A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 5 September 2019 at 09:30am

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

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
	Divisional presentation – Moorfields North	**Assurance**	**Present**	**JQ**	**00:30**	**All**
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 4 July 2019	Approve	Enclosed	TG		
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief Executive's Report	Note	Enclosed	DP	00:10	All
6.	Integrated Performance Report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Workforce strategy	Approve	Enclosed	SD	00:45	5
9.	Equality, diversity and inclusion report	Assurance	Enclosed	SD	00:30	5
10.	Board assurance framework update	Assurance	Enclosed	DP	00:05	6
11.	Report from the audit and risk committee	Assurance	Enclosed	NH	00:10	6
12.	Report from the quality and safety committee	Assurance	Enclosed	RGW	00:10	1
13.	Report from the people and culture committee	Assurance	Enclosed	SS	00:10	5
14.	Membership Council report	Note	Enclosed	TG	00:05	
15.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	
16.	AOB	Note	Verbal	TG	00:05	

17. Date of the next meeting – Thursday 3 October 2019 09:30am

* Strategic Objectives

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 4 JULY 2019

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Tracy Luckett (TL)	Director of nursing and AHPs
	Jonathan Wilson (JW)	Chief financial officer
	John Quinn (JQ)	Chief operating officer
	Peng Khaw (PK)	Director of R&D
	Nick Strouthidis (NS)	Medical director
	Steve Williams (SW)	Vice chair and non-executive director
In attendance:	Nora Colton (NC)	Director of education
	Sandi Drewett (SD)	Director of workforce and OD
	Helen Essex (HE)	Company secretary (minutes)
	Kieran McDaid (KM)	Director of estates, capital and major projects
	Ian Tombleson (IT)	Director of quality and safety
	Roxanne Crosby-Nwaobi	Head of research nursing
	Zak Uddin	Work experience
Governors present:	Brenda Faulkner	Patient governor
	Richard Collins	Patient governor
	Jane Bush	Public governor, NCL
	Allan MacCarthy	Vice chair, membership council
Public:	Philip Richards	
	Becky Booth	
	Omura Healthcare representative	

19/2321 Apologies for absence

Apologies were received from Jo Moss and Elisa Steele.

19/2322 Declarations of interest

There were no declarations of interest.

19/2323 Minutes of the last meeting

The minutes of the meeting held on 28 May 2019 were agreed as an accurate record.

19/2324 Matters arising and action points

All matters arising were attended to via the agenda.

19/2325 Chief Executive's Report

DP thanked everyone involved in organising the World Association of Eye Hospitals conference in June. Moorfields hosted 160 delegates from across the world who were impressed by their experience. The success of the conference cements the trust's position as a global leader within the world of ophthalmology.

The quality of our data is critical for the running of the hospital and congratulations go to the data quality team for winning the CHKS data quality in clinical coding award for the second year in a row.

The trust made a modest surplus in May and is starting to recover the position in relation to income in M1.

The interim NHS workforce plan has been launched and the workforce strategy will be aligned. The plan is particularly focused on key areas such as recruitment and retention, digital workforce planning, etc.

DP welcomed new clinical leadership appointments:

- Clinical director for service design – Mariepi Cylwik
- Joint clinical director for external engagement and clinical lead for job planning – Alison Davis
- Joint clinical director for external engagement – Melanie Hingorani
- Fellowship director – Carlos Pavesio
- Chief surgeon and clinical lead for Moorfields Private – Louisa Wickham

DP congratulated Andrew Nebel, a previous long-serving non-executive at the trust, who was awarded an MBE for services to charitable fundraising.

Write to Andrew Nebel on behalf of the board

Two new Topol fellowships awarded to Moorfields staff which is a great opportunity for the organisation and the individuals involved.

The public consultation on the proposal to move City Road services to a new centre at St Pancras hospital was successfully launched on 24 May and will close on the 16 September.

The official opening of the Duke Elder Eye Unit took place on 3 July and was a great end to a long journey. Although there are still minor areas to work on the patient and staff experience has much improved.

DP advised that the trust has submitted a £10.5m bid to HDR UK, joint with UHB, Roche and Google. If successful the funding would start in October and would prove invaluable in driving forward the Moorfields research and data informatics strategy.

19/2326 Integrated performance report

JQ presented the report which is in a new format and comprises four sections based on strategic goals and aims.

A&E activity is up for the second month and this needs to be kept under review over the next few months. Other activity has also seen growth in-month.

The 14-day cancer wait is still below target but becoming more stable. There were two patients in-month that were not seen within the 31-day target and these were bed issues.

Journey times have stabilised and are coming down and will continue to be monitored closely.

Board input may be required in the area of innovation in education and influencing national policy. It was acknowledged that it will be a challenge to measure and to understand what measurements would be meaningful.

NH advised caution over increasing 'scope creep' (the area of service excellence has gone up to 42 indicators). JQ said that overall the board report has been reduced and an attempt has been made to rationalise those indicators reviewed by the board to make them more meaningful.

DH asked about overall activity where the number of referrals is up by 7.3% YTD but first appointment attendance is down by 2.2%, and asked if there is any correlation. JQ replied that some will be timing issues, but that the difference is sizeable. This is potentially the impact of April service provision. There would be a concern if waiting times started to increase which is not the case at the moment.

Investigate the difference in figures as described.

An issue was raised at a previous board meeting about averages masking spikes in different areas and RGW asked if the TMC will be able to identify such issues. JQ said that the team is now measuring both face to face and virtual journey times and measuring the median as well as the underpinning data quality in each domain.

The board was pleased to see the detail on research governance and a good percentage of research projects within time and target. This provides a degree of reassurance about what is happening in this area.

AD mentioned league tables for patient recruitment and asked if that should be something that is measured. PK noted that as a smaller trust very minor changes in each trial make a big difference. There is a strong steer from the NIHR that the sector-wide target is important, and North Thames is doing well. It was acknowledged that although numbers are important, the quality of the trial is more important.

The report was noted.

19/2327 Finance report

The trust has reported a control total surplus of just under £340k, which YTD is a

deficit of £0.8m, an adverse variance against plan of £0.2m.

Non-achievement of activity in April is being pulled back in May and June although the trust is still behind in terms of core NHS activity. In terms of efficiencies the report shows current performance and the red-rated gap. The key focus now is on delivery of activity plan and CIP achievement. City Road division in particular are receiving additional support due to the critical nature of some of their schemes.

In M2 the trust is scoring a three for its financial risk rating, which is on plan, but it is critical to remain on plan for end of Q1 in order to access PSF and FRF. The debt trend is down from March, with focus going in to recover the position.

Activity underperformance specifically relates to surgical and outpatient follow-up. The position previously highlighted relating to high-cost drugs has recovered from April.

The board expressed concern over the £2.6m gap in the efficiency programme whilst acknowledging the challenges in achieving. A significant proportion of the gap sits within City Road. Steps need to be taken now in order to make sure we are prepared for the future.

The role of the finance committee is to provide continued scrutiny over the detail, and in particular the high risk and unidentified schemes. There are areas of genuine transformation that could remove significant cost and the trust is trying to move towards managing CIP in this way. However, longer term structural change has a longer lead-in time and the balance needs to be right between that and what can be done in the here and now. The trust needs to avoid delivering a target at the risk of affecting longer term change.

Activity levels in April were low and much higher in May. It is not clear as to whether this is an endemic issue and if so, it makes forecasting a challenge. It was noted that figures were unusual for April and that the NHS activity plan was achieved in May. As an elective organisation the trust is sensitive to number of working days and seasonality. Activity is on track for June but predictability is a challenge. Some months also have a disproportionate impact (e.g. July).

In terms of pay, employee costs to date are 13% behind budget in part due to an increase in bank and agency spend. Although a level of flexibility is needed there are a number of risks to having temporary staff in place rather than substantive staff. The correct staff mix is required to achieve the planned growth, and more spend of bank and agency staff makes the CIP challenge worse.

19/2328 Safeguarding adults and children annual reports

TL advised that the executive summary outlines the key achievements for the year. The trust has seen increased referrals to both adults and children's safeguarding teams, who are in turn doing more training and seeing increased compliance levels. The trust has also launched safeguarding champions who are trained and given additional safeguarding knowledge.

Challenges remain in areas such as mental health provision, where the trust is seeing more patients needing mental health support. Although there are no specialists in place the trust has entered into a SLA with ELFT who are able to provide 24/7 support to staff.

In relation to children's safeguarding the CPIS now fully in use.

SS noted the figures that show staff from other organisations causing harm to patients. TL advised that in these instances the trust would undertake a review and refer the issue as a safeguarding alert to the local authority if there is any concern around abuse or neglect.

Both groups are very well established in the organisation, and there has been a lot of praise for the team and their ideas as to how to improve even further.

The board congratulated TL and the team on an excellent report and agreed that it would be good to share a summary with the membership council.

19/2329 Infection control annual report

TL advised that the report provides assurance as to the trust's compliance with the health and social care act in relation to infection control. Performance is good against national targets as well as internal targets around endophthalmitis. There has been a slight increase in the cataract service but scores are under the trust benchmark and there has been no underlying cause determined from the RCA. This is evidence that triggers put in place following the cluster two years ago are having a positive effect. Work is taking place with service directors to set targets for other subspecialties.

The anti-microbial pharmacist has done a good job in raising awareness and is undertaking a lot of work that feeds in to the infection control committee.

Hand hygiene and the 'bare below the elbows' requirement are still challenges and the trust needs to continually raise awareness. It was stressed that the trust does not have the same challenges as acute organisations but that there are good systems and processes in place.

The priorities for next year will be to do more work nationally and internationally on benchmarking, strengthening work with the estates team and Oriel, strengthening the team's national profile and providing an improved service.

The board congratulated the team on an extremely positive report.

19/2330 Guardian of safe working

NS presented the quarterly report from the Guardian of Safe Working which assures the board that junior doctors are working within their terms of service, and safely in terms of their own wellbeing and that of the patients. Significant improvements have been made since the last report and there has been a great deal of focus at St George's which has a separate on call rota. The rota has been to make sure it is compliant. There were four exception reports and two of these reports highlight the

importance of having in place an emergency nurse practitioner. These individuals are challenging to recruit and the trust would need to look at potentially training from within.

There was one breach that resulted in a fine and this money was used to pay for model eyes to practise surgical techniques.

HEE is giving the trust £30k in order to improve the comfort and wellbeing of junior doctors. It has not yet been decided how this will be spent but the doctors want to be inclusive of all staff and make sure the money benefits everyone.

The board noted the report and was pleased to see progress.

19/2331 Medical revalidation annual report

NS advised that this process is for permanent medical staff and to assure the board that doctors continue to be fit to practice. There has been a decline in the appraisal rate for this year, which is 72.9% (against 98% last year). This is a result of changes to the way things are measured this year. Trusts were previously allowed to have a lag of 15 months which is no longer the case. Trusts are also required to include individuals that had started within the year and are therefore not yet due for appraisal.

There are also trends as to why people are having late appraisals. These include new fellows who are unaware of the appraisal process and people that have moved from the STR programme. One of the roles of the new fellowship director will be to make new fellows aware of the requirements.

Another issue is with UCL academics who already take part in a robust appraisal process within UCL which puts them out of synch with the Moorfields process. Although the two organisations cannot use the same appraisal, the plan is to work out how to collaborate on the appraisal process, and in turn looking at whole practice.

Staff on honorary contracts still need to be included if they are on the books so there is some housekeeping needed to make sure that they are only designated with the trust if they are seeing patients.

The report this year has highlighted a number of areas that need some focus in terms of systems and processes and how doctors are managed.

In terms of revalidation there were 72 doctors up for revalidation (on a 5-year cycle) and 68 were revalidated. There were four deferrals (relating to maternity leave or ill health).

The board was pleased to see the amount of housekeeping done but asked about the quality of appraisals and how this is measured. NS advised that appraisees have to send back a reflection on what they get out of the process. There is also a dedicated clinical lead for appraisal. A plan is in place to refresh the number of appraisers and this will be used as an opportunity to allow people to develop.

The board noted the report and agreed to sign the statement of compliance.

19/2332 Membership council report

TG advised that the membership council had received a presentation on translation and interpreting services. Governor provided feedback from various subgroups and the patient and carer forum. Membership engagement is improving with events such as the opening of the Duke Elder Eye Unit and the 'meet your governor' event at the AGM. Governors also received a presentation on Oriel and are heavily involved in the advisory groups.

19/2333 Report from the quality and safety committee

RGW reported that fire safety feedback is good although the hostel is an outstanding issue.
Deep dives were done into patient administration processes, which are an ongoing source of complaints and dissatisfaction, and orbital complex surgery which is seeing good outcomes and providing robust assurance. The board suggested that the committee sees audits from all surgeons who undertake complex surgery.
The quality account was discussed along with the fact that there have been no never events over the last year relating to wrong IOL. The committee will in future look at WHO audits by exception rather than at each meeting.

There is a substantial improvement plan around healthcare records which involves lots of complex issues, both external and internal. Provision of temporary notes is now at 1.7% (from a high of 9%). VR clinics had the highest percentage of temporary notes and this issue will form part of a thematic review.

19/2334 Report from the people and culture committee

The committee discussed the increased focus on workforce planning and modelling for Oriel as well as the apprenticeship scheme which is going positively.
The gender pay gap was discussed and how to use 2019 data in a meaningful way.
The trust has established listening exercises, which provide staff with the opportunity to talk to senior leaders about their experience away from clinical services. Things are generally positive but there are a lot of areas where we can improve things. Staff have been candid and willing to talk and these exercises will help to inform changes we make to continue to improve staff survey results.

19/2335 Identify any risk items arising from the agenda

None.

19/2336 AOB

SS raised the issue of the provenance of medicines.

Check the issue with the chief pharmacist.

18/2337 Date of next meeting – Thursday 5 September 2019

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
28 May 2019	19/2318	Issues arising from the agenda for the risk register	Reflect on how to articulate the macro and micro economics surrounding R&D funding and our capital ambitions	HE/Exec	4 Jul 2019		Closing
4 Jul 2019	19/2325	Chief Executive's Report	Write to Andrew Nebel on behalf of the board	TG	5 Sep 2019		Closing
4 Jul 2019	19/2326	Integrated performance report	Investigate the differences in figures relating to number of referrals and first appointment attendance.	JQ	5 Sep 2019		Open
4 Jul 2019	19/2336	AOB	Issue of provenance of medicines to be checked with Chief Pharmacist	JQ	5 Sep 2019		Open

NB Items greyed out have been completed and will be removed from the next log
Bold shows updates

Moorfields Eye Hospital NHS Foundation Trust

NHS

Glossary of terms – September 2019	
Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
AAR	After action review
AHP	Allied health professional
AIS	Accessible information standard
ALB	Arms length body
AMRC	Association of medical research charities
ASI	Acute slot issue
BAF	Board assurance framework
BAME	Black, Asian and minority ethnic
BRC	Biomedical research centre
CCG	Clinical commissioning group
CHKS	Caspe Healthcare Knowledge Systems
CIP	Cost improvement programme
CPIS	Child protection information sharing
CQC	Care quality commission
CQRG	Commissioner quality review group
CQUIN	Commissioning for quality innovation
CSSD	Central sterile services department
CTP	Costing and transformation programme
DHCC	Dubai Healthcare City
DSP	Data security protection [toolkit]
ECLO	Eye clinic liaison officer
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EMR	Electronic medical record
EU	European union
FBC	Full business case
FFT	Friends and family test
FRF	Financial recovery funding
FTSUG	Freedom to speak up guardian
GDPR	General data protection regulations
GIRFT	Getting it right first time
GoSW	Guardian of safe working
HCA	Healthcare assistant
I&E	Income and expenditure
IFRS	International financial reporting standards
IPR	Integrated performance report
iSLR	Integrated service line reporting
KPI	Key performance indicators
LCFS	Local counter fraud service

LD	Learning disability
MFF	Market forces factor
NCL	North central london
NHSI/E	NHS Improvement/England
NIHR	National institute for health research
NIS	Network and information systems
NMC	Nursing & midwifery council
OBC	Outline business case
OD	Organisation development
PAS	Patient administration system
PDC	Public dividend capital
PID	Patient identifiable data
PP	Private patients
PROMS	Patient related outcome measures
PSF	Provider sustainability fund
QIA	Quality impact assessment
QIPP	Quality, innovation, productivity and prevention
QSC	Quality & safety committee
QSIS	Quality service improvement and sustainability
RAG	Red amber green [ratings]
RCA	Root cause analysis
R&D	Research & development
RTT	Referral to treatment
SCC	Strategy & commercial committee
SGH	St Georges University Hospital
SI	Serious Incident
SLA	Service level agreement
STP	Sustainability and transformation partnership
STR	Speciality registrar
UAE	United Arab Emirates
UCL	University College London
VFM	Value for money
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date

Moorfields Eye Hospital NHS Foundation Trust

NHS

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

Report title	Chief executive's report
Report from	David Probert, chief executive
Prepared by	David Probert and the executive team
Previously discussed at	Management Executive
Attached	Q1 STP report
Link to strategic objectives	The chief executive's report links to all eight strategic objectives

Brief summary of report

The report covers the following areas:

- CQC action planning
- Visit from the chair of NHS Improvement
- Pathways to excellence
- National GMC survey results 2019
- Macular Society excellence awards
- Financial position
- Ophthalmology magazine – Moorfields edition
- SCIP funding
- UCL apprenticeship degree programme
- Funding for student nursing placements
- New appointments
- STP Q1 monthly report

Action required/recommendation.

The board is asked to note the chief executive's report.

For assurance		**For decision**		**For discussion**		**To note**	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 5 SEPTEMBER 2019

Chief Executive's report

1. Quality

During late July we were delighted to welcome **Baroness Harding, Chair of NHS England and NHS Improvement**, to the trust for a visit and a chance to meet some of our staff. Her visit was focused very much on the field of innovative practice and we were delighted that she was able to spend valuable time with our digital clinical leadership team, Chris Canning, Dawn Sim, Pete Thomas and Pearse Keane. We also used the opportunity to update Baroness Harding on Oriel and the significant progress made since the Chairman and my last meeting with her. Finally, we were delighted that she was able to meet the team who have been leading the Cayton Street development and to witness at first hand some real pathway innovation in action. We will continue to keep her and the senior team at NHSE/I updated with our strategic and operational plans over the course of the year.

The trust has recently received confirmation that we are one of 14 organisations in England and one of 3 trusts in London to have been accepted to participate in the **Global Pathway to Excellence accreditation programme**. Supported by the chief nursing officer for England, Ruth May, the programme is an internationally – recognised framework for nurses. Accredited by the American Nursing Credentialing Centre, the programme's aim is to promote nursing excellence by achieving and embedding six practice standards that create a positive practice environment for staff and patients. Accreditation for the programme can be usually achieved in around two years.

The **CQC** published its latest **inspection report** in March 2019. The report covered City Road, Bedford and St George's and contained a single requirement notice ('must do') for Bedford, plus a further 18 'should do' actions covering all sites. The action plan for addressing the Bedford requirement notice has been agreed by the CQC who expect local monitoring, monitoring by commissioners and updates at CQC engagement meetings.

Progress with divisional-led action plans is monitored monthly at the Trust Management Committee. The August report to TMC indicated that out of 18 actions, four were complete whilst the other 14 were on track. Final sign off of actions is subject to a robust evidence checking process of action completion.

The trust has recently become a member of the **Institute of Customer Service**, an independent professional body for customer service whose primary purpose is to help members deliver improved service performance and professionalism. As a member of the institute, the trust will work with customer service experts to support improvements in customer care leading to the achievement of an Institute of Customer Service award. The trust is piloting this process in Moorfields Private with a view to rolling it out across all sites following review of the pilot.

2. Financial

The Trust reported a surplus of £0.30m in July against a planned surplus of £0.18m, a £0.12m positive variance to plan. The cumulative Year to Date position is a deficit of £0.69m, a £0.19m adverse performance against plan. Performance in July achieved the in-month plan in both activity and financial terms, and also saw cumulative NHS activity be ahead of plan for the first time in this financial year. Efficiency scheme performance currently stands at £1.12m – adverse to plan by £0.57m, and is a major area of focus within the trust to reduce the unidentified gap of £2.48m. The trust working capital position remains strong, with cash balances at £48.9m following receipt of prior year balances.

3. People

The **GMC** conducts a **national annual survey** of trainees and trainers in every trust in the UK. I am pleased to confirm that the trust's results in the 2019 survey were very good. Analysis of the overall satisfaction rating of NHS acute trusts (i.e. excluding General Practice) showed the trust to have the second highest score in London and the fourth highest in the UK for the overall satisfaction of our doctors in training.

It is particularly notable that both Croydon and St Georges did very well in the recent survey. The positive results for St Georges are a testament to the hard work of the many staff who have managed to maintain the quality of training despite the disruption arising from the redevelopment.

The trust's retinal therapy unit has been awarded 'clinical service of the year' and Dr Omar Mahroo, retinal specialist, has won 'rising star of the year' in the **Macular Society excellence awards**. The retinal therapy unit team were nominated by a patient who felt the team delivered exceptionally good care to treat their macular disease. Dr Omar Mahroo was recognised as a rising star for his innovative research into building a better understanding of retinal disease and developing better ways of directly assessing retinal function. He was praised for his efforts to educate fellow ophthalmologists about retinal conditions and his commitment to always putting his patients first. I would like to congratulate Omar and the retinal therapy unit team on behalf of the board for their achievement.

A number of **new appointments** have been made over the last two months including Kelly MacKenzie (head of orthoptics), Jeet Virdee (divisional manager, City Road) and Richard McMillan (head of legal services).

4. Research

I would like to congratulate the **Clinical Research Facility (CRF) nursing team** that has been shortlisted for a Nursing Times Award in the clinical research nursing category. The winners will be announced on 30 October. The Nursing Times Awards recognise people making nursing an innovative, patient-focused and inclusive profession. The awards are considered the Oscars of the nursing profession so it's a significant achievement to be shortlisted. The team was shortlisted for a project they designed and delivered to decrease anxiety in patients and the injector during the eye injection process.

Our plans to build a brand new centre for world-class eye care, leading-edge research and professional training have been bolstered by a **£30m Research England grant** to UCL. The UK Research Partnership Investment Fund (UK RPIF) is the largest competitive grant funding scheme managed by Research England. It supports world leading research, including investing in research infrastructure. All projects have to include match funding worth a minimum of double the RPIF contribution.

5. Education

A new **advanced clinical practitioner degree apprenticeship in ophthalmology** has recently been announced. Led jointly by UCL and Moorfields, this level 7 apprenticeship will train new and current staff in advanced clinical practice via the apprenticeship route. Spanning three years, the part time MSc offers a mixed module, flexible approach allowing apprentices to choose modules in different subject areas tailored to their clinical practice.

The trust has been successful in obtaining funding from NHSI/E to work collaboratively with three other trusts in the NCL STP to increase student capacity by 25% in the next twelve months. The partnership is with North Middlesex,

the Whittington and UCLH and the project will implement an **adapted coaching, learning in practice (CLiP) model** to increase student placements. The ambition is that this will assist in reducing the registered nursing workforce gap in London.

6. Strategy

Last month the prestigious publication **The Ophthalmologist** published its August edition which is an exclusive Moorfields issue. Earlier this year Moorfields was chosen by The Ophthalmologist to host the magazine's first ever "takeover" issue which is guest-edited by Nick Strouthidis, medical director.

Nearly 20 colleagues wrote news articles and features for the Moorfields issue, offering expert insight on a range of subjects from research studies changing the way glaucoma is treated to the challenges of delivering quality care, as well as the possibilities of big data, artificial intelligence and personalised medicine in eye care.

With nearly 30,000 industry professionals set to receive the Moorfields issue in print and online, this is a great example of the trust increasing its international reach and its continuing to influence the ophthalmic profession across the globe.

Attached as an appendix to this report is the **STP Q1 report**, which forms my regular update on the work of the STP and Moorfields engagement within it.

David Probert
Chief Executive
September 2019

NORTH LONDON PARTNERS
in health and care
North Central London's sustainability and transformation partnership

NHS

North London Partners in Health and Care
North Central London STP

Quarterly update report

19 August 2019

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

1. Headlines from across the programme

NHS

- **Medium Term Financial Strategy (MTFS)** Mark Hackett has started in post as the lead director for the Medium Term Strategy, replacing Peter Herring. Mark will be working with Commissioners, Providers and the existing STP workstreams on recovery plan to address the underlying financial position and support the NCL Long Term plan. Updates will be shared with STP CEOs and Director of Finance and will be presented to regulators later in the year.
- **Clinical delivery model and options appraisal process for Orthopaedic Services Review agreed** The Joint Commissioning Committee of the five north central London (NCL) CCGs discussed and agreed the clinical delivery model and options appraisal process for NCL's Adult Elective Orthopaedic Services Review in May. Following this NHS providers of adult elective orthopaedic care were asked to set out how they can meet the new delivery model. Proposals were reviewed through an options appraisal process over the summer involving patient and resident representatives. The aim is to go to public consultation in the autumn
- **Clinical Advice and Guidance referrals up by 63%** There were 1,381 referrals to the Clinical Advice and Guidance (CAG) service in March 2019 compared to 512 in March 2018 - an increase of 63%. Each of the four main acute trusts exceeded their target of responding to 80% of CAG requests within 2 working days.
- **Asthma conference launches whole-system plan to improve outcomes for children** Nearly 80 people from across north central London came together on World Asthma Day, 7 May, to discuss how to improve outcomes for children and families that live with asthma. Topics delegates spoke on included: Integration across health and social care and what this means for children and young people; the role of the atopy nurse and the benefit of utilising expertise in primary care; asthma-friendly schools and; the use of phone conferences in conducting 48 hour reviews
- **£600,000 award to fund service to help people with severe mental illness find work** North Central London STP has been successful in gaining £600,000 to fund the Individual Placement and Support service to help people with severe mental illness get support to return to work. Five IPS workers from the boroughs of Barnet, Camden, Enfield, Haringey and Islington will provide support to help 300 people with severe mental illness find employment.
- **Barnet and Enfield to roll out First Contact Practitioner model** A six-month First Contact Practitioner (FCP) pilot aimed at managing patients has been successful and is being considered for roll out across Barnet and Enfield. Haringey is also considering a pilot. FCP is a new model of primary care that involves placing specialists in GP practices to see patients instead of following a traditional model where patients are seen by a GP first. During the pilot FCPs carried out 869 appointments with patients, of these, 68% were seen by the FCP once and then discharged with advice on how to self-manage their condition.
- **Next Quarter** This report will include who from each Trust is involved at any level in each of the workstreams

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

2. Some examples of enabling transformation

NHS

Pharmacist-led telephone triage system reduces face-to-face contacts

A pharmacist-led telephone triage system piloted by St John's Way Medical Centre, in Islington, has reduced face-to-face contacts for urgent on the day appointments by over 50% in the first three months. Patients now are either managed entirely on the phone without the need for a face-to-face GP appointment, or are signposted to an alternative service such as a community based health provider.

