDING DONATED	14.2	8.2	6.4	(1.8)	14.2	13.4	(0.8)

Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.0	8.0		100%
Cash Reserves - B/Fwd cash	7.6	7.6		100%
Capital investment loan funding (approved)				0%
Cash Reserves - Other (PSF)				0%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	13.8	13.8	-	100%
Donated/Externally funded	0.3	0.3		100%
TOTAL INCLUDING DONATED	14.2	14.2	-	100%

RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 +	Total
CCG Debt	-	(0.0)	0.0	0.0	0.0
Other NHS Debt	3.3	0.1	0.4	0.3	4.1
Non NHS Debt	2.2	1.6	2.2	0.3	6.2
Commercial Unit Debt	1.6	0.9	0.4	0.3	3.2
TOTAL RECEIVABLES	7.1	2.6	3.1	0.9	13.5



STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	108.2	98.5	96.8	(1.7)
Current assets (excl Cash)	20.4	14.8	19.7	4.9
Cash and cash equivalents	29.3	73.8	82.6	8.8
Current liabilities	(34.5)	(60.1)	(68.2)	(8.1)
Non-current liabilities	(35.4)	(36.3)	(36.5)	(0.1)
TOTAL ASSETS EMPLOYED	88.1	90.7	94.4	3.7

OTHER METRICS

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

Commentary

Cash and Working Capital The cash balance as at the 31st December 2020 is £82.6m, significantly higher than initially planned, due to block income and top-up payments in advance received by the trust. It is to be noted that both cash balances and current liabilities have increased over initial plan values due to cash having been received in advance.

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

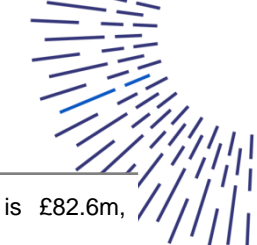
Capital spend to December totalled £6.4m primarily linked to Oriel and the purchase of new medical equipment.

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

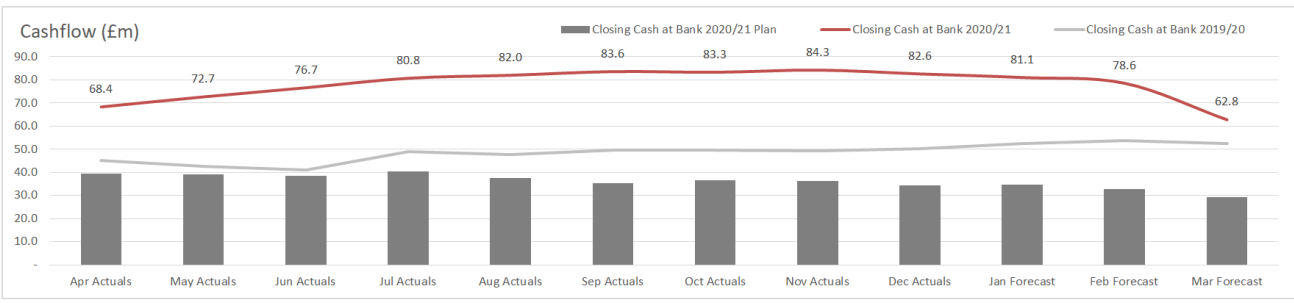
Receivables Receivables have reduced by £6.7m since the end of the 2019/20 financial year to £13.5m. A small increase of £0.6m was recorded in December from the November position.

Payables Payables totalled £12.4m at the end of December, a reduction of £3.3m since March 2020. The reduction is partly due to the Trust adopting the new Prompt Payment guidance issued to NHS bodies and a reduction in operating expenses.

