A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 3 October 2019 at 09:30am

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

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
0.	**Patient story – Bhavini Makwana**	**Discuss**	**Present**	**IT**	**00:30**	**1**
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 4 July 2019	Approve	Enclosed	TG		
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief executive's report	Note	Enclosed	DP	00:10	All
6.	Integrated performance report	Assurance	Enclosed	JQ	00:10	1
7.	Finance Report	Assurance	Enclosed	JW	00:10	7
8.	Service improvement reports - Annual report 2018/19 - Biannual report Q1&2 19/20	Assurance	Enclosed	JQ	00:20	1
9.	Q1 Complaints report	Assurance	Enclosed	TL	00:10	1
10.	Freedom to speak up annual report	Assurance	Enclosed	IT	00:10	1
11.	Guardian of safe working	Assurance	Enclosed	NS	00:05	1
12.	Administration and booking update	Assurance	Enclosed	JQ	00:10	6
13.	Report from the quality and safety committee	Assurance	Enclosed	RGW	00:10	1
14.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	
15.	AOB	Note	Verbal	TG	00:05	
16.	**Date of the next meeting – Thursday 5 December 2019 09:30am**					

* Strategic Objectives

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

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 5 SEPTEMBER 2019

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Tracy Luckett (TL)	Director of nursing and AHPs
	Johanna Moss (JM)	Director of strategy and business development
	John Quinn (JQ)	Chief operating officer
	Sumita Singha (SS)	Non-executive director
	Nick Strouthidis (NS)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
In attendance:	Nora Colton (NC)	Director of education
	Sandi Drewett (SD)	Director of workforce and OD
	Helen Essex (HE)	Company secretary (minutes)
	Kieran McDaid (KM)	Director of estates, capital and major projects
	Ian Tombleson (IT)	Director of quality and safety
	Jonathan Clarke	Joint divisional director, Moorfields North
	Branka Marjanovic	Joint divisional director, Moorfields North
	Farhana Sultana-Miah	Divisional manager, Moorfields North
	Mary Masih	Head of nursing, Moorfields North
	Lucy Barker	Locum consultant ophthalmologist
Governors present:	Brenda Faulkner	Patient governor
	Richard Collins	Patient governor
	John Sloper	Public governor
	Brenda Faulkner	Patient governor
	Rob Jones	Patient governor
Public:	Robin Hamer	Omura Healthcare

Moorfields North presentation

The team took the board through the divisional achievements for 2019. This included the financial position in terms of contribution and CIP. The current YTD contribution is £240k which includes over performance of £400k due to elective activity across the north division. The CIP target is £1.1m in terms of CIP and achievement is at £225k against plan of £380k so far with a number of emerging schemes. The division has seen a good performance on RTT and a 10% demand increase which presents challenges in terms of space and capacity.

Actions from the CQC report focused on review of clinic waiting lists and sharing learning practices, addressing delays in clinics and surgery and increasing glaucoma

and cataract capacity. It is important for the division to be able to give assurance back to the board and CQC about how the risks are being mitigated. There has been an external peer review and the development of a new pain needs assessment tool being piloted at Bedford. The key learning to take away is about customer service, and responsiveness to patients.

The main themes from the staff survey are about inclusion, providing a safe environment from bullying and harassment, management and supporting staff. The board also heard about service improvements and the key risks and challenges facing the division over the next year.

RGW asked how the division checks the impact of service improvements. FSM replied that this is reviewed at divisional boards which look at activity plan and performance progress. Targets are set for specific projects. Complaints and incidents are monitored via quality forums.

There are an escalating number of referrals and it is a challenge to get service improvements aligned to the demand. The division is very limited in terms of space constraints but attempts are made to mitigate this by undertaking shared care, community-based work, virtual clinics, etc. and trying to generate further capacity within existing sites. Have longer-term capital options.

Virtual clinics involve patients having their measurements done by nurses/technicians in outpatients. Consultant can make clinical decisions based on the data. Demand is increasing so we need to look at how to see patients in a way that maintains good governance and high quality.

The number of complaints relating to communication is decreasing and a patient focus group is taking place at the end of September with the aim of getting patients involved in the journey towards improvement.

In relation to anaesthetic provision the division is using skill mix to resolve issues. There are theatre nurses/ODPs in post who are subtenon practitioners and can deliver anaesthetic. This helps in facilitating high volume cataract work and putting in place dedicated lists.

The board thanked the division for their presentation and DP commented that they have consistently risen to the challenge of looking at how to do things differently considering their space issues. It is critical that the trust understands how to share the learning on issues that are working well.

19/2338 Apologies for absence

Apologies were received from Peng Khaw, Steve Williams and Elisa Steele.

19/2339 Declarations of interest

There were no declarations of interests.

19/2340 Minutes of the last meeting

The minutes of the meeting held on 4 July 2019 were agreed as an accurate record.

19/2341 Matters arising and action points

JQ advised that there had been analysis of the numbers in the integrated performance report. Referrals received monthly average change since April 17 is +4.5% and first appointments average is +4.4%, so relatively equitable when internal referrals and rejections are taken into account.

Procurement of medicines nationally is well controlled and the chief pharmacist is involved at a national level.

All other matters arising were attended to via the agenda.

19/2342 Chief Executive's Report

DP advised that the trust had welcomed a visit from Baroness Harding, who is keen to support the agenda in digital clinical leadership and Oriel.

Other highlights include the trust's involvement in the Pathway to Excellence accreditation programme, membership of the Institute of Customer Services which is being piloted in Moorfields Private and a number of awards and nominations for individual clinicians and services. These include Omar Mahroo as 'rising star of the year' and the RTU in the Macular Society excellence awards. The GMC annual survey was positive with the trust achieving the second highest score in London and fourth highest in the UK for satisfaction of trainees.

The trust welcomed a number of new appointments including Kelly MacKenzie (head of orthoptics), Jeet Virdee (divisional manager City Road) and Richard MacMillan (head of legal services).

There has been a great deal of progress in research and education with UCL receiving a £30m Research England grant and the announcement of a new advanced clinical practitioner degree apprenticeship in ophthalmology. The trust also took over the editorial of the Ophthalmologist magazine for its August edition with a number of diverse and forward thinking articles.

The STP Q1 report gives an overview of the work that is happening across the NCL STP. There is a limited amount of relevance for ophthalmology at this stage but it is important the board understands the context and what contribution the trust is making to the system. There is a lot of discussion about workforce and standardisation and opportunities across the system despite the need for specialist training. The system needs to allow people to more easily transition between organisations in an effective way.

19/2343 Integrated performance report

A&E activity continues to increase compared to the position last year. Attendances are

up nationally. This issue needs to be monitored as it will present a challenge.

The trust continues to deliver national access targets. The 14-day locally set target continues to be the most challenging. Journey times have improved in general and are now beginning to become static. The trust needs to establish whether a natural plateau has been achieved.

There is a challenge in terms of complaint responses where the trust is not always responding in a timely enough manner. There is focus to try and get back on track, although it was noted that there has been an increase in complex complaints, particularly in City Road.

The Staff FFT has been completed by a relatively small number of people and more data is required from the frontline in order to assess the baseline. This will be done using the staff survey. There are a number of issues relating to processes and systems that are making jobs more challenging and being reflected in the survey.

The 28-day diagnostic target is reported to TMC and should be achievable according to timescales. This will be reported from next year and will come into the board report.

19/2344 Finance report

The overall position at M5 is a surplus of £0.3m in month, and a YTD £0.7m deficit position against a plan of £0.5m (£0.2m adverse). June and July continued to make headway into the reported position.

There is an over performance of £650k in NHS commissioned income and this has turned a small adverse position into a positive. There is also some localised overheating in terms of contractual performance (£0.4m over in the north west, £0.1m in City Road and MS).

The non-pay elements relate to Oriel expenditure which is £90k adverse to plan, theatre expenditure in City Road, issues with budget setting, issue of the IOL contract which has not been resolved. There is a £120k cost pressure in relation to health records and this relates to over utilisation of service against plan and workforce reductions that haven't happened.

In terms of CIP the forecast outturn has not substantially changed from last month. There has been an improvement in blue schemes but a drift from green schemes into amber. The focus is on looking to close the £1.8m gap.

The write-out figure for the EMR project has been offset by other factors. Working capital remains strong.

NH referred to the SoFP which shows assets higher than planned. There is also an impact in terms of stock. This relates to a partial mismatch between the pharmacy stock system and what is held in the ledger. **JW to investigate figures – 03.10.19**

In terms of Capex the current spend is £1.7m against a £3.3m plan. The spend needs to be brought up to forecast levels with individual work streams spending against their

allocation. Rapid progress is required and there may need to be a re-forecast or re-prioritisation exercise.

Finally, JW noted that a £190k improvement in the bottom line would take the trust back to a score of one for its financial risk rating.

19/2345 Workforce strategy

SD updated the board on the national and local drivers which have changed since the draft strategy was presented in February, particularly in relation to the introduction of the NHS people plan.

The trust has a full time workforce and there is likely to be a shift over time to a flexible and part time workforce. The average length of service is high along with the age profile. This is a strength in many ways but also a challenge due to long organisational memory and a deep seated culture. It also means that the workforce we have in place now is that which needs to be engaged. If we are unable to use turnover to effect transformation, how do we engage and support people within the workforce to lead.

The board went through the key assumptions which are:

- To look at functions and repatriate work between professional groups
- To have less reliance on medical staff to undertake direct clinical care and give them more of a supervisory role. This has implications for levels of autonomy and decision-making
- The technical workforce needs to be developed to undertake work currently done by registered staff. There is a high reliance on clinical staff undertaking admin and clerical tasks and finding solutions to broken systems

These assumptions focus on our potential future workforce; the reduction in hierarchy, expansion of the technical workforce and reduction in clinically qualified workforce providing more career opportunities.

The outpatient model is likely to look different although the legal framework of accountability and requirements of regulators, colleges, etc. must be considered. The board needs to understand the risks associated with implementing a different model and the confidence of staff to act as autonomous practitioners.

Other assumptions are that:

- Research, education and innovation will be part of all roles
- Digitisation, virtual clinics and diagnostics - what is the overall capability needed to maximise this in the workforce and what does recruitment look like for people with highly specialised knowledge.
- Eye care is not affordable as it is and fundamental changes are required
- We need to move away from process-driven work to problem solving work and look at which administrative tasks can be automated.
- We need better patient led education, peer support and supporting patients to self-manage.

- There needs to be an increase in volunteer activity to support patients.
- There must be greater integration and development of integrated care systems.

Capability around management leadership is another key issue with a reliance on HR for performance management and communications for engagement. The trust needs to enhance the skills and capability of managers in order to help them handle challenging situations, etc.

When priorities are ranked, the ones relating to culture, leadership and the ability to lead change came out highest. A training needs analysis is also a key priority along with a workforce model for private and infrastructure around systems such as job planning and e-rostering.

The next step is to develop governance models and outcome measures for each work stream. This will involve the restructuring of the HR function and development of strategic capability around workforce planning. This would involve a move away from a reactive model to one where we support strategic change.

Update on progress to be provided in six months – SD 03.20

Board visibility is required to support implementation of the strategy and board interviews will be held in order to feed into the culture diagnostic. The strategy will also require a level of investment in order to deliver. The trust has to lead the way in the future of ophthalmology. Medical staff involvement is critical and NS said that consultants recognise that things need to change.

A discussion also took place about the need to look at job planning for teams and how it works across divisions and specialties, moving towards divisional integration that has clinical and operational expertise but is managed within a unit.

The strategy was agreed with full board support and a pledge to assist wherever possible.

19/2346 Equality, diversity and inclusion report

SD advised on the requirement for annual EDI reporting to board. The report sets out the key drivers and contextual framework as well as going into detail about progress made over the last year.

In relation to WRES there has been an improvement on five standards, no movement on three and a downward turn on one. The WDES is a new standard this year so will act as a baseline for future years.

The trust has also reviewed the EDS2 to get a new baseline position and provide a realistic picture of the current situation. This also needs to be done at divisional level to allow for local context.

In the last year the trust has also strengthened the staff networks with executive sponsorship and put in a new governance structure for EDHR. The trust is also working BRAP and has central funding from the leadership academy to continue this work over the next 18 months.

It is positive that the trust is starting to get the data as to where the hotspots are in terms of bullying and harassment and which areas in particular require focused work on cultural change. This change needs to start now in order to be suitably embedded for Oriel.

The board was pleased to see progress in this area although there is clearly more to do on disability figures. It was noted that there has been a huge amount of learning from the public consultation that can feed in to this work.

19/2347 Board assurance framework update

The board assurance framework captures the key strategic risks as follows:

- Cost improvement targets – progress is being made but the position is still behind the curve of where it should be.
- Oriel is an ongoing strategic managed risk
- The risk around commissioner turbulence has been maintained as the system is facing an increasing financial challenge, in particular NCL and west London.
- The importance of workforce planning and staff engagement is reflected as previously discussed.
- There is still a huge amount of uncertainty over Brexit and the trust is engaged in terms of pharmacy and submitting relevant returns on the impact of consumables and drugs. There is a risk to research funding and research capability as well a risk to workforce.
- Research funding has been escalated to the BAF and requires focus.

19/2348 Report from the audit and risk committee

There were no internal audit reports submitted this quarter. Progress has been made on consultant job planning with a number of services being used for trials. A full update will be provided at the October meeting but it was noted that there is a long timeframe for completion. The number of outstanding items is reducing and assurance has been received in a number of areas.

Fraud referrals relate to alleged timesheet fraud and excess claims. Work is going on relating to soft controls rather than hard controls and to look at culture in organisations and departments that circumvent processes and systems.

The committee reviewed the BAF and corporate risk register changes, the write-off of historical receivables and cleansing of the ledger.

The final issue discussed relates to the external audit tender review which has reached a natural breakpoint. The trust is looking to market test and re-run a framework process and consider extending the field.

19/2349 Report from the quality and safety committee

Key issues highlighted relate to fire safety, with an action plan around the processes and reporting on fire risk which is 60% complete. This needs ongoing pressure on actions and has executive focus.

There is a theme around complaints with appointments being cancelled and potentially lost to follow up. The committee escalated the issue of administrative and clinical systems to the executive for inclusion on the corporate risk register. Another risk (glaucoma service at Bedford) was highlighted as a potential risk although a review is taking place at the moment and the risk will be considered further once this is complete.

The committee also reviewed the restructure of support services which now has a quality partner in place. The committee will receive a regular update on accreditation and review.

19/2350 Report from the people and culture committee

SS advised that the trust is successfully dealing with pockets of uneven workforce issues. Instances of anxiety, stress and depression amongst staff are higher than other reasons given for absence. There are also safe staffing levels in relation to the nursing workforce.

19/2351 Membership council report

The council received a report from Member's Week which highlighted continuing issues on communication about waiting times, buzzers, etc. Governors have asked for feedback from operations at the next meeting.

There was a great deal of governor feedback from visits, the meet your governor event, Oriel consultation and advisory groups. Themes have been consistent throughout, namely regarding access to the building, transition and wayfinding.

It was also noted that the membership council reappointed the chair for a further three-year term.

19/2352 Identify any risk items arising from the agenda

There were no additional issues raised.

19/2353 AOB

It was noted that the Oriel consultation will close on 16 September.

19/2337 Date of next meeting – Thursday 3 October 2019

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
4 Jul 2019	19/2326	Integrated performance report	Investigate the differences in figures relating to number of referrals and first appointment attendance.	JQ	5 Sep 2019		Closing
4 Jul 2019	19/2336	AOB	Issue of provenance of medicines to be checked with Chief Pharmacist	JQ	5 Sep 2019		Closing
5 Sep 2019	19/2344	Finance report	Investigate figures in the SoFP which show assets higher than planned	JW	3 Oct 2019		Open
5 Sep 2019	19/2345	Workforce strategy	Update on progress to be provided in six months	SD	1 Mar 2020		Open

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

Bold shows updates

Moorfields Eye Hospital NHS Foundation Trust

NHS

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

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 05
Chief executive's report
Board of directors 3 October 2019

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

Brief summary of report

The report covers the following areas:

- Freedom to speak up month
- Information governance benchmarking
- New appointments
- New role for the joint director of education
- Financial position M5
- HDR UK grant
- Oriel public consultation
- EU exit planning

Action required/recommendation.

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

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

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

PUBLIC BOARD MEETING – 3 OCTOBER 2019

Chief Executive's report

1. Quality

October 2019 is **Freedom to Speak Up month** and an opportunity to promote our open culture at Moorfields. The Guardians are working with the communications team to develop a bespoke video highlighting what Freedom to Speak Up is all about and how staff can engage with them. We will also be holding a FTSU 'you said we did' session providing feedback about the actions we have taken. We will obtain staff feedback about our accessibility and what impact we have had using a short questionnaire. There will be a special feature in the weekly communications bulletin about Speaking Up.

2. Financial

Financial performance in August was a deficit of £0.65m, £0.16m ahead of the planned deficit of £0.81m in-month. NHS activity was again high in month when compared to plan and helped in reducing the cumulative year to date adverse variance to £0.03m, with a deficit of £1.35m reported. The trust has now in effect recovered the adverse performance earlier in the year against our budget, and this sets us up for the critical autumn months when activity and financial performance tend to be positive. As per previous months, achieving the difficult task of delivering savings remains paramount, with forecast savings for the year increasing to £5.1m against the target of £7.0m, an increase of £0.6m from July. This area will continue to receive real focus over the coming months to help us in delivering our plan for the year.

