

## A MEETING OF THE BOARD OF DIRECTORS

To be held in public on  
**Thursday 24 September 2020 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 23 July 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.	2019/20 WRES and WDES	Assurance	Enclosed	SD	00:20	5
9.	Freedom to speak up report	Assurance	Enclosed	IT	00:10	All
10.	Conflicts of interest review and policy	Assurance	Enclosed	NS	00:10	1
12.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	6
13.	AOB	Note	Verbal	TG	00:05	
14.	<b>Date of the next meeting – Thursday 22 October 2020 09:30am</b>					

\* Strategic Objectives

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

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON  
THURSDAY 23 JULY 2020**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Vineet Bhalla (VB)	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)
	Richard Holmes (RH)	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:	Nora Colton (NC)	Joint director of education
	Sandi Drewett (SD)	Director of workforce & OD
	Richard Macmillan (RM)	General counsel
	Johanna Moss (JM)	Director of strategy & business development
	Nick Roberts (NR)	Chief information officer
	Helen Essex (HE)	Company secretary (minutes)
Governors:	Allan MacCarthy	Vice chair of the membership council
	John Sloper	Public governor, Beds & Herts
	Ian Wilson	Public governor, NWL
	Ella Preston	Staff governor, City Road
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Rob Jones	Patient governor
	Naga Subramanian	Public governor, SEL
	Jenny Harvey	Darzi Fellow

**20/2468 Apologies for absence**

Apologies were received from Andrew Dick and Sumita Singha.

**20/2469 Declarations of interest**

There were no declarations of interests.

**20/2470 Minutes of the last meeting**

The minutes of the meeting held on the 25 June 2020 were agreed as an accurate record.

#### **20/2471 Matters arising and action points**

All actions were completed or attended to via the agenda.

#### **20/2472 Chief executive's report**

DP advised that the trust continues to manage the Covid response and recovery in line with central guidance and will be opening up further sites next week. There are still a number of reported outbreaks in London hospitals. However the biggest area of focus remains recovery and providers will be asked to do significantly more at pace over the next few months.

UCL have announced a number of new professorial awards and it is particularly pleasing to see so many Moorfields staff whose achievements have been recognised which in turn raises the profile of teaching in our organisation.

The planning application for Oriel is due to be submitted in October. The outline business case is with the minister but not yet formally signed off.

RGW mentioned a discussion at the quality and safety committee about what the trust is doing against the NHS quality assurance tool. This comprises a set of systems and policies and is a sourcing resource for public health. The committee will continue to get reports against infection prevention and control guidance at each meeting.

Key areas of focus for the trust are systems and governance and the administration of patients and the backlog.

#### **20/2473 Integrated performance report**

JQ presented a set of KPIs that are being monitored through the recovery oversight committee. Once the activity recovery plan starts being implemented the team will be able to track the plan for constitutional targets. A&E is still delivering its target as is the cancer service.

The trust is also delivering the 14-day agreed commissioner target and generally most indicators are being managed positively. There are some areas that require additional work such as appraisal that will start to receive focus as staff come back and the trust returns to normal.

Activity is slowly increasing. The backlog for P1 and P2 patients has mostly been cleared and the trust now has permission to start treating P3 patients (St Ann's and City Road in the next few weeks and then NWP, SGH and Croydon). The pace of recovery will increase at a more rapid rate in August and September.

The trust is seeing a number of 52-week breaches and this will be the focus over the next few weeks with these patients being treated as a priority.

With regard to patient satisfaction the trust is not seeing any significant changes in FFT or patient satisfaction scores. Patient concerns are about coming back into services, wayfinding and new one way systems and also wearing masks. The plan moving forward is to diversify communication with patients and make it more bespoke.

The backlog figure is still increasing and NH asked when it might start to decline. JQ said that the trust is still receiving patients so the backlog will increase in the short term. The moderate and low risk patients are the high volume groups so once they start coming in then the backlog will start to reduce. The more diagnostic hubs we have in place the quicker the backlog will come down and it was acknowledged that we need to get to the position we were in pre-Covid as soon as possible. The trust is intending to start a high volume cataract camp in order to clear that particularly backlog although each specialty will have a different way of dealing with their backlog.

There is still an issue of patient reluctance to come in for surgery as well as outpatient appointments which is being seen across the NHS.

Ideally the board would like to see a forecast for the next three to four months in order to monitor performance. The trust is awaiting the phase 3 recovery plan which set out the guidelines the government want us to recover to and will then be able to set the target and know what we are going to be paid to deliver. This will be for outpatients and for surgery.

**To provide an update  
on timescales at the  
next meeting – JQ  
24.09.20**

#### **20/2474 Finance report**

JW advised that there has been a continuation of trends seen in April and May. This includes underutilisation of the central block funding which was £550k in June (due to improved commercial performance). The trust has received over £1m of central block support and £500k of additional top up funding. We expect the existing arrangements to continue for the month of August and likely to be until the end of September. There is no clarification as yet on what will replace it.

Debt has gone down by £2.6m for the month of June with CCG debt reducing reflecting the existing block arrangement and the clearance of prior year debt. The working capital position is strong and the trust has £77m cash in the bank at the end of June which is a consequence of debt clearance.

Sight of the future financial framework will be required to enable us to formulate any further plan.

Payment by results is unlikely to return due to the continued material uncertainty. Organisations are required to work more collaboratively rather than in competition with each other. This leads to a question about over performance and how marginal costs would be retrieved. JW said that this is likely to be a block contract with a cap and collar arrangement which means that activity over a certain amount is paid at the marginal rate.

Ultimately providers need to focus on doing more with less money available and find more ways to generate income. Continued investment will require focus on recovering commercial income as well as NHS services.

NH asked about the capacity we have on the balance sheet. JW advised that the organisation is run prudently although there are revenue investments to be undertaken this year such as the implementation of Office 365.

### **20/2475 19/20 Quality Account**

The same process has been followed as in previous years although there is no expectation that the account will be externally audited this year. The account highlights quality priorities for the year and was discussed at the Islington HSC panel and QSC where a number of questions were raised about issues such as FTSU and corneal audit.

The plan is to develop a brief summary in order to focus on areas going forward but highlight developments made in the last year.

The account sets out the trust's positive performance on national targets although there has been a Covid impact on local targets. Safety indicators and incident reporting rates remain positive and overall outcomes remain excellent year on year.

There has been a great deal of involvement from governors and patients around changes being made to services and sites during the pandemic period.

Priorities for next year will be the WHO checklist, which has previously had a surgery focus but will be taken down to the next level, and staff health and wellbeing including mental health, which is likely to have a significant impact across the NHS.

### **20/2476 Learning from deaths**

There were no deaths in the last quarter that were in scope. NS provided an update on the death reported in Q3 and the learning from it. This related to the case of a patient who attended the neuro-ophthalmology service where the MRI requested by the doctor did not take place. An unusual diagnosis was made on the basis of a blood test without the corresponding MRI.

The investigation report has been completed and shared with the family. The report has highlighted a number of areas that can be improved in terms of process and procedure. The service had been embedded in the strabismus and paediatric service without a lead. There is now a service director in place to provide clinical oversight.

The solution put in place is robust enough with every test requested put into the GP letter in OpenEyes so that they can be followed up. The trust is actively looking at electronic systems that will make the procedure more robust and provide a longer term solution.

There was also a lack of a complete feedback loop which is a common issue across a number of different services and specialties in the NHS.

#### **20/2477 Report from the audit and risk committee**

Good progress has been made on consultant job planning and a renewed emphasis on team working and programming sessions with consultants. There are stringent BMA regulations that put restrictions on making changes to job plans without mutual consent. Larger services are already looking at team job planning and where services are best placed for face to face consultant time. This type of direct clinical care is the key element when looking at job planning from a team perspective. It will be important to get support from consultants who will be keen to understand whether changes are permanent or temporary. The key issue for the trust is that they are in the right place to be able to provide the best service to patients.

The committee received a presentation from security management and went through the role, accreditations, responsibilities, how the work is managed around the network and principles under which the service operates. Discussion took place about incident reports which generally relate to verbal and physical abuse, theft, etc. These are all logged and followed up with the police and there have been patients and agency staff excluded from the trust as a result.

Internal audit have issued three terms of reference for internal audit review relating to core financial systems, payroll and clinical audit. There is one overdue recommendation.

The committee reviewed the board assurance framework and discussed heightened risk assessments on the financial regime, Oriel, commercial activity and staff health and wellbeing. Although there is no particular focus on CIP from the centre this will remain on the BAF as it will come back as a priority in future.

The counter fraud services provided an update on the cyber fraud review taking place along with other fraud awareness programmes.

The committee will spend additional time on the BAF to undertake more deep dives and post event reviews/learning lessons from projects.

#### **20/2478 Identify any risk items arising from the agenda**

Recovery of services and the speed of the increase in activity.

#### **20/2479 AOB**

None.

#### **20/2480 Date of next meeting – Thursday 24 September 2020**

## BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
05.09.19	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	TBA	Postponed	Open
03.10.19	19/2362	Service improvement reports	Targets and milestones to be reported in programme format with tracker for the next report	JQ	TBA	Postponed	Open
05.12.19	19/2374	Matters arising and action points	Update on the work of the leading and guiding group to be provided in three months	TL	TBA	Postponed	Open
23.01.20	20/2395	Administration and booking process	Update to be provided in six months	JQ	TBA	Postponed	Open
28.05.20	20/2448	Finance report	Advise on suitable timeline for CIP review	JW	TBA		Open
25.06.20	20/2463	Integrated performance report	Add what 'normality' looks like on KPIs in order to see the comparison	JQ	23.07.20		Closing
25.06.20	20/2463	Integrated performance report	Separate face to face and digital appointments	JQ	23.07.20		Closing
25.06.20	20/2469	Digital governance audit	Further discussion to take place on how to plan for the next six months.	TG/HE	23.07.20		Closing
23.07.20	20/2473	Integrated performance report	To provide an update on timescales at the next meeting	JQ	24.09.20		Open



### **Glossary of terms – September 2020**

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





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



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 05  
Chief executive's report  
Board of directors 24 September 2020

## Chief Executive's report

### Covid recovery - cataract drive and BBC Coverage

As part of our ongoing recovery work Moorfields is quadrupling the number of cataract operations taking place at the trust in a single week as part of a new initiative to help clear surgical waiting lists, which have been significantly affected by Covid-19. Starting on 14 September, this ambitious project, known as the 'cataract drive', is first of its kind in the UK.

The 'cataract drive' has seen eight operating theatres at Moorfields across six days providing four times the cataract procedures that they usually perform in a week. To make this possible, theatres at Moorfields Private only provided emergency surgeries during the week to free up more theatre space for cataract procedures. The day surgery process has also been adapted ensuring patients spend just over an hour and a half on site.

This unprecedented project was also supported by over 80 volunteers covering nearly 200 shifts kindly provided by St John Ambulance, Friends of Moorfields and Moorfields Eye Charity. The trained first aiders have assisted patients through every step of their surgery, including helping with pre-operative assessments, accompanying and reassuring them during their surgery, and assisting with their discharge. The project was also supported by long-standing industry partner Alcon, who will provide the latest technology in intraocular lenses, equipment and dedicated technical service support.

Extensive media coverage for the cataract drive was secured across BBC radio and television, including BBC Breakfast and BBC Radio 4 – featuring interviews with Vincenzo Maurino and one of our patients, Brenda Silverman.

The trust continues to adhere to the national pre-operative isolation guidance including the need to ensure patients have covid test 72 hours before surgery.

Patients can access a test via a combination of drive- through, home testing- courier drop off collection service and community testing hubs co-ordinated by Public Health England. In recent weeks the latter has proved to be challenging for patients who live further afield as the testing provision has been withdrawn in many local areas causing delays in patients accessing a test, this has resulted in the trust sending postal swabs to patients as an alternative short term solution. Longer term the trust will utilise the national home testing service when it is launched.

All network sites are now open to patients.

### Research & development

I am pleased to advise the board that the trust has contributed to the first international standards for the reporting of clinical trials for artificial intelligence (AI), led by the University of Birmingham and published in **Nature Medicine**, **British Medical Journal** and **The Lancet Digital Health**.

The new guidelines include standards for clinical trials protocols for studies using AI and new reporting guidelines for AI clinical trials. These standards aim to ensure any future evidence around the effectiveness of AI systems is robust and of the highest quality. The use of these guidelines will enable patients, health care professionals and policy-makers to be more confident on whether an AI intervention is safe and effective. This is a key step towards improving transparency and robustness for clinical trials evaluating AI in health research.

## **System partnerships**

As board members are aware a discussion is currently under way with colleagues across NCL regarding the development of a formal **Provider Alliance**. The suggestion of the development of an Alliance was based on the principle of supporting NCL and its population by strengthening the collaboration framework within which providers work, both clinically and non-clinically. We believe that the suggestion of closer working across providers within NCL presents opportunities to further improve the provision of high quality, effective and efficient care to the local population. The board has shared some very early thoughts with NCL regarding the draft principles which were shared. This response has been positively noted.

As the provider alliance discussions continue to mature and develop this model will be shared with the board and appropriate board sub committees for review and input. The emerging thinking around the development of a provider alliance will also be discussed at the Membership Council in October for their input, views and seeking wider support.

## **People and awards**

The rapid access clinic at Croydon University Hospital has been recognised as ‘highly commended’ in the **HSJ value award** for the Specialist Service Redesign Initiative. This award recognises trusts that have redesigned the service they provide in an innovative way to improve the care patients receive and overall efficiency of the service. The rapid access clinic received the highly commended accolade for their ‘right patient, right clinic, right time’ initiative, which saw the rapid access clinic replace the previous ‘eye casualty’ department at Moorfields Croydon.

## **Financial position**

The trust achieved a breakeven position in-month without the need for further central funding support. The funding regime instigated for the April to September period consists of core funding based on an average of commissioner income for the period November 2019 – January 2020, with additional top-ups to meet any expenditure shortfalls.

Cash balances stood at £82.0m at the end of August, an increase of £1.2m on the prior month, and in excess of plan and equating to 124 days (prior month: 122 days) of working capital liquidity. Capital expenditure in August was £1.3m, taking overall expenditure to £4.3m, some £0.7m over plan.

