

Bundle Board of directors - Part 1 25 July 2024

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**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
A MEETING OF THE BOARD OF DIRECTORS
To be held in public on
Thursday 25th July 2024 at 09.00 at Moorfields Education Hub**

No.	Item	Action	Paper	Lead	Mins
1.	Welcome	Note	Oral	LWG	5
2.	Staff story	Note	Oral	MG	25
3.	Apologies for absence	Note	Oral	LWG	5
4.	Declarations of interest	Note	Oral	LWG	
5.	Minutes of the previous meeting	Approve	Enclosed	LWG	
6.	Matters arising and action log	Note	Enclosed	LWG	
7.	Chief executive's report	Note	Enclosed	MK	10
8.	Integrated performance report	Assurance	Enclosed	JS	10
9.	Finance report	Assurance	Enclosed	JW	10
10.	Guardian of safe working	Assurance	Enclosed	LW	10
11.	Freedom to speak up report	Assurance	Enclosed	SAd	10
12.	Committee reports <ul style="list-style-type: none"> • Quality and Safety Committee • Report from Membership Council 	Assurance Note	Enclosed Enclosed	RGW LWG	10
14.	Identifying any risks from the agenda	Note	Oral	LWG	5
15.	Any other business		Oral	LWG	5
16.	Date of next meeting – 26 September 2024				

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
DRAFT Minutes of the meeting of the Board of Director held in public on
6th June 2024 at Albert House,
EC1V 9DD (and via MS Teams)

Board members:	Laura Wade-Gery (LWG)	Chair
	Martin Kuper (MK)	Chief executive
	Andrew Dick (AD)	Non-executive director
	David Hills (DH)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Asif Bhatti (AB)	Non-executive director
	Rosalind Given-Wilson (RGW)	Non-executive director
	Nick Hardie (NH)	Non-executive director (via MS Teams)
	Aaron Rajan (AR)	Non-executive director
	Sheila Adam (SAd)	Chief nurse and director of AHPs
	Jonathan Wilson (JW)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer
	Louisa Wickham (LW)	Medical director (MS Teams)

In attendance:

Mark Gammage (MG)	Interim director of workforce
Sam Armstrong (SAR)	Company secretary (minutes)
Ian Tombleson	Director of quality and safety
Jane Moore	Patient
Robin Tall	Head of patient experience and customer care
Peter Foster	Head of facilities management
Noreen Ging	Interim head of nursing, Moorfields North
Vida Purushotham	assistant divisional manager, North East

A number of staff and governors observed the meeting in the room and online, including: Rob Jones, Emmanuel Zuridis, Paul Murphy, Kimberley Jackson, Professor Naga Subramanian, John Sloper, John Russell, Allan MacCarthy, Ian Humphries, Vijay Arora, Dinesh Solanki, Nic De Beer (committee secretary) and Pete Thomas (director of digital development and CCIO).

1. Welcome

The chair opened the meeting at 9.00am and welcome all present and in attendance. She noted that the day which was combining a Trust board meeting and a Membership Council meeting was a new format, designed to create deeper relationships and stronger connectivity between the different governance bodies.

The pre-election period was noted.

2. Patient story

The chair welcomed Jane (J), who presented her patient story to the Board.

It was noted that J had been a Moorfields patient for around 12 years in the retinal and glaucoma clinics at City Road and Stratford. She commented that the support of Moorfields had kept her going through the onset of sight issues and ongoing management as a partial sighted patient. She took the opportunity to thank the team for their work and support.

In J's experience, the admin processes had sometimes not reflected the level of excellence she had experienced with the staff she had directly interacted with, and her experience of the diagnostic lanes had at times left her feeling a little bit like cattle being 'herded'.

Keen to help and give something back, Jane was an active and valued member of a number of patient user groups, including PPEC, Stratford and prescribing. Jane also supported with the design of the new Trust website and the patient experience principles and framework projects, and was very positive about their introduction.

In her role on the Stratford user group, and indeed as a patient at Stratford, J had raised several concerns with the local management team around access to the doors, unreliable self-check-in kiosks, confusing and unreadable signage, and issues with toilet facilities not having a lockable door. There were administration issues, such as voicemail boxes being full. Overall the impact of arriving at the site was disappointing for a facility that catered for patients with visual impairment.

It was noted that the Trust should be a leading organisation in 'see the whole person' and seeing things from the perspective of blind and partially sighted persons.

LWG thanked J for her helpful and articulate comments. DH commented that the issues raised demonstrated that what may appear as little issues could be extremely important and impactful. RGW suggested that it was challenging for organisation with a large number of sites to ensure they were all working well and consistently. She noted that arrangements with landlords needed to be in place to ensure adequate and improved facilities.

AM noted that leadership culture needed some review in response to these issues in order to see things from a patient perspective and take action accordingly. MG added that the Trust was undertaking leadership development, which was hoped would assist in improving and maintaining standards such as those raised by J. AR commented on the value to bring the personal from these stories to the metrics the Board would review throughout its meeting. He added that the Trust needed to take into account the individual deviations from the average. In response to a question, J shared that she happily received texts, however she did not receive emails and found letters not helpful.

MK stated that the Trust needed to be better at combining good clinical and patient experiences, and reflected that it was disappointing it took so long to fix a toilet door. SAd added that 'See the Whole Person', was an important initiative in improving the patient care and experience.

LWG thanked J.

The Board noted the patient story.

3. Apologies for absence

An apology was received from Richard Holmes, non-executive director.

4. Declaration of interest

There were no declarations made.

5. Minutes of the previous meeting

The minutes of the meeting held 28th March 2024 were approved as a correct record.

6. Matters arising and action log

The action log and updates were noted.

7. Chief executive's report

MK highlighted key areas of his report, which were:

- The Trust performance remained strong overall;
- The Trust was under plan against the elective activity target, which was driven by an ongoing reduction in cataract referrals into the St Ann's and Stratford sites. Work was underway to mitigate this;
- The Trust was awaiting an announcement for the NCL ICB Single Point of Access and associated activity tender;
- Oriel continued to progress well;
- Trust finances remained strong.

In response to a question from AM, MK assured the Board that recent cyber-attacks had not directly affected the Trust. JS added that there had been some requests for mutual aid from those trusts that had been affected. AM added that suppliers could fall victim to cyber-attacks, which could impact the Trust, and the Trust should ensure due diligence was done on this as part of the preparedness for Trusts systems.

The Board noted the report.

8. Integrated performance report

JS presented the report.

It was noted that the Trust continued to improve against the 18-week waiting time standard. The number of patients waiting over 52 weeks had stabilised to five patients.

The booking centre performance had improvement in-month, however it had not met the required standard. This was mostly due to an increase in call volumes. Work was underway to improve performance and it was anticipated that the planned introduction of an outpatient waiting list later this year would have a significant impact on the number of calls coming into the service.

It was noted that appraisal rates were still not where they needed to be. In response to a question from LWG, MG reported that the issues related to appraisal rate performance was discussed at People and Culture Committee, however monitoring of this would continue in order to achieve better results in the future. JS reported that while work had been conducted to improve sickness rates, it was yet to yield the desired results.

In response to a question from AR, JS reported that the Trust was training managers to better understand and assist staff in mental health issues. In response to a question from RGW, JS advised the Board that the Trust was working to improve journey times, however it was difficult to set a target in the short term. The Trust was striving for general improvements across all metrics, whether there was currently a set target or not.

The Board noted the report.

9. Finance report

JW presented the report.

It was noted that for April the Trust reported £610k deficit against a planned £620k deficit, £10k favourable to plan. Capital expenditure for April was £2.9m: Trust funded capital was £200k and

external funded capital was £2.7m due to Oriel expenditure. The capital plan for 2024/25 was still being finalised.

Agency spend had decreased and was 3.7% of total employee expense spend, which was below national expectation of 4.8%. MK added that there was lots of pressure across the NHS to reduce agency use, however there was tension over this, and the amount of development and additional work needed by trusts. LWG stated that time to hire needed to improve to reduce agency use.

The annual plan was progressing. Governors would be briefed for feedback later today, and it would be approved at a special board meeting at the June strategy day.

The Board noted the report.

10. Staff survey

MG presented the report.

He noted that studies had established a link between staff satisfaction and quality of patient care. He was clear that overall the Trust scores needed to improve. Both the management team and Board were committed to the actions needed to achieve this. While comparisons with other trusts offer insight, ultimately the goal should be that the Trust achieved the best it could and provided confidence in recruiting and retaining the best staff.

It was noted that much improvement work was already underway. The Board noted the action plan, which was produced to drive improvements from the staff survey feedback. MG highlighted the three areas of focus in the action plan: a new leadership development programme which was being developed and would be rolled out soon; organisational development around behaviour and values; and equality diversity and inclusion.

AB requested periodic updates to progress against the plan to ensure the Board had good visibility on performance (action). AM noted the positive increase in participation, which was good. The Trust needed to develop managers and staff holistically to turn up every day doing their best rather than focus on one or two big metrics to improve on. In response to a question from AM, MG stated the Trust would use pulse survey results as a way to monitor how the Trust was progressing on a more regular basis than the staff survey. He added that HR business partners were key to achieving improved ratings as they see the actions that work and those that do not in the teams. The Trust would replicate observed successes in areas across the whole Trust.

LWG acknowledged the further work needed by the Trust in this area, however she also noted the significant improvements that had been achieved over the last year.

The Board noted the report and approved the action plan.

11. Well-led and functional model and governance review update

MK presented the report and provided the background.

It was noted that there had been a series of reviews and actions that had started before MK became CEO, commencing with a Well-Led review, which flagged that the Trust governance had not kept up with areas such as research and education, as well as a number of other areas for review and improvement. In response, the Trust had reviewed its strategy, governance and functional model. From this an implementation plan was created. With the assistance of Moorhouse, the Trust undertook further improvements in governance and in organisation of its functions. The chief

executive then proposed changes to the executive membership of the Board and functional portfolios, which were approved at the Board's Remuneration Committee in July 2023.

It was noted that overall the programme of improvements was purpose-driven transformation to ensure an organisation that had the capabilities, functions and governance to deliver its ambitious strategy. This would take time to deliver in full, however progress was being made.

A new Chief People Officer had been recruited (starting in the autumn), while recruitment for both a Director of Strategy and the newly created post of Director of Discovery was underway.

The Board welcomed the changes to the executive team and structure, and the progress made to date. RGW raised the issue of how well known these changes were with Trust staff. MK responded that the executive was aware of the need for good internal communications.

LWG noted further changes to the Board such as establishing bimonthly strategy days, changes to the committee structure and terms of reference, and improved inductions and communications with governors. AM suggested the Board devote some time to succession planning.

The Board noted the report.

12. Learning form deaths

The paper was taken as read and noted.

13. Standing orders and SFIs

SAR presented the proposed changes to the SFI and standing orders.

The Board approved the proposed changes.

14. Committee reports

a. People and Culture Committee

The report was taken as read and noted. It was pointed out that the date of the meeting was 7th May 2024.

b. Quality and Safety Committee report, annual report and terms of reference

RGW presented the reports and terms of reference.

She highlighted a deep dive report on SLAs. The committee would continue to monitor these in the future.

The committee reviewed the quality accounts for presentation to the Board.

The Board noted the Quality and Safety Committee report and the Quality and Safety Committee annual report.

The Board approved the Quality and Safety Committee terms of reference.

15. Register of interests

The Board noted the latest register of interests of Board members.

16. Identifying any risks from the agenda

There were no specific risks identified.

17. Any other business

17.1 SID and board deputy chair

LWG put a proposal to appoint AM as SID, replacing RGW when her tenure at the Trust ended, which the Board approved. It was noted that the governors had been consulted on this proposal, and were supportive of it.

LWG put a proposal to appoint NH as deputy chair replacing RGW when her tenure at the Trust ended, which the Board approved.

18. Date of next meeting

It was noted that the next meeting of the Board would take place on 25th July in the Moorfields Education Hub.

In closing the meeting, LWG promoted the upcoming Moorfield charity event 'Walk Eye-to-Eye'.

The meeting was closed 10.45am.

DRAFT

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS ACTION LOG

25th July 2024

No.	Date	Minute item	Item title	Action	By	Update	Open/closed
01/02	23/01/24	8.0	Integrated performance report	Report on research studies in the Trust to be presented to the board, to include breakdown of recruitment to different studies.	LW	To be incorporated in research annual report.	Sept 2024
01/03	23/01/24	9.0	Finance report	Provide details on breakdown of agency costs for discussion at Finance and Performance Committee	JW		Oct 2024
01/04	23/01/24	10.0	PSIRF	Provide review of implementation and impact of PSIRF to the Trust once fully established	SAd	Report to be presented in due course	Sept 2024
06/01	06/06/24	10.0	Staff survey	Provide updates on progress to the staff survey action plan to the Board	MG		Nov 2024

Report title	Chief executive's report
Report from	Martin Kuper, chief executive
Prepared by	The chief executive and executive team
Link to strategic objectives	The chief executive's report links to all five strategic objectives

<p>Brief summary of report</p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> • Performance and activity review • Sector update • Oriel • Staff survey • Excellence portfolio update • Finance performance • Executive update 						
<p>Action required/recommendation.</p> <p>The board is asked to note the chief executive's report.</p>						
For assurance		For decision		For discussion	To note	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD MEETING – 25th July 2024

Chief Executive's report

Performance and activity review

The number of patients waiting over 18 weeks and 52 weeks respectively for their treatment has stabilised and the total number of patients waiting for any treatment has continued to decrease.

The Trust's outpatient 1st activity has stabilised above the plan that we set for this financial year. Our performance against our elective activity plan has improved in June to 97% of the in-month plan, however this is still being impacted by the previously reported reduction in referrals at our St Ann's and Stratford sites.

Sector update

It has been confirmed that the Trust was successful in our bid to run a single point of access and to coordinate community optometry provision across the NCL region. We are delighted with this award and are now planning how to mobilise the service, which will continue the work which has been undertaken by our team but supported as an NHS England pilot over the past 2 years.

As part of the Trust's ongoing mutual aid support, we are seeking to finalise an agreement with the Royal London Hospital which will support some of their patients being treated at our Stratford centre for the foreseeable future.

Oriel

The construction of the Oriel centre remains on track. Building work is currently taking place on level 4 and work on level 5 is due to commence imminently.

In relation to the design of the building, preparatory work is taking place on the 1:50 level designs so that they can be approved by the clinical and operational user group chairs later this year.

The governance of Oriel has been refreshed to support the next phase of the programme. This phase will increasingly focus on how the centre will support new ways of providing clinical care in the centre, including through the use of SMART functionality.

Electronic Patient Record System Procurement

Following conclusion of the procurement selection process, approval has been given to the Electronic Patient Record Full Business Case (FBC) at the June Trust Board and further assured through the Membership Council's approval of the significant transaction. This enabled the Trust to select a preferred EPR vendor. Due to the official procurement 10-day standstill period, followed by the General Election process that precluded any announcements for major programmes of public work, we can only now announce that MEDITECH has been selected as our preferred EPR partner. The FBC is now under final review with NHS England's Frontline Digitisation Investment Board and a decision to award funding and approve contract signing is expected during August.

We have begun two further strands of work that will lead to the 18-month implementation beginning in October: a contract finalisation stream; and a mobilisation planning stream. We are also engaging our staff stakeholders through a Clinical and Operational Advisory Group and have held a very successful EPR awayday with over 30 attendees to begin the mobilisation process.

Staff Survey Update

Since we last reported the staff survey report and action plan in June, we have held a series of staff events to acknowledge staff feedback, socialise insight from the survey data and also co-produce the action plan with staff. These events included an "all staff briefing" in June and three staff survey engagement sessions offering staff across the Trust options on dates and times to attend one of the sessions. The engagement sessions offered staff the opportunity to contribute to the staff survey action plan.

In addition, to build on the increase in our survey response rate and the corresponding improvement in staff engagement, the Employee Experience team have commenced a campaign to improve the usage of the national quarterly pulse survey in the Trust. The national quarterly pulse survey is one of the key employees listening tools in the NHS, but yet to be fully maximised in the Trust. The pulse survey will help track and enable improvement in staff experience. The latest wave of the national pulse survey started 1st July and will close 31st July. The question on 'recommending the trust as a place to work' is included in the survey questionnaire and will form one of the key metrics to be reported through the workforce and integrated performance reports.

The staff survey action plan forms part of the ongoing programme of work to improve staff experience, address equality, diversity and inclusion issues, and to develop leadership capability in the Trust.

Excellence Portfolio

Following the Board's approval of the EPR's FBC, the Programme secured gateway approvals from NCL last month. This is a major milestone ahead of the NHSE EPR Investment Board in August. Meditech has been selected as the winning supplier. They have a reputation for successfully delivering digital solutions for NHS trusts across the country including at Alder Hay Children's Hospital, South Tyneside and Sunderland NHS Foundation Trust and Liverpool Women's Hospital.

The Education Hub project at Ebenezer Street moved into its second phase, following completion of the first-floor development. It will enable the development and delivery of education across Moorfields and the UCL Institute of Ophthalmology, with dedicated resuscitation training room, education rooms configurable into a large lecture theatre, and improved staff and attendee facilities.

The EDI programme has continued, with refreshed workstreams launching for: Data Driven Change, Leadership and Culture and Fair Opportunities for All. Existing work has progressed, including the EDI Career Sponsorship Programme is a targeted development programme aimed at Black, Asian and Minority Ethnic colleagues. The first cohort started in September 2023, with 15 participants/sponsors matched with 15 sponsors. There are a further 15 people on the waitlist for the second cohort. The Stratford Hub reported on its project closure, with improvements to patient experience (Friends and Family Test scores above 90% consistently), quality of environment for patients and staff, re-provision of local surgical care with a new surgical floor, and adoption of best practice digital asynchronous pathways, with diagnostic floor going live.

Further projects have begun including work to develop our Asynchronous and Virtual Appointments approach, and to boost 'Flow on the Day' which will reduce administrative burden, simplify processes, and use staff smartly on the day of surgery. Over the rest of the year, XDU will pilot a new workforce model, with a smaller headcount of more experienced staff. This aims to strengthen the assurance processes and provide a greater level of support to the most strategically relevant projects (i.e. those linked to EPR or Oriel, as either critical path or enablers). The team have currently welcomed an MBA placement student for a 12-week summer intern through a partnership project with London Business School.

June Performance

For June, the trust is reporting a £0.64m surplus, some £0.09m favourable to plan, with a cumulative deficit of £0.05m, an adverse variance of £0.38m. Patient activity during June was 96% for Elective, 108% on Outpatient First, and 86% against Outpatient Procedures activity respectively against the trust capacity activity plan. The trust cash

position was £69.2m, a reduction of £1.5m from the prior month, and equivalent to 84 days of operating cash. Capital expenditure was £6.0m in month with the majority relating to the Oriol development, and totals £13.9m cumulatively. This equates to a £2.8m variance to plan, which relates to the Oriol build, although this is expected to be made up in future months. Efficiencies of £5.2m have been identified against the £10m plan, with a further £2.8m being validated, and an unidentified £2.0m gap remaining.

Executive update

Dr Elena Bechberger, will be joining us as our new director of strategy and partnerships and will start with us this August. Elena joins us from NHS England where she has been working in the role of national programme director, leading their high-volume low complexity (HVLC) and elective hubs programme. She brings a wealth of experience and a proven track record in policy, strategy, and planning – both within the NHS and public sector.

Martin Kuper
Chief executive

Integrated Performance Report

Reporting Period - June 2024



Brief Summary of Report

The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance, and covers a variety of organisational activities within several directorates including Operations, Quality and Safety, Workforce, Finance and Research.









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 narrative for KPIs, including those showing concern, falling short of target, or highlighting success where targets and improvement have been achieved.

The data within this report represents the submitted performance position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission

Introduction to 'SPC' and Making Data Count

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

This report uses a modified version of SPC to identify common cause and special cause variations, and assurance against agreed thresholds and targets. The model has been developed by NHS improvement through the 'Making Data Count' team, which uses the icons as described to the right to provide an aggregated view of how each KPI is performing with statistical rigor

Variation					Assurance		
							
Common cause - no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or higher pressure due to (H)igher or (L)ower values	Special cause showing an increasing trend	Special cause showing a decreasing trend	Inconsistent passing and failing of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target

Special Cause Concern - This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. **Low (L)** special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold. **High (H)** is where the variance is upwards for a metric that requires performance to be below a target or threshold.

Special Cause Improvement - This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. **Low (L)** special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold. **High (H)** is where the variance is downwards for a metric that requires performance to be below a target or threshold.

Common Cause Variation - No significant change or evidence of a change in direction, recent performance is within an expected variation

Purple arrows - These are metrics with a change in variation which neither represents an improvement or concern

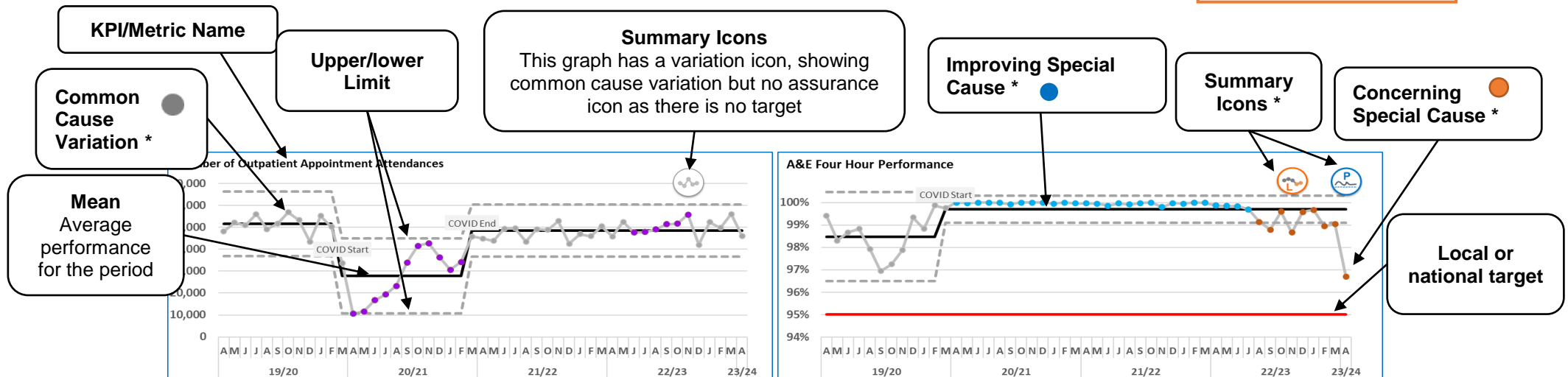
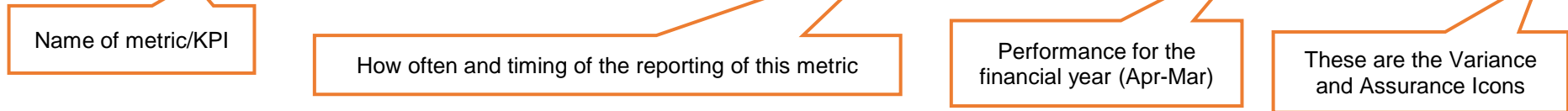
Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process limits so would only be achieved in exceptional circumstances or due to a change in process.