Initial feedback from patients and staff has been positive It is planned that the system will run for an initial 12 month period, during which time outcomes will be measured to assess the overall value it adds.

Pictured left are clinical pharmacist Amira Shaikh and practice manager Jack Johnson-Rose who are leading the pilot.

New bank staff framework predicted to save £9m in two years

Using agency staff costs the NHS £480m in 2018, according to NHS Improvement. UCLH and other partners in North London wanted to address this, not only to save money but also ensure safer levels of staffing, to deliver outstanding patient care and to make it more attractive for staff across all professions and grades to work flexibly.

North London Partners in Health and Care worked with UCHL to create a temporary staffing framework to increase collaboration, maximise the use of banks and reduce agency spend and, ultimately, move towards a fully shared bank for the sustainability and transformation programme.

Since the successful launch of the framework in June 2018, savings of £3.7m were achieved in 18/19 and there are predicted a further saving of £5.4m in 19/20.

Barnet practice is the first to launch joined-up records

The first GP practice in north central London has gone live with a new electronic joined-up health and care record for patients. Health and care professionals in Penshurst Gardens surgery in Barnet and the Royal Free, Barnet and Chase Farm hospitals now have access to the joined-up record which shares patient information across organisations. This will be rolled out across health and care organisations across North Central London.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

2. Some examples of enabling transformation

NHS

Dementia care across North Central London shining example of best practice

North Central London (NCL) has been identified as one of only three areas in England delivering best practice dementia care, the other two are; West Yorkshire and Harrogate STP and Birmingham and Solihull STP.

The Prime Minister's Challenge on Dementia is for England to be the best country in the world for dementia care and support, for people with dementia and their carers / families to live. Part of this challenge is to identify those with dementia. North Central London are in the top 5 areas with the highest dementia diagnosis rates in the country.

Enfield Care Home Assessment Team and Camden and Islington's Home Treatment Team have both selected as examples of best practice care in dementia care. NHS England and NHS Improvements National Clinical Director for Dementia and Older People's Mental Health, Professor Alastair Burns, visited NCL in April and talked to the teams to hear about their work.

North central London's primary care networks now in place

North central London's primary care networks launched on 1 July. These are groups of GP practices working closely together with other primary and community care staff and health and care organisations to provide integrated services to their local populations.

Each network has appointed a clinical director, and, during 2019/20, will have access to funding for a clinical pharmacist and a social prescribing link worker, followed by funding for other roles from 2021 onwards.

Area	Number of networks
Barnet	7
Camden	7
Enfield	4
Haringey	8
Islington	4

Healthy London Partnership has showcased the excellent work of north central London Primary Care Networks Islington GP Federation in a video and written case study. This featured the work of Whittington Health and Age UK Islington, Camden and Islington Foundation Trust, Primary Care and Care Close to Home programme as well as the Islington GP Federation.

UEC SRO: Sarah Mansuralli

Overall workstream objective:

A consistent and reliable Urgent and Emergency Care (UEC) service by 2021 that is accessible to the public, easy to navigate, inspires confidence, promotes consistent standards in clinical practice and leads to a reduction in variation of patient outcomes. Key areas of work focus on admissions avoidance, ambulatory care, end of life care and discharge to assess.

Notable progress made this reporting period (Q1 2019/20)

At the request of NCL CFOs, the July UEC PDB developed an action plan to address the increase in ED attendances and ED admissions.

1. NHS 111 direct booking to GP practices via GP connect was agreed by the NCL Digital Programme Board and implementation across NCL is underway
2. Developed LAS Appropriate Care Pathway (ACP) for Whittington AEC Unit and NCL District Nursing services. NCL LAS plan developed to reduce 900 LAS incidents via increasing pathways from the clinical hub.
3. D2A Delirium Pilot evaluated for pathway 1 and this will be discussed at the upcoming NCL discharge forum.

Notable progress planned for next reporting period (Q2 2019/20)

Agree system priorities for the UEC PDB action plan to support the demand management of ED attendances and admissions and assign owners.

1. Progress NHS 111 direct booking to GP practices across NCL via GP connect (national solution) and increase GP practice sign-up to data sharing agreements.
2. Agree SDEC programme milestones as part of HLP regional programme and pilot LAS ACP to the Whittington Ambulatory Emergency Care (AEC) Unit.
3. Agree scope and support for system-wide evaluation of D2A pathways across NCL focused on outcomes and sustainability. D2A Delirium Pilot to be discussed at upcoming NCL forum.

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Integrated urgent care	£, Q, P, E, C	Digital	Acute, GPs, Pharmacies, NHS111	**Partners involved:** • Acute Trusts, Community services, MH providers GP Practices; Care Homes **Potential future commitments:** • Last phase of life single point of access model
Admission avoidance	£, Q, P, E, C	Digital, Workforce	Acute, GPs / Community	
Simplified discharge	£, Q, P, E, C	Digital, Social Care	Acute, Care Homes, Community	
Last Phase of life	£, Q, P, E, C	Digital, Social Care	Care Homes, NHS111, Remote	

Planned Care SRO: Marcel Levi

Overall workstream objective

Deliver better value planned care through new models of care and reducing unwarranted variation across providers.

Notable progress made this reporting period (Q1 2019/20)

1. First outpatient initiative workshop delivered, great attendance across system
2. Secured funding to support the evaluation -design via NHS E
3. Gastroenterology workstream implemented and in progress

Notable progress planned for next reporting period (Q2 2019/20)

1. Agree an audit / monitoring process for EBICS Policy via NCL Governance Group as next step towards BAU
2. Work with providers to agree outpatient initiatives and specialties
3. Conclude Tele-derm proof of concept and evaluation

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Outpatient Transformation	£, Q, C	HCCH, Digital	Acute Providers	**Partners involved:** • Acute Providers, CCGs, GPs **Potential future commitments:**
Clinical Pathway Design	£, Q, P, E, C	HCCH	GPs, Acute Providers	
Demand Management	£, Q, C	HCCH	GPs, Acute Providers	
Orthopaedic review	£, Q	-	Acute Providers	

Mental Health SRO: Paul Jenkins

Overall workstream objective

- Working to address inequalities for those with Serious Mental Illness and provide consistent care.
- Deliver services closer to home, reducing demand on the acute sector and mitigating the need for additional MH inpatient beds.

Notable progress made this reporting period (Q1 2019/20)

1. Submitted CAMHS T4 NCM business case to NHS England.
2. Submitted Mental Health Compact implementation plan to NHSE.
3. Post-suicide intervention bid successful.

Notable progress planned for next reporting period (Q2 2019/20)

1. Draft MH chapter for Long Term Plan
2. Review of Acute's specialising cost on patients with mental health needs.
3. Agreed project implementation timelines to support NHSE transformational funding.

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Mental Health provision within acute care	E	HCCH, Social Care, UEC	Acute, MH Trusts, Community	**Partners involved:** • CCGs, Acute, GPs/CHINs, MH Trusts, HEE **Potential future commitments:** • Development of frontline mental health services across settings • Agree single approach to Psych Liaison services in Acute services • Expand workforce to ensure capacity to meet national targets for improved access.
Improve CAMHS	Q	CYP	Schools, GPs, Community, MH Trusts	
Urgent Mental Health Services – Improving access to MH Services	Q, P, £	UEC	Acute, MH Trusts, Community	

Maternity
SRO: Rachel Lissauer

Overall workstream objective

Delivery of the National Maternity Transformation programme through improved continuity and safety of perinatal care for women, working across professional and organisational boundaries to drive better patient experience and integrated care.

Notable progress made this reporting period (Q1 2019/20)

1. Maternity transformation funding plan approved by NHSE
2. Maternity Voice partnerships in place at all 4 providers. Funding agreed.
3. Continuity of carer pathways operational across all 5 sites. NCL rate 14%

Notable progress planned for next reporting period (Q2 2019/20)

1. Complete Local Maternity System (LMS) Plan Refresh & sign off at LMS Board
2. Recruit to the 2 clinical lead posts for Postnatal & Choice & Personalisation
3. Undertake GAP analysis of postnatal provision across NCL

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Quality & Safety	Q	Digital	Acute, community	**Partners involved:** • Acute trusts **Potential future commitments:** • Portability of staff across services • Single point of booking across NCL
Personalisation & choice	Q	Digital	Acute, community	
Postnatal	£,Q	Digital , Workforce	Acute, community	
Continuity of Carer	Q	HCCH	Community settings	
NCL Workforce	£, Q	Workforce	Acute, community	

Cancer
SRO: Dr Claire Stephens

Overall workstream objective

Delivery of improved survival, patient experience, efficiency of service delivery - including services closer to home; reduced costs £ financial sustainability; reduced variation.

Notable progress made this reporting period (Q1 2019/20)

Early Diagnosis – Development of Rapid Diagnosis Centre Model begun; Set up of Prevention and Screening Board; Scaling up of SUMMIT Lung Study
Operational Performance – Provider performance dipped between April and June. Development of NCL strategy for digital image sharing; Employment Licence in progress; Agreement to run funding round for trusts and other stakeholders to bid for money to develop pathology and radiology related initiatives
Living With and Beyond Cancer – Latest data (Q4, 2018/19) provides evidence that 4 of 7 Trusts have developed local colorectal protocols.

Notable progress planned for next reporting period (Q2 2019/20)

1.Early Diagnosis – Agreement on plan for move to RDC model in NCL; funding of screening uptake interventions through prevention and screening board; SUMMIT Study scaled up recruitment (100% of practices in NCL); ethical approval of HP Self sampling study
2. Operational Performance – 62 day performance improvement against trajectory; accurate assessment of current 28 day performance in preparation for go live;
3. Living With and Beyond Cancer – Continued progress against SFU take up and recovery package metrics; Launch of Health and Wellbeing events website; report on rehab mapping across London

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Operational Performance	Q, P	Diagnostics capacity	Acute, Primary Care , community	**Partners involved:** • Acute providers, GPs
Early diagnosis	Q, P	HCCH, Prevention	Acute, Primary Care , community	
Living w & beyond cancer	Q	HCCH	Acute, Primary Care , community	

Workforce
SRO: Siobhan Harrington

Overall workstream objective

To attract people to live and work in NCL so we have the best possible workforce to deliver high quality services to our community

Notable progress made this reporting period (Q1 2019/20)

1. Leadership capacity expanded - clinical lead for new roles & 4xStrategic Leads
2. Medium Term Financial Plan - financial benefits developed with CEOs & HR Directors
3. Transformation programme priority roadmaps confirmed

Notable progress planned for next reporting period (Q2 2019/20)

1. Bring together system leaders to agree ways of working
2. Work with productivity / finance to scope financial benefits
3. Mobilise all priority projects
4. Confirm funding and start to mobilise delivery capacity

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Training Hubs	£, Q	HCCH	All	**Partners involved:** • All **Potential future commitments:** • Standardisation of mandatory training to aid portability • Standardisation of employment contracts to aid portability
Collaborative Bank	£, Q	All	All	
Proud to Care Portal	£, Q	Social Care	Social Care	
Employment licence, Rotations, Pipeline of new roles	£, Q	All	All	
Mandatory & Statutory Training	£, Q	All	All	

* £ = Savings, Q = Quality, P=Performance, E=Efficiency, C=Clinical Outcomes

Health and Care Closer to Home SRO: Tony Hoolaghan

Overall workstream objective

'Place-based' population health system of care; based around neighbourhoods of 50-80k; drawing together social, community, primary & specialist services; underpinned by a systematic focus on prevention & supported self-care.

Notable progress made this reporting period (Q1 2019/20)

1. Drafted paper on Quality Improvement Support teams for August HCCH Board
2. Further engagement carried out on draft HCCH workforce action plan
3. Key discussions held with CCG Directors of Primary Care on alignment on Transformation & GPFV funding and PCN Development funding.

Notable progress planned for next reporting period (Q2 2019/20)

1. HCCH Board review & discuss output of social prescribing task and finish groups
2. Support CCGs to finalise plans for delivery of GPFV funding.
3. Primary Care Networks complete PCN maturity matrix and diagnostic tool.

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Improved Access	C	Workforce, Estates, Digital	GP practices, social care, community	**Partners involved:** • CCGs, GP, community pharm , Mental Health & Social Care **Potential future commitments:** • North Central London (NCL)-wide approach to Atrial Fibrillation improvement • NCL model for social prescribing • Enhanced services review • Contracting for Care & Health Integrated Networks
Quality Improvement	£, Q	Workforce	Virtual, GP practices	
Workforce & Estates	£, Q, E	Workforce, Estates, Digital	CCGs, GPs	
Social Prescribing	£, Q	Workforce	GP practices, social care, community	
Primary Care Networks & Primary Care at Scale	£, Q, P, E		GP practices	

Provider Productivity SRO: Tim Jaggard

Overall workstream objective

To scope and take forward areas of savings requiring collaboration across providers

Notable progress made this reporting period (Q1 2019/20)

1. MTFS workshop – Existing initiatives within workstream reviewed and challenged by CFO/CEOs. Key agreement to ensure providers challenged on any decision not to use STP shared service offerings.
2. De-prioritised initiatives around shared acute rotas and digital services.Decontamination initiative completed with all trusts confirming go live or rejection of offer.
3. Handover to new Head of Finance for workstream

Notable progress planned for next reporting period (Q2 2019/20)

1. Submission of Long Term Plan Implementation Framework returns – including quantification of MTFS impacts, covering Provider Productivity initiatives
2. Arrange Provider Productivity workshop to review areas of work
3. Clarity on next steps on all workstreams to maximise savings

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Workforce	£	Workforce	NHS Trusts	**Partners involved:** • Providers **Potential future commitments:** • Consideration of collaborative bank option • Ongoing engagement in modelling, scoping and emerging programme of work
Procurement	£	-	NHS Trusts	
Patient Transport	£	-	NHS Trusts	
Diagnostics	£, Q	Planned Care	NHS Trusts	
Meds Optimisation	£			

Children and Young People SRO: Charlotte Pomery

Overall workstream objective

'Right care, right place, right time'. Transformed health & social care services: equitable, accessible, efficient & delivers improved outcomes. Enabling high quality, responsive services for children, young people & families, delivered locally where possible, with a shared focus on promoting wellbeing, reducing health inequalities & improving health & social outcomes.

Notable progress made this reporting period (Q1 2019/20)

1. Development of paediatric asthma dashboard
2. Review first NCL asthma baseline analysis
3. Serious Youth Violence CYP programme board roundtable

Notable progress planned for next reporting period (Q2 2019/20)

1. Agree and roll out first iteration of paediatric asthma dashboard
2. DTOC workshop to review housing related DTOC and agree next steps
3. Plan implementation of Ask About Asthma campaign

Priority project	£, Q	Major Independencies	Key Care Settings	Partner involvement
Paediatric Asthma	£, Q	Prev, HCCH, workforce, digital	Acute, Primary Care , community	**Partners involved:** Acute Trusts, Primary Care, Commissioners, Pharmacy, Public Health, Local Authority **Potential future commitments:** • System approach to managing & preventing asthma in C&YP • Developing a surgical network across NCL • Preventative approach to care & support for CYP & families
Complex Needs	£, Q	UEC, HCCH, Mental Health	Acute Trusts, LA Placements	
Paed. admissions avoid.	£, Q	UEC, Prev, HCCH, workforce, digital	Acute, Primary Care , community	

Digital
SRO: David Probert

Notable progress made this reporting period (Q1 2019/20)

1. HIE now live in the 1st practice in Barnet
2. HIE: upgrade process initiated and UCLH config and test underway
3. HealtheIntent on-boarding and code validation for GP data has begun (1st 3 Islington practices)

Notable progress planned for next reporting period (Q2 2019/20)

1. HIE: Upgrade of Live HIE and commence roll-out to next 16 practices
2. HIE: Complete testing of HIE interface with UCLH (new EPIC EPR)
3. HealtheIntent: Agree 1st analytics package progress GP on-boarding validation

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Health Information Exch	Q, £	Clinical Workstreams	All	**Partners involved:** Acute Trusts, Primary Care, Commissioners, Pharmacy, Public Health, Local Authority
Pop Health Management	Q, £	Clinical Workstreams	All	
Person Held Record (PHR)	Q, £	Clinical Workstreams	All	

Estates
SRO: Simon Goodwin

Overall workstream objective

To provide a fit for purpose, cost-effective, integrated, accessible estate which enables the delivery of high quality health and social care services for our local population.

Notable progress made this reporting period (Q1 2019/20)

1. Haringey and Islington Locality Planning workshops to kick off programme
2. Criteria workshop held to set process for capital prioritisation, linkage to MTFS
3. Initial meeting of Operational Stakeholder group for projects in SPH critical path

Notable progress planned for next reporting period (Q2 2019/20)

1. Barnet Locality Planning workshop to build STP consistency
2. Initial findings on current and historic arrangement keyworker housing with housing associations in NCL
3. Agree brief, funding and procurement for MTFS programmes

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Locality Planning / OOH	£, Q	All	All STP partners	**Partners involved:** • CCGs and Trusts **Potential future commitments:** • Partnership working on NCL estates strategy iteration
Investment	£, Q	Mental Health	All STP partners	
Optimisation	£, Q	All	All STP partners	
Disposal	£, Q		All STP partners	

Health and Prevention
SRO: Julie Billet

Overall workstream objective

Driving a system-wide approach to prevention and population health, working to enable success in the overall STP strategy for care

Notable progress made this reporting period (Q1 2019/20)

1. Started needs assessment for smoking
2. Secured October QI event slot
3. Started recruitment for smoking in pregnancy coordinator

Notable progress planned for next reporting period (Q2 2019/20)

1. Complete LTP response
2. Finish smoking in pregnancy coordinator recruitment
3. Start alcohol needs assessment framework

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Tobacco	E, P		Acute, MH Trusts, Community	**Partners involved:** • GP practices **Potential future commitments:** • Working towards healthier workplaces • Alignment of organisational strategies • Commitment to prevention (primary and secondary)
Alcohol	O		Acute, MH Trusts, Community	
Healthy Weight	C, Q		All partners	

Social Care
SRO: Dawn Wakeling

Overall workstream objective

Working to address care inequalities in provision and improving longer term strategic approach to workforce and care market.

Notable progress made this reporting period (Q1 2019/20)

1. Agreed heads of terms with 3 major care homes that manages placement cost
2. Developed out of hospital paper on apprenticeships
3. TNA event held for care homes

Notable progress planned for next reporting period (Q2 2019/20)

1. Develop plans to strengthen redesignation from residential to nursing care
2. Strengthen cost containment strategy for residential care
3. Finalise NEF report on the contribution of ASC to the social care economy

Priority project	Impact*	Major Independencies	Key Care Settings	Partner involvement
Ind. Care Sector Workforce	£, E, Q	HCCH, UEC, Workforce	Home Care, Care Homes	**Partners involved:** Local authorities, CCGs, care providers **Potential future commitments:** Joint commissioning strategy
Social Care Markets	Q, £, E	HCCH, UEC, MH, Workforce	Home Care, Care Homes	

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

A1 Ambitions of the STP

NHS

Ambition for the STP is built on existing CCGs, Local Authorities and Providers values and strategy

Improve the health and wellbeing of the local population

Maximise out of hospital care and build resilient well supported communities

Reduce health inequalities

A partnership of the NHS and local authorities, working together with the public and patients where it's the most efficient and effective way to deliver improvements.

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

A2 Clinical and Senior Leadership across North London Partners

NHS

Care Workstreams	Prevention	Planned care	Health and care closer to home	Mental Health	Children and young people	Maternity	Cancer	Urgent and Emergency Care	Social Care
SROS	Dr Julie Billett (Camden and Islington)	Prof. Marcel Levi (UCLH)	Tony Hoolaghan (H&I)	Paul Jenkins (TAVI)	Charlotte Pomery (Haringey LA)	Rachel Lissauer (Haringey)	Dr Clare Stephens (Barnet)	Sarah Mansuralli (Camden)	Dawn Wakeling (Barnet)
Clinical leads	Dr Karen Sennett (Islington)	Dr Dee Hora (Camden)	Dr Katie Coleman, (Islington)	Dr Vincent Kirchner (C&I)	Dr Oliver Anglin (Camden)	Professor Donald Peebles	Prof Geoff Bellingan (UCLH)	Dr Shakil Alam (Haringey)	
	Dr Tom Aslan (Camden)	Dr John Connolly (RFL)	Borough based leads for each CCG	Dr Jonathan Bindman (BEH)		Mai Buckley (Royal Free)	Dr Clare Stephens (Barnet)	Dr Chris Laing (UCLH)	
				Dr Alex Warner (Camden)			This workstream also has a joint Chief Medical Officer position: Prof Muntzer Mughal; Dr Afsana Bhuiya		

Enablers

Workforce: SRO - Siobhan Harrington (Whittington), Programme Director – Sarah Young

Digital: Clinical lead – Dr Cathy Kelly (UCLH), SRO – David Probert, Programme Director – Martyn Smith

Estates: SRO – Simon Goodwin (NCL CCGs), Programme Director – Nicola Theron

Provider Productivity: SRO – Tim Jaggard (UCLH); Programme Director – Peter Sharpe

Communications and Engagement: SRO – Will Huxter; Head of Communications and Engagement – Chloe Morales-Oyarce

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

A3 Capacity to delivery change

NHS

Dedicated capacity now in place across majority of workstreams to facilitate working across partner organisations to deliver agreed STP initiatives.

Workstream	Programme lead	Email Address
Adult Social Care	Richard Elphick	richard.elphick@camden.gov.uk
Cancer	Naser Turabi	n.turabi@nhs.net
Children and Young People	Sam Rostom	sam.rostom@nhs.net
Digital	Martyn Smith	martyn@brightive.net
Estates	Nicola Theron	nicola.theron@nhs.net
Health and Care Closer to Home	Sarah McIlwaine	sarah.mcilwaine@nhs.net
Maternity	Kaye Wilson	kaye.wilson1@nhs.net
Mental Health	Chris Dzikiti	christopher.dzikiti@nhs.net
Planned Care	Donal Markey	donal.markey@nhs.net
Prevention	Mubasshir Ajaz	mubasshir.ajaz@islington.gov.uk
Productivity	Peter Sharpe	peter.sharpe@nhs.net
Orthopaedic review	Anna Stewart	anna.stewart3@nhs.net
Urgent and Emergency Care	Alex Faulkes	alex.faulkes1@nhs.net
Workforce	Sarah Young	sarah.young11@nhs.net

Moorfields Eye Hospital NHS Foundation Trust

NHS

Report to Trust Board	
Report Title	**Integrated Performance Report - July 2019**
Report from	John Quinn, Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee
Attachments	

Brief Summary of Report

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

Executive Summary

The Board is asked to note the IPR which is grouped into four scorecards in order for members to identify the areas that contribute to our ambition of service excellence. Through good financial health combined with good infrastructure, culture and people as enablers this should ensure the Trust delivers service excellence.

Context

A&E activity continues to be higher than expected. The reasons for the increase are not yet clear and we will continue to monitor this closely to assess if this is an ongoing trend and has any impact on performance.
Other activity has seen positive growth in-month which is in line with our plan. This is now beginning to catch up lost activity from April.

Service excellence

Overall performance remains strong and the Trust is meeting the national access targets year to date. Areas of note:
The NHSE locally agreed 14 day cancer target is slightly lower than target however is showing a more stable position to that of last year.
Two patients were not seen with the 31 day diagnosis to first appointments due to issues beyond the Trusts control.

Journey times have improved over time though now remain static around the target aim - partly this is due to better data capture. Plans though to improve further are being put in place as described in the RAP attached.

Outpatient indicators are showing red against target. A new outpatient group is being constructed chaired by the deputy COO which will monitor outpatient targets more closely and devise actions where deviations occur. The Board will be updated as this progress re administration process in October Board.

People (enabler)

This domain shows good performance against the people metrics overall. One standard that is being looked at more closely is percentage of staff who would recommend the organisation as a place to work as this is lower than we would expect. This is being monitored. There is though a wider piece of work of staff engagement through listening events with the CEO and Director of People that is engaging staff and actively seeking their feedback.

Infrastructure and culture (enabler)

Ethnicity reporting remains a challenge as described in the RAP.

Financial Health and Enterprise

Activity has improved in month 2 and 3 however month 4 although improved did not improve enough to bring back all PODs to plan. This combined with commercial divisions being below plan and CIP delivery challenges means overall finance performance is red. Detail is provided in the finance plan.