## **Oriel**

Our public consultation continues in preparation for submission of our planning application to London Borough of Camden later this autumn. The focus of the consultation is on our proposed designs of the new facility, for example, building height and façade, as well as its location on Camden and Islington Trust’s five acre site, and how users will access it. In line with social distancing requirements and prioritisation of safety, our engagement methods have been virtual, including public events run through Microsoft Teams, and promotion through social media and our websites. Two newsletters have been prepared for letterbox distribution to local residents, businesses and community groups, along with invitations offering virtual meetings.

Appendix – Oriel consultation brochure (attached)

**David Probert**  
**Chief Executive**  
**September 2020**

CONSULTATION BOOKLET, AUGUST 2020

# A new centre for eye care, research and education in Camden



**We are seeking your views on our early designs for a new, world-leading integrated eye care, research and education centre on the site of the St Pancras Hospital in Camden.**

The project is a partnership between Moorfields Eye Hospital NHS Foundation Trust (Moorfields), UCL, and Moorfields Eye Charity.

Our sight is a critically important sense. Sight loss is an increasing reality for many people, and it is estimated that by 2050 there will be four million people in the UK living with sight loss.

Since 2012, we have been working together on plans to develop a new, purpose-built centre of excellence for eye care, research and education. This initiative is called Oriel. Our plans would see us relocate the services of Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology on Bath Street from our current buildings in Islington, to the St Pancras Hospital site in Camden, allowing us to continue to be a world-leader in eye-health services.

**“We need spaces that will improve our lives, that build independence and confidence. We want to leave a building feeling empowered.”**

Moorfields patient

Alternative formats are available on request. Please contact us for more information.

## Have your say

As we progress our plans, we want your views on the early designs of the new centre. This feedback will be essential in helping us design a centre that is modern, fit for purpose and accessible for patients, carers and other users.

We will share more detailed designs in the autumn, where you will again have the opportunity to provide comments, before submitting a planning application to Camden Council later in the year.

Your feedback is important to us, and you can have your say in the following ways;

Join one of our online discussion meetings on

- **Tuesday 18 August (6pm-7pm)**
- **Monday 24 August (6pm-7pm)**

To register your attendance please email or call us.



Send an email to:

[oriel@londoncommunications.co.uk](mailto:oriel@londoncommunications.co.uk)



Call us on freephone: **0800 3077 967**



Visit our website for more information:

[www.oriel-london.org.uk](http://www.oriel-london.org.uk)



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# Who we are

**Moorfields and the UCL Institute of Ophthalmology together have a long heritage of ground-breaking research, world-leading education and outstanding clinical care.**

## **Moorfields Eye Hospital NHS Foundation Trust**

The leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education.

## **UCL Institute of Ophthalmology**

A world-class Institute that is an expert in discovery science, biology and understanding genes related to visual health and disease and pioneers development of therapies and diagnostics to support eye care.

## **Moorfields Eye Charity**

The main fundraising and grant-making charity for Moorfields Eye Hospital and the UCL Institute of Ophthalmology, providing targeted funds to research cures and find treatments for millions of people affected by eye disease in the UK and around the world.

## **Our design team**

We have brought together a leading team of experienced project managers, designers and architects in AECOM, Penoyre & Prasad and White Arkitekter, who are helping us to develop designs for our proposed new centre.



# Why change?

The number of people likely to suffer from common eye conditions such as cataracts, glaucoma, macular degeneration and diabetic eye disease is expected to rise rapidly over the next 15 years. Our ageing population means greater and more complex demand for eye services as almost 80% of people aged 64 and over live with some form of sight loss. The economic cost to the UK of vision loss is estimated at more than £15.8bn per year.

As such, developing and delivering therapies for eye conditions is an important challenge for the UK and globally.

We therefore need to plan for the future. The closer clinicians and researchers work, the faster they can develop new techniques and technologies to diagnose and treat conditions.

Our current facilities on City Road and Bath Street in Islington are outdated and do not provide an environment for the best patient or staff experience.

Our estate also constrains our scientists and clinicians who work across several buildings. The lack of integration between research and hospital care in our current facilities limits our ability to widen our research portfolio or to better include patient engagement and participation in our research.

**“The new centre needs to be a place of hope and optimism about getting the most out of life – showing people, this is what you CAN do.”**

Moorfields patient



# Our vision

**Our vision is for a modern, new integrated eye care, research and education facility, bringing together the existing expertise of the partners under one roof. This will enable closer collaboration to transform the future of eye care for the benefit of patients, carers, health professionals, researchers and students.**

## Eye care

The relocation of NHS services will provide patients with an easier and more comfortable patient experience, better access to counselling services and patient support groups and improved care pathways.

## Research

A more collaborative working environment will enable our translational 'bench to bedside' research. With clinicians and researchers working closer together we will be able to increase the scale and speed of progress from scientific discovery to clinical practice, improving clinical outcomes for patients. A new centre would enable earlier involvement and greater opportunity for patient and public engagement in research.

## Education

A new centre would provide the ideal setting to continue training world-class ophthalmic and research experts for the future. The planned flexible, collaboration space will enable our educators to apply the most modern teaching methods, as well as facilitate learning in clinical and laboratory settings.



# The story so far

During the life of this joint initiative, we have been talking to a wide range of people about our plans.

Between 2013 and 2019, five phases of engagement took place about our proposed move and the options available.

During the 2019 NHS public consultation, Moorfields received detailed feedback from patients, staff, the public and our charitable partners relating to the changes and improvements they would like to see in their experience at our current facilities. This feedback indicated broad support for our proposed move from City Road to a new centre, that will enable stronger integration of research and education with the UCL Institute of Ophthalmology.

From this work, we selected one preferred way forward, which was the creation of a new centre on some of the land available at the current St Pancras Hospital site, in Camden.

Throughout our engagement and consultation, we have heard that our patients, staff and users want Oriel to drive quality improvements and innovation and act as a catalyst for the development of new service models and treatment options for eye care nationwide.



# The proposed new site at St Pancras Hospital

The five-acre site at St Pancras Hospital is currently owned by Camden and Islington NHS Foundation Trust. The existing mental health inpatient wards are planned to move to a new facility next to the existing Highgate Mental Health Centre and the Whittington Hospital. As part of the wider redevelopment of the site, specialist community mental health services will remain in a newly designed building on the St Pancras site, while other mental health and physical health services will be moved elsewhere in the borough. For more information please visit [www.candi.nhs.uk/about-us/plans-redevelop-our-facilities/consultation-and-engagement](http://www.candi.nhs.uk/about-us/plans-redevelop-our-facilities/consultation-and-engagement)

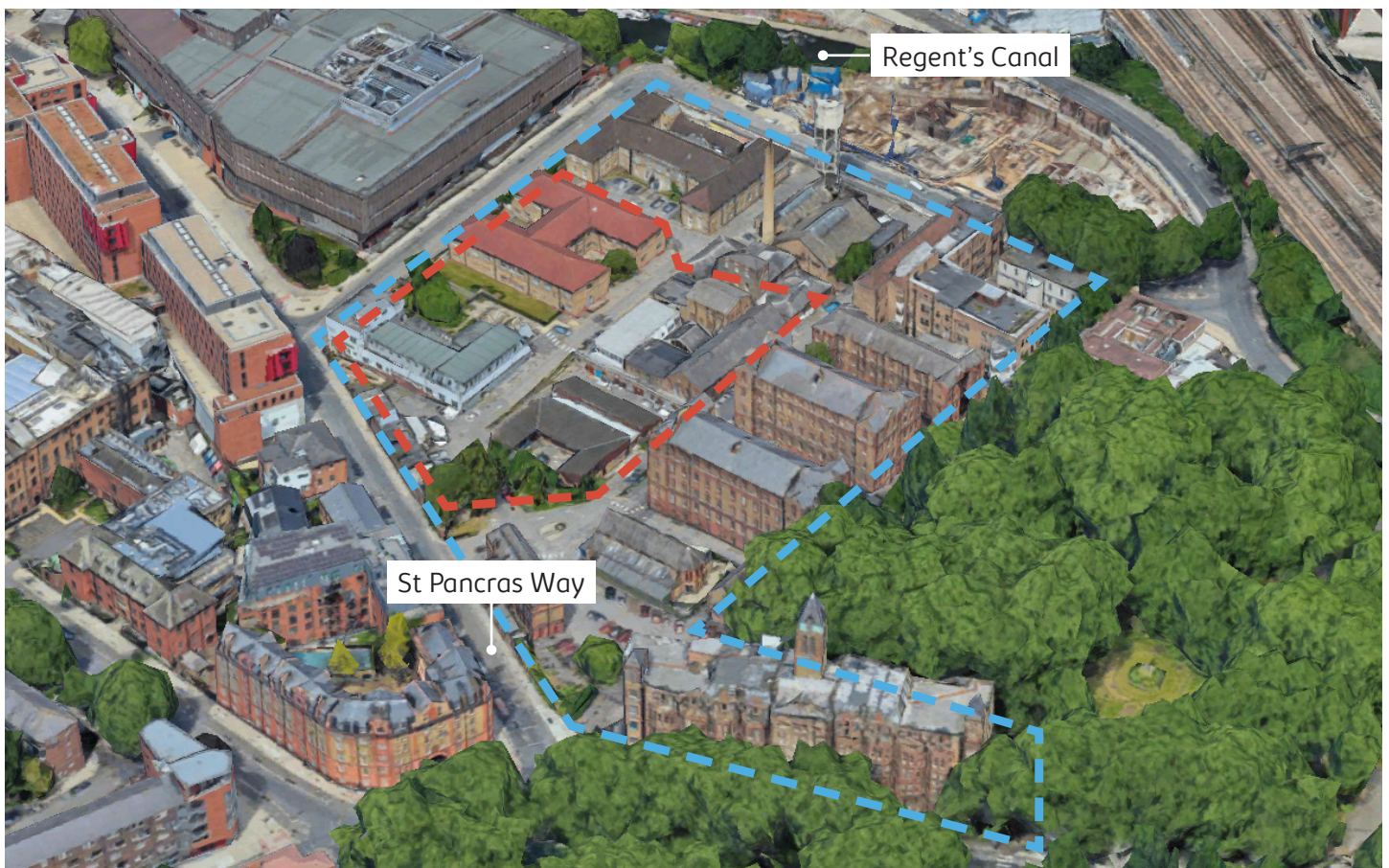
The St Pancras site provides us with an excellent location, ideally situated close to the UCL Bloomsbury campus and several of our voluntary sector and charity partners, including the RNIB and Guide Dogs.

The proposed new eye-health centre would be within London's Knowledge Quarter – an area which has one of the highest densities of knowledge based, cultural and scientific businesses anywhere in the world, including the Francis Crick Institute and the Wellcome Trust.

The new location is close to three mainline railway stations (King's Cross, St Pancras and Euston), making it very accessible to large parts of the UK as well as to six London underground lines and the Overground.

While the site sits within the King's Cross St Pancras Conservation Area, the buildings our new facility would replace are primarily post-war and recognised to be of little historic value.

The neighbourhood around our proposed new building is seeing considerable change and is part of a designated regeneration area. We are proposing to develop two acres of the five-acre St Pancras Hospital site. Proposals for the remaining three acres of the St Pancras Hospital site are being brought forward by Camden and Islington NHS Foundation Trust's development partner, King's Cross Central Limited Partnership (KCCLP). KCCLP is still at a very early stage of design for their development but we are already working closely with them to ensure the whole area is developed seamlessly and becomes a genuinely open, accessible, and positive contribution to the neighbourhood.



Aerial view of the existing St Pancras Hospital site showing our proposed two acres outlined in red and the wider five acre masterplan outlined in blue.



# Creating our new world-leading centre

The designs for our new facility have been developed in close collaboration with our staff, as well as with input from patient groups. We are now seeking your views on our early designs and are fully committed to working in partnership with our patients, staff and the local community so that we can together achieve our vision of a truly integrated and world-leading centre.

**The proposed new centre will be designed as an open and welcoming environment with a highly innovative and flexible layout.**

## Atrium

- At the building's heart, we are proposing a spacious atrium surrounded by the clinical, research and education spaces.
- Within the atrium rises the 'oriel', which will contain spaces for patients to wait and staff to meet, study and collaborate.
- The design process for the atrium has given consideration to a number of areas, including levels of brightness, acoustics, temperature and way-finding.

## Ground floor

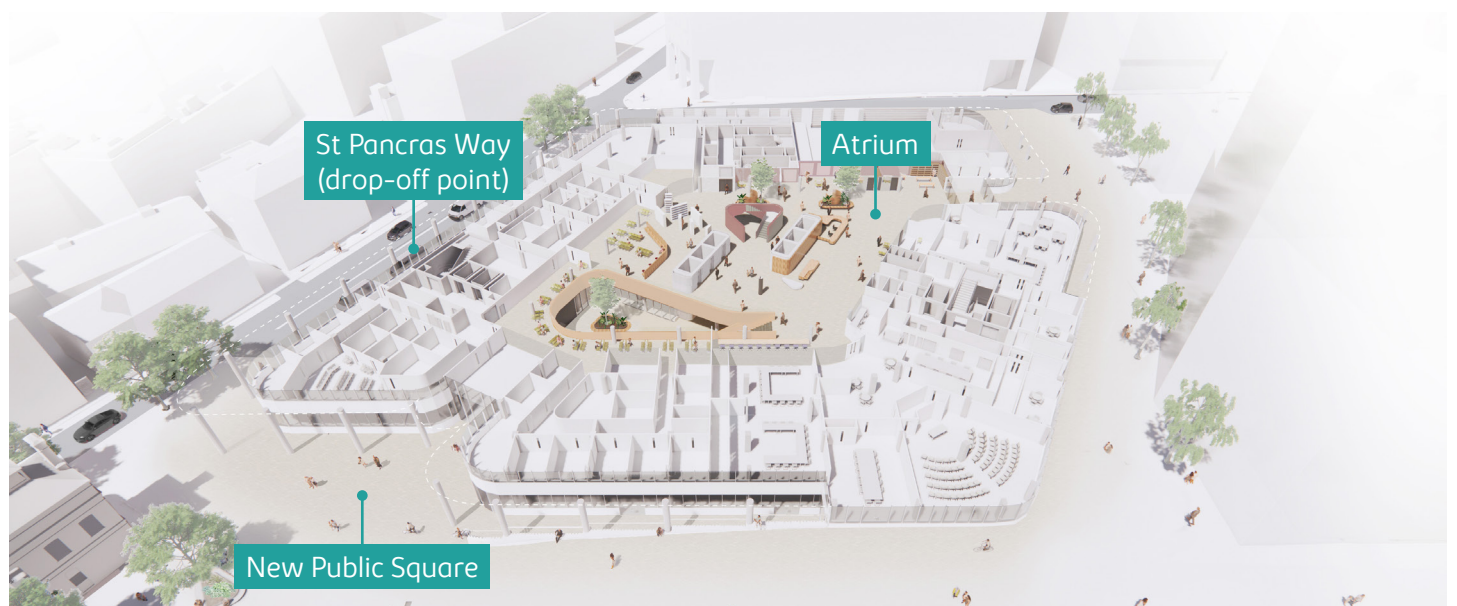
- The ground floor of the atrium will be arranged over two levels and will be open and accessible so that external public realm continues seamlessly through the building, creating a new public space for the area.
- At the lower level, the A&E department is close to St Pancras Way and the southwest entrance.