3. People

In terms of **new appointments** I would like to welcome Kaveh Vahdani (adnexal consultant, Moorfields South), Christos Tsounis (head of nursing, Moorfields South), Simona Eposti (consultant in medical retina and clinical trials), Chien Wong (consultant in paediatric retinovascular disease), Lucy Barker (consultant paediatric ophthalmologist) and Rajesh Deshmukh (consultant, MR and cataract service) to their new roles. I would also like to congratulate Will Tucker (divisional director, Moorfields South) on his appointment and thank Alison Davis for the hard work and commitment she put into the role.

4. Research

Moorfields, along with University Hospitals Birmingham and a number of key partners, has been announced as one of seven new **health data research hubs** that will give patients across the UK faster access to pioneering new treatments. Led by Health Data Research UK, the hubs will bring together different types of health data, making it easier to access for research. Congratulations to all those involved in the bid and we look forward to collaborating with our bid partners on this exciting project which will be called INSIGHT.

5. Education

I am pleased to advise the board that Nora Colton, alongside her role as joint director of education at the UCL Institute of Ophthalmology and Moorfields Eye Hospital and Professor of Global Vision and Eye Health Education, is to take up the role of **Pro-Vice-Provost (Postgraduate Education)** in the Office of the Vice Provost (Education and Student Affairs). Nora will work alongside Professor Anthony Smith, Vice Provost (Education and Student Affairs), acting as an institutional champion for graduate education and helping to accelerate the transformation of the experience we offer to our students.

6. Infrastructure

KPMG has completed its **independent 2018/19 benchmarking review** which is a confidential benchmarking study involving 21 healthcare organisations. The trust achieved excellent results and in particular I want to highlight the following headlines:

- Moorfields was one of only two (of 21) healthcare organisations benchmarked nationally where all the assertions reviewed were passed.
- The Trust outperformed the national benchmark in eight of the twelve assertions reviewed and was in line with the rest.
- The level of assurance provided was high.
- 95% of healthcare organisation did not achieve the level of Information Governance training achieved at Moorfields.

7. Strategy

The **public consultation on Oriel** closed on 16 September. We would like to thank the many patients, carers, members of the public, staff and stakeholder groups who have taken the time to contribute their views to the consultation.

Consultation activity has included:

- 5,615 people have visited the Oriel website, resulting in 18,632 page views
- Over 50 meetings held to date with around 880 public and patient representatives, plus around 100 participants in the RDCEC 'lessons learned' exercise.
- Over 27 meetings held to date with staff from across our network

To date 1,304 survey responses have been received mainly from patients, carers and the public (77%) with staff responses at 17%. Feedback has remained consistent with the main themes as previously reported and consistent between discussions and survey responses.

The next step is publication of the draft consultation outcome report in mid-October. Following this, the Joint Health Overview and Scrutiny Committee will meet on 29 November. NHS England Specialised Commissioning colleagues and the CCG Committees in Common will meet w/c 16 December to make their final decision on the proposal.

We continue to plan carefully and proactively for the forthcoming period of time when the **UK is set to leave the European Union**. The Trust Management Committee reviewed in September a detailed plan which highlights the work underway internally, and with national bodies, to mitigate risks to service continuity during this period as well as continuing to support our three key roles of services delivery, education and global leading research. Senior leads at Moorfields in each area (medicines management, workforce, research, data transfer) have been working for some time now to support the planning process. This process is formally being led by the emergency preparedness team and the lead manager Grainne Barron.

David Probert
Chief Executive
October 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 06

Integrated performance report

Board of directors 3 October 2019

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

Brief Summary of Report

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

Executive Summary

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

Context

A&E activity continues to be higher than expected and exceeds plan. If growth continues as current then the department will see a yearly attendance of 102,000. This will be continue to be monitored closely to assess if this is an ongoing trend and any impact on performance.

Other activity has seen positive growth in month which is in line with our plan. Elective activity is now on plan. This is now caught up lost activity from April.

Service excellence

Overall performance remains strong and the Trust is meeting the national access targets year to date. Areas of note:

The NHSE locally agreed 14 day cancer target is slightly lower than target however is showing a more stable position to that of last year. This non delivery this month was ainly due to patient choice although there are two episodes with Trust delays which have been investigated.

Journey times have improved over time though now there is a plateauing of this. Partly this is due to better data capture. This is now being reviewed in service improvement to ascertain what else can be doen now to see any further reductions in patient journey times in clinic.

The FFT responses are lower than target. The electronic FFT has now been implemented in A&E and it si hoped that this will both improve responses but also the feedback we get from patients.

People (enabler)

Appraisal have seen a dip this month and have just gone below target. Divisional teams and managers have been reminded to continue to ensure delivery of this and the L&D team will be identifying areas or lower compliance and supporting teams to ensure appraisal compliance.

Infrastructure and culture (enabler)

Ethnicity recording remains just under the target and has done for some months. A detailed review of this will be undertaken in the next month to understand how this target can be met.

Financial Health and Enterprise

Activity has improved in month 5 and all PODs are on plan YTD in August. Commercial division performance is mixed. CIP delivery has improved but remains a challenge which is actively being addressed with divisions and corporate services Detail is provided in the finance plan.

Action Required/Recommendation

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

For Assurance	X	For decision		For discussion		To Note	

Moorfields Eye Hospital NHS Foundation Trust

Trust Executive Summary By Scorecard Domain - August 2019

Service Excellence (Ambitions)

Patient Centred Care

	G	A	R
Total	**32**	**1**	**6**
Cancer	3	0	1
Access & Outpatients	6	0	1
Admitted	6	0	1
Quality & Safety	17	1	3

Collaborative Research

G	A	R
1	0	1

Innovation & Education

G	A	R
In Development		

Influence National Policy

G	A	R
In Development		

People (Enablers)

Workforce Metrics

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

Staff Satisfaction & Advocacy

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

Infrastructure & Culture (Enablers)

Digital Delivery

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

Research

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

Education

G	A	R
In Development		

Financial Health & Enterprise (Enablers)

Overall Plan

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

Commercial Operations

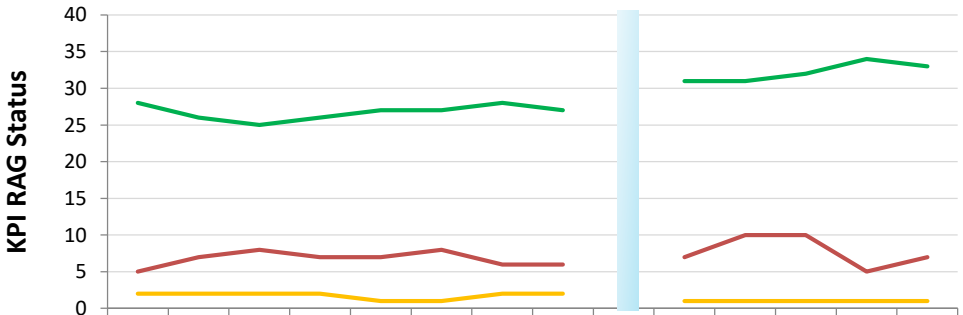
G	A	R
0	**0**	**1**

Cost Improvement Plans

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

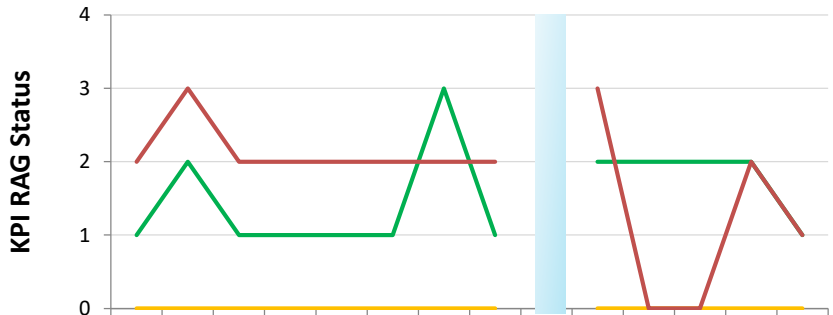
Executive Summary - Scorecard Domain Trends

Service Excellence (Ambitions)



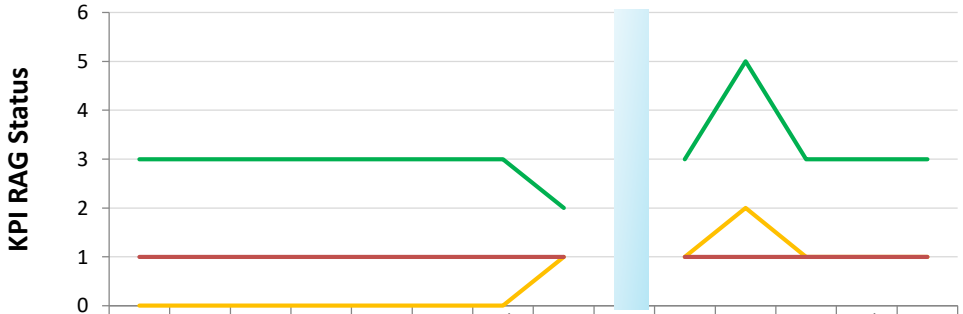
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	-	Apr	May	Jun	Jul	Aug
Green	28	26	25	26	27	27	28	27		31	31	32	34	33
Amber	2	2	2	2	1	1	2	2		1	1	1	1	1
Red	5	7	8	7	7	8	6	6		7	10	10	5	7

People (Enablers)



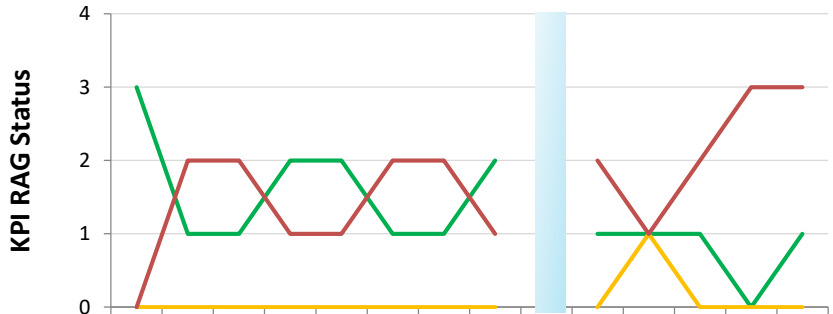
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	-	Apr	May	Jun	Jul	Aug
Green	1	2	1	1	1	1	3	1		2	2	2	2	1
Amber	0	0	0	0	0	0	0	0		0	0	0	0	0
Red	2	3	2	2	2	2	2	2		3	0	0	2	1

Infrastructure & Culture (Enablers)



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

Financial Health & Enterprise



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

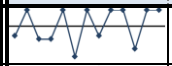
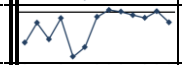
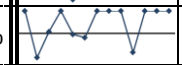
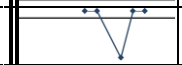
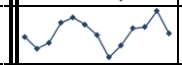
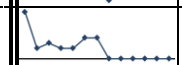
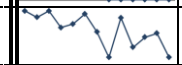
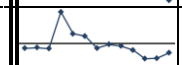
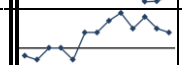
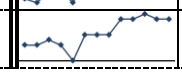
Lines split by financial year due to different number of metrics

Context - Overall Activity - August 2019

		August 2019		Monthly Variance	Year To Date		YTD Variance
		2018/19	2019/20		2018/19	2019/20	
Accident & Emergency	A&E Arrivals (All Type 2)	8,206	8,301	+ 1.2%	41,326	42,899	+ 3.8%
	Number of 4 hour breaches	27	167	+ 518.5%	1,017	573	- 43.7%
Outpatient Activity	Number of Referrals Received	11,755	11,593	- 1.4%	58,836	62,009	+ 5.4%
	Total Attendances	49,757	49,062	- 1.4%	248,503	255,676	+ 2.9%
	First Appointment Attendances	11,193	10,761	- 3.9%	56,525	56,676	+ 0.3%
	Follow Up (Subsequent) Attendances	38,564	38,301	- 0.7%	191,978	199,000	+ 3.7%
Admission Activity	Total Admissions	3,326	3,091	- 7.1%	16,357	16,491	+ 0.8%
	Day Case Elective Admissions	3,000	2,760	- 8.0%	14,782	14,763	- 0.1%
	Inpatient Elective Admissions	97	95	- 2.1%	473	511	+ 8.0%
	Non-Elective (Emergency) Admissions	229	236	+ 3.1%	1,102	1,217	+ 10.4%

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

Domain	Service Excellence (Ambitions)	*August 2019*

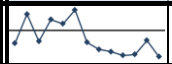
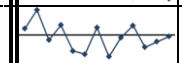
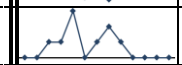
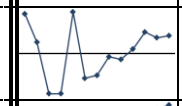
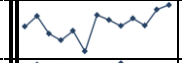
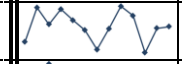
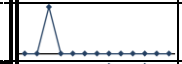
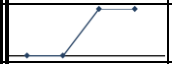
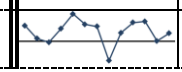
Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Patient Centred Care (Cancer)	Cancer 2 week waits - first appointment urgent GP referral	≥93%	G		97.3%	Monthly	100.0%	83.3%	100.0%	100.0%		→
	Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	≥93%	R	8	90.0%	Monthly	90.4%	87.8%	94.0%	83.8%		↓
	Cancer 31 day waits - diagnosis to first appointment	≥96%	G		98.4%	Monthly	92.6%	100.0%	100.0%	100.0%		→
	Cancer 31 day waits - subsequent treatment	≥94%	G		100.0%	Monthly	100.0%	100.0%	100.0%	100.0%		→
	Cancer 62 days from urgent GP referral to first definitive treatment	≥85%			66.7%	Monthly	100.0%	100.0%	n/a	n/a		
Patient Centred Care (Access & Outpatients)	18 Week RTT Incomplete Performance	≥92%	G		94.4%	Monthly	94.5%	94.5%	95.0%	94.3%		↓
	52 Week RTT Incomplete Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	A&E Four Hour Performance	≥95%	G		98.6%	Monthly	98.3%	98.7%	98.8%	97.9%		↓
	Percentage of Diagnostic waiting times less than 6 weeks	≥99%	G		99.8%	Monthly	100.0%	100.0%	100.0%	99.4%		↓
	Average Call Waiting Time	≤ 3 Mins (180 Sec)	G		106	Monthly	131	65	69	110		↑
	Median Clinic Journey Times - New Patient appointments: Year End Target of 95 Mins	Mth:≤ 100Mins	G		102	Monthly	101	104	101	100		↓
	Median Clinic Journey Times -Follow Up Patient appointments: Year End Target of 85 Mins	Mth:≤ 91Mins	R	9	94	Monthly	94	95	94	94		→

* Data Provisional for August 19

** Data Provisional for Jul-Aug 19

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

Domain	Service Excellence (Ambitions)	*August 2019*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Patient Centred Care (Admitted)	Theatre Cancellation Rate (Overall)	≤7.0%	G		6.0%	Monthly	5.8%	5.9%	6.5%	5.8%		↓
	Theatre Cancellation Rate (Non-Medical Cancellations)	≤0.8%	G		0.76%	Monthly	0.92%	0.63%	0.71%	0.78%		↑
	Number of non-medical cancelled operations not treated within 28 days **	Zero Breaches	G		1	Monthly	0	0	0	0		→
	Mixed Sex Accommodation Breaches	Zero Breaches	G		0	Monthly	0	0	0	0		→
	Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	≤ 2.67%	R	10	n/a	Monthly (Rolling 3 Months)	2.95%	4.07%	3.69%	3.83%		↑
	VTE Risk Assessment	≥95%	G		98.8%	Monthly	98.7%	98.2%	99.2%	99.5%		↑
	Posterior Capsular Rupture rates	≤1.95%	G		0.74%	Monthly	0.88%	0.40%	0.72%	0.74%		↑
Patient Centred Care (Quality & Safety)	Occurrence of any Never events	Zero Events	G		0	Monthly	0	0	0	0		→
	Endopthalmitis Rates - Aggregate Score	Zero Non-Compliant				Quarterly		2				
	MRSA Bacteraemias Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Clostridium Difficile Cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	MSSA Rate - cases	Zero Cases	G		0	Monthly	0	0	0	0		→
	Inpatient (Overnight) Ward Staffing Fill Rate	≥90%	G		93.6%	Monthly	97.8%	98.2%	90.1%	93.3%		↑

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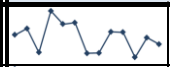
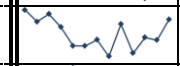
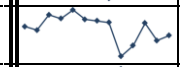
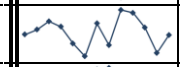
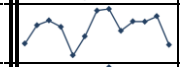
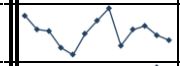
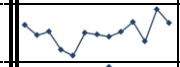
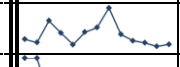
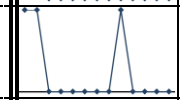
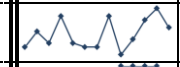
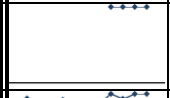
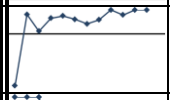
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Moorfields Eye Hospital NHS Foundation Trust