Action Required/Recommendation

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

For Assurance	X	For decision		For discussion		To Note	

Moorfields Eye Hospital NHS Foundation Trust

Trust Executive Summary By Scorecard Domain - July 2019

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	**33**	**1**	**4**
Cancer	4	0	0
Access & Outpatients	6	0	1
Admitted	6	0	1
Quality & Safety	17	1	2
Private Patients	0	0	0

Collaborative Research

G	A	R
1	0	1

Innovation & Education

G	A	R
In Development		

Influence National Policy

G	A	R
In Development		

People (Enablers)

Workforce Metrics

G	A	R
1	**0**	**1**

Staff Satisfaction & Advocacy

G	A	R
1	**0**	**1**

Infrastructure & Culture (Enablers)

Digital Delivery

G	A	R
1	**0**	**1**

Research

G	A	R
2	**1**	**0**

Education

G	A	R
In Development		

Financial Health & Enterprise (Enablers)

Overall Plan

G	A	R
0	**0**	**2**

Commercial Operations

G	A	R
0	**0**	**1**

Cost Improvement Plans

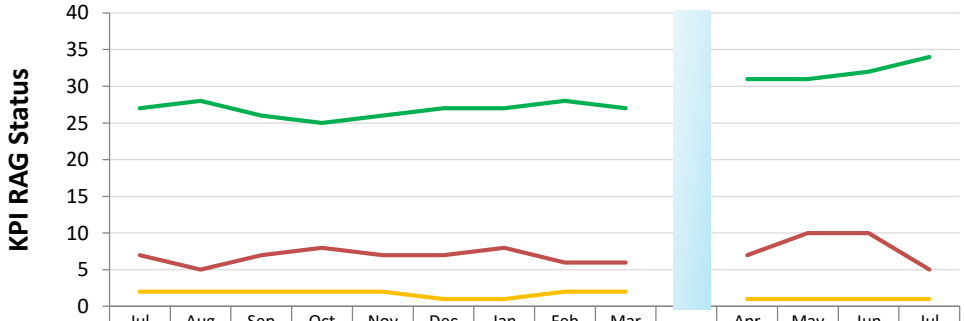
G	A	R
0	**0**	**0**

Moorfields Eye Hospital NHS Foundation Trust

NHS

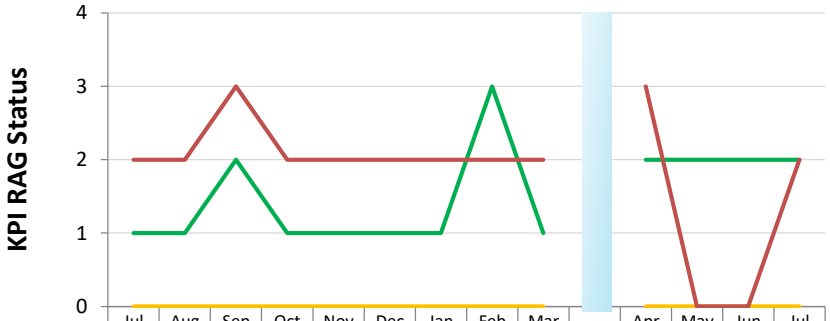
Executive Summary - Scorecard Domain Trends

Service Excellence (Ambitions)



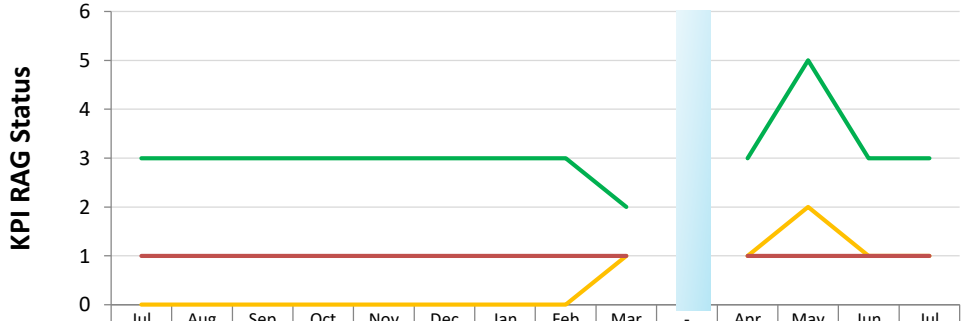
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	-	Apr	May	Jun	Jul
Green	27	28	26	25	26	27	27	28	27		31	31	32	34
Amber	2	2	2	2	2	1	1	2	2		1	1	1	1
Red	7	5	7	8	7	7	8	6	6		7	10	10	5

People (Enablers)



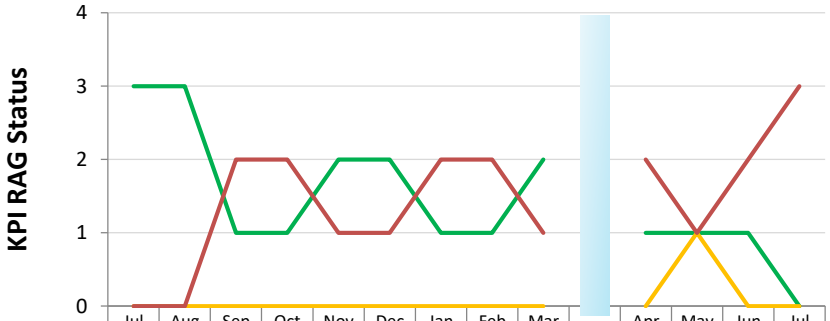
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	-	Apr	May	Jun	Jul
Green	1	1	2	1	1	1	1	3	1		2	2	2	2
Amber	0	0	0	0	0	0	0	0	0		0	0	0	0
Red	2	2	3	2	2	2	2	2	2		3	0	0	2

Infrastructure & Culture (Enablers)



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	-	Apr	May	Jun	Jul
Green	3	3	3	3	3	3	3	3	2		3	5	3	3
Amber	0	0	0	0	0	0	0	0	1		1	2	1	1
Red	1	1	1	1	1	1	1	1	1		1	1	1	1

Financial Health & Enterprise



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	-	Apr	May	Jun	Jul
Green	3	3	1	1	2	2	1	1	2		1	1	1	0
Amber	0	0	0	0	0	0	0	0	0		0	1	0	0
Red	0	0	2	2	1	1	2	2	1		2	1	2	3

Lines split by financial year due to different number of metrics

Moorfields Eye Hospital NHS Foundation Trust

NHS

Context - Overall Activity - July 2019

		July 2019		Monthly Variance	Year To Date		YTD Variance
		2018/19	2019/20		2018/19	2019/20	
Accident & Emergency	A&E Arrivals (All Type 2)	8,363	8,860	+ 5.9%	33,120	34,598	+ 4.5%
	Number of 4 hour breaches	268	101	- 62.3%	990	406	- 59.0%
Outpatient Activity	Number of Referrals Received	11,896	13,262	+ 11.5%	47,081	50,416	+ 7.1%
	Total Attendances	49,771	55,965	+ 12.4%	198,746	206,614	+ 4.0%
	First Appointment Attendances	11,267	12,618	+ 12.0%	45,332	45,915	+ 1.3%
	Follow Up (Subsequent) Attendances	38,504	43,347	+ 12.6%	153,414	160,699	+ 4.7%
Admission Activity	Total Admissions	3,400	3,668	+ 7.9%	13,031	13,400	+ 2.8%
	Day Case Elective Admissions	3,044	3,297	+ 8.3%	11,782	12,003	+ 1.9%
	Inpatient Elective Admissions	102	112	+ 9.8%	376	416	+ 10.6%
	Non-Elective (Emergency) Admissions	254	259	+ 2.0%	873	981	+ 12.4%

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Service Excellence (Ambitions)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G		96.3%	Monthly	100.0%	100.0%	83.3%	100.0%		↑
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	G		91.4%	Monthly	93.6%	90.4%	87.8%	94.0%		↑
	Cancer 31 day waits - diagnosis to first appointment	≥96%	G		98.0%	Monthly	100.0%	92.6%	100.0%	100.0%		→
	Cancer 31 day waits - subsequent treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from urgent GP referral to first definitive treatment	≥85%			66.7%	Monthly	0.0%	100.0%	100.0%	n/a		
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	G		94.5%	Monthly	93.9%	94.5%	94.5%	95.0%		↑
	52 Week RTT Incomplete Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	A&E Four Hour Performance	≥95%	G		98.8%	Monthly	99.4%	98.3%	98.7%	98.8%		↑
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	G		100%	Monthly	100%	100%	100%	100%		→
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	G		105	Monthly	161	131	65	69		↑
	% AIS Actions That Meet Patient Needs/Requirements	≥ 90%				Monthly	*In Development*					
	% Patients Asked About Accessbility Needs	≥ 90%				Monthly	*In Development*					
	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 101Mins	G		102	Monthly	105	101	104	101		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 91Mins	R	8	94	Monthly	94	94	95	94		↓

* Data Provisional for July 2019

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Service Excellence (Ambitions)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	G		6.1%	Monthly	6.0%	5.8%	5.9%	6.5%		↑
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	G		0.76%	Monthly	0.76%	0.92%	0.63%	0.71%		↑
	Number of non-medical cancelled operations not treated within 28 days *	Zero Breaches	G		1	Monthly	1	0	0	0		→
	Mixed Sex Accommodation Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	R	9		Monthly (Rolling 3 Months)	2.27%	2.95%	4.07%	3.69%		↓
	VTE Risk Assessment	≥95%	G		98.6%	Monthly	98.2%	98.7%	98.2%	99.2%		↑
	Posterior Capsular Rupture rates	≤1.95%	G		0.74%	Monthly	1.01%	0.88%	0.40%	0.72%		↑
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	G		0	Monthly	0	0	0	0		→
	Endopthalmitis Rates - Aggregate Score	Zero Non-Compliant				Quarterly			2			
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	MSSA Rate - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G		93.6%	Monthly	93.5%	97.8%	98.2%	90.1%		↓

* Data Provisional for July 2019

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Service Excellence (Ambitions)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Patient Centred Care (Quality & Safety)	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		99.3%	Monthly	99.4%	99.4%	99.0%	99.3%		↑
	A&E Scores from Friends and Family Test - % positive	≥90%	G		92.6%	Monthly	94.3%	91.3%	92.9%	92.7%		↓
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		96.5%	Monthly	96.0%	96.3%	97.0%	96.5%		↓
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		98.2%	Monthly	98.8%	98.7%	98.1%	97.1%		↓
	Inpatient Scores from Friends and Family Test - % response rate	≥30%	G		51.8%	Monthly	47.0%	52.2%	52.1%	55.1%		↑
	A&E Scores from Friends and Family Test - % response rate	≥20%	R	10	8.9%	Monthly	5.8%	10.1%	11.1%	8.6%		↓
	Outpatient Scores from Friends and Family Test - % response rate	≥15%	A	11	12.1%	Monthly	11.2%	12.6%	9.9%	14.5%		↑
	Paediatric Scores from Friends and Family Test - % response rate	≥15%	G		18.1%	Monthly	20.6%	18.3%	17.5%	16.2%		↓
	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	1	0	0	0		→
	Number of Written Complaints	YTD ≤ 63	R	12	101	Monthly	19	23	28	31		↑
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		100.0%	Monthly (Month in Arrears)	n/a	100.0%	100.0%	100.0%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		99.3%	Monthly (Month in Arrears)	95.8%	100.0%	97.9%	100.0%		
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		0	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open	R	13		Monthly				168		↑

* Data Provisional for July 2019

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Service Excellence (Ambitions)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥600	R	14	363	Monthly	127	98	84	54		↓
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G			Monthly	6.6%	2.1%	2.7%	2.1%		↓
Innovation & Education	Metrics In Development	None Set				Monthly	*In Development*					
Influence National Policy	Metrics In Development	None Set				Monthly	*In Development*					

* Data Provisional for July 2019

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

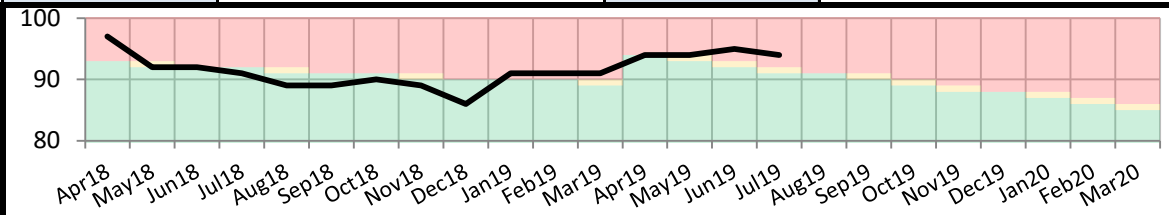
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Access & Outpatients)
Lead Manager	Naomi Sheeter	Responsible Director	John Quinn

Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
Mth:≤ 91Mins	Red	94	94	94	95	94

Divisional Benchmarking (Jul 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
There has been a gradual increase in follow-up journey times from Dec 2018; this has not been attributed to a particular site or service however follow-up patient data completeness has increased by 12.4% in the period, meaning that a more representative picture of journey times is now being measured. FU journey times at City Road remain singificantly higher than the North and South divisions; again data completeness is highest at City Road.	Ongoing review of data completeness by operational management teams both by site and by service. We are supporting the ongoing roll-out of agreed sub-specialty clinical stratification, which will reduce outpatient journey times. As part of which, a significant proportion of follow-up patients will be moved into digital imaging pathways across the trust over the 19-20 year. Site and service level journey time data is reviewed weekly by operational management teams and fortnightly in the clinical administration project board.	Dec 2019	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Follow-up journey times have been more stable from April 2019; in-depth analysis shows that journey times vary greatly within services month-by-month but the median remains at ~94mins. This is positive in the context of signficantly increased activity. There were 43,380 outpatient follow-up attendances in July - a 9.7% increase on June and the highest number of follow-up attendances per month on record for the trust. The number of new patient attendances in July was also greater than the previous month, and the second highest number of new attendances per month on record. Data completeness increased to 66.3% in July, meaning we are continuing to report a more accurate representation of journey times.	- Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20. - Demand & capacity modelling work will allow more detailed analysis of the workforce, kit and space resource required per sub-specialty. - Data completeness continues to be reviewed in weekly divisional performance meetings.	December 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

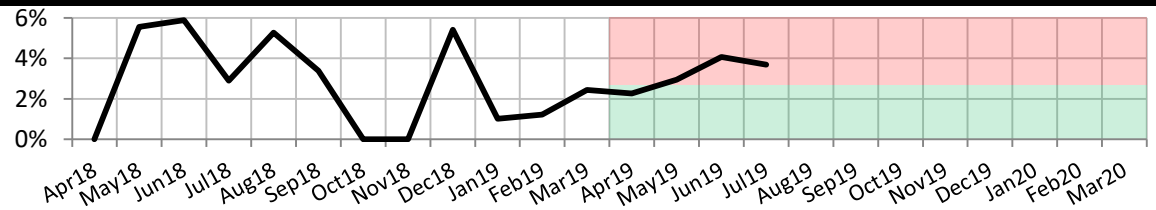
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Admitted)
Lead Manager	Jeet Virdee	Responsible Director	John Quinn

Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal) (Rolling 3 Month Average)

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≤ 2.67%	Red	n/a	2.27%	2.95%	4.07%	3.69%

Divisional Benchmarking (Jul 19)	City Road	North	South
	4.24%	0.00%	6.67%



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Ongoing review of readmission rates undertaken by City Road to understand reasons for underperformance	Ongoing review with clinical leads	Sep 2019	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
The definition of how this metric is calculated nationally considers only inpatient spells that were intended as overnight stays. Inpatient spells forms a minority of surgical activity at Moorfields, and this percentage is therefore driven by a small number of breaches. In May, there were a total of 3 readmissions; In June, there were a total of 6; and in July, there were a total of 2. There is no consistent pattern in procedures or services identified in readmissions and this also varies between months.	Review of readmission rates to monitor performance is being undertaken by Deputy Director for City Road, which is essential in understanding the reasons for underperformance.	September 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

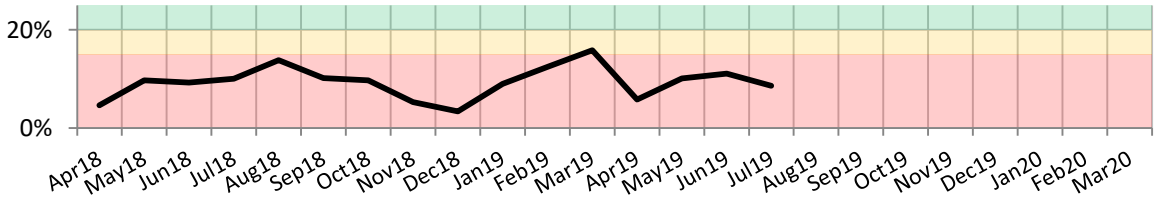
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Lead Manager		Responsible Director	Ian Tombleson

A&E Scores from Friends and Family Test - % response rate

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≥20%	Red	8.9%	5.8%	10.1%	11.1%	8.6%

Divisional Benchmarking (Jul 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Systematic distribution of cards is still not fully embedded across all team members and is very reliant on the volunteer to support it. This drop in performance was due to the annual leave of the volunteer.	Nurses (ENPs) and doctors will be given daily targets for distribution of cards and will be expected to be less reliant on the volunteer to complete this process. In parallel the new FFT text messaging system will be introduced in the next 2 months.	Jun 2019	In Progress (Update)
Numbers are gradually improving but remain at unsatisfactory levels. There continues to be a push with staff and volunteers to increase performance.	The new A&E FFT text service is planned to be implemented from 1 September 2019. This is expected to increase the response rate substantially and will create efficiences for staff. Progress will be reviewed after the first month with further improvements as necessary.	Oct 2019	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Performance remains below target noting that other areas have improved performance this month. Teams continue to be encouraged to hand out cards with volunteer support and are making efforts to do this amongst competing priorities.	The new A&E FFT text service will be implemented in September 2019. This is expected to increase the response rate substantially and will create efficiences for staff. Progress will be reviewed after two months with further role out trust-wide.	October 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

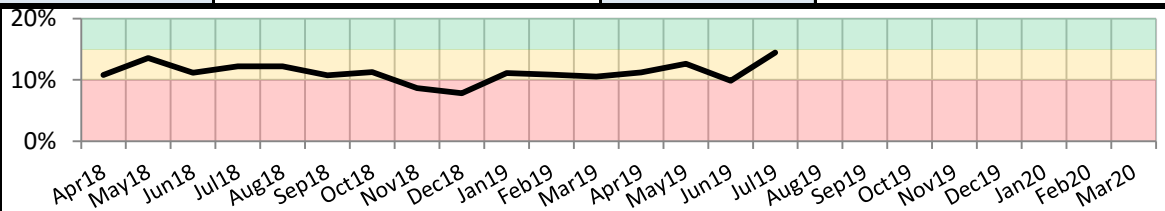
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Lead Manager		Responsible Director	Ian Tombleson

Outpatient Scores from Friends and Family Test - % response rate

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≥15%	Amber	12.1%	11.2%	12.6%	9.9%	14.5%

Divisional Benchmarking (Jul 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Disappointingly performance has dropped below March 2019 levels. There will be a continued push with staff to increase these levels including direct support and encouragement from the patient experience team	The new FFT text implementation system plans to go live in A&E from 1 September, City Road wide from 1 October and organisation wide from 1 November. This should have a substantial positive impact on response rates and create efficiencies for staff. Full data will be available in December	Dec 2019	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Performance has shown a substantial improvement this month just short of the target and with current progress should meet the target next month	The new FFT text system goes live in A&E in September and is expected to go live trust-wide in December. This will create efficiencies and economies for divisional and central teams and is anticipated with enthusiasm by staff	December 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

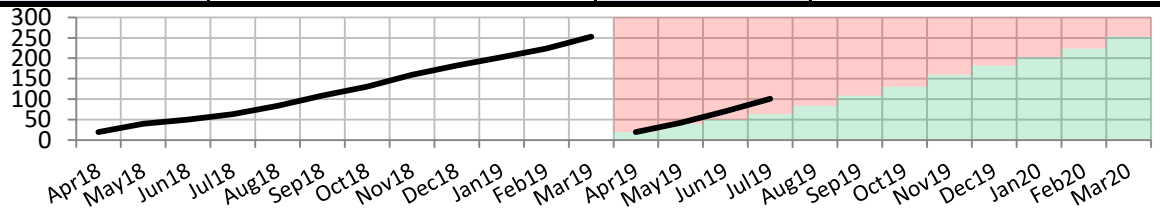
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Lead Manager		Responsible Director	Ian Tombleson

Number of Written Complaints

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
YTD ≤ 63	Red	101	19	23	28	31

Divisional Benchmarking (Jul 19)	City Road	North	South
	tbc		



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
The number of formal complaints is above the 2018/19 benchmark. Increases appear to be due to multiple reasons - service/care, communication/customer care issues. City Road numbers are larger compared to other divisions. Further analysis is required to identify local concerns and trends.	Initiatives include using technolgy to enable easier and quicker patient communication and improved appointment management. More local divisional focus is required through Quality Forums so that individuals and teams can tackle the root cause of complaints.	Oct 2019	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
The number of formal complaints is above the 2018/19 benchmark. Increases appear to be due to multiple reasons - service/care, communication/customer care issues. City Road numbers are larger compared to other divisions. Further analysis is required to identify local concerns and trends.	There are on-going improvements to the central/divisional complaints processes. 3 new medium initiatives should help reduce the number of complaints in the next few months: 1) A FFT text feedback service is commencing in September; this will speed up patient feedback to frontline staff to make changes/improvements 2) Expanding customer care training as part quality strategy implementation 3) taking forward the outcomes of August's Hackathon led by the COO	December 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

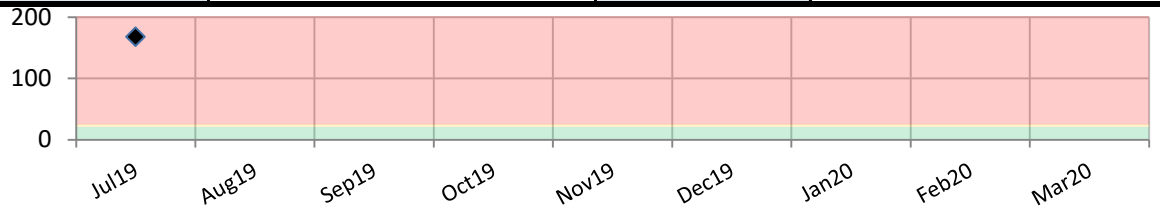
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Not Set
Lead Manager	Julie Nott	Responsible Director	Ian Tombleson

Number of Incidents (excluding Health Records incidents) remaining open after 28 days

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≤ 20 Open	Red	n/a	n/a	n/a	n/a	168

Divisional Benchmarking (Jul 19)	City Road	North	South
	tbc		



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Trust wide position continues to be adversely affected by the quantity of open incidents associated with the retrospective review of glaucoma patients at Bedford.	Divisional performance is more consistent; work is still required to establish BAU processes. The central team continues to closely monitor performance, with reports provided to divisions and the executive team on a bi-weekly basis. Divisions extract and review data independently. Further review of the Bedford glaucoma patients will take place at the end of July, following which a confirmed trajectory and plan will be produced.	Sep 2019	In Progress (Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
The control and management of incidents has regularised resulting in better incident management performance, however this is still above the stretch target. Forecast performance in August is that there has been improvement	Summer annual leave may have had some impact on July's performance. The central team continues to closely monitor performance; divisions have full access to performance data. The central team provides bi-monthly summary report with bi-weekly escalations to the executive team.	October 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

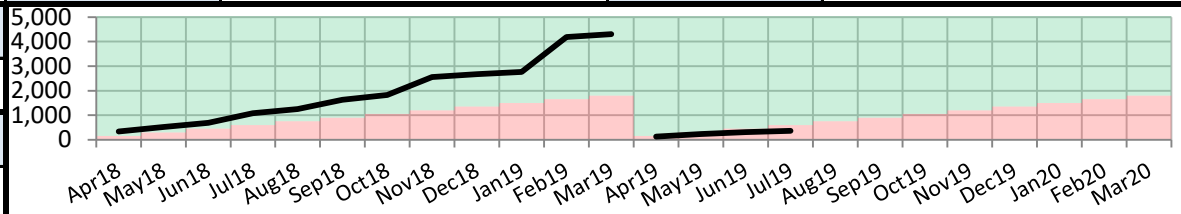
Remedial Action Plan - July 2019

Domain	Service Excellence (Ambitions)	Theme	Collaborative Research
Lead Manager	Julian Hughes	Responsible Director	Maria Hassard

Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≥600	Red	363	127	98	84	54

Divisional Benchmarking (Jul 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Drop in total study number including reduction in number of studies with recruitment targets above 20 meaning that we are undertaking a porportionally larger number of studies with small recruitment targets.	R&D are investigating options to encourage and incentivise research active staff to undertake large recruitment size, NIHR-portfolio adoptable, studies.	Oct 2019	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No Further Issues or Actions		

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	People (Enablers)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R	16	n/a	Monthly	77.9%	80.6%	81.7%	78.8%		↓
	Information Governance Training Compliance	≥95%				Monthly	*In Development*					
	Staff Turnover (Rolling Annual Figure)	≤15%	G		n/a	Monthly	12.1%	12.1%	12.9%	13.1%		↑
	Proportion of Temporary Staff	RAG as per Spend			12.6%	Monthly	12.8%	11.4%	13.0%	13.2%		↑
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%	G		n/a	Quarterly	95.7%			92.9%		♦
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%	R	17	n/a	Quarterly	67.1%			57.7%		♦

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

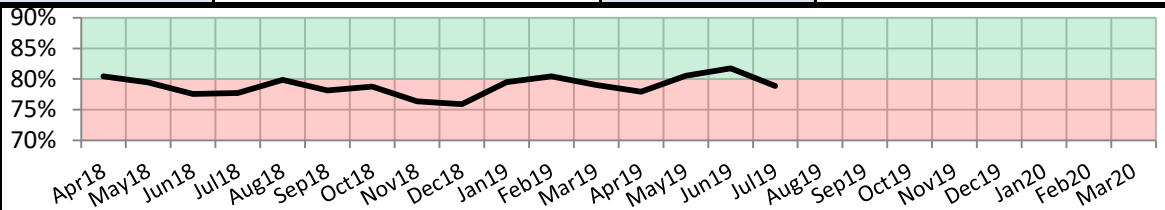
Moorfields Eye Hospital NHS Foundation Trust

NHS

Remedial Action Plan - July 2019	Domain	People (Enablers)	Theme	Workforce Metrics
Appraisal Compliance	Lead Manager	Maria Ball	Responsible Director	Sandi Drewett

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≥80%	Red	n/a	77.9%	80.6%	81.7%	78.8%

Divisional Benchmarking (Jul 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Issues Include: - Raise awareness of non compliance across all areas. - Encourage proactive planning of appraisals. - Managers are not completing appraisals when they are due. - Some managers are still not experienced or confident in undertaking appraisal.	The actions we have been taking will continue month on month until the end of this financial year. The work on the ESR supervisor hierarchy is due to commence imminently and it is estimated that it will be completed by the end of September 2019.	Sep 2019	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Staff and Managers are not completeing their appraisals before the expiry date.	HR Managers are sending reports to the Directorates	August 2019
Appraisal completion dates are not always sent to the L&D for prompt input onto the system .	L&D are sending reminder to staff to complete their appraisal and targeting those who are due to fall out of compliance	August 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

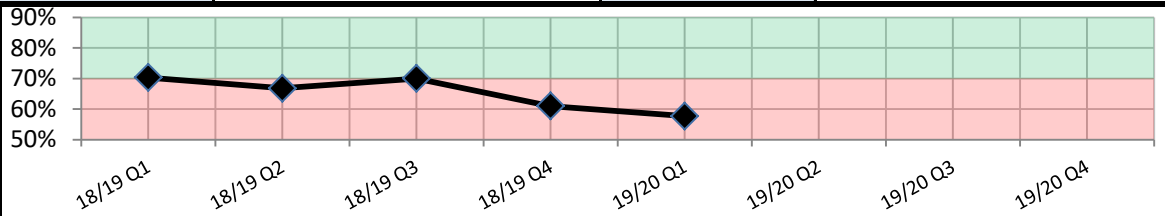
Remedial Action Plan - July 2019

Domain	People (Enablers)	Theme	Staff Satisfaction & Advocacy
Lead Manager	Ruth Ball	Responsible Director	Sandi Drewett

Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"

Target	Rating	YTD	18/19 Q2	18/19 Q3	18/19 Q4	19/20 Q1
≥70%	Red	n/a	66.8%	70.0%	67.1%	57.7%

Divisional Benchmarking (2019/20 Q1)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
No Outstanding Issues or Actions			

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Following the Staff FFT submission for Quarter 1, it was noted the percentage of staff who would recommend the organisation as a place to work as this is lower than we would expect.	156 staff completed the family and friends test which is 6% of the available workforce. Improvement work is being undertaken in admin systems and processes which appears to impact according to some comments. A review of management and leadership development has been commissioned. The workforce strategy identifies management and staff engagement as key workstreams to improve experience of all staff.	October 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Infrastructure & Culture (Enablers)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	R	19	89.6%	Monthly	89.6%	89.9%	89.5%	89.4%		↓
	Data Quality - Ethnicity recording (A&E)	≥94%	G		99.8%	Not Set	99.6%	99.8%	99.8%	99.8%		→
Research	70 Day To Recruit First Research Patient	≥80%	G		96.3%	Monthly	87.5%	87.5%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	A	20	57.9%	Monthly	57.1%	57.1%	58.3%	58.3%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		109.1%	Monthly	110.2%	106.8%	111.3%	360.0%		↑
	Number of Publications	None Set				Monthly	*In Development*					
Education	Metrics In Development	None Set				Monthly	*In Development*					