Trust Statement of Financial Position – Cashflow



Cash Flow															
Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Dec Plan	Dec Var
Opening Cash at Bank	52.4	68.4	72.7	76.7	80.8	82.0	83.6	83.3	84.3	82.6	81.1	78.6	52.4		
Cash Inflows															
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.1	16.4	15.8	13.9	14.3	14.1	-	183.6	15.6	(1.7)
Other NHS	3.9	2.6	1.6	1.9	0.5	1.2	0.5	1.9	0.9	1.4	1.4	1.5	19.3	1.4	(0.5)
Moorfields Private/Dubai	1.4	0.9	1.6	2.6	2.8	3.3	3.9	4.0	3.3	3.2	3.2	3.5	33.8	2.6	0.7
Research	1.1	0.6	1.0	2.7	0.8	1.1	1.0	1.1	0.7	1.0	1.0	1.0	13.0	1.0	(0.2)
VAT	0.4	0.5	0.2	-	0.5	-	0.2	0.2	0.2	0.4	0.4	0.4	3.5	0.4	(0.2)
PDC	-	-	-	0.3	-	-	-	-	-	-	-	0.4	0.8	-	-
PSF	-	0.2	-	-	-	-	-	-	-	-	-	-	0.2	-	-
Other Inflows	0.2	1.8	0.4	0.4	0.3	0.4	0.5	0.4	2.0	0.3	0.3	0.4	7.4	0.3	1.6
Total Cash Inflows	40.3	21.8	19.9	23.1	20.1	21.1	22.5	23.4	21.1	20.6	20.4	7.2	261.5	21.2	(0.2)
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.6)	(9.4)	(9.4)	(9.4)	(9.6)	(9.7)	(9.6)	(9.7)	(9.7)	(9.7)	(9.7)	(115.0)	(9.7)	(0.0)
Non Pay Expenditure	(10.6)	(6.7)	(5.4)	(8.1)	(7.3)	(7.8)	(11.4)	(9.0)	(11.4)	(9.1)	(8.8)	(8.3)	(103.8)	(10.1)	(1.3)
Capital Expenditure	(1.0)	(0.4)	(0.4)	(0.6)	(0.5)	(0.2)	(0.3)	(0.4)	(0.6)	(0.4)	(0.9)	(1.9)	(7.7)	(1.1)	0.5
Oriel	(2.3)	(0.1)	(0.1)	(0.2)	(0.2)	(0.3)	(0.3)	(2.2)	(0.2)	(1.8)	(1.7)	(1.3)	(10.7)	(2.0)	1.8
Moorfields Private/Dubai	(0.9)	(0.7)	(0.8)	(0.6)	(0.7)	(0.8)	(1.1)	(0.7)	(0.8)	(1.2)	(1.1)	(1.1)	(10.6)	(1.1)	0.3
Financing - Loan repayments	-	-	-	-	(0.7)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.9)	-	-
Dividend and Interest Payable	0	0	-	-	-	-	-	(0.6)	-	-	-	-	(0.6)	-	-
Total Cash Outflows	(24.4)	(17.5)	(16.0)	(19.0)	(18.8)	(19.5)	(22.8)	(22.4)	(22.7)	(22.2)	(22.9)	(23.0)	(251.1)	(23.9)	1.2
Net Cash inflows /(Outflows)	15.9	4.3	4.0	4.1	1.3	1.6	(0.3)	0.9	(1.7)	(1.5)	(2.5)	(15.8)	-	(2.7)	1.0
Closing Cash at Bank 2020/21	68.4	72.7	76.7	80.8	82.0	83.6	83.3	84.3	82.6	81.1	78.6	62.8	62.8		
Closing Cash at Bank 2020/21 Plan	39.5	39.1	38.6	40.4	37.7	35.5	36.8	36.2	34.4	34.8	32.8	29.3	29.3		
Closing Cash at Bank 2019/20	45.1	42.6	41.0	48.9	47.8	49.6	49.6	49.5	50.3	52.6	53.8	52.4	52.4		



Commentary

Cash flow The cash balance at the 31st December is £82.6m, significantly higher than initially planned.

The interim financial regime introduced to support NHS organisations during the CVOID response has contributed to significantly higher cash balances than previously planned, designed to ensure sufficient cash is available to the NHS to implement any required changes. The Trust currently has 124 days (prior month: 127 days) of operating cash.

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

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

December saw a cash outflow of £1.7m against a plan of a £2.7m outflow as expenditure continues to be lower than forecast.



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 08
Learning from deaths
Board of directors 28 January 2021

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

Executive summary							
<p>This report provides an update regarding how we learn from deaths that occur within Moorfields defined by criteria (see Annex below) as set out in trust policy. It is a requirement for all trusts to have a similar policy.</p> <p>The trust has identified 1 patient death in Q3 that fall within the scope of the learning from deaths policy. This death is being investigated as a Serious Incident (SI). The previous medical director contacted the patient's next of kin and the duty of candour process has been initiated.</p>							
Quality implications							
The board needs to be assured that the trust is able to learn lessons from serious incidents in order to prevent repeat mistakes and minimise patient harm.							
Financial implications							
Provision of the medical examiner role for Moorfields may have cost implications for the organisation.							
Risk implications							
If the trust fails to learn from deaths there is clinical risk in relation to our ability to provide safe care to patients, reputational risk, financial risk of potential litigation and legal risk to directors.							
Action Required/Recommendation							
The quality & safety committee is asked to receive the report for assurance and information.							
For Assurance	✓	For decision		For discussion		To note	✓

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 Q2 2020/21 data, as at 9 October 2020, is shown in table 1 below.