NHS

Domain	Service Excellence (Ambitions)	*August 2019*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Patient Centred Care (Quality & Safety)	Inpatient Scores from Friends and Family Test - % positive	≥90%	G		99.3%	Monthly	99.4%	99.0%	99.3%	99.2%		↓
	A&E Scores from Friends and Family Test - % positive	≥90%	G		93.0%	Monthly	91.3%	92.9%	92.7%	94.7%		↑
	Outpatient Scores from Friends and Family Test - % positive	≥90%	G		96.5%	Monthly	96.3%	97.0%	96.5%	96.7%		↑
	Paediatric Scores from Friends and Family Test - % positive	≥90%	G		98.1%	Monthly	98.7%	98.1%	97.1%	97.8%		↑
	Inpatient Scores from Friends and Family Test - % response rate	≥30%	G		49.4%	Monthly	52.2%	52.1%	55.1%	39.3%		↓
	A&E Scores from Friends and Family Test - % response rate	≥20%	R	11	8.6%	Monthly	10.1%	11.1%	8.6%	7.3%		↓
	Outpatient Scores from Friends and Family Test - % response rate	≥15%	A	12	12.2%	Monthly	12.6%	9.9%	14.5%	12.5%		↓
	Paediatric Scores from Friends and Family Test - % response rate	≥15%	G		17.9%	Monthly	18.3%	17.5%	16.2%	17.0%		↑
	Summary Hospital Mortality Indicator	Zero Cases	G		0	Monthly	0	0	0	0		→
	NHS England/NHS Improvement Patient Safety Alerts breached	Zero Alerts	G		n/a	Monthly	0	0	0	0		→
	Number of Written Complaints	YTD ≤ 84	R	13	127	Monthly	23	28	31	26		↓
	Freedom of Information Requests Responded to Within 20 Days	≥90%	G		100.0%	Monthly (Month in Arrears)	100.0%	100.0%	100.0%	100.0%		
	Subject Access Requests (SARs) Responded To Within 28 Days	≥90%	G		99.5%	Monthly (Month in Arrears)	100.0%	97.9%	100.0%	100.0%		
	Number of Serious Incidents remaining open after 60 days	Zero Cases	G		0	Monthly	0	0	0	0		→
	Number of Incidents (excluding Health Records incidents) remaining open after 28 days	≤ 20 Open	R	14		Monthly			168	131		↓

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** Data Provisional for Jul-Aug 19

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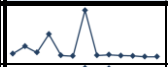
Domain	Service Excellence (Ambitions)	August 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Collaborative Research	Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	≥750	R	15	510	Monthly	113	104	77	80		↑
	Percentage of Trust Patients Recruited Into Research Projects	≥2%	G		n/a	Monthly	2.1%	2.7%	2.1%	5.8%		↑
Innovation & Education	Metrics In Development	None Set				tbc	*In Development (Due Oct 2019)*					
Influence National Policy	Metrics In Development	None Set				tbc	*In Development*					

* Data Provisional for August 19

** Data Provisional for Jul-Aug 19

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

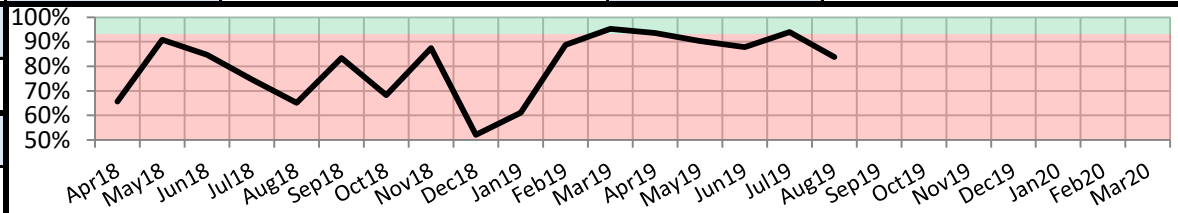
Remedial Action Plan - August 2019

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

Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥93%	Red	90.0%	90.4%	87.8%	94.0%	83.8%

Divisional Benchmarking (Aug 19)	City Road	North	South
	83.8%	n/a	n/a



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Patient choice has accounted for a significant level of our underperformance (10 out of 12 breaches).	This is being monitored but given challenges to delivery it is a challenge to overcome.	No Further Action Required
Two non-patient choice breaches were a result of referrals being incorrectly attributed to the wrong service for triage which resulted in a pathway delay.	Deputy COO has requested an RCA to understand pathway issues to avoid re-occurrence.	October 2019

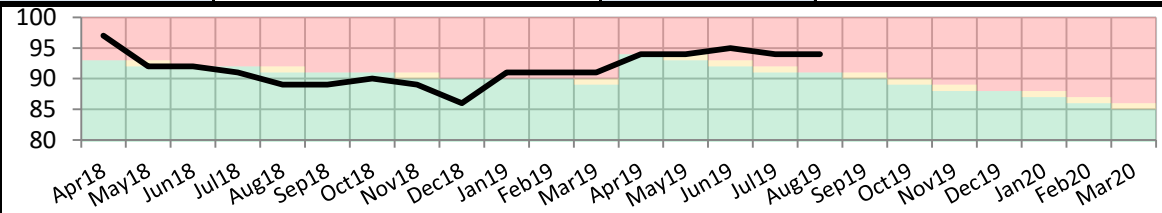
Remedial Action Plan - August 2019

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

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

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

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



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Follow-up journey times have been stable from April 2019. In-depth analysis shows that journey times vary greatly month-by-month for each site and service and there is no apparent trend; the median remains at 94mins. There have been no significant exceptions in terms of activity, data completeness or journey times in the month of August. Data completeness did increase slightly across the board in August; we are continuing to report a more accurate representation of journey times and this is reviewed weekly by the divisions.	Ongoing roll-out of the sub-specialty clinical stratification models for glaucoma and medical retina, which will reduce outpatient journey times - as part of this a significant proportion of follow-up patients are being moved into more efficient digital imaging pathways throughout 2019-20. Progess has been made in the implementation of stratified clinics particularly in the North divisions during August.	December 2019

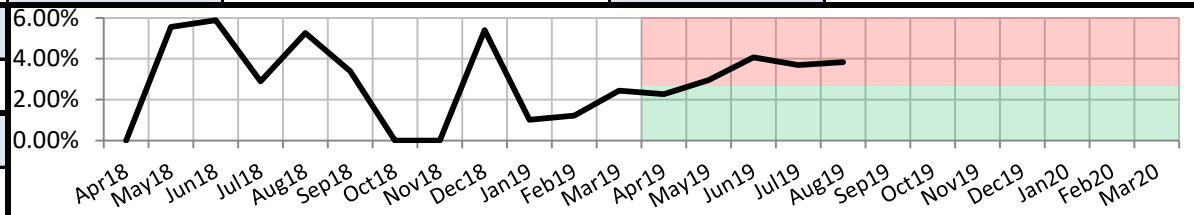
Remedial Action Plan - August 2019

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

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

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≤ 2.67%	Red	n/a	2.95%	4.07%	3.69%	3.83%

Divisional Benchmarking (Aug 19)	City Road	North	South
	4.44%	0.00%	4.55%



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
This metric considers only inpatient spells that were intended as overnight stays. Inpatient spells form the minority of surgical activity at Moorfields, and therefore the percentage is driven by a small number of breaches.	The Trust will continue to monitor readmissions and undertake clinical review of cases.	October 2019

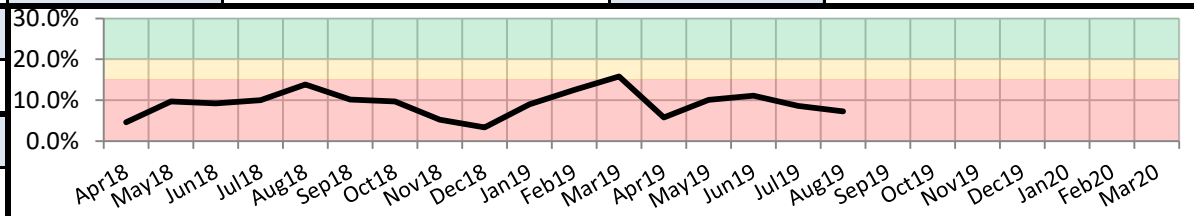
Remedial Action Plan - August 2019

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

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

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥20%	Red	8.6%	10.1%	11.1%	8.6%	7.3%

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



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Performance remains below target for reasons already set out.	The new A&E FFT text service has been implemented from 1 September and this generating a response rate of @30%; a huge improvement. Staff are very positive about this improvement.	September 2019

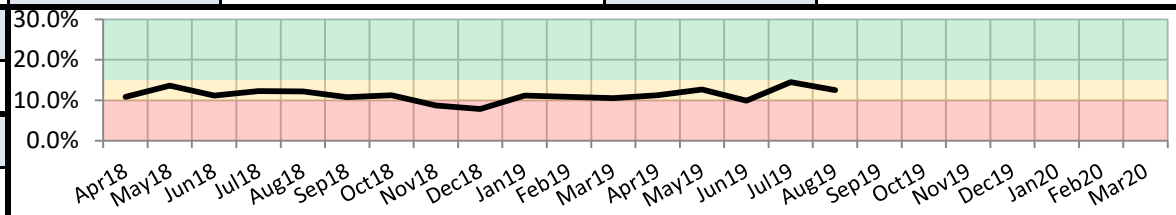
Remedial Action Plan - August 2019

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

Outpatient Scores from Friends and Family Test - % response rate

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥15%	Amber	12.2%	12.6%	9.9%	14.5%	12.5%

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



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

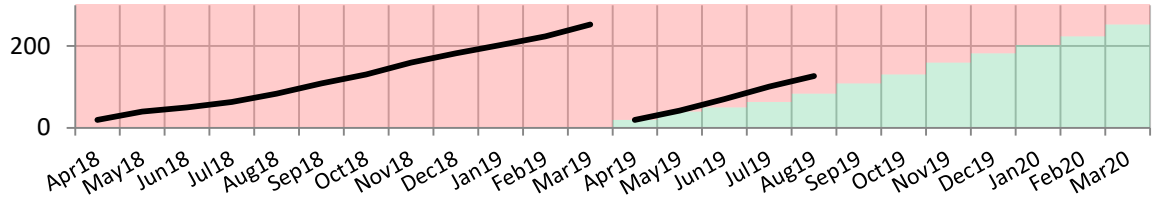
Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
Performance has slipped slightly from the previous month and remains below target; staff continue to try to improve performance.	The new FFT text system has gone live in A&E and is generating excellent results. The text system is planned to be rolled out to the rest CR in November and the rest of the organisation in December.	December 2019

Remedial Action Plan - August 2019

Domain	Service Excellence (Ambitions)	Theme	Patient Centred Care (Quality & Safety)
Number of Written Complaints	**Lead Manager**		**Responsible Director**	**Ian Tombleson**

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
YTD ≤ 84	Red	127	23	28	31	26

Divisional Benchmarking (Aug 19)	City Road	North	South
	tbc	tbc	tbc



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
The number of formal complaints continues to be above the 2018/19 benchmark. Analysis does not indicate one specific department/area of concern leading to this increase. There appear to be more clinical complaints.	No new actions at this stage. Performance continues to be closely moniotered by the divisions and central team	December 2019

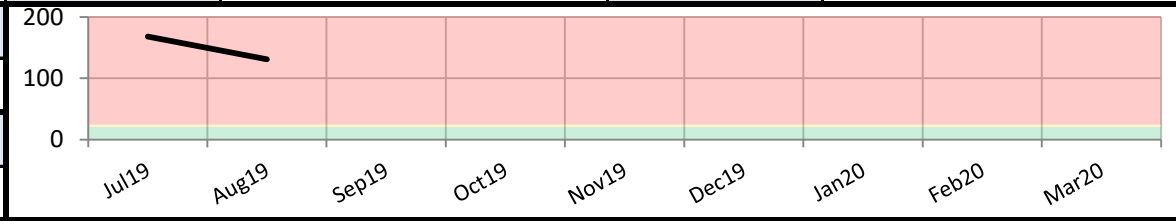
Remedial Action Plan - August 2019

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

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

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≤ 20 Open	Red	n/a	0	0	168	131

Divisional Benchmarking (Aug 19)	City Road	North	South
	tbc	tbc	tbc



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

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
We have seen a 20% improvement in the month. The target needs revision - therefore this report shows a lower performance than reality as it includes corporate and other services.	Improvement plans continue to be followed. Performance will continue to be monitored with an expectation of continung improvement	November 2019

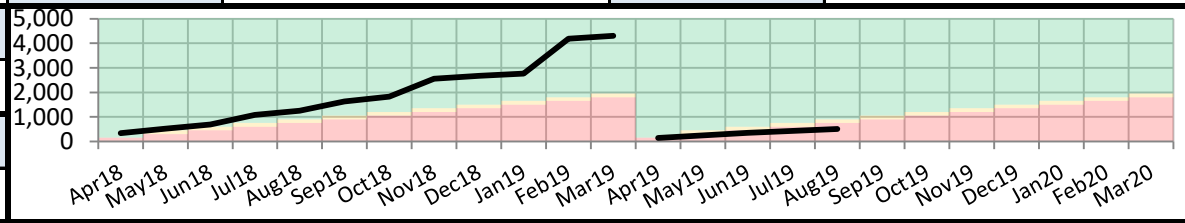
Remedial Action Plan - August 2019

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

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

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥750	Red	510	113	104	77	80

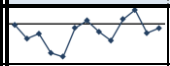
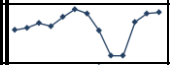
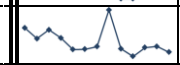
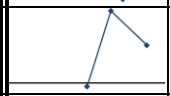
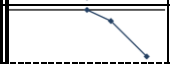
Divisional Benchmarking (Aug 19)	City Road	North	South
	n/a	n/a	n/a



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

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

Domain	People (Enablers)	August 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Workforce Metrics	Appraisal Compliance	≥80%	R	17		Monthly	80.6%	81.7%	78.8%	79.4%		↑
	Information Governance Training Compliance	≥95%				Monthly	*In Development*					
	Staff Turnover (Rolling Annual Figure)	≤15%	G			Monthly	12.1%	12.9%	13.1%	13.1%		→
	Proportion of Temporary Staff	RAG as per Spend			12.5%	Monthly	11.4%	13.0%	13.2%	12.1%		↓
Staff Satisfaction & Advocacy	Percentage of Staff agreeing with the staff survey statement "If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation"	≥90%				Quarterly			92.9%			
	Percentage of Staff agreeing with the staff survey statement "I would recommend my organisation as a place to work"	≥70%				Quarterly			57.7%			

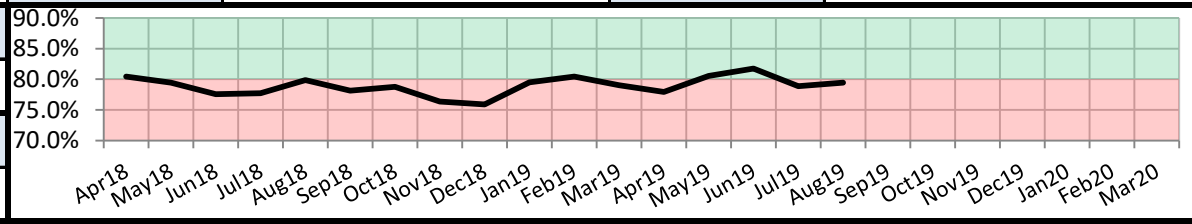
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Remedial Action Plan - August 2019

Domain	People (Enablers)	Theme	Workforce Metrics
Appraisal Compliance	**Lead Manager**	**Ruth Ball**	**Responsible Director**	**Sandi Drewett**

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥80%	Red	n/a	80.6%	81.7%	78.8%	79.4%

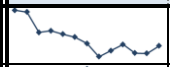
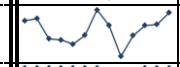
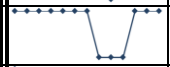
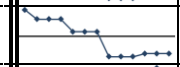
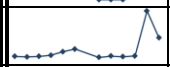
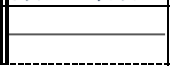
Divisional Benchmarking (Aug 19)	City Road	North	South
	n/a	n/a	n/a



Previously Identified Issues	Previous Action Plan(s) to Improve	Target Date	Status
Issues Include: - Raise awareness of non compliance across all areas. - Encourage proactive planning of appraisals. - Managers are not completing appraisals when they are due. - Some managers are still not experienced or confident in undertaking appraisal.	The actions we have been taking will continue month on month until the end of this financial year. The work on the ESR supervisor hierarchy is due to commence imminently and it is estimated that it will be completed by the end of September 2019.	Sep 2019	In Progress (No Update)
Staff and Managers are not completeing their appraisals before the expiry date.	HR Managers are sending reports to the Directorates	Aug 2019	In Progress (Update)
Appraisal completion dates are not always sent to the L&D for prompt input onto the system .	L&D are sending reminder to staff to complete their appraisal and targeting those who are due to fall out of compliance	Aug 2019	In Progress (No Update)

Reasons for Current Underperformance	Action Plan(s) to Improve Performance	Target Date
We seems to have large number dropping out, the figure has since gone back up to 80% and down during this period.	We will be targeting areas with low compliance , a member from the L&D team will be going out to deliver bespoke online appraisal training to managers with low compliance	October 2019

Domain	Infrastructure & Culture (Enablers)	*August 2019*

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Digital Delivery	Data Quality - Ethnicity recording (Outpatient and Inpatient)	≥94%	R	19	89.6%	Monthly	89.9%	89.5%	89.4%	89.8%		↑
	Data Quality - Ethnicity recording (A&E)	≥94%	G		99.8%	Not Set	99.8%	99.8%	99.8%	99.9%		↑
Research	70 Day To Recruit First Research Patient	≥80%	G		97.3%	Monthly	87.5%	100.0%	100.0%	100.0%		→
	Percentage of Research Projects Achieving Time and Target	≥65%	A	20	58.0%	Monthly	57.1%	58.3%	58.3%	58.3%		→
	Percentage of Patients Recruited Against Target (Studies Closed In Month)	100%	G		109.3%	Monthly	106.8%	111.3%	360.0%	211.1%		↓
	Number of Publications	None Set				Monthly	*In Development*					