Capable process (P) - Indicates the metric consistently passes the target, indicating a capable process. To be classified as a capable process, either the target has not been failed for a significant period, or the target falls outside the calculated process limits so would only fail in exceptional circumstances or due to a change in process.

Unreliable Process - This is where a metric will 'flip flop' (pass or fail) the target during a given period due to variation in performance, so is neither deemed to be a 'Failing' or 'Capable' process.

Guide to this Report

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		



Upper/Lower Control Limits: These are control limits of where we would expect the performance to fall between. Where they fall outside these limits, special cause will be highlighted.

Recalculation Periods: Where there has been a known change in process or performance has been affected by external events (e.g. COVID), the control limits and average have been recalculated to provide a better comparison of data against that period.

Further Reading / other resources

The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology. This includes a number of videos explaining the approach and a series of case studies - these can be accessed via the following link - <https://improvement.nhs.uk/resources/making-data-count>

Highlights

Metrics With "Failing Process"

- Elective Activity - % of Phased Plan
- Average Call Waiting Time
- Appraisal Compliance
- Staff Sickness (Monthly and Rolling)
- Recruitment Time to Hire (Days)

Celebrations

- 21 Metrics are showing as a capable process, with 20 showing either an improving or stable performance, this includes:
 - Posterior Capsular Rupture rates
 - All FFT Performance Targets
 - Infection Control Metrics
- A further three metrics are showing an improving position; 18 Week RTT Performance and Clinic Journey Times (Non Diagnostic and Diagnostic Clinics)

Other Metrics showing "Special Cause Concern"

- A&E Four Hour Performance
- NatPSAs Breached
- Basic Mandatory Information Governance Training
- Recruitment to All Research Studies and NIHR portfolio studies
- Number of Incidents open after 28 days

Other Areas To Note

- Outpatient Activity vs. Phased Plan remains above 100% (both First and Follow Up Appointments)
- All Cancer Metrics passed this month, with 31 and 62 day performance showing as a capable metric

Executive Summary

In June the Trust's 18 Week referral to treatment time performance continued to show improvement as did the overall number of patients waiting for their treatment. The number of patients waiting over 52 weeks for their treatment improved to 7.

The outpatient 1st activity level reduced to 108.4% in month, however this remains significantly above the year to date plan at 109%. Elective activity improved in month to 96.9% but this still leaves the Trust at 92.6% of the plan year to date. A plan to reallocate resources around our network to support patient in different specialities other than cataract has now been agreed and this should improve performance through the rest of the financial year. We also expect a partnership with the Royal London Hospital to begin this month, which will facilitate their patients receiving cataract surgery at our Stratford site.

Median Outpatient Journey Times (both Diagnostic and Non-Diagnostic Face to Face Appointments) continue to show improvement, with non-diagnostic time currently running at low 38 minutes and all cancer performance standards are above the required targets, with 28 and 31 day performance showing as a capable processes.

The Trust achieved full compliance with all three cancer standards this month and the median outpatient journey times continued to show improvement, with both showing a run below the recent average.









The number of non-medical cancelled operations not treated within 28 days has been at zero for five months in a row. Should this trend continue then it will soon be flagged as both an improved and passing process.

Although our performance against the A&E four hour standard remains a capable process, this month's performance was flagged as a concern due to exceptionally lower than normal performance at 96.6%. This was the third time in four months that this has happened and it was due to a general lack of uptake of medical locum shifts, particularly at weekends. Unplanned sickness and planned gaps in the trainee rota have created more demand for ad hoc locums, however this demand is expected to reduce in August when a complete intake of trainee doctors is expected. Alternative staffing models are also being explored in the short and longer term to mitigate our current reliance on locum cover.

The average call waiting time is now showing as a failing process as the 2 minute waiting time target has not been achieved for six months and the call abandonment rate has also been above the recent average for the last six months. These metrics are being driven by a 38% increase in call volumes through 2024 and some teething problems caused by changes in referral management processes within the Booking Centre. Measures are being implemented to address both of these issues and a related improvement in performance has been seen in July.

The Trust's sickness absence level has continued to improve to 4.2% in month and compliance against the appraisal standard has also improved to 72.5%.

Performance Overview

June 2024		Assurance			
		Capable Process 	Hit and Miss 	Failing Process 	No Target
Variation	Special Cause - Improvement 	<ul style="list-style-type: none"> - Total Outpatient FlwUp Activity (% Plan) - % Cancer 62 Day Waits (All) - FFT Inpatient Scores (% Positive) - FFT Outpatient Scores (% Positive) - Active Commercial Studies - % of patients in research studies 	<ul style="list-style-type: none"> - Total Outpatient Activity (% Plan) 		<ul style="list-style-type: none"> - 18 Week RTT Incomplete Performance - OP Journey Times - Non-Diagnostic FtF - OP Journey Times - Diagnostic FtF
	Common Cause 	<ul style="list-style-type: none"> - Cancer 28 Day Faster Diagnosis Standard - % Cancer 31 Day Waits (All) - Mixed Sex Accommodation Breaches - VTE Risk Assessment - Posterior Capsular Rupture rates - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - MSSA Rate - cases - FFT A&E Scores (% Positive) - FFT Paediatric Scores (% Positive) - % Complaints Acknowledged Within 3 days - % SARs Requests within 28 Days - Summary Hospital Mortality Indicator 	<ul style="list-style-type: none"> * See Next Page 	<ul style="list-style-type: none"> - Elective Activity - % of Phased Plan - Average Call Waiting Time - Appraisal Compliance - Staff Sickness (Month Figure) - Staff Sickness (Rolling Annual Figure) - Recruitment Time To Hire (Days) 	<ul style="list-style-type: none"> * See Next Page
	Special Cause- Concern 	<ul style="list-style-type: none"> - A&E Four Hour Performance 	<ul style="list-style-type: none"> - NatPSAs breached - Basic Mandatory IG Training - Recruitment to NIHR portfolio studies 		<ul style="list-style-type: none"> - Number of Incidents open after 28 days - Recruitment to All Research Studies
	Special Cause - Increasing Trending 	<ul style="list-style-type: none"> - No. of A&E Four Hour Breaches - No. of Outpatient Attendances - No. of Outpatient First Attendances - No. of Outpatient Flw Up Attendances - No. of Theatre Admissions - No. of Theatre Elective Day Admissions 			
	Special Cause - Decreasing Trending 	<ul style="list-style-type: none"> - RTT Waiting List - RTT Incomplete Pathways Over 18 Weeks 			

Performance Overview

Common Cause & Hit and Miss






- Outpatient First Activity (% Plan)
- 52 Week RTT Incomplete Breaches
- % Diagnostic waiting times less than 6w
- Average Call Abandonment Rate
- Emergency readmissions in 28d (ex. VR)
- % Complaints Responses Within 25 days
- % FoI Requests within 20 Days
- Occurrence of any Never events
- Serious Incidents open after 60 days
- Theatre Cancellation Rate (Non-Medical)
- Non-medical cancelled 28 day breaches

Common Cause (No Target)

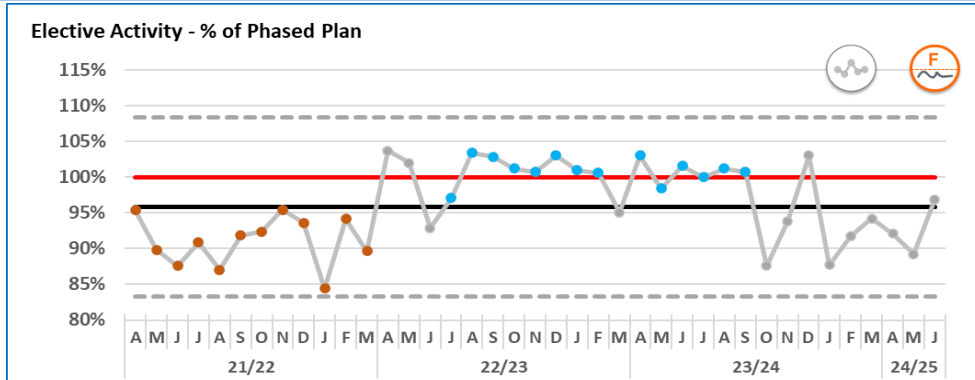


- Elective waits over 65 weeks
- Proportion of Temporary Staff
- No. of A&E Arrivals
- No. of Referrals Received
- No. of Theatre Elective Inpatient Adm.
- No. of Theatre Emergency Admissions

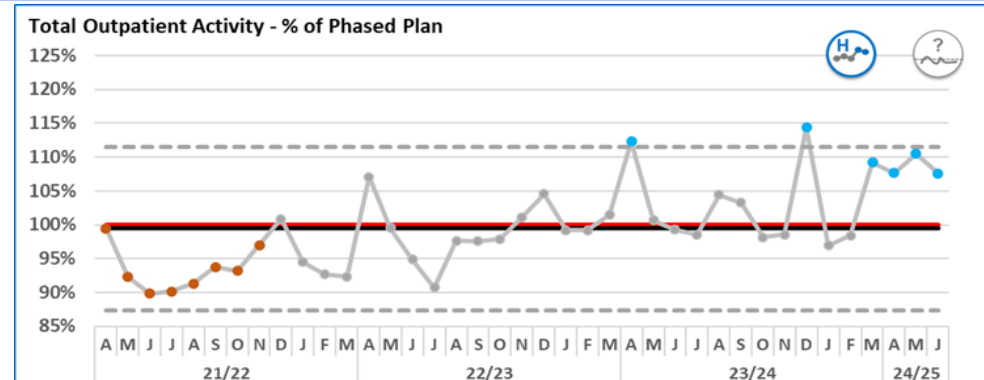
Deliver (Activity vs Plan) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Elective Activity - % of Phased Plan	Jon Spencer	24/25 Planning Guidance	Monthly	≥100%	92.6%	96.9%		
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	108.6%	107.6%		
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	109.0%	108.4%		
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	24/25 Planning Guidance	Monthly	≥85%	108.5%	107.3%		

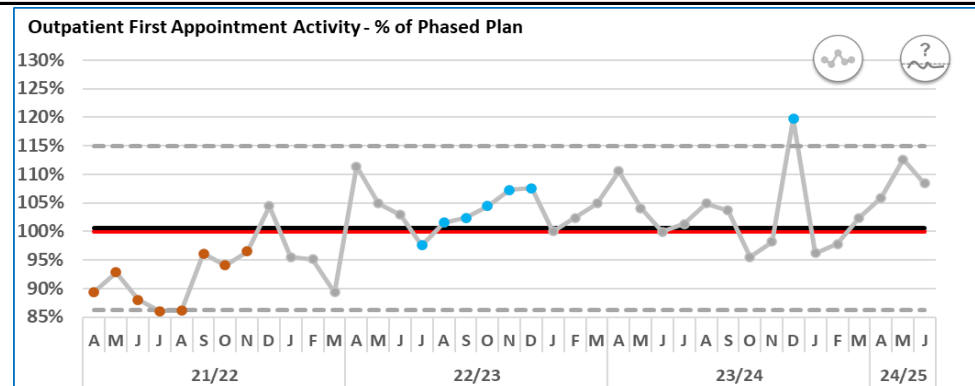
Deliver (Activity vs Plan) - Graphs (1)



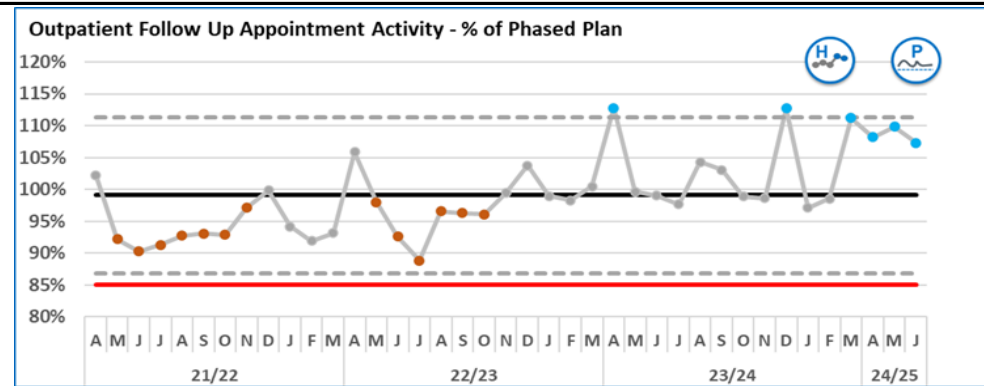
'Elective Activity - % of Phased Plan' is showing 'common cause variation' with the current process unlikely to achieve the target - This is a change from the previous month. The figure is currently at 96.9%.



'Total Outpatient Activity - % of Phased Plan' is showing 'special cause improvement' and that the current process is not consistently achieving the target. The figure is currently at 107.6%.









'Outpatient First Appointment Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 108.4%.



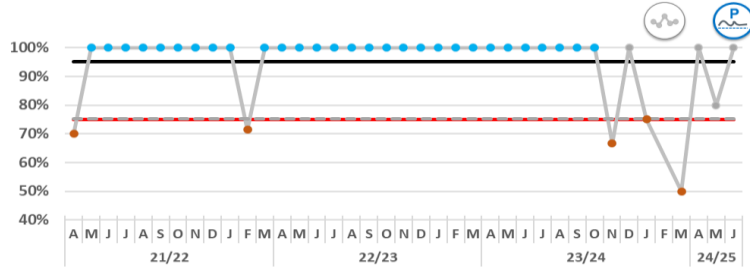
'Outpatient Follow Up Appointment Activity - % of Phased Plan' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 107.3%.

Deliver (Cancer Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 28 Day Faster Diagnosis Standard	Jon Spencer	Statutory Reporting With Local Target	Monthly	≥75%	94.1%	100.0%		
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat	Jon Spencer	Statutory Reporting	Monthly	≥96%	98.9%	100.0%		
% Patients With All Cancers Treated Within 62 Days	Jon Spencer	Statutory Reporting	Monthly	≥85%	100.0%	100.0%		

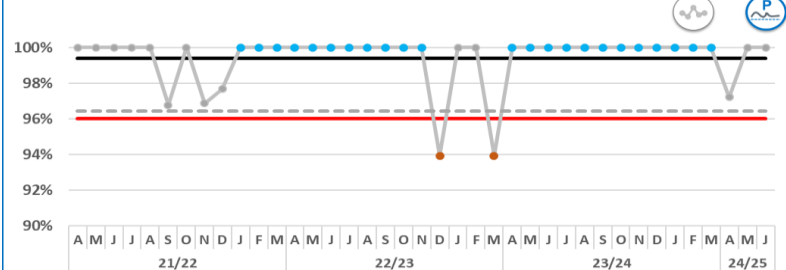
Deliver (Cancer Performance) - Graphs (1)

Cancer 28 Day Faster Diagnosis Standard



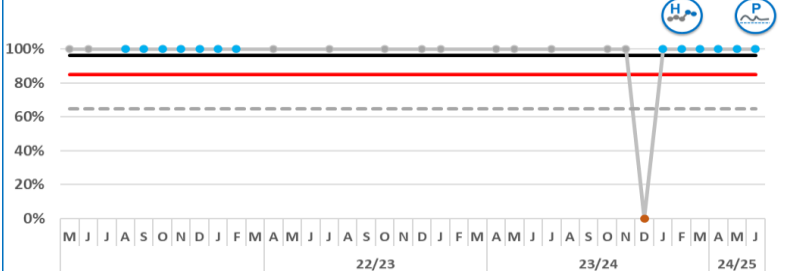
'Cancer 28 Day Faster Diagnosis Standard' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 100.0%.

% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat













'% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 100.0%.

% Patients With All Cancers Treated Within 62 Days



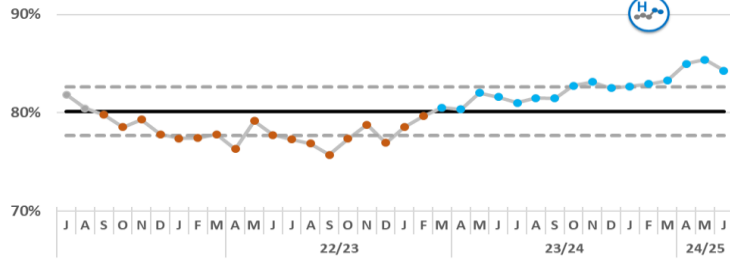
'% Patients With All Cancers Treated Within 62 Days' is showing 'special cause improvement' and that the current process will consistently pass the target - This is a change from the previous month. The figure is currently at 100.0%.

Deliver (Access Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
18 Week RTT Incomplete Performance	Jon Spencer	Statutory Reporting	Monthly	No Target Set	84.9%	84.3%		
RTT Incomplete Pathways (RTT Waiting List)	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	34201		
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	5377		
52 Week RTT Incomplete Breaches	Jon Spencer	24/25 Planning Guidance	Monthly	≤5 Breaches	22	7		
Eliminate waits over 65 weeks for elective care	Jon Spencer	24/25 Planning Guidance	Monthly	No Target Set	8	3		
A&E Four Hour Performance	Jon Spencer	24/25 Planning Guidance	Monthly	≥95%	97.4%	96.6%		
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	24/25 Planning Guidance	Monthly	≥99%	99.2%	98.3%		

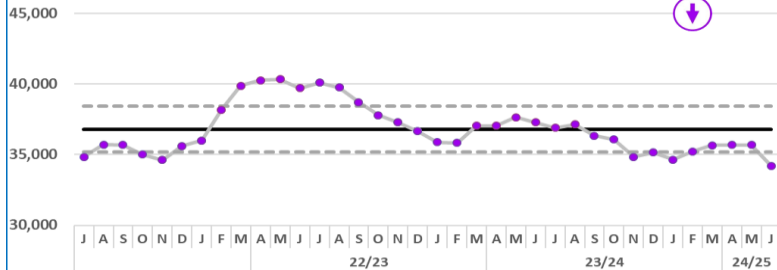
Deliver (Access Performance) - Graphs (1)

18 Week RTT Incomplete Performance



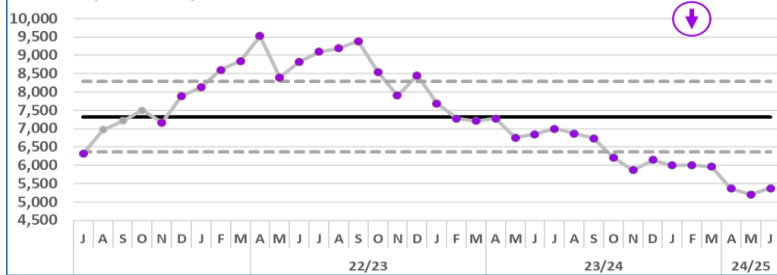
'18 Week RTT Incomplete Performance' is showing 'special cause improvement' (increasing rate). The figure is currently at 84.3%.

RTT Incomplete Pathways (RTT Waiting List)



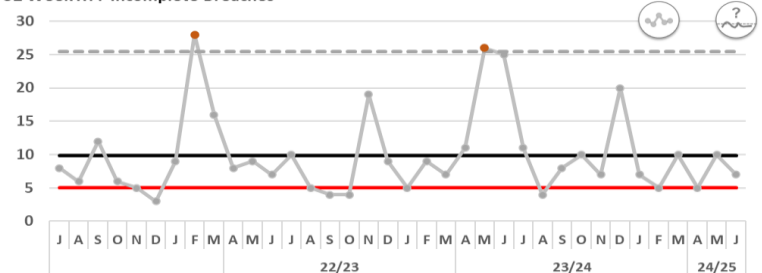
'RTT Incomplete Pathways (RTT Waiting List)' is showing an 'special cause variation' (decreasing rate). The figure is currently at 34,201.

RTT Incomplete Pathways Over 18 Weeks



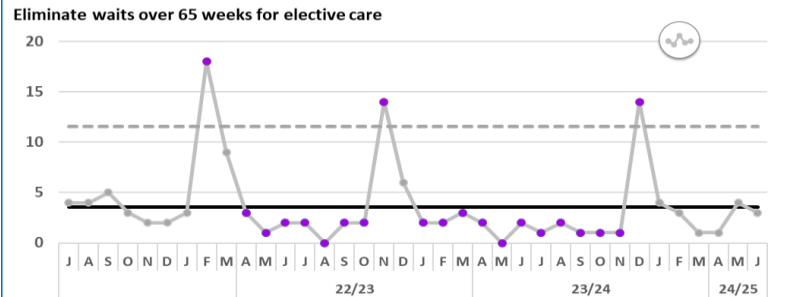
'RTT Incomplete Pathways Over 18 Weeks' is showing an 'special cause variation' (decreasing rate). The figure is currently at 5,377.

52 Week RTT Incomplete Breaches

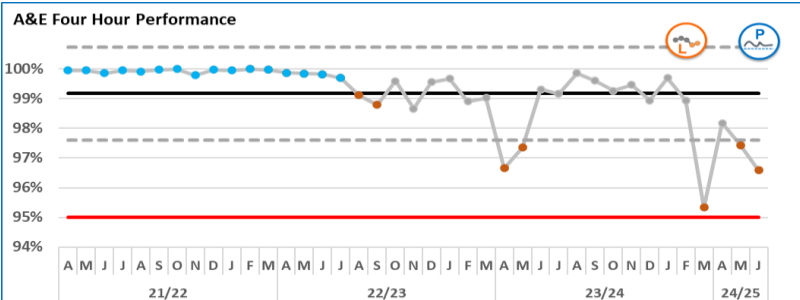


'52 Week RTT Incomplete Breaches' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 7.

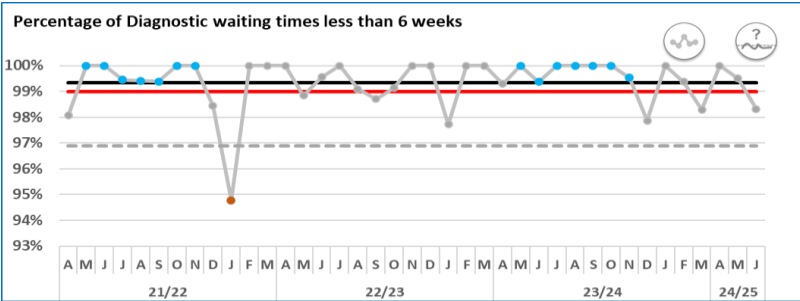
Deliver (Access Performance) - Graphs (2)



'Eliminate waits over 65 weeks for elective care' is showing 'common cause variation'. The figure is currently at 3.























'A&E Four Hour Performance' is showing 'special cause concern' however the current process will consistently pass the target. The figure is currently at 96.6%.

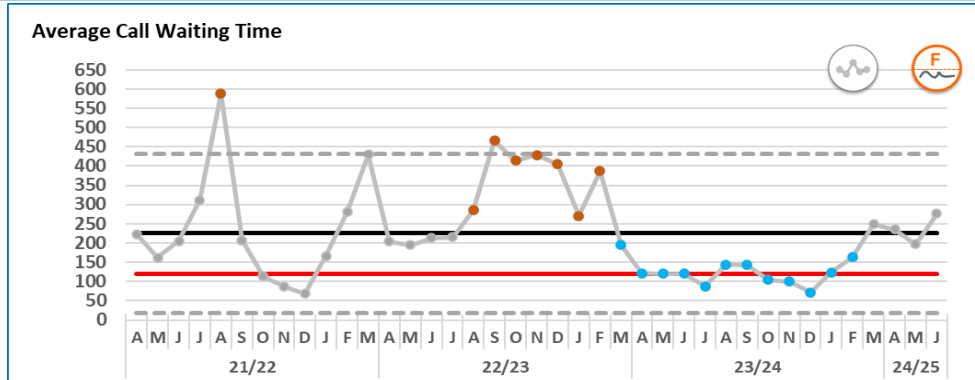


'Percentage of Diagnostic waiting times less than 6 weeks' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 98.3%.