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

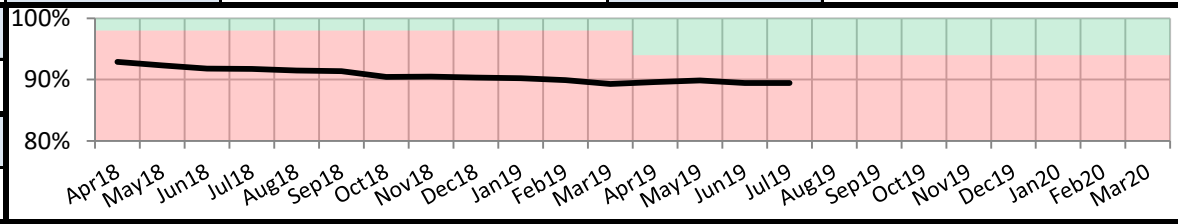
Remedial Action Plan - July 2019

Domain	Infrastructure & Culture (Enablers)	Theme	Digital Delivery
Lead Manager	Donna Flatt	Responsible Director	John Quinn

Data Quality - Ethnicity recording (Outpatient and Inpatient)

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≥94%	Red	89.6%	89.6%	89.9%	89.5%	89.4%

Divisional Benchmarking (Jul 19)	City Road	North	South
	90.1%	84.4%	93.5%



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
This is a long standing issue for the organisation and whilst benchmark performance is better than many other trusts the national target has never been achieved and is extremely stretching. Underlying reasons include the lack of comprehensive operating procedures, customer service training and the inherent sensitivities surronding the collection if these data.	At the June Data Quality and Information Management Group, it was agreed that alongside the prompt card process being used across the trust it would be useful to have a floor walking exercise to collect ethnicity from patients and explain the reason for collecting the data. The DQ team could support this process once the prompt card pilot has been completed. Further improvements should be seen as the check-in kiosks are embedded across the trust.	Jun 2019	In Progress (No Update)
	This has been aligned with the Ethnicity Data Improvement project, a project scoping document has been produced and on-site observations and interviews with staff have commenced with the aim of identifying barriers to the collection of this data.	Aug 2019	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No Further Issues and Actions		

Moorfields Eye Hospital NHS Foundation Trust

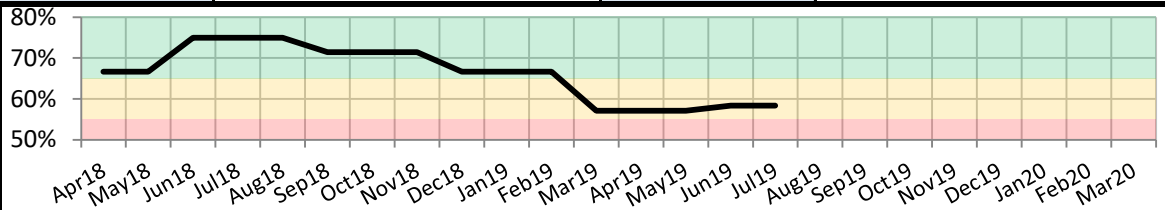
Remedial Action Plan - July 2019

Domain	Infrastructure & Culture (Enablers)	Theme	Research
Lead Manager	Julian Hughes	Responsible Director	Maria Hassard

Percentage of Research Projects Achieving Time and Target

Target	Rating	YTD	Apr-19	May-19	Jun-19	Jul-19
≥65%	Amber	57.9%	57.1%	57.1%	58.3%	58.3%

Divisional Benchmarking (Jul 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
4 studies successful and 3 studies unsuccessful in reaching recruitment target during the reporting period. 1. CLAJ1012 (The Efficacy and Safety of Bimatoprost SR in Patients With Open-angle Glaucoma or Ocular Hypertension; Clarke): 0/1 recruited (i) Patients did not want to receive an injection for the study; (ii) Patients from mile end did not want to travel to city road for assessments; (iii) Patients reported the study visits were too long and onerous and interfered with work commitments due to the length of visits. 2. SIVS1039 (A dose-ranging study of intravitreal OPT-302 in combination with ranibizumab, compared with ranibizumab alone, in participants with neovascular age-related macular degeneration wet AMD; Sivaprasad): 1/4 patients recruited. Contract negotiations for costings delayed initial opening of the study and study closed 3 weeks early as global recruitment target was met. Study had high screening failure rate i.e. most patients ineligible as vision was too good or had previous injections. 3. Mauv 1011 (Post-Market Clinical Investigation of the Clareon« IOL; Maurino): 3/10 recruited. (i) study ended up opening during the summer months when theatre space was at a low as well as maintenance works in theatre limiting availabilityl (ii) Difficulty finding eligible patients with bilateral cataracts with no other condition. 4. MICM1022 (A Phase 2b randomized, double-masked, controlled trial to establish the safety and efficacy of Zimura compared to sham in subjects with autosomal recessive stargardt disease; Michealides): 1/2 recruited. Recruitment window reduced from 3 to 2 months which didn't give enough time to recruit a second patient. 5. SIVS1044 (A Randomized, Double Masked, Uncontrolled, Multicenter Phase I/II Study to Evaluate Safety and Tolerability of PAN-90806 Eye Drops, Suspension in Treatment-Naive Participants with Neovascular Age-Related Macular Degeneration; Sivaprasad): 1/5 recruited. (i) Study difficult to recruit to with stringent inclusion / exclusion criteria (ii) Rapid access clinic pathway introduction for AMD made it difficult to access patients for consent.	Internal feasibility analysis will enable the setting of better targets in potentially difficult to recruit to studies. Negotiations with partners will in future develop target ranges which will allows us to report against both the lower and upper ends of that range. This will cater for those occasions where we are opening as a site later than most other international sites and avoid the risk of having studies close early before we have been able to meet our agreed target locally. We are also looking at predicted closure dates 6 months in advance and engaging with sponsors early to try to avoid missing future recruitment targets.	Jul 2019	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
No further Issues or Actions		

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Financial Health & Enterprise (Enablers)	July 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	Apr 19	May 19	Jun 19	Jul 19	13 Month Trend	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	R	*	-0.19	Monthly	-0.20	0.00	0.77	0.12		↓
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit)	1	R	*	2	Monthly	3	2	1	2		↑
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	R	*	-0.17	Monthly	0.12	-0.29	0.04	-0.04		↓
Cost Impovement Plans	Cost Improvement Plan Variance	≥0	R	*	-2.23	Monthly	-0.41	-0.05	-0.32	-0.30		↑

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

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 07
Finance report
Board of directors 5 September 2019

Report title	Monthly Finance Performance Report Month 04 - July 2019
Report from	Jonathan Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

The Trust is reporting a surplus of £0.3m in May, compared to a planned surplus of £0.2m, a £0.1m positive variance to plan. Year to date the Trust is reporting a £0.7m deficit, an adverse variance against plan of £0.2m.

Financial Performance £m	Annual Plan	In Month			Year to Date				Forecast		
		Plan	Actual	Variance	Budget	Actual	Variance	RAG	Budget	Actual	Variance
Income	£240.1m	£22.2m	£23.0m	£0.8m	£80.5m	£81.0m	£0.5m		£240.1m	£240.8m	£0.7m
Pay	(£131.6m)	(£11.3m)	(£11.4m)	(£0.1m)	(£44.5m)	(£43.9m)	£0.7m		(£131.6m)	(£130.8m)	£0.8m
Non Pay	(£100.3m)	(£10.0m)	(£10.6m)	(£0.6m)	(£33.6m)	(£35.2m)	(£1.6m)		(£100.3m)	(£102.0m)	(£1.7m)
Financing & Adjustments	(£8.2m)	(£0.7m)	(£0.7m)	(£0.0m)	(£2.9m)	(£2.7m)	£0.2m		(£8.2m)	(£8.0m)	£0.2m
CONTROL TOTAL	**(£0.0m)**	**£0.2m**	**£0.3m**	**£0.1m**	**(£0.5m)**	**(£0.7m)**	**(£0.2m)**		**(£0.0m)**	**(£0.0m)**	**£0.0m**

Efficiency scheme performance is reporting delivery of £0.43m in July, compared to a planned £0.73m, an adverse variance against plan of £0.33m. Year to date delivered savings are £1.12m against a planned £1.67m, an adverse variance against plan of £0.57m.

The Trust has identified £5.20m of savings schemes inclusive of £1.10m red risk rated schemes from the planned £7.0m target. There remains un-identified savings of £1.80m.

The working capital position remains strong with the cash balance now standing at £48.9m.

Quality implications

Allocation and delivery of budgets have the potential to impact on the quality of the service we provide to patients. This is particularly pertinent in the area of CIP (cost improvement schemes) which must go through a robust quality impact assessment before approval.

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 discus the attached report.

For Assurance		**For decision**		**For discussion**	✓	**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report

For the period ended 31st July 2019 (Month 04)

Presented by	Jonathan Wilson; Chief Financial Officer
Prepared by	Justin Betts; Deputy Chief Finance Officer Amit Patel; Head of Financial Management

Monthly Finance Performance Report

For the period ended 31st July 2019 (Month 04)

Key Messages

Statement of Comprehensive Income

Financial Position	The Trust is reporting a surplus of £0.3m in July, compared to a planned surplus of £0.2m; £0.1m favourable to plan. Year to date performance is reporting a deficit of £0.7m compared to a planned deficit of £0.5m; £0.2m adverse to plan.
Income	Total income is £0.5m favourable to plan. NHS commissioned clinical income is £0.63m favourable to plan YTD; largely due to A&E £0.2m and Outpatient activity at £0.3m above plan. Commercial income is £0.2m adverse to plan linked to Moorfields Private activity being significantly lower than budget (£0.4m).
Expenditure (pay, non pay and financing)	Pay costs are £0.7m favourable to plan YTD primarily due to vacancies across all staff groups with the exception of registered nursing. Non pay expenses are £1.6m adverse to plan YTD including, Health Records (£0.4m), Project Oriel (£0.2m), City Road clinical supplies (£0.5m), and non-delivered efficiencies (£0.7m). Agency costs are below NHSI plan levels and reflect the positive move to increase substantive recruitment and availability of bank staff.
Research	R&D is reporting an adverse YTD variance of £0.3m with breakeven performance.
Commercial Trading Units	Commercial Trading Units are reporting a surplus YTD of £1.1m compared to a planned surplus of £1.3m; £0.2m adverse to plan. Moorfields Private are £0.4m adverse YTD, offset by Moorfields Dubai at £0.2m favourable YTD.
Efficiency Programme	The Trust is reporting YTD efficiency savings achieved of £1.1m compared to a plan of £1.7m, an adverse variance of £0.6m. There are currently £1.8m of unidentified savings schemes, and a further £1.1m schemes assessed as high risk. Current forecast delivery is £4.5m, compared to the £7.0m full year target, representing a gap of £2.5m.

Statement of Financial Position

Cash and Working Capital Position	Cash balances at the 31st July were £48.9m, £0.8m above plan primarily due to a high level of receipts and capital expenditure underspends offsetting higher creditor payments. The cash forecast for year-end remains on plan at £37.3m.
Capital (both gross capital expenditure and CDEL)	Total capital expenditure YTD is £1.7m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecasts for the year remains on plan at £18.1m subject to any agreed revisions further to the 15th July national capital re-submission requests.
Use of Resources	The Use of Resources rating is 2 against the planned rating of 1. The year end rating is forecast to be 1.
Receivables	Trust receivable debt has decreased by £0.7m to £20.1m since the start of the financial year.
Payables	Trust creditors have reduced by £5.1m to £11.5m since the start of the year. Payment of invoices YTD is at 88% by volume for Non NHS suppliers.
Forecast	The Trust is forecasting to meet its planned full year control total of breakeven, and is reviewing and preparing potential mitigations in respect of known challenges such as efficiency programme identification levels, and operational financial risks.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Income	£240.1m	£22.2m	£23.0m	£0.8m	£80.5m	£81.0m	£0.5m		£240.1m	£240.8m	£0.7m
Pay	(£131.6m)	(£11.3m)	(£11.4m)	(£0.1m)	(£44.5m)	(£43.9m)	£0.7m		(£131.6m)	(£130.8m)	£0.8m
Non Pay	(£100.3m)	(£10.0m)	(£10.6m)	(£0.6m)	(£33.6m)	(£35.2m)	(£1.6m)		(£100.3m)	(£102.0m)	(£1.7m)
Financing & Adjustments	(£8.2m)	(£0.7m)	(£0.7m)	(£0.0m)	(£2.9m)	(£2.7m)	£0.2m		(£8.2m)	(£8.0m)	£0.2m
CONTROL TOTAL	**(£0.0m)**	**£0.2m**	**£0.3m**	**£0.1m**	**(£0.5m)**	**(£0.7m)**	**(£0.2m)**		**(£0.0m)**	**(£0.0m)**	**£0.0m**

Memorandum Items								
Research & Development	£0.88m	£0.07m	(£0.23m)	(£0.30m)	£0.29m	£0.00m	(£0.29m)	
Commercial Trading Units	£4.77m	£0.40m	£0.36m	(£0.05m)	£1.25m	£1.08m	(£0.17m)	
ORIEL Revenue	(£2.30m)	(£0.23m)	(£0.33m)	(£0.10m)	(£0.98m)	(£1.16m)	(£0.18m)	
Efficiency Schemes	£7.00m	£0.73m	£0.43m	(£0.33m)	£1.67m	£1.12m	(£0.57m)	

INCOME BREAKDOWN RELATED TO ACTIVITY

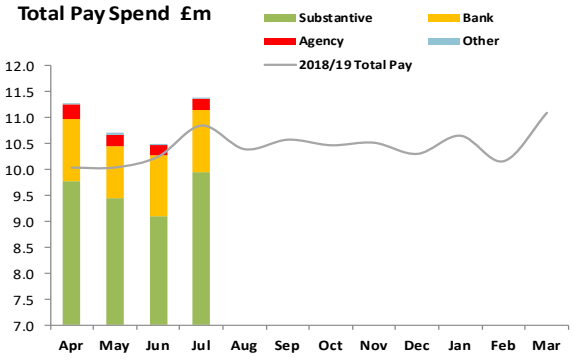
Income Breakdown £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
NHS Clinical Income	£137.5m	£46.2m	£47.0m	£0.8m		£137.5m	£139.9m	£2.4m
Pass Through	£38.0m	£12.7m	£12.5m	(£0.2m)		£38.0m	£37.5m	(£0.5m)
Other NHS Clinical Income	£9.8m	£3.3m	£3.2m	(£0.1m)		£9.8m	£9.6m	(£0.2m)
Commercial Trading Units	£31.6m	£10.0m	£9.9m	(£0.1m)		£31.6m	£29.8m	(£1.8m)
Research & Development	£13.0m	£4.9m	£5.0m	£0.0m		£13.0m	£13.0m	£0.0m
Other	£10.2m	£3.3m	£3.4m	£0.1m		£10.2m	£11.0m	£0.8m
TOTOAL OPERATING REVENUE	**£240.1m**	**£80.5m**	**£81.0m**	**£0.5m**		**£240.1m**	**£240.8m**	**£0.7m**

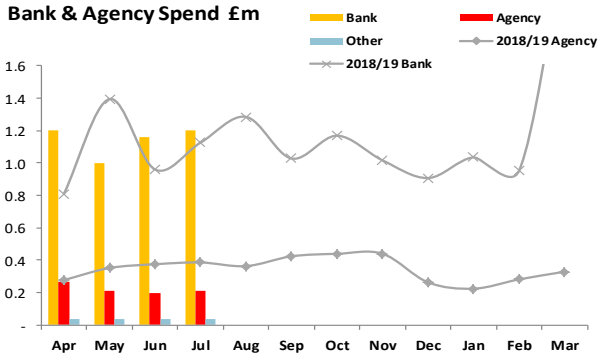
RAG Ratings

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

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	% Total
Employed	(£128.0m)	(£11.1m)	(£9.9m)	£1.12m	(£43.3m)	(£38.3m)	£5.01m	87%
Bank	(£2.8m)	(£0.2m)	(£1.2m)	(£1.00m)	(£1.0m)	(£4.6m)	(£3.61m)	10%
Agency	(£0.4m)	(£0.0m)	(£0.2m)	(£0.17m)	(£0.1m)	(£0.9m)	(£0.75m)	2%
Other	(£0.4m)	(£0.0m)	(£0.0m)	(£0.00m)	(£0.1m)	(£0.1m)	£0.00m	0%
TOTAL PAY	**(£131.6m)**	**(£11.3m)**	**(£11.4m)**	**(£0.05m)**	**(£44.5m)**	**(£43.9m)**	**£0.66m**	





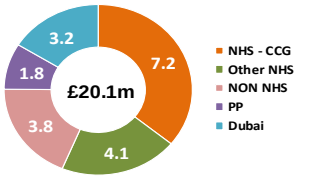
CASH, CAPITAL AND OTHER KPI'S

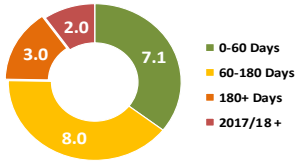
Capital Programme £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Trust Funded	(£17.7m)	(£3.3m)	(£1.7m)	£1.6m		(£17.7m)	(£17.7m)	-
Donated	(£0.4m)	-	-	-		(£0.4m)	(£0.4m)	-
TOTAL	**£18.1m**	**£3.3m**	**£1.7m**	**(£1.6m)**		**£18.1m**	**£18.1m**	**-**

Key Metrics	Plan	Actual	RAG
Cash	48.1	48.9	
Debtor Days	45	41	
Creditor Days	45	41	
PP Debtor Days	65	60	

Use of Resources	Plan	Actual
Capital service cover rating	1	1
Liquidity rating	1	1
I&E margin rating	3	3
I&E margin: distance from fin. plan	1	2
Agency rating	1	1
OVERALL RATING	**1**	**2**

Net Receivables £m





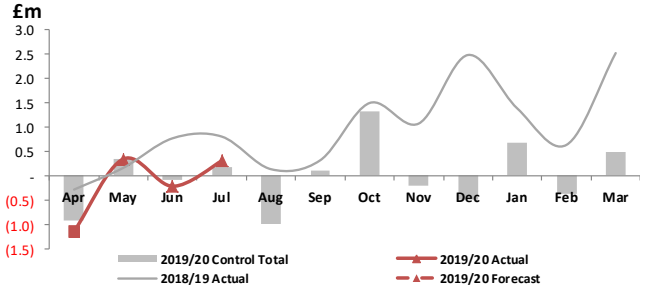
Trust Income & Expenditure Performance

FINANCIAL PERFORMANCE

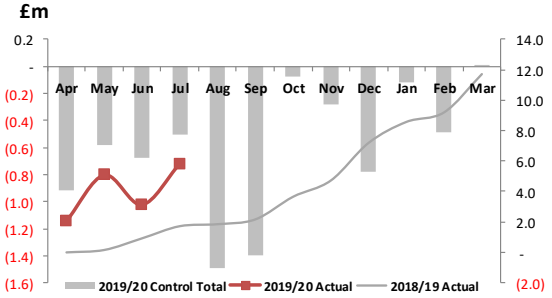
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast			RAG
		Plan	Actual	Variance	Plan	Actual	Variance	Budget	Actual	Variance	
Operating Income											
NHS Commissioned Clinical Income	175.50	16.02	16.68	0.65	58.92	59.54	0.63	175.50	177.43	1.93	
Other NHS Clinical Income	9.80	0.85	0.90	0.06	3.29	3.20	(0.10)	9.80	9.60	(0.20)	
Commercial Trading Units	31.64	2.62	2.63	0.01	10.04	9.89	(0.15)	31.64	29.80	(1.84)	
Research & Development	13.00	1.81	1.82	0.00	4.94	4.97	0.03	13.00	13.00	0.00	
Other Income	10.17	0.87	0.99	0.11	3.33	3.45	0.11	10.17	10.97	0.80	
Total Income	**240.11**	**22.18**	**23.02**	**0.84**	**80.53**	**81.05**	**0.52**	**240.11**	**240.80**	**0.69**	
Operating Expenses											
Employee Expenses	(131.62)	(11.34)	(11.39)	(0.05)	(44.54)	(43.88)	0.65	(131.62)	(130.81)	0.80	
Non Pay Expense	(100.29)	(9.99)	(10.63)	(0.64)	(33.62)	(35.18)	(1.56)	(100.29)	(101.96)	(1.67)	
Total	**(231.91)**	**(21.33)**	**(22.02)**	**(0.69)**	**(78.16)**	**(79.06)**	**(0.91)**	**(231.91)**	**(232.77)**	**(0.87)**	
EBITDA	*8.21*	*0.85*	*1.00*	*0.15*	*2.37*	*1.98*	*(0.38)*	*8.21*	*8.03*	*(0.18)*	
Financing & Depreciation	(8.75)	(0.72)	(0.74)	(0.02)	(3.06)	(2.87)	0.19	(8.75)	(8.56)	0.19	
SURPLUS / (DEFICIT)	**(0.54)**	**0.13**	**0.26**	**0.13**	**(0.69)**	**(0.88)**	**(0.19)**	**(0.54)**	**(0.54)**	**0.01**	
Donated assets adjustments	0.54	0.05	0.05	(0.00)	0.19	0.19	(0.00)	0.54	0.54	(0.01)	
CONTROL TOTAL SURPLUS /(DEFICIT)	**(0.00)**	**0.18**	**0.30**	**0.13**	**(0.51)**	**(0.69)**	**(0.19)**	**(0.00)**	**(0.00)**	**(0.00)**	

PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual



Trust Cumulative Plan v Actual



Commentary

Income

The Trust is reporting Income of £23.02m in July, compared to a plan of £22.18m, a favourable variance of £0.84m.

Patient care income is £0.53m favourable to plan in July. Inpatient (£0.23m) and outpatient activity (£0.38m) were above plan.

Commercial income was £0.01m ahead of plan in month. Other income was also £0.11m ahead of plan in July primarily due to Health Education England and commercial education income.

Pay

Total pay was £0.05m favourable to plan in July. Nursing budget over-spends across the clinical divisions has been off-set by vacancies on the clinical support staff group.

Medical additional/locum session payments during July totalled £0.3m of which £0.1m relates to A&E and Medical Retina specialties at City Road, whilst a further £0.1m relates to satellite sites.

Non Pay

(non pay and financing)

Non pay reported an adverse variance of £0.64m in July, primarily a combination of Oriel costs (£0.09m) and City Road theatres expenditure (£0.15m). Health Records reported an adverse variance (£0.12m) in-month, which was partially off-set by an favourable variance in pay (£0.02m). Cost improvement savings were £0.27m adverse in July.

The July reported position includes the impaired costs due to the cessation of the Trusts EMR development which totalled £1.174m. This has been largely mitigated via a £0.900m benefit from 2018/19 CQUIN achievement greater than planned and a closing VAT review of 2018/19.

Financing and adjustments were broadly on plan following the Trusts estate revaluation exercise performed in 2018/19.

Trust Patient Clinical Income Performance

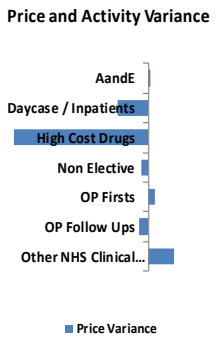
PATIENT CLINICAL INCOME

Point of Delivery	Activity YTD			YTD Income £'000			
	Plan	Actual	Variance	Plan	Actual	Variance	RAG
AandE	33,028	34,295	1,267	£5,142	£5,351	£209	
Daycase / Inpatients	12,173	12,425	252	£13,822	£13,913	£91	
High Cost Drugs	16,850	17,778	928	£12,667	£12,499	(£168)	
Non Elective	897	975	78	£1,731	£1,840	£109	
OP Firsts	44,411	45,643	1,232	£7,751	£8,008	£257	
OP Follow Ups	152,330	153,728	1,398	£15,513	£15,594	£81	
Other NHS Clinical Income	4,433	4,031	(402)	£1,080	£1,145	£65	
Total	264,122	268,875	4,753	£57,705	£58,350	£645	

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

PRICE & ACTIVITY VARIANCE

Average price			£000's
Per Plan	Received	Variance %	Price Variance
£156	£156	0%	£12
£1,135	£1,120	-1%	(£195)
£752	£703	-6%	(£865)
£1,930	£1,887	-2%	(£42)
£175	£175	1%	£42
£102	£101	0%	(£61)
£244	£284	17%	£163
			(£946)

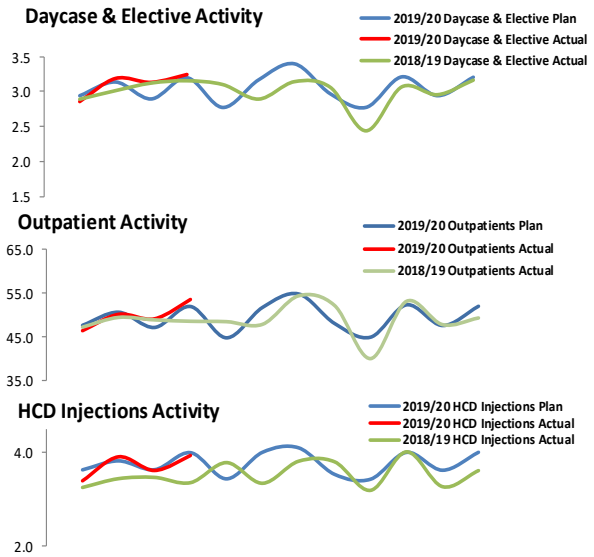


CONTRACT SLA PERFORMANCE

Divisional Income Performance £m	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
City Road	166,234	169,500	3,266	£35,688	£35,750	£61
North	53,323	54,874	1,551	£12,371	£12,895	£524
South	44,565	44,500	(65)	£9,646	£9,705	£59

Top CCG's	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS England	28,309	27,134	(1,176)	£6,949	£6,370	(£579)
NHS Croydon CCG	19,345	18,134	(1,211)	£4,199	£3,986	(£213)
NHS Ealing CCG	13,459	14,588	1,129	£3,118	£3,547	£429
NHS Wandsworth CCG	10,961	12,015	1,054	£2,382	£2,699	£316
NHS City and Hackney CC	12,290	12,424	133	£2,521	£2,578	£57
NHS Harrow CCG	10,852	10,982	131	£2,516	£2,528	£11
NHS Islington CCG	8,283	8,800	517	£1,697	£1,832	£135

ACTIVITY TREND



Commentary

NHS Income Overall NHS Patient Clinical activity in July has recovered the lower than planned activity delivery levels in earlier months. Income is reporting a favourable variance to plan YTD of £0.645m (excluding Bedford; adverse by £0.1m YTD).

Outpatients Outpatient activity exceeded plan during July, and now exceeds the activity plan levels YTD, representing an increase in activity compared to the same period last year.

Day case and Inpatient Activity exceeded plan during July, and is broadly in line with the plan YTD. Key specialities where YTD activity is behind plan include Adnexal and Vitreo-retinal, offset by Cataract over performance.