Indicator	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0	0	
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	0	0	1	
% of cases reviewed under the structured judgement review (SJR) methodology/ reviewed by the Serious Incident panel	N/A	N/A	100*	
Deaths considered likely to have been avoidable	N/A	N/A	0**	

Table 1

*to be led by the medical examiner at the hospital at which the patient passed away, with Moorfields involvement.

**pending completion of the SI investigation

Learning and improvement opportunities identified during Q3

- The learning in relation to the death that occurred during December 2020 is yet to be established as the investigation remains on-going. Notification has been received from HM Coroner that an Inquest touching the death of the patient has been opened and a request for multiple pieces of information has been made. Provision of this will be co-ordinated by the head of risk & safety and the head of legal services. The post-mortem report has not been received by the trust; a request for this information to shared has been submitted and is pending approval by HM Coroner when the report becomes available.

Medical examiner role (update)

Medical Examiner support, in relation to deaths occurring on site at City Road, has been confirmed by UCLH. This is a new provision, and will need to be developed further even though it will be a rare occurrence for a death on site to occur.

Two national medical examiner update publications have been released by NHS Improvement since the Q2 report:

- October 2020 https://www.england.nhs.uk/wp-content/uploads/2020/10/October_NME_bulletin-.pdf
- December 2020 <https://www.england.nhs.uk/wp-content/uploads/2021/01/December-NME-bulletin.pdf>

Annex 1

Included within the scope of this Policy:

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

Excluded from the scope of this Policy:

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



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 09
Report of the audit and risk committee
Board of directors 28 January 2021

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

Brief summary of report							
Attached is a brief summary of the audit and risk committee meeting that took place on 12 January 2021.							
Action Required/Recommendation.							
Board is asked to note the report of the audit and risk committee and gain assurance from it.							
For Assurance	✓	For decision		For discussion		To note	

AUDIT AND RISK COMMITTEE SUMMARY REPORT – 12 JANUARY 2021

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) - 100%
Current activity (as at date of meeting)	<p><u>Internal audit</u></p> <p><i>Management of conflicts of interest – amber/green</i></p> <ul style="list-style-type: none"> • The trust is in a good position in comparison to other NHS bodies, and in particular on completeness and extending requirements to consultants. • Two substantive points emerge which involve engaging managers to make sure they are being used to support compliance and to undertake housekeeping via Companies House on an annual basis. • The declaration of interests oversight group was established as a consequence of the considerable discussion that has taken place over the last year. <p><i>Internal audit recommendation tracker</i></p> <ul style="list-style-type: none"> • The quality governance audit is substantially done and will be complete by April. • All four outstanding audits will be completed by the end of the financial year. • There are no overdue recommendations on the tracker. <p><u>External audit</u></p> <ul style="list-style-type: none"> • Implementation of IFRS 16 has been deferred for another 12 months. • Audit teams are already planning on the basis that the year end audit will be carried out remotely and looking at those areas that are likely to prove challenging such as stock takes. • The committee was advised about the new NAO code of practice and the changes it brings in to the vfm conclusion. • Under the new code auditors will not be issuing a binary qualified/unqualified conclusion and will produce an auditor’s annual report alongside the opinion in the financial statements. • This report will provide a commentary against three areas which are financial sustainability, decision-making and governance and improving economy. • The team will conduct a risk assessment and identify any areas of specific risk that need to be followed up. • There is unlikely to be a requirement to audit the quality account indicator although this has not been officially confirmed. <p><u>Board assurance framework</u></p> <ul style="list-style-type: none"> • Trend graphs have now been included to show the shift over time. • The Covid risk has increased due to the second lockdown although the position is not as critical as it previously was due to the measures put in place following the first wave. • A number of risks have not moved in terms of scoring but have shifted in relation to the mitigating actions and controls/assurances. • The risk relating to recovery of services needs to reflect the potential for patient harm following the second lockdown and further closure of services. • The risk relating to staff and health and wellbeing will remain high on the agenda due to the ongoing concern about stress and anxiety, particularly amongst those staff that have been redeployed to acute hospitals. • Discussion took place around the cyber security risk which is likely to remain on the agenda and change very little in terms of score.