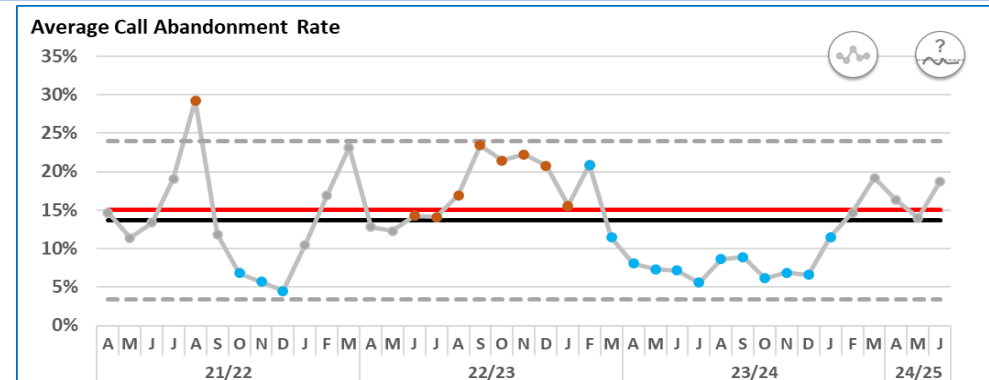
Deliver (Call Centre and Clinical) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Average Call Waiting Time	Jon Spencer	Internal Requirement	Monthly	≤ 2 Mins (120 Sec)	n/a	276		
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	16.4%	18.8%		
Mixed Sex Accommodation Breaches	Sheila Adam	Statutory Reporting	Monthly	Zero Breaches	0	0		
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Jon Spencer	Internal Requirement	Monthly (Rolling 3 Months)	≤ 2.67%	n/a	0.00%		
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	99.6%	99.0%		
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	0.71%	0.68%		
MRSA Bacteraemias Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Clostridium Difficile Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
MSSA Rate - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		

Deliver (Call Centre and Clinical) - Graphs (1)



'Average Call Waiting Time' is showing 'common cause variation' with the current process unlikely to achieve the target - This is a change from the previous month. The figure is currently at 276.

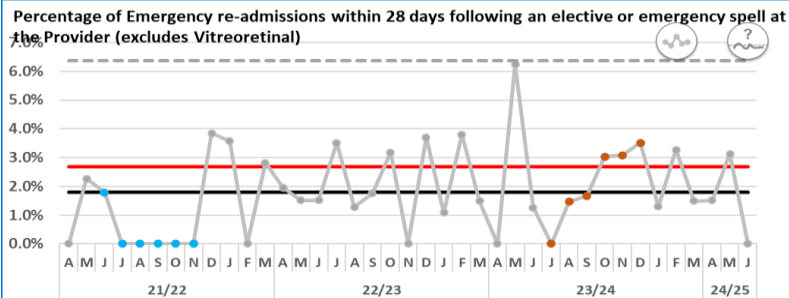


'Average Call Abandonment Rate' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 18.8%.

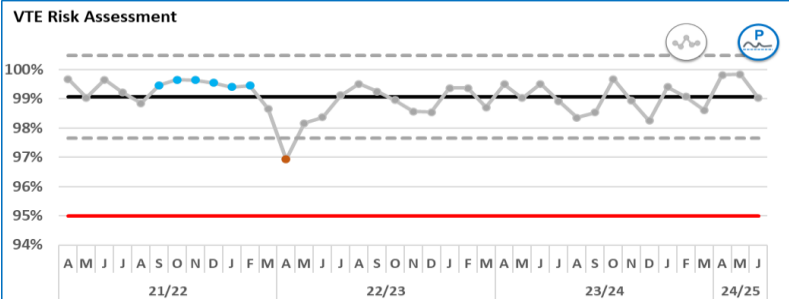
Deliver (Call Centre and Clinical) - Graphs (2)

No Graph Generated, No breaches since June 2017

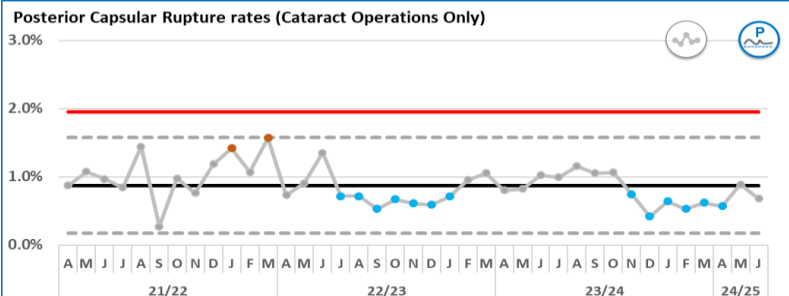
'Mixed Sex Accommodation Breaches' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.



'Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.00%.



'VTE Risk Assessment' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 99.0%.




'Posterior Capsular Rupture rates (Cataract Operations Only)' is showing 'common cause variation' and that the current process will consistently pass the target - This is a change from the previous month. The figure is currently at 0.68%.

Deliver (Call Centre and Clinical) - Graphs (3)

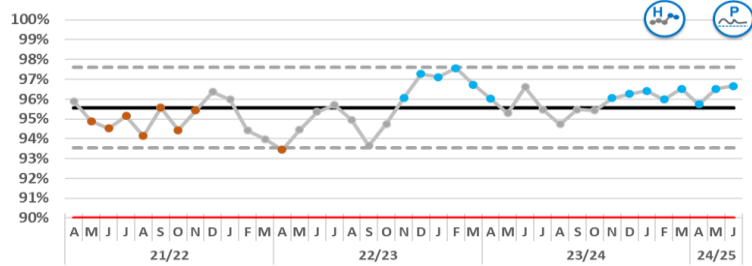
<i>No Graph Generated, No cases reported since at least April 17</i>	'MRSA Bacteraemias Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.
<i>No Graph Generated, No cases reported since at least April 17</i>	'Clostridium Difficile Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.
<i>No Graph Generated, No cases reported since at least April 17</i>	'Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.
<i>No Graph Generated, No cases reported since at least April 17</i>	'MSSA Rate - cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.

Deliver (Quality and Safety) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Inpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	96.3%	96.7%		
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	92.4%	92.5%		
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	94.4%	94.5%		
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	95.3%	93.6%		
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	84.2%	90.9%		
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	96.8%	91.7%		
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	80.9%	86.0%		
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	96.7%	95.9%		

Deliver (Quality and Safety) - Graphs (1)

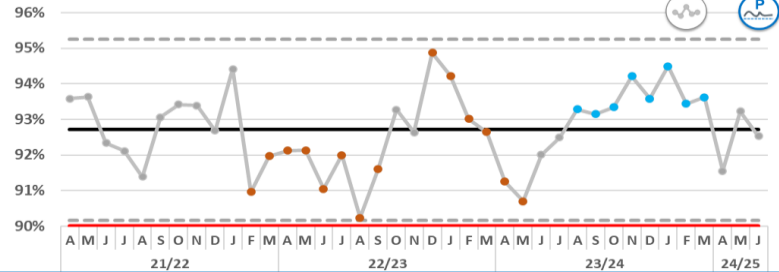
Inpatient Scores from Friends and Family Test - % positive



'Inpatient Scores from Friends and Family Test - % positive' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 96.7%.

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

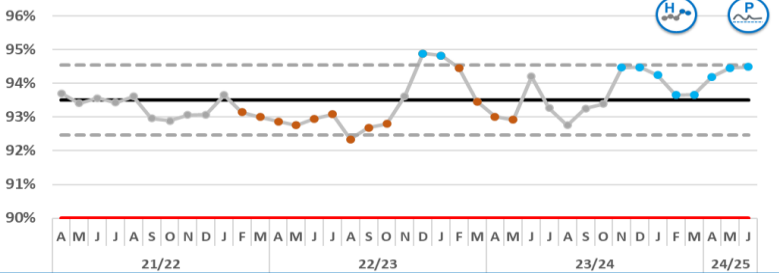
A&E Scores from Friends and Family Test - % positive



'A&E Scores from Friends and Family Test - % positive' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 92.5%.

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

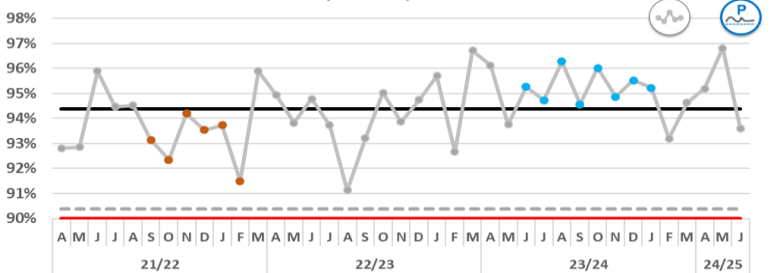
Outpatient Scores from Friends and Family Test - % positive



'Outpatient Scores from Friends and Family Test - % positive' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 94.5%.

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

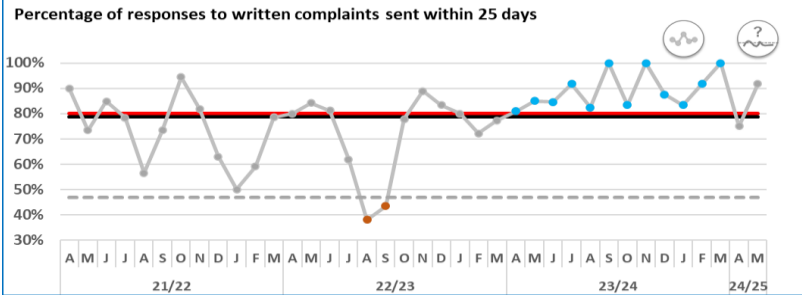
Paediatric Scores from Friends and Family Test - % positive



'Paediatric Scores from Friends and Family Test - % positive' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 93.6%.

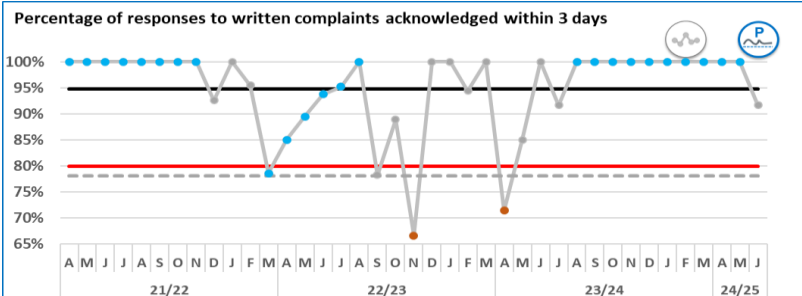
Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Deliver (Quality and Safety) - Graphs (2)



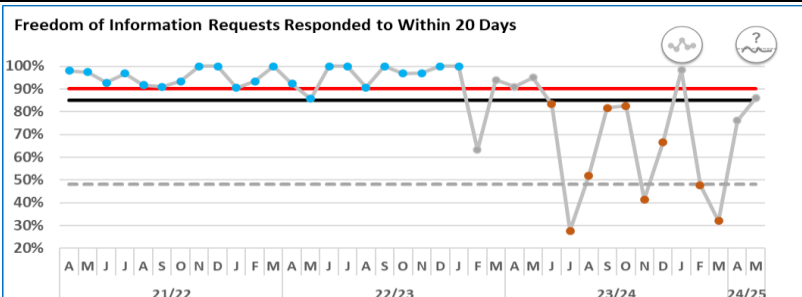
'Percentage of responses to written complaints sent within 25 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 91.7%.

With one complaints breaches we have once again exceeded the 80% target, acheiving this for 13 out of the last 14 months. We aim to maintain this going forward.



'Percentage of responses to written complaints acknowledged within 3 days' is showing 'common cause variation' and that the current process will consistently pass the target - This is a change from the previous month. The figure is currently at 91.7%.

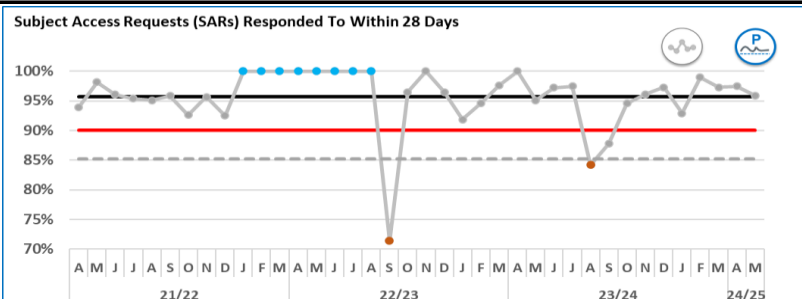
Following tightening of the process to acknowledge receipt of a complaint at the end of 2022, this continues to exceed the 80% performance target with 15 of the last 19 months at 100%



'Freedom of Information Requests Responded to Within 20 Days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 86.0%.

Following measures put in place, we are very close to achieving the 90% target and anticipate reaching this in July, from here we aim to consistently achieve this target going forward.










Review Date: Aug 2024 *Action Lead:* Jonathan McKee



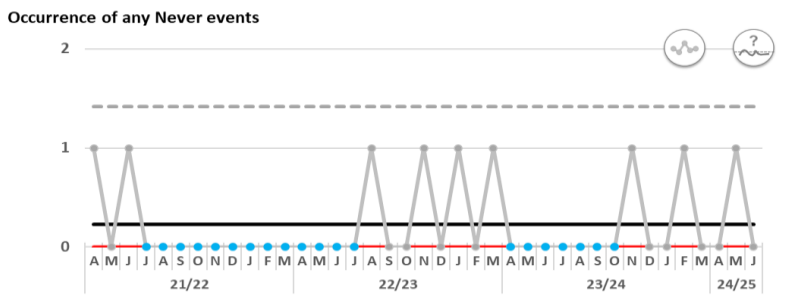
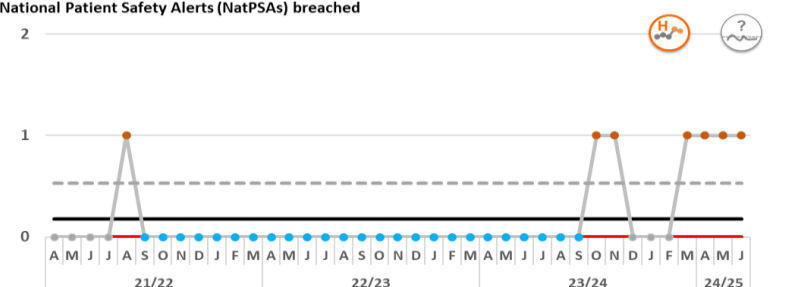
'Subject Access Requests (SARs) Responded To Within 28 Days' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 95.9%.

Following a run of Performance above the 90% target for the previous eight months, this has now returned to being a passing metric, showing as common cause variation. This will continued to be monitored.

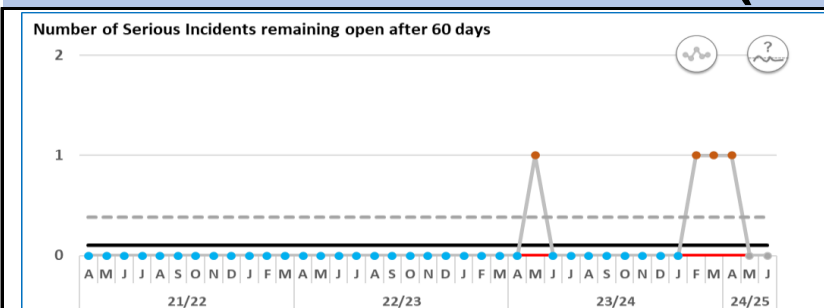
Deliver (Incident Reporting) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Occurrence of any Never events	Sheila Adam	Statutory Reporting	Monthly	Zero Events	1	0		
Summary Hospital Mortality Indicator	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
National Patient Safety Alerts (NatPSAs) breached	Sheila Adam	NHS Oversight Framework	Monthly	Zero Alerts	n/a	1		
Number of Serious Incidents remaining open after 60 days	Sheila Adam	Statutory Reporting	Monthly	Zero Cases	1	0		
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Sheila Adam	Internal Requirement	Monthly	No Target Set	n/a	269		

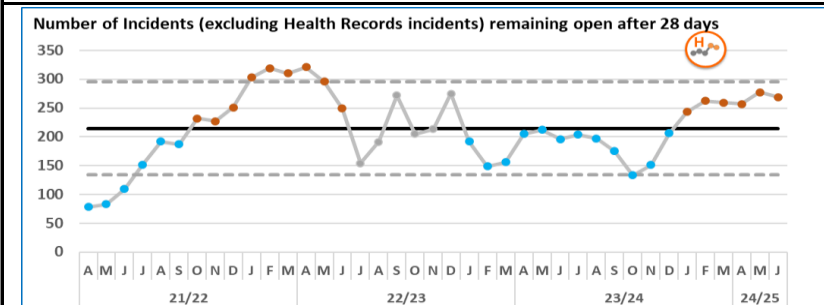
Deliver (Incident Reporting) - Graphs (1)

<p>Occurrence of any Never events</p> 	<p>'Occurrence of any Never events ' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.</p>
<p>No Graph Generated, No cases reported since February 2017</p>	<p>'Summary Hospital Mortality Indicator' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.</p>
<p>National Patient Safety Alerts (NatPSAs) breached</p> 	<p>'National Patient Safety Alerts (NatPSAs) breached' is showing 'special cause concern' and that the current process is not consistently achieving the target. The figure is currently at 1.</p> <p>This alert related to medical beds and the associated components, as a serious risk had been identified relating to entrapment and falls. Several actions have been included in the alert including the purchase of new beds which are compliant with national standards. The policy has recently been signed off, therefore the action has been completed and removed from the next report.</p> <p>Review Date: Aug 2024 Action Lead: Julie Nott</p>

Deliver (Incident Reporting) - Graphs (2)



'Number of Serious Incidents remaining Open after 60 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.



'Number of Incidents (excluding Health Records incidents) remaining open after 28 days' is showing 'special cause concern' (increasing rate) - This is a change from the previous month. The figure is currently at 269.

This data continues to be monitored at divisional level, and is reported this way in various forums. Approximately 150 of the 269 incidents are attributable to Moorfields North, and the central team will continue to work with the division to close these. The priority for all divisions must be the closure of the overdue incidents to which the duty of candour applies.











Review Date:

Aug 2024

Action Lead:

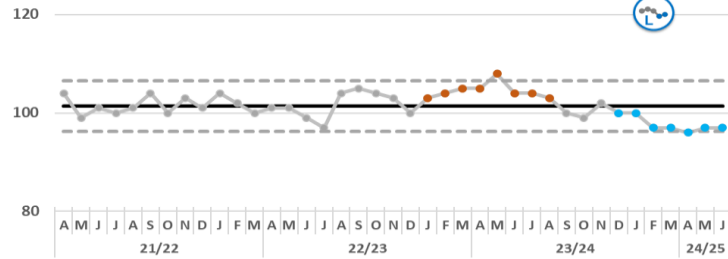
Julie Nott

Sustainability and at Scale - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	97		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	39		
Median Outpatient Journey Times - Virtual TeleMedicine Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	n/a		
Theatre Cancellation Rate (Non-Medical Cancellations)	Jon Spencer	Statutory Reporting	Monthly	≤0.8%	0.76%	0.99%		
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	0	0		
Overall financial performance (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	-0.37	0.09		
Commercial Trading Unit Position (In Month Var. £m)	Jonathan Wilson	Internal Requirement	Monthly	≥0	-0.70	-0.07		

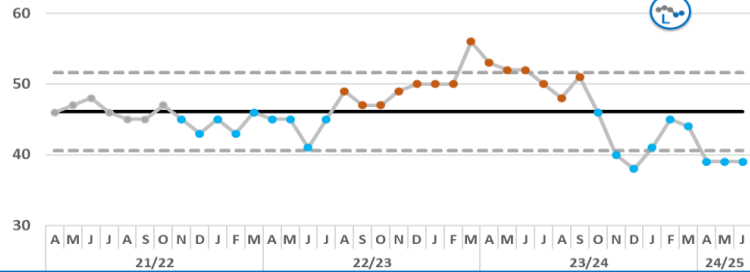
Sustainability and at Scale - Graphs (1)

Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments



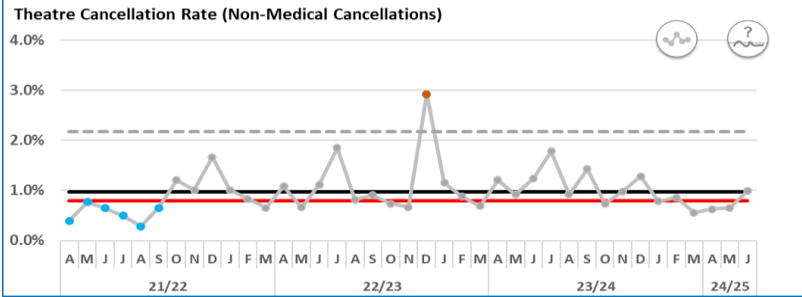
'Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments' is showing 'special cause improvement' (decreasing rate). The figure is currently at 97.

Median Outpatient Journey Times - Diagnostic Face to Face Appointments

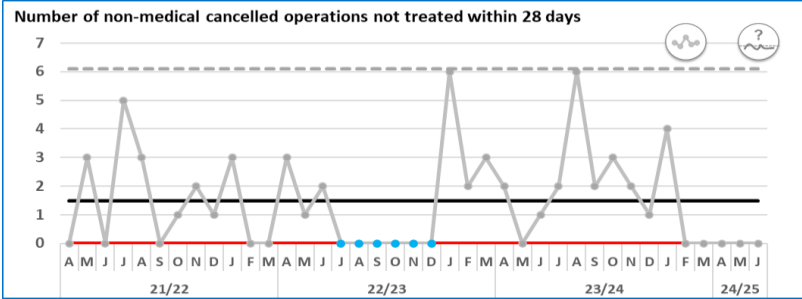


'Median Outpatient Journey Times - Diagnostic Face to Face Appointments' is showing 'special cause improvement' (decreasing rate). The figure is currently at 39.

Sustainability and at Scale - Graphs (2)



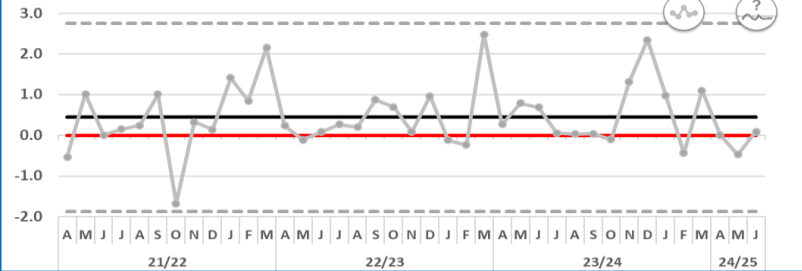
'Theatre Cancellation Rate (Non-Medical Cancellations)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.99%.



'Number of non-medical cancelled operations not treated within 28 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.