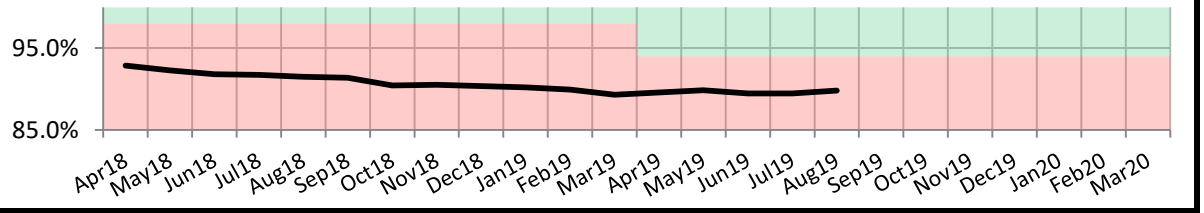
Where issued for a metric, the page number of the Remedial Action Plan (RAP) can be found in column 'RAP Pg'

Remedial Action Plan - August 2019

Domain	Infrastructure & Culture (Enablers)	Theme	Digital Delivery
Data Quality - Ethnicity recording (Outpatient and Inpatient)	**Lead Manager**	**Donna Flatt**	**Responsible Director**	**John Quinn**

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥94%	Red	89.6%	89.9%	89.5%	89.4%	89.8%

Divisional Benchmarking (Aug 19)	City Road	North	South
	90.7%	84.8%	93.0%



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

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

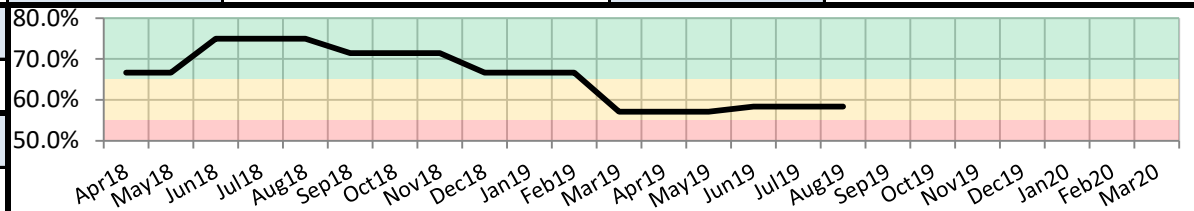
Remedial Action Plan - August 2019

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

Percentage of Research Projects Achieving Time and Target

Target	Rating	YTD	May-19	Jun-19	Jul-19	Aug-19
≥65%	Amber	58.0%	57.1%	58.3%	58.3%	58.3%

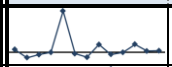
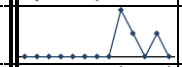
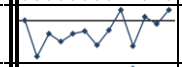
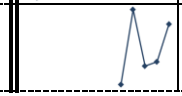
Divisional Benchmarking (Aug 19)	City Road	North	South
	n/a	n/a	n/a



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

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

Domain	Financial Health & Enterprise (Enablers)	August 2019

Theme	Metric Description	Target	Current	RAP Pg	Year to Date	Reporting Frequency	May 19	Jun 19	Jul 19	Aug 19	13 Month Trend	vs. Last
Overall Plan	Overall financial performance (In Month Var. £m)	≥0	R	*	-0.03	Monthly	0.00	0.77	0.12	0.16		↑
	Distance from Financial Plan (Current in Trust Metric : Trust Underlying Overall Position - Surplus / Deficit)	1	G		1	Monthly	2	1	2	1		↓
Commercial Operations	Commercial Trading Unit Position (In Month Var. £m)	≥0	R	*	-0.05	Monthly	-0.29	0.04	-0.04	0.12		↑
Cost Impovement Plans	Cost Improvement Plan Variance	≥0	R	*	-2.82	Monthly	-0.05	-0.32	-0.30	-0.12		↑

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

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 07
Finance report
Board of directors
3 October 2019

Report title	Monthly Finance Performance Report Month 05– August 2019
Report from	Jonathon Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

The Trust has reported a control total deficit of £0.7m in August, compared to a planned deficit of £0.8m, a favourable variance of £0.2m. Year to date the Trust has reported a £1.3m deficit, an adverse variance against plan of £0.03m.

Financial Performance £m	Annual Plan	In Month			Year to Date		
		Plan	Actual	Variance	Budget	Actual	Variance
Income	£237.9m	£19.7m	£20.1m	£0.4m	£100.2m	£101.1m	£1.0m
Pay	(£131.8m)	(£11.0m)	(£10.6m)	£0.3m	(£55.5m)	(£54.5m)	£1.0m
Non Pay	(£97.1m)	(£8.0m)	(£8.3m)	(£0.3m)	(£41.6m)	(£43.5m)	(£1.8m)
Financing & Adjustments	(£9.0m)	(£1.5m)	(£1.8m)	(£0.3m)	(£4.4m)	(£4.5m)	(£0.1m)
CONTROL TOTAL	**(£0.0m)**	**(£0.8m)**	**(£0.7m)**	**£0.2m**	**(£1.3m)**	**(£1.3m)**	**(£0.0m)**

Efficiency scheme performance is reporting delivery of £0.62m in August, compared to a planned £0.63m, an adverse variance against plan of £0.01m. Year to date delivered savings are £1.74m against a planned £2.21m, an adverse variance against plan of £0.47m.

The Trust is forecasting £5.10m of savings schemes inclusive of £0.6m red risk rated schemes from the planned £7.0m target. There remains a forecast gap of £1.90m.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

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

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

Moorfields Eye Hospital NHS Foundation Trust

NHS

Monthly Finance Performance Report

For the period ended 31st August 2019 (Month 05)

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

Monthly Finance Performance Report

For the period ended 31st August 2019 (Month 05)

Key Messages

Statement of Comprehensive Income

Financial Position	The Trust is reporting a deficit of £0.65m in August, compared to a planned deficit of £0.81m; £0.16m favourable to plan. Year to date performance is a deficit of £1.35m compared to a planned deficit of £1.32m; an adverse variance of £0.03m..
Income	Year to date total income is £1.0m favourable to plan. NHS commissioned clinical income is £1.05m favourable to plan YTD; largely due to Inpatient activity at £0.5m and Outpatient activity at £0.6m above plan. Commercial income is £0.2m adverse to plan linked to Moorfields Private activity being lower than plan (£0.2m).
Expenditure (pay, non pay and financing)	Pay costs are £1.0m favourable to plan YTD primarily due to vacancies across all staff groups, with the exception of registered nursing. Non pay expenses are £1.8m adverse to plan YTD including, Health Records (£0.5m), Project Oriel (£0.2m), City Road clinical supplies (£0.8m), and non-delivered efficiencies (£0.8m). Agency costs are below NHSI plan levels and reflect the positive move to increase substantive recruitment and availability of bank staff.
Research	R&D is reporting an adverse YTD variance of £0.3m further to a review of reductions in national income compared to costs.
Commercial Trading Units	Commercial Trading Units are reporting a surplus YTD of £1.4m compared to a planned surplus of £1.4m; a break-even position. Moorfields Private are £0.2m adverse YTD, offset by Moorfields Dubai at £0.2m favourable YTD.
Efficiency Programme	The Trust is reporting YTD efficiency savings achieved of £1.7m compared to a plan of £2.2m, an adverse variance of £0.5m. There are currently £1.2m of unidentified savings schemes, and a further £1.4m schemes assessed as high risk. Current forecast delivery is £5.1m, compared to the £7.0m full year target, representing a gap of £1.9m.

Statement of Financial Position

Cash and Working Capital Position	Cash balances at the 31st August were £47.8m, £2.0m above plan primarily due to a high level of PSF receipts and capital expenditure underspends offsetting higher creditor payments. The cash forecast for year-end remains on plan at £37.3m.
Capital (both gross capital expenditure and CDEL)	Total capital expenditure YTD is £2.61m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been amended to £17.8m from £18.10m further to the review of planned in year capital spend requested by NHSI.
Use of Resources	The Use of Resources rating is 3 against the planned rating of 3 The year end rating is forecast to be 1.
Receivables	Trust receivable debt has decreased by £2.3m to £18.5m since the start of the financial year.
Payables	Trust creditors have reduced by £6.7m to £9.9m since the start of the year. Payment of invoices YTD is at 87% by volume for Non NHS suppliers.
Forecast	The Trust is forecasting to meet its planned full year control total of breakeven, and is reviewing and preparing potential mitigations in respect of known challenges such as efficiency programme identification levels, and operational financial risks.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Income	£237.9m	£19.7m	£20.1m	£0.4m	£100.2m	£101.1m	£1.0m		£237.9m	£241.1m	£3.1m
Pay	(£131.8m)	(£11.0m)	(£10.6m)	£0.3m	(£55.5m)	(£54.5m)	£1.0m		(£131.8m)	(£130.8m)	£1.0m
Non Pay	(£97.1m)	(£8.0m)	(£8.3m)	(£0.3m)	(£41.6m)	(£43.5m)	(£1.8m)		(£97.1m)	(£102.3m)	(£5.2m)
Financing & Adjustments	(£9.0m)	(£1.5m)	(£1.8m)	(£0.3m)	(£4.4m)	(£4.5m)	(£0.1m)		(£9.0m)	(£8.0m)	£1.1m
CONTROL TOTAL	**(£0.0m)**	**(£0.8m)**	**(£0.7m)**	**£0.2m**	**(£1.3m)**	**(£1.3m)**	**(£0.0m)**		**(£0.0m)**	**£0.0m**	**(£0.0m)**
Memorandum Items											
Research & Development	£0.88m	£0.07m	£0.02m	(£0.05m)	£0.37m	£0.02m	(£0.35m)				
Commercial Trading Units	£4.77m	£0.17m	£0.29m	£0.12m	£1.42m	£1.37m	(£0.05m)				
ORIEL Revenue	(£2.30m)	(£0.20m)	(£0.20m)	(£0.00m)	(£1.18m)	(£1.36m)	(£0.18m)				
Efficiency Schemes	£7.00m	£0.74m	£0.62m	(£0.12m)	£2.21m	£1.74m	(£0.47m)				

INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
NHS Clinical Income	£138.1m	£60.1m	£61.3m	£1.2m		£138.1m	£139.8m	£1.7m
Pass Through	£38.0m	£12.7m	£12.5m	(£0.2m)		£38.0m	£37.5m	(£0.5m)
Other NHS Clinical Income	£9.8m	£4.2m	£4.1m	(£0.0m)		£9.8m	£9.9m	£0.1m
Commercial Trading Units	£31.6m	£12.3m	£12.2m	(£0.2m)		£31.6m	£29.8m	(£1.8m)
Research & Development	£10.3m	£6.6m	£6.6m	(£0.0m)		£10.3m	£13.0m	£2.7m
Other	£10.1m	£4.2m	£4.3m	£0.1m		£10.1m	£11.1m	£1.0m
TOTOAL OPERATING REVENUE	**£237.9m**	**£100.2m**	**£101.1m**	**£1.0m**		**£237.9m**	**£241.1m**	**£3.1m**

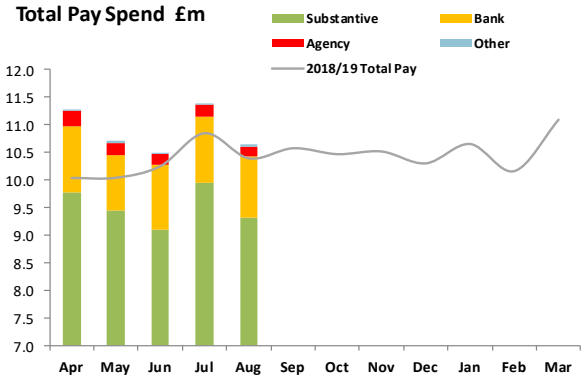
RAG Ratings

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

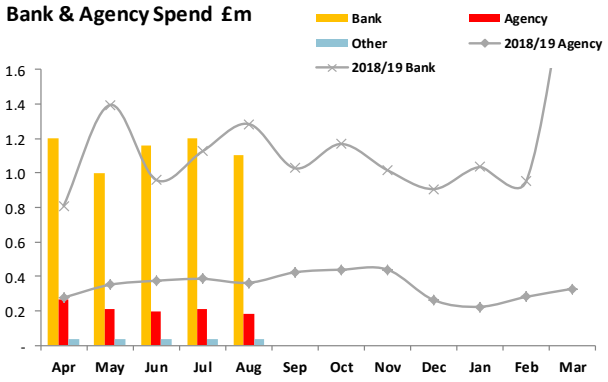
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Budget	Year to Date Actual	Year to Date Variance	% Total
Employed	(£128.2m)	(£10.7m)	(£9.3m)	£1.36m	(£54.0m)	(£47.6m)	£6.38m	87%
Bank	(£2.8m)	(£0.2m)	(£1.1m)	(£0.88m)	(£1.2m)	(£5.7m)	(£4.49m)	10%
Agency	(£0.4m)	(£0.0m)	(£0.2m)	(£0.15m)	(£0.2m)	(£1.1m)	(£0.90m)	2%
Other	(£0.4m)	(£0.0m)	(£0.0m)	(£0.00m)	(£0.2m)	(£0.2m)	(£0.01m)	0%
TOTAL PAY	**(£131.8m)**	**(£11.0m)**	**(£10.6m)**	**£0.33m**	**(£55.5m)**	**(£54.5m)**	**£0.98m**	

Total Pay Spend £m



Bank & Agency Spend £m



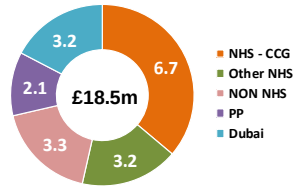
CASH, CAPITAL AND OTHER KPI'S

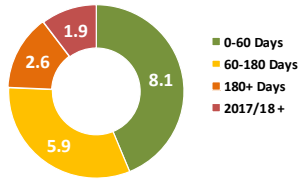
Capital Programme £m	Annual Plan	Year to Date Budget	Year to Date Actual	Year to Date Variance	RAG	Forecast Budget	Forecast Actual	Forecast Variance
Trust Funded	(£17.7m)	(£4.6m)	(£2.6m)	£2.0m		(£17.7m)	(£17.3m)	(£0.3m)
Donated	(£0.4m)	-	-	-		(£0.4m)	(£0.4m)	-
TOTAL	**£18.1m**	**£4.6m**	**£2.6m**	**(£2.0m)**		**£18.1m**	**£17.8m**	**£0.3m**

Key Metrics	Plan	Actual	RAG
Cash	45.9	47.8	
Debtor Days	45	28	
Creditor Days	45	35	
PP Debtor Days	65	65	

Use of Resources	Plan	Actual
Capital service cover rating	2	1
Liquidity rating	1	1
I&E margin rating	4	4
I&E margin: distance from fin. plan	1	1
Agency rating	1	1
OVERALL RATING	**3**	**3**

Net Receivables/Ageing £m





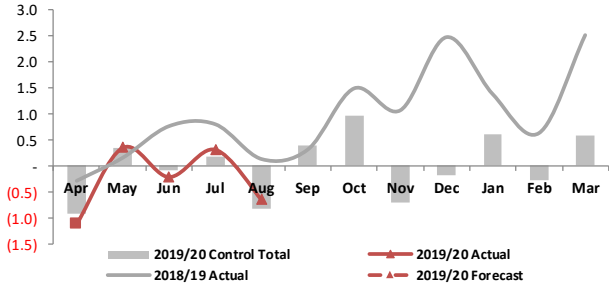
Trust Income & Expenditure Performance

FINANCIAL PERFORMANCE

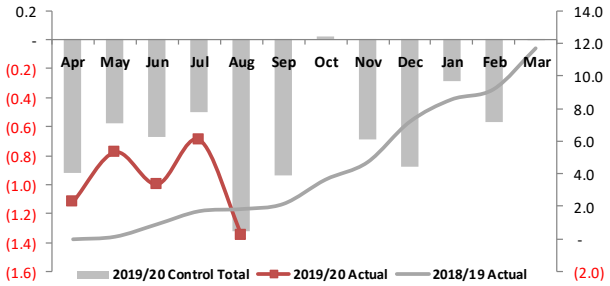
Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Budget	Actual	Variance
Operating Income										
NHS Commissioned Clinical Income	176.06	13.88	14.30	0.42	72.80	73.84	1.05	176.06	177.28	1.21
Other NHS Clinical Income	9.80	0.87	0.93	0.07	4.16	4.13	(0.03)	9.80	9.90	0.10
Commercial Trading Units	31.64	2.29	2.29	(0.01)	12.33	12.17	(0.15)	31.64	29.80	(1.84)
Research & Development	10.34	1.71	1.67	(0.03)	6.65	6.64	(0.01)	10.34	13.00	2.66
Other Income	10.07	0.91	0.90	(0.01)	4.25	4.35	0.10	10.07	11.08	1.01
Total Income	**237.91**	**19.66**	**20.09**	**0.44**	**100.18**	**101.14**	**0.96**	**237.91**	**241.06**	**3.15**
Operating Expenses										
Employee Expenses	(131.79)	(10.97)	(10.64)	0.33	(55.51)	(54.53)	0.98	(131.79)	(130.81)	0.98
Non Pay Expense	(97.08)	(8.00)	(8.27)	(0.26)	(41.63)	(43.45)	(1.82)	(97.08)	(100.77)	(3.70)
Total	**(228.87)**	**(18.98)**	**(18.91)**	**0.07**	**(97.13)**	**(97.98)**	**(0.84)**	**(228.87)**	**(231.58)**	**(2.71)**
EBITDA	*9.04*	*0.68*	*1.18*	*0.50*	*3.05*	*3.17*	*0.12*	*9.04*	*9.48*	*0.43*
Financing & Depreciation	(9.58)	(1.54)	(1.88)	(0.34)	(4.60)	(4.75)	(0.15)	(9.58)	(10.04)	(0.45)
SURPLUS / (DEFICIT)	**(0.54)**	**(0.86)**	**(0.70)**	**0.16**	**(1.55)**	**(1.58)**	**(0.03)**	**(0.54)**	**(0.56)**	**(0.02)**
Donated assets adjustments	0.54	0.05	0.05	(0.00)	0.23	0.23	(0.00)	0.54	0.56	0.02
CONTROL TOTAL SURPLUS / (DEFIC	**(0.00)**	**(0.81)**	**(0.65)**	**0.16**	**(1.32)**	**(1.35)**	**(0.03)**	**(0.00)**	**0.00**	**0.00**

PERFORMANCE AGAINST PLAN

Trust Monthly Plan v Actual
£m



Trust Cumulative Plan v Actual
£m



Commentary

Income

The Trust is reporting income of £20.09m in August, compared to a plan of £19.66m, a favourable variance of £0.44m.