	<ul style="list-style-type: none"> • However, a broader conversation needs to take place about the issue of digital reliance and whether this is a more appropriate strategic risk for the board to consider. <p><u>Counter fraud report</u></p> <ul style="list-style-type: none"> • The team has been running awareness sessions and plans are in place for more regular catch ups with corporate teams and divisions. • The team is also in the process of running three compliance reviews related to invoicing, procurement and pre-employment risks and compliance with CFA guidance. • There are no major concerns on invoice fraud although improved training is going to be put in place for accounts payable teams. • There are no major risks in terms of cyber security processes and controls. Further work is taking place on cyber security risk management and how these are reviewed at a more devolved level. <p><u>Losses and special payments</u></p> <ul style="list-style-type: none"> • The totals are split between private, NHS and Dubai although Dubai tend to write-off at the end of the financial year. • It was noted that the value of individual write-offs is much higher for the NHS. <p>General</p> <ul style="list-style-type: none"> • The committee reviewed a paper relating to the use of the corporate seal and waivers to SFIs.
Key concerns	<ul style="list-style-type: none"> • No significant concerns were raised although the committee sought assurance on who has taken over the lead for job planning as the previous lead has left the trust.
Items for discussion outside of committee	<ul style="list-style-type: none"> • Digital reliance and whether this should be a BAF risk.
Date of next meeting	<ul style="list-style-type: none"> • 13 April 2021



Moorfields
Eye Hospital
NHS Foundation Trust



Agenda item 10
Report of the people committee
Board of directors 28 January
2021

Report title	Report of the people and culture committee
Report from	Sumita Singha, chairman, people and culture committee
Prepared by	Helen Essex, company secretary
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people

Brief summary of report							
Attached is a brief summary of the people and culture committee meeting that took place on 19 January 2021.							
Action Required/Recommendation.							
Board is asked to note the report of the people and culture committee and gain assurance from it.							
For Assurance	✓	For decision		For discussion		To note	

People & culture committee summary report – 19 January 2021

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance – 83%
Discussion points	<p>Covid – assurance on redeployment and staff health and wellbeing</p> <p>Redeployment figures including corporate</p> <ul style="list-style-type: none"> • Royal Free – ITU; consultants, trainees, technicians, A&C (53) • Chase Farm – acute care; nurses and healthcare assistant (45) • UCLH – vaccination, swabbing and COE; nurses (35) • UCLH – acute care/ ITU; medical staff (7) • Other sites – vaccination, ITU (6) • Nightingale (6) • Bedford (8) <ul style="list-style-type: none"> • The committee was presented with detail of the learning taken from previous reflection sessions and exit interviews for staff retuning from redeployment. • A hierarchy of need was determined, the key facets of which were physiological, safety, belonging, esteem, and self-actualisation. • One of the gaps highlighted was the role of the line manager as opposed to team leader and the distinction required and differentiation in support. • A range of low-level health and well-being support for staff and managers has been developed since the first wave and in response to feedback. • The wave 2 response for redeployment has been managed very differently based on the learning from wave 1 including improved communication. The following points were highlighted: <ul style="list-style-type: none"> ➤ Text based check in service now active with redeployed staff. ➤ Work ongoing with the college and deanery reps to get trainees back in to their training once they return from redeployment. ➤ Internal redeployment for corporate staff to help support clinical services in contacting patients so that clinical staff can be moved to cover A&E ➤ Induction training for staff moving to a new hospital from the host trust and staff redeployed in teams. ➤ Support has gone to the Royal Free and Chase Farm hospital. UCLH will be provided with nursing staff and medical staff to acute care and ICU. ➤ Staff names have been put forward to Nightingale and Bedford. • The health and well-being support provided by the Trust was reviewed again in January 2021. • Since the first wave of support the key areas have been improved and now include staff briefings, a dedicated health and wellbeing officer, increased break out spaces, and a chaplaincy support SLA in process. • The longer-term impact of the response to Covid will continue to be a focus. • All staff are asked to update their risk assessments if their conditions or health, change. • If staff are being redeployed to areas within other hospitals these areas are risk assessed by the senior nursing team in order to determine the most appropriate staff to support. • All staff to be redeployed have been offered a vaccine although not all staff have taken up the offer.

	<p><i>Committee administration</i></p> <ul style="list-style-type: none"> • TG thanked SS on behalf of the board for her chairmanship and development of the committee. • VB will take on the role of committee chair going forward. • The committee will receive updates at each meeting from the three subgroups: Workforce transformation, equality diversity and human rights, and health and wellbeing. • A suite of appropriate KPIs will be developed in order to provide assurance to the committee and board.
<p>Key concerns</p>	<ul style="list-style-type: none"> • Further work will be done to focus on concerns and risk assessments for BAME staff including vaccinations, in conjunction with the London WRES strategy. • Violence against staff is still an issue although the trust has increased security and is taking a zero tolerance approach to any abuse of staff. • All communication channels to patients focus on the process when patients arrive and they should be prepared.
<p>Discussions outside the committee</p>	<ul style="list-style-type: none"> • There is a weekly review on redeployment support and consideration on when to start to repatriate staff. • Review of terms and reference and membership of the people committee.
<p>Date of next meeting</p>	<ul style="list-style-type: none"> • 16 March 2021