## Clinical, research and education spaces

- The remaining interior will be designed to achieve a user-friendly design for our diverse user base, including those with sight loss, through innovative use of material, visual contrast and technology to help with wayfinding and navigation around the building.
- The building will host a wide range of different functions - outpatient services, day-surgery and recovery areas with a small number of inpatient beds, A&E, patient support services, dedicated lab space for research, clinical trials and innovation, and education and conference space.
- A flexible design will ensure the building adapts to future clinical, research and education needs.



Indicative view of the spacious atrium at the heart of the new centre.



The external public realm continues seamlessly through the lower ground and ground floors, connecting the inside and the outside public realm.

### Deliveries and servicing

- All deliveries and servicing will take place within the building, accessed off Granary Street, away from the public entrances.
- Although no parking will be on site, a dedicated patient drop-off and pick-up would be along St Pancras Way, close to the southwest entrance and the A&E department.

### External design and heights

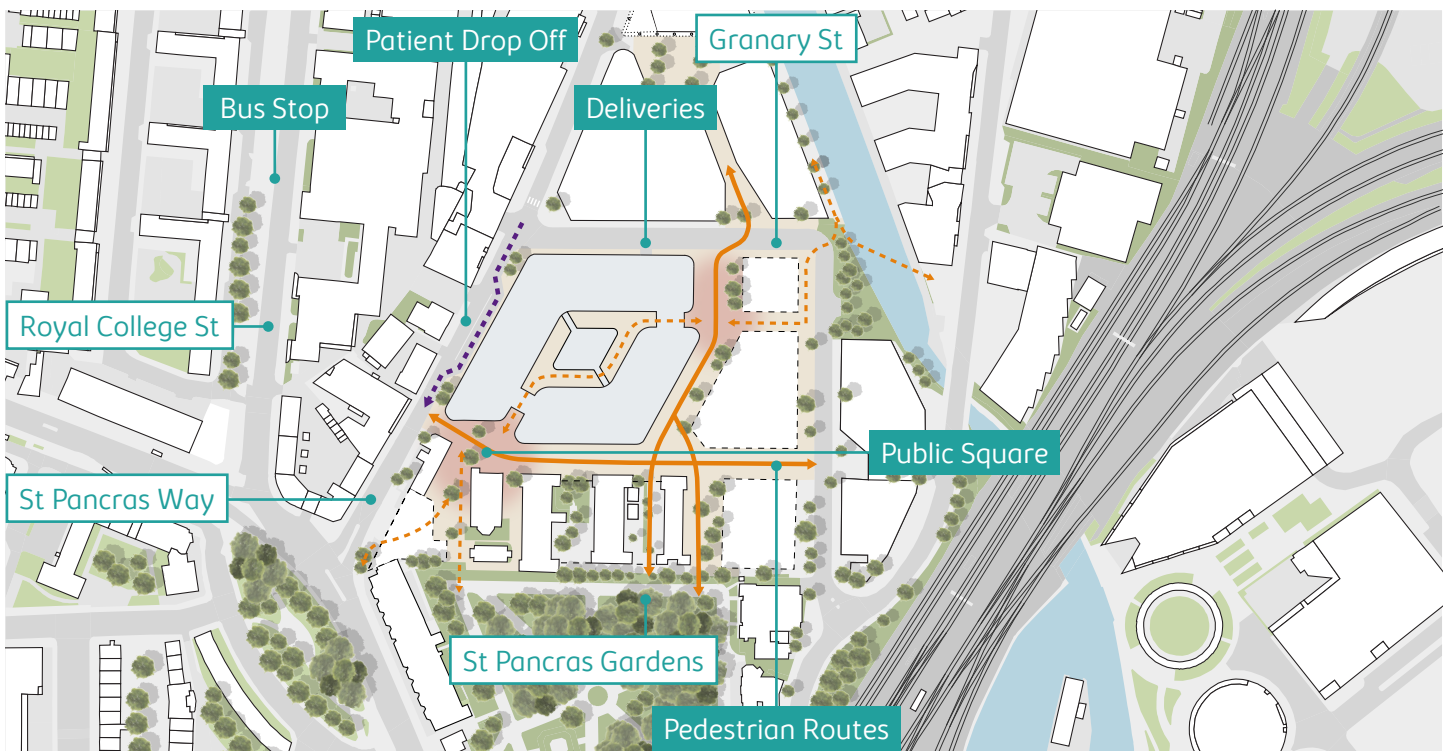
- The building height ranges from seven to eight storeys.
- The surrounding neighbourhood has a diverse range of buildings. To the south and west lie historic Victorian buildings ranging from two to five storeys, as well as St Pancras Gardens. To the north and east, taller contemporary buildings are already under construction. Our proposed new building will respond to this varied townscape by being lower towards the southwest and rising up towards the northeast.



View along St Pancras Way from the southwest. A new public square leads to the new entrance.

## Connectivity and public realm

We are proposing to develop two acres of the five acre St Pancras Hospital site, with the remainder of the site being brought forward by Camden and Islington NHS Foundation Trust's development partner King's Cross Central Limited Partnership (KCCLP). We are working with KCCLP to ensure a coordinated approach with their emerging masterplan and to ensure the two schemes knit seamlessly together. This plan shows early proposals for the public spaces around our proposed new centre, including key points of entry, new public squares and café or restaurant seating. An indicative masterplan for KCCLP's development shows how the rest of the site could be designed, creating additional public spaces and new pedestrian connections with the surrounding area. The wider scheme, including the bus stop location, is shown for illustrative purposes only and will be subject to separate consultation.



Indicative view of wider masterplan.

# Further work

A programme of consultation is being undertaken separately on people's journeys to the proposed centre.

This will be led by the inclusive design team at Buro Happold and will include engagement with staff, patients, the local community and organisations within the eye health and sight loss community. This consultation will particularly explore the accessibility of "the last half mile", especially pedestrian routes from local transport links to the site. Consideration will be given to:

- Routes from overland and underground stations, bus stops and vehicular drop-off and pick-up points,
- Wayfinding and signage to the site for pedestrians,
- Features of the existing street environments such as surface finishes, crossings, rest points along the route.

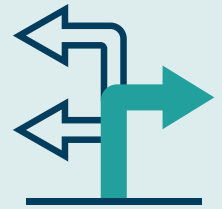
Consideration will be given to a broad spectrum of user needs, including people with mobility, sensory and/or cognitive impairments alongside a focus on the navigation and orientation aids for visually impaired users.

# The benefits

- Creating a world-leading integrated eye care, research and education centre in Camden
- Attracting, inspiring and retaining the most talented clinicians, researchers and educators
- Speeding up the development of new research and treatments



- Creating a high-quality environment for patients and staff
- Improved internal wayfinding



- Improved public realm and greater access around the site
- Reducing crime and anti-social behaviour with active ground floor providing natural surveillance



- Jobs created during demolition and construction
- Training opportunities for local people



- High level of social and local economic value created through construction and occupation of the building
- Significant investment in health care sector
- Significant investment in local economy



- Highly accessible location, promoting sustainable transport use
- Cycle spaces and changing facilities available



- World class design and architecture
- Sustainable design, utilising renewable energy



- Aspiring to add to London's expanding Knowledge Quarter



# Have your say

We want your views on our plans for a new world-leading centre of excellence for eye care, research and education.

Your feedback will influence the continuing design work that we are undertaking during the summer. We will then share more detailed designs with you in the autumn when you will have another opportunity to give us your views.

Due to the current Covid-19 restrictions we are unfortunately unable to host a physical public exhibition. However, you can ask questions or give comments directly to the Oriel project team at one of our online discussion meetings on:

- **Tuesday 18 August (6pm-7pm)**
- **Monday 24 August (6pm-7pm)**

To register your attendance please email or call us.

## You can provide your feedback in a variety of ways:

Join one of our online discussion meetings.



Send an email to:

[oriel@londoncommunications.co.uk](mailto:oriel@londoncommunications.co.uk)



Call us on freephone:

**0800 3077 967**



Visit the website for more information:

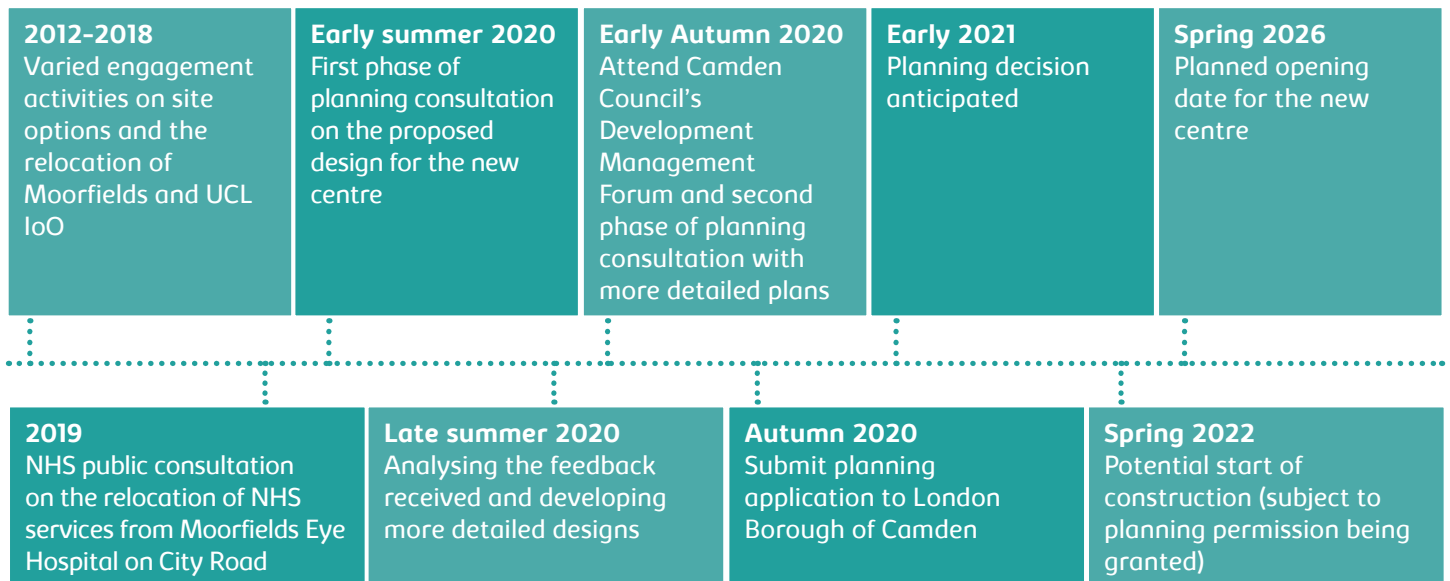
[www.oriel-london.org.uk](http://www.oriel-london.org.uk)



Write to us using our freepost address:

**Freepost RTZX-GRSR-BLXR**

## Indicative project timeline



Alternative formats are available on request, please contact us.

Report to Trust Board							
<b>Report Title</b>		<b>Integrated Performance Report - August 2020</b>					
<b>Report from</b>		John Quinn, Chief Operating Officer					
<b>Prepared by</b>		Performance And Information Department					
<b>Previously discussed at</b>		Trust Management Committee					
<b>Attachments</b>							
<b>Brief Summary of Report</b>							
<p>The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and cover a variety of organisational activities within Operations, Quality and Safety, Workforce, Finance, Research, Commercial and Private Patients . The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods and as a trend. The report also identifies additional information and Remedial Action Plans for KPIs falling short of target and requiring improvement.</p>							
<b>Executive Summary</b>							
<p>The IPR continues to reflect the Trust performance during the COVID period. Activity still remains below historical averages. Recovery is in progress and the Trust is improving its activity weekly. The addendum to the IPR outline this activity. Also further planning for recovery during the next six months is in progress and the Trust will be submitting a forecast to NHSI at the end of September.</p> <p>For performance the Trust continues to perform strongly on the agreed KPIs overall. Cancer is performing well overall although has just dipped below the 2 week wait target which is due to one patient breeching. The other access targets remain challenged due to COVID. There are currently 149 patient waiting above 52 weeks this level of wait continues through September whilst the Trust recovers but there is a plan to significantly reduce this by the end of October.</p> <p>Appraisal rate remain below target which was due to a decision made during the Covid response to refocus this. However as staff return to work more normally managers are now picking appraisal back up and this is expected to improve over the coming months.</p>							
<b>Action Required/Recommendation</b>							
The report is primarily for information purposes but will inform discussion regarding how the Trust is performing against its key organisational measures. This may in turn generate subsequent action.							
<b>For Assurance</b>	<b>X</b>	<b>For decision</b>		<b>For discussion</b>		<b>To Note</b>	

## Trust Executive Summary By Scorecard Domain - August 2020

### Service Excellence (Ambitions)

Patient Centred Care			
	G	A	R
<b>Total</b>	<b>28</b>	<b>0</b>	<b>6</b>
Cancer	5	0	1
Access & Outpatients	4	0	3
Admitted	4	0	2
Quality & Safety	15	0	0
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
<b><i>In Development</i></b>		

### People (Enablers)

Workforce Metrics		
G	A	R
2	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
2	0	1