Commissioned patient care income is £0.42m favourable to plan in August. Inpatient (£0.27m) and outpatient activity (£0.30m) were above plan.

Commercial income was on plan in month, whilst non-commissioned clinical income (primarily Bedford) was £0.06m above plan.

Pay

Total pay was £0.33m favourable to plan in August. Nursing budget over-spends across the clinical divisions have been off-set by vacancies in the clinical support staff group.

Medical additional/locum session payments during August totalled £0.25m of which £0.10m relates to A&E and Medical Retina specialties at City Road, whilst a further £0.10m relates to satellite sites.

Non Pay

(non pay and financing)

Non pay reported an adverse variance of £0.26m in August, primarily a combination of City Road theatres expenditure (£0.18m). Health Records reported an adverse variance (£0.15m) in-month, which was partially off-set by an favourable variance in pay (£0.03m).

Cost improvement savings were £0.12m adverse in August.

Financing, depreciation and adjustments were adverse to plan in month as a result of the impairment to the Electronic Medical Records system offset by favourable variances following the Trusts estate revaluation exercise performed in 2018/19.

Trust Patient Clinical Income Performance

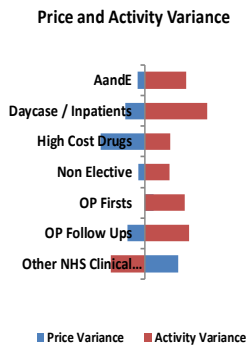
PATIENT CLINICAL INCOME

Point of Delivery	Activity YTD			YTD Income £'000			RAG
	Plan	Actual	Variance	Plan	Actual	Variance	
AandE	43,996	46,414	2,418	£6,448	£6,740	£291	
Daycase / Inpatients	14,946	15,418	472	£16,966	£17,330	£364	
High Cost Drugs	20,692	22,487	1,795	£15,995	£15,826	(£169)	
Non Elective	1,125	1,236	111	£2,171	£2,327	£155	
OP Firsts	54,489	56,476	1,987	£9,508	£9,931	£423	
OP Follow Ups	186,910	190,675	3,765	£19,034	£19,267	£233	
Other NHS Clinical Income	6,974	5,512	(1,462)	£1,424	£1,413	(£11)	
Total	329,132	338,218	9,086	£71,546	£72,833	£1,287	

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

PRICE & ACTIVITY VARIANCE

Average price			£000's	
Per Plan	Received	Variance %	Price Variance	Activity Variance
£147	£145	-1%	(£63)	£354
£1,135	£1,124	-1%	(£172)	£536
£773	£704	-9%	(£388)	£219
£1,930	£1,882	-2%	(£59)	£214
£174	£176	1%	£76	£347
£102	£101	-1%	(£150)	£383
£204	£256	26%	£288	(£298)
			(£468)	£1,755

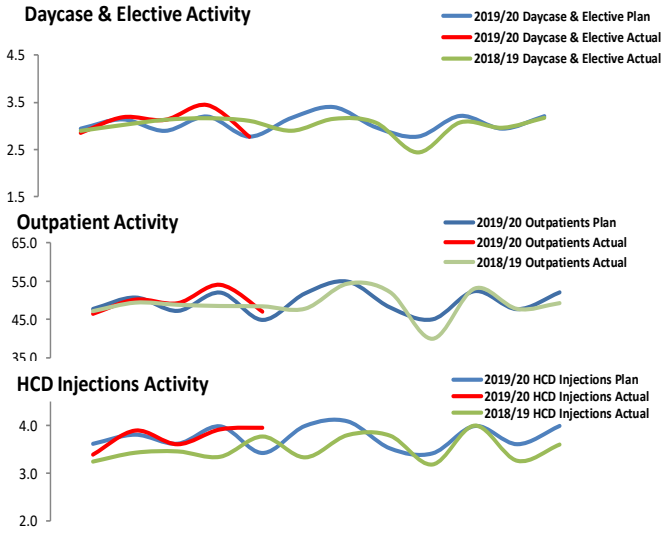


CONTRACT SLA PERFORMANCE

Divisional Income Performance £m	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
City Road	206,703	213,034	6,331	£43,977	£44,626	£648
North	65,994	68,515	2,521	£15,203	£16,003	£800
South	56,435	56,669	234	£11,926	£12,204	£278

Top CCG's	Activity			YTD Income £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
NHS Croydon CCG	24,382	22,718	(1,664)	£5,264	£5,034	(£230)
NHS Ealing CCG	16,825	18,188	1,363	£3,898	£4,371	£473
NHS Wandsworth CCG	13,702	14,960	1,259	£2,978	£3,364	£386
NHS City and Hackney CCG	15,363	15,535	172	£3,151	£3,220	£69
NHS Harrow CCG	13,564	13,623	59	£3,146	£3,150	£4
NHS Islington CCG	10,355	10,988	633	£2,124	£2,291	£167

ACTIVITY TREND



Commentary

NHS Income Overall NHS Patient Clinical activity in August has recovered due to favourable activity levels. Income is reporting a favourable variance to plan YTD of £1.28m (excluding Bedford; adverse by £0.1m YTD).

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

Day case and Inpatient Activity exceeded plan during August, and is above the plan YTD. Key specialities where YTD activity is behind plan include Adnexal and Medical Retina, offset by Cataract over-performance.

High Cost Drugs/ Injections Activity was at planned levels for August and is below plan for YTD of £0.17m. This results in a net favourable activity financial performance of £0.22m, however the national change in price for the drug Adalimumab from £344 to £140 has created an adverse price variance of £0.388m resulting in a net adverse income position.

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

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

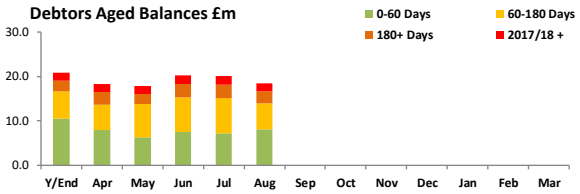
CAPITAL EXPENDITURE

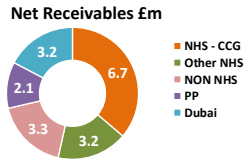
Capital Expenditure £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance
Estates - Trust Funded	4.1	0.2	(0.0)	(0.3)	0.5	0.0	(0.4)
Medical Equipment - Trust Funded	3.3	0.1	-	(0.1)	0.6	0.5	(0.1)
IT - Trust Funded	4.0	0.4	0.1	(0.3)	1.3	0.4	(0.9)
ORIEL - Trust Funded	6.0	0.5	0.3	(0.3)	2.2	1.6	(0.6)
Dubai - Trust funded	0.3	0.0	0.0	(0.0)	0.1	0.0	(0.0)
Other - Trust funded	-	-	-	-	-	-	-
TOTAL - TRUST FUNDED	**17.7**	**1.3**	**0.4**	**(1.0)**	**4.6**	**2.6**	**(2.0)**
IT - Externally Funded	0.4	-	-	-	-		-
TOTAL INCLUDING DONATED	**18.1**	**1.3**	**0.4**	**(1.0)**	**4.6**	**2.6**	**(2.0)**

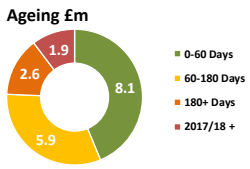
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	7.1	7.1		100%
Cash Reserves - B/Fwd cash	8.7	8.7		100%
Capital investment loan funding	-			
Cash Reserves - Other (PSF)	3.6	3.6		100%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	**17.7**	**17.7**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

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2017/18 +*	*Total*
CCG Debt	2.2	3.2	1.4	0.0	6.7
Other NHS Debt	1.5	0.6	0.4	0.6	3.2
Non NHS Debt	1.5	1.0	0.2	0.5	3.2
Commercial Unit Debt	2.9	1.1	0.6	0.7	5.3
TOTAL RECEIVABLES	**8.1**	**5.9**	**2.6**	**1.9**	**18.5**

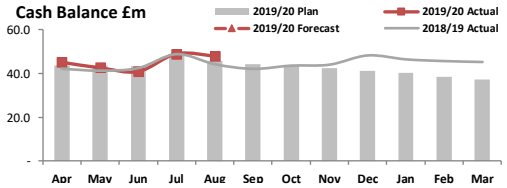






STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	102.9	92.8	88.5	(4.3)
Current assets (excl Cash)	19.6	21.6	27.1	5.5
Cash and cash equivalents	37.3	45.9	47.8	2.0
Current liabilities	(39.9)	(40.4)	(38.0)	2.3
Non-current liabilities	(36.1)	(37.5)	(38.1)	(0.6)
TOTAL ASSETS EMPLOYED	**83.8**	**82.4**	**87.3**	**4.9**



OTHER METRICS

Use of Resources	Weighting	Plan YTD	Score
Capital service cover rating	20%	2	1
Liquidity rating	20%	1	1
I&E margin rating	20%	4	4
I&E margin: distance from financial pla	20%	1	1
Agency rating	20%	1	1
OVERALL RATING		**3**	**3**

Working Capital Metrics	KPI	Jul 19	Aug 19
BPPC - NHS (YTD) by number	95%	61%	61%
BPPC - NHS (YTD) by value	95%	44%	42%
BPPC - Non-NHS (YTD) by number	95%	88%	87%
BPPC - Non-NHS (YTD) by value	95%	87%	87%
Debtor Days (YTD)	45	41	28
Creditor Days (YTD)	45	41	35
PP Debtor Days (YTD)	65	60	65

Commentary

Cash and Working Capital The cash balance at the 31st August is £47.8m, £2.0m above plan primarily due to higher than planned STF receipt of £1.7m and capital expenditure underspend of £2.0m offset by the higher creditor payments.

Capital Expenditure Total capital expenditure YTD is £2.610m (gross and on a CDEL basis). Expenditure includes investment in clinical estate, IT and medical equipment. Capital forecast for the year has been amended to £17.8m from £18.10m further to the requested review of planned in year capital spend.

Use of Resources The overall Use of Resources rating in August is 3, compared to a plan of 3 for August. Key points to note are:-

- I&E margin metric is reporting a 4 for August, in line with a plan of 4.

Receivables Receivables totalled £18.5m in August, a reduction of £2.3m since March 2019.

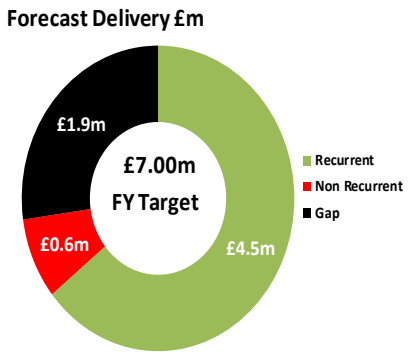
Payables Payables totalled £9.9m in August, a reduction of £6.7m since March 2019.

Efficiency Schemes Performance

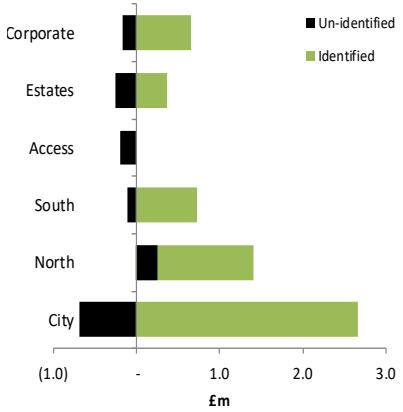
EFFICIENCY SCHEME PERFORMANCE

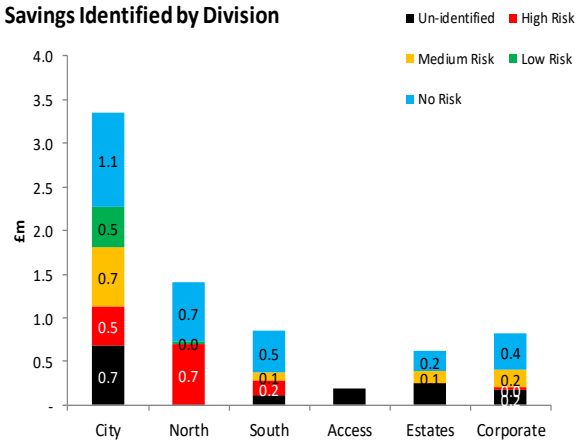
Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£3.35m	£0.44m	£0.43m	(£0.02m)	£1.10m	£0.81m	(£0.28m)	£3.35m	£2.42m	(£0.94m)
North	£1.15m	£0.07m	£0.07m	(£0.01m)	£0.40m	£0.29m	(£0.11m)	£1.15m	£0.99m	(£0.17m)
South	£0.85m	£0.07m	£0.05m	(£0.02m)	£0.24m	£0.20m	(£0.04m)	£0.85m	£0.65m	(£0.20m)
Access	£0.20m	£0.02m	-	(£0.02m)	£0.02m	-	(£0.02m)	£0.20m	-	(£0.20m)
Estates & Facilities	£0.62m	£0.05m	£0.02m	(£0.03m)	£0.13m	£0.10m	(£0.03m)	£0.62m	£0.37m	(£0.25m)
Corporate	£0.82m	£0.07m	£0.06m	(£0.01m)	£0.31m	£0.34m	£0.02m	£0.82m	£0.67m	(£0.15m)
TOTAL EFFICIENCIES	**£7.00m**	**£0.74m**	**£0.62m**	**(£0.12m)**	**£2.21m**	**£1.74m**	**(£0.47m)**	**£7.00m**	**£5.10m**	**(£1.90m)**

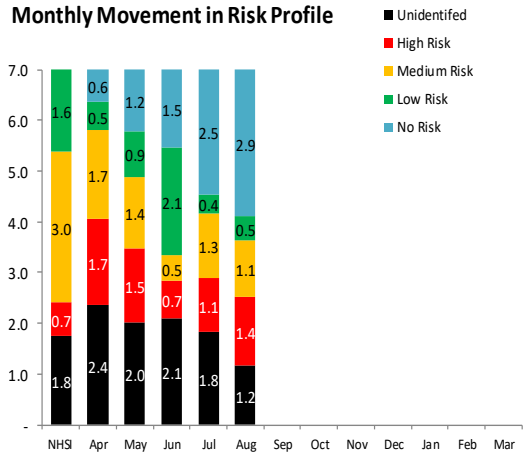
TRUST WIDE FORECAST



DIVISIONAL REPORTING & OTHER METRICS







Commentary

In Year Delivery The Trust is reporting efficiency savings achieved of £0.62m in August, compared to a plan of £0.74m. YTD efficiency savings achieved are £1.74m compared to a plan of £2.21m, an adverse variance of £0.47m.

Identified Savings There are currently £1.16m of unidentified savings schemes, and a further £1.36m of schemes assessed as high risk.

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

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

Forecast Of the planned target for £7m efficiency savings, the currently assessed forecast achievement based on the level of identified schemes, and risk profile is £5.10m, an adverse forecast of £1.90m compared to plan.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda items 08a & 8b
Service improvement reports
Board of directors
3 October 2019

Report title	Quality Service Improvement & Sustainability Annual review 2018-2019
Report from	John Quinn, Chief Operating Officer
Prepared by	Sarah Haspel & Naomi Sheeter Joint Directors of Service Improvement and Sustainability
Link to strategic objectives	• We will attract, retain and develop great people. • We will have an infrastructure and culture that supports innovation • We will have a sustainable financial model

Executive summary

The purpose of the Quality Service Improvement & Sustainability (QSIS) programme is to optimise patient and staff experience whilst developing future models of care and delivering the financial efficiencies.

This report summarises how we are delivering this by standardising processes and systems, embedding changes in day-to-day operations and working towards creating a culture within the Trust that supports ongoing changes in practice.

To develop and sustain this culture requires the trust to both deliver improvement and efficiency projects whilst training staff in continuous improvement methodology. We have adopted Quality Service Improvement & Redesign (QSIR), designed by the ACT Academy of NHSI to deliver a programme of service improvement training across the NHS.

Key achievements of the 2018-19 programme include:

CIP

- As at end of month 12, the trust had achieved 85% delivery against the revised CIP plan or 87% against the original plan. In 2017/18 Moorfields achieved 83% against the CIP plan.

Service improvement

- QSIR training – joint directors accredited as teaching faculty and established a teaching programme in-house.
- Supported the clinical and management team in Croydon with the transformation of the ophthalmology pathway across the system working with local partners in the charitable, community optometry, primary and secondary care sectors to re-write how care will be delivered and contracted.
- Established an administrative staff development programme across the trust, supporting the clinical administrative staffing restructure
- Developed a standardised programme of customer care, which has been delivered to clinical administrative staff across the trust, following on from a patient co-design exercise to ensure that this is focused on high priority areas for patients.
- Revised patient pathways through A&E, reducing the Emergency Nurse Practitioner (ENP) patient pathway from 10 steps to 7 and the medical patient pathway from 16 steps to 10
- Converted Croydon walk-in urgent care to a referral only rapid access clinic, working with the CCG and community services, resulting in a 45% reduction in attendance with consequent reduction in

agency medical spend.
- Implemented patient self-check-in kiosks at 5 sites: City Road, St George's, Croydon, Northwick Park and Ealing.