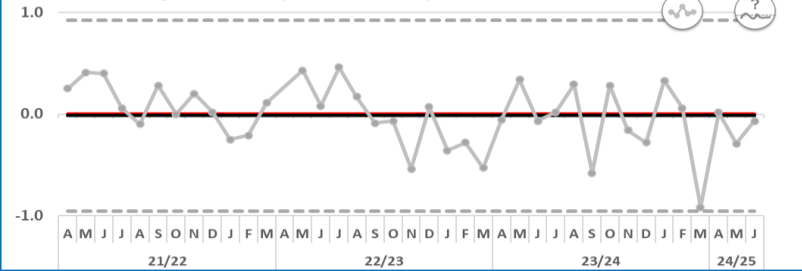
Sustainability and at Scale - Graphs (3)

Overall financial performance (In Month Var. £m)












'Overall financial performance (In Month Var. £m)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.09.

Commercial Trading Unit Position (In Month Var. £m)

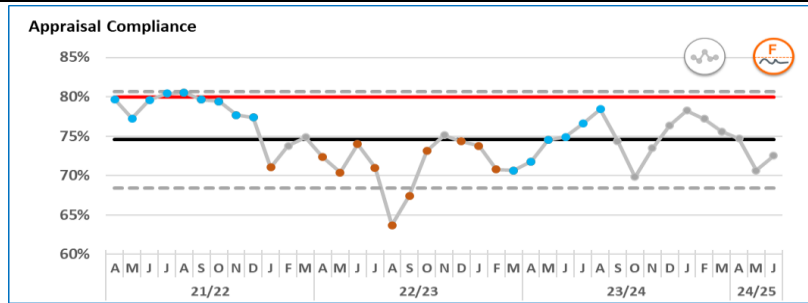


'Commercial Trading Unit Position (In Month Var. £m)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at -0.07.

Working Together - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Appraisal Compliance	Mark Gammage	Statutory Reporting	Monthly	≥80%	n/a	72.5%		
Basic Mandatory IG Training	Samuel Armstrong	Internal Requirement	Monthly	≥90%	n/a	88.5%		
Staff Sickness (Month Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.2%		
Staff Sickness (Rolling Annual Figure)	Mark Gammage	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.5%		
Recruitment Time To Hire (Days)	Mark Gammage	Internal Requirement	Monthly (Month in Arrears)	≤40 Days	n/a	44		
Proportion of Temporary Staff	Mark Gammage	23/24 Planning Guidance	Monthly	No Target Set	14.1%	15.9%		

Working Together - Graphs (1)



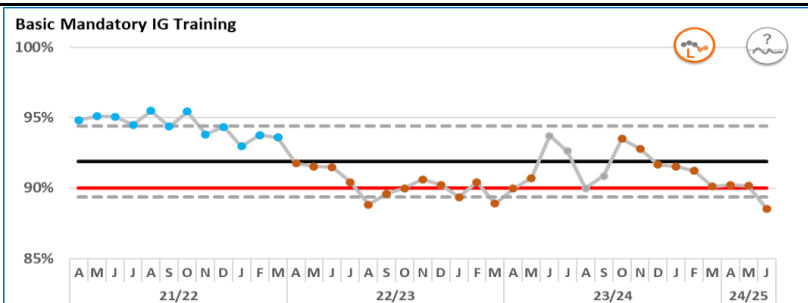
'Appraisal Compliance' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 72.5%.

As part of the ongoing programme work to improve appraisal completion rate and the overall appraisal system, an Appraisal Review Implementation Group has been set up to implement recommendations from the recently concluded review of the Trust's appraisal process and system. The implementation group will start monthly as from 7th August and will provide bi-monthly update to ManEX and quarterly report to the People Committee.

In addition, the Learning and Development (L&D) team in collaboration with the HRBPs continue to take further actions to improve the compliance rate. These actions include:

- L&D team reviewing the appraisal report with managers, to ensure better compliance rate are recorded and captured along with providing clarity and accuracy on where targeting and actioning are required. This has resulted in an increase in compliance rates.
- Ongoing engagement with Management Executive team and their deputies to improve appraisal completion rates especially for their respective corporate areas of responsibilities.
- HRBPs, in liaison with the Associate Director for Employee Experience, working with managers within the identified hotspot areas below;
 - Medical Imaging 26% | Ultrasound Department 29% | Health Records Library 40% | Patient Experience Team 40%
- Ongoing Appraisal training across the Trust including Bite Size Sessions being provided by the L&D team. Members of the I.T Department were recently trained on how to conduct an Appraisal.
- Arranging drop-in sessions and meetings with Managers to go through their Reports and any areas of concern. Departments within the Private Division were targeted last month.
- Ongoing engagement with the Comms team to promote and raise awareness on the importance of conducting an Appraisal with regular feature on Eye Q and Moorfields News. The Appraisal FAQs was published recently by the Comms Team which was included in Moorfields News.

Review Date: Aug 2024 **Action Lead:** Stephen Imuere

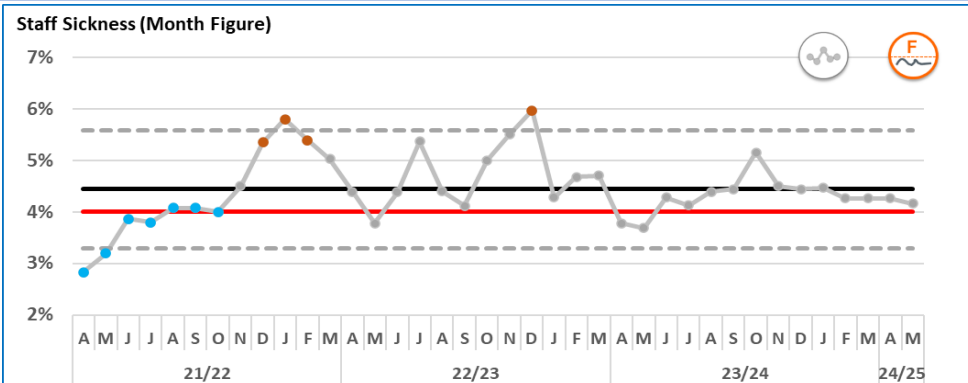


'Basic Mandatory IG Training' is showing 'special cause concern' and that the current process is not consistently achieving the target - This is a change from the previous month. The figure is currently at 88.5%.

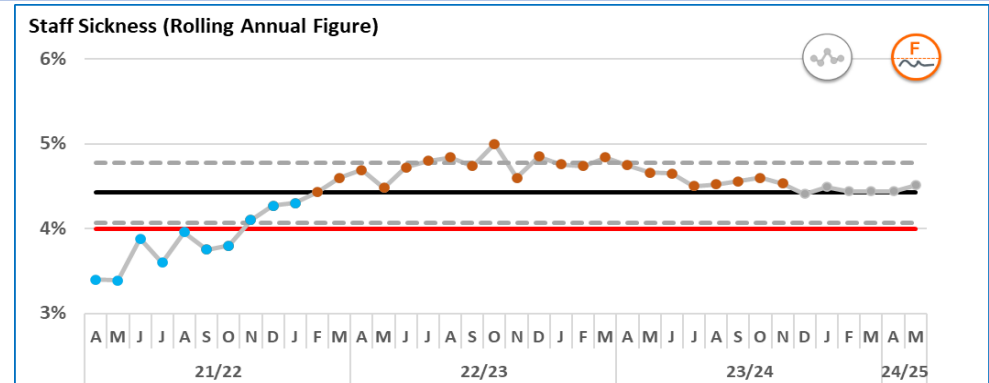
Monthly performance has now fallen below the 90% target so this metric has now been classed as a 'hit-or-miss' process, noting also the steady decline over the last 9 months has been noted. This is being escalated to executive directors to identify specific hot spots and put in place remediation plans.

Review Date: Aug 2024 **Action Lead:** Jonathan McKee

Working Together - Graphs (2)



'Staff Sickness (Month Figure)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 4.2%.



'Staff Sickness (Rolling Annual Figure)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 4.5%.

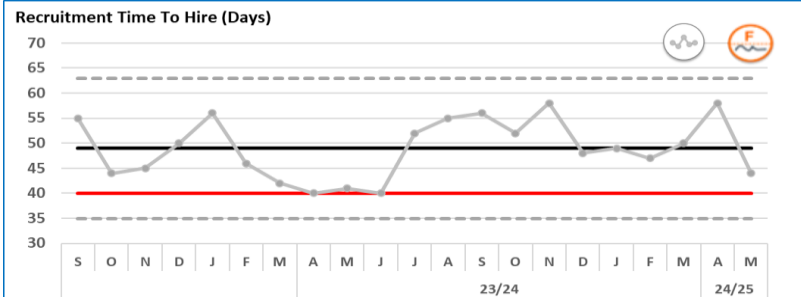
The current top 3 reasons for sickness absence continue to be:

- Anxiety/stress/depression/other psychiatric illness
- Cold, Cough, Flu – Influenza
- Other musculoskeletal problems

Whilst the overall level of sickness absence performance level remains stable though above trust target, it should be noted that the Employee Relations (ER) team, in collaboration with the HRBPs, continue to work closely with line managers as outlined below:

- Ongoing review of the LTS cases against the RAG rating with key focus placed on absence cases over 100 days. The aim of this is to support the staff members concerned in returning to work as soon as possible, with appropriate reasonable adjustments, if required, put in place to enable this. Progress is being made on those LTS cases that are over 1 year old with 2 of these such cases closing since last month's reporting. 1 more LTS case that is over 1 year old is in the pipeline for progression to a Stage 3 hearing.
- Targeted sickness absence training is ongoing and continues to be delivered by the ER team – with sessions delivered to hotspot areas within the Trust with high short-term sickness absence and long-term sickness rates. Hotspot areas that have had a targeted intervention have been City Road, Bedford Nursing and OCSS (Theatres)
- Targeted coaching for managers continues to be offered by the ER team with focus on the complex sickness absence cases. Aim is to support and provide managers with confidence and techniques in handling such cases. Hotspot areas requiring targeted intervention have been City Road and the North Division.
- Ongoing promotion of Thrive, Moorfields (Wellbeing Programme) which outlines offers available to staff such as Managing Stress Instructor led workshops, Pilates Move at your desk, and Wellbeing webinars. A Pilates Workshop is being held this month

Working Together - Graphs (3)

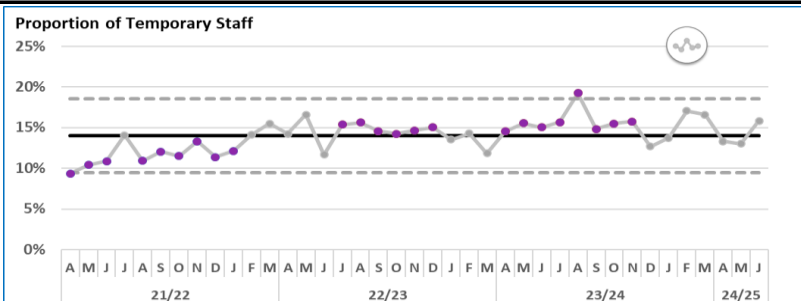


'Recruitment Time to Hire (Days)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 44.

The Time to Hire (TTH) performance fluctuates against the Trust target but shows an improvement for June. To ensure sustained improvement the following actions, led by the Recruitment team, are being undertaken.

- DocuSign, a digital platform to enable e-signatures, has been implemented to facilitate a faster onboarding process for new starters. Currently 88% of new starter paperwork is being returned within 2.9 days. Prior to implementing DocuSign, new starter paperwork took between 5 – 11.64 days to be returned, therefore we have seen a significant improvement in this area.
- Rolling recruitment was implemented for band 3 and band 4 Ophthalmic Vision Science Practitioners to facilitate retaining talent pool and efficiency on recruitment and selection timeline process.
- TTH targets are currently being reviewed to enable accurate reporting against Trust target. As part of this review the international nurse recruitment TTH will be excluded as the metrics pertaining to length of time to hire differs from the standard Trust TTH targets. A progress update on the international nurse recruitment will be provided once it commences.
- TTH performance data is discussed at divisional board meetings with key focus on supporting areas for improvement to TTH. Delays with shortlisting is currently an issue across all areas. To mitigate this, managers are being sent regular reminders to shortlist.
- Providing training for managers on understanding the TTH metric, process and the recruitment system, Trac. Recruitment & Selection training is mandatory for hiring managers to complete once every 3 years as per the new recruitment and selection policy. Compliance is being monitored and is stands at 64% as of 1 July, which is up from 43% in March.

Review Date: Aug 2024 **Action Lead:** Jenny Donald










'Proportion of Temporary Staff' is showing 'common cause variation'. The figure is currently at 15.9%.

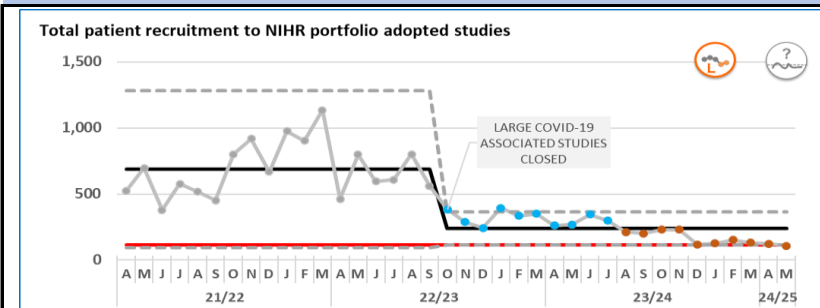
- From September 2024 the reduction in agency spend will be monitored via the Working Together Board as part of the XDU governance. This will provide the Trust with assurance along with oversight pertaining to grip and control over its agency use.
- The Trust has successfully reduced the number of off-framework placements to just one worker in July. In June 2024, the Trust used 1,053 Agency shifts which was a 17% reduction on the previous month, this is the third consecutive month in the reduction of agency usage.
- A vacancy control panel is being established in 2024/25 Q2, this will monitor our temporary staffing usage against our funded posts and provide relevant advice support as required.
- An Agency Rection plan is in place to support the reduction is agency spend as well as improve governance and monitoring across the Trust. The delivery of the action plan will facilitate the achievement NCL 'Platinum standards', an initiative that has been launched in June.

Review Date: Aug 2024 **Action Lead:** Geoff Barsby

Discover - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Total patient recruitment to NIHR portfolio adopted studies	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥115 (per month)	232	108		
Total patient recruitment to All Research Studies (Moorfields Sites Only)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	No Target Set	328	159		
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	59		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	4.8%		

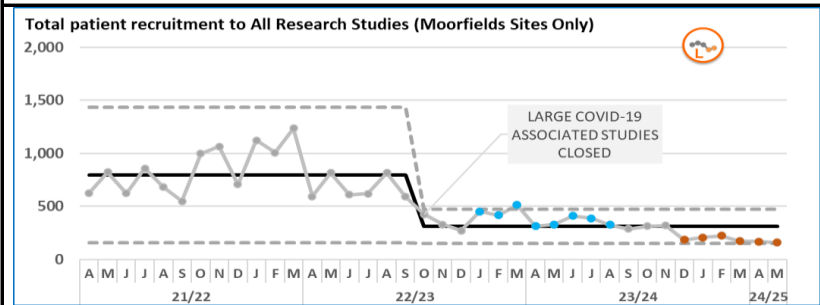
Discover - Graphs (1)



'Total patient recruitment to NIHR portfolio adopted studies' is showing 'special cause concern' and that the current process is not consistently achieving the target - This is a change from the previous month. The figure is currently at 108.

The total number of patients recruited to NIHR Portfolio studies has decreased and is unlikely to increase due to several of these studies completing and closing in the past year. We are currently applying for further NIHR grants and numbers will only increase if these grants are successful. We are seeking to diversify our sources of non-commercial research funding. We have been successful in obtaining funding for several studies, funded by sub awards from the National Eye Institute in the USA (NEI) , which will open in the coming months.

Review Date: Aug 2024 **Action Lead:** Louisa Wickham

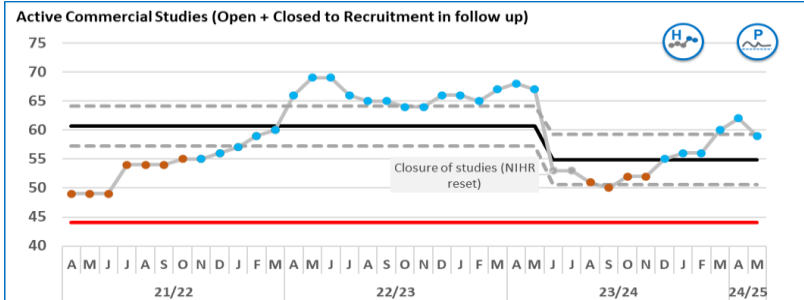


'Total patient recruitment to All Research studies (Moorfields Sites Only)' is showing 'special cause concern' (decreasing rate). The figure is currently at 159.

This new metric is designed to reflect our total recruitment to all studies. This includes commercial and non-commercial studies as well as NIHR portfolio adopted and non-portfolio adopted studies. Recruitment to non-portfolio studies remains stable at about 50 recruits per month, which is a decline on last year's mean. Our enlarged genetic recruitment team are recruiting to 1 large local and 2 national NIHR genomic studies. We anticipate that this will lead to a substantial increase in recruitment in the coming months. These large, long running genomic cohort studies have been and remain crucial to the research output and publications from Moorfields and the UCL Institute of Ophthalmology. The total patient recruitment to trials for the last 3 months is less than the equivalent period last year. We are making efforts to recruit patients and deliver trials at satellite sites, particularly in Moorfields at St George's in collaboration with the St George's clinical research facility (CRF) and also at the new Moorfield's satellite in Stratford.

Review Date: Aug 2024 **Action Lead:** Louisa Wickham

Discover - Graphs (2)

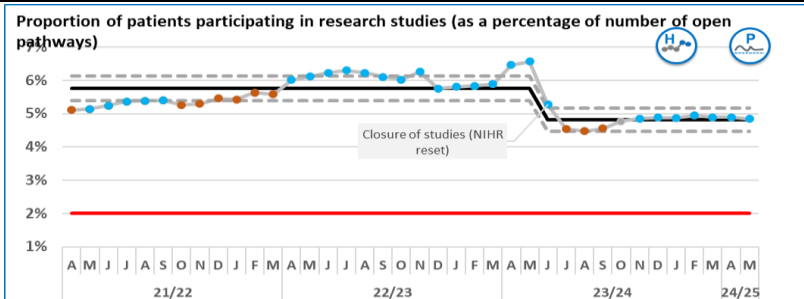


'Active Commercial Studies (Open + Closed to Recruitment in follow up)' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 59.

There are currently 59 commercial studies recruiting and in follow up . This is significantly higher than 2019/20 when we were averaging 44. However, recruitment to commercial studies is still only 6% of our total recruitment. These studies are frequently interventional, requiring intensive investigations and close monitoring. They do give our patients access to new Investigational Medicinal Products (IMP) and devices. The current pipeline of 20 hosted studies in "set up" should ensure that we continue to increase recruitment to commercial studies. 13 of 16 (82%) studies in the past year of our commercial studies now recruit fully within the target time. This has increased from 65% of studies closed to recruitment in June 2023. Despite this some studies, commercial and non-commercial are still taking too long to be set up. We are actively addressing this and as a result of data cleansing, as well as increased efforts on setting up complex studies, the mean set up time has dropped significantly in the past month. We have also taken steps to ensure that studies start recruiting as soon they open. Two new commercial studies are opening, which will for the first time explore the efficacy of drug treatments for Choroidal Melanoma. The treatment of Choroidal Melanoma has not changed for many years and the development of drug treatments for this condition is long overdue. Moorfields, as the largest centre for Choroidal Melanoma treatment in the UK is well placed to offer these treatments to patients should the drugs be shown to deliver better outcomes than current treatment.

Review Date: Aug 2024

Action Lead: Louisa Wickham












'Proportion of patients participating in research studies (as a percentage of number of open pathways)' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 4.8%.

Our aim to have > 2% of our patient population involved in a research study has been achieved and at 4.8% currently exceed this. This reflects our emphasis on and investment in patient and public engagement as part of our NIHR Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) strategy. Our Equity Diversity, and Inclusion strategy for both the BRC and CRF seeks to increase the diversity of our patients recruited to clinical trials as well as provide increased opportunities for patients to contribute to research.

Review Date: Aug 2024

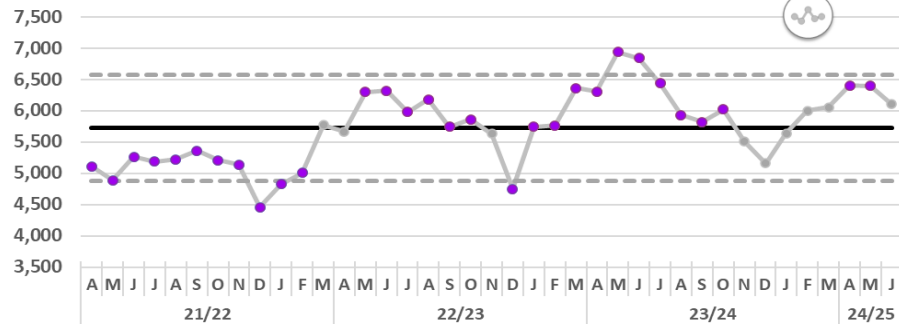
Action Lead: Louisa Wickham

Context (Activity) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Number of A&E Arrivals	Jon Spencer	Internal Requirement	Monthly	No Target Set	18899	6104		
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	462	197		
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	167811	53597		
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	39719	12740		
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	128092	40857		
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	46557	13659		
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	10110	3414		
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	9295	3132		
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	215	77		
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	600	205		

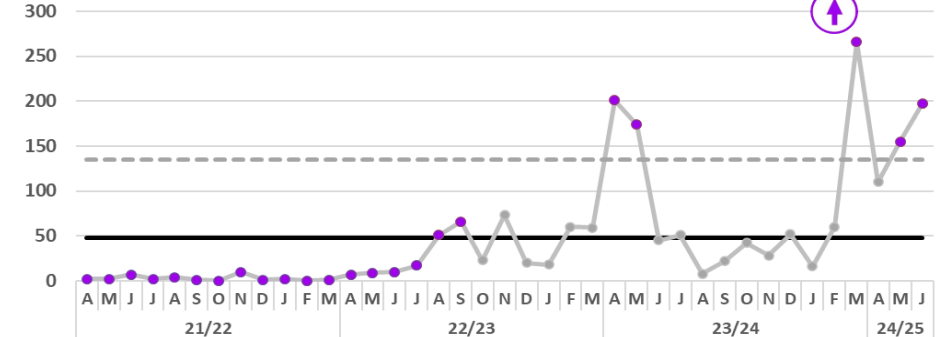
Context (Activity) - Graphs (1)

Number of A&E Arrivals



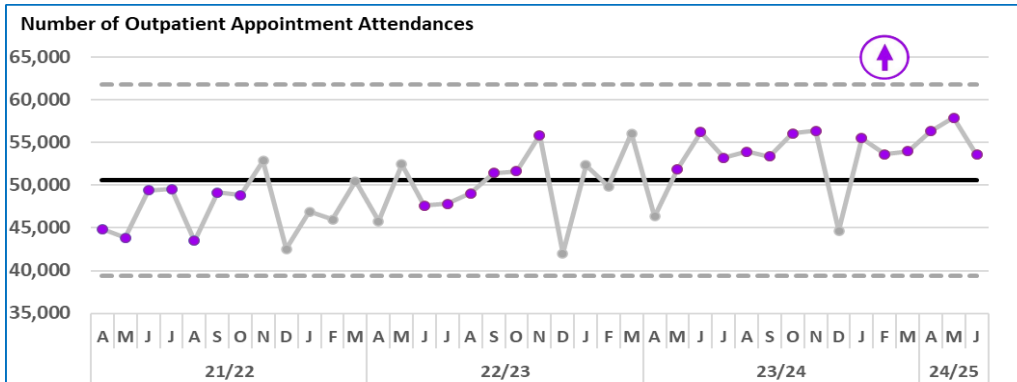
'Number of A&E Arrivals' is showing 'common cause variation' - This is a change from the previous month. The figure is currently at 6,104.