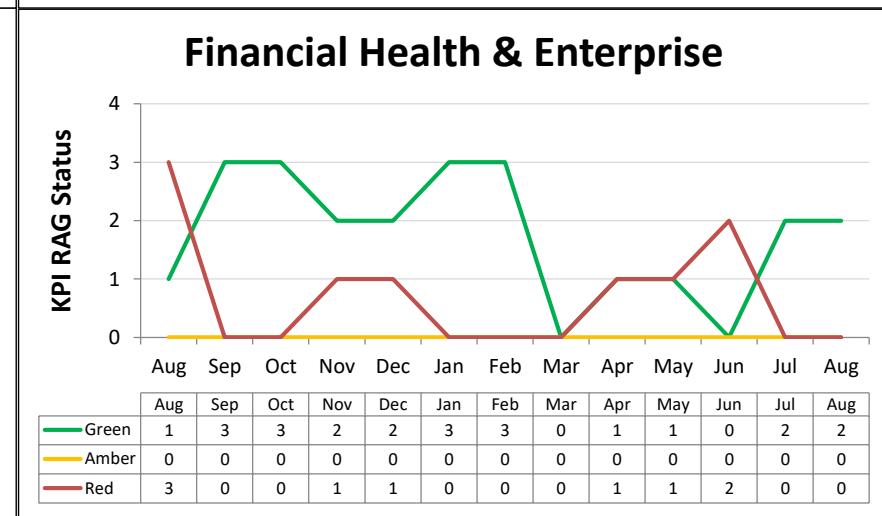
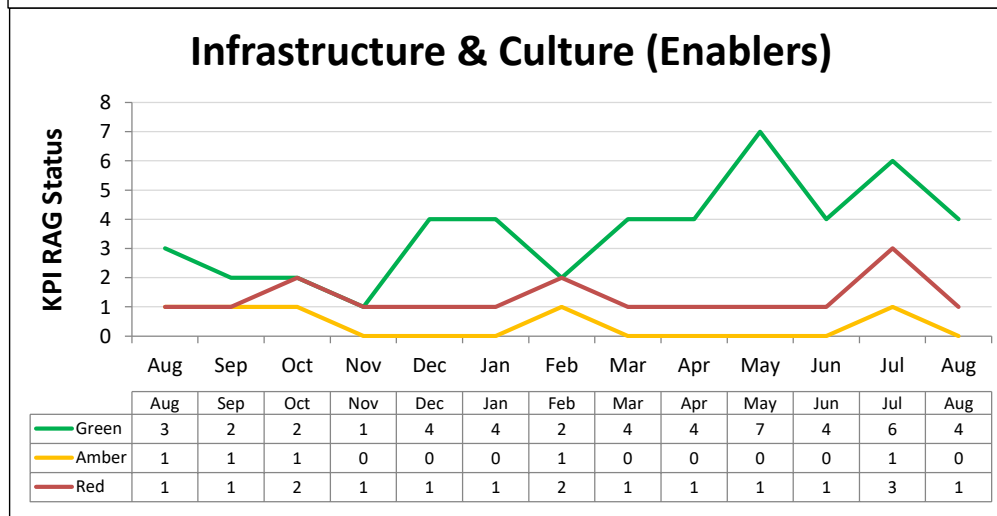
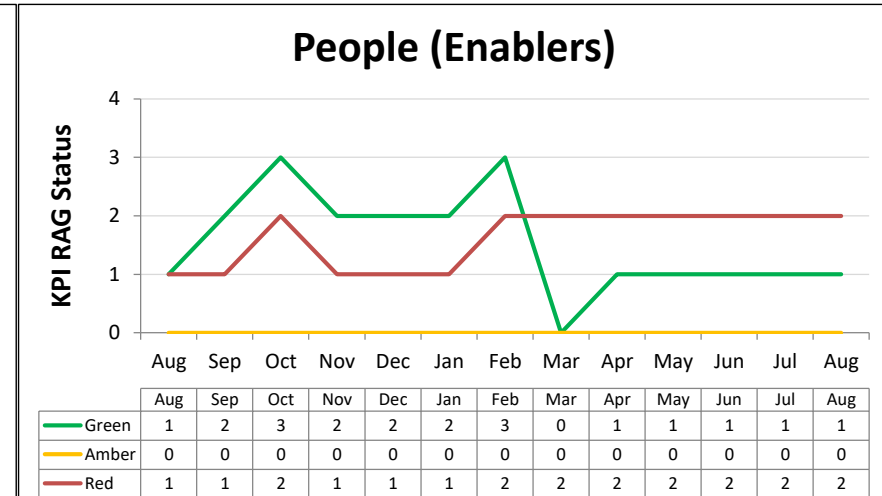
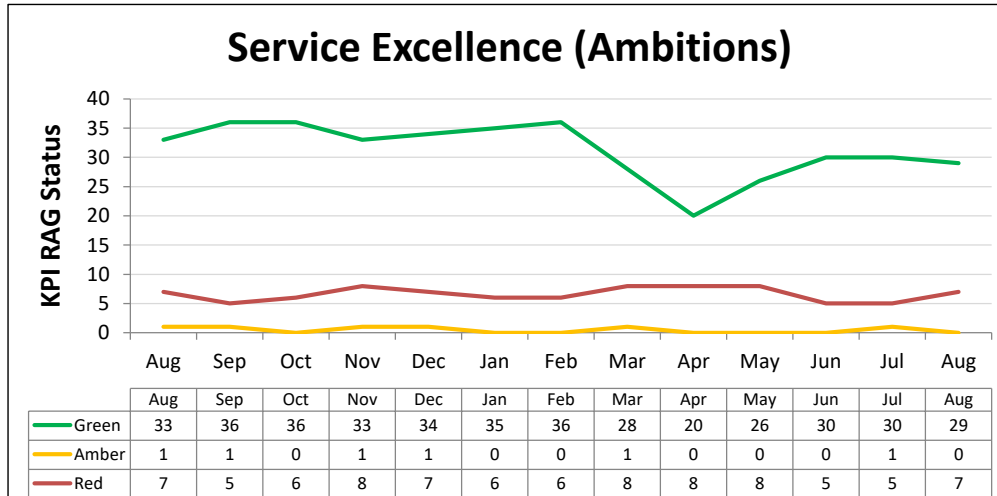
### Financial Health & Enterprise (Enablers)

Overall Plan		
G	A	R
1	0	0

Commercial Operations		
G	A	R
1	0	0

Cost Improvement Plans		
G	A	R
0	0	0

# Executive Summary - Scorecard Domain Trends



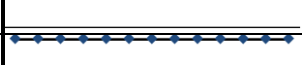
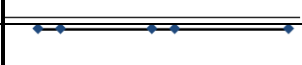






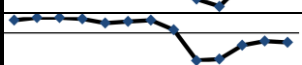













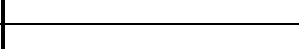


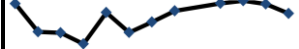




## Context - Overall Activity - August 2020











		August 2020		Monthly Variance	Year To Date		YTD Variance
		2019/20	2020/21		2019/20	2020/21	
<b>Accident &amp; Emergency</b>	A&E Arrivals (All Type 2)	8,301	5,527	- 33.4%	42,899	25,258	- 41.1%
	Number of 4 hour breaches	167	2	- 98.8%	573	5	- 99.1%
<b>Outpatient Activity</b>	Number of Referrals Received	11,593	6,314	- 45.5%	62,009	21,271	- 65.7%
	Total Attendances	49,062	22,689	- 53.8%	255,676	78,030	- 69.5%
	First Appointment Attendances	10,761	4,188	- 61.1%	56,676	14,976	- 73.6%
	Follow Up (Subsequent) Attendances	38,301	18,501	- 51.7%	199,000	63,054	- 68.3%
<b>Admission Activity</b>	Total Admissions	3,091	1,193	- 61.4%	16,491	3,214	- 80.5%
	Day Case Elective Admissions	2,760	1,008	- 63.5%	14,763	2,233	- 84.9%
	Inpatient Elective Admissions	95	59	- 37.9%	511	205	- 59.9%
	Non-Elective (Emergency) Admissions	236	126	- 46.6%	1,217	776	- 36.2%

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



Domain	Service Excellence (Ambitions)					August 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 20	Jun 20	Jul 20	Aug 20	13 Month Series	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	R	7	96.6%	Monthly	100.0%	100.0%	100.0%	91.7%		↓
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	G		94.5%	Monthly	94.4%	100.0%	92.7%	93.9%		↑
	Cancer 31 day waits - Decision to Treat to First Definitive Treatment	≥96%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 31 day waits - Decision to Treat to Subsequent Treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from Urgent GP Referral to First Definitive Treatment	≥85%	G		100.0%	Monthly	n/a	n/a	n/a	100.0%		→
	Cancer 28 Day Faster Diagnosis Standard	≥85%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	R	8	51.4%	Monthly	68.4%	45.4%	29.4%	36.0%		↑
	52 Week RTT Incomplete Breaches	Zero Breaches	R	9	289	Monthly	10	31	98	149		↑
	A&E Four Hour Performance	≥95%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	R	10	38.6%	Monthly	24.2%	23.0%	30.3%	36.7%		↑
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	G		n/a	Monthly	43	49	58	122		↑
Patient Centred Care (Access & Outpatients)	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 95Mins	G		n/a	Monthly	64	85	92	87		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 85Mins	G		n/a	Monthly	66	76	79	78		↓

Domain	Service Excellence (Ambitions)					August 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 20	Jun 20	Jul 20	Aug 20	13 Month Series	vs. Last
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	G		5.8%	Monthly	4.3%	6.6%	6.6%	5.9%		↓
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	R	11	0.52%	Monthly	0.00%	0.15%	0.72%	0.84%		↑
	Mixed Sex Accommodation Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	R	12	n/a	Monthly (Rolling 3)	3.09%	6.85%	4.21%	3.67%		↓
	VTE Risk Assessment	≥95%	G		95.3%	Monthly	79.0%	97.3%	98.2%	96.5%		↓
	Posterior Capsular Rupture rates	≤1.95%	G		0.76%	Monthly	n/a	0.00%	0.00%	1.40%		↑
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	G		0	Monthly	0	0	0	0		→
	Endophthalmitis Rates - Aggregate Score	Zero Non-Compliant			n/a	Quarterly		0				
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases			n/a	Monthly	n/a	n/a	n/a	n/a		
	MSSA Rate - cases	Zero Cases			n/a	Monthly	n/a	n/a	n/a	n/a		
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G		98.3%	Monthly	94.9%	98.7%	97.5%	101.6%		↑
	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		96.0%	Monthly	95.4%	95.7%	96.0%	96.2%		↑
	A&E Scores from Friends and Family Test - % positive	≥90%	G		94.6%	Monthly	94.7%	95.0%	94.7%	93.9%		↓
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		93.1%	Monthly	91.6%	92.8%	93.8%	93.5%		↓
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		94.2%	Monthly	91.9%	95.3%	95.2%	94.1%		↓

Domain		Service Excellence (Ambitions)				August 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 20	Jun 20	Jul 20	Aug 20	13 Month Series	vs. Last
Patient Centred Care (Quality & Safety)	Summary Hospital Mortality Indicator	Zero Cases	G		0	Monthly	0	0	0	0		→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G		n/a	Monthly	0	0	0	0		→
	Percentage of responses to written complaints sent within 25 days	≥80%	G		97.5%	Monthly (Month in	100.0%	100.0%	100.0%	93.3%		
	Percentage of responses to written complaints acknowledged within 3 days	≥80%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		89.6%	Monthly (Month in	78.9%	88.5%	94.7%	93.8%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		98.7%	Monthly (Month in	100.0%	100.0%	94.9%	100.0%		
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		2	Monthly	1	0	0	0		→
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open			n/a	Monthly	80	59	53	78		↑	
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥1800			110	Monthly	10	15	38	43		↑
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G		n/a	Monthly	3.7%	3.7%	3.6%	4.8%		↑

Remedial Action Plan - August 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Cancer)
Cancer 2 week waits - first appointment urgent GP referral							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≥93%	<b>Red</b>	96.6%	100.0%	100.0%	100.0%	91.7%				
Divisional Benchmarking (Aug 20)				City Road	North	South				
				91.7%	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Previously Identified Issues										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
The August performance was due to 1 breach out of 12 patients. This was secondary to patient choice. Earlier appointment offered, however, patient could not arrange for carer to bring them to this date.							All patient choice breaches escalated to CNS to phone and encourage earlier attendance (where possible).		September 2020	

Remedial Action Plan - August 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
18 Week RTT Incomplete Performance							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≥92%	<b>Red</b>	51.4%	68.4%	45.4%	29.4%	36.0%				
Divisional Benchmarking (Aug 20)				City Road	North	South				
				51.3%	10.2%	22.8%				
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	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
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	

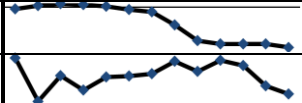
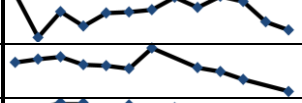
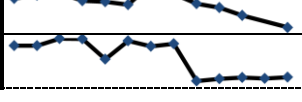
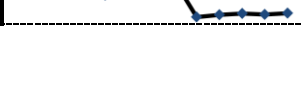
Remedial Action Plan - July 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
52 Week RTT Incomplete Breaches							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	Apr-20	May-20	Jun-20	Jul-20				
Zero Breaches	Red	140	1	10	31	98				
Divisional Benchmarking (Jul 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
Backlog of surgical cases due to deferral of all bar P1 and P2 surgery.							Plans for P3 and P4 surgery to restart in next two months.		Sep 2020	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Backlog of surgical cases due to deferral of all bar P1 and P2 surgery.							Weekly PTL meetings with division to focus on all patients 46 weeks+ and identify plans for patients both over 52 weeks and at risk of tipping over.		October 2020	

Remedial Action Plan - August 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Percentage of Diagnostic waiting times less than 6 weeks							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≥99%	<b>Red</b>	38.6%	24.2%	23.0%	30.3%	36.7%				
Divisional Benchmarking (Aug 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
All appointments except those clinically confirmed urgent patients were stratified and postponed as at 23rd March 2020. They were transferred onto the pending waiting list in the radcentre (booking system) due to Covid 19. Following the NHSE Clinical Prioritisation Categories for every New and Backlog imaging test request, the list was re-stratified into Red, Amber, Green. Referring clinicians were contacted where necessary.							High Risk: Red stratified oncology patients and new oncology patients have and continue to be seen throughout for their diagnostics alongside their clinic appointment. A new diagnostic hub in oncology clinic 11 has been established and allows for one stop streamlined care.		Nov 2020	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
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.		December 2020	