The QSIS team has worked in partnership with operational colleagues and commissioners in Croydon and as part of NCL STP to support ophthalmology pathway transformation work. This is to ensure both that change and improvement are supported at pace and that any change implemented in one area of the trust is in line with trust-wide standards and strategy.

The trust's Quality Service Improvement & Sustainability priorities for 2019-2020 are:

- Develop a trust culture and capability for change and improvement by QSIR training and project delivery
- Provide assurance and support the development of schemes to deliver the cost improvement plan and embedding a PMO approach to CIP programme
- Development and implementation of sub-specialty strategies for new models of care
- Ongoing improvement and standardisation of administration processes.

Quality implications

Quality improvement is an intrinsic part of all that the QSIS team do; every project, be it a service improvement or cost improvement, is subject to an equality & quality impact assessment (EQIA).

For service improvement project, each element, including quality improvement, is clearly delineated in each project brief, against which the project is managed.

For cost improvement there is a formal process of review by the Trust's Director of Nursing, Medical Director and Director of HR; with schemes being brought back for further review as required.

The level of patient engagement required is considered for all projects at the time of planning.

Financial implications

The programme is designed to deliver financial efficiencies. In 2018-19 Trust has achieved 85% delivery against the revised CIP plan or 87% against the original plan. In 2017/18 Moorfields achieved 83% against the CIP plan.

In 2019-20 we aim to integrate CIP and service improvement more closely, to encourage the trust in moving to a culture of transformation and improvement that does not see quality improvement and cost saving as mutually exclusive.

Risk implications

The key risks associated with the programme are:

1. Divisions and business areas failing to reach their 18/19 CIP targets
2. CIP plans failing to meet 19/20 target

Mitigation: assurance process to support development & delivery.

3. Delay in the delivery of individual service improvement projects

Mitigation: process and project management, formal review and monthly reporting

4. Culture of continuous improvement and change not spreading throughout the organisation

Mitigation: executive and board engagement in changing organisational culture, in-house QSIR training programme, ongoing delivery of quality service improvement & redesign projects

Action Required/Recommendation							
Support the ongoing work of the Quality Service Improvement & Sustainability programme and further develop board level engagement and leadership of this work to move to a culture of continuous improvement.							
For Assurance	✓	**For decision**		**For discussion**		**To note**	✓

Table of Contents

1. Capability development

A fundamental part of the QSIS programme is building capability for change within the organisation to support a continuously improving organisation.

This year has seen significant strides forward in the development of our capability to deliver change and continuous improvement.

As noted, we have adopted Quality, Service Improvement & Redesign (QSIR), the NHSI supported trans-theoretical approach to delivering service improvement. In October 2018, the Joint Directors of the QSIS team were accredited by NHSI as QSIR Teaching Faculty Associates; a further member of the QSIS team was accredited in April 2019 and we expect to have 2 more staff members qualify in October 2019.

This means that Moorfields is now an accredited centre to deliver QSIR training both to our staff and to those from other organisations. All teaching faculty associates have access to peer support, teaching materials and ongoing programme developments and are required to re-accredit annually to ensure that the standard of teaching is maintained to the required standard nationally. We have access to the training programmes in other trusts and in return support members of staff from other organisations with training.

A full teaching programme has been established and at the time of writing (June 2019) we have 21 staff trained in the introductory level; this training is delivered monthly. 16 staff have qualified as QSIR practitioners across the trust, and 12 staff are enrolled to complete their 5-day practitioner training in July 2019. All those attending the practitioner training are required to have a service improvement project that they are working on to use as part of the course; all teams working on local service improvement projects are expected to have members enrolled on practitioner training.

The initial feedback on the training is very positive, with 90.5% of those who have completed their introductory training rating the day as good/ very good and 100% of participants said that they would recommend the training to a colleague.

In addition, 3 members of staff from both QSIS team and City Road Division, enrolled on the NHSI Demand and Capacity train the trainer programme, which will complete during 2019-20. Being able to run this type of training in-house will support transformation of how we deliver our services.

For the last two years we have hosted the trust's Clinical Leadership & Sustainability Fellow and we will continue to support the Darzi Clinical Leadership Fellow when they start in post this autumn. The fellow has a key role in delivering training with the clinical education team and supports the delivery of the QIPP scheme, as well as supporting service improvement projects across the trust, working with the UK Ophthalmic Alliance, the Royal College of Ophthalmologists and this year the British and Irish Orthoptic Society (BIOS).

The QSIS team continues to attend trust-wide, site, service and division specific clinical governance sessions. The QSIS team presents regular updates to the Patient & Carers' Forum, the Patient Participation & Experience Committee, the AGM and the Membership Council. A regular update on CIP is given to CQRG, the board's Quality subgroup and the Finance & Audit committee

The QSIS team participated in the McKinsey sub-speciality strategy workshops and have worked with service directors to develop the strategies and take these forward in 2019-20 and beyond, as outlined at the end of this report.

In addition to QSIR, externally members of the QSIS team are part of the Health Foundation Quality Community (Q) and the directors are part of NHSI Service Improvement Directors' Network. This engagement allows peer support and ensures that we are kept up-to-date with service improvement methodologies, approaches and opportunities across the UK.

2. Cost Improvement Programme

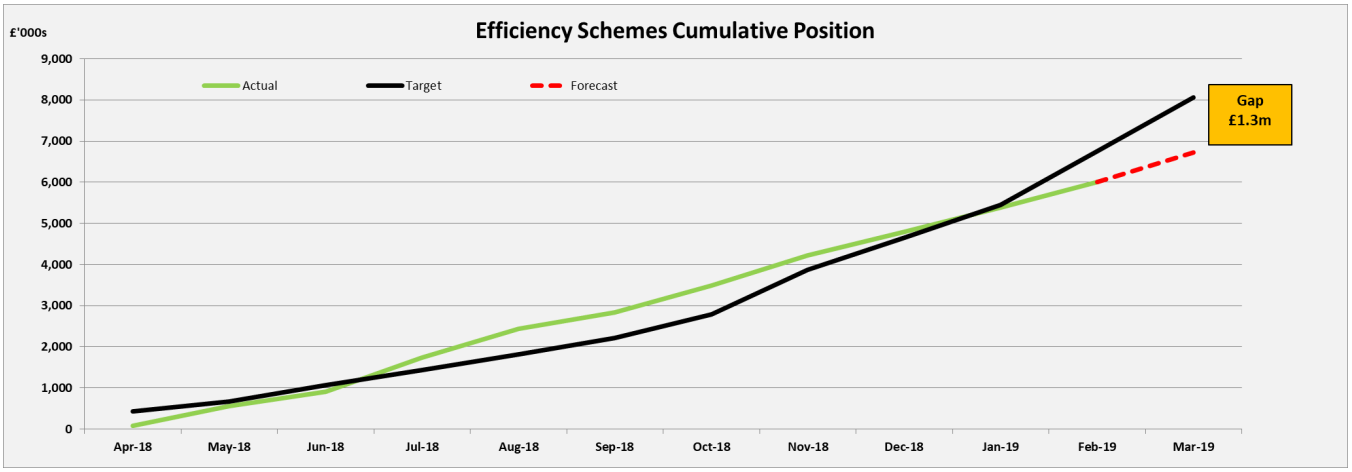
2.1 2018-2019 CIP delivery – process summary

The focus for 2018 - 19, as highlighted through the business planning process, was to reduce reliance on NHS patient related income generation as compared to previous years. There was also an emphasis on improved quality monitoring through the refresh of the CIP EQIA panel process to review and re-review schemes during the year. During the year, an electronic project management system was also implemented, PM3 supported by Best Outcomes, which was developed over 4 months as a CIP programme support tool. In year, only a proportion of CIP schemes were managed through PM3 due to the time for set-up, however all of 2019 - 20 schemes will be managed on PM3.

2.2 Trajectory for delivery

Overall the trust forecast at the start of the year was that delivery would be back-ended towards the last two quarters, due to a gap in identified schemes at the start of the year and schemes then identified to start in the latter part of the year. As illustrated below in table 1, during the year, there was a period of over delivery, when some schemes were ahead of delivery (green line) and some new schemes were developed. The target was increased during the year when a stretch target for the North Division (carry forward from 2017-18) was included in the published target (from month 9).

Table 1



a. Delivery outcome – recurrent/ non-recurrent savings

The delivery as of month 12 was 85% of the revised target of £8,057k, 2% improvement on 2017-18.

Table 2, below, shows the cut of outturn in terms of recurrent and non-recurrent savings. Non-recurrent savings were accepted into the CIP plan during the year as back up for non-delivery of recurrent schemes or lack of identified schemes. These were discussed in CIP meetings, performance meetings and QSIS board. Overall the cut for recurrent and non-recurrent was 77% to 23% respectively at month 12. Estates & Facilities and the South Division were at 77% and 36% respectively.

At the start of the year, the plan identified in the corporate areas, showed that CIP delivery was on target in the main without using non-recurrent schemes. The overall target shortfall was under workforce, where a scheme based on restructuring did not deliver, however, during the year a number of non-recurrent schemes made up the gap.

The North Division delivered 100% of their original target, and 86% of the stretch target; 3 schemes delivered non-recurrently including vacancy management of nursing, admin & clerical.

The South Division delivered over-target by £57k through the use of two non-recurrent schemes agreed to mid-year, one a drug rebate and one a charging of medics rebate. These off-set a challenging year due to the extended time spent off site with the St George's refurbishment overrun.

The City Road Division delivered 78% of target, of this there was 15% non-recurrent via 4 schemes, all pay related (vacancy control).

The Access Division defined two schemes at the start of the year, the largest, medical records project, did not deliver in the financial year and there were non-recurrent schemes added in to replace this.

Table 2; Year end actuals - Recurrent/Non-Recurrent split

	End of year actuals			
Divisions	Plan	Recurrent	Non Recurrent	Total
	£k	£k	£k	£k
Access	220	29	0	29
City Road	3728	2,438	431	2,870
Corporate	976	812	44	856
Estates & Facilites	692	162	530	692
North	1499	1,087	192	1,279
South	942	643	358	1,000
Grand Total	8,057	5,172	1,555	6,726
		77%	23%	

b. Delivery outcomes by expenditure categories

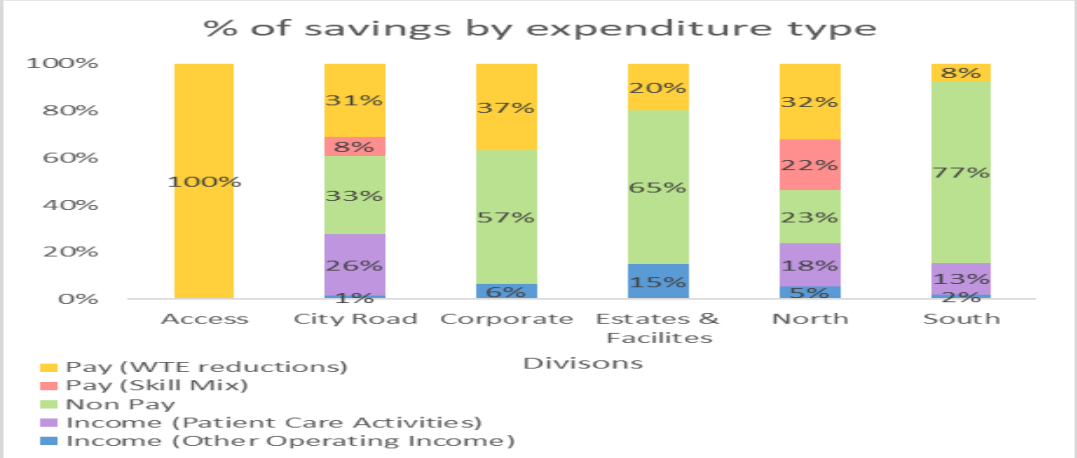
In addition to understanding the delivery by recurrent and non-recurrent savings, the schemes are also classified by category, taking national classifications (see table 3 below).

Table 3: Expenditure Category

Divisions	Income (Other Operating Income)	Income (Patient Care Activities)	Non Pay	Pay (Skill Mix)	Pay (WTE reductions)	Grand Total
Access					29	29
City Road	41	750	986	236	890	2,903
Corporate	55		486		366	907
Estates & Facilites	104		451		138	692
North	70	234	293	275	414	1,285
South	20	135	769		75	999
Grand Total	289	1,119	2,984	512	1,911	6,814

For the trust the schemes delivered in the past were focussed on income, and this year there was an attempt to move away from this, particularly from reliance on patient care income. The other focus was to develop more pay schemes which demonstrates projects in line with national guidance, reviewing skill mix for example (see table 4 below).

Table 4: Expenditure type



Overall, income schemes accounted for 21% of all CIP delivery; City Road and North had 27% and 23% whereas South was at 15%. City Road had one larger scheme, theatre scheduling that delivered income which was reviewed at QSIS Board. The North had £234k of patient treatment income with £150k of this from Bedford growth and "other" operating income £70k from service level agreement (SLA) income reviews. The income for Estates & Facilities was a £104k increase in rent at Ebenezer Street.

Pay savings accounted for 36% delivery. Pay (WTE reductions) were 28% of total and £2,423k with City Road saving £1,126k due to A&E staffing review, removing posts which had remained vacant for a large part of the year and a theatre staffing review. Pay (skill mix changes) across the Trust delivered the equivalent of 8% of the pay savings, a total of £512k. North (£275k) and City Road (£236k) both made savings in this area with a total of 7 schemes including ward and orthoptics skill mix review and admissions establishment review.

Across the Trust non-pay accounted for 44% of overall savings equivalent to £2,984k. South (77%) and Estates & Facilities (65%) made the largest proportional savings from non-pay against their targets, reflecting the non-recurrent profile of their savings schemes, as previously noted.

3. Lessons learnt for 19/20

Process - the CIP programme is developing in maturity in terms content and assurance. For quality the use of the QIA panel has been useful and expanding that into Equality QIA along with a review from workforce should develop it further. For content, the use of PM3 this year will mean that the when the plans are formulated there is more information provided in terms of risks, issues and milestones, allowing greater monitoring of RAG status. Monthly meetings are being held with the divisional leads and the managers responsible for the schemes in the divisions will be updating directly onto PM3.

Trajectory and expenditure type - though business planning was launched earlier for 2018-19, the trajectory for 2019-20 will rely on schemes which start delivering in quarter 2 and beyond. This is partly linked to the push to find more pay schemes, away from income schemes and/or complex schemes where the feedback is that staff need time to formulate the plans. This is for consideration in next year's business planning timelines.

Schemes being delivered in year and recurrently - the challenges set in business planning and through uploading into PM3 should avoid plans being put forward into the CIP plan that are then lost to the programme during the year. In addition this should reduce the need for non-recurrent savings being found to support loss of schemes. Any schemes requested to be removed are now flagged through QSIS board.

4. 2019-20 development

As at 31st March 2019 the CIP identified was 64% of the £7m for 2019-20

The delivery is predicated on the corporate areas delivering against target of £1447k including Estates & Facilities at £623K. This is on the on the basis that, barring HR, corporate delivery was 100% last year. The QSIS team are working with executives to understand their saving plans based on their 2019-20 budgets. Estates & Facilities have identified 101% of £623K, via 6 schemes, one red RAG rating for a non-recurrent art sale valued at £200K.

For divisions, during the business planning process the CIPs were reviewed by the executive and is summarised as:

- North, full identification of £1153K, via 13 schemes of which 6 are presently red RAG rated (46%).
- South, identified is 82% of £848K, via 13 schemes of which 2 are presently red RAG rated (15%).
- City Road, including pharmacy, have identified 50% of £3,354K via 32 schemes with 4 red RAG rated (13%).
- Access, identified 96% of £198K, through medical records rolling over to deliver in 2019-20.

These schemes are being uploaded into PM3 for review and for EQIA panel. The issues the QSIS team will be focussing on are where there is a high percentage of red RAG rating schemes (North) and where there is unidentified (South and City Road). Progress is reviewed monthly in QSIS board and further work is underway via both QSIS team and finance to develop a multi-year CIP plan to support Oriel and ensure long term financial sustainability.

3. Service Improvement 2018-2019

The team supported the following projects this year:

- Outpatients – improving the monitoring of and reducing outpatient journey times; working with the Glaucoma and Medical Retina teams to deliver stratified care; supporting the establishment of the Uveitis service.

- Clinical administration - improvement and standardisation of administration processes; supporting the first stage of the administrative staffing restructure; implementing a customer care training programme and a staff development programme.

- Theatres - delivery of high volume cataract theatre lists.

- Digital - patient self-check-in kiosks; supporting the establishment of tele-ophthalmology

As previously reported, we have combined longer-term Trustwide projects with a rolling programme of local improvement projects expected to last up to six months. We completed the first round of local service improvement projects in September 2018 and the second round in March 2019. This report summarises the outcomes of these projects.

Trustwide Service Improvement Projects:

Outpatients

Objectives at the start of the year:

- Reduce outpatient journey times.

- Continue working in Glaucoma, extending the work done in City Road in 2017-18, across the trust.
- Start working trust-wide in Medical Retina, building on the work already done in uveitis and learning from existing good practice, for example the diagnostic only (virtual) clinics.