Number of A&E Four Hour Breaches

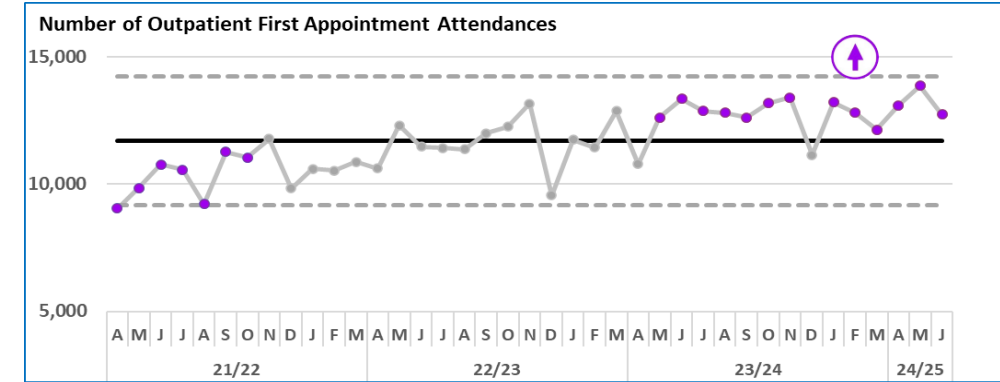


'Number of A&E Four Hour Breaches' is showing an 'special cause variation' (increasing rate). The figure is currently at 197.

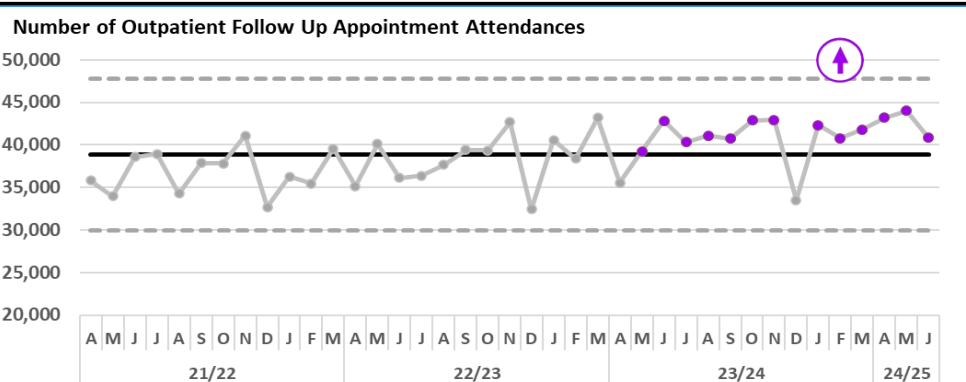
Context (Activity) - Graphs (2)



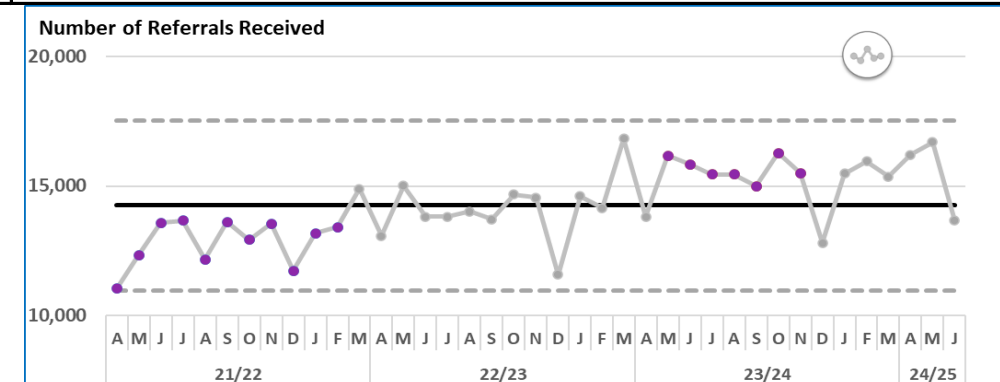
'Number of Outpatient Appointment Attendances' is showing an 'special cause variation' (increasing rate) - This is a change from the previous month. The figure is currently at 53,597.



'Number of Outpatient First Appointment Attendances' is showing an 'special cause variation' (increasing rate) - This is a change from the previous month. The figure is currently at 12,740.

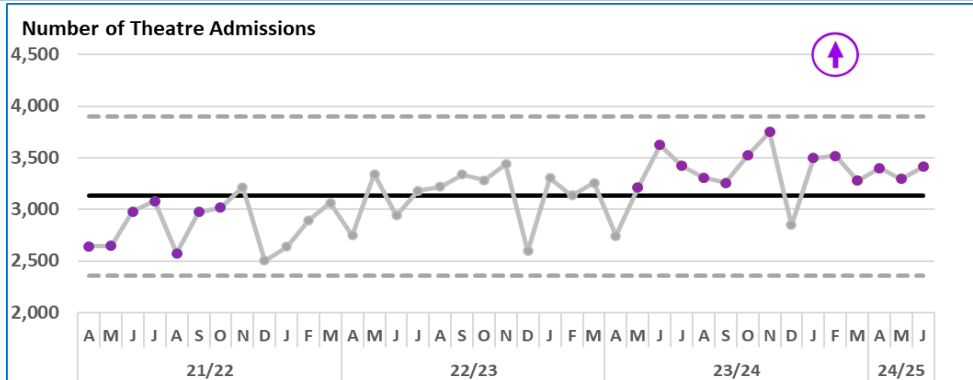


'Number of Outpatient Follow Up Appointment Attendances' is showing an 'special cause variation' (increasing rate) - This is a change from the previous month. The figure is currently at 40,857.

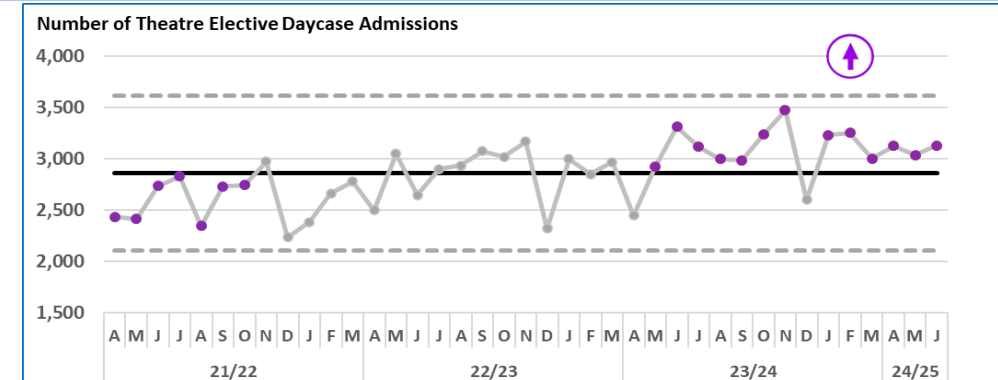


'Number of Referrals Received' is showing 'common cause variation'. The figure is currently at 13,659.

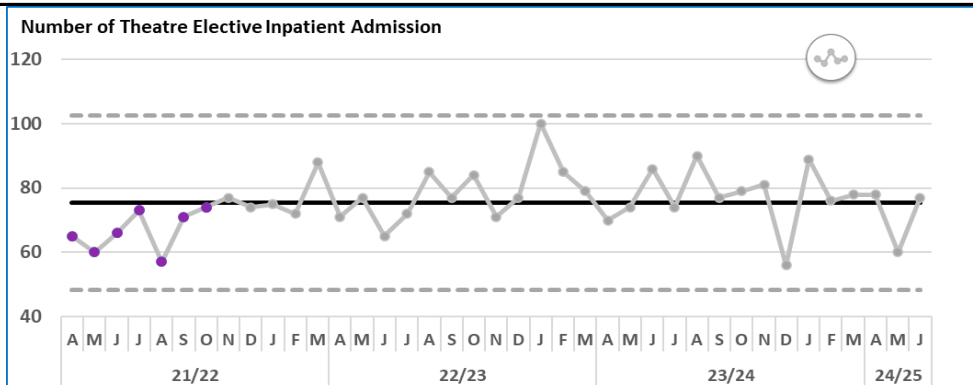
Context (Activity) - Graphs (3)



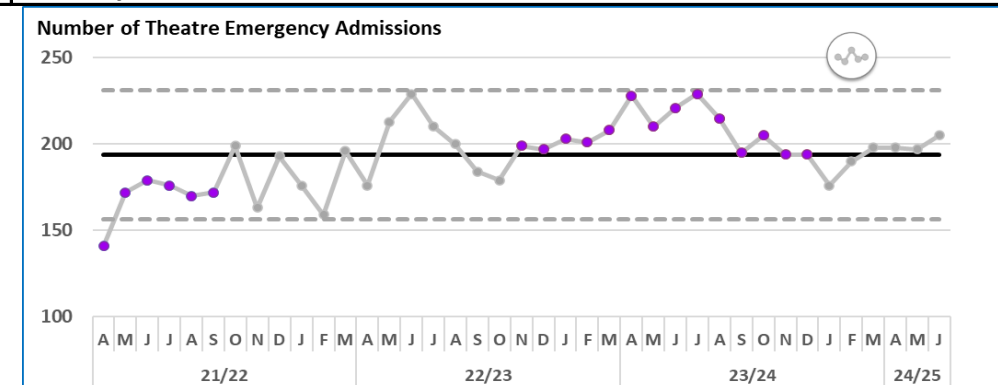
'Number of Theatre Admissions' is showing an 'special cause variation' (increasing rate) - This is a change from the previous month. The figure is currently at 3,414.



'Number of Theatre Elective Daycase Admissions' is showing an 'special cause variation' (increasing rate) - This is a change from the previous month. The figure is currently at 3,132.



'Number of Theatre Elective Inpatient Admission' is showing 'common cause variation'. The figure is currently at 77.



'Number of Theatre Emergency Admissions' is showing 'common cause variation'. The figure is currently at 205.

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Deliver (Activity vs Plan)																						
Elective Activity - % of Phased Plan	Jun-24	96.9%	≥100%	Monthly	Common Cause	Failing	95.8%	83.3%	108.4%	101.6%	100.0%	101.2%	100.7%	87.6%	93.9%	103.0%	87.7%	91.7%	94.2%	92.1%	89.2%	96.9%
Total Outpatient Activity - % of Phased Plan	Jun-24	107.6%	≥100%	Monthly	Improvement (Higher Than Expected)	Hit or Miss	99.4%	87.3%	111.5%	99.3%	98.5%	104.4%	103.2%	98.1%	98.5%	114.3%	96.9%	98.4%	109.2%	107.7%	110.5%	107.6%
Outpatient First Appointment Activity - % of Phased Plan	Jun-24	108.4%	≥100%	Monthly	Common Cause	Hit or Miss	100.6%	86.2%	114.9%	99.9%	101.3%	104.9%	103.6%	95.5%	98.2%	119.7%	96.2%	97.8%	102.4%	105.9%	112.6%	108.4%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jun-24	107.3%	≥85%	Monthly	Improvement (Higher Than Expected)	Capable	99.1%	86.9%	111.4%	99.1%	97.7%	104.3%	103.1%	98.9%	98.6%	112.7%	97.1%	98.6%	111.2%	108.2%	109.9%	107.3%
Deliver (Cancer Performance)																						
Cancer 28 Day Faster Diagnosis Standard	Jun-24	100.0%	≥75%	Monthly	Common Cause	Capable	95.1%	75.2%	114.9%	100.0%	100.0%	100.0%	100.0%	100.0%	66.7%	100.0%	75.0%	n/a	50.0%	100.0%	80.0%	100.0%
% Patients with all cancers receiving treatment within 31 days of decision to treat	Jun-24	100.0%	≥96%	Monthly	Common Cause	Capable	99.4%	96.4%	102.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%
% Patients with all cancers treated within 62 days	Jun-24	100.0%	≥85%	Monthly	Improvement (Run Above Average)	Capable	96.2%	64.9%	127.4%	n/a	100.0%	n/a	n/a	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Deliver (Access Performance)																						
18 Week RTT Incomplete Performance	Jun-24	84.3%	No Target Set	Monthly	Improvement	Not Applicable	80.2%	77.7%	82.6%	81.6%	81.0%	81.5%	81.5%	82.8%	83.1%	82.5%	82.7%	82.9%	83.3%	85.0%	85.4%	84.3%
RTT Incomplete Pathways (RTT Waiting List)	Jun-24	34,201	No Target Set	Monthly	Decreasing (Run Below Average)	Not Applicable	36,785	35,161	38,408	37,282	36,887	37,130	36,341	36,062	34,842	35,138	34,639	35,233	35,656	35,674	35,682	34,201
RTT Incomplete Pathways Over 18 Weeks	Jun-24	5,377	≤ Previous Mth.	Monthly	Decreasing (Run Below Average)	Not Applicable	7,327	6,367	8,287	6,852	7,000	6,863	6,735	6,210	5,871	6,148	6,000	6,012	5,962	5,361	5,205	5,377
52 Week RTT Incomplete Breaches	Jun-24	7	≤5 Breaches	Monthly	Common Cause	Hit or Miss	10	-6	25	25	11	4	8	10	7	20	7	5	10	5	10	7
Eliminate waits over 65 weeks for elective care	Jun-24	3	No Target Set	Monthly	Common Cause	Not Applicable	4	-4	12	2	1	2	1	1	1	14	4	3	1	1	4	3
A&E Four Hour Performance	Jun-24	96.6%	≥95%	Monthly	Concern (Lower Than Expected)	Capable	99.2%	97.6%	100.7%	99.3%	99.2%	99.9%	99.6%	99.3%	99.5%	98.9%	99.7%	98.9%	95.3%	98.2%	97.4%	96.6%
Percentage of Diagnostic waiting times less than 6 weeks	Jun-24	98.3%	≥99%	Monthly	Common Cause	Hit or Miss	99.3%	96.9%	101.8%	99.4%	100.0%	100.0%	100.0%	100.0%	99.5%	97.9%	100.0%	99.4%	98.3%	100.0%	99.5%	98.3%
Deliver (Call Centre and Clinical)																						
Average Call Waiting Time	Jun-24	276	≤ 2 Mins (120 Sec)	Monthly	Common Cause	Failing	225	18	432	120	87	144	143	104	100	72	124	163	249	236	197	276
Average Call Abandonment Rate	Jun-24	18.8%	≤15%	Monthly	Common Cause	Hit or Miss	13.7%	3.4%	23.9%	7.2%	5.6%	8.7%	8.9%	6.2%	6.9%	6.6%	11.5%	14.7%	19.2%	16.3%	14.0%	18.8%
Mixed Sex Accommodation Breaches	Jun-24	0	Zero Breaches	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Jun-24	0.00%	≤ 2.67%	Monthly (Rolling 3 Months)	Common Cause	Hit or Miss	1.80%	-2.77%	6.36%	1.27%	0.00%	1.47%	1.67%	3.03%	3.08%	3.51%	1.30%	3.28%	1.49%	1.52%	3.13%	0.00%
VTE Risk Assessment	Jun-24	99.0%	≥95%	Monthly	Common Cause	Capable	99.1%	97.6%	100.5%	99.5%	98.9%	98.4%	98.5%	99.7%	98.9%	98.2%	99.4%	99.1%	98.6%	99.8%	99.8%	99.0%
Posterior Capsular Rupture rates (Cataract Operations Only)	Jun-24	0.68%	≤1.95%	Monthly	Common Cause	Capable	0.87%	0.17%	1.57%	1.03%	0.99%	1.15%	1.05%	1.06%	0.75%	0.42%	0.64%	0.53%	0.62%	0.57%	0.89%	0.68%
MRSA Bacteraemias Cases	Jun-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile Cases	Jun-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Jun-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Rate - cases	Jun-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	
Deliver (Quality and Safety)																							
Inpatient Scores from Friends and Family Test - % positive	Jun-24	96.7%	≥90%	Monthly	Improvement (Run Above Average)	Capable	95.6%	93.5%	97.6%	96.6%	95.5%	94.7%	95.5%	95.4%	96.1%	96.3%	96.4%	96.0%	96.5%	95.7%	96.5%	96.7%	
A&E Scores from Friends and Family Test - % positive	Jun-24	92.5%	≥90%	Monthly	Common Cause	Capable	92.7%	90.2%	95.3%	92.0%	92.5%	93.3%	93.1%	93.3%	94.2%	93.6%	94.5%	93.4%	93.6%	91.5%	93.2%	92.5%	
Outpatient Scores from Friends and Family Test - % positive	Jun-24	94.5%	≥90%	Monthly	Improvement (Run Above Average)	Capable	93.5%	92.5%	94.5%	94.2%	93.3%	92.8%	93.3%	93.4%	94.5%	94.5%	94.2%	93.6%	93.7%	94.2%	94.5%	94.5%	
Paediatric Scores from Friends and Family Test - % positive	Jun-24	93.6%	≥90%	Monthly	Common Cause	Capable	94.4%	90.4%	98.4%	95.3%	94.7%	96.3%	94.6%	96.0%	94.9%	95.5%	95.2%	93.2%	94.6%	95.2%	96.8%	93.6%	
Percentage of responses to written complaints sent within 25 days	May-24	91.7%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	78.7%	46.9%	110.4%	84.6%	91.7%	82.4%	100.0%	83.3%	100.0%	87.5%	83.3%	91.7%	100.0%	75.0%	91.7%	n/a	
Percentage of responses to written complaints acknowledged within 3 days	Jun-24	91.7%	≥80%	Monthly	Common Cause	Capable	94.8%	78.1%	111.5%	100.0%	91.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	
Freedom of Information Requests Responded to Within 20 Days	May-24	86.0%	≥90%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	84.9%	48.0%	121.7%	83.3%	27.7%	52.0%	81.6%	82.5%	41.5%	66.7%	98.3%	47.7%	32.0%	76.1%	86.0%	n/a	
Subject Access Requests (SARs) Responded To Within 28 Days	May-24	95.9%	≥90%	Monthly (Month in Arrears)	Common Cause	Capable	95.7%	85.2%	106.2%	97.2%	97.4%	84.2%	87.8%	94.6%	96.2%	97.3%	92.9%	98.9%	97.3%	97.5%	95.9%	n/a	
Deliver (Incident Reporting)																							
Occurrence of any Never events	Jun-24	0	Zero Events	Monthly	Common Cause	Hit or Miss	0	-1	1	0	0	0	0	0	1	0	0	1	0	0	1	0	
Summary Hospital Mortality Indicator	Jun-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
National Patient Safety Alerts (NatPSAs) breached	Jun-24	1	Zero Alerts	Monthly	Concern (Higher Than Expected)	Hit or Miss	0	0	1	0	0	0	0	1	1	0	0	0	1	1	1	1	
Number of Serious Incidents remaining open after 60 days	Jun-24	0	Zero Cases	Monthly	Common Cause	Hit or Miss	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Jun-24	269	No Target Set	Monthly	Concern (Run Above Average)	Not Applicable	214	134	295	196	204	197	175	133	151	206	243	262	259	257	277	269	

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Sustainability and at Scale																						
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Jun-24	97	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	101	96	106	104	104	103	100	99	102	100	100	97	97	96	97	97
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jun-24	39	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	46	41	52	52	50	48	51	46	40	38	41	45	44	39	39	39
Theatre Cancellation Rate (Non-Medical Cancellations)	Jun-24	0.99%	≤0.8%	Monthly	Common Cause	Hit or Miss	0.98%	-0.22%	2.18%	1.24%	1.78%	0.92%	1.43%	0.74%	0.98%	1.28%	0.79%	0.86%	0.56%	0.62%	0.65%	0.99%
Number of non-medical cancelled operations not treated within 28 days	Jun-24	0	Zero Breaches	Monthly	Common Cause	Hit or Miss	1	-3	6	1	2	6	2	3	2	1	4	0	0	0	0	0
Overall financial performance (In Month Var. £m)	Jun-24	0.09	≥0	Monthly	Common Cause	Hit or Miss	0.44	-1.88	2.76	0.69	0.06	0.03	0.04	-0.10	1.32	2.35	0.98	-0.44	1.10	0.01	-0.47	0.09
Commercial Trading Unit Position (In Month Var. £m)	Jun-24	-0.07	≥0	Monthly	Common Cause	Hit or Miss	-0.02	-0.96	0.93	-0.07	0.02	0.29	-0.58	0.28	-0.16	-0.28	0.33	0.06	-0.92	0.02	-0.29	-0.07
Working Together																						
Appraisal Compliance	Jun-24	72.5%	≥80%	Monthly	Common Cause	Failing	74.6%	68.4%	80.7%	74.9%	76.6%	78.4%	74.4%	69.8%	73.5%	76.4%	78.3%	77.2%	75.6%	74.7%	70.6%	72.5%
Basic Mandatory IG Training	Jun-24	88.5%	≥90%	Monthly	Concern (Lower Than Expected)	Hit or Miss	91.9%	89.4%	94.4%	93.7%	92.6%	90.0%	90.9%	93.5%	92.8%	91.6%	91.5%	91.2%	90.1%	90.2%	90.1%	88.5%
Staff Sickness (Month Figure)	May-24	4.2%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.4%	3.3%	5.6%	4.3%	4.1%	4.4%	4.4%	5.2%	4.5%	4.4%	4.5%	4.3%	4.3%	4.3%	4.2%	n/a
Staff Sickness (Rolling Annual Figure)	May-24	4.5%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.4%	4.1%	4.8%	4.7%	4.5%	4.5%	4.6%	4.6%	4.5%	4.4%	4.5%	4.4%	4.4%	4.4%	4.5%	n/a
Recruitment Time To Hire (Days)	May-24	44	≤40 Days	Monthly (Month in Arrears)	Common Cause	Failing	49	35	63	40	52	55	56	52	58	48	49	47	50	58	44	n/a
Proportion of Temporary Staff	Jun-24	15.9%	No Target Set	Monthly	Common Cause	Not Applicable	14.0%	9.4%	18.5%	15.1%	15.7%	19.3%	14.8%	15.5%	15.8%	12.7%	13.7%	17.1%	16.6%	13.3%	13.0%	15.9%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Discover																						
Total patient recruitment to NIHR portfolio adopted studies	May-24	108	≥115 (per month)	Monthly (Month in Arrears)	Concern (Run Below Average)	Hit or Miss	240	113	367	345	298	211	201	229	231	118	127	152	130	124	108	n/a
Total patient recruitment to All Research Studies (Moorfields Sites Only)	May-24	159	No Target Set	Monthly (Month in Arrears)	Concern (Run Below Average)	Not Applicable	311	151	471	409	387	327	289	315	320	186	206	222	170	169	159	n/a
Active Commercial Studies (Open + Closed to Recruitment in follow up)	May-24	59	≥44	Monthly (Month in Arrears)	Improvement	Capable	55	51	59	53	53	51	50	52	52	55	56	56	60	62	59	n/a
Proportion of patients participating in research studies (as a percentage of number of open pathways)	May-24	4.8%	≥2%	Monthly (Month in Arrears)	Improvement	Capable	4.8%	4.5%	5.2%	5.3%	4.5%	4.5%	4.6%	4.8%	4.9%	4.9%	4.9%	5.0%	4.9%	4.9%	4.8%	n/a
Context (Activity)																						
Number of A&E Arrivals	Jun-24	6,104	No Target Set	Monthly	Common Cause	Not Applicable	5,725	4,880	6,569	6,838	6,440	5,931	5,819	6,020	5,506	5,161	5,636	6,001	6,053	6,401	6,394	6,104
Number of A&E Four Hour Breaches	Jun-24	197	No Target Set	Monthly	Increasing (Higher Than Expected)	Not Applicable	48	-39	135	45	51	8	22	42	28	52	16	60	266	110	155	197
Number of Outpatient Appointment Attendances	Jun-24	53,597	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	50,582	39,399	61,766	56,204	53,234	53,903	53,352	56,088	56,363	44,678	55,531	53,616	53,957	56,314	57,900	53,597
Number of Outpatient First Appointment Attendances	Jun-24	12,740	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	11,704	9,184	14,224	13,355	12,882	12,805	12,630	13,191	13,409	11,152	13,223	12,815	12,150	13,101	13,878	12,740
Number of Outpatient Follow Up Appointment Attendances	Jun-24	40,857	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	38,878	29,944	47,812	42,849	40,352	41,098	40,722	42,897	42,954	33,526	42,308	40,801	41,807	43,213	44,022	40,857
Number of Referrals Received	Jun-24	13,659	No Target Set	Monthly	Common Cause	Not Applicable	14,244	10,960	17,528	15,828	15,450	15,448	14,991	16,264	15,495	12,798	15,477	15,952	15,357	16,200	16,698	13,659
Number of Theatre Admissions	Jun-24	3,414	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	3,131	2,360	3,902	3,622	3,422	3,306	3,259	3,522	3,749	2,850	3,498	3,518	3,279	3,402	3,294	3,414
Number of Theatre Elective Daycase Admissions	Jun-24	3,132	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	2,862	2,107	3,617	3,315	3,119	3,001	2,987	3,238	3,474	2,600	3,233	3,252	3,003	3,126	3,037	3,132
Number of Theatre Elective Inpatient Admission	Jun-24	77	No Target Set	Monthly	Common Cause	Not Applicable	75	48	103	86	74	90	77	79	81	56	89	76	78	78	60	77
Number of Theatre Emergency Admissions	Jun-24	205	No Target Set	Monthly	Common Cause	Not Applicable	194	156	231	221	229	215	195	205	194	194	176	190	198	198	197	205