High Cost Drugs/ Injections Activity was above plan during July and YTD, resulting in a net favourable activity price financial performance of £0.698m, however the national change in price for the drug Adalimumab from £344 to £140 has created an adverse price variance of £0.865m resulting in a net adverse income position.

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

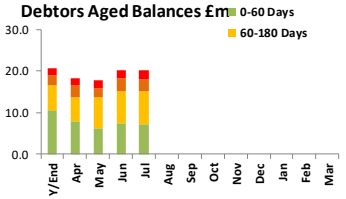
Trust Statement of Financial Position – Cash, Capital, Receivables and Other Metrics

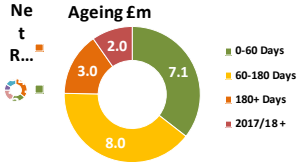
CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance	RAG
Estates - Trust Funded	4.1	0.2	(0.0)	(0.2)	0.2	0.0	(0.2)	4.1	4.1	-	
Medical Equipment - Trust Funded	3.3	0.3	-	(0.3)	0.6	0.2	(0.4)	3.3	3.3	-	
IT - Trust Funded	4.0	0.3	0.1	(0.2)	0.8	0.3	(0.5)	4.0	4.0	-	
ORIEL - Trust Funded	6.0	0.5	0.3	(0.3)	1.6	1.1	(0.5)	6.0	6.0	-	
Dubai - Trust funded	0.3	0.0	0.0	(0.0)	0.0	0.0	0.0	0.3	0.3	-	
Other - Trust funded	-	-	-	-	-	-	-	-	-	-	
TOTAL - TRUST FUNDED	**17.7**	**1.3**	**0.4**	**(0.9)**	**3.3**	**1.7**	**(1.6)**	**17.7**	**17651.2**	**0**	
IT - Externally Funded	0.4	-	-	-	-		-	446	446	0	
TOTAL INCLUDING DONATED	**18.1**	**1.3**	**0.4**	**(0.9)**	**3.3**	**1.7**	**(1.6)**	**18097.2**	**18097.2**	**0**	

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

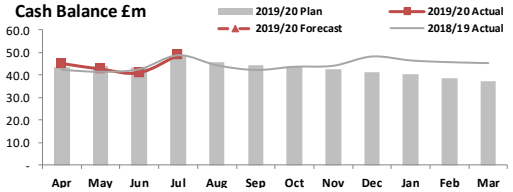
0-60 Days	60-180 Days	180+ Days	2017/18 +	Total
1.9	3.7	1.4	0.1	7.2
2.1	0.8	0.5	0.7	4.1
0.9	1.9	0.4	0.6	3.8
2.2	1.6	0.7	0.5	5.0
7.1	**8.0**	**3.0**	**2.0**	**20.1**





STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	102.9	91.4	88.2	(3.2)
Current assets (excl Cash)	19.6	21.5	28.7	7.2
Cash and cash equivalents	37.3	48.1	48.9	0.8
Current liabilities	(39.9)	(39.9)	(39.8)	0.1
Non-current liabilities	(36.1)	(37.9)	(38.1)	(0.2)
TOTAL ASSETS EMPLOYED	**83.8**	**83.2**	**88.0**	**4.7**



Weighting	Plan YTD	Score
20%	1	1
20%	1	1
20%	3	3
20%	1	2
20%	1	1
	1	2

KPI	Jun 19	Jul 19
95%	58%	61%
95%	36%	44%
95%	90%	88%
95%	85%	87%
45	52	41
45	39	41
65	55	60

Commentary

Cash and Working Capital

The cash balance at the 31st July is £48.9m, £0.8m above plan primarily due to higher than planned STF receipt of £1.7m and capital expenditure underspend of £1.6m offset by the higher creditor payments.

Capital Expenditure

Total capital expenditure in July was £0.4m; £1.7m YTD, compared to the Capital Planning Oversight Committees internal expenditure plan. This is reporting a £1.6m adverse variance YTD, with the slippage across all capital streams. IT slippage is linked to re-profiling of EMR expenditure, Oriel slippage is linked to AECOM, and Medical Equipment is due to the timing of expenditure.

Use of Resources

The overall Use of Resources rating in July is 2, compared to a plan of 1 for July. Key points to note are:-

- I&E margin metric is reporting a 3 for July, in line with a plan of 3.
- I&E margin: distance from financial plan is reporting a 2 compared to a plan of 1 - due to the reported adverse variance of £0.19m to plan.

Receivables

Receivables totalled £20.1m in July, a reduction of £0.7m since March 2019.

Payables

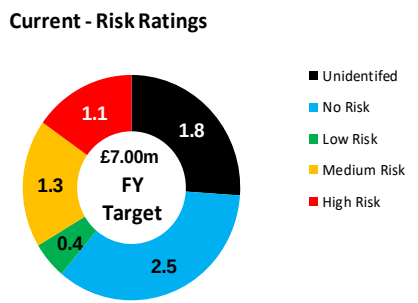
Payables totalled £11.5m in July, a reduction of £5.1m since March 2019.

Efficiency Schemes Performance

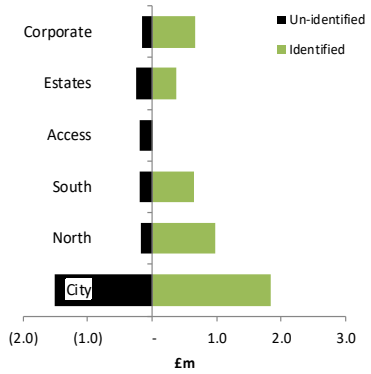
EFFICIENCY SCHEME PERFORMANCE

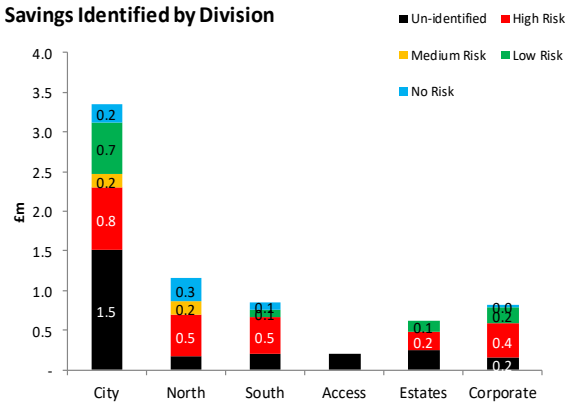
Efficiency Schemes £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance	RAG
City Road	£3.35m	£0.41m	£0.20m	(£0.22m)	£0.78m	£0.39m	(£0.39m)	£3.35m	£1.84m	(£1.51m)	
North	£1.15m	£0.07m	£0.07m	(£0.01m)	£0.32m	£0.23m	(£0.10m)	£1.15m	£0.99m	(£0.17m)	
South	£0.85m	£0.08m	£0.05m	(£0.02m)	£0.19m	£0.16m	(£0.03m)	£0.85m	£0.65m	(£0.20m)	
Access	£0.20m	£0.02m	-	(£0.02m)	£0.02m	-	(£0.02m)	£0.20m	-	(£0.20m)	
Estates & Facilities	£0.62m	£0.05m	£0.02m	(£0.03m)	£0.10m	£0.08m	(£0.03m)	£0.62m	£0.37m	(£0.25m)	
Corporate	£0.82m	£0.10m	£0.09m	(£0.03m)	£0.26m	£0.27m	(£0.00m)	£0.82m	£0.67m	(£0.15m)	
TOTAL EFFICIENCIES	**£7.00m**	**£0.73m**	**£0.43m**	**(£0.33m)**	**£1.67m**	**£1.12m**	**(£0.57m)**	**£7.00m**	**£4.52m**	**(£2.48m)**	

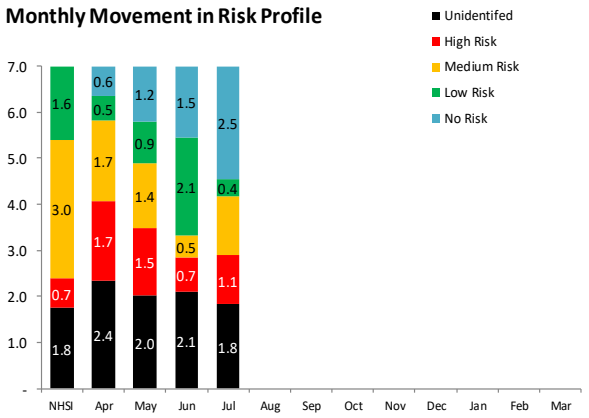
TRUST WIDE IDENTIFICATION



DIVISIONAL REPORTING & OTHER METRICS







Commentary

In Year Delivery The Trust is reporting efficiency savings achieved of £0.43m in July, compared to a plan of £0.73m. YTD efficiency savings achieved are £1.1m compared to a plan of £1.67m, an adverse variance of £0.55m.

Identified Savings There are currently £1.83m of unidentified savings schemes, and a further £1.06m of schemes assessed as high risk.

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

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

Forecast Of the planned target for £7m efficiency savings, the currently assessed forecast achievement based on the level of identified schemes, and risk profile is £4.51m, an adverse forecast of £2.48m compared to plan.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report

For the period ended 31st July 2019 (Month 04)

Presented by	Jonathan Wilson; Chief Financial Officer
Prepared by	Justin Betts; Deputy Chief Finance Officer Amit Patel; Head of Financial Management

Monthly Finance Performance Report

For the period ended 31st July 2019 (Month 04)

Key Messages

Statement of Comprehensive Income

Financial Position	The Trust is reporting a surplus of £0.3m in July, compared to a planned surplus of £0.2m; £0.1m favourable to plan. Year to date performance is reporting a deficit of £0.7m compared to a planned deficit of £0.5m; £0.2m adverse to plan.
Income	Total income is £0.5m favourable to plan. NHS commissioned clinical income is £0.63m favourable to plan YTD; largely due to A&E £0.2m and Outpatient activity at £0.3m above plan. Commercial income is £0.2m adverse to plan linked to Moorfields Private activity being significantly lower than budget (£0.4m).
Expenditure (pay, non pay and financing)	Pay costs are £0.7m favourable to plan YTD primarily due to vacancies across all staff groups with the exception of registered nursing. Non pay expenses are £1.6m adverse to plan YTD including, Health Records (£0.4m), Project Oriel (£0.2m), City Road clinical supplies (£0.5m), and non-delivered efficiencies (£0.7m). Agency costs are below NHSI plan levels and reflect the positive move to increase substantive recruitment and availability of bank staff.
Research	R&D is reporting an adverse YTD variance of £0.3m with breakeven performance.
Commercial Trading Units	Commercial Trading Units are reporting a surplus YTD of £1.1m compared to a planned surplus of £1.3m; £0.2m adverse to plan. Moorfields Private are £0.4m adverse YTD, offset by Moorfields Dubai at £0.2m favourable YTD.
Efficiency Programme	The Trust is reporting YTD efficiency savings achieved of £1.1m compared to a plan of £1.7m, an adverse variance of £0.6m. There are currently £1.8m of unidentified savings schemes, and a further £1.1m schemes assessed as high risk. Current forecast delivery is £4.5m, compared to the £7.0m full year target, representing a gap of £2.5m.

Statement of Financial Position

Cash and Working Capital Position	Cash balances at the 31st July were £48.9m, £0.8m above plan primarily due to a high level of receipts and capital expenditure underspends offsetting higher creditor payments. The cash forecast for year-end remains on plan at £37.3m.
Capital (both gross capital expenditure and CDEL)	Total capital expenditure YTD is £1.7m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecasts for the year remains on plan at £18.1m subject to any agreed revisions further to the 15th July national capital re-submission requests.
Use of Resources	The Use of Resources rating is 2 against the planned rating of 1. The year end rating is forecast to be 1.
Receivables	Trust receivable debt has decreased by £0.7m to £20.1m since the start of the financial year.
Payables	Trust creditors have reduced by £5.1m to £11.5m since the start of the year. Payment of invoices YTD is at 88% by volume for Non NHS suppliers.
Forecast	The Trust is forecasting to meet its planned full year control total of breakeven, and is reviewing and preparing potential mitigations in respect of known challenges such as efficiency programme identification levels, and operational financial risks.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Income	£240.1m	£22.2m	£23.0m	£0.8m	£80.5m	£81.0m	£0.5m		£240.1m	£240.8m	£0.7m
Pay	(£131.6m)	(£11.3m)	(£11.4m)	(£0.1m)	(£44.5m)	(£43.9m)	£0.7m		(£131.6m)	(£130.8m)	£0.8m
Non Pay	(£100.3m)	(£10.0m)	(£10.6m)	(£0.6m)	(£33.6m)	(£35.2m)	(£1.6m)		(£100.3m)	(£102.0m)	(£1.7m)
Financing & Adjustments	(£8.2m)	(£0.7m)	(£0.7m)	(£0.0m)	(£2.9m)	(£2.7m)	£0.2m		(£8.2m)	(£8.0m)	£0.2m
CONTROL TOTAL	**(£0.0m)**	**£0.2m**	**£0.3m**	**£0.1m**	**(£0.5m)**	**(£0.7m)**	**(£0.2m)**		**(£0.0m)**	**(£0.0m)**	**£0.0m**

Memorandum Items								
Research & Development	£0.88m	£0.07m	(£0.23m)	(£0.30m)	£0.29m	£0.00m	(£0.29m)	
Commercial Trading Units	£4.77m	£0.40m	£0.36m	(£0.05m)	£1.25m	£1.08m	(£0.17m)	
ORIEL Revenue	(£2.30m)	(£0.23m)	(£0.33m)	(£0.10m)	(£0.98m)	(£1.16m)	(£0.18m)	
Efficiency Schemes	£7.00m	£0.73m	£0.43m	(£0.33m)	£1.67m	£1.12m	(£0.57m)	

INCOME BREAKDOWN RELATED TO ACTIVITY

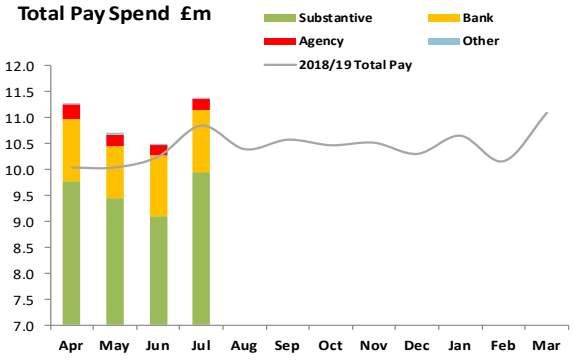
Income Breakdown £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
NHS Clinical Income	£137.5m	£46.2m	£47.0m	£0.8m		£137.5m	£139.9m	£2.4m
Pass Through	£38.0m	£12.7m	£12.5m	(£0.2m)		£38.0m	£37.5m	(£0.5m)
Other NHS Clinical Income	£9.8m	£3.3m	£3.2m	(£0.1m)		£9.8m	£9.6m	(£0.2m)
Commercial Trading Units	£31.6m	£10.0m	£9.9m	(£0.1m)		£31.6m	£29.8m	(£1.8m)
Research & Development	£13.0m	£4.9m	£5.0m	£0.0m		£13.0m	£13.0m	£0.0m
Other	£10.2m	£3.3m	£3.4m	£0.1m		£10.2m	£11.0m	£0.8m
TOTOAL OPERATING REVENUE	**£240.1m**	**£80.5m**	**£81.0m**	**£0.5m**		**£240.1m**	**£240.8m**	**£0.7m**

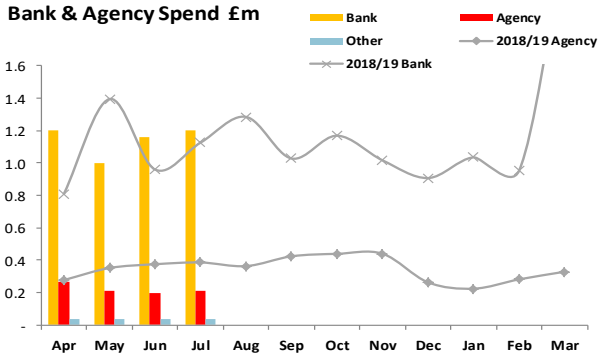
RAG Ratings

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

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	% Total
Employed	(£128.0m)	(£11.1m)	(£9.9m)	£1.12m	(£43.3m)	(£38.3m)	£5.01m	87%
Bank	(£2.8m)	(£0.2m)	(£1.2m)	(£1.00m)	(£1.0m)	(£4.6m)	(£3.61m)	10%
Agency	(£0.4m)	(£0.0m)	(£0.2m)	(£0.17m)	(£0.1m)	(£0.9m)	(£0.75m)	2%
Other	(£0.4m)	(£0.0m)	(£0.0m)	(£0.00m)	(£0.1m)	(£0.1m)	£0.00m	0%
TOTAL PAY	**(£131.6m)**	**(£11.3m)**	**(£11.4m)**	**(£0.05m)**	**(£44.5m)**	**(£43.9m)**	**£0.66m**	





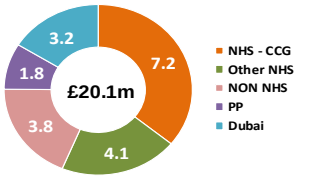
CASH, CAPITAL AND OTHER KPI'S

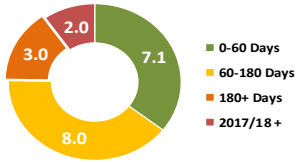
Capital Programme £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Trust Funded	(£17.7m)	(£3.3m)	(£1.7m)	£1.6m		(£17.7m)	(£17.7m)	-
Donated	(£0.4m)	-	-	-		(£0.4m)	(£0.4m)	-
TOTAL	**£18.1m**	**£3.3m**	**£1.7m**	**(£1.6m)**		**£18.1m**	**£18.1m**	**-**

Key Metrics	Plan	Actual	RAG
Cash	48.1	48.9	
Debtor Days	45	41	
Creditor Days	45	41	
PP Debtor Days	65	60	

Use of Resources	Plan	Actual
Capital service cover rating	1	1
Liquidity rating	1	1
I&E margin rating	3	3
I&E margin: distance from fin. plan	1	2
Agency rating	1	1
OVERALL RATING	**1**	**2**

Net Receivables £m





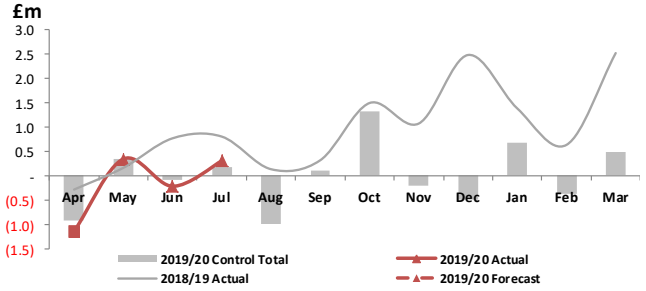
Trust Income & Expenditure Performance

FINANCIAL PERFORMANCE

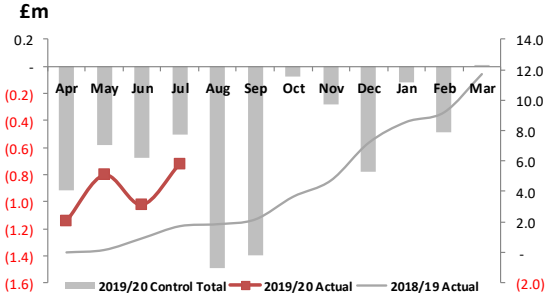
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast			RAG
		Plan	Actual	Variance	Plan	Actual	Variance	Budget	Actual	Variance	
Operating Income											
NHS Commissioned Clinical Income	175.50	16.02	16.68	0.65	58.92	59.54	0.63	175.50	177.43	1.93	
Other NHS Clinical Income	9.80	0.85	0.90	0.06	3.29	3.20	(0.10)	9.80	9.60	(0.20)	
Commercial Trading Units	31.64	2.62	2.63	0.01	10.04	9.89	(0.15)	31.64	29.80	(1.84)	
Research & Development	13.00	1.81	1.82	0.00	4.94	4.97	0.03	13.00	13.00	0.00	
Other Income	10.17	0.87	0.99	0.11	3.33	3.45	0.11	10.17	10.97	0.80	
Total Income	**240.11**	**22.18**	**23.02**	**0.84**	**80.53**	**81.05**	**0.52**	**240.11**	**240.80**	**0.69**	
Operating Expenses											
Employee Expenses	(131.62)	(11.34)	(11.39)	(0.05)	(44.54)	(43.88)	0.65	(131.62)	(130.81)	0.80	
Non Pay Expense	(100.29)	(9.99)	(10.63)	(0.64)	(33.62)	(35.18)	(1.56)	(100.29)	(101.96)	(1.67)	
Total	**(231.91)**	**(21.33)**	**(22.02)**	**(0.69)**	**(78.16)**	**(79.06)**	**(0.91)**	**(231.91)**	**(232.77)**	**(0.87)**	
EBITDA	*8.21*	*0.85*	*1.00*	*0.15*	*2.37*	*1.98*	*(0.38)*	*8.21*	*8.03*	*(0.18)*	
Financing & Depreciation	(8.75)	(0.72)	(0.74)	(0.02)	(3.06)	(2.87)	0.19	(8.75)	(8.56)	0.19	
SURPLUS / (DEFICIT)	**(0.54)**	**0.13**	**0.26**	**0.13**	**(0.69)**	**(0.88)**	**(0.19)**	**(0.54)**	**(0.54)**	**0.01**	
Donated assets adjustments	0.54	0.05	0.05	(0.00)	0.19	0.19	(0.00)	0.54	0.54	(0.01)	
CONTROL TOTAL SURPLUS /(DEFICIT)	**(0.00)**	**0.18**	**0.30**	**0.13**	**(0.51)**	**(0.69)**	**(0.19)**	**(0.00)**	**(0.00)**	**(0.00)**	

PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual



Trust Cumulative Plan v Actual



Commentary

Income

The Trust is reporting Income of £23.02m in July, compared to a plan of £22.18m, a favourable variance of £0.84m.

Patient care income is £0.53m favourable to plan in July. Inpatient (£0.23m) and outpatient activity (£0.38m) were above plan.

Commercial income was £0.01m ahead of plan in month. Other income was also £0.11m ahead of plan in July primarily due to Health Education England and commercial education income.

Pay

Total pay was £0.05m favourable to plan in July. Nursing budget over-spends across the clinical divisions has been off-set by vacancies on the clinical support staff group.

Medical additional/locum session payments during July totalled £0.3m of which £0.1m relates to A&E and Medical Retina specialties at City Road, whilst a further £0.1m relates to satellite sites.

Non Pay

(non pay and financing)

Non pay reported an adverse variance of £0.64m in July, primarily a combination of Oriel costs (£0.09m) and City Road theatres expenditure (£0.15m). Health Records reported an adverse variance (£0.12m) in-month, which was partially off-set by an favourable variance in pay (£0.02m). Cost improvement savings were £0.27m adverse in July.

The July reported position includes the impaired costs due to the cessation of the Trusts EMR development which totalled £1.174m. This has been largely mitigated via a £0.900m benefit from 2018/19 CQUIN achievement greater than planned and a closing VAT review of 2018/19.

Financing and adjustments were broadly on plan following the Trusts estate revaluation exercise performed in 2018/19.

Trust Patient Clinical Income Performance

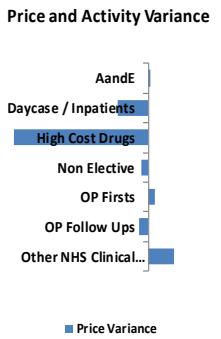
PATIENT CLINICAL INCOME

Point of Delivery	Activity YTD			YTD Income £'000			
	Plan	Actual	Variance	Plan	Actual	Variance	RAG
AandE	33,028	34,295	1,267	£5,142	£5,351	£209	
Daycase / Inpatients	12,173	12,425	252	£13,822	£13,913	£91	
High Cost Drugs	16,850	17,778	928	£12,667	£12,499	(£168)	
Non Elective	897	975	78	£1,731	£1,840	£109	
OP Firsts	44,411	45,643	1,232	£7,751	£8,008	£257	
OP Follow Ups	152,330	153,728	1,398	£15,513	£15,594	£81	
Other NHS Clinical Income	4,433	4,031	(402)	£1,080	£1,145	£65	
Total	264,122	268,875	4,753	£57,705	£58,350	£645	

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

PRICE & ACTIVITY VARIANCE

Average price			£000's
Per Plan	Received	Variance %	Price Variance
£156	£156	0%	£12
£1,135	£1,120	-1%	(£195)
£752	£703	-6%	(£865)
£1,930	£1,887	-2%	(£42)
£175	£175	1%	£42
£102	£101	0%	(£61)
£244	£284	17%	£163
			(£946)

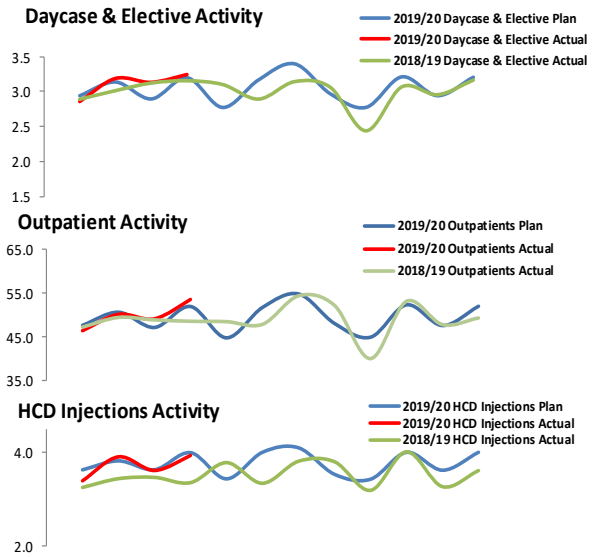


CONTRACT SLA PERFORMANCE

Divisional Income Performance £m	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
City Road	166,234	169,500	3,266	£35,688	£35,750	£61
North	53,323	54,874	1,551	£12,371	£12,895	£524
South	44,565	44,500	(65)	£9,646	£9,705	£59

Top CCG's	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS England	28,309	27,134	(1,176)	£6,949	£6,370	(£579)
NHS Croydon CCG	19,345	18,134	(1,211)	£4,199	£3,986	(£213)
NHS Ealing CCG	13,459	14,588	1,129	£3,118	£3,547	£429
NHS Wandsworth CCG	10,961	12,015	1,054	£2,382	£2,699	£316
NHS City and Hackney CC	12,290	12,424	133	£2,521	£2,578	£57
NHS Harrow CCG	10,852	10,982	131	£2,516	£2,528	£11
NHS Islington CCG	8,283	8,800	517	£1,697	£1,832	£135

ACTIVITY TREND



Commentary

NHS Income Overall NHS Patient Clinical activity in July has recovered the lower than planned activity delivery levels in earlier months. Income is reporting a favourable variance to plan YTD of £0.645m (excluding Bedford; adverse by £0.1m YTD).