Remedial Action Plan - August 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Theatre Cancellation Rate (Non-Medical Cancellations)							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≤0.8%	<b>Red</b>	0.52%	0.00%	0.15%	0.72%	0.84%				
Divisional Benchmarking (Aug 20)				City Road	North	South				
				0.49%	0.00%	3.26%				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
No Previously Identified Issues										
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
6 patients cancelled at Croydon on the same day as the microscope and phaco machine broke. Alternative equipment could not be transferred on the same day.							Alternative equipment has been transferred to Croydon whilst repairs are completed.		September 2020	

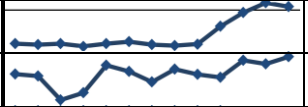
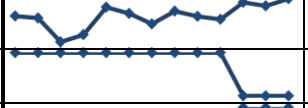
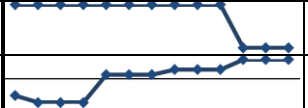
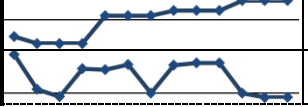
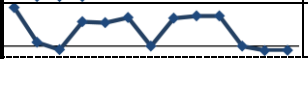


Remedial Action Plan - August 2020							Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)							Lead Manager	Alex Stamp	Responsible Director	John Quinn
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≤ 2.67%	Red	n/a	3.09%	6.85%	4.21%	3.67%				
Divisional Benchmarking (Aug 20)			City Road	North	South					
			3.88%	n/a	0.00%					
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>For the month of June, there are three patients:</p> <ol style="list-style-type: none"> <li>1. Adnexal patient who had a series of planned steroid IV infusions. This is not a repeat surgical admission and not reflective of any clinical failure.</li> <li>2. Elderly glaucoma patient who had laser treatment to reduce pressure prior to their definitive treatment of cataract surgery. No element of treatment failure - appropriate to get pressure down and then conduct cataract surgery as soon as is safe to do so. This was clinically necessary.</li> <li>3. Severe complex case under the External Disease service, where an amniotic membrane graft had to be repeated after the first melted.</li> </ol>							The Deputy Divisional Director continues to review all cases of readmission within 28 days in order to understand reasons behind underperformance. In these cases, no further action was required.		Aug 2020	
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
<p>The definition of how this metric is calculated nationally considers only inpatient spells that were intended as overnight stays. Inpatient spells form a minority of surgical activity at MEH and this percentage is therefore driven by a small number of breaches. The monthly performance figure is based on a three month rolling value and these breaches were from June 2020, reported as:</p> <ol style="list-style-type: none"> <li>1. Adnexal patient who had a series of planned steroid IV infusions. This is not a repeat surgical admission and not reflective of any clinical failure.</li> <li>2. Elderly glaucoma patient who had laser treatment to reduce pressure prior to their definitive treatment of cataract surgery. No element of treatment failure - appropriate to get pressure down and then conduct cataract surgery as soon as is safe to do so. This was clinically necessary.</li> <li>3. Severe complex case under the External Disease service, where an amniotic membrane graft had to be repeated after the first melted.</li> </ol>							The Deputy Divisional Director continues to review all cases of readmission within 28 days in order to understand reasons behind underperformance. In these cases, no further action was required.		September 2020	



Domain		People (Enablers)				August 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 20	Jun 20	Jul 20	Aug 20	13 Month Series	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R	14	n/a	Monthly	68.0%	68.0%	68.0%	66.8%		↓
	Information Governance Training Compliance	≥95%	R	15	n/a	Monthly	94.7%	94.3%	93.1%	92.6%		↓
	Staff Turnover (Rolling Annual Figure)	≤15%	G		n/a	Monthly	12.2%	11.4%	n/a	10.2%		◆
	Proportion of Temporary Staff	RAG as per Spend	G		4.5%	Monthly	4.6%	4.9%	4.7%	5.0%		↑

Remedial Action Plan - August 2020							Domain	People (Enablers)	Theme	Workforce Metrics
Appraisal Compliance							Lead Manager	Nicky Wild	Responsible Director	Sandi Drewett
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≥80%	Red	n/a	68.0%	68.0%	68.0%	66.8%				
Divisional Benchmarking (Aug 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
At the start of the Covid-19 period an executive decision was made to suspend the appraisal process. The appraisal process has now restarted with new Covid-19 specific guidance but it is recognised that recovery towards target will take some time as working restrictions are still in place.							The development of support and guidance for virtual appraisal is on-going and a process of reminder emails to managers is now in operation.		31st March 2020	In Progress (Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
At the start of the Covid-19 period an executive decision was made to suspend the appraisal process. The appraisal process has now restarted with new Covid-19 specific guidance but it is recognised that recovery towards target will take some time as working restrictions are still in place.							HR Business Partners are communicating appraisal rates with Divisional Management Teams on a monthly basis.			

Remedial Action Plan - August 2020							Domain	People (Enablers)	Theme	Workforce Metrics
Information Governance Training Compliance							Lead Manager	Jo Downing	Responsible Director	Ian Tombleson
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
≥95%	Red	n/a	94.7%	94.3%	93.1%	92.6%				
Divisional Benchmarking (Aug 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 data quality and new starters not always completing their mandatory training before starting.							The IG team is working with L&D, IMDQG and SMTC to 1) improve data quality 2) ensure all staff receive IG training before they start the organisation 3) ensure that reminders are sent to the organisation focusing on those who are about to fall out of compliance (sent by L&D) or those that demonstrate long term poor compliance (for a variety of possible reasons) - sent by IG. This requires continuous maintenance.		Oct 2020	In Progress (No Update)
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
Action Plan in Progress										

Domain		Infrastructure & Culture (Enablers)				August 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 20	Jun 20	Jul 20	Aug 20	13 Month Series	vs. Last
	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	G		92.9%	Monthly	92.0%	93.7%	94.9%	94.4%		↓
	Data Quality - Ethnicity recording (A&E)	≥94%	G		100.0%	Monthly	99.9%	100.0%	100.0%	100.0%		→
Research	70 Day To Recruit First Research Patient	≥80%	G		96.2%	Monthly	100.0%	93.3%	93.3%	93.3%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	G		70.8%	Monthly	68.8%	72.7%	72.7%	72.7%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	R	17	100.6%	Monthly	186.6%	100.0%	87.3%	87.6%		↑

Remedial Action Plan - August 2020							Domain	Infrastructure & Culture (Enablers)	Theme	Research
Percentage of Patients Recruited Against Target (Studies Closed In Month)							Lead Manager	Julian Hughes	Responsible Director	Declan Flanagan
Target	Rating	YTD	May-20	Jun-20	Jul-20	Aug-20				
100%	Red	100.6%	186.6%	100.0%	87.3%	87.6%				
Divisional Benchmarking (Aug 20)				City Road	North	South				
				n/a	n/a	n/a				
Previously Identified Issues							Previous Action Plan(s) to Improve		Target Date	Status
<p>One study (DALA1039; Evaluation of The Auckland Optotypes in children with amblyopia) closed in July recruiting 46 patients, out of planned 100 patients. The study team discussed restarting after the COVID lockdown, but decided to close the study given the potential reduction in patient numbers in clinic and that the study budget had been used during the COVID lockdown. The study team analysed the data and found that they had sufficient data to answer the research question with the reduced patient number. A paper has been written for the study which will be submitted for publication in the next couple of weeks.</p> <p>'A Prospective Study to Evaluate Swept-Source OCT and Adaptive Optics Imaging of Diseases of the Vitreous, Retina and Choroid' (Praveen Patel) recruited 300/300 and 'Effectiveness of Multimodal imaging for the Evaluation of Retinal oedema And new vessels in Diabetic retinopathy (EMERALD)' recruited 35/35 bringing the 3 month average to 87.3%.</p>							<p>Within R&amp;D, we are continuously reviewing patient recruitment to studies, and working with study teams and sponsors to manage the study recruitment expectations. R&amp;D operational teams are continuously processing study and contract amendments to manage study recruitment targets and timeframes. Improved patient recruitment feasibility will also factor into our ability to meet recruitment expectations.</p>			
Reasons for Current Underperformance							Action Plan(s) to Improve Performance		Target Date	
As reported above							As reported above			

Domain	Financial Health & Enterprise (Enablers)					August 2020						
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 20	Jun 20	Jul 20	Aug 20	13 Month Series	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	G		4.4	Monthly	1.82	-0.35	-0.63	0.91		↑
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	G		-3.34	Monthly	-1.05	-0.94	0.28	0.49		↑

# Integrated Performance Report Addendum – Weekly Activity Data



Measure	Level	09-Aug-20	16-Aug-20	23-Aug-20	30-Aug-20	06-Sep-20	13-Sep-20	Corresponding 2019/20 week	Trend
Total pathways	Trust	31256	31461	31884	31910	32155	32397	29039	
Over 18 week pathways	Trust	21529	21518	21021	20415	20092	19366	1656	
Over 18 week performance	Trust	31.1%	31.6%	34.1%	36.0%	37.5%	40.2%	94.3%	
Over 18 week non admitted performance	Trust	34.3%	34.8%	37.3%	39.2%	40.6%	43.0%	97.0%	
Over 18 week admitted performance	Trust	18.1%	18.2%	20.4%	22.0%	23.4%	26.5%	84.2%	
Over 18 week non admitted pathways	Trust	16559	16494	16183	15844	15691	15328	695	
Over 18 week admitted pathways	Trust	4970	5024	4838	4571	4401	4038	961	
Over 40 week non admitted pathways	Trust	534	538	572	624	783	890	6	
Over 40 week admitted pathways	Trust	840	885	973	1025	1125	1132	6	
Over 52 week non admitted pathways	Trust	30	31	30	27	24	26	1	
Over 52 week admitted pathways	Trust	113	98	101	119	133	134	0	
New pathways not seen over 14 weeks	Trust	3520	3527	3623	3753	3851	3985	1143	
New pathways not seen over 18 weeks	Trust	2803	2808	2930	3001	3099	3181	184	
New pathways (RTTSD last 7 days)	Trust	125	107	123	129	149	134	314	
New surgical pathways (DTA last 7 days)	Trust	74	113	120	54	89	69	0	
Percentage WL size vs Feb 2020	Trust	110.6%	111.3%	112.8%	112.9%	113.8%	114.7%	102.8%	
Median wait	Trust	165	168	173	178	181	185	44	
Median wait non-admitted	Trust	162	165	167	172	176	178	61	
Median wait admitted	Trust	191	194	199	203	208	210	61	
Avg wait to first appt (ERS)	Trust	63	64	64	65	67	68	82	
Cancelled appointments no stratification	Trust	68073	69073	74152	76686	79644	83069	n/a	
DNA rate (last week)	Trust	12.7%	13.5%	13.0%	14.9%	16.6%	16.9%	10.8%	
Face to Face DNA rate (last week)	Trust	12.3%	14.1%	13.4%	15.3%	17.4%	17.3%	10.9%	
Non Face to Face DNA rate (last week)	Trust	14.9%	8.6%	10.4%	11.5%	9.4%	13.1%	n/a	



Measure	Level	09-Aug-20	16-Aug-20	23-Aug-20	30-Aug-20	06-Sep-20	13-Sep-20	Corresponding 2019/20 week	Trend
New Outpatient Attendances	Trust	901	985	970	903	899	1078	2657	
	% of last year	34.3%	37.5%	38.4%	44.2%	34.5%	40.6%		
	% of Phase 3 Target*	38.1%	41.6%	42.7%	49.1%	34.5%	40.6%		
New Virtual Outpatient Attendances <i>(subset of New Outpatients Attendances figures above not additional)</i>	Trust	-	-	-	-	-	88	n/a	
Follow Up Outpatient Attendances	Trust	4010	4168	4561	4613	3833	4989	9504	
	% of last year	44.7%	46.5%	51.7%	59.8%	41.1%	52.5%		
	% of Phase 3 Target*	49.1%	51.7%	57.4%	66.4%	41.1%	52.5%		
Follow Up Virtual Outpatient Attendances <i>(subset of Follow Up Outpatients Attendances figures above not additional)</i>	Trust	-	-	-	-	-	549	n/a	
Elective Surgery	Trust	157	272	249	289	252	420	747	
	% of last year	21.5%	37.2%	39.6%	48.9%	35.0%	56.2%		
	% of Phase 3 Target*	30.7%	55.0%	56.6%	69.9%	43.7%	70.3%		
Elective Surgery - potential performance <i>(details contained within the Divisional Admin Pack)</i>	Non-discharged Admissions	n/a	n/a	n/a	n/a	11	8		
	Missed Admissions	n/a	n/a	n/a	n/a	30	33		
	Potential % of last year	n/a	n/a	n/a	n/a	40.6%	61.7%		
Elective Surgery LESS 25 AVE FOR DVH	Trust	157	272	249	289	252	420	722	
	% of last year	22.2%	39.9%	41.3%	51.1%	36.2%	58.2%		
	% of Phase 3 Target*	31.8%	57.1%	59.0%	72.9%	45.3%	72.7%		

\* Phase 3 Targets

New Outpatients: August = 90% of last years activity; September onwards = 100%

Follow Up Outpatients: August = 90% of last years activity; September onwards = 100%

Elective patients: August = 70% of last years activity; September = 80%; October = 90%; November onwards = 100%



**Moorfields**  
**Eye Hospital**  
NHS Foundation Trust



<b>Report title</b>	Monthly Finance Performance Report Month 05 – August 2020
<b>Report from</b>	Jonathon Wilson, Chief Financial Officer
<b>Prepared by</b>	Justin Betts, Deputy Chief Financial Officer
<b>Link to strategic objectives</b>	Deliver financial sustainability as a Trust

### Executive summary

Since the NHS emergency response to COVID in March 2020, Operational planning nationally has been formally suspended. The Annual Plan and in-month plan values in this report represent the Trusts draft 2020/21 Financial Plan approved by the Trust Board and submitted to NHS Improvement on the 5<sup>th</sup> March 2020 with efficiency savings removed.

Please note therefore that variances to plan provide an indication only as to how income and expenditure patterns have changed.

For July the Trust is reporting :-

- a deficit of **£7.11m** prior to block payment support; (£45.84m deficit YTD)
- a **breakeven position** adjusting for block payment income support.