Agenda item 11

Report of the quality & safety committee

Board of directors 28 January 2021

QUALITY AND SAFETY COMMITTEE SUMMARY REPORT



19 January 2021

<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 87.5% • Action completion status - 100% • Agenda completed – Yes
<p>Current activity</p>	<p>Minutes, action tracker and summary from the meeting on 17 November 2020 The committee approved the minutes, action tracker and summary. It was noted that the two actions from the meeting have both been completed:</p> <ul style="list-style-type: none"> • Patient communication is covered by an agenda item • On-call rota (South) - there will be an operating surgeon on the rota at all times, and will be on-going training to ensure that the surgeon is trauma-trained. <p>Infection prevention and control in respect of the response to COVID 19 This item included the COVID-19 vaccination programme. The testing rates are increasing (increased patient testing has resulted in a 10% positive rate). There has been one further outbreak (at Mile End), but all outbreaks have been resolved and signed off. Around 400 members of staff are currently agile-working. A two-week vaccination programme at Moorfields has delivered 1,972 vaccinations to date. A number of staff from NCL have also been vaccinated by our hub.</p> <p>Patient Communication An update was provided as this item was also picked up as part of the Emergency services provision item. It was noted that everyone is maximising opportunities to communicate with patients.</p> <p>Diagnostic Hubs There have been several months of postponed activity, with a particularly large impact on Glaucoma and Medical Retina services. The development of the diagnostic hub model is a major element in addressing this issue, and the committee received a thorough presentation about this significant project. Pilots took place during 2020 with positive patient feedback. The Hoxton Diagnostic hub goes live in February. The presentation was very well received and the project was widely praised. There is a lot of interest in this project from NHS England and NHS Digital as a model to follow.</p> <p>Emergency service provision The presentation considered emergency ophthalmic service provision from both a Moorfields and a pan-London perspective. The presentation highlighted what services are now provided from which Moorfields sites and what services are being provided by other London ophthalmic units. This demonstrated that Moorfields is still providing a wider range of ophthalmic services. The level of pan-London working was noted and welcomed. Compared to the first wave, Moorfields is postponing/cancelling fewer outpatient appointments, and it is expected that a move to the recovery phase will happen sooner than it did for the first wave (this is reviewed every two weeks). Communication with patients remains a challenge, and there will be on-going review</p>

	<p>of potential COVID-related harm.</p> <p>SI Tracker and Report The SI tracker was noted. There was one SI report, concerning an incorrect eye blocked at Northwick Park in September 2020. There was no harm to the patient. The report included an action plan.</p> <p>Quality and Safety reports The committee received the Quality and Safety (including UAE) Report for quarter 3, the Complaints Report for quarter 3, the WHO checklist audit for quarter 3, and the Quality and Safety update for December/January. All reports were noted.</p> <p>Committee Summary reports Summary reports were received from the following committees:</p> <ul style="list-style-type: none"> • <u>Clinical Governance Committee</u> (meeting on 23/11/2020) • <u>Information Governance Committee</u> (meeting on 02/12/2020) • <u>Risk and Safety Committee</u> (meeting on 09/12/2020)
<p>Key concerns</p>	<ul style="list-style-type: none"> • PPE audits indicate improving compliance; numbers, mask-wearing, and ventilation in staff break-out rooms require close monitoring. • About 67% of Moorfields staff have been vaccinated, however about 33% of staff have not. This includes staff who have not been able to attend on-site so far. There is on-going work to encourage more staff to come forward. • It is recognised that there will be an increase in complaints and queries resulting from cancelled appointments and these are being managed. • The Trust needs to be comprehensive and clear about how it is communicating with patients about cancelled appointments. • Although noted as work in progress there needs to be clear recording of harm resulting from cancelled/delayed appointments.
<p>Escalations</p>	<p>The meeting had received assurances around infection control and vaccinations, diagnostic hubs, and emergency planning.</p> <p>There were two escalations:</p> <ul style="list-style-type: none"> • The Trust needs to be comprehensive and clear about how it is communicating with patients about cancelled/delayed/rearranged appointments. • Linked to this is the issue of how harm as a result of COVID-19 is recorded. It is understood that the entire sector is expected to be going through this process, so Moorfields would mirror this.
<p>Date of next meeting</p>	<p>16 March 2021</p>