Outpatients Outpatient activity exceeded plan during July, and now exceeds the activity plan levels YTD, representing an increase in activity compared to the same period last year.

Day case and Inpatient Activity exceeded plan during July, and is broadly in line with the plan YTD. Key specialities where YTD activity is behind plan include Adnexal and Vitreo-retinal, offset by Cataract over performance.

High Cost Drugs/ Injections Activity was above plan during July and YTD, resulting in a net favourable activity price financial performance of £0.698m, however the national change in price for the drug Adalimumab from £344 to £140 has created an adverse price variance of £0.865m resulting in a net adverse income position.

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

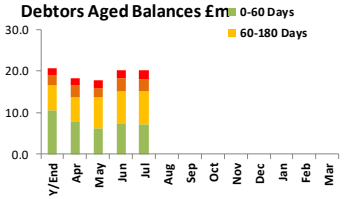
Trust Statement of Financial Position – Cash, Capital, Receivables and Other Metrics

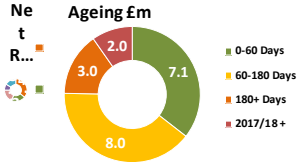
CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance	RAG
Estates - Trust Funded	4.1	0.2	(0.0)	(0.2)	0.2	0.0	(0.2)	4.1	4.1	-	
Medical Equipment - Trust Funded	3.3	0.3	-	(0.3)	0.6	0.2	(0.4)	3.3	3.3	-	
IT - Trust Funded	4.0	0.3	0.1	(0.2)	0.8	0.3	(0.5)	4.0	4.0	-	
ORIEL - Trust Funded	6.0	0.5	0.3	(0.3)	1.6	1.1	(0.5)	6.0	6.0	-	
Dubai - Trust funded	0.3	0.0	0.0	(0.0)	0.0	0.0	0.0	0.3	0.3	-	
Other - Trust funded	-	-	-	-	-	-	-	-	-	-	
TOTAL - TRUST FUNDED	**17.7**	**1.3**	**0.4**	**(0.9)**	**3.3**	**1.7**	**(1.6)**	**17.7**	**17651.2**	**0**	
IT - Externally Funded	0.4	-	-	-	-		-	446	446	0	
TOTAL INCLUDING DONATED	**18.1**	**1.3**	**0.4**	**(0.9)**	**3.3**	**1.7**	**(1.6)**	**18097.2**	**18097.2**	**0**	

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

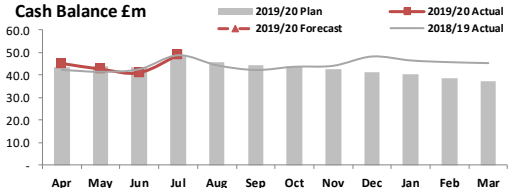
0-60 Days	60-180 Days	180+ Days	2017/18 +	Total
1.9	3.7	1.4	0.1	7.2
2.1	0.8	0.5	0.7	4.1
0.9	1.9	0.4	0.6	3.8
2.2	1.6	0.7	0.5	5.0
7.1	**8.0**	**3.0**	**2.0**	**20.1**





STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	102.9	91.4	88.2	(3.2)
Current assets (excl Cash)	19.6	21.5	28.7	7.2
Cash and cash equivalents	37.3	48.1	48.9	0.8
Current liabilities	(39.9)	(39.9)	(39.8)	0.1
Non-current liabilities	(36.1)	(37.9)	(38.1)	(0.2)
TOTAL ASSETS EMPLOYED	**83.8**	**83.2**	**88.0**	**4.7**



Weighting	Plan YTD	Score
20%	1	1
20%	1	1
20%	3	3
20%	1	2
20%	1	1
	1	2

KPI	Jun 19	Jul 19
95%	58%	61%
95%	36%	44%
95%	90%	88%
95%	85%	87%
45	52	41
45	39	41
65	55	60

Commentary

Cash and Working Capital

The cash balance at the 31st July is £48.9m, £0.8m above plan primarily due to higher than planned STF receipt of £1.7m and capital expenditure underspend of £1.6m offset by the higher creditor payments.

Capital Expenditure

Total capital expenditure in July was £0.4m; £1.7m YTD, compared to the Capital Planning Oversight Committees internal expenditure plan. This is reporting a £1.6m adverse variance YTD, with the slippage across all capital streams. IT slippage is linked to re-profiling of EMR expenditure, Oriel slippage is linked to AECOM, and Medical Equipment is due to the timing of expenditure.

Use of Resources

The overall Use of Resources rating in July is 2, compared to a plan of 1 for July. Key points to note are:-

- I&E margin metric is reporting a 3 for July, in line with a plan of 3.
- I&E margin: distance from financial plan is reporting a 2 compared to a plan of 1 - due to the reported adverse variance of £0.19m to plan.

Receivables

Receivables totalled £20.1m in July, a reduction of £0.7m since March 2019.

Payables

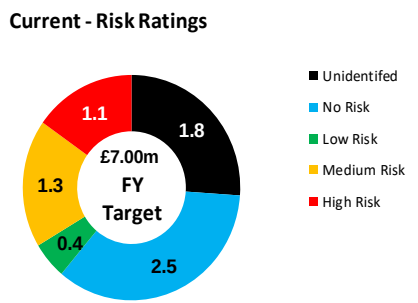
Payables totalled £11.5m in July, a reduction of £5.1m since March 2019.

Efficiency Schemes Performance

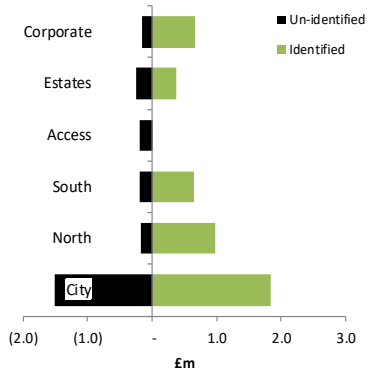
EFFICIENCY SCHEME PERFORMANCE

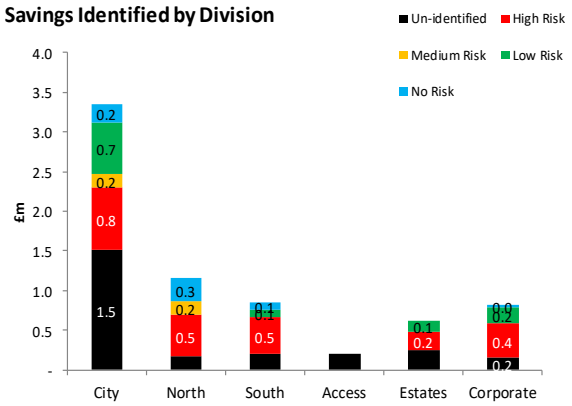
Efficiency Schemes £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance	RAG
City Road	£3.35m	£0.41m	£0.20m	(£0.22m)	£0.78m	£0.39m	(£0.39m)	£3.35m	£1.84m	(£1.51m)	
North	£1.15m	£0.07m	£0.07m	(£0.01m)	£0.32m	£0.23m	(£0.10m)	£1.15m	£0.99m	(£0.17m)	
South	£0.85m	£0.08m	£0.05m	(£0.02m)	£0.19m	£0.16m	(£0.03m)	£0.85m	£0.65m	(£0.20m)	
Access	£0.20m	£0.02m	-	(£0.02m)	£0.02m	-	(£0.02m)	£0.20m	-	(£0.20m)	
Estates & Facilities	£0.62m	£0.05m	£0.02m	(£0.03m)	£0.10m	£0.08m	(£0.03m)	£0.62m	£0.37m	(£0.25m)	
Corporate	£0.82m	£0.10m	£0.09m	(£0.03m)	£0.26m	£0.27m	(£0.00m)	£0.82m	£0.67m	(£0.15m)	
TOTAL EFFICIENCIES	**£7.00m**	**£0.73m**	**£0.43m**	**(£0.33m)**	**£1.67m**	**£1.12m**	**(£0.57m)**	**£7.00m**	**£4.52m**	**(£2.48m)**	

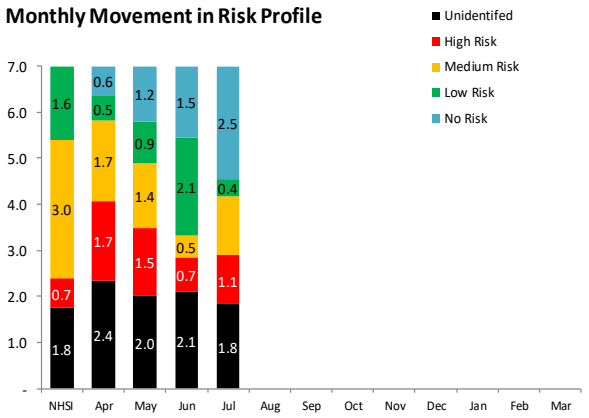
TRUST WIDE IDENTIFICATION



DIVISIONAL REPORTING & OTHER METRICS







Commentary

In Year Delivery The Trust is reporting efficiency savings achieved of £0.43m in July, compared to a plan of £0.73m. YTD efficiency savings achieved are £1.1m compared to a plan of £1.67m, an adverse variance of £0.55m.

Identified Savings There are currently £1.83m of unidentified savings schemes, and a further £1.06m of schemes assessed as high risk.

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

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

Forecast Of the planned target for £7m efficiency savings, the currently assessed forecast achievement based on the level of identified schemes, and risk profile is £4.51m, an adverse forecast of £2.48m compared to plan.

Agenda item 08
Workforce strategy
Board of directors 5 September 2019

Report title	Workforce strategy
Report from	Director of workforce and organisation development
Prepared by	Director of workforce and organisation development
Previously discussed at	Management Executive
Link to strategic objectives	We will attract, retain and develop great people We will innovate by sharing our knowledge and developing tomorrow's experts We will have an infrastructure and culture that supports innovation

Executive summary

The purpose of the workforce strategy is to support delivery of the Moorfields vision, aligned with the NHS long term plan and other national and local drivers. A great deal of work has taken place over the last six months to identify service model design priorities and the workforce we need to develop to deliver these priorities over the next five years.

The board is asked to discuss the assumptions and objectives contained within the strategy to assure itself that the proposed direction of travel is fit for the future.

Quality implications

Robust workforce planning is a key element of the trust's core business, supporting strategy and operational management and making sure the right workforce is in place to meet the needs of patients and colleagues, allowing us to provide the highest quality care and support.

Financial implications

Financial modelling will be done as part of workforce planning on an ongoing basis.

Risk implications

Risks to patient care, staff morale, recruitment, retention, finances and reputation if the appropriate workforce is not in place.

Action required/recommendation.

The board is asked to discuss and approve the strategy and agree next steps.

For assurance		**For decision**	✓	**For discussion**	✓	**To note**	

Moorfields Eye Hospital NHS Foundation Trust

NHS

Workforce strategy

Introduction

Moorfields is a world leading eye hospita with a world leading workforce. This workforce strategy recognises that the success of Moorfields is down to the people who work, undertake research and are educated here. That they are respected, valued, supported and developed to aspire for and achieve excellence.

The opportunity exists to fundamentally transform our workforce to meet the demands of an ageing population, increased demand and technological advancement. Building on the unique heritage, history and pride that Moorfields staff has, the workforce strategy aims to develop and deliver a world class eye care workforce to ensure that our core belief of 'sight matters' is realised.

We do not know the political, economic and technological advances that will happen over the next 10 years, but we can maximise the skills, resources and support of the workforce to be able to take advantage of them and develop a culture where innovation and improvement are everyday activities.

This strategy covers the period from 2019 to 2025

Trust ambition for the workforce

By 2025 everyone at Moorfields is engaged, supported, developed and rewarded to deliver world class eye care. We will work in new ways, modernise using technology and live our values.

There are 4 key strategic questions that the strategy seeks to address

1. How do we ensure that we have the staff with the skills capability and capacity to deliver world leading eye care?
2. How do we develop our culture to enable the workforce to grow, thrive and perform at the highest levels?
3. How do we ensure that every member of staff, volunteer and student feels welcome, valued and able to contribute to the success of Moorfields?
4. How do we ensure that our workforce processes, practices and policies are efficient, aligned and provide best value?

In response to these questions work streams and programmes will be developed with clear measures, both outcome and process to ensure that the activities undertaken deliver our ambitions.

<u>Purpose of the Strategy</u>

People's sight matters – this core belief is central to everything we do at Moorfields and is the guiding principle for our work in clinical services, research and education. The purpose of the workforce

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strategy is to support delivery of the purpose of Moorfields and enable 'working together to discover, develop, and deliver the best eye care.

Strategic Drivers

National Context

The *NHS Long Term Plan* sets out a new service model for the 21st Century for healthcare: increasing care in the community; redesigning and reducing pressure on emergency hospital services; more personalised care; digitally enabled primary and outpatient care; and a focus on population health and reducing health inequalities. The *NHS Long Term Plan* also identifies areas where earlier diagnosis, new and integrated models of care, and better use of technology offer the potential to significantly improve population health and patient care. Together, these provide a major opportunity for a multiprofessional workforce to come together to deliver this 21st century care.

Enabling the *NHS Long Term Plan* are 3 key work streams informing the People Plan which are focussed on;

1) releasing the time to care through redesign of patient pathways, multiskilling the workforce and enabling technology,
2) Workforce redesign through optimising skills and developing enhanced clinical skills
3) Securing current and future workforce supply

To deliver this vision and keep pace with advances in science and technology will require both continued growth in our workforce and its transformation to one that is more flexible and adaptive, has a different skill mix and – through changes in ways of working – has more time to provide care.

Brexit

We have already seen a marked decrease in the number of applicants from the wider EU for roles at Moorfields. We predict that we will need to source staff from a wider global market which will potentially have increased costs associated with immigration and length of time to hire.

Local context

The strategic subspecialty work undertaken in 2018 identified a number of workforce model redesign priorities and a trust wide need to train and develop optometrists, orthoptists and pharmacists to deliver care in different ways alongside doctors and nurses. Further pathway development and demand prediction has enabled the formulation of some assumptions that underpin the strategy

Assumption 1

That the model of workforce planning will focus on repatriation of work between staff groups rather than supply and demand of specific professions *therefore* we will need to develop our capability and models to enable this way of planning supported by the Ophthalmic Common Clinical Competency Framework.

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Assumption 2

There will be less reliance on medical staff who will deliver less direct clinical care and provide more of a supervisory role *therefore* we need to develop advanced practitioners from different professional groups to deliver this repatriated activity and increase flexibility between professional groups

Assumption 3

Research, innovation and Education will become a part of all roles on a continuum from awareness to those wholly employed on these endeavours *therefore* we need to ensure that workforce practices support this

Assumption 4

There will be a significant increase in the use of video consultation, virtual diagnostics and use of technology in eye care *therefore* we will need to ensure that clinicians have the skills to maximise these technologies

Assumption 5

That the technical workforce will be developed to be able to repatriate some work that is currently undertaken by qualified professional staff *therefore* we will need to determine skills, role descriptions, career pathways, supervision arrangements and performance review

Assumption 6

That the current model of delivering the NHS and eye care is not financially sustainable *therefore* we need to find more efficient ways of delivering care

Assumption 7

That a number of administrative tasks will be automated and that corporate and support roles will be redesigned to support the clinical workforce *therefore* there will be a reduced directly employed administrative and clerical workforce

Assumption 8

That patients with long term conditions will be supported to self manage their conditions *therefore* there is the opportunity to develop experts by experience and peer support and a range of on-line information and educational resources for patients

Assumption 9

That there will be an increase in volunteer activity to support patients alongside the directly employed workforce *therefore* we will need to improve the number of opportunities for work placement and volunteers and the processes that support them

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Assumption 10

That there will be greater integration of community care and primary services and the development of integrated care systems *therefore* we will need to work differently across organisational boundaries developing the workforce and leadership to work outside of the traditional hospital roles

<u>The ophthalmology workforce</u>

1) How do we ensure that we have the staff with the skills capability and capacity to deliver world leading eye care?

The demand for Ophthalmology services is growing worldwide. By 2050 it is predicted that 22% of the global population will be over 65 from 10% in 2019. In the UK it is predicted that we will have an ageing population with a rapid increase in the very old and many more of the population living with a number of different co-morbid conditions, including Ophthalmic conditions. The Royal College of Ophthalmology report of 2017 identified that demand for common conditions such as Glaucoma and cataract will increase by 20-30% against a predicted shortfall of Ophthalmology consultants. Employment of Optometrists is predicted to increase by 18% by 2026. Consequently, we need to be planning for both supply of skills, knowledge and competencies and redesigning who delivers what and where as part of the patient pathway.

Objectives

- We will develop our workforce planning capability and capacity and have a workforce plan
- We will deliver improved training needs analysis and prioritisation of spend and investment
- We will develop apprenticeships
- The workforce strategy will support and complement delivery of the Education strategy
- We will have a clear employment offer, reward and contractual arrangements for all staff groups and temporary staff
- We will develop a framework of common career and development paths with a pipeline of skilled and qualified staff.

2) How do we develop the leadership and culture to enable the workforce to grow, thrive and perform at the highest levels?

Context

At Moorfields we have 5 generations in the workplace. The abolition of compulsory retirement age, changes to pension arrangements and education and training opportunities have led to a more complex workforce and the need to develop a cross-cultural perspective on managing across generations. Technological advancements have driven changes in how different generations access information and approach their work. Digitisation is increasing at a pace quicker than the skills and abilities of the workforce to maximise its application and expectations of work are changing.

This means that we cannot accurately predict how staff will be working in 2030 but we can try to enable the leadership and culture that will enable them to thrive. There is a proud heritage and culture at Moorfields built on years of success and a strong reputation, often valuing individualistic

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achievements. This strong heritage and reputation has enabled the attraction of talented clinicians, academics and other staff. Less focus has been paid to support staff and leadership and management. There is the opportunity to improve the management and leadership capabilities across the whole organisation alongside clinical and technical abilities.

Moorfields leadership culture and practice model is central to demonstrating how we value staff and create a unique and persuasive employer brand. A commitment to developing leaders and managers behaviours skills and capabilities to be competent and effective people managers is core to the delivery of the ambition for Moorfields in particular to foster a "culture of innovation".

- We will create a clear management ethos with core behaviours and skills
- We will improve the quality of recruitment to all roles
- We will set clear expectations and standards of behaviour
- We will ensure that senior managers are representative of the workforce
- We will build leaders who are able to lead change
- We will support and develop team working and collaboration
- We will have a culture that values, supports and enables all staff
- We will refresh our values
- We will involve staff in designing and co-creating Oriel
- We will encourage innovation and optimisation of digital transformation through workforce development

3) How do we ensure that every member of staff, volunteer and student feels welcome, valued and able to contribute to the success of Moorfields?

Context

In line with other acute specialist trusts, we have some of the highest staff engagement scores in the country as measured by the National Staff survey, this also tells us that not all our staff feel valued and able to give of their best at Moorfields. We recognise that some staff are not confident to speak up about concerns that they have or behaviours that are unwelcome. Our workforce profile and demographic are under-representative of the communities that we serve.

The clinical model has advantages in being able to offer flexibility and family favourable hours and there is the opportunity to develop a specialist pathway for hospital optometry which is underdeveloped currently. Our support for our international fellows could be improved and their contribution further maximised.

- We will develop a clear Employer Brand so staff want to work here recognising that different generations and professions will have different expectations and motivations
- We will ensure that all staff are safe, healthy and supported in their wellbeing at work
- We will provide opportunities, time and spaces where staff can participate, contribute ideas and give feedback, to which we will listen, respond and act
- We will involve front line staff in change and decision making
- We will have an equality, diversity and human rights strategy and plan

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4) How do we ensure that our workforce processes, practices and policies are efficient, aligned and provide best value?

Context

The need to get maximum value from our workforce is paramount. The perennial challenge of funding affordable high-quality models of healthcare delivery needs to be supported through this workforce strategy. Private practice supports our financial model and contributes to the funding of NHS work and attraction of talented staff, the workforce model for private practice is a hybrid of NHS terms and conditions and private practice models. We recognise that our overseas hospitals operate in a different market and we will develop and deliver the workforce strategy implementation plan at a local level to meet their needs. The need exists to develop a clear employment model of expectations of behaviour, skills development and values aligned with reward for our private enterprise.

Workforce processes that need to be improved include annual operational plans that are supported by a local job planning and workforce plans with learning and training needs built in. Managers would be accountable for implementing this plan in the most effective way possible.

Our use of temporary staff including bank, agency and medical locums could be made more efficient and improved data will enable us to plan better for peaks and troughs in demand and supply. Efficiencies through improved rostering and controls on locum, bank and agency spend are possible to achieve workforce efficiencies.

A new temporary staff offer, hosted by the Trust and linked to identified short and medium-term staffing needs supported by a thought-through approach to training the flexible pool of people would be a coherent way of balancing flexibility with valuing people. The "pool" would have its own staffing plan and "workforce model". The Volunteer population should be considered as part of the delivery resources available to support transformation of the workforce and deliver improved patient care and experience.

The workforce support function needs professionalization and modernisation with clear operating procedures, outcome measures and efficiency targets. Investment in data quality, workforce planning capability and capacity and OD will enable the function to support the transformation required across the trust to realise the strategic intentions.

Objectives

- We will improve our efficiency and use of temporary staffing
- We will improve our job planning processes
- We will have efficient workforce processes
- We will develop a new workforce model for private practice

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Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 09
Inclusion and diversity annual report 2018/19
Board of directors 5 September 2019

Report title	Inclusion and diversity annual report 2018/19
Report from	Director of workforce and organisation development
Prepared by	Director of workforce and organisation development Company secretary
Link to strategic objectives	We will attract, retain and develop great people

Executive summary

The Inclusion and Diversity annual report 2018/19 provides an update on the progress made in relation to equality, diversity and inclusion for patients and staff during the last 12 months. The report also provides a summary of headline data in relation to patient and staff demographics. The report provides assurance to the board as to how the trust meets the requirements of the Public Sector Equality Duty.

There are a number of equality based national laws and guidelines which mandate and guide how NHS organisations should demonstrate equality These include the Legal Framework, NHS Constitution, NHS Equality Delivery System, Workforce Race Equality Standard and Disability Equality Standard. This report evidences how the Trust has delivered on these requirements during the last 12 months.

The trust has made good progress in better embedding inclusion and diversity into its core business and more detail on this can be found in the 'Key Developments' section of the report.

The requirement to submit data on workforce race equality standards and, from this year, workforce disability equality standards has been met and this data is provided within the report along with analysis of the WRES standard. Comparison data for the WDES will be available from next year.

The next stage is for a plan to be developed around the key themes arising from the report and this will link in to the relevant workforce strategy work stream.

Quality implications

There are significant implications for the trust if it does not effectively manage staff engagement and listen to what staff are telling us. Poor staff morale has a direct impact on retention and recruitment and continuity and quality of patient care.

Financial implications

There are no direct financial implications arising from this report although resource may be required once the work streams of the workforce strategy are developed in order to take them forward. This has not yet been quantified.

Risk implications

Risk to the organisation in relation to staff morale, recruitment and retention and the trust's reputation as an employer of choice.

Action Required/Recommendation							
The board is asked to discuss and note the content of the report and delegate authority to the people and culture committee to review the action plan on a regular basis. The people and culture committee will also receive regular reports from the newly-established equality, diversity and human rights group.							
For Assurance	✓	**For decision**		**For discussion**	✓	**To note**	✓

Introduction

At Moorfields we recognise and celebrate the value equality, diversity and inclusion adds to the positive experience of our patients and staff. Over the past year we have made substantial progress in embedding inclusion and diversity into our core business activities. We will continue to make progress by ensuring these values are mainstreamed through all aspects of our service provision, and in how we work in partnership with our employees and our local communities. Our Inclusion and Diversity Annual Report provides an update on the progress we have made in relation to equality, diversity and inclusion for patients and staff. Publishing this report forms part of our legal requirement under the Specific Duty in the Public Sector Equality Duty (PSED) (part of the Equality Act 2010).

NHS drivers and compliance

All NHS organisations have the following regulatory obligations related to equality and diversity:

The Equality Act

The Equality Act 2010 is the overarching legislation, developed as a means of streamlining and simplifying previous laws related to equality. It covers the nine 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion/belief, sex and sexuality, which cannot be used as a reason to treat people unfairly. The Act also challenges organisations and individuals to consider the 'intersectionality' between the protected characteristics and the consequences for life chances.

The Public Sector Equality Duty (PSED)

A key component of the Act which came into force in 2011, the PSED requires public authorities and those who exercise public functions to have 'due regard' to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups and foster good relations between different groups. To demonstrate this, organisations are expected to publish their equality objectives every four years.

Agreed in 2016, Moorfields current objectives are:

- To improve the equality outcomes for patients, carers and visitors we are committed to:
  - Improve the experience of people identified by the protected characteristics when waiting for their appointment
  - Make information more accessible and specific to patients who have a clinical need
- To improve the equality outcomes for our workforce we are committed to:
  - Increase the diversity of people in leadership and management roles
  - Continue to build a strong and positive culture of inclusion
  - Improve our collection of data
- To share our leadership of inclusion across our community we are committed to:
  - Broaden our reach to voluntary partners in order to gain different perspectives

Our objectives are therefore due for renewal and will be a key part of the next steps.

3.3 Equality Analysis (impact assessment)

To support effective equality, diversity and human rights practice when changing existing or developing new policies and services, an equality analysis should be undertaken. This is designed to provide:

- Systematic analysis of how decisions about policies or services affect staff, patients and carers
- Facilitation of responsible, efficient and proportional decision-making
- Transparency around (often difficult) decisions
- Providing a robust evidence base

3.4 The Equality Delivery System (EDS)

Originally launched in 2011, the EDS is designed to help NHS organisations improve their services and provide better working environments, free of discrimination for all staff, while meeting the requirements of the Equality Act. Following evaluation and engagement a refreshed version, the EDS2, was introduced in 2013. Its purpose is to help organisations, in discussion with local partners and populations review performance for people as defined by the 'protected characteristics' and help demonstrate 'due regard' to the PSED. Organisations are expected to assess themselves as 'undeveloped', 'developing', achieving' or 'excelling' against the four goals of better health outcomes, improved patient access and experience, a representative and supported workforce and inclusive leadership with 18 supporting outcomes (see appendix six for details). A further revised version, EDS3, is due to be launched later in 2019.

3.5 Workforce Race Equality Standard (WRES)

Implementing the WRES is a requirement for commissioners and providers through the NHS standard contract to ensure employees from Black and Asian Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. It recognises that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety. The first phase of the WRES focused on understanding the challenge of workplace race equality so that leaders could recognise the changes that need to be made. The second phase now involves a comparison of data to show progress against nine indicators.

Indicator 1: Percentage of staff in each of the AfC Bands 1-9 or Medical and Dental subgroups and VSM compared with the percentage of staff in the overall workforce.

The overall percentage of BAME staff at Moorfields is 52%. BAME staff are overrepresented in agenda for change (AfC) pay bands 2, 3, 5 & 6 and are underrepresented in senior pay bands. BAME staff are overrepresented in non-consultant career grade medical staff and underrepresented in consultant pay bands. There has been little change since 2018.