Compared to initial plans, the Trust is reporting:-

- **£8.25m less income** than would be expected, (£60.39m YTD) offset by
- **£0.98m less pay**, and
- **£1.10m 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	£249.3m	£19.3m	£18.2m	(£1.1m)	£101.5m	£86.2m	(£15.3m)
Pay	(£138.8m)	(£11.5m)	(£10.5m)	£1.0m	(£57.7m)	(£51.1m)	£6.6m
Non Pay	(£101.9m)	(£8.0m)	(£6.9m)	£1.1m	(£44.3m)	(£31.0m)	£13.2m
Financing & Adjustments	(£9.4m)	(£0.8m)	(£0.7m)	£0.1m	(£3.9m)	(£4.0m)	(£0.1m)
<b>CONTROL TOTAL</b>	<b>(£0.8m)</b>	<b>(£1.0m)</b>	<b>£0.0m</b>	<b>£1.0m</b>	<b>(£4.4m)</b>	<b>£0.0m</b>	<b>£4.4m</b>

Efficiency scheme performance will remain unreported during the Covid-19 response period. Within the plan submitted to board these totalled £2.290m YTD.

### Quality implications

Patient safety has been considered in the allocation of budgets.

### Financial implications

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

### Risk implications

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

### Action Required/Recommendation

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

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



# Monthly Finance Performance Report For the period ended 31<sup>st</sup> August 2020 (Month 05)

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**Presented by**

Jonathan Wilson; Chief Financial Officer

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**Prepared by**

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

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# Monthly Finance Performance Report

For the period ended 31<sup>st</sup> August 2020 (Month 05)



## Key Messages

### Statement of Comprehensive Income

**Operational Planning** Since the NHS emergency response to COVID in March 2020, Operational planning nationally has been formally suspended. The Annual Plan and in-month plan values in this report represent the Trusts draft 2020/21 Financial Plan approved by the Trust Board and submitted to NHS Improvement on the 5<sup>th</sup> March 2020. Please note therefore that variances to plan provide an indication only as to how income and expenditure patterns have changed.

**Financial Position** For August the Trust is reporting :-

- a **deficit of £7.11m** prior to block payment support (£45.84m YTD);
- a **breakeven position** adjusting for block payment income support.

£7.11m deficit pre support

Compared to initial plans, the Trust is reporting:-

- **£8.25m less income** than would be expected; offset by
- **£0.98m less pay**; and
- **£1.10m less non pay** operating expenditure (£0.67m drugs).

**Income** Total Trust income is £8.25m less than would be expected, consisting of:-

£8.25m less than plan

- Clinical activity income losses £7.33m; (£50.03m YTD)
- Commercial income losses £0.11m; (£6.23m YTD)
- Research income losses £0.51m; (£3.50m YTD) and
- Other income losses of £0.30m (£1.18m YTD).

Activity income, if reimbursed by normal contracting arrangements would total £7.35m compared to a plan of £14.28m - £6.93m adverse to plan.

**Expenditure** Pay costs are £0.98m below plan, with bank and agency costs £0.90m (63%) less than 2019/20 average expenditure levels.

£2.08m less than plan

(pay, non pay, excl financing)

Non-pay costs are £1.10m below plan mainly due to Drugs (£0.67m), Clinical Supplies (£0.41m).

### Statement of Financial Position

**Cash and Working Capital Position** The cash balance at the 31<sup>st</sup> August is £82.0m significantly higher than initially planned, primarily due to block income payments in advance, and top-up payments received by the Trust to ensure NHS organisation 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 (both gross capital expenditure and CDEL) have been reviewed and amended in light of post COVID recovery and responses.

Capital spend to August totalled £4.3m primarily linked to Oriel and purchases of new medical equipment.

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

# 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	£249.3m	£19.3m	£18.2m	(£1.1m)	£101.5m	£86.2m	(£15.3m)	(15)%	●
Pay	(£138.8m)	(£11.5m)	(£10.5m)	£1.0m	(£57.7m)	(£51.1m)	£6.6m	11%	●
Non Pay	(£101.9m)	(£8.0m)	(£6.9m)	£1.1m	(£44.3m)	(£31.0m)	£13.2m	30%	●
Financing & Adjustments	(£9.4m)	(£0.8m)	(£0.7m)	£0.1m	(£3.9m)	(£4.0m)	(£0.1m)	(3)%	●
<b>CONTROL TOTAL</b>	<b>(£0.8m)</b>	<b>(£1.0m)</b>	<b>£0.0m</b>	<b>£1.0m</b>	<b>(£4.4m)</b>	<b>£0.0m</b>	<b>£4.4m</b>	100%	
<b>Memorandum Items</b>									
Research & Development	(£2.18m)	(£0.18m)	(£0.85m)	(£0.67m)	(£0.90m)	(£4.56m)	(£3.66m)	(408)%	●
Commercial Trading Units	£5.42m	£0.26m	£0.49m	£0.23m	£1.54m	(£1.80m)	(£3.34m)	(217)%	●
ORIEL Revenue	(£2.45m)	(£0.17m)	(£0.12m)	£0.05m	(£0.81m)	(£0.33m)	£0.47m	59%	●

## INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan	Year to Date				RAG	Forecast		
		Budget	Actual	Variance	Plan		Actual	Variance	
NHS Clinical Income	£145.5m	£59.5m	£17.4m	(£41.9m)	●	-	-	-	
Pass Through	£38.6m	£15.9m	£10.3m	(£5.6m)	●	-	-	-	
Other NHS Clinical Income	£9.8m	£4.0m	£1.5m	(£2.5m)	●	-	-	-	
Commercial Trading Units	£34.0m	£13.0m	£6.8m	(£6.2m)	●	-	-	-	
Research & Development	£11.9m	£5.2m	£1.7m	(£3.5m)	●	-	-	-	
Other	£8.7m	£3.7m	£2.7m	(£1.2m)	●	-	-	-	
<b>INCOME PRE TOP-UP</b>	<b>£248.5m</b>	<b>£101.3m</b>	<b>£40.4m</b>	<b>(£60.9m)</b>		-	-	-	
FRF/Block Payment Top Up	£0.8m	£0.2m	£45.8m	£45.6m		-	-	-	
<b>TOTAL OPERATING REVENUE</b>	<b>£249.3m</b>	<b>£101.5m</b>	<b>£86.2m</b>	<b>(£15.3m)</b>		-	-	-	

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

## PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			% Total
		Plan	Actual	Variance	Budget	Actual	Variance	
Employed	(£136.5m)	(£11.3m)	(£10.0m)	£1.35m	(£56.8m)	(£48.6m)	£8.19m	95%
Bank	(£1.8m)	(£0.1m)	(£0.4m)	(£0.29m)	(£0.8m)	(£1.9m)	(£1.11m)	4%
Agency	£0.0m	£0.0m	(£0.1m)	(£0.08m)	£0.0m	(£0.5m)	(£0.48m)	1%
Other	(£0.5m)	(£0.0m)	(£0.0m)	£0.00m	(£0.2m)	(£0.2m)	£0.01m	0%
<b>TOTAL PAY</b>	<b>(£138.8m)</b>	<b>(£11.5m)</b>	<b>(£10.5m)</b>	<b>£0.98m</b>	<b>(£57.7m)</b>	<b>(£51.1m)</b>	<b>£6.61m</b>	

## CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date				RAG	Forecast		
		Budget	Actual	Variance	Budget		Actual	Variance	
Trust Funded	(£13.7m)	(£3.6m)	(£4.2m)	£0.6m	●	-	-	-	
Donated/Externally funded	(£1.4m)	(£0.0m)	(£0.1m)	£0.1m	●	-	-	-	
<b>TOTAL</b>	<b>£15.1m</b>	<b>£3.6m</b>	<b>£4.3m</b>	<b>£0.7m</b>		-	-	-	

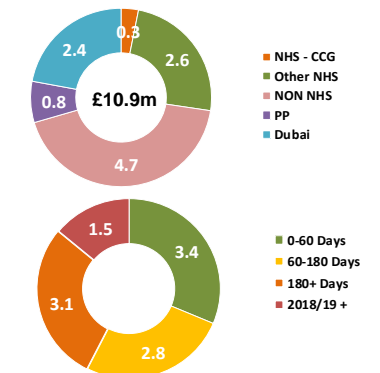
### Key Metrics

	Plan	Actual	RAG
Cash	37.7	82.0	●
Debtor Days	45	27	●
Creditor Days	45	42	●
PP Debtor Days	65	48	●

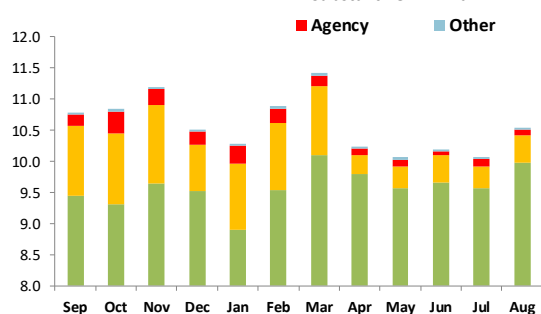
### Use of Resources

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

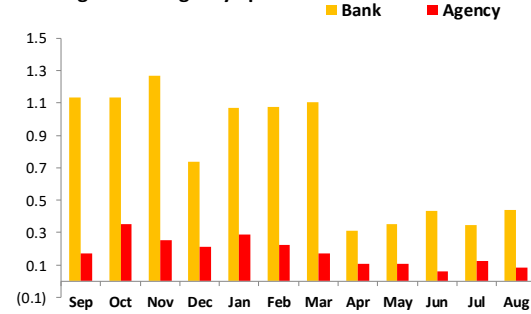
### Net Receivables/Ageing £m



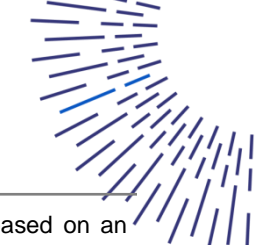
### Rolling Pay Spend £m



### Rolling Bank & Agency Spend £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
<b>Income</b>											
NHS Commissioned Clinical Income	184.08	14.28	7.35	(6.93)	(49)%	●	75.41	27.69	(47.52)	63%	●
Other NHS Clinical Income	9.80	0.79	0.39	(0.40)	(51)%	●	4.01	1.50	(2.51)	63%	●
Commercial Trading Units	34.01	2.59	2.48	(0.11)	(4)%	●	12.99	6.76	(6.23)	(48)%	●
Research & Development	11.87	0.96	0.45	(0.51)	(53)%	●	5.18	1.69	(3.50)	67%	●
Other Income	8.70	0.70	0.40	(0.30)	(42)%	●	3.69	2.72	(1.18)	32%	●
<b>Total Income</b>	<b>248.46</b>	<b>19.32</b>	<b>11.07</b>	<b>(8.25)</b>	<b>(43)%</b>	<b>●</b>	<b>101.29</b>	<b>40.35</b>	<b>(60.93)</b>	<b>60%</b>	<b>●</b>
<b>Operating Expenses</b>											
Pay	(138.83)	(11.52)	(10.54)	0.98	8%	●	(57.72)	(51.12)	6.61	11%	●
Drugs	(36.07)	(2.87)	(2.20)	0.67	23%	●	(14.86)	(9.47)	5.39	36%	●
Clinical Supplies	(21.87)	(1.77)	(1.29)	0.48	27%	●	(8.91)	(4.28)	4.63	52%	●
Other Non Pay	(44.01)	(3.37)	(3.42)	(0.05)	(1)%	●	(20.49)	(17.30)	3.19	16%	●
<b>Total Operating Expenditure</b>	<b>(240.78)</b>	<b>(19.52)</b>	<b>(17.44)</b>	<b>2.08</b>	<b>11%</b>	<b>●</b>	<b>(101.98)</b>	<b>(82.16)</b>	<b>19.82</b>	<b>19%</b>	<b>●</b>
<b>EBITDA</b>	<b>7.68</b>	<b>(0.20)</b>	<b>(6.37)</b>	<b>(6.17)</b>	<b>(3,112)%</b>	<b>●</b>	<b>(0.70)</b>	<b>(41.81)</b>	<b>(41.12)</b>	<b>(5,909)%</b>	<b>●</b>
Financing & Depreciation	(10.04)	(0.85)	(0.79)	0.06	7%	●	(4.20)	(4.26)	(0.07)	(2)%	●
Donated assets/impairment adjustments	0.68	0.06	0.05	(0.01)	(16)%	●	0.28	0.24	(0.04)	16%	●
<b>Control Total Surplus/(Deficit) Pre FRF/Top Up Payments</b>	<b>(1.67)</b>	<b>(0.99)</b>	<b>(7.11)</b>	<b>(6.12)</b>	<b>(618)%</b>	<b>●</b>	<b>(4.61)</b>	<b>(45.84)</b>	<b>(41.23)</b>	<b>(895)%</b>	<b>●</b>
Provider PSF/FRF	0.84	-	-	-	0%	●	0.21	-	(0.21)	100%	●
Covid Block Payments Received	-	-	7.81	7.81	0%	●	-	47.98	47.98	0%	●
Covid Top Up Payments	-	-	(0.70)	(0.70)	0%	●	-	(2.14)	(2.14)	0%	●
<b>Post PSF/FRF Control Total Surplus/(Deficit)</b>	<b>(0.84)</b>	<b>(0.99)</b>	<b>-</b>	<b>0.99</b>			<b>(4.40)</b>	<b>-</b>	<b>4.40</b>		

## Commentary

**Operating Income** The trust received block income payments during August based on an average of 2019/20 income levels to offset anticipated lower activity levels, and potentially greater costs during the emergency COVID response.

£8.25m below plan pre support

Clinical activity levels recorded were 50% lower than would normally have been expected during August. If the Trust was reimbursed under activity-based contracting arrangements, this income would have totalled £7.35m - £6.93m lower than plan.

In addition to the above, trust income losses included Commercial Trading income (£0.11m lower than plan), Research (£0.51m adverse), and Other NHS and Other Income adverse to plan (£0.40m and £0.30m adverse respectively).

This was compensated for via 'block' payments received, shown at the bottom of the table to the left, with organisations instructed to report break-even positions.

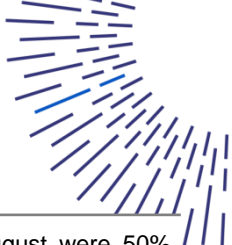
**Employee Expenses** Total pay costs were £0.98m below plan, with bank and agency costs £0.90m (63%) less than 2019/20 average expenditure levels.

£0.98m below plan Aside from weekend sessions in A&E there are a small number of services paying additional medical bank payments, whilst some non-medical temporary staffing payments were made in A&E, and Theatres to cover annual leave and extended working.

**Non Pay Expenses** Non pay costs are £1.10m below plan mainly due to Drugs (£0.67m), Clinical Supplies (£0.41m), whilst other expenditure underspent by £0.04m, all linked to reduced activity levels.