Report title	Monthly Finance Performance Report Month 03 – June 2024
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							
For June, the trust is reporting:-							
Financial Performance £m	Annual Plan	Plan	In Month Actual	Variance	Year to Date Plan	Actual	Variance
Income	(£344.3m)	(£34.2m)	(£35.0m)	£0.8m	(£88.7m)	(£88.2m)	(£0.5m)
Pay	£181.7m	£15.0m	£15.4m	(£0.4m)	£45.1m	£45.6m	(£0.5m)
Non Pay	£121.8m	£10.0m	£10.6m	(£0.6m)	£31.5m	£31.6m	(£0.0m)
Financing & Adjustments	£35.4m	£8.6m	£8.4m	£0.2m	£11.8m	£11.1m	£0.7m
CONTROL TOTAL	(£5.4m)	(£0.5m)	(£0.6m)	£0.1m	(£0.3m)	£0.1m	(£0.4m)
Income and Expenditure							
<ul style="list-style-type: none"> A £0.06m deficit year to date compared to a planned surplus of £0.32m; £0.38m adverse to plan. <ul style="list-style-type: none"> The trust full year planned control total is a £5.40m surplus. 							
Capital Expenditure							
<ul style="list-style-type: none"> Capital expenditure as of 30th June totalled £13.9m. <ul style="list-style-type: none"> Business as usual capital totals £0.5m. Other capital totals £13.4m with £13.1 of Oriol expenditure and £0.3m EPR expenditure. The trust has committed £2.2m (23%) of the available business as usual capital allocation whilst strategic schemes including network strategy, IMT transition costs and Granary Street are being finalised. 							
Quality implications							
Patient safety has been considered in the allocation of budgets.							
Financial implications							
Delivery of the financial control total will result in the Trust being eligible for additional benefits that will support its future development.							
Risk implications							
Potential risks have been considered within the reported financial position and the financial risk register is discussed at the Audit Committee.							
Action Required/Recommendation							
The board is asked to note the report.							
For Assurance	✓	For decision		For discussion		To note	✓



**Moorfields
Eye Hospital**
NHS Foundation Trust



Monthly Finance Performance Report

Trust Board Report

For the period ended 30th June 2024 (Month 03)

Report Period	M03 June 2024
Presented by	Jonathan Wilson Chief Financial Officer
Written by	Justin Betts Deputy Chief Financial Officer Amit Patel Head of Financial Management Lubna Dharssi Head of Financial Control Richard Allen Head of Income and Contracts



Monthly Finance Performance Report

For the period ended 30th June 2024 (Month 03)



Key Messages

Statement of Comprehensive Income

Financial Position	For June, the trust is reporting:-
£0.64m surplus in month	<ul style="list-style-type: none">A £0.64m surplus in-month against a planned surplus of £0.55m, £0.09m favourable variance to planA £0.05m deficit cumulatively against a planned surplus of £0.32m, £0.38m adverse variance to plan.
Income	Total trust income was £34.98m in June, a favourable variance of £0.81m. Material variances include:-
£34.98m in month	<ul style="list-style-type: none">NHS Clinical income was £0.95m favourable to plan, predominantly due to Outpatient Firsts offsetting elective activity under-performance.Commercial patient income was £0.20m adverse to plan further to slowing of activity.R&D income was on £0.26m adverse to plan due to 'Insight' income shortfalls.Other income was £0.18m favourable to plan.
Expenditure	Pay is reporting expenditure of £15.36m in June, £0.35m adverse to plan (£0.51m adverse cumulatively).
£25.98m in month (pay, non-pay, excl financing)	<ul style="list-style-type: none">Medical staffing was £0.23m overspent in month driven by additional session payments at City Road.Temporary staff costs were £2.35m; a significant increase on the prior month and the 2023/24 Q4 run rate.Unachieved pay CIP has driven an adverse variance of £0.29m <p>Non-pay is reporting expenditure of £10.62m in June, £0.61m adverse to plan (break-even cumulatively).</p> <ul style="list-style-type: none">Drugs is £0.27m adverse in-month (£0.56m adverse cumulatively) reflecting 103% injection activityUnidentified CIP contributed a £0.13m adverse variance.
Financing and Depreciation	Financing is reporting a favourable variance of £0.24m in month, (£0.68m favourable cumulatively) consisting of:-
£8.37m in month	<ul style="list-style-type: none">Depreciation £0.19m favourable to plan due to lower than planned capital spend.Interest receivable £0.07m linked to the trust cash balance and BoE interest rates.

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 30 th June was £69.2m, a reduction of £1.5m from the position at the end of March 2024.
	The Better Payment Practice Code (BPPC) performance in June was 95% (volume) and 94% (value) against a target of 95% across both metrics.
Capital	Capital expenditure as of 30 th June totalled £13.9m.
(both gross capital expenditure and CDEL)	<ul style="list-style-type: none">Business as Usual capital totals £0.5m.Other capital totals £13.4m with £13.1 of Oriel expenditure and £0.3m EPR expenditure. <p>The trust has committed £2.2m (23%) of the available business as usual capital allocation whilst strategic schemes including network strategy, IMT transition costs and Granary Street are being finalised.</p>

Other Key Information

Efficiencies	The trust has a planned efficiency programme of £10m for 2024/25 to deliver the control total.
£10.00m Trust Target	The trust has identified and is forecasting £5.2m, leaving a remaining £4.8m to be identified. Of the total identified:-
£5.20m Forecast	<ul style="list-style-type: none">£4.0m is identified as income generation schemes£2.1m is forecast recurrently <p>The CIP programme are working through efficiency scheme delivery with a conservative values of £2.8m to be fully financial validated towards increasing the level of identified and forecast delivery in 2024/25.</p>
Agency Spend	Trust wide agency spend totals £1.86m cumulatively, approximately 4.1% of total employee expenses spend, below the system allocated target of 4.8%.
£1.86m spend YTD 4.1% total pay	Workforce have instigated temporary staffing committees for oversight in relation to managing and reporting temporary staffing agency usage and reasons.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month			Year to Date			%	RAG
		Plan	Actual	Variance	Plan	Actual	Variance		
Income	£344.3m	£34.2m	£35.0m	£0.8m	£88.7m	£88.2m	(£0.5m)	(1)%	Amber
Pay	(£181.7m)	(£15.0m)	(£15.4m)	(£0.4m)	(£45.1m)	(£45.6m)	(£0.5m)	(1)%	Amber
Non Pay	(£121.8m)	(£10.0m)	(£10.6m)	(£0.6m)	(£31.5m)	(£31.6m)	(£0.0m)	(0)%	Amber
Financing & Adjustments	(£35.4m)	(£8.6m)	(£8.4m)	£0.2m	(£11.8m)	(£11.1m)	£0.7m	6%	Green
CONTROL TOTAL	£5.4m	£0.5m	£0.6m	£0.1m	£0.3m	(£0.1m)	(£0.4m)		Grey

Income includes Elective Recovery Funding (ERF) which for presentation purposes is separated on the Statement of Comprehensive Income

Memorandum Items

	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG
Research & Development	£0.29m	£0.02m	(£0.26m)	(£0.28m)	£0.07m	(£0.49m)	(£0.56m)	(779)%	Red
Commercial Trading Units	£6.05m	£0.46m	£0.39m	(£0.07m)	£1.44m	£0.74m	(£0.70m)	(49)%	Red
ORIEL Revenue	(£0.80m)	(£0.07m)	(£0.06m)	£0.00m	(£0.20m)	(£0.18m)	£0.02m	11%	Green
Efficiency Schemes	£10.00m	£0.75m	£0.34m	(£0.41m)	£2.25m	£1.02m	(£1.24m)	(55)%	Red

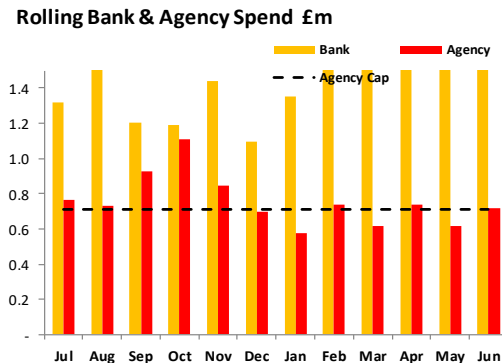
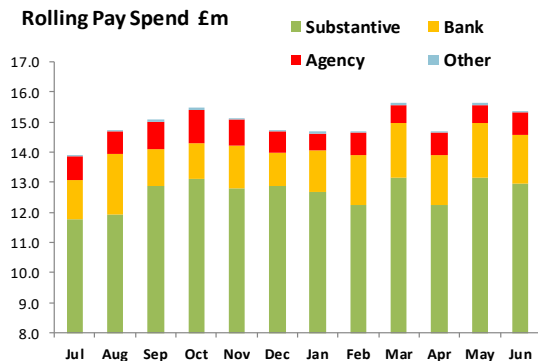
INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
NHS Clinical Income	£203.6m	£50.9m	£50.6m	(£0.3m)	Amber			
Pass Through	£39.7m	£9.7m	£10.0m	£0.3m	Green			
Other NHS Clinical Income	£9.7m	£2.4m	£2.9m	£0.4m	Green			
Commercial Trading Units	£46.7m	£11.6m	£10.8m	(£0.8m)	Red			
Research & Development	£16.8m	£4.2m	£3.8m	(£0.5m)	Red			
Other	£27.8m	£9.9m	£10.2m	£0.2m	Green			
INCOME INCL ERF	£344.3m	£88.7m	£88.2m	(£0.5m)				

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

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			%
		Plan	Actual	Variance	Plan	Actual	Variance	
Employed	(£179.1m)	(£14.8m)	(£13.0m)	£1.8m	(£44.5m)	(£39.3m)	£5.2m	86%
Bank	(£1.7m)	(£0.1m)	(£1.6m)	(£1.5m)	(£0.4m)	(£4.3m)	(£3.9m)	9%
Agency	(£0.4m)	(£0.0m)	(£0.7m)	(£0.7m)	(£0.1m)	(£1.9m)	(£1.8m)	4%
Other	(£0.6m)	(£0.0m)	(£0.1m)	(£0.0m)	(£0.1m)	(£0.2m)	(£0.0m)	0%
TOTAL PAY	(£181.7m)	(£15.0m)	(£15.4m)	(£0.4m)	(£45.1m)	(£45.6m)	(£0.5m)	



Pay spend chart adjusted for £5.8m pension cost contributions received in March 2024.

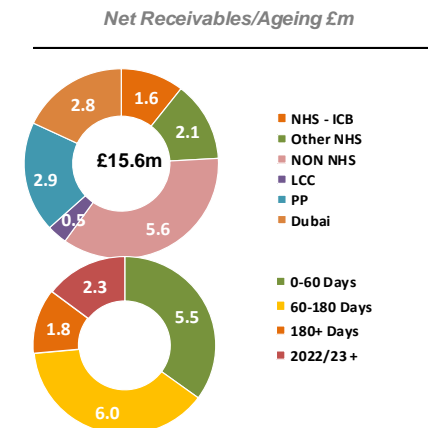
*Agency cap levels set by NHSIE

CASH, CAPITAL AND OTHER KPI'S

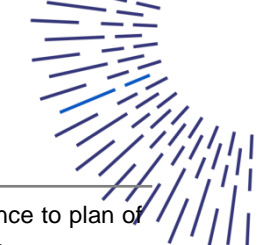
Capital Programme £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
Trust Funded	(£9.7m)	(£0.5m)	(£0.5m)	-	Green			
Donated/Externally funded	(£116.5m)	(£15.8m)	(£13.1m)	(£2.6m)	Grey			
TOTAL	£126.2m	£16.2m	£13.6m	(£2.6m)				

Key Metrics	Plan	Actual	RAG
Cash	69.1	69.2	Green
Debtor Days	45	16	Green
Creditor Days	45	45	Amber
PP Debtor Days	65	49	Green

Better Payment Practice	Plan	Actual
BPPC - NHS (YTD) by number	95%	94%
BPPC - NHS (YTD) by value	95%	93%
BPPC - Non-NHS (YTD) by number	95%	95%
BPPC - Non-NHS (YTD) by value	95%	95%



Trust Income and Expenditure Performance



FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date				RAG
		Plan	Actual	Variance	Plan	Actual	Variance	%	
Income									
NHS Commissioned Clinical Income	243.30	20.05	20.99	0.95	60.55	60.56	0.01	0%	●
Other NHS Clinical Income	9.74	0.79	0.94	0.14	2.42	2.87	0.45	18%	●
Commercial Trading Units	46.68	3.87	3.67	(0.20)	11.57	10.82	(0.75)	(7)%	●
Research & Development	16.76	1.40	1.14	(0.26)	4.20	3.75	(0.45)	(11)%	●
Other Income	27.79	8.06	8.24	0.18	9.95	10.18	0.24	2%	●
Total Income	344.25	34.17	34.98	0.81	88.70	88.19	(0.51)	(1)%	●
Operating Expenses									
Pay	(181.73)	(15.00)	(15.36)	(0.35)	(45.09)	(45.60)	(0.51)	(1)%	●
<i>Of which: Unidentified CIP</i>	3.50	0.29	-	(0.29)	0.88	-	(0.88)		
Drugs	(42.60)	(3.41)	(3.68)	(0.27)	(10.47)	(11.03)	(0.56)	(5)%	●
Clinical Supplies	(27.05)	(2.25)	(2.21)	0.04	(6.84)	(6.69)	0.15	2%	●
Other Non Pay	(52.11)	(4.36)	(4.73)	(0.37)	(14.22)	(13.84)	0.38	3%	●
<i>Of which: Unidentified CIP</i>	1.47	0.13	-	(0.13)	0.38	-	(0.38)		
Total Operating Expenditure	(303.48)	(25.02)	(25.98)	(0.96)	(76.61)	(77.16)	(0.55)	(1)%	●
EBITDA	40.77	9.15	9.00	(0.15)	12.08	11.03	(1.06)	(9)%	●
Financing & Depreciation	(19.54)	(1.66)	(1.41)	0.25	(4.91)	(4.21)	0.71	14%	●
Donated assets/impairment adjustment:	(15.83)	(6.95)	(6.96)	(0.01)	(6.85)	(6.88)	(0.03)	(0)%	●
Control Total Surplus/(Deficit)	5.40	0.55	0.64	0.09	0.32	(0.05)	(0.38)		●
Post ERF Income									

Commentary

Operating Income Total operating income is reporting £34.98m in-month, a favourable variance to plan of £0.81m, and £0.51m adverse to plan cumulatively. Key points of note are:-

£0.81m favourable to plan in month

- Clinical income was £20.99m, £0.95m favourable to plan in-month primarily due to inpatient elective activity delivering 96% of funded activity capacity plans, offset by over-achievement of outpatient firsts and procedures at 109%/104%.
 - Elective activity was significantly below plan in the north-east locality with Stratford activity at 42% and St Anns activity at 76% during June.
- Commercial trading income was £3.67m, £0.20m adverse to plan.
- Research and Development income at £1.14m was £0.26m adverse, driven by reduced levels of planned income across grants and Insight.
- Other income was £0.18m favourable to plan driven by commercial education

Employee Expenses June pay is reported as £15.36m; £0.35m adverse to plan in month. Key points of note are:-

£0.35m adverse to plan in month

- Substantive pay costs decreased in month against the prior month due to the backdated medical pay award payment in May, however on a rolling 12 months is on trend.
- Temporary staffing costs were £2.35m in June
 - Agency costs are £0.72m in month, lower than the 12-month trend of £0.76m. Agency use continues mainly on administration in both clinical and corporate areas, with IT being the highest corporate area of use.
 - Bank costs are £1.63m in month, significantly higher than the last 12-month trend of £1.4m. Medical bank spend at City Rd and increases in all 4 clinical divisions are the main driver.
 - £0.29m unachieved pay CIP (£0.58m cumulatively)

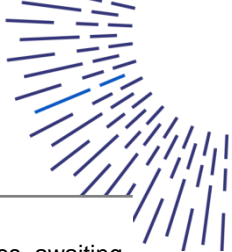
Non-Pay Expenses Non-Pay costs in June were £10.62m, £0.61m adverse to plan. Key points of note are:-

£0.61m adverse to plan in month

(non-pay and financing)

- Drugs was £0.27m adverse in month with £3.68m expenditure in June against a 12-month of £3.60m. Higher than planned in month activity on injections was a driver for the overspend.
- Clinical supplies was break-even to plan in month. Additional costs at City Road theatres was offset by reduced costs in the north-east locality theatres due to reduced activity levels.
- Other non-pay is £0.37m adverse in June partially driven by education spend above plan.
- Financing and Depreciation was £0.25m favourable variance linked to interest receivable of £0.07m and lower the expected depreciation of £0.19m due to the slower than planned capital programme expenditure profile.
- £0.13m unachieved non-pay CIP (£0.38m cumulatively)

Trust Patient Clinical Activity/Income Performance



PATIENT ACTIVITY AND CLINICAL INCOME

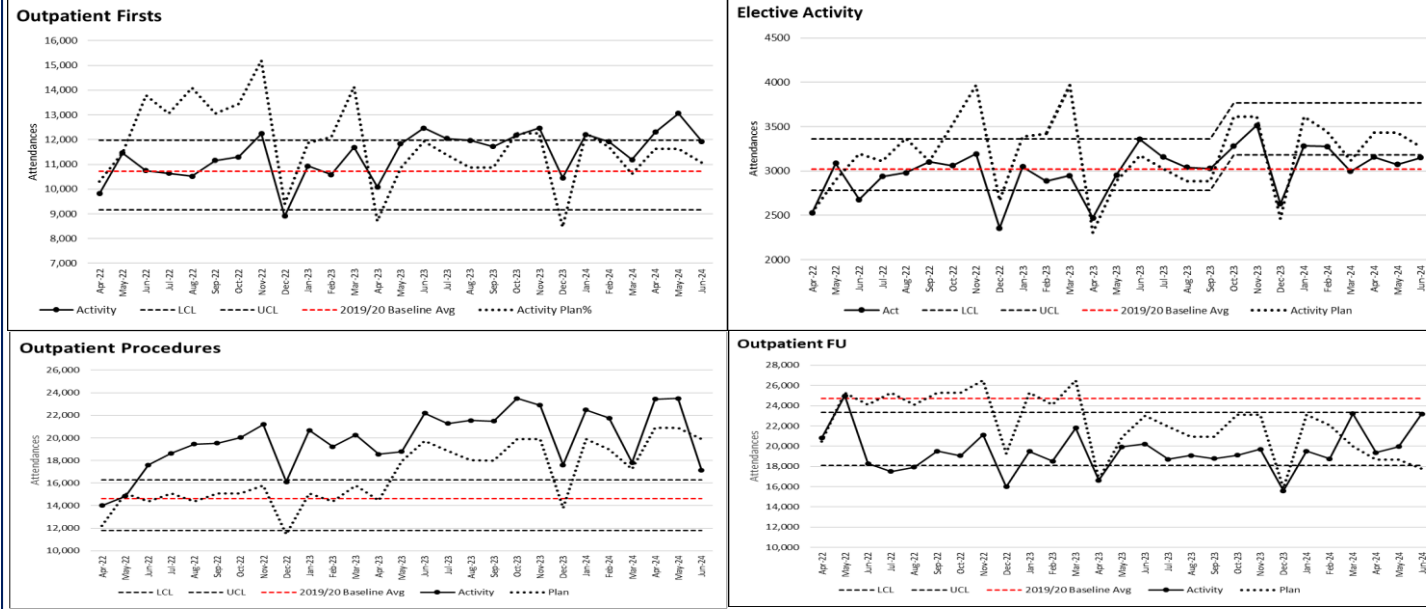
ERF Point of Delivery	Activity In Month				Activity YTD				Weighted YTD Income Em				
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%	
ERF Activity	Daycase / Inpatients	3,268	3,150	(118)	96%	10,132	9,382	(750)	93%				
	Of which - SA & ST	767	411	(356)	54%	2,379	1,254	(1,125)	53%				
	OP Firsts	11,070	11,927	857	108%	34,317	37,301	2,984	109%				
	OP Procedures	19,901	17,140	(2,761)	86%	61,692	64,076	2,384	104%				
	ERF Activity Total												
Non ERF Acti	OP Follow Ups	17,782	23,198	5,416	130%	55,125	62,523	7,398	113%				
	High Cost Drugs Injections	4,435	4,556	121	103%	13,749	13,955	206	101%				
	Non Elective	210	201	(9)	96%	637	594	(43)	93%				
	AandE	7,278	6,104	(1,174)	84%	22,077	18,899	(3,178)	86%				
	Total	63,945	66,276	2,331	104%	197,730	206,730	9,000	105%				

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

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

Performance % figures above, represent the Trust performance against the external activity target. Financial values shown are for ERF activity only.