Indicator 2: **Relative likelihood of BAME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts.**

There has been an improvement in our shortlisting (recruitment) practice. The data shows that Moorfields' position improved from 1.34 in 2017 to 1.22 in 2019.

Indicator 3: **Relative likelihood of BAME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process**

There has been an improvement on the data for Moorfields in relation to the disciplinary /formal investigation process. In 2017, the figure stood at 2.56 but reduced to 1.16 in 2019. This improvement is mirrors improvement across London (from 1.80 to 1.77 2018) and England (from 1.37 to 1.24 2018).

Indicator 4: **Relative likelihood of BAME staff accessing non mandatory training and CPD as compared to white staff**

The data shows that at Moorfields we have been able to improve the access for BAME staff to non-mandatory training and CPD from 0.97 in 2017 to 0.79 in 2019. This shows that BAME staff are more likely to access non mandatory CPD and training than white staff.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

Indicator 5 takes data from the 2018 national staff survey. It indicates that there was a decrease in BAME staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months from 25.5 % to 24.7% which is still higher than the comparator group of acute specialist trusts which stands at 19%. However for all trusts across the NHS in England the figure stands at 29%.

Indicator 6: **Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**.

Indicator 6 takes data from the 2018 national staff survey. It indicates that there was a decrease in BAME staff experiencing harassment, bullying or abuse from staff in the last 12 months from 30.4 % to 27.7 % which is in line with the average of 28% for all trusts across the NHS in England but slightly above the comparator group of acute specialist trusts at 27.3%.

Indicator 7: Percentage believing that trust provides equal opportunities for career progression or promotion

Indicator 7 takes data from the 2018 national staff survey. It indicates that there has been a slight decrease in all staff believing that the trust provides equal opportunities for career progression or promotion and for BAME staff this is a decrease from 71.6% in 2017 to 70.1% in 2018.

Indicator 8: Experienced discrimination at work from their manager / team leader or other colleagues in the last 12 months

Indicator 8 takes data from the 2018 national staff survey. It indicates a decrease from 14.3% of BAME staff experiencing discrimination at work in 2017 to 13.1% in 2018 in line with the comparator group of acute specialist trusts at 13.2 %.

Indicator 9: At Moorfields, BME representation at board level is around 7% which is significantly lower than the % of BME staff in its workforce (52%).

The full set of WRES data can be found at appendix two.

3.6 Workforce Disability Equality Standard (WDES)

Having come into force this April, the WDES is a set of ten specific measures to compare the experiences of disabled and non-disabled staff. In 2019 the WDES metrics and action plan have to be published on the Trust's website by 1 August.

Overall the collection and analysis of data related to WDES is impacted by the lack of available data for staff about disability. A high proportion of staff will either have not declared or not completed the personal data field about disability on their electronic staff record. Only 2% of Moorfields staff have stated that they have a disability compared with 3% nationally on ESR and 15% on the national staff survey. Of Moorfields staff 13% report having a disability in the national staff survey.

Indicator 1: Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

There is overrepresentation of disabled staff in bands 2-4 of AfC pay bands and underrepresentation at more senior levels compared with the percentage of staff in the overall workforce.

Indicator 2: Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

This includes both internal and external posts the relative likelihood is 1.00 therefore there is no difference between disabled and non-disabled applicants being appointed from shortlisting where a declaration has been made.

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.

The numbers of staff are so low in this area that the results are not statistically significant. There has been one incidence of a member of staff with a declared disability entering the formal capability process.

Indicator 4: Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

- **i. Patients/service users, their relatives or other members of the public**
- **ii. Managers**
- **iii. Other colleagues**

4.i This indicator takes data from the national staff survey in 2018 and indicates that 29.3% of disabled staff experienced harassment, bullying or abuse from patients/ service users, their relatives or other members of the public compared with 22.3% of non-disabled staff.

4.ii The data indicates that 26.5% of disabled staff experienced harassment, bullying or abuse from managers compared with 12.2% of non-disabled staff.

4.iii The data indicates that 33.3% of disabled staff experienced harassment, bullying or abuse from other colleagues compared with 19.8% of non-disabled staff.

Indicator 4b: Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Again, data is taken from the 2018 staff survey and indicates that disabled staff are less likely (38.9%) than non - disabled staff (46.3%) to report that they have experienced harassment, bullying or abuse at work.

Indicator 5: Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

72.1% of disabled staff reported that they believed the Trust provided equal opportunities for progression compared with 79.9% for non-disabled staff.

Indicator 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Disabled staff are more likely at 32.6% to feel pressurised to attend work compared with non-disabled staff at 19.5%.

Indicator 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.

Disabled staff report feeling less valued than their colleagues (45.5%) compared with 56.2%.

Indicator 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

This indicator only includes the responses of disabled staff. 66.7% of disabled staff said that the trust has made adequate adjustments to carry out their work.

Indicator 9: a) The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. b) Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (Yes) or (No)

The overall engagement score for disabled staff at 7.1 stands below that of non-disabled staff at 7.5 and the overall engagement score of 7.4 for the whole trust. The trust has established a disabled staff network to facilitate the voices of disabled staff and they have been instrumental in determining actions to deliver WDES improvements.

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated.

There are no voting members of the Board who have declared a disability.

The full set of WDES data can be found at appendix three.

3.7 Gender pay gap

Since April 2017 all organisations with more than 250 employees are expected to report annually on: the mean gender pay gap (calculated as the percentage difference between the average hourly salary for men and women), the median gender pay gap (calculated as the percentage difference between the mid-point hourly salary for men and women), the bonus gender pay gap, the proportion of males and females in each pay quartile and action to address the gap. In April 2019 Moorfields reported a mean gap of 24.5 per cent and a median gap of 18 per cent.

Our findings show that the Trust has a gender pay gap between female and male relevant full-pay workers, with males being paid more than females on average whether using the mean or median calculation. By contrast, average bonus pay is higher for females than males, although proportionately fewer females received bonus pay.

The key reason for this average pay differential is due to there being proportionately more males in the highest pay quartile relative to the middle and lower quartiles (see section 3.2).

There are a number of factors that contribute to this, including:

- Much of the top quartile is made up of medical staff, particularly consultants. Although there are not significantly more male doctors compared to female doctors, a greater proportion of the overall male workforce are doctors compared to the equivalent for females.
- There are relatively more males in senior management roles compared to other non-medical roles.
- There are proportionately more females in non-medical professional healthcare roles such as nurses and optometrists, which are traditionally paid around the middle quartiles.

3.8 Accessible Information Standard

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. Organisations have had to comply with the Standard from August 2016 onwards. See **Appendix eight** for more details.

Among the work Moorfields has undertaken to demonstrate its compliance are the following initiatives:

- Installed the NHS England AIS e-learning package onto Insight (our in-house training system) to increase staff awareness

- Assessed additional training needs for staff
- Developed system flags to identify patients and/or carers who require information in a different format
- Reviewed existing policy and practice around use of email and text messages for patient appointments
- Installed a new hearing loop system at our City Road site
- Created a consistent internal process when requesting information in new formats

An Accessible Information Standard patient panel works offers advice and ideas from a patient and carer perspective. For more details see https://www.moorfields.nhs.uk/content/implementing-accessible-information-standard-ais

3.9 Human Rights

The Human Rights Act (1998) is intended to create 'a culture of respect for human rights across the UK'. It was written to help public officials design and deliver rights-respecting services and lead to better outcomes for people using them. Human rights can be a useful lever for change, helping practitioners to make (the often difficult) decisions in their everyday practice.

Human rights help practitioners to put the person back at the centre of decisions. This is not just about their right to life, but the broader impact of the procedures and the need to treat the patient with dignity. A human rights approach allows practitioners to open up a dialogue about how to carry out treatment in a less intrusive and less distressing way for the patient.

Key developments 2018/19

What we did	Why we did it	Outcome	Next steps
Assessed our performance against EDS2 (see appendix one)	In order to establish our baseline position against the Equality Delivery System 2 tool. To explore our knowledge of the people (patients, staff and community) of Moorfields. To agree what needs to be done to create the right framework, governance and process for the trust.	Outcomes for eyes are excellent but there are questions of equitability (beyond the eye to see the whole person and understand the context of the communities and places they come from) The infrastructure of sites, for example the use of aids and signs for way-finding, is often poor and needs improving More thought is needed about how to build in 'Making Every Contact Count' to service delivery to signpost patients, their families and carers to other health, social care and voluntary and community sector services, as well as supporting themselves, to improve health and wellbeing The organisation collects a lot of data but needs to use it more to understand patients and staff better and develop services The drive for innovation is dependent on challenge (from diverse individuals and groups) There is a need to hear more from patients and partners to help prioritise work on what's important	HR Business Partners to organise locality workshops for each division to use the EDS2 tool to assess their performance. To oversee this work and shape the equality objectives for 2020 onwards, a new Equality, Diversity and Human Rights Group will be convened.
Formal launch and refresh of the staff	Our networks were established but the structure needed to be formalised and	The networks for BAME, Disabled and LGBTQ+ staff have now been refreshed to give them more profile	Continued support of the staff networks.

networks	better promoted, with executive sponsorship.	with Executive sponsors and dedicated admin support. Meeting three times a year their role will include responsibility for raising awareness about the needs of different groups of staff. The executive sponsors are Jonathan Wilson for Disabled staff network, Jo Moss for BME network and Nick Strouthidis for LGBTQ network.	
Establishment of listening exercises	In order to encourage staff to share their individual stories (including confidentially afterwards). These exercises are facilitated by the chair, chief executive and director of workforce and organisation development with a range of clinical and non-clinical staff.	Issues raised included how to build a stronger platform of inclusion, the need to address feelings of discrimination against some professional groups, recruitment practices, communication about language, work/life balance and greater flexibility (especially for those staff managing clinics with large patient numbers), what to do when witnessing discrimination as a 'bystander' and building greater cultural awareness (of language and customs) with patients from different backgrounds.	Further events are planned in different network sites in order to help shape our proposed 'Building Leadership for Inclusion' programme. A 'hackathon' workshop has been arranged in order to synthesise data gathered and develop the ideas generated so far.
Reviewing Workforce Race Equality Standards (WRES) data	Implementing the WRES is a requirement for commissioners and providers through the NHS standard contract to ensure employees from Black and Asian Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.	Understanding of the trust data, areas where we are doing well as a trust but also areas that can be improved, such as BME representation at board level which is a national issue.	Work with the requirements of WRES as it develops and link in with the planned implementation of WDES.

Reviewed the requirements of the new Workforce Disability Equality Standard (WDES)	Compliance with the WDES requirements mandated via the NHS Standard Contract in England from April 2018.	Understanding of the new requirements.	
Facilitated an inclusion and diversity update for board members	To ensure that awareness at a senior level remains up to date and that behaviour is modelled from the top.	Awareness was refreshed and an assessment was undertaken on the different initiatives in place across the organisation and how these are managed at a strategic level and embedded across the organisation.	Build on board level support and continue to encourage involvement going forward.
Strengthened visibility and effective support of the chair, chief executive and other executives in various initiatives and events.	To demonstrate senior level commitment to equality and embed values into core business activities.	Executive leads for each staff network, board level attendance for listening exercise and workshops, executive chair of the equality, diversity and human rights group.	Continue to evidence senior level support where possible.
Provided evidence as part of the CQC well led inspection interview process on inclusion and diversity.	To highlight successes and receive feedback about WRES and other inclusion and diversity issues.	Feedback from the CQC obtained, reviewed and incorporated.	Raise awareness of local resources, continue to promote staff networks and make sure that I&D is embedded in order for it to be BAU.
Review of the managed language services policy and the use of interpretation and translation services	In order to address issues that had been raised through various channels about the accessibility of services and how they are implemented in practice across network sites.		

Patient information and the accessible information standard	To continue to work with patients and partnership organisations to improve our communication with patients and make sure we raise awareness of those with specific needs.	Development of new safeguarding (easy read) leaflets and updated consent forms for patients who may lack mental capacity. Introduction of hospital passport for patients with a learning disability that includes information such as their medical needs, who their carer(s) are, things that are important to the patient including how they prefer to take medication or any safety needs they have, the patient's likes and dislikes such as preferring to be in a quiet space.	Continue to work with patient groups and stakeholder organisations to enhance and develop our patient information and communication for the benefit of patients with particular needs.
Involvement in Project SEARCH	This is a good opportunity for Moorfields to support young people in the local community.	A number of placements have been made with the trust following the first year of our involvement in the programme. Other benefits to the trust are access to a talent pool of enthusiastic, motivated and well trained prospective employees and development of the trust's capability as a disability confident organisation that actively supports equality and diversity in the workforce by giving young people with a learning disability a rewarding job and increased independence	Continue to support project SEARCH
Partnership with BRAP	Building Leadership for Inclusion (BLFI) is focused on raising the level of ambition for inclusion, increasing the pace of change, and ensuring that leaders are equipped with the skills and knowledge they need to develop a culture in which	Moorfields has successfully been appointed as one of the first pilot sites for a new programme to develop a culture of inclusion through supporting leaders to develop their skills and insights.	The initial stages of the project will involve generating qualitative data from staff about their leadership experiences. The change team will be connecting with members of staff to invite them to participate in mini-

	every member of staff feels valued and included. Moorfields has always strived for excellence, and our ambition in participating in this programme is to ensure that our working practices and culture support people to grow and thrive. We want to create productive teams in which people are happy in their roles and, most importantly, deliver excellent patient care.		interviews, focus groups, or discussions at team meetings. The second part of the process will be sharing and analysing the feedback and developing interventions to address some of the issues raised.
Published our gender pay gap data	In line with national requirements		

Summary of some key diversity events 2018/19

Staff networks social event

Moorfields' staff networks, BeMoor, MoorAbility and MoorPride, came together for a social event to celebrate the networks and enjoy an evening of music, entertainment and food from around the world made by colleagues. Guests were treated to a delicious selection of home cooked dishes followed by dancing, raffles and reflections on what the networks mean for staff and patients.

Learning disability week

The trust held a Learning Disability Week in June 2018. Led by Mencap, the week aimed to raise awareness of the problems people with a learning disability can face in getting access to good healthcare in hospital, and what can be done to change this. The trust established a new hospital passport that supports patients with learning disabilities, cognitive impairment or additional communication needs when they visit Moorfields.

Throughout this week the trust, in collaboration with Mencap and Hackney Informed Voices Enterprise (HIVE), has hosted information stalls to raise awareness, promote the trust’s hospital passport and seek feedback on the trust's easy read literature.

Project SEARCH

Project SEARCH is an internship programme for young people with learning disabilities or on the autistic spectrum. Moorfields has joined forces with City and Islington College and Kaleidoscope Sabre, an employment support services organisation, to deliver the programme for young people (aged 16 to 24) who live in council boroughs near Moorfields City Road. The programme offers young people the opportunity to learn new skills, explore different career paths and undertake hands-on training through a series of job rotations within the host organisations.

MoorPride launch event

MoorPride is a network for staff and patients that promotes equality, drives initiatives about diversity and inclusion and provides a forum for members to meet and discuss LGBT+ issues. The network promotes equality initiatives throughout the trust, increases the visibility of the LGBT+ community at Moorfields, reviews communications, policies and information to make sure they are LGBT+ inclusive, provides networking opportunities for LGBT+ staff and patients and organises cultural, social and educational events to promote diversity and inclusion.

At the formal launch event attendees heard about the impact of Patrick Trevor-Roper, who was an ophthalmologist at Moorfields in the 1960s- 1980s, and his legacy, before unveiling a portrait of Patrick. Tony Whitehead MBE, founding director of the Terence Higgins Trust, of which Patrick was a founding member, spoke about his friend Patrick. The portrait and a new commemorative plaque is on display near the health information hub (opposite Costa Coffee), on the ground floor, City Road.

Introduction of Schwartz rounds

Schwartz Rounds bring together clinical and non-clinical staff to promote emotional wellbeing in a safe and confidential space. The sessions are not to problem solve, offer solutions or to be judgemental. They provide an opportunity for staff to reflect and share stories. Schwartz Rounds can help staff feel more supported in their job, allowing them time and space to reflect on their role.

Evidence shows that staff who attend Schwartz Rounds feel less stressed and isolated, and have increased insight and appreciation for each other's roles. Schwartz Rounds also help to reduce hierarchies between staff and focus attention on relational aspects of care. The underlying ethos is that compassion shown by staff during the Schwartz Rounds can make all the difference to a patient's experience of care. To provide compassionate care staff must, in

turn, feel supported in their work. Inclusion has been a topic for one of our Schwartz rounds this year. Over 40 people attended the Schwartz round on Inclusion and feedback was extremely positive

“Today's session was especially valuable for me as it was finally made visible on how extremely important inclusion is in the workplace. Tapped into my emotions & my experience of feeling included now and part of a team after feeling not included when I started. Now it feels it's out in the open hopefully my fellow colleagues will treat everyone equal & express more care and listen and support more.”

Appendix one: Headline data – our workforce

Ethnicity								
Staff group	**Asian**	**Black**	**Chinese**	**Mixed**	**Not stated**	**Other BME**	**White**	**Total**
Additional prof scientific and technical	106	12	9	6	11	10	122	276
Additional clinical services	69	72		20	20	23	68	272
Administrative and clerical	142	140	5	25	59	17	317	705
Allied health professionals	12	1			1		26	40
Estates and ancillary	7	15		1	1	5	13	42
Healthcare Scientists	1						8	9
Medical and dental	104	6	15	17	35	20	160	357
Nursing and midwifery registered	85	135	16	19	31	40	121	447
Students	3						6	9
Total	**529**	**381**	**45**	**88**	**158**	**115**	**841**	**2157**
Percentage of total workforce (21570	**24.52%**	**17.66%**	**2.08%**	**4.07%**	**7.32%**	**5.33%**	**38.98%**	

Gender			
Staff group	**Female**	**Male**	**Total**
Additional prof scientific and technical	189	87	276
Additional clinical services	194	78	272
Administrative and clerical	502	203	705
Allied health professionals	30	10	40
Estates and ancillary	7	35	42
Healthcare Scientists	2	7	9
Medical and dental	167	190	357

Nursing and midwifery registered	378	69	447
Students	6	3	9
Total	**1475**	**682**	**2157**
Percentage of total workforce (2157)	**68.38%**	**31.62%**	

Age							
Staff group	**No**	**26-35**	**36-45**	**46-55**	**56-65**	**66+**	**Total**
Additional prof scientific and technical	22	108	67	43	29	7	276
Additional clinical services	19	87	75	64	24	3	272
Administrative and clerical	65	169	164	166	124	17	705
Allied health professionals	3	18	9	9	1		40
Estates and ancillary		3	6	17	13	3	42
Healthcare Scientists	1	2	1	3	1	1	9
Medical and dental		105	141	66	33	12	357
Nursing and midwifery registered	7	42	126	176	83	13	447
Students	3	1	3	2			9
Total	**120**	**535**	**592**	**546**	**308**	**56**	**2157**
Percentage of total workforce (2157)	**5.56%**	**24.80%**	**27.44%**	**25.31%**	**14.27%**	**2.59%**	

Disability					
No	**Not declared**	**Prefer not to answer**	**Unspecified**	**Yes**	**Grand total**
2003	**59**	**18**	**36**	**41**	**2157**
92.86%	**2.73%**	**0.83%**	**1.66%**	**1.90%**	

Sexual orientation					
Bisexual	Gay or lesbian	Heterosexual or straight	Not stated (person asked but declined to provide a response)	No category selected	Grand total
11	26	1264	836	20	2157
0.51%	1.2%	58.59%	38.75%	0.92%	

Appendix two: WRES (Workforce Race Equality Standard) data

	31 March 2019			31 March 2018		
Non-clinical workforce	White	BME	Unknown	White	BME	Unknown
Band 1	0	6	0	0	6	1
Band 2	17	45	5	62	127	19
Band 3	65	118	23	39	52	8
Band 4	78	74	14	67	63	12
Band 5	31	49	4	35	36	5
Band 6	31	28	6	28	26	7
Band 7	34	21	5	38	18	3
Band 8a	29	9	1	27	14	0
Band 8b	10	3	0	9	1	1
Band 8c	11	4	0	15	3	1
Band 8d	5	1	0	9	0	0
Band 9	4	0	0	4	0	0
VSM	11	0	0	10	0	0

	31 March 2019			31 March 2018		
Clinical workforce (non-medical)	White	BME	Unknown	White	BME	Unknown
Band 1	0	0	0	0	0	0
Band 2	6	54	4	8	50	5
Band 3	48	111	12	39	94	11
Band 4	15	18	3	18	17	2
Band 5	64	144	9	77	141	9
Band 6	78	149	17	90	155	16
Band 7	91	134	10	79	120	11
Band 8a	26	24	2	24	19	4
Band 8b	13	6	2	13	6	2
Band 8c	2	1	1	2	1	1
Band 8d	5	0	0	5	0	0
Band 9	1	0	0	3	0	0
VSM	1	0	0	1	0	0

	31 March 2019			31 March 2018		
Clinical workforce (medical)	White	BME	Unknown	White	BME	Unknown
Consultants	78	59	14	80	57	13
Of which senior medical manager*	4	2	0	1	0	0
Non-consultant career grade	64	71	13	53	67	12
Trainee grades	19	32	8	21	31	8
Other	5	1	0	0	0	0
Number of shortlisted applicants	411	778	43	987	1754	113
Number appointed from shortlisting	141	206	33	142	206	25
Other WRES data						
Number of staff entering the formal disciplinary process	6	12	3	6	9	1
Number of staff accessing non-mandatory training and CPD	105	242	17	213	346	18
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	22.2%	24.67%		23.03%	25.51%	
% of staff experiencing harassment, bullying or abuse from staff in the last 12 months	26.94%	27.74%		25.34%	30.37%	

% of staff believing that the trust provides equal opportunities for career progression or promotion	85.89%	70.10%		87.64%	71.55%	
% staff personally experienced discrimination at work from manager/team leader or other colleague	8.03%	13.07%		5.41%	14.34%	
Total board members	17	2	0	12	1	0
Of which voting board members	11	2	0	11	1	0

Appendix three: WDES (Workforce Disability Equality Standard) data

Indicator 1: Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.	31 March 2019					
	Disabled		Non-disabled		Disability unknown	
Non-clinical workforce	Number	%	Number	%	Number	%
Band 1	0	0	6	100	0	0
Band 2	1	1	65	97	1	1
Band 3	3	1	188	91	15	7
Band 4	6	4	152	92	8	5
Band 5	3	4	80	95	1	1
Band 6	0	0	64	98	1	2
Band 7	4	7	53	88	3	5
Band 8a	2	5	36	92	1	3
Band 8b	0	0	13	100	0	0
Band 8c	1	7	13	87	1	7
Band 8d	0	0	6	100	0	0

Band 9	0	0	4	100	0	0
VSM	0	0	9	90	1	10
Other	1	17	5	83	0	0

Indicator 1: Percentage of staff in AfC pay bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.	31 March 2019					
	Disabled		Non-disabled		Disability unknown	
Clinical workforce	Number	%	Number	%	Number	%
Band 1	0	0	0	0	0	0
Band 2	1	2	63	98	0	0
Band 3	2	1	154	90	15	9
Band 4	0	0	31	86	5	14
Band 5	6	3	198	91	13	6
Band 6	3	1	233	95	8	3
Band 7	4	2	221	94	10	4
Band 8a	0	0	52	100	0	0
Band 8b	2	10	19	90	0	0
Band 8c	0	0	3	75	1	25

Band 8d	0	0	4	80	1	20
Band 9	0	0	1	100	0	0
VSM	0	0	1	100	0	0
Medical & dental staff, consultants	0	0	145	96	6	4
Medical & dental staff, non-consultants career grade	0	0	133	90	14	10
Medical & dental staff, medical and dental trainee grades	2	3	50	83	8	13
Other	0	0	1	100	0	0

Indicator 2: Relative likelihood of disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.	31 March 2019		
	Disabled	Non-disabled	Disability unknown
	Number	Number	Number
Number of shortlisted applicants	47	1157	
Number appointed from shortlisting	13	321	
Relative likelihood of shortlisting/appointed	0.28	0.28	
Relative likelihood of disabled staff being appointed from shortlisting compared to non-disabled staff	1.00		

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	31 March 2019		
	Disabled	Non-disabled	Disability unknown
	Number	Number	Number
Number of staff in workforce	41	2003	
Number of staff entering the formal capability process	1	5	
Likelihood of staff entering the formal capability process	0.02	0.00	
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff	9.77		

Indicator 4: Percentage of staff compared to non-disabled staff experiencing harassment or abuse from: I. Patients, service users, their relatives or other members of the public II. Managers III. Other colleagues	31 March 2019			
	Disabled		Non-disabled	
Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Number	Percentage	Number	Percentage
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	123	29.3	784	22.3
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	117	26.5	764	12.2
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	117	33.3	767	19.8
% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	54	38.9	244	46.3

Indicators 5 – 9b	31 March 2019			
	Disabled		Non-disabled	
	Number	Percentage	Number	Percentage
% of staff believing that the Trust provides equal opportunities for career progression or promotion.	86	72.1	527	79.7
% of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	89	32.6	339	19.5
% staff saying that they are satisfied with the extent to which their organisation values their work.	121	45.5	783	56.2
% of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	66	66.7		
The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	123	7.1	789	7.5
Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)	Yes			

Indicator 10: Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated	Disabled	Non-disabled	Disability unknown
Total board members	0	15	4
Of which: voting board members	0	10	3
Non-voting board members	0	5	1
Total board members	0	15	4
Of which: executive board members	0	10	2
Non-executive board members	0	5	2
Number of staff in overall workforce	41	2003	113
Total board members % by disability	0%	79%	21%
Voting board members % by disability	0%	77%	23%
Non-voting board members % by disability	0%	83%	17%
Executive board members % by disability	0%	83%	17%
Non-executive board members % by disability	0%	71%	29%
Overall workforce % by disability	2%	93%	5%
Difference (total board – overall workforce)	-2%	-14%	16%
Difference (voting membership – overall workforce)	-2%	-16%	18%
Difference (executive membership – overall workforce)	-2%	-10%	11%

Appendix four: headline data – our patients

Gender					
	Unique patients	Unique patients (%)	Outpatients	Admissions	A&E
Female	173,107	51.92%	145,912	16,236	41,212
Male	160,291	48.07%	135,639	15,085	37,979
Unknown	38	0.01%	35	4	3
Grand total	333,436	100%	281,586	31,325	79,194

Ethnicity					
	Unique patients	Unique patients (%)	Outpatients	Admissions	A&E
African	7,491	4.33%	6,020	615	2,550
Any other Asian background	5,433	3.14%	4,192	478	1,880
Any other Black background	2,241	1.29%	1,718	172	802
Any other ethnic group	27,617	15.95%	21,957	1,960	8,138
Any other mixed background	832	0.48%	659	45	256
Any other white background	11,349	6.56%	7,448	735	5,475
Bangladeshi	2,529	1.46%	1,721	174	1,138
British	45,215	26.12%	37,020	4,268	12,655
Caribbean	7,400	4.27%	6,528	621	1,604
Chinese	1,453	0.84%	944	115	706
Indian	10,363	5.99%	9,159	1,180	2,008
Irish	1,970	1.14%	1,734	247	400
Not stated	45,406	26.23%	43,633	5,259	2,593

Pakistani	**2,607**	**1.51%**	**2,164**	**271**	**712**
White and Asian	**331**	**0.19%**	**272**	**26**	**91**
White and black African	**300**	**0.17%**	**252**	**18**	**80**
White and black Caribbean	**570**	**0.33%**	**491**	**52**	**124**
Grand total	**173,107**	**100%**	**145,912**	**16,236**	**41,212**

Disability					
	Unique patients	**Unique patients (%)**	**Outpatients**	**Admissions**	**A&E**
Disability	**455**	**0.26%**	**450**	**51**	**18**
Dementia (D)	**203**	**0.12%**	**202**	**29**	**6**
Registered disabled (DIS)	**111**	**0.06%**	**108**	**7**	**7**
Learning disability (LD)	**136**	**0.08%**	**135**	**15**	**5**
DIS/LD	**3**	**0.00%**	**3**	**0**	**0**
D/LD	**2**	**0.00%**	**2**	**0**	**0**
None listed	**172,652**	**99.74%**	**145,462**	**16,185**	**41,194**
Grand total	**173,107**	**100%**	**145,912**	**16,236**	**41,212**

Summary	333,436 Unique patients found from 722,551 patient contacts 236 CCG or other recognised areas (including Scottish Health Boards, Welsh LLBs and Overseas Territories) 17 Ethnic groups Identified 845 patients identified with either a Learning Disability (LD), Dementia (D) or Registered Disabled (DIS) - Includes four patients with both Learning Disability and Registered Disabled (DIS), and two patients with Dementia and Registered Disabled

Appendix five: the equality delivery system

Goal	Outcome
Better health outcomes	1.1 Services are commissioned, procured and designed and delivered to meet the health needs of local communities
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities
Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care
	2.3 People report positive experiences of the NHS
	2.4 People's complaints about services are handled respectfully and efficiently
A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representatives workforce at all levels
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations
	3.3 Training and development opportunities are taken up and positively evaluated by all staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives
	3.6 Staff report positive experiences of their membership of the workforce
Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination

Appendix six: how does Moorfields use its understanding of equality and diversity to meet the needs of its patients, staff and community?