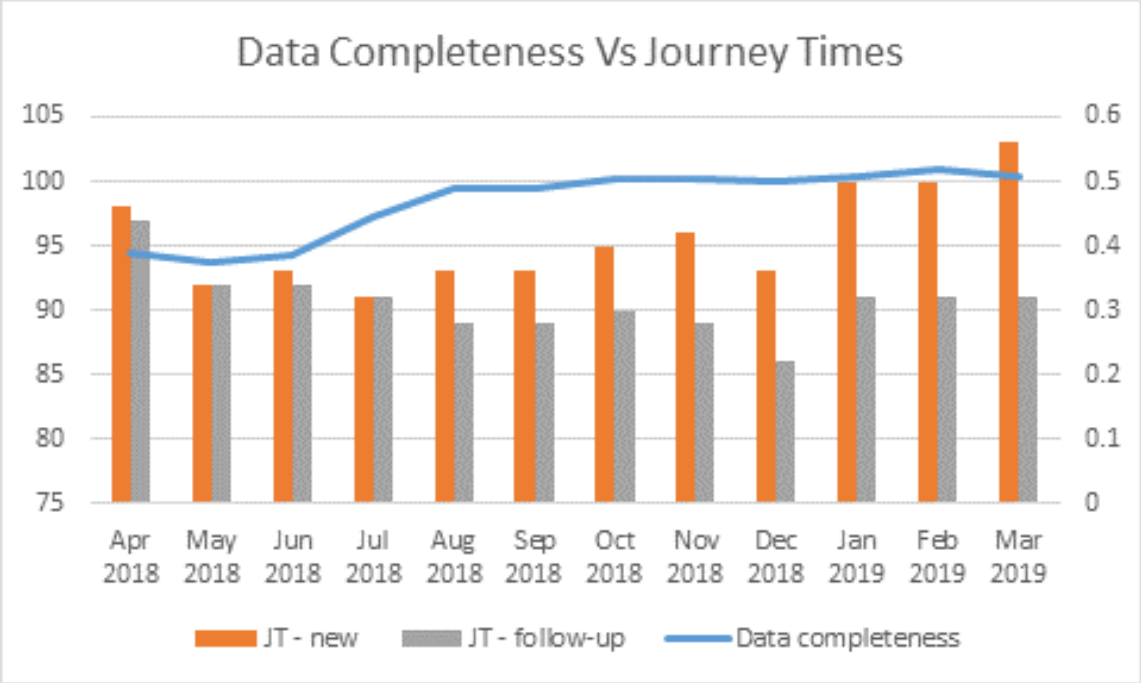
The key aim of this project is to improve patient and staff experience by reducing the patient journey times for outpatients. The specific KPI was to reduce journey times to a median of 99 minutes for new patients and 89 minutes for follow-up patients by the end of March 2019. Aside from being an aim in itself, the KPI also acts as a proxy measure for change in outpatient processes and stratification of care. This work has primarily focussed on the Glaucoma and Medical Retina services. This is because patients seen in diagnostic only clinics have a significantly reduced journey time than those in face-to-face clinics.

At the end of 2018-19 the Glaucoma service in particular have shown that they have made progress in moving patients away from medically delivered pathways with, on average, 26% of patients being seen by allied health professionals or in the diagnostic only (virtual) clinics in City Road, 21% in the South; it is lowest, at 9% in the North and additional support is being focussed there going forwards. The Medical Retina service has further to go, with the data showing that on average 13% of their patients are seen outside the medically led pathway across the trust.

Although we did not achieve the 95% data completeness KPI, the support, education and training provided to the clinical administrative team has resulted in a significant improvement in outpatient journey time recording from 39% in June 2018 to 59% in June 2019. The operational management teams will continue to monitor and encourage this we aim for the 2019-20 KPI of 80%.

The outpatient journey time KPI for 2018-19 was missed in quarter 4, despite having been ahead of trajectory throughout the year. It is notable however, that journey times have reduced and data completeness increased again since April 2019, although they remain behind trajectory.

The reasons why outpatient journey times increased, having reduced at the start of the year are complex. However, I have given a summary below as it is important that we understand how this reflects other changes and issues within the trust.



The chart above shows combined new and follow-up patient data completeness vs journey times. Both increases and decreases in data completeness have an impact on journey time measurement.

In general, there is some correlation between increased data completeness and extended journey times. For example, there has been a gradual increase in follow-up journey times from December 2018 and data completeness has also increased by 8.8% in the period, meaning that a more representative picture of follow-up journey times is now being measured.

However, where service specific issues are relevant, it is in the Glaucoma service, which accounts for 19% of the trust's outpatient attendances. In this service it is a reduction in data completeness that has had an impact. Data completeness for new patients in the service reduced significantly between December 2018 and March 2019; we were therefore seeing a less accurate measurement of journey times for that service in that period. Given that there are significantly fewer new patients (compared to follow-ups), this change will have had an even bigger effect on the measurement of journey times.

An unintended consequence of clinical stratification has been seen in the Glaucoma clinics at City Road, which have been the most advanced in stratifying patients to non-medical pathways and have seen particular growth in journey times. The patients now attending face-to-face clinics are those who are more complex and require more time with the clinician. The learning from this has been that face-to-face clinics need extended slot times as we move the less complex patients out.

For this year, there was also a contribution from end of year annual leave: there was a significant increase in annual leave, particularly in March, resulting in significantly greater overbooking of clinics. This reinforces the work being undertaken to better manage outpatient demand and capacity, which is reported under clinical administration.

Clinical Administration

Objectives at the start of the year:

- Support the clinical administrative restructure, establishing the contact centre at City Road for all divisions
- Admin staff training & development
- Admin process SOPs
- Start demand and capacity work in outpatients across all divisions
- Support digital transformation as it relates to administration
- Outpatient process transformation across each division, including data completeness and outpatient journey times

The work being done as part of this project and the related work of the operational teams is reviewed at fortnightly Clinical Administration Project Board meetings, which bring teams together from the divisions, Access, L&D, service improvement & IT to avoid duplication of work and ensure there is oversight of changes being made across the Trust.

In addition to the work noted in the updates on the Outpatient and Digital projects, this group has ensured that:

- The variable administrative processes across the Trust have, in part, been addressed through the trust-wide clinical administrative restructure, implemented in November 2018, standardising

structures and responsibilities. Outpatient patient and staff surveys about in person and by telephone experiences were completed prior to the restructure and were repeated April – June 2019; the results will be in our next report.

- In line with this, an administrative staff development programme has started across the trust, to improve staff & patient experience and staff retention.
- Standardised customer care training has been delivered across the trust, following on from a patient experience based co-design exercise to ensure that this is focussed on high priority areas for patients.
- Initial demand and capacity training has been provided to the management teams in each division and we now have 3 members of staff enrolled on the NHSI teach the trainer demand and capacity programme to enable more formal training to begin.
- In order to bring the whole trust to the same administrative standards as the best performing sites we developed trustwide standard operating procedures for the most common administrative tasks. These are being rolled out with a training programme in 2019-20.

Digital

The overall aim of this programme is to use technology to improve patient and staff experience and enable a more digitally driven pathway. This is a programme of work incorporating a number of projects.

- Patient self-check-in - establish kiosks out across the Trust.

The first element of this was to enable patient self-check-in to reduce queueing at the front desks in clinic, improve the collection of patient demographic data, release clinic administrative time to focus on customer service interaction and enable capture of Accessible Information Standards (AIS) and ethnicity information.

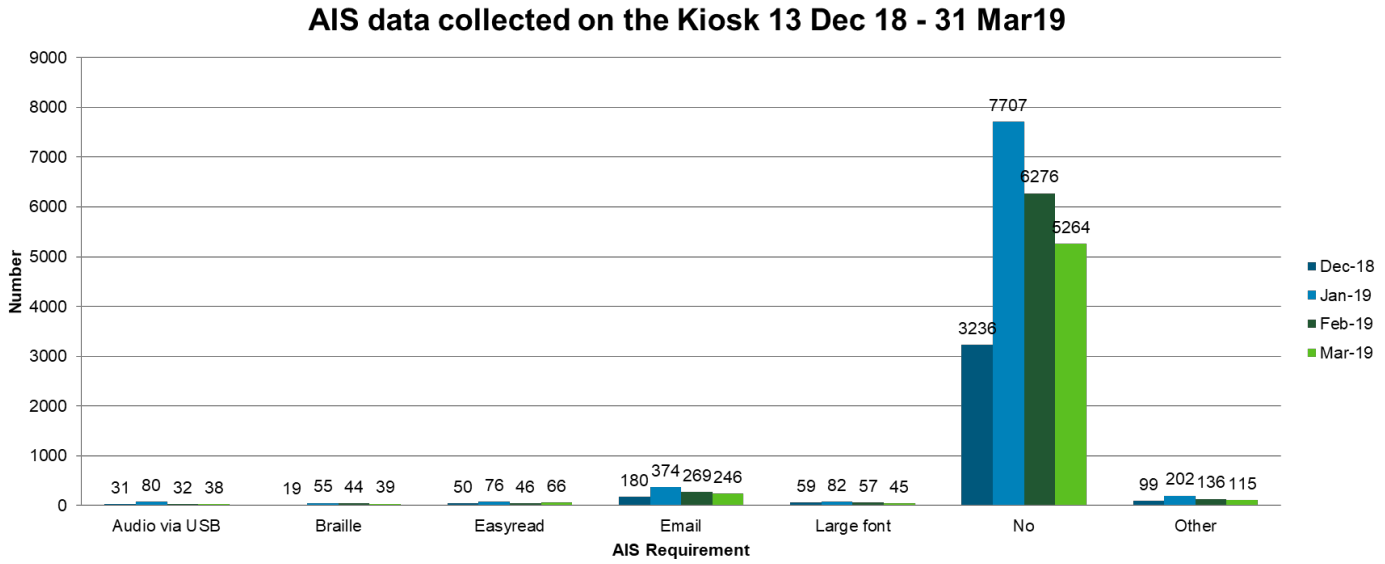
March kiosk utilisation by site

	Average	Maximum
City Road	39%	45%
Ealing	14%	80%
RDCEC	32%	52%
Croydon	5%	18%
Northwick Park	3%	23%
St George's	4%	15%
Cayton Street	6%	11%

Kiosks were installed at St George's, Ealing, Northwick Park, Croydon and in other areas of City Road, including the RDCEC and Cayton Street, in mid-December 2018. As the data above demonstrates there has been variable utilisation, with most sites achieving the levels of use expected in the first few weeks. Ealing were early champions, their significant variation in use there reflects the fact that on injection clinic days patients use a different entrance to the building, reducing their utilisation.

There are now sufficient kiosks to embed their use and work towards 60% adoption on all sites starts in 2019-20. The QSIS team have now handed this over to the operational teams on all sites to support utilisation by patients and staff.

The ability to add AIS information was added to all kiosks in December and the patient take-up of this has been significant as demonstrated below. We have struggled to transfer this data to PAS in a timely manner with manual input and this will be automated in June following work by our PAS provider and IT teams.



- Automation of the outpatient booking service

The implementation of an online system that allowed patients to review and manage their outpatient bookings directly was integral to the clinical administrative staffing restructure.

A key driver for this was to reduce the difficulties that patients have, across all sites, when contacting us about their outpatient appointments. The first step to this was the creation of the Contact Centre at City Road, as part of the wider outpatient administrative restructure and standardisation of processes. The implementation of the contact centre did increase the number of calls being answered at City Road from 62% in November 2018 to 79% in February 2019.

However, the long-term success of the contact centre was always predicated on reducing the volume of telephone calls it has to handle, by automation of elements of the outpatient booking process, including interactive text messaging, email and the use of a patient portal to host information. In the long-term this should also allow patients to book and reschedule their appointments directly. This type of automation even at a basic level has been proven to significantly reduce the volume of telephone calls into hospitals.

A business case to implement this was approved in March 2018. Through the pre-procurement phase further due diligence was recommended in order to further explore in-depth technical questions with our in-house IT team and Silverlink, our PAS provider. As this is a rapidly changing market we took the decision to re-review our provider and are moving to a full tender process that is due to go live this summer. If a successful bidder is approved, implementation will start in the autumn.

Full automation of the outpatient process will require us to have reviewed and updated every outpatient clinic template in the trust, which is under the supervision of the clinical administrative project.

- Tele-ophthalmology

This element of the project supports the further stratification of clinical pathways by providing a digital platform to enable the review of diagnostic information at scale and speed.

The aim of phase 1 is to demonstrate that safe, effective & high quality care can be provided to a significant volume of patients, outside the traditional face-to-face medically delivered model, reducing the cost of the service.

As previously reported, this has primarily been supporting the establishment of tele-ophthalmology clinics in Croydon as a proof-of-concept exercise, using a digital platform procured from Big Picture Medical. This provides the clinical team with imaging and other test results for review in a significantly faster format, as well as providing failsafe safeguards and reporting quality checks. This is expected to allow us to see initially 30% of all Medical Retina patients and in the autumn Glaucoma patients in diagnostic only clinics.

The team have been working towards go-live Big Picture at the end of June 2019; this is a month later than expected, in part due to the detailed work undertaken with the Information Governance team in the context of GDPR and this very new way of working for the trust. We have worked closely with the Information Governance team to ensure that we have learnt from this experience and a rigorous process is established for future similar projects.

It is important to note that this project was undertaken alongside the wider ophthalmology pathway transformation work triggered by Croydon CCG. The team have also undertaken significant engagement with the commissioners and community providers in Croydon to plan how this will work in year one and beyond.

As noted in the Outpatient section of this report, we are continuing to work with the Glaucoma and Medical Retina services to increase the use of the existing 'virtual clinic' model across the rest of the Trust. We are also looking at the next steps; how we move the diagnostics out of the hospital working with community optometry partners or developing our own diagnostic hubs.

In addition, early conversations have started with other providers so we can look to run other pilots on other trust sites to ensure that we have fully tested the market.

Optimisation of surgical time – cataracts

<u>Objectives at the start of the year:</u>

- To establish high volume, low acuity cataract lists in all divisions.
- Learn from existing good practice in optimising theatre utilisation for all specialities.

The concept of this project was the cause of much discussion at the outset but the team have worked together to understand our current activity, patient cohort and practice. This took time but has resulted in a clear set of agreed principles for change that go beyond the initial statements.

In addition to establishing high volume lists, defined as >10 patients per session (a half day list), the expectation is that all non-high volume cataract lists will move to an 8 slots per session model. This supports standardised, protocol driven patient pathways delivering high quality, effective, efficient care to

all patients, not just those on high volume lists, in line with Royal College and the expected GIRFT recommendations.

The team have

- Mapped each site's surgical pathway, highlighting variations and noting good practice to learn from.
- Agreed clinical stratification criteria for patients to enable stratification at the time of listing for surgery to the appropriate list and trialled this successfully at City Road.
- Following an audit of post-operative prescribing which demonstrated significant variation, advanced, stratified prescribing is being piloted.
- Reached agreement on nurses taking the lead on re-confirmation of consent of patients for surgery and developed a specific re-confirmation of consent training programme to support this, which is now being delivered across the trust.
- Surveyed patients on the current patient leaflets leading to a review of the leaflet content.
- Started a review of pre-operative assessment for cataract surgery
- High volume lists taking place irregularly, for example in the South Division on Saturdays.

While high volume lists have not been delivered to the scale that the team had hoped at the start of the year, but they are happening in all divisions and they are increasing in frequency. There has been significant engagement from the multi-disciplinary teams in all divisions to delivering this and the wider associated change.

This work contributes to the trustwide theatre utilisation CIP/efficiency schemes as well as linking to the work on how we will deliver CSSD in terms of understanding future surgical set requirements. It also mirrors the aspirations of the cataract work sub-specialty work with McKinsey.

In Croydon and City Road the delivery of the changes to the surgical pathway are being delivered in parallel to work being done in partnership with Croydon CCG and NCL STP respectively, to change how post-operative care is delivered. The aim is to support the majority of patients not having to return to hospital for review, but being able to see an appropriately qualified optometrist in the community.

3.1 Local service improvement projects

The local projects serve two key purposes:

- Firstly, they enable staff across the trust to identify and address smaller problems over a short period of time.
- Secondly, and perhaps most importantly, these projects are key to building experience and capacity within teams to manage their own change. This is how we start to build the capability for continuous improvement within the organisation.

Since establishing in-house QSIR training all local project teams are required to attend training in parallel to delivering these projects.

Local projects April – September 2018

North Division

Outpatient slot utilisation

- The team have a better understanding of the demand & capacity of specific clinics, including identification & correction of unrecorded capacity.
- Capacity is more accurately represented on PAS than before.
- A slot utilisation tool was developed by the service improvement and P&I teams which pulls data from PAS for new patients and helps support systematic demand and capacity review.

Paper-lite in Bedford

- Bedford is now fully paper-lite and has stopped routinely pulling paper notes from the host trust, delivering a recurrent cost saving.
- There is now a single patient record, which is a quality and safety improvement.

City Road

A&E front door patient flow & processes

- The national streaming target of 15 minutes was met.
- Revised patient pathways through the department which improved the ENP pathway from 10 steps to 7 and the medical pathway from 16 steps to 10.

Medical imaging

- Delivered a demand and capacity gap analysis by specialty and imaging type used.
- Exposed the gap in networking and recording of diagnostic imaging, now being address.
- Produced a plan to improve the patient stratified pathways linked with the services, which the department is taking forwards.

Pathology specimen process

- Mapped all processes and specimen pathways into and out of the department.
- Established a Pathology User Group and service handbook.
- Produced a plan to develop the future state of the department, which they are taking forwards.

Laser suite utilisation

- Mapped Trustwide laser utilisation to show variation in utilisation across site and service.
- Delivered a full patient pathway map of laser suite utilisation, informing ongoing planning ofr the future laser requirements of the organisation.
- Exposed the gap in IT networking of all lasers which is being addressed.