ACTIVITY TREND - ERF COMPONENTS



Commentary

NHS Income

ERF Achievement

ERF performance continues to be based on estimates awaiting national reporting for 2024/25. Nationally ERF reporting for 2023/24 performance is still awaited.

ERF Activity performance achievement

- **Inpatient activity** achieved 96% in June and 93% year to date of the capacity plan.
- The table also splits out Stratford 42% year to date and St Annes 76% year to date to derive 53% overall.
- **Outpatient Firsts Activity** achieved 108% of the capacity plan in June; 109% year to date
- **Outpatient Procedures Activity** achieved 86% of activity plans in June; 104% cumulatively

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 103% of activity plans in June; 101% year to date
- **A&E** achieved 84% of activity plans in June; 86% year to date

Activity plans and ERF

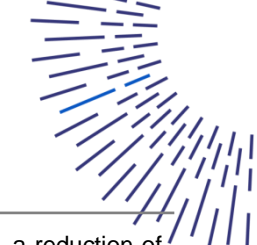
Current activity plans are based on approved funded capacity plans.

- 2024/25 performance for ERF is yet to be confirmed.

Activity Plans

The charts to the left demonstrate the in-year activity levels compared to the previous year. The red line represents average 2019/20 activity levels.

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



CAPITAL EXPENDITURE					RECEIVABLES						
<i>Capital Expenditure</i> £m	Annual Plan	Year to Date									
		Plan	Actual	Variance	<i>Net Receivables</i> £m	0-60 Days	60-180 Days	180+ Days	2022/23 +	Total	
Medical Equipment	1.1	-	0.1	0.1	CCG Debt	0.4	1.2	0.0	-	1.6	
Estates	0.6	-	0.0	0.0	Other NHS Debt	0.9	0.6	0.3	0.3	2.1	
IMT	-	-	0.1	0.1	Non NHS Debt	1.2	2.8	0.2	1.3	5.6	
Commercial	0.1	-	0.2	0.2	Commercial Unit Debt	2.9	1.4	1.3	0.7	6.3	
Network Strategy	-	-	-	-	TOTAL RECEIVABLES	5.5	6.0	1.8	2.3	15.6	
Other - Trust funded	7.8	0.5	-	(0.5)							
TOTAL - TRUST BAU CAPITAL	9.7	0.5	0.5	-							
Oriel Programme	116.5	15.8	13.1	(2.6)							
EPR Project	11.3	0.4	0.3	(0.1)							
NiHR Capital Grant	1.7	-	-	-							
Other & Charity	0.3	-	-	-							
TOTAL INCLUDING DONATED	139.4	16.6	13.9	(2.8)							
<i>Capital Funding</i> £m					Annual Plan	Secured	Not Yet Secured	% Secured			
ICS Capital Allocation	13.8	13.8	-	100%							
Cash Reserves - Oriel	1.0	1.0	-	100%							
Cash Reserves - B/Fwd	0.8	0.8	-	100%							
Capital Loan Repayments	(1.8)	(1.8)	-	100%							
TOTAL - TRUST FUNDED	13.8	13.8	-	100%							
Externally funded	109.0	109.0	-	100%							
Donated/Charity	16.6	16.4	0.2	99%							
TOTAL INCLUDING DONATED	139.4	139.2	0.2	100%							
STATEMENT OF FINANCIAL POSITION					OTHER METRICS						
<i>Statement of Financial Position</i> £m	Annual Plan	Year to Date			<i>Use of Resources</i>						
		Plan	Actual	Variance	Plan	Current Month	Prior Month				
Non-current assets	453.8	278.9	274.9	(4.0)	BPPC - NHS (YTD) by number	95%	94%	94%			
Current assets (excl Cash)	33.9	33.9	34.5	0.6	BPPC - NHS (YTD) by value	95%	93%	92%			
Cash and cash equivalents	69.7	69.1	69.2	0.2	BPPC - Non-NHS (YTD) by number	95%	95%	95%			
Current liabilities	(55.7)	(55.9)	(49.7)	6.2	BPPC - Non-NHS (YTD) by value	95%	95%	95%			
Non-current liabilities	(199.7)	(79.2)	(83.1)	(3.9)							
TOTAL ASSETS EMPLOYED	301.9	246.8	245.9	(0.8)							

Commentary

Cash and Working Capital The cash balance as at the 30th June was £69.2m, a reduction of £1.5m from the position at the end of March 2024.

Capital Expenditure/ Non-current assets Capital expenditure as of 30th June totalled £13.9m.

- Business as Usual capital totals £0.5m including £0.2m from schemes carried forward from 2023/24 and £0.2m for Dubai equipment.
- Other schemes total £13.4m including £13.1m of expenditure for Oriel, and £0.3m on EPR.

The trust has committed £2.2m (23%) of the available business as usual capital allocation whilst strategic schemes including network strategy, IMT transition costs and Granary Street are being finalised.

The variance on non-current assets of £4.0m is £2.8m capital and £1.2m Oriel financing.

Receivables Receivables have reduced by £3.6m to £15.6m since the end of the 2023/24 financial year. Debt in excess of 60 days reduced by £2.3m in June, which was offset by a small increase in current debt by £0.1m.

Payables Payables totalled £15.6m at the end of June, a reduction of £10.6m since the end of March 2024.

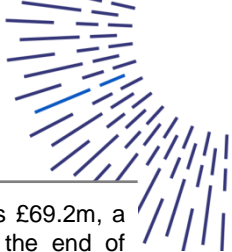
The trust's performance against the 95% Better Payment Practice Code (BPPC) is shown to the left. In aggregate it was:-

- 95% volume of invoices (prior month 95%) and
- 94% value of invoices (prior month 95%).

The variance on non-current liabilities of £3.9m is due to Oriel financing.

Use of Resources The cash balance as at the 30th June was £69.2m, a reduction of £1.5m from the position at the end of March 2024.

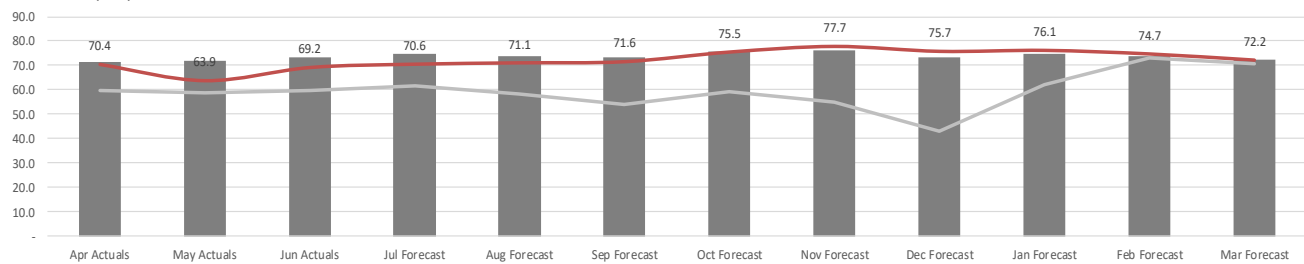
Trust Statement of Financial Position – Cashflow



Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Forecast	Aug Forecast	Sep Forecast	Oct Forecast	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Jun Forecast	Jun Var
Opening Cash at Bank	70.7	70.4	63.9	69.2	70.6	71.1	71.6	75.5	77.7	75.7	76.1	74.7	70.7		
Cash Inflows															
Healthcare Contracts	20.4	20.3	21.4	22.3	19.5	20.4	23.2	21.3	17.7	22.3	20.3	20.4	249.3	20.4	1.0
Other NHS	2.6	1.3	2.0	1.0	0.9	0.9	1.0	1.0	0.9	1.0	0.9	1.0	14.3	0.9	1.0
Moorfields Private/Dubai/NCS	4.7	3.8	4.0	3.7	3.5	4.1	4.4	4.4	3.4	4.3	4.1	4.3	48.7	3.9	0.0
Research	3.1	1.0	1.3	1.4	1.4	1.4	1.4	1.4	1.4	1.3	1.3	1.3	17.5	1.1	0.2
VAT	1.5	1.1	1.0	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	8.1	0.5	0.5
PDC	7.8	-	-	6.1	11.0	10.5	11.9	14.0	5.6	12.9	12.8	16.5	109.0	-	-
Other Inflows	0.3	0.4	7.3	0.2	0.2	0.3	0.3	0.3	8.0	0.8	0.8	0.8	19.6	7.2	0.1
Total Cash Inflows	40.2	27.9	36.9	35.1	37.0	38.0	42.6	42.7	37.4	43.0	40.8	44.9	466.6	34.1	2.8
Cash Outflows															
Salaries, Wages, Tax & NI	(13.0)	(13.3)	(12.9)	(12.9)	(12.9)	(12.9)	(12.9)	(12.9)	(12.9)	(12.9)	(12.9)	(12.9)	(155.6)	(13.3)	0.4
Non Pay Expenditure	(21.4)	(15.2)	(12.6)	(12.5)	(11.9)	(11.1)	(12.1)	(11.8)	(11.4)	(12.9)	(12.8)	(11.8)	(157.5)	(12.5)	(0.1)
Capital Expenditure	(0.9)	(0.2)	(0.5)	(0.8)	(0.8)	(0.8)	(2.7)	(2.7)	(2.7)	(3.3)	(3.3)	(4.5)	(23.4)	-	(0.5)
Oriel	(4.0)	(4.2)	(4.1)	(6.1)	(9.0)	(9.5)	(9.6)	(11.6)	(11.0)	(12.1)	(11.4)	(15.1)	(107.5)	(7.0)	2.9
Moorfields Private/Dubai/NCS	(1.2)	(1.5)	(1.6)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(16.9)	(1.4)	(0.2)
Financing - Loan repayments	-	-	-	(0.4)	(0.5)	-	-	-	-	(0.4)	(0.5)	-	(1.8)	-	-
Dividend and Interest Payable	-	-	-	-	(1.3)	-	-	-	-	-	(1.3)	-	(2.5)	-	-
Total Cash Outflows	(40.5)	(34.4)	(31.6)	(33.8)	(36.5)	(37.5)	(38.7)	(40.5)	(39.4)	(42.6)	(42.2)	(47.4)	(465.2)	(34.2)	2.6
Net Cash inflows /(Outflows)	(0.3)	(6.5)	5.3	1.3	0.5	0.5	3.9	2.3	(2.0)	0.4	(1.4)	(2.5)	1.5	(0.1)	5.4
Closing Cash at Bank 2024/25	70.4	63.9	69.2	70.6	71.1	71.6	75.5	77.7	75.7	76.1	74.7	72.2	72.2		
Closing Cash at Bank 2024/25 Plan	71.5	72.0	73.1	74.8	73.7	73.5	75.7	76.3	73.4	74.7	73.8	72.2	72.2		
Closing Cash at Bank 2023/24	59.8	58.8	59.8	61.8	58.1	54.0	59.4	55.2	43.2	62.1	72.9	70.7	70.7		

Cashflow (£m)



Commentary

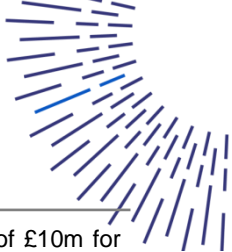
Cash flow The cash balance as at the 30th June was £69.2m, a reduction of £1.5m from the position at the end of March 2024.

The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The trust currently has 84 days of operating cash (prior month: 77 days).

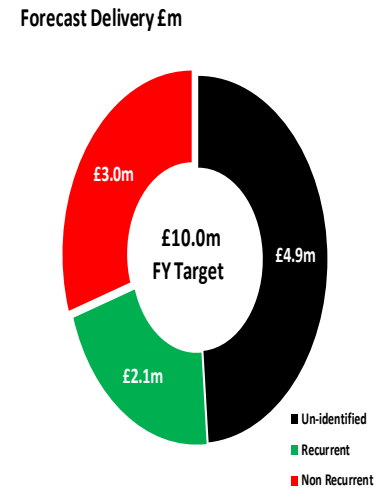
June saw a cash inflow of £5.3m against a forecast of £0.1m outflow due to revised phasing for Oriel capital and higher than expected receipts from NHS bodies. In June. The trust also received £7m of charitable donations for Oriel in line with the plan.

The cashflow will be refined as the income and expenditure and capital plans are finalised.

Trust Efficiency Scheme Performance



EFFICIENCY SCHEMES PERFORMANCE				TRUST WIDE FORECAST						
Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£1.19m	£0.10m	-	(£0.10m)	£0.30m	-	(£0.30m)	£1.19m	-	(£1.19m)
North	£0.81m	£0.07m	£0.01m	(£0.06m)	£0.20m	£0.02m	(£0.19m)	£0.81m	£0.06m	(£0.75m)
South	£0.55m	£0.05m	-	(£0.05m)	£0.14m	-	(£0.14m)	£0.55m	£0.03m	(£0.52m)
Ophth. & Clinical Serv.	£1.16m	£0.10m	-	(£0.10m)	£0.29m	-	(£0.29m)	£1.16m	-	(£1.16m)
Estates & Facilities	£0.49m	£0.04m	-	(£0.04m)	£0.12m	-	(£0.12m)	£0.49m	-	(£0.49m)
Corporate	£0.80m	£0.07m	-	(£0.07m)	£0.20m	-	(£0.20m)	£0.80m	£0.10m	(£0.71m)
DIVISIONAL EFFICIENCIES	£5.00m	£0.42m	£0.01m	(£0.41m)	£1.25m	£0.02m	(£1.24m)	£5.00m	£0.19m	(£4.81m)
Central										
R&D Income	£3.00m	£0.17m	£0.17m	(£0.00m)	£0.50m	£0.50m	-	£3.00m	£3.00m	-
Utilities Reduction	£1.00m	£0.08m	£0.08m	(£0.00m)	£0.25m	£0.25m	-	£1.00m	£1.00m	-
Activity Complexity	£1.00m	£0.08m	£0.08m	(£0.00m)	£0.25m	£0.25m	-	£1.00m	£1.00m	-
TRUST EFFICIENCIES	£10.00m	£0.75m	£0.34m	(£0.41m)	£2.25m	£1.02m	(£1.24m)	£10.00m	£5.19m	(£4.81m)



Commentary

Governance & Reporting The trust has a planned efficiency programme of £10m for 2024/25 to deliver the Trust control total.

- Trust efficiencies are managed and reported via the CIP Board.

Identified Savings The trust has identified £5.2m, leaving a remaining £4.8m to be identified.

- Of the total identified:-
- £5.0m is identified central schemes
 - £4.0m is identified as income generation schemes;
 - £1.0m is related to utilities price reductions; and
 - £2.1m is forecast recurrently;

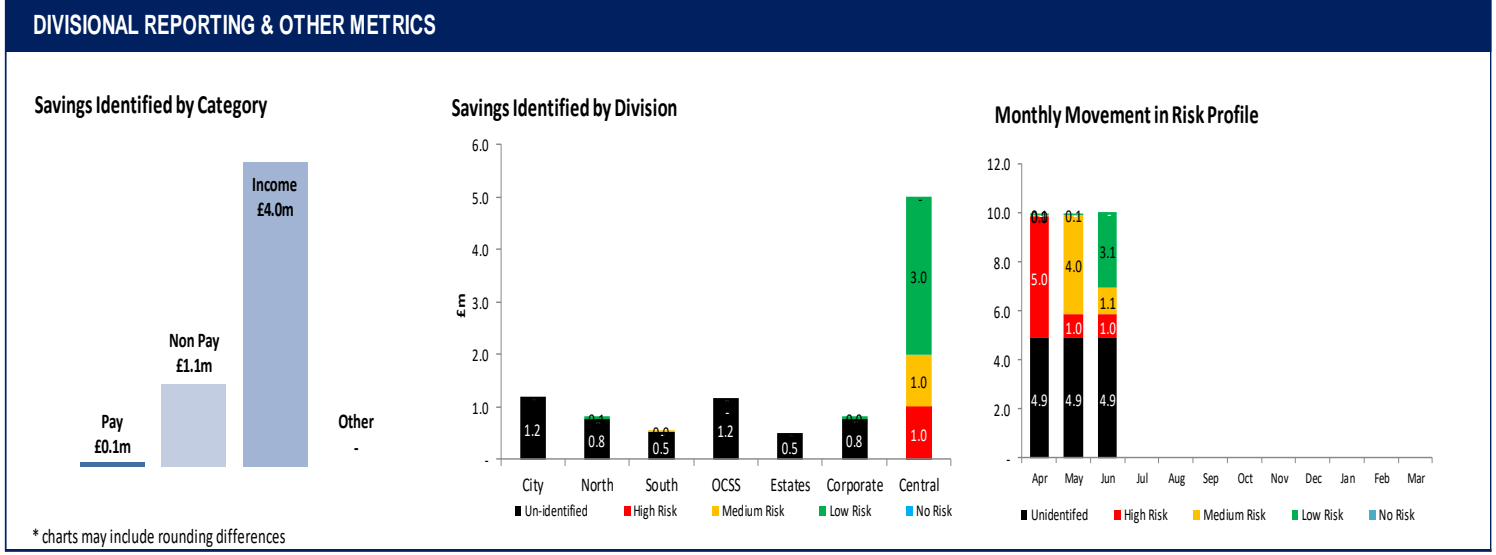
The CIP programme are working through efficiency scheme delivery with a conservative values of £2.8m to be fully financial validated towards increasing the level of identified and forecast delivery in 2024/25.

In Year Delivery The trust is reporting efficiency savings achieved of:-

- £0.34m in month, compared to a plan of £0.75m, £0.41m adverse to plan;
- £1.02m year to date, compared to a plan of £2.25m, £1.24m adverse to plan.

Risk Profiles The charts to the left demonstrates the

- identified saving by category,
- divisional identification status including risk profiles, and
- the trust wide monthly risk profile changes for identified schemes as the year progresses.



Supplementary Information



Moorfields
Eye Hospital
NHS Foundation Trust

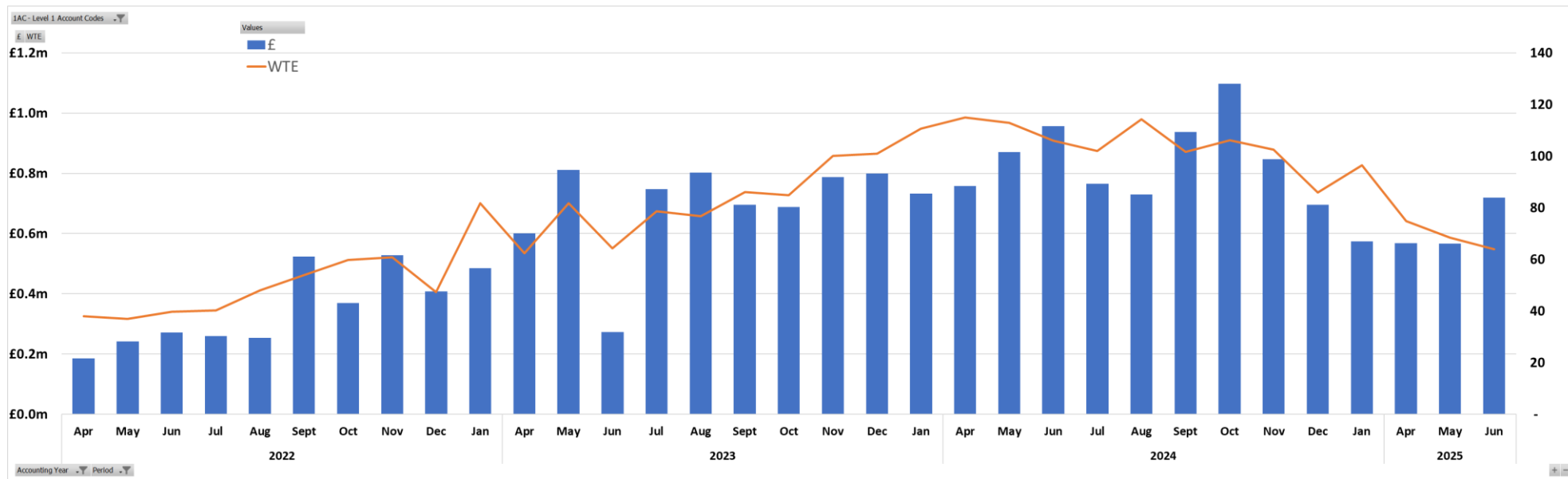


Workforce – Agency Reporting in Board Report

AGENCY SPEND REPORTING

Pay Expense Reporting £m	2022/23			2023/24												2024/25			YTD	YTD
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	£m	%
Agency																				
Clinical Divisions	0.660	0.543	0.520	0.372	0.504	0.508	0.491	0.428	0.592	0.647	0.507	0.351	0.214	0.337	0.162	0.269	0.202	0.217	0.688	37%
Coporate Departments	0.047	0.246	0.328	0.261	0.279	0.320	0.281	0.190	0.261	0.310	0.258	0.259	0.295	0.287	0.313	0.247	0.248	0.355	0.851	46%
Commercial/Trading	(0.063)	(0.016)	(0.066)	0.025	0.027	0.045	0.020	0.077	0.035	0.097	0.028	0.022	0.031	0.057	0.064	0.063	0.093	0.056	0.212	11%
Research	0.089	0.054	0.065	0.100	0.059	0.085	(0.027)	0.035	0.049	0.044	0.053	0.063	0.034	0.059	0.052	0.015	0.023	0.077	0.116	6%
Total Agency	0.733	0.827	0.847	0.758	0.871	0.957	0.765	0.730	0.937	1.097	0.846	0.695	0.573	0.740	0.591	0.595	0.567	0.705	1.867	
Agency																				
Medical Staff	0.136	0.097	0.068	0.077	0.080	0.098	0.100	0.104	0.103	0.095	0.104	0.078	0.047	0.095	0.086	0.091	0.064	0.072	0.227	12%
Nursing Staff	0.201	0.224	0.186	0.186	0.249	0.191	0.140	0.105	0.139	0.273	0.133	0.125	0.140	0.121	0.221	0.100	0.081	0.067	0.248	13%
Scientific & Technical	0.116	0.065	0.065	0.039	0.056	0.062	(0.031)	0.051	0.252	0.158	0.125	0.093	0.076	0.069	(0.137)	0.034	0.050	0.042	0.127	7%
Allied Health Professionals	-	-	0.001	0.009	0.004	0.001	-	-	0.003	0.016	0.001	0.005	-	0.002	0.005	0.017	0.013	0.017	0.047	3%
Clinical Support	0.121	0.104	0.036	0.033	0.110	0.132	0.291	0.143	0.091	0.101	0.073	0.039	0.060	0.055	0.022	0.022	0.043	0.049	0.115	6%
Admin And Clerical	0.144	0.324	0.391	0.405	0.360	0.435	0.257	0.282	0.337	0.442	0.400	0.338	0.234	0.376	0.426	0.293	0.324	0.476	1.092	59%
Ancillary Services	0.014	0.015	(0.003)	0.010	0.011	0.038	0.008	0.044	0.012	0.013	0.011	0.017	0.016	0.022	(0.005)	0.002	0.000	(0.002)	0.000	0%
Total Agency	0.733	0.827	0.744	0.758	0.871	0.957	0.765	0.730	0.937	1.097	0.846	0.695	0.573	0.740	0.618	0.559	0.576	0.722	1.857	

*Excludes central budgets



**AGENDA ITEM – GUARDIAN OF SAFE WORKING
BOARD OF DIRECTORS Jul 24**

Report title	Guardian of Safe Working Report
Report from	Louisa Wickham, medical director
Prepared by	Andrew Scott, guardian of safe working
Attachments	N/A
Link to strategic objectives	We will attract, retain and develop great people

Brief summary of report

The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report encompasses the period from March 19th 2024 to July 16th 2024.