£1.91m below plan (non pay and financing) Cost improvement saving reporting is suspended during the COVID response.

# Trust Patient Clinical Income Performance



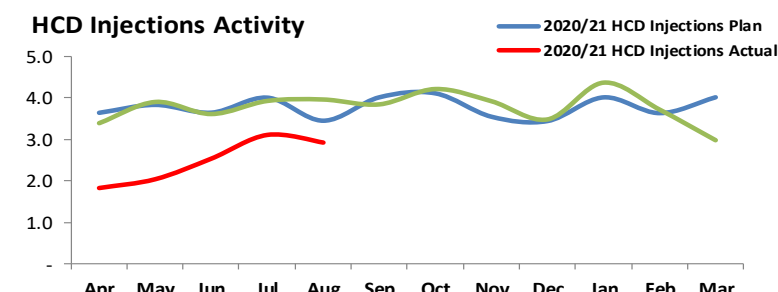
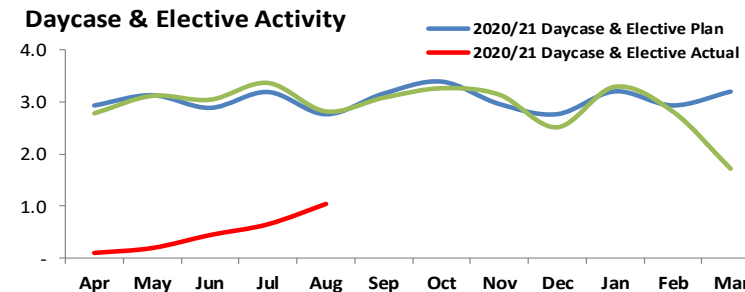
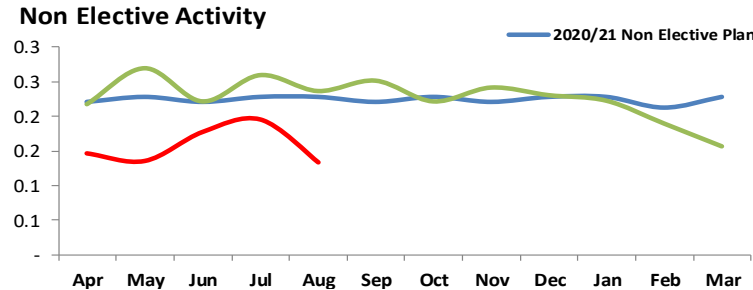
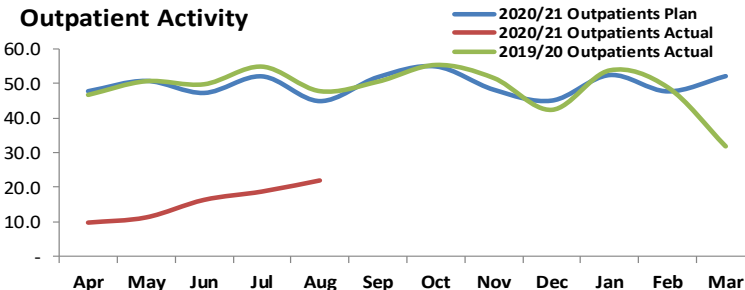
## PATIENT ACTIVITY AND CLINICAL INCOME

Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	8,923	5,521	(3,402)	62%	44,934	25,256	(19,678)	56%	£7,008	£3,694	(£3,314)	53%
Daycase / Inpatients	2,912	1,043	(1,869)	36%	15,479	2,419	(13,060)	16%	£17,284	£3,307	(£13,977)	19%
High Cost Drugs	3,571	2,913	(658)	82%	18,982	12,383	(6,599)	65%	£14,830	£10,254	(£4,576)	69%
Non Elective	255	133	(122)	52%	1,260	786	(474)	62%	£2,462	£1,525	(£937)	62%
OP Firsts	10,290	3,464	(6,826)	34%	54,700	13,219	(41,481)	24%	£9,402	£2,288	(£7,114)	24%
OP Follow Ups	37,418	18,628	(18,790)	50%	198,905	65,425	(133,480)	33%	£20,489	£5,910	(£14,579)	29%
Other NHS clinical income									£1,749	£290	(£1,459)	17%
<b>Total</b>	<b>63,369</b>	<b>31,702</b>	<b>(31,667)</b>	<b>50%</b>	<b>334,260</b>	<b>119,488</b>	<b>(214,772)</b>	<b>50%</b>	<b>£73,223</b>	<b>£27,267</b>	<b>(£45,956)</b>	<b>37%</b>

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



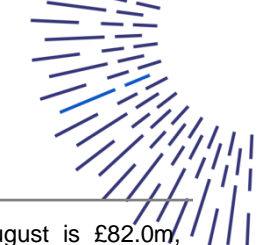
## Commentary

**NHS Income** Activity levels recorded during August were 50% below the 2020/21 activity plan levels (prior month: 64%). Please note this is a different metric to NHS'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 August was £7.35m if reimbursed via activity based contracting arrangements £6.9m 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	In Month			Year to Date		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	1.6	0.3	0.3	(0.0)	0.8	0.4	(0.4)
Medical Equipment - Trust Funded	3.3	0.5	0.5	0.0	0.6	1.4	0.9
IT - Trust Funded	1.3	0.1	0.2	0.1	0.2	0.3	0.0
ORIEL - Trust Funded	5.8	0.4	0.3	(0.1)	1.8	1.8	(0.1)
Dubai - Trust funded	0.5	-	-	-	0.2	0.2	0.0
Other - Trust funded	1.3	-	-	-	0.0	0.1	0.1
<b>TOTAL - TRUST FUNDED</b>	<b>13.7</b>	<b>1.4</b>	<b>1.3</b>	<b>(0.1)</b>	<b>3.6</b>	<b>4.2</b>	<b>0.6</b>
Donated/Externally funded	1.4	0.0	0.0	0.0	0.0	0.1	0.1
<b>TOTAL INCLUDING DONATED</b>	<b>15.1</b>	<b>1.4</b>	<b>1.3</b>	<b>(0.1)</b>	<b>3.6</b>	<b>4.3</b>	<b>0.7</b>

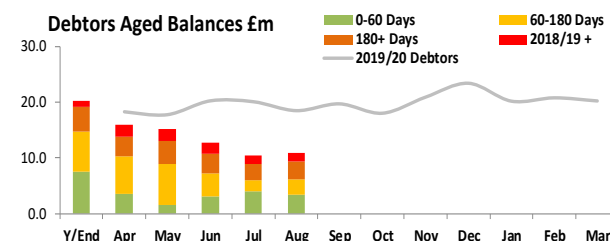
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.0	8.0		100%
Cash Reserves - B/Fwd cash	7.6	7.6		100%
Capital investment loan funding (approved)				0%
Cash Reserves - Other (PSF)				0%
Capital Loan Repayments	(1.8)	(1.8)		100%
<b>TOTAL - TRUST FUNDED</b>	<b>13.7</b>	<b>13.7</b>	<b>-</b>	<b>100%</b>
Donated/Externally funded	1.4	1.4		100%
<b>TOTAL INCLUDING DONATED</b>	<b>15.1</b>	<b>15.1</b>	<b>-</b>	<b>100%</b>

## STATEMENT OF FINANCIAL POSITION

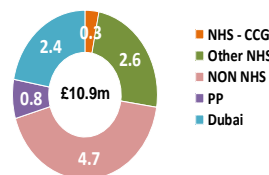
Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	108.2	98.7	96.5	(2.3)
Current assets (excl Cash)	20.4	21.5	17.6	(3.9)
Cash and cash equivalents	29.3	37.7	82.0	44.4
Current liabilities	(34.5)	(37.0)	(69.1)	(32.1)
Non-current liabilities	(35.4)	(35.8)	(37.2)	(1.4)
<b>TOTAL ASSETS EMPLOYED</b>	<b>88.1</b>	<b>85.1</b>	<b>89.9</b>	<b>4.8</b>

## RECEIVABLES

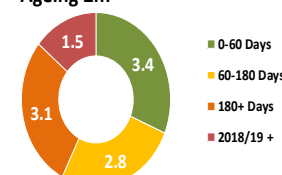
Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 +	Total
CCG Debt	-	0.0	0.2	0.1	0.3
Other NHS Debt	0.7	0.7	0.7	0.5	2.6
Non NHS Debt	1.4	1.4	1.5	0.4	4.7
Commercial Unit Debt	1.3	0.7	0.7	0.5	3.2
<b>TOTAL RECEIVABLES</b>	<b>3.4</b>	<b>2.8</b>	<b>3.1</b>	<b>1.5</b>	<b>10.9</b>



**Net Receivables £m**



**Ageing £m**



## OTHER METRICS

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

## Commentary

**Cash and Working Capital** The cash balance as at the 31<sup>st</sup> August is £82.0m, significantly higher than initially planned, largely due to block income and top-up payments in advance received by the Trust to ensure NHS organisation had sufficient cash to deal with the initial emergency COVID response. It is to be noted that both cash balances and current liabilities have increased by £18m over plan 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 August totalled £4.3m primarily linked to Oriel and purchase of new medical equipment.

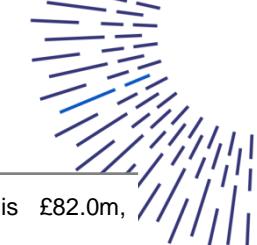
**Use of Resources** Use of resources monitoring and reporting have been suspended.

**Receivables** Receivables have reduced by £9.5m since the end of the 2019/20 financial year to £10.9m. A small increase of £0.4m was recorded in August from the July position.

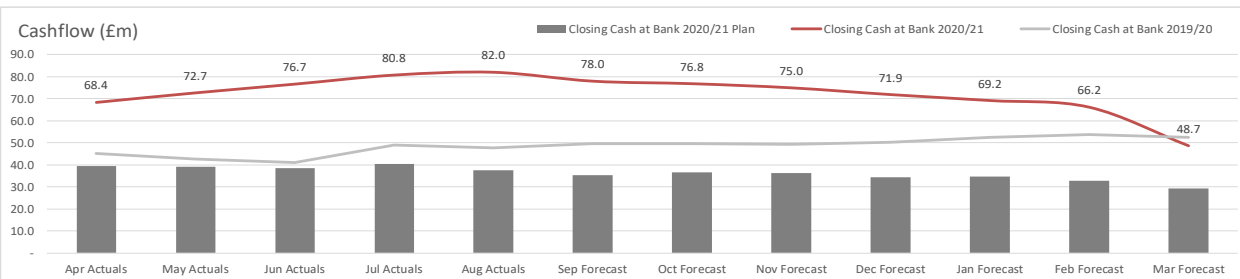
**Payables** Payables totalled £8.6m at the end of August, a reduction of £7.2m since March 2020. The reduction is partly due to the Trust adopting the new Prompt Payment guidance issued to NHS bodies and a reduction in operating expenses.



# Trust Statement of Financial Position – Cashflow



Cash Flow																
Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Aug Plan	Aug Var	
<b>Opening Cash at Bank</b>	<b>52.4</b>	<b>68.4</b>	<b>72.7</b>	<b>76.7</b>	<b>80.8</b>	<b>82.0</b>	<b>78.0</b>	<b>76.8</b>	<b>75.0</b>	<b>71.9</b>	<b>69.2</b>	<b>66.2</b>	<b>52.4</b>			
<b>Cash Inflows</b>																
Healthcare Contracts	33.3	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	15.2	-	184.8	15.2	-	
Other NHS	3.9	2.6	1.6	1.9	0.5	1.5	1.5	1.4	1.4	1.4	1.4	1.5	20.6	1.4	(0.9)	
Moorfields Private/Dubai	1.4	0.9	1.6	2.6	2.8	2.8	2.9	2.8	2.6	2.7	2.7	3.0	28.9	1.5	1.2	
Research	1.1	0.6	1.0	2.7	0.8	0.5	1.0	1.0	1.0	1.0	1.0	1.0	12.4	0.5	0.4	
VAT	0.4	0.5	0.2	-	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	4.4	0.4	0.1	
PDC	-	-	-	0.3	-	-	-	-	-	-	-	1.4	1.8	-	-	
PSF	-	0.2	-	-	-	-	-	-	-	-	-	-	0.2	0.5	(0.5)	
Other Inflows	0.2	1.8	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.4	5.5	0.3	(0.0)	
<b>Total Cash Inflows</b>	<b>40.3</b>	<b>21.8</b>	<b>19.9</b>	<b>23.1</b>	<b>20.1</b>	<b>20.6</b>	<b>21.2</b>	<b>21.1</b>	<b>20.8</b>	<b>21.0</b>	<b>20.9</b>	<b>7.7</b>	<b>258.6</b>	<b>19.8</b>	<b>0.3</b>	
<b>Cash Outflows</b>																
Salaries, Wages, Tax & NI	(9.6)	(9.6)	(9.4)	(9.4)	(9.4)	(10.2)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(9.7)	(115.5)	(9.7)	0.2	
Non Pay Expenditure	(10.6)	(6.7)	(5.4)	(8.1)	(7.3)	(10.5)	(10.6)	(11.1)	(11.1)	(11.1)	(10.8)	(10.3)	(113.5)	(10.3)	3.0	
Capital Expenditure	(1.0)	(0.4)	(0.4)	(0.6)	(0.5)	(0.6)	(0.2)	(0.2)	(0.6)	(0.4)	(0.5)	(1.9)	(7.5)	(0.3)	(0.3)	
Oriel	(2.3)	(0.1)	(0.1)	(0.2)	(0.2)	(1.1)	(0.9)	(0.9)	(1.5)	(1.3)	(1.2)	(0.8)	(10.7)	(1.1)	0.9	
Moorfields Private/Dubai	(0.9)	(0.7)	(0.8)	(0.6)	(0.7)	(0.8)	(0.9)	(1.1)	(1.1)	(1.2)	(1.1)	(1.1)	(10.9)	(0.8)	0.1	
Financing - Loan repayments	-	-	-	-	(0.7)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.9)	(0.7)	-	
Dividend and Interest Payable	-	-	-	-	-	(0.7)	-	-	-	-	-	(0.7)	(1.4)	-	-	
<b>Total Cash Outflows</b>	<b>(24.4)</b>	<b>(17.5)</b>	<b>(16.0)</b>	<b>(19.0)</b>	<b>(18.8)</b>	<b>(24.7)</b>	<b>(22.3)</b>	<b>(22.9)</b>	<b>(23.9)</b>	<b>(23.7)</b>	<b>(24.0)</b>	<b>(25.2)</b>	<b>(262.3)</b>	<b>(22.8)</b>	<b>4.0</b>	
Net Cash inflows /(Outflows)	15.9	4.3	4.0	4.1	1.3	(4.0)	(1.1)	(1.9)	(3.1)	(2.7)	(3.0)	(17.5)	-	(3.1)	4.3	
<b>Closing Cash at Bank 2020/21</b>	<b>68.4</b>	<b>72.7</b>	<b>76.7</b>	<b>80.8</b>	<b>82.0</b>	<b>78.0</b>	<b>76.8</b>	<b>75.0</b>	<b>71.9</b>	<b>69.2</b>	<b>66.2</b>	<b>48.7</b>	<b>48.7</b>			
<b>Closing Cash at Bank 2020/21 Plan</b>	<b>39.5</b>	<b>39.1</b>	<b>38.6</b>	<b>40.4</b>	<b>37.7</b>	<b>35.5</b>	<b>36.8</b>	<b>36.2</b>	<b>34.4</b>	<b>34.8</b>	<b>32.8</b>	<b>29.3</b>	<b>29.3</b>			
<b>Closing Cash at Bank 2019/20</b>	<b>45.1</b>	<b>42.6</b>	<b>41.0</b>	<b>48.9</b>	<b>47.8</b>	<b>49.6</b>	<b>49.6</b>	<b>49.5</b>	<b>50.3</b>	<b>52.6</b>	<b>53.8</b>	<b>52.4</b>	<b>52.4</b>			



## Commentary

**Cash flow** The cash balance at the 31st August is £82.0m, 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: 122 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.