At the May workshop participants used the EDS2 tool to assess the Trust's performance against the following goals and outcomes about how consideration is given to the needs of patients, staff and the community as described by the nine 'protected characteristics' of the Equality Act 2010.

Undeveloped	Developing	Achieving	Excelling

Goal	Outcome	Assessment
Better health outcomes	1.1 Services are commissioned, procured and designed and delivered to meet the health needs of local communities •	• Excellent outcomes overall and design of services but not tailored apart from age
	1.2 Individual people's health needs are assessed and met in appropriate and effective ways •	
	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed •	
	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse •	
	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities •	• Some work linked to CQUIN to be launched
Improved patient access and experience	2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds	• The network model of care is designed to address but more development required for vulnerable groups • Potential to develop improved relationships with community services
	2.2 People are informed and supported to be as involved as they wish to be in decisions about their care	• Good clinical outcomes but decisions are 'about' not 'with' them • 'We (still) know best!'
	2.3 People report positive experiences of the NHS	• Based on feedback overall but what about areas of poor feedback?

		• Friends and Families Test response remains poor
	2.4 People's complaints about services are handled respectfully and efficiently	• Processes are in place but no deep dive • 'We know what we know but don't know what we don't know.'
A representative and supported workforce	3.1 Fair NHS recruitment and selection processes lead to a more representatives workforce at all levels	• 'Achieving' for age • 'Undeveloped' for gender reassignment and pregnancy and maternity but overall 'developing'
	3.2 The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations	• 'Developing' for pregnancy and maternity but overall 'undeveloped' • Gender pay gap: 24.5 per cent (mean), 18 per cent (median)
	3.3 Training and development opportunities are taken up and positively evaluated by all staff	• 'Developing' for age and 'undeveloped' for disability (for example training materials are not adapted for the visibly challenged) but overall 'achieving' • There is some noise about lack of access among some staff
	3.4 When at work, staff are free from abuse, harassment, bullying and violence from any source	• Staff survey results show high engagement scores • Role of staff networks needs more development
	3.5 Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	• Approach is not particularly flexible • How is the organisation adapting to an older workforce?
	3.6 Staff report positive experiences of their membership of the workforce	
Inclusive leadership	4.1 Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	• Age, disability, marriage and civil partnership and sex are being addressed • Staff networks need more promotion and leadership • NHS Jobs v recruitment concerns (about it being by the back door) – worries about 'old boys network'
	4.2 Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be	• Disability and race addressed • Quality and risk implications are there but not equality impact • Need clarity about when (in the process)

	managed	equality impact assessments should be undertaken
	4.3 Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	• Disability, marriage and civil partnership, race, sex and sexual orientation are being addressed • Lack of consistency and pockets where there are issues • How do we measure? • Do we know where the exemplars or problem areas are?

Appendix seven: the accessible information standard

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and/or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

The Standard applies to all providers across the NHS and adult social care system.

There are five basic steps which make up the Accessible Information Standard:

1. Ask: identify/find out if an individual has any communication/information needs relating to a disability or sensory loss and if so what they are.
2. Record: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.
3. Alert/flag/highlight: ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action.
4. Share: include information about individuals' information/communication needs as part of existing data sharing processes (and following existing information governance frameworks).
5. Act: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

- 'Accessible information' ('information which is able to be read or received and understood by the individual or group for which it is intended'); and
- 'Communication support' ('support which is needed to enable effective, accurate dialogue between a professional and a service user to take place');

So that they can access services appropriately and independently and make decisions about their health, wellbeing, care and treatment. Organisations were expected to comply with the Standard from August 2016 onwards.

Moorfields Eye Hospital NHS Foundation Trust

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Agenda item 10

BAF update

Board of directors 5 September 2019

Report title	Board assurance framework and corporate risk register
Report from	David Probert, chief executive
Prepared by	Helen Essex, company secretary
Previously discussed at	Audit committee, management executive and with individual risk owners
Attachments	Board assurance framework
Link to strategic objectives	The board assurance framework links to all eight strategic objectives

Brief summary of report

The Board Assurance Framework (BAF) is the means by which the Board holds itself to account and protects its patients and staff as well as the trust. The Board should also support the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities.

The audit and risk committee considers the BAF on a quarterly basis and the board receives a bi-annual highlight report.

Quality implications

The BAF helps to clarify what risks will compromise the trust's strategic objectives and should assist the Board in driving its agenda and determining where to make the most efficient use of its resources in order to improve the quality and safety of care.

Financial implications

There are no direct financial implications arising from the paper. Financial risks are detailed within.

Action Required/Recommendation.

The Board is asked to note the board assurance framework and receive it for assurance.

For Assurance	✓	**For decision**		**For discussion**		**To note**	✓

Board assurance framework report – Qs 1&2 2019/20

1. BAF analysis and summary of changes

All risks have been identified as those that will potentially have a significant impact on the delivery of patient care or the patient and staff experience, the financial sustainability and reputation of the trust or a combination of all of these. The identified areas are those that require the most focus from the Board in terms of scrutiny and provision of assurance from the executive team. Particular attention is also being given to risks that are not wholly within the trust's control to mitigate and a strategy developed as to how to manage external factors.

Delivery of cost improvement targets – mitigating actions

- The executive team receives a weekly report on corporate CIP and achievement against the trust-wide CIP target.
- The trust management committee reviews the CIP position monthly with divisions and escalations are made to the executive for action.
- There are a number of schemes that if delivered will have a positive impact on the overall divisional CIP position (e.g. health records, IOL contract). These are being addressed centrally.
- The position is being closely monitored and centralised controls may be required if delivery does not improve.
- Mitigations in place mean that the score can move to 4x3 (12).

Delivery of our long-term plan for a new centre for research, education and clinical care – mitigating actions

- The CCG-led public consultation is under way and will be completed 16 September 2019. A timetable for the delivery of the different chapters of the outline business case is in place. The economic and financial chapters will be key and ready for review in October. The revised date for OBC submission is January 2020.
- The board is advised that there should be no reduction in the risk score until the OBC has had relevant approvals.

Increased commissioner turbulence – mitigating actions

- All contracts with commissioners are agreed and signed.
- The development of a medium term financial strategy is under way within the NCL STP in order to map future purchasing power in the sector.
- Current underperformance on the NHSE specialist commissioning contract to be monitored throughout the year.
- This score has been reduced to 4x3 (12).

Consistent and effective staff engagement – mitigating actions

- A number of positive new initiatives have been put in place including listening exercises held across different sites and leadership breakfast sessions which are designed to enhance the opportunities available to staff to engage with the senior leadership.
- Leadership development to be formalised and made more systematic.
- Clear milestones and outcomes to be developed for the staff engagement work stream of the workforce strategy.
- Previously agreed that there would be no change to the score due to the amount of organisational change the trust will go through over the next year.

Robust workforce planning – mitigating actions

- A framework for the workforce strategy has now been developed with key themes: staff engagement, capacity and capability, leadership and improving value. Workforce is also fully involved in the annual business planning process.
- Following approval of the strategy at the September board, the work plan with measures and outcomes will be developed for monitoring by the people and culture committee and then board.
- These will align with the recently-published NHS interim people plan and the work being done on the subspecialties and key assumptions underpinning Oriel.
- No change in score.

Learning the lessons from incidents and addressing poor clinical practice – mitigating actions

- The trust has had no never event (wrong IOLs) this year, providing assurance that systems and processes implemented in light of the previous never events have mitigated the risk and will be reported in future by exception only.
- Work on dissemination of learning is ongoing through various channels previously identified.
- A LIFE (learning and improvement following events) proposal has been approved which establishes, development of a sharing and learning hub.
- The risk will stay on the BAF so that assurance can be provided that learning is embedded.

The impact of a 'no deal' EU exit – mitigating actions

- The emergency planning lead will be attending the management executive team on a regular basis over the next two months to provide assurance that the trust is appropriately planning according to requirements from the centre.
- The trust continues to work with staff on the potential impact of EU withdrawal.

Following discussion with the executive team and at board subcommittees it has been agreed that the risk relating to research funding should be escalated to the BAF for monitoring at board/committee level. The next review of this risk will take place in Q2.

The next quarterly report will be presented to the audit and risk committee in October 2019 and a summary of those changes will be presented to the board in February 2020.

Board Assurance Framework (BAF)

Summary September 2019

Risk Scoring Matrix and Colour Codes					
	Likelihood				
Consequence	1. Very Unlikely	2. Unlikely	3. Likely	4. Very Likely	5. Almost Certain
5. Catastrophic	5	10	15	20	25
4. Major	4	8	12	16	20
3. Moderate	3	6	9	12	15
2. Minor	2	4	6	8	10
1. Negligible	1	2	3	4	5

Risk summary

Risk Number:	Strategic Outcome:	Risk description:	Executive lead and lead committee	Risk score
1	We are able to deliver a sustainable financial model	If the trust fails to achieve **cost improvement targets** then this will put pressure on budgets leading to deteriorating staff morale and a subsequent impact on patient care, as well as increased scrutiny from regulators and commissioners	Chief financial officer Finance committee	**4x3 (12)**
2	We will have an infrastructure and culture that supports innovation	If the key assumptions behind **Project Oriel** are not achieved then there may be insufficient capital and resources available leading to a failure to be able to deliver a new facility that is fit for purpose and improves the patient and staff experience.	Director of strategy Capital scrutiny committee	**5x3 (15)**
3	We are able to deliver a sustainable financial model	If there is continued or increased **turbulence in the commissioning landscape** then this will lead to increasing pressure on services, more notices of termination and tendering of services leading to loss of contracts and income, a significant impact on staff and their ability to deliver services at a high standard, and confusion and lack of continuity for patients, affecting their care.	Chief financial officer Finance committee	**4x3 (12)**
4	We will attract, retain and develop great people	If the trust does not have a **robust workforce plan** in place then there will be staff shortages and skill gaps leading to insufficient numbers of staff available in key areas and a subsequent impact on the quality of patient care, pressure on staff and a decrease in morale which will affect both the staff and patient experience.	Director of workforce & OD People and culture committee	**4x3 (12)**
5	We will attract, retain and develop great people	If **engagement with staff** is ineffective and inconsistent then they will have a lack of confidence in the organisation's approach to workforce issues leading to poor staff retention and morale, deterioration in the quality of patient care and a risk to the trust's reputation as an employer of choice.	Director of workforce & OD People and culture committee	**3x4 (12)**
6	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	If the trust fails to identify or address poor clinical practice and **learn the lessons** then there could be multiple serious incidents leading to significant patient harm, deterioration in patient outcomes and experience, regulatory intervention or damage to reputation.	Medical director Quality & safety committee	**4x2 (8)**
7	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	If a 'no deal' **Brexit** is in place on March 2019 then there will be a significant impact in a number of areas, leading to a reduction in the ability to attract the best talent to the trust from a global market, risk to the continued availability of drugs and supplies from European Union based companies and our ability to attracting research funding.	Chief executive People and culture committee	**5x3 (15)**
8	We will be at the leading edge of research making new discoveries with our partners and patients	If the trust cannot attract sufficient **funding** to maintain its position then its capacity to conduct appropriate **research** will diminish leading to an inability to compete effectively for funding and a significant risk to the trust brand and reputation in the field	Director of R&D Strategy & commercial committee	**5x3 (15)**

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Agenda item 11
Report of the audit committee
Board of directors 5 September 2019

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

Brief summary of report Attached is a brief summary of the audit committee meeting that took place on 16 July 2019.							
Action Required/Recommendation. Board is asked to note the report of the audit committee and gain assurance from it.							
For Assurance	✓	**For decision**		**For discussion**		**To note**	

AUDIT COMMITTEE SUMMARY REPORT – 16 JULY 2019	
Governance	• Quorate – Yes • Attendance (membership) - 66%
Current activity (as at date of meeting)	***Matters arising*** • The committee was advised that a fuller report on consultant job planning would come to the October meeting now the new clinical lead is in place • A job planning pilot is under way in the Corneal service and two more services have been identified as early implementers • Work is taking place on the development of a framework that will set out principles and definitions • The plan coming in October will contain a timeline for roll out across different services plus an issues log developed from the pilots ***Internal audit progress report*** • Fieldwork has been completed in relation to the EBME review • More work to be done on both hard and soft controls within estates and the process for agreeing business cases • There are no recommendations overdue as a number of the job planning recommendations have been deferred and some will be due for completion in October ***LCFS progress report*** • There has been one referral so far in 19/20 which relates to timesheets and overtime claims • Recent cases have highlighted the need to encourage a culture where people feel able to challenge colleagues and patients (in relation to validating expenses) • Discussion took place about issuing of cheques and the inherent risk, and that the direction of travel is that cheques will eventually be phased out ***Board assurance framework*** • The risk score relating to learning the lessons has been reduced. Although it is at target score there is still a need to make sure it is embedded within divisions so could be managed at corporate risk register level • It was noted that this is the only quality risk relating to clinical care on the BAF and that there are still never events in other areas (as opposed to wrong IOL). It was recommended that the risk is not removed from the BAF at this stage • A number of other potential risks were highlighted, such as administration systems, management of data and digital and IT as part of the Oriel risk • A risk appetite statement will be considered at the October meeting ***SFI Waivers*** • There are a relatively high number of SFI waivers which are mainly related to Oriel and research & development. ***Losses and special payments*** • In future a debt write-out report will be circulated to the committee for information so that members can see what is being written out on a YTD basis ***External audit tender review*** • The membership council is the designated body with responsibility for appointing

	the external auditor, and the contract expires in 2020. • The trust will be using an off-the-shelf national framework that contains nine firms • The split of selection criteria is 60/40 in terms of quality and price
Key concerns	• Making sure the scope of the internal audit plan is correct before sign off • Removing any quality risk from the BAF unless it has been fully mitigated, particularly in light of the never events relating to strabismus surgery • Triangulation between incidents, patient feedback and patient complaints highlighting an issue with administrative systems and processes
Items for discussion outside of committee	• Management executive to discuss risks raised in relation to administrative systems and processes, the trust's strategy for the management of its data and what risk there might be in failing to appropriately curate data • Further discussion about hard and soft controls relating to highlighted counter fraud cases
Date of next meeting	• 15 October 2019

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Agenda item 12
Report of the QSC
Board of directors 5 September 2019

Report title	Report of the quality and safety committee
Report from	Ros Given-Wilson, chairman, quality and safety committee
Prepared by	David Flintham, quality and compliance manager
Previously discussed at	N/A
Attachments	N/A
Link to strategic objectives	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience We will be at the leading edge of research making new discoveries with our partners and patients We will innovate by sharing our knowledge and developing tomorrow's experts We will have an infrastructure and culture that supports innovation

Brief summary of report Attached is a brief summary of the quality and safety committee meeting that took place on 9 July 2019.							
Action Required/Recommendation. Board is asked to note the report of the quality and safety committee and gain assurance from it.							
For Assurance	✓	**For decision**		**For discussion**		**To note**	

QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

Tuesday 9th July 2019

Committee Governance	• Quorate – Yes • Attendance (membership) - 50% • Action completion status - 93% • Agenda completed – Yes
Current activity	• The **committee's actions** were reviewed. • Three summary reports were received. These were from the **Clinical Governance**, **Risk and Safety**, and **Information Governance** committees. • An update about **fire safety** was presented to the committee. This included the current action plan from the fire safety audit, as well as the NHSI premises assurance model (PAM). This is a management tool intended to provide assurance on the safety and suitability of our estates and facilities. The PAM for 2018/19 had previously been presented at Management Executive, and on Management Executive's request, was presented to this meeting. • The committee received a **Divisional Update** from the City Road division. This included support services. • The **Quality and Safety Annual Report** for 2018-19 was presented to the committee. In addition, the committee also received its regular **Quality and Safety update**. • The latest **SI tracker** was presented. This included duty of candour. • Two **SI reports** were received. • The committee received the **annual reports** for **Infection Control**, **Safeguarding Adults**, **Safeguarding Children**, and **Complaints**.
Key concerns	• There was discussion about EBME, and the links between EBME and IT, and the IG near miss access breach. Recording of medical devices training was also highlighted, including the role of the medical devices committee (and whether the appropriate governance is in place) and how training needs to be a focus. An update from EBME will come to a future meeting. • It was noted that there are a number of HR policies which have breached review dates. A plan is place to address this. • There remains insufficient compliance with fire risk assessment action plans. This has been escalated through the Fire Safety Committee and the Risk and Safety Committee and will be raised at Management Executive. • Follow-up appointments and appointment management is a concern and is being escalated to the Board (see below). • It was reported that glaucoma incidents regularly come to the SI panel. Whilst it was noted that the service is looking at this and it is currently a service improvement project in this area, this is being escalated (see below)
Key learning	• Following a survey amongst QSC membership and attendees, it was agreed that the committee's meetings will continue to be on Tuesday mornings at 08:30. In 2020, the meetings will be on the 3rd Tuesday of every other month. • It was noted that Support Services now has its own Quality Manager and have developed an annual tracker for relevant accreditations and peer reviews • The 2019-20 programme of *Listening, learning and sharing walkabouts* has commenced. • The actions from the fire safety audit are 60% complete. • It was reported that the hostel will be closed for a trial period of 3 months from

	the middle of August followed by a review to assess sustainability of this. • The City Road divisional presentation covered a range of themes and generated discussion around a number of topics including support services regulatory compliance, ultrasound, PALS, prescribing, and medication errors. • There was discussion about quality and safety reporting. The quality of the reports was noted be very clear and informative. The discussion focused on frequency. There will be a 3-monthly complaints and compliments report, plus a regular (2 or 3-monthly) report covering the other areas. In addition, there will be a shorter annual quality and safety report.
Escalations	• Administration: follow-up appointments and appointment management across the trust remains an issue and a theme from complaints and incidents (including when appointments are cancelled and need to be rebooked) and PALs enquiries. • Glaucoma: It was mentioned that Glaucoma-related incidents are regularly coming to the SI panel, and this is being looked at by the service. There is an on-going review of glaucoma patients by the Bedford team.
Items for discussion outside of committee	• This summary to be sent to the Board and Membership Council.
Date of next meeting	• 10th September 2019

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Agenda item 13
Report of the people committee
Board of directors 5 September 2019

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

Brief summary of report Attached is a brief summary of the people and culture committee meeting that took place on 9 July 2019.							
Action Required/Recommendation. Board is asked to note the report of the people and culture committee and gain assurance from it.							
For Assurance	✓	**For decision**		**For discussion**		**To note**	

People & culture committee summary report – 9 July 2019

Governance	• Quorate – Yes • Attendance (membership)
Discussion points	***Nursing strategy*** • The committee received a presentation on the nursing strategy • The focus is on enhancing nursing practice and skills, ANPs, nurse consultants who have key skills in glaucoma and cataract, etc. • All job descriptions now include a section about responsibility for clinical innovation and research, plus the identification of service improvement initiatives and quality and patient experience initiatives • Gap analysis funding is being sought to look at a safer staffing model for outpatients which could be adapted to meet the needs of any outpatient department • The new MSc programme with UCL has been launched and a bid submitted to NHSI for the SCIP (students coaching in practice) project across the STP • Next steps are to identify objectives for the next 12 – 18 months and understand how to meet the workforce crisis • There is a clear interface between the workforce strategy and work being done on the subspecialties which need to align, due to the assumptions that will underpin the workforce planning model being fed into Oriel ***Workforce metrics*** • New metrics have been added; recruitment pipeline activity, sickness rates by division, employee relations cases, sickness cases that are being formally managed with a target set for improvement • The rolling annual sickness figure has dipped below 4% and is a reflection of the fact that a number of long-term cases have been managed towards an outcome • The committee noted that anxiety, stress and depression is much higher than other reasons for absence. This is a national problem and there is a lot more work the trust can do, such as mental health first aid training • The trust needs to work with managers to help identify warning signs and avoid impact on teams where possible ***EDHR governance and WRES*** • Good progress has been made on Equality Diversity Human Rights (EDHR) issues through events such as the listening exercises with frontline staff • Terms of reference for the EDHR group have now been drafted and this will be a subcommittee of the people committee (for staff) and quality and safety committee (for patients) • The chief executive is the chair of the EDHR group, this is instrumental in changing the culture in an organisation • A workshop was held to refresh the trust's EDS2 rating and each division is undertaking the same grading exercise at divisional level • There is clear variation in staff engagement across ethnic groups, disabled staff groups, different genders, etc. This variation needs to be understood, despite the fact that the trust generally does well • WRES data and EDS2 gradings will come to the board in September

	WDES • WDES is a new obligation with a new set of standards and metrics, and starts from 1 April 2019 • It is needed due to the under reporting of numbers of staff who declare themselves to be disabled • It was agreed that it would be helpful for WRES and WDES to come together at some point in order to understand the experience of BAME staff who are also disabled • The first report will be submitted to the board in September ***Nursing workforce update*** • The committee was assured that the trust is safe, with the temporary staffing fill rate above 80% across the whole year. • There is still more room for work to be done to understand what is underneath the sickness figures for staff
Key concerns	• Being able to find the right people with the right skills to respond to the changing requirements of the workforce • Barriers to being able to track our staff and their trajectory through the career pathway • Anxiety, stress and depression being the main cause of staff being off sick • Variation in staff experience across different protected characteristics
Discussions outside the cttee	• Work to be done to understand the data sitting underneath the EDS2 rating • Discrepancy in vacancy rates which relates to FTE vs WTE, needs to be a single hierarchy
Escalations	• None
Date of next meeting	• 10 October 2019

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Agenda item 14
Membership Council report
Board of directors 5 September 2019

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

Brief summary of report Attached is a brief summary of Membership Council meeting that took place on 17 July 2019.							
Action Required/Recommendation. Board is asked to note the membership council report							
For Assurance		**For decision**		**For discussion**		**To note**	✓

REPORT FROM THE MEMBERSHIP COUNCIL MEETING – 17 JULY 2019

Members' Week

It was agreed that Members' Week had been another worthwhile event and that the overwhelming response was that Moorfields continues to provide first class clinical eye care.

There are still areas where there is room for improvement. These were particularly focused around communication of waiting times, use of buzzers and information on white boards.

The executive team discussed the actions that have been put in place to address the issues raised by patients and how we might better embed the actions so that the same issues do not keep coming up.

Another issue was raised about how the trust deals with particularly vulnerable patients and it was noted that the themes being raised from Members' Week in this area reinforce what is being seen through safeguarding reports.

The next Members' Week will take place in October 2019.

Feedback from governors

The **governance development group** discussed feedback on the induction programme for new governors and putting in place a buddying/mentoring system. There are also constitutional changes to be finalised over the next three months and the membership council self-assessment to take place in the autumn.

The **membership development group** had an extensive discussion on communications and engagement in relation to Oriel as well as the 'meet your governor' event and the opening of the Duke Elder Eye Unit. Both events were well attended and successful with particularly rich feedback coming from members. The group also discussed the content and approach for the magazine that will be launched in November.

The **patient carer forum** is undergoing a review, as was previously agreed, as it has now been running for a year. This group is analytical in its function and is working with the trust on patient engagement and the systems and processes that support it.

The **'meet your governor' event** took place prior to the AGM. A number of people were interested in becoming governors and came along to find out what governors do.

Some people were concerned about their ability to be referred into Moorfields, having previously been discharged as a patient. Patients were also concerned about being 'discharged' when their condition is not changing due to the difficulty they have getting back in.

The trust has additional ECLOs and nurse counsellors in place and it was agreed that we look at how we manage the discharge process so that people feel safe. This is likely to become more of an issue as services are rationalised.

Independent auditor's report on the quality report

The key issue arising from the presentation is to explain how the auditors help the council and board gain assurances on areas of judgement made. There were no areas of concern highlighted on the financial audit or the audit of the quality report.

A qualified opinion was given on the A&E indicator, which measures times waited to be seen. The result was an improvement on last year but there is still room for further improvement.

Oriel

Governors were given an update on the **public consultation**. An 'intensification week' took place and 244 online and paper surveys were completed during this week. This will be replicated over August and September. There was also a lot of consultation done as part of the AGM. At this stage the trust has spoken to over a thousand people.

Governors were encouraged to respond to the consultation individually, although it was agreed that it would be useful to put in a collective response from the Membership Council early in September.

The next Oriel advisory group meeting will take place in August and the group will be walking to the site and looking at the general environment to review what is being proposed.

The fundamental issue that keeps coming back is the journey, and in particular the last half mile, how people get from the station to the site. The proposed site provides a complex environment for people to navigate and it will be important to engage with network rail, TfL, local authorities, etc. in order to address this issue.

Remuneration and nominations committee

The membership council agreed to reappoint the chair for a further three year term of office.