Exception Reports:

During this timeframe, no Exception Reports were filed. Furthermore, there have been no instances reported of breaching the mandatory 8-hour rest period between shifts, exceeding the 48-hour average working week, or surpassing the 72-hour maximum limit within any seven-day period. Consequently, no financial penalties were incurred.

Training and Feedback:

Feedback received at the recent Junior Doctor Forum in April 2024, reaffirms that the absence of exception reports accurately reflects satisfaction with working conditions. Residents express feeling adequately supported both during regular and on-call hours, with overall contentment regarding training opportunities, including surgical and simulator training. There have been some instances of gaps in the A&E rota but I have been reassured that these have been filled by last-minute locums.

High level data

Number of doctors in training (total):	58
Amount of time available in job plan for guardian to do the role:	1 PA/week
Admin support provided to the guardian (if any):	Ad Hoc provided by HR
Amount of job-planned time for educational supervisors:	1 PA per week

Actions/Discussions taking place:

The low frequency of exception reporting reflects the trainees’ well-being and satisfaction with their working conditions.

Summary

All Moorfields trainees are safely rostered in compliant rota patterns with no breaches of the terms and conditions of service occurring during this reporting period. All trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. Trainee morale is high and working conditions good with all exception reports resolved.

Quality implications

There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work.

Financial implications

The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised.

Risk implications

The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract.

Action required

The board is asked to consider the report for assurance.

For Assurance	✓	For decision		For discussion		To note	✓
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Report title	Trust Board Report Part I- Freedom to Speak Up Q4 23/24 and Q1 24/25 report
Report from	Sheila Adam, Chief Nurse and Director of Allied Health Professionals
Prepared by	Princess Cole, Lead Freedom to Speak Up Guardian
Link to strategic objectives	Freedom to speak up links to all the strategic objectives and underpins our core values of Excellence, Equity and Kindness

<p>Executive summary</p> <p>This paper provides the Trust Board with a summary of Q4 2023/24 and Q1 2024/25 Freedom to Speak Up (FTSU) proactive and reactive work. This report describes the active work being undertaken by the FTSU team and demonstrates that speaking up is valued and championed by Trust Board, Management Executive team and other key stakeholders.</p>							
<p>Quality implications</p> <p>The Trust’s approach to developing and supporting the work of the FTSU Guardians is an important element of providing an open culture, and supporting improvements indicated by the staff survey. If staff feel they are able to raise concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and staff well-being and improve the Trust’s ability to learn lessons from incidents and support good practice. Trust Board and Management Executive provides leadership and support for effective FTSU service delivery, in order to foster an open and transparent speaking up culture.</p>							
<p>Financial implications</p> <p>No new financial implications.</p>							
<p>Risk implications</p> <p>Organisations should create a culture where staff feel able to voice their concerns safely. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact. Moorfields have successfully introduced a new FTSU model to mitigate these risks, which also helps to support organisational cultural improvements.</p>							
<p>Action Required/Recommendation</p> <p>Trust Board are invited to:</p> <ul style="list-style-type: none"> Note that the new Freedom to Speak Up model has now moved into the stage of business as usual and guided by a robust work plan for this financial year (Apr 2024-Apr 2025). Overall good progress continues to be made to ensure key deliverables detailed in the work plan are met. Note the number of concerns raised over the specified period and the themes and trends emerging from them. Have oversight of proactive and reactive FTSU work activities and the progress of this. 							
For Assurance	X	For decision		For discussion		To note	X

1. Introduction and Purpose

This report provides Trust Board with an overview of concerns raised through the Freedom to Speak Up route for the period of Q4 2023/24 (January-March 2024) and Q1 2024/25 (April-June 2024) and gives an update on the progress of business-as-usual Freedom to Speak Up proactive and reactive activities. The format of this report complies with the National Guardian's Office (NGO) and NHS England and Improvement published guidelines, outlined in the NHS Freedom to Speak Up guide.

2. Background

To foster a culture of open communication, as well as improving staff confidence in the speaking up service, a new FTSU model was introduced. Key deliverables of this change included the appointment of a fulltime Lead Freedom to Speak up Guardian, the implementation of an online anonymous/confidential speaking up platform (Work In Confidence), introduction of FTSU champions and strengthening the support provided by the existing voluntary guardians. The new FTSU service has now been embedded as business as usual.

3. FTSU Data Analysis Q4 2023/24 and Q1 2024/25

Concerns raised to the Freedom to Speak Up Q4 2023/24 (Jan-Mar 24) and Q1 2024/25 (Apr-Jun 24)

There were 42 cases raised through the Freedom to Speak Up Guardian route in Q4 23/24 and 50 cases raised in Q1 24/25. Since the launch of the 'Work In Confidence' speaking up platform, there has been steady increase in the number of cases raised to the Guardian team. There has been a total of 8 anonymous cases raised to FTSU.

In a number of concerns raised, a group of individuals have raised a common concern, in this situation, each individual involved in the common concern is counted as a case.

Who is speaking up?

Professional/Worker group data is recorded in line with the National Guardian's Office Professional worker group categories.

Table 1.1 NGO Professional worker group reporting (Q4 23/24 and Q1 24/25)

NGO Professional Worker Group	% of cases
Additional clinical services	12%
Additional professional scientific & technical	15%
Admin & clerical	20%
Allied health professionals	2%
Estates & ancillary	22%
Healthcare scientists	1%
Medical and dental	4%
Registered nurses and midwives	15%
Not known/prefer not to say	9%
Total	100%

The data shown in table 1.1 shows that during Q4 23/24 and Q1 24/25, estates and ancillary staff raised the highest number of concerns (22%). Nationally, the NGO report that the nursing and midwifery workforce raise the most FTSU concerns (NGO annual report 2022-23). This group also makes up the largest NHS workforce. Medical and dental workers raise the lowest number of concerns to Guardians (NGO annual report 2022-23). Our figures reflect the national low numbers of staff speaking up from this worker group. To improve the levels of reporting from medical staff at MEH and other worker groups, the Guardian team will be promoting the service by presenting at Trust wide events, targeted at underrepresented worker groups who may not be speaking up, so that they feel safe and confident to raise concerns.

Themes of concerns raised to Freedom to Speak Up

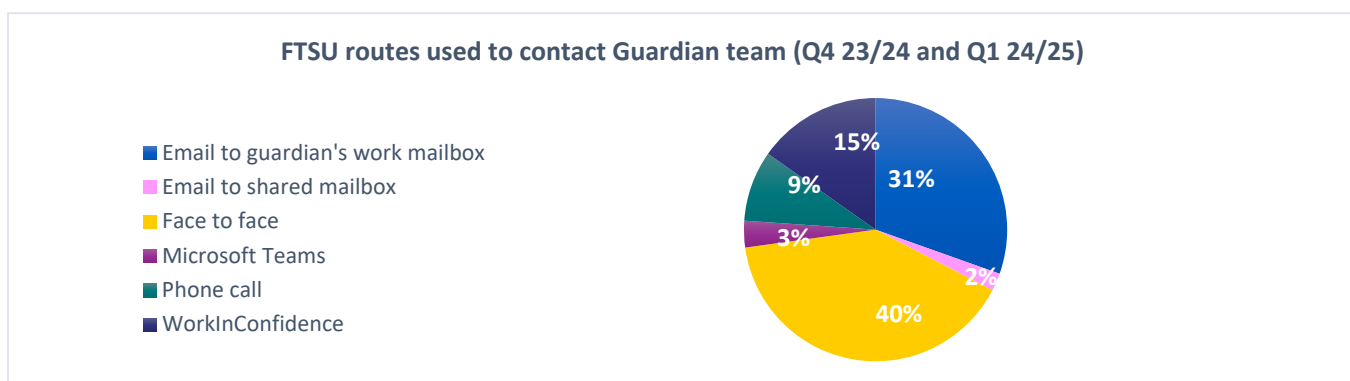
When staff speak up, their concerns are recorded through a set of defined categories/themes.

During Q4 23/24 and Q1 24/25, a large proportion of cases raised to Freedom to Speak Up, reported themes relating to leadership and management (30%). Other theme categories which scored highly were, policies, procedures & processes and inappropriate behaviours and attitudes (24% and 14% respectively). Other themes which did not score highly, but will be monitored closely are, 'staff well-being' themes, due to the significant adverse impacts to staff mental and physical health. Cases of 'disadvantageous and demeaning treatment as a result of speaking up' will also be closely monitored, due to the impact on staff confidence in speaking up.

Moorfields is currently running Leadership Development programmes for clinical leadership roles in addition to first level Leading with compassion training. Further work is being undertaken on defining, developing and supporting behaviour which reflects the Trust values.

How do staff prefer to contact the FTSU team when speaking up?

Fig 1.1 Routes used by staff to contact FTSU Guardian team (Q4 23/24 and Q1 24/25)



The most preferable route used by staff to speak up, is through face-to-face interaction with a Guardian. This usually occurs during site visits or listening events, where staff feel safe to speak up in groups or individually. 31% of staff contact a Guardian of their choice directly through their work mailbox. The least preferable routes used to contact the team are via Microsoft teams, phone and emailing the Guardian shared mailbox (3%, 9% and 2% respectively). 15% of contact has been made using the Work In Confidence (WIC) speaking up platform, which was introduced Trust wide on 24/01/2024. Since its launch, there has been a steady increase in the number of staff registering to use the platform (73 registered user accounts). On average, it takes a Guardian 1 day to respond to a conversation from a staff member and approximately 30 days to close a case. The FTSU team will continue to promote the use of the WIC platform extensively to teams Trust wide during October Freedom to Speak Up month and beyond.

4. Freedom to Speak Up Work Plan

To maintain effective service delivery, a detailed work plan has been drafted by the lead Freedom to Speak Up Guardian, to manage all reactive and proactive activities. The work plan sets out strategic objectives, which centres around 'making speaking up business as usual'. To ensure all strategic objectives are met, high level development actions have been outlined and set against expected closing timeframes, to ensure that key deliverables can be monitored, measured, and met. Monitoring of the work plan will be provided through regular reporting and progress updates to the Freedom to Speak Steering group and Management Executive with assurance provided to People and Culture Committee and quarterly Trust Board reporting.

Key deliverables set out in the work plan include:

- Development of a Freedom to Speak Up strategy for 2024-2027
- Creation of speaking up principles
- Expansion of the FTSU Champions network Trust wide
- Improved FTSU training for staff and managers
- Promotion of the 'Work In Confidence' speaking up platform
- Strengthened collaborative working between FTSU and all key stakeholders
- Review and update of the FTSU Communications plan
- Continued effective service delivery of FTSU core activities



**QUALITY AND SAFETY COMMITTEE
SUMMARY REPORT**



ITEM XXX

16 July 2024

<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 98% • Action completion status (due items) – 100% • Agenda completed – Yes
<p>Current activity and concerns</p>	<p>Quality and Safety</p> <p>The Quality and Safety update confirmed that the Quality Account was published as per timetable on 28 June 2024. The update also included confirmation of an excellent clinical audit week, the positive impact that Tendable has had on other systems, and how a final SI report will be presented to the committee. The following issues were raised:</p> <ul style="list-style-type: none"> • Despite incident reporting remaining within SPC chart limits, staff may be under reporting. • A number of incidents have exceeded 28 days, a large proportion of which reside within the north division. This has previously been brought to the attention of QSC and has been raised as a concern to the North divisional management team. The central team are also providing support. • Complaints have remained steady, but PALS numbers have increased 21% from Q4 to Q1. This is being examined to determine the cause of the increase. • In relation to the Private Q1 report, overall incident reporting engagement has been positive and remains a priority, however, the closing of incidents needs to be improved. <p>One Serious Incident report was presented relating to the lost to follow up of a patient at Bedford. The recommendations from the report will be actioned by the Bedford improvement work already underway.</p> <p>Reports from Other Committees</p> <p>One matter from the Information governance committee update related to escalations surrounding final closure of actions for the DSPT. These have now been completed with all requirements of DSPT being met for the year.</p> <p>Infection Control Update</p> <p>The regular infection control update was presented. Three areas were highlighted:</p> <ul style="list-style-type: none"> • The Trust has responded to the increasing number of Whooping Cough cases nationally by providing guidance for A&E and the Paediatrics department, and that some staff members may need re-vaccination. The Trust currently does not offer re-vaccination as it is not required for MEH staff under the current guidance, which currently focusses on those in maternity and midwifery roles or staff caring for neonates. • There have been two further Trust-related endophthalmitis cases in May, which are not related - a full investigation will take place. No further cases were reported in June. • There was a cluster of Serratia marcescens identified (5), which has led to initiation of identifying areas of practice that may be improved.

- The IPC Board Assurance Framework (BAF) findings were presented. Although no area has been marked as non-compliant, some have been marked as partially compliant. Action plans have been put in place to address those areas. IPC audits remain compliant, although ‘below the elbow’ compliance is an area of focus.

Patient Safety Incident Response Framework (PSIRF)

An update was provided on PSIRF, how it differs from the previous framework, and how it is being implemented. The outcome of PSIRF has been positive, which has increased staff and patient support, as well as engagement.

- The main concern raised by the committee related to how PSIRF is difficult to communicate, especially the operational processes, and how emerging risks and harm will be managed.

Patient Safety Incidents – Incident review group (IRG) activity

The IRG report presented a wide distribution in the allocation of confirmed local priorities, with the North division having the most. These mostly related to lost to follow up incidents.

- An escalation/concern from the IRG report related to an in-depth review on ophthalmology referrals between 19/20 and 23/24 being undertaken at Bedford. Patient review is being prioritised for possible follow-up. There has been no harm found to date.

Presentation by Moorfields UAE

The UAE presentation focused on patient waiting times and patient journey times.

- The waiting times demonstrated that the average first patient contact is ten minutes, with the aim being five minutes. This figure decreased to seven minutes in June as smart queuing has been introduced.
- Patient journey times showed an average of 63 minutes, with the UAE hoping to improve this to below 60 minutes.
- Initiatives are being worked on to improve incident reporting rates.
- Patient satisfaction surveys are being automated, which has increased patient engagement.

Fire Safety

The update indicated that fire warden training has increased, with comprehensive training being provided.

Farewell to Ros Given-Wilson

QSC thanked Ros for her leadership of the Committee over the previous nine years and wished her well for the future.

Escalations	<p>There was one escalation to the Trust Board:</p> <ul style="list-style-type: none"> • A comprehensive review of patient referrals at Bedford.
Date of next meeting	17 September 2024

Meeting:	Public Trust Board
Date:	25 July 2024
Report title:	Summary of the Membership Council meeting held on 6 June 2024
Report Author	Nina Martin - Interim Deputy Company Secretary
Presented by	Laura Wade-Gery – Trust Chair
Status	For noting
Link to strategic objectives	Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values.

Summary of report

The Membership Council forms part of the governance structure of the Trust. The Council comprises of governors elected by the membership (staff, patients and the public) and those nominated by partner organisations. Governors have a number of statutory powers and participate in a range of activities, including providing input into our service and strategic development plans and the development of our membership.

Our Membership Council forms a direct link between Moorfields and the communities we serve, and ensures that the voice of the public, patients, service users, carers and staff is used to inform the Trust's decisions, improve care and enhance the patient experience.

The Membership Council meets at least four times a year.

This report provides a brief summary of the meeting held on 6 June 2024 and is submitted to the Board for assurance and noting.

Action Required/Recommendation.

The board is asked to note the report of the Membership Council.

For Assurance		For decision		For discussion		To note	✓
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6 JUNE 2024 MEMBERSHIP COUNCIL SUMMARY REPORT

Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 85%
Current activity (as at date of meeting)	<p>1. <u>CEO Report</u> The Council received an update from the CEO on the items highlighted below.</p> <p>Performance and activity review</p> <ul style="list-style-type: none"> • In April, the number of patients waiting over 52 weeks for their treatment reduced to 5 and the proportion of patients who were waiting over 18 weeks for their treatment had reduced by 10% in month. • The Trust had improved performance against the outpatient 1st metric and we were now meeting that target. • It was however noted that we remained under plan against the elective activity target. This underperformance was driven by an ongoing reduction in cataract referrals into the St Ann’s and Stratford sites and work was underway to mitigate this by focussing resources at these sites on patients who required treatment from other specialities. <p>Sector Update</p> <ul style="list-style-type: none"> • Council received assurance that our performance remained good particularly in northeast London where we did not face competition from the private sector. • The Council was updated that there was a strategic concern about competition from the private sector. This has been a significant and ongoing issue in parts of the country and concern was now rising in London. • Our provision of the single point of access (SPA) could mitigate this threat and enable us to ensure the health system was safe and effective. • The Trust was still waiting to receive the outcome of the tender which was run by the NCL ICB to run a single point of access (SPA) and to coordinate community optometry provision across the region. • Council also received an update on the learning from the modelling of the single point of access particularly around patient choice. • We continue to work collaboratively with Imperial and were also providing mutual aid in other sectors including Barts Health, Imperial and the North Middlesex NHS Trusts. <p>Oriel</p> <ul style="list-style-type: none"> • The Council heard that we continue to make good progress with the project and work had just begun on the third floor of the building. We remain on trajectory to complete the highest point by November of this year. • We were increasingly turning our focus to the most optimum use of space. • The governance of Oriel was being refreshed to ensure that it was fit for purpose for the next phase of the programme. This refresh was predominately focussed on the workstreams which will oversee how we will use the centre to deliver optimal clinical care for our patients <p>Staff Survey Report and Action Plan</p> <ul style="list-style-type: none"> • Council heard that our efforts to increase staff engagement with the survey had been successful. • We had seen a significant increase in response rates, so there was assurance that conversations over the year would be based on a fair representation of people’s views. • Regarding the impact of the “your voice counts initiatives”, the Council heard that feedback received was that the speak up culture was

strengthening and the localised speak up champions were making a difference.

- The need to spread and embed these initiatives Trust wide was noted.
- Development programmes were available for clinical leaders to support the management of difficult conversations. The feedback around this had been positive.
- We were working through the survey action plan to ensure that feedback from staff is listened to and promptly acted on.

Excellence Portfolio

- A major focus for this period had been assurance around the Electronic Patient Record (EPR).
- The Excellence in Delivery team (XDU) was embedded into the EPR team to provide live assurance and receive a weekly summary update as well as routine assurance at IT Programme Board and Major Projects and Digital board subcommittee.
- In the reporting period, some key projects had been completed and transitioned to business as usual.
- The launch of the new Freedom to Speak Up model had seen the introduction of an anonymous reporting route for staff to raise any concerns with a comprehensive launch plan for teams.
- The XDU team was supporting the Excellence in Oriel group to ensure that change work related to Oriel was reflected in the multiyear plans of the Excellence Boards.

2. Annual Plan 2024-2025

- The council was updated on the Trust's proposed 24/25 planning priorities.
- Three key priorities were the Oriel build, implementing the Electronic Patient Record (EPR) and developing and implementing the Single Point of Access (SPA). There were other work priorities relating to equality, diversity and inclusion, outpatient waiting lists, under the Excellence delivery programme.
- The meeting's report was a work in progress due to NHS England's delay in setting out its grant planning.
- Council heard that prioritising the Oriel build, EPR and the SPA would help us secure our future over the next few decades.
- These key transformations would provide us with a leading specialist centre and position us as leaders in digitizing care where we manage referrals as effectively as possible.
- Council received assurance that management was not deprioritising urgent and emergency care but that these major projects were the highest priorities out of the list of priorities.
- It was noted that these three projects stood out among 45 schemes and projects on our list of planning priorities which were tiered according to importance. These other projects were facilitators and enablers to some aspects of the three major transformations.

3. Feedback from Oriel Advisory Group

- Council heard that there had been a detailed conversation about the green line, wayfinding and navigation into the hospital. A small group was being convened to look at this together with the Advisory Group.
- A visit was undertaken to the RNIB by some members of the advisory group to look at their setup and facilities and to hear about any lessons from their recent move and relocation particularly around navigation and digital issues.
- Management updated that a last half mile coalition would be planned along with workshops to engage with stakeholders and experts by experience and

key partners, so that we can then develop the right plan going forward.

4. Oriel Progress Update

- Council heard that management had started to look at the way in which Oriel was going to be managed beyond the actual building and design aspects. We were now starting to look at our approach to addressing a wider list of issues.
- The site next door was also progressing well in parallel with Oriel. That would create a good campus like atmosphere across the wider site in terms of facilities being developed in that space.
- Feedback from the design showcase event was being processed.
- We will be working with accessibility experts Buro Happold on our strategy which would include wayfinding to the new centre and the last half mile.
- It was noted and commended that we were on trajectory and on budget with the project.

5. Patient communication and experience

- There was a discussion around the fall in performance around response rates to calls.
- Council heard that strike action had driven an increase in call volumes to either confirm or reschedule appointments. Several remedial actions were in place and significant demand and capacity analysis had been completed to determine the required resource to stabilise performance.
- Management appreciated that outpatient waiting lists would be helpful in preventing a significant volume of patients having to call up because they booked nine months in advance. If they booked 4 weeks out, then we should have a mutually beneficial appointment for both parties. Another initiative would be the ability to self-book via a modern patient portal.
- It was noted that before addressing this, we needed to address data quality issues which would help with both our waiting lists and with the EPR.

6. Feedback on June Board meeting

- Governors in their post Board meeting had a more detailed conversation about issues around Stratford, journey times for outpatients and improving patient experience. It was also noted that most of the issues mentioned around Stratford were familiar to governors.
- Governors thought it would be useful to have NEDs accompany governors on these visits to get a firsthand opportunity to see and hear from staff and patients.
- The staff survey and the importance of appraisals was also discussed. Appraisal training for managers could foster enthusiasm and improve compliance.

7. Governor Feedback

- Governors updated the Council on various activities since the last meeting.
- At the last Nominations and Remuneration Committee a replacement for outgoing NED Ros Given-Wilson, the clinical NED, was discussed. The interview process had taken place in May. The interview panel included four governors. Their recommendation was unanimous and was approved by the Remco and by the Council at an extraordinary meeting. An announcement would be made in due course.
- The Governor Development Group last met on 28 May.
- An induction session with new governors had been held. They were offered the opportunity to buddy with more experienced governors for advice and to answer any questions.

	<ul style="list-style-type: none"> • A program of site visits was being developed. A list of outreach sites with constituent governors, was being prepared for circulation. • Governors were asked to consent to share their email addresses with each other. • The series of NED/Governor team sessions would continue over the next year. • NHS providers training for governors was available and governors were invited to suggest relevant topics along with their availability.
Key concerns	<ul style="list-style-type: none"> • No additional concerns were raised.
Date of next meeting	<ul style="list-style-type: none"> • 3 September 2024, 10-12