South

Croydon: Urgent Care to Rapid Access

- 45% reduction in attendance in the reformatted rapid access clinic.
- Removal of agency medical staffing from the clinic.
- Fully electronic referral system into the rapid access clinic, with the referral proforma being accepted onto the local GP IT system for ease of GP referral.

Local projects October 2018 – March 2019
City Road

A&E back office

- Streamlined administrative processes in the A&E office
- Demonstrated improved PAS data completeness

Electronic community optometry referrals for wet AMD

- Developed an online referral system, with Big Picture Medical, for use by community optometrists to refer patients into City Road, rather than sending the patients to A&E or back to their GP. This is due to be piloted in Islington this summer.

Pathology

- Stopped repeat ESR testing (in-house and then sent out to UCH at cost) was stopped. There had been no check on whether the repeat test was the same as the initial test, so this was a safety and quality improvement. There is an expected a cost saving of >£800 per year.
- Completed an options appraisal to move to a digital recording system, rather than pencil records in a book, which is now being taken forward by the team.

North

Improving Glaucoma referral quality at the Barking site

- Devised and delivered an education programme to local optometrists with the aim of improving referral quality.
- Developed and implemented a standardised referral proforma for the local optometrists to use.
- Obtained agreement and support of Newham CCG for this project.

North & South joint project

Patient Education in Glaucoma

- Established what patients want in terms of information about their condition and how they find attending the glaucoma service at Moorfields.
- Set-up a Glaucoma information film screening area in the outpatient waiting room in Croydon.
- This project is informing changes to patient information leaflets and the wider transformation of the Glaucoma patient pathway.

South

Outpatient flow at St George's

- Staff and patient engagement to develop proposals for re-configuration of the outpatient space in order to improve flow around the department, and improve staff and patient experience.
- Several reconfiguration options were proposed and discussed with operational teams; one proposal was then agreed on which is now being supported in implementation in 2019-20.

Improving the medical handover process at St George's

- Worked with the Moorfields St George's and St George's hospital staff to develop a referral proforma that supports both in sharing care of patients on the main hospital ward.
- Improved clinical governance by developing a referral tracking system and ensuring that all patients were registered onto Moorfields PAS.

- Ongoing work with the IG and IT teams at St George's to put the proforma onto the hospital intranet.

South & City Road joint project

Uveitis

- Mapped pathways across specialist centres in London; this is the first step of a larger piece of work to create agreed specialist care pathways for this patient group.
- Supported the development of multi-disciplinary meetings within Moorfields, bringing uveitis together with the vitreo-retinal and glaucoma services.

4. Overview of the 2019-2020 QSIS programme

For the coming year the structure of the programme is changing to reflect the maturity of the service improvement programme within that and the evolving services and priorities of the trust. The structure will better support and deliver the sub-specialty strategies, developed from the work done with McKinsey in 2018.

In the last year the trust has appointed clinical leads for digital innovation and tele-ophthalmology, who together with the Chief Clinical Information Officer, Deputy Chief Operating Officer and the Joint Director for Service Improvement and Sustainability have set-up the Digital Innovation Group (DIG). The DIG are working towards establishing a Digital Clinical Laboratory, which will be supported by QSIS team.

In addition the QSIS programme will continue to:

- Co-ordinating with the clinical pathway transformation work being done with CCGs and STPs across the trust.
- Share learning and understanding across the divisions and sites.
- Contribute to Oriel, ensuring that all of todays' learning supports the change we need for the new building and that the development of CIP multi-year programme that supports the outline business case.
- CIP programme – assurance of schemes using PM3, supporting opportunity identification at divisional and trust level, monitoring of CIP delivery and reporting into trust and NHSI via finance team reporting.

Outpatients

- Year 1-3 aims of the MR and Glaucoma sub-specialty strategies - improving standardisation and efficiency of outpatient pathways.
- Support the Uveitis service in developing MDT working and partnerships with other specialist units to unify complex patient pathways, delivering efficient, high quality care.
- Pilot tele-ophthalmology to enable the delivery of increased volumes of care via diagnostic (virtual) clinics.
- Reduce outpatient journey times to 95 minutes (new patients), 85 minutes (follow-up patients). In parallel we aim for 75% of patients to have completed their face-to-face attendances in 2 hours and 75% of diagnostic only patients to have completed their visit within 1 hour.

Administration

- Standardisation & efficiency of all administrative pathways.
- Aligning the staffing structure for all administrative staff with that for the outpatient administrative teams.
- Supporting the operational teams to deliver a demand and capacity review of outpatient clinics across the trust, with links to the next phase of eRostering implementation.
- Procure and implement an automated outpatient booking and patient information portal.

Theatres

- Delivering the year 1-3 aims of the cataract sub-specialty strategy – improving the standardisation and efficiency of the outpatient and surgery pathways from referral to post-operative review.
- Deliver protocolised cataract listing trustwide, high volume and 8 slot listing.
- Review the pre-assessment service at City Road and St Ann's to improve patient experience, reduce delays in clinic and deliver more efficient pathways of care.
- Linking with the Friends of Moorfields volunteer hand-holding project.

A&E and Urgent care

- Delivering the year 1-3 aims of the sub-specialty strategy - improving standardisation and efficiency of unbooked, urgent patient pathways for adults and children.
- Review the variation in staffing and protocols offered by the different models of care across the North (Bedford), South (Croydon and St George's) and City Road (A&E and Cayton Street)
- Review the paediatric model of A&E and UCC at City Road, RDCEC and A&E out of hours

Local projects

City Road

Optometry waiting area - this is a quality project aimed to improve the environment and use of this area for patients and staff.

Genetics clinic – assessing the feasibility of moving long-term stable patients to local diagnostics with remote review, rather than requiring attendance on site. This should release capacity for the expected influx of new patients in light of the change to national genetic testing guidance.

Optometry patient enquiry system and **nurse help-line** – this project is combining a review of how we best use these resources, as initial data shows that only 1/5 of those calling the helpline or the optometry department have a clinical enquiry, linking with the clinical administrative project's wider review of telephony.

Minor ops –This local project is aimed at streamlining the booking process into the minor operations theatre utilisation with augmented surgical capacity

Medical imaging – building on work done in April – September 2018, to redesign the pathways, initially for Medical Retina patients, as the users of the service, to improve patient experience and deliver greater efficiency.

Use of outpatient buzzers – the aim of this project is to understand why buzzers are not being used, looking at whether patients do want them and if so, what we can do to improve their use. This follows on from recurrent finding from the patient governors' findings from members' week survey within City Road.

South

Croydon outpatient flow – this project is to review the current use of the outpatient space at Croydon and scope additional options to improve patient flow looking for better ways of using the limited clinic space.

Croydon Low Vision – assessing if we can move some LV clinics out of the hospital, increasing capacity for this service which has an 8 month waiting time and releasing space for clinics that require hospital space. We are looking to work with Croydon Vision, the local charity for people with a visual impairment.

St George's outpatient flow – continuing the work done from October 2018–March 2019, to ensure that we engage staff in the implementation of changes to the outpatient area to maximise the benefits to patients and staff.

There are no specific local projects in the North division for the first half of 2019-20 as the nominations were for projects that fit into the trustwide programme and require longer than 6 months' support.

Report title	Quality Service Improvement & Sustainability Update on progress April – September 2019
Report from	John Quinn, Chief Operating Officer
Prepared by	Sarah Haspel & Naomi Sheeter Joint Directors of Service Improvement and Sustainability
Link to strategic objectives	We will attract, retain and develop great people. We will have an infrastructure and culture that supports innovation We will have a sustainable financial model

Executive summary

The purpose of the Quality Service Improvement & Sustainability (QSIS) programme, established in 2017, is to optimise patient and staff experience whilst developing future models of care and delivering the financial efficiencies.

This report summarises the key achievements of the first 6 months of this financial year in both working towards creating a culture of continuous improvement and delivering improvement and efficiency in practice.

The trust's Quality Service Improvement & Sustainability priorities for 2019-2020 are:

- Develop a trust culture and capability for change and improvement by QSIR training and project delivery
- Provide assurance and support the development of schemes to deliver the cost improvement plan and embedding a PMO approach to CIP programme
- Development and implementation of sub-specialty strategies for new models of care
- Ongoing improvement and standardisation of administration processes.

Some of the key achievements of the first six months of the 2019-20 programme include:

Culture and capability

- QSIR training – programme established in-house with 79 staff trained to date

Service Improvement

- High volume cataract lists started, now running fortnightly at City Road
- Tele-ophthalmology clinics using Big Picture Medical have gone live at Purley (Croydon)

The QSIS team has worked in partnership with operational colleagues and commissioners in Croydon and as part of NCL STP to support ophthalmology pathway transformation work. This is to ensure both that change and improvement are supported at pace and that any change implemented in one area of the trust is in line with trust-wide standards and strategy.

CIP

The target/plan for the financial year 19/20 is £7m allocated across the organisation. There is £5.9m of schemes identified against a plan of £7m, the trust is forecasting £5.1m of saving schemes delivering in 19/20, taking into account slippage and unidentified. Forecast Outturn of £5.1m, includes £0.6m is high risk schemes, with 88% schemes expected to be recurrent.

Quality implications

Quality improvement is an intrinsic part of all that the QSIS team do; every project, be it a service improvement or cost improvement, is subject to an equality & quality impact assessment (EQIA).

For service improvement project, each element, including quality improvement, is clearly delineated in each project brief, against which the project is managed.

For cost improvement there is a formal process of review by the trust's Director of Nursing, Medical Director and Director of HR; with schemes being brought back for further review as required.

The level of patient engagement required is considered for all projects at the time of planning.

Financial implications

19/20 programme is aiming to deliver the £7m target which supports the financial status of the organisation and moving towards a thematic programme approach.

Risk implications

The key risks associated with the programme are:

1. CIP plans failing to meet 19/20 target

Mitigation: support to deliver and assurance around delivery.

2. Delay in the delivery of individual service improvement projects

Mitigation: process and project management, formal review and monthly reporting

3. Culture of continuous improvement and change not spreading throughout the organisation

Mitigation: executive and board engagement in changing organisational culture, in-house QSIR training programme, ongoing delivery of quality service improvement & redesign projects

Action Required/Recommendation

Support the ongoing work of the Quality Service Improvement & Sustainability programme and further develop board level engagement and leadership of this work to move to a culture of continuous improvement.

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

Table of Contents

1. Culture & capability development

A key objective of the QSIS programme is to develop a continuously improving organisation. In order to do this there is a need to develop a culture of continuous improvement within the organisation and this is being supported through a structured training programme. The improvement methodology used is Quality Service Improvement and Redesign (QSIR) method and the trust is an accredited QSIR college site.

In order to have the necessary number trained to sustain continuous improvement, we have determined that we need to have[1]:

1. 30% of staff band 4-6, 8D & 9 need QSIR Fundamentals training (equates to 10 staff per monthly cohort, assuming cohorts delivered monthly in the next 2 financial years)
2. 20% of staff band 7-8C need QSIR P training (equates to 12 staff per cohort, assuming 3 cohorts delivered in the next 2 financial years) – these staff need to come with a project of their own or be involved in a local project.
3. 10 staff accredited to teach over 2 years: of which we would aim for 5 to accredit in 2019/20 and 7 in 2020/2021

This financial year has seen significant strides in the development of our capability to deliver change and continuous improvement.

1. QSIR Fundamentals - 51 staff trained, slightly behind trajectory but numbers increasing
2. QSIR Practitioner – 28 trained to date, cohort 2 starts at the end of September – on trajectory
3. Staff accredited to teach – a third member of staff accredited in April 2019, with two more booked for assessment in October 2019

The initial feedback on the training is very positive, with 90.5% of those who have completed their introductory training rating the day as good/ very good and 100% of participants said that they would recommend the training to a colleague.

In addition, 3 members of staff from both QSIS team and City Road Division, qualified in the NHSI Demand and Capacity train the trainer programme, in July 2019. They are now supporting the modelling of services to help us effectively plan our capacity and support transformation of how we deliver our services.

Training is one aspect of how we deliver the culture change required for change and continuous improvement, however it is essential that we continue to deliver a range of programmes of work and smaller projects across the trust to ensure engagement. Therefore in the first 6 months we have provided support to:

- Ongoing delivery of 13 current formal service improvement projects
- Croydon CCG & NCL STP pathway transformation work
- Delivering the year 1-3 sub-specialty strategy (McKinsey output) development
- Change projects across the trust that need service improvement team input, but not project management, for example process mapping in Moorfields Private & facilitating a problem solving session with the Quality & Risk team.
- The establishment of the Digital Clinical Laboratory
- Oriel, ensuring that all we learn today is shared to deliver the change we need for the future

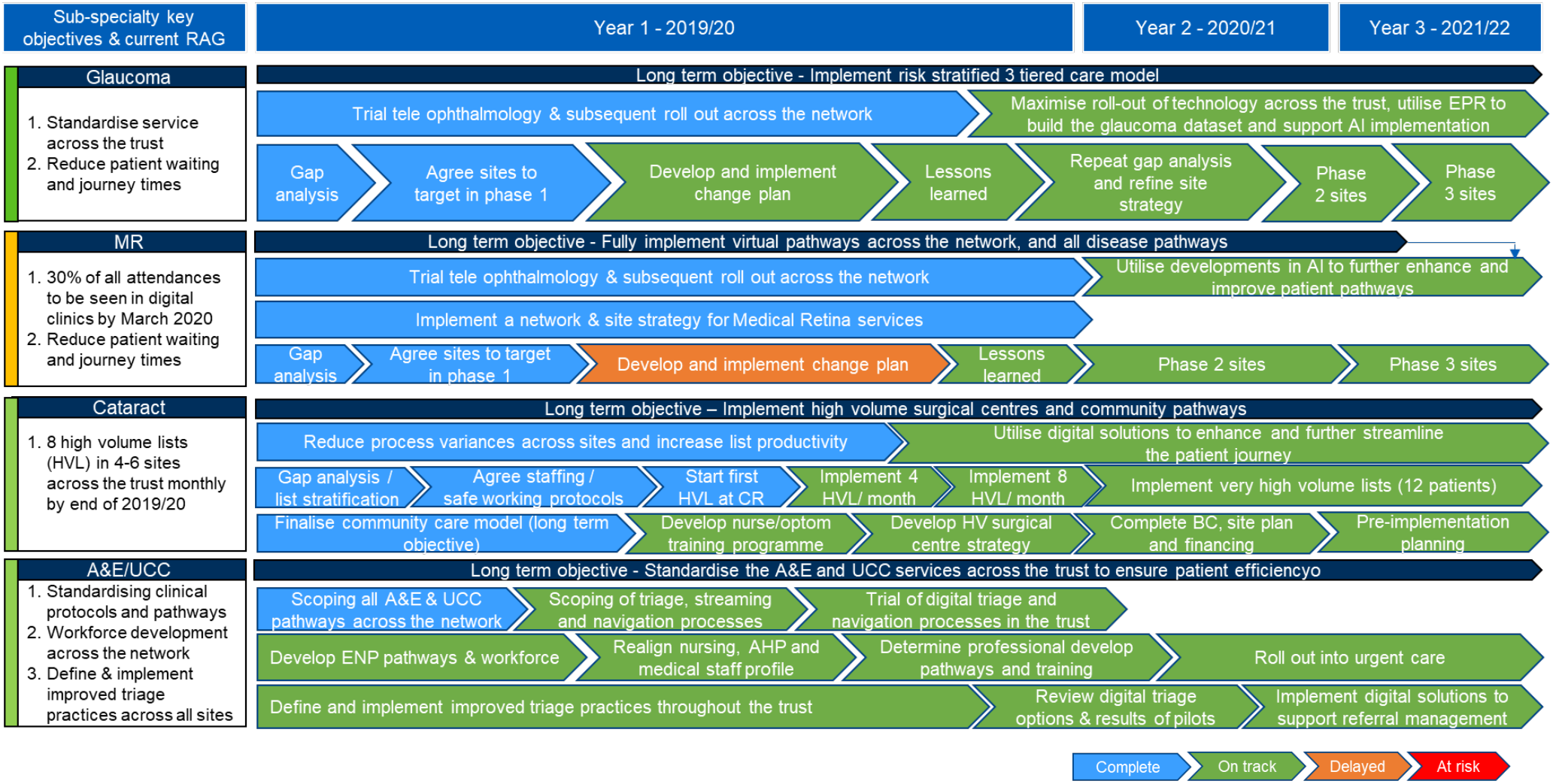
In addition to the number of staff trained and projects delivered, the success of the programme will be assessed by seeing:

a) Improvements in staff survey, particularly around the ability to make change
b) Improvements in staff retention
c) Reduced sickness absence

[1] NHS Improvement 'Building capacity and capability for improvement: embedding quality improvement skills in NHS providers' 2017

2. Service Improvement April – September 2019

The QSIS team are supporting the delivery of the sub-specialty strategies, developed from the work done with McKinsey in 2018. The four services supported hve developed three year plans and the progress is out lined below. The overview below shows where we are against the plan agreed for the delivery of the first three years of the agreed sub-specialty strategies.



3. QSIS programme

The QSIS workload is organised into four trust-wide programmes of improvement and smaller local projects. The summary key achievements and next steps of the programmes of improvement for the first 6 months of 2019/20 are:

Trustwide programmes

Outpatients

Objectives

- Pilot tele-ophthalmology to enable the delivery of increased volumes of care via diagnostic (virtual) clinics.
- Reduce outpatient journey times to 95 minutes (new patients), 85 minutes (follow-up patients). In parallel we aim for 75% of patients to have completed their face-to-face attendances in