August saw a cash inflow of £1.3m against a plan of a £3.1m outflow as the non pay spend continues to be lower than planned.



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# **Workforce race equality standards**

# **Workforce disability equality standards**

**Sandi Drewett**  
**Board of directors – 24 September 2020**



# WRES indicators

Indicator		London 2019	National 2019	Moorfields 2019	Moorfields 2020
1	Percentage of staff in AfC Bands 1-9 and Medical and dental subgroups				See excel spreadsheet
2	Relative likelihood of White applicants being appointed from shortlisting compared to that of BME applicants	1.6	1.46	1.3	1.26
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	1.67	1.22	1.45	1.19
4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	0.95	1.15	0.6	1.22
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	30% BME	29% BME	24.7 % BME *	28.3 % BME *



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## WRES indicators

Indicator		London 2019	National 2019	Moorfields 2019	Moorfields 2020
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	30% BME	28% BME	27.7 % BME	28.5 % BME
7	Percentage believing that trust provides equal opportunities for career progression or promotion.	68 % BME	72% BME	70.1 % BME	71.9 % BME
8	In the last 12 months have you personally experienced discrimination at work?	16% BME	15% BME	13.1 % BME	12.5 % BME
9	Percentage of BME Board membership	17.1%	7.4 %	10.5%	15%



# WDES indicators

Indicator		London 2019	National 2019	Moorfields 2019	Moorfields 2020
1	Percentage of staff in Afc Bands 1-9 and Medical and dental subgroups	..n/a	3.6% of the non-clinical and 2.9% of the clinical workforce (excluding medical and dental staff) had declared a disability through the NHS Electronic Staff Record	2%	See excel spreadsheet
2	Relative likelihood of non-disabled applicants being appointed from shortlisting compared to that of disabled applicants	1.01	1.23	1.00	1.31
3	Indicator 3: Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	0.86	1.1	Statistically not able to determine	Statistically not able to determine
4a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	42.8%	33.8%	29.3%	35.2%



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## WDES indicators

Indicator		London 2019	National 2019	Moorfields 2019	Moorfields 2020
4	Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months.	31.1 %	19.8%	26.5%	26.1 %
4a	Percentage of staff experiencing harassment, bullying or abuse from colleagues in last 12 months	36.8%	26.8%	33.3%	33.6%
4b	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work they, or a colleague reported it	47.73 %	47.8%	38.9%	56.7%



# WDES indicators

Indicator		London 2019	National 2019	Moorfields 2019	Moorfields 2020
	Percentage believing that trust provides equal opportunities for career progression or promotion.	65.6%	75.3%	72.1%	59.8%
6	Percentage of staff who have felt pressure to come to work, despite not feeling well enough to perform their duties	38.9 %	32%	32.6%	36.4 %
7	Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	38.56%	37.2 %	45.5%	45.5%
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	67.28%	72.4%	66.7%	66.3%
9	The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	6.68	6.64	7.1	7.1
10	Board representation		2.1%	0	0

# London WRES strategy

London Workforce Race Equality Strategic Group established to develop thinking and co-design London Vision for Race equality has produced London Workforce race strategy to address the following London Challenges, which has c45% BME workforce in the NHS, include:

- NHS London WRES data was worse than any other region on 7 of the 9 indicators.
- BME staff are over-represented in AFC pay band 5 and significantly underrepresented above band 8A
- There are only 3 executive directors of nursing and 2 CEOs from a BME background in London
- Disproportionate mortality and morbidity of Covid-19 amongst BME staff
- Ensuring race equality remains a key priority
- Lack of leverage or sanctions for non-compliance
- Lack of trust and belief that the system will take race equality seriously
- White blindness

Strategy aims to set out clear direction to the system, and accountabilities and consequences for failure to address ongoing issues.





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Agenda item 09

Freedom to speak up report

Board of directors

24 September 2020



<b>Report title</b>	Q1 2020/21 Freedom to Speak Up report (1 April – 30 June 2020)
<b>Report from</b>	Ian Tombleson, lead freedom to speak up guardian
<b>Prepared by</b>	Ian Tombleson, lead freedom to speak up guardian
<b>Attachments</b>	None
<b>Link to strategic objectives</b>	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

<b>Executive summary</b>							
<p>This paper provides a Q1 report for the Freedom to Speak Up (FTSU) Guardians and covers the period 1 April to 30 June 2020.</p> <p>This report provides assurance to the Board that FTSU Guardians are providing an effective service in line with requirements and also the expectations of National Guardian’s Office. FTSU Guardians are accessible and staff are able to raise concerns. The number of concerns raised and the broad themes are set out in the report. Guardians meet regularly with the Chair and CEO to share the themes raised from concerns.</p> <p>Feedback to the Guardians about their role is always very positive.</p>							
<b>Quality implications</b>							
<p>Developing and supporting the work of the FTSU Guardians is a key element of providing a supportive and open culture at Moorfields. Staff should feel they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and improve the trust’s ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.</p>							
<b>Financial implications</b>							
<p>There are no direct financial implications arising from this paper.</p>							
<b>Risk implications</b>							
<p>Organisations need to have a culture where staff feel able to safely voice their concerns. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact.</p>							
<b>Action Required/Recommendation</b>							
<p>This paper is provided to the Board for assurance. The Board is asked to:</p> <ul style="list-style-type: none"> <li>• Discuss and note the content of the paper.</li> </ul>							
<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>	✓	<b>To note</b>	✓

## 1. Summary

This paper provides the Q1 report from the Freedom to Speak Up (FTSU) Guardians covering the period from 1 April to 30 June 2020 which covers the period of when Covid-19 lock down arrangements were in place and the activity recovery period had recently commenced.

It is important to note that the FTSU activity has increased during this reporting period, which is to be expected as the impact on staff and the organisation due to Covid-19 was particularly high during this period. This report provides assurance that FTSU Guardians are in place, that they are accessible and that staff are able to raise concerns, even more so during challenging times when the demand for their support has been high. It also highlights the number of concerns raised and the broad themes that have been raised are set out in the report.

## 2. Background

All NHS trusts are required to have FTSU Guardians. At Moorfields four FTSU Guardians are in place. Given her new responsibilities Farhana Sultana-Miah, divisional manager, Moorfields North was no longer able to continue in this role from 1 April and therefore currently the service is being provided by four Guardians:

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

If individuals are not happy to raise concerns via the Guardians, or their concern is about the Guardians themselves, or is at Trust Board level, these can be raised with Steve Williams, Vice Chairman of the Board and Senior Independent Director who can be reached via the company secretary.

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

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

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

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

## 3. Activities

Key activities during Q1 2020/21:

- The Guardians hosted two BAME open sessions earlier in May. These sessions were for staff to raise any concerns they might have during this challenging Covid-19 pandemic in a safe space. National data was indicating that BAME staff were more at risk of death or severe illness from Covid-19. Subject matter experts (SMEs - infection control and Human Resources attended to answer specific questions). 40 BAME staff attended (in a mostly virtual environment) with a huge range of questions asked, with staff having full opportunity to raise concerns. Attendee participation was anonymous (no names were recorded).

Appreciative feedback was received during the meeting. The themes and actions ('You said, we did') were published on the intranet within a few days.

- As a result of the success of the BAME virtual session, the Guardians now have monthly virtual sessions open to all staff - this is particularly relevant for openness and accessibility during the on-going pandemic.
- The communications team continues to promote awareness of the Guardians through screen savers, a dedicated EyeQ page (trust intranet) and the regular CEO bulletin.
- The Guardians visited Darent Valley site at the request of the North's management team to provide additional support to the team as this site which is due for closure at the end of September (the Guardians were subsequently invited back by the Darent Valley team in August).

Guardians continue to have regular catch-ups with the Chair and Chief Executive to discuss how the process is functioning, activities and key themes. They also ensure that the Guardians are fully supported and feel enabled in their roles. The Chief Executive promotes the role of FTSU Guardians during his regular staff induction sessions.

#### 4. Further developments

The Guardians will continue to promote their roles across the network reaching out to staff more widely.

- An open event has been planned for world patient safety day on 17 September.
- Moorfields will be promoting national freedom to speak up month in October and a series of features and events are planned.
- The Freedom to Speak Up Annual Report will be presented at October's Trust Board.

#### 5. Concerns raised 1 April to 30 June 2020 (Q1)

The Guardians have had their busiest quarter ever since the inception of the new Guardian model at Moorfields two year ago. Given this has been one of the most challenging periods on record for the NHS and also the UK as whole this is very encouraging. When Moorfields FTSU Guardian model has been tested it has risen to the challenge and had been able to respond to all the queries raised. During Q1 more than 60 staff have approached the Guardians for support (with the largest previous quarter being fourteen in Q3 2019/20). It is good to note that during a particularly challenging time for BAME staff during the Covid period that staff felt safe in coming to discuss the issues with the Guardians and SMEs. Feedback was positive during this session.

Separate to the issues raised by our BAME staff, no concerns were raised during the quarter under the seven protected characteristics (age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion/belief, sex).

The experience of the FTSU Guardians is that in practice they provide staff with someone to go to if they wish to raise a concern that they believe is serious and they are unable to resolve themselves without additional impartial support. Some have raised a concern either directly or indirectly with their line manager or have sought support from HR. Sometimes concerns are raised as a result of frustration because of delay, or an impasse in process has arisen. Sometimes concerns cover more than one area and these have been indicated as primary and secondary themes.

Theme	Primary	Secondary
Culture/Behaviour <sup>1</sup>	1	11
Process <sup>2</sup>	1	
Training	1	1
Patient safety/quality/risk <sup>3</sup>	0	
Staff safety/well-being <sup>4</sup>	60	1
<b>Total</b>	<b>63</b>	

<b>Sign posting/informal concerns<sup>5</sup></b>	0	

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

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

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

4 = Staff impact and well-being

5 = where a concern is not specifically raised but a question is asked about whom should I ask. In the first instance this would normally be line management. Support is sometimes required from the HR team.

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

A paper in the confidential section of the Trust Board covers more details about who raised the issues, what they were and how they have been resolved.

## **6. Conclusions and learning**

Guardians continue to be available and to promote their role during this challenging time - evidence indicates that staff that need to access the guardians are able to do so. The success of the BAME sessions which were hosted by the Guardians, strongly indicates the open and safe culture that Moorfields promotes. Open sessions are now available to staff every month.

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

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

**Ian Tombleson**  
**Lead Freedom to Speak Up Guardian**  
**17 September 2020**

Agenda item 10  
Conflict of interest update  
Board of directors  
24 September 2020

<b>Report title</b>	Conflict of interest update
<b>Report from</b>	Nick Strouthidis, medical director
<b>Prepared by</b>	Helen Essex, company secretary
<b>Link to strategic objectives</b>	We will have an infrastructure and culture that supports innovation

<p><b>Executive summary</b></p> <p>All declarations of interest are managed in line with the Trust’s declaration of interest and gifts and hospitality policy. The need for additional clarity and more robust guidance, particularly in areas that cover research and innovation, was identified by the strategy and commercial committee and subsequently taken to the research governance committee for action.</p> <p>A working group was established and worked up the documents listed below which were circulated to all consultants for their comment. Consultation feedback has been received and appropriate amendments made. The policy and guide have gone through the TMC approval process and discussed by the strategy and commercial committee:</p> <ul style="list-style-type: none"> <li>• Review of the current conflict of interest policy</li> <li>• Management of declarations guidelines</li> <li>• Declaration of interest oversight group terms of reference</li> </ul> <p>In parallel to this senior members of the research team met with the director of knowledge exchange policy and practice and the strategy and policy manager at UCL.</p> <p>Both organisations recognise that implementation is not straightforward and that case studies on how “grey areas” are managed will need to be collected in the next few months to inform implementation.</p> <p>MEH has established a declaration of interest oversight committee to consider complex conflicts of interest and develop a management plan to mitigate risk and protect individuals as well as their institutions. A representative from the Institute has been included in the membership to ensure alignment with UCL and a non-executive director from MEH will also be included to provide independent scrutiny and judgement.</p> <p>Many MEH research active clinicians have contracts with UCL with their research requiring the facilities of both organisations. These clinicians potentially have complex conflicts of interest so it is important that the policies of both UCL &amp; MEH are as far as possible aligned and complimentary.</p> <p>The first meeting of the declaration of oversight committee has been scheduled and this will be used as a test case in order to establish any gaps in the process.</p> <p>It has been agreed to meet again with UCL in six months to review anonymized case studies.</p>							
<p><b>Action Required/Recommendation.</b></p> <p>The board is asked to:</p> <ul style="list-style-type: none"> <li>• Receive the report and agree to receive six-monthly updates for assurance purposes.</li> <li>• Agree to receive ad-hoc escalations if required.</li> </ul>							
<b>For Assurance</b>	✓	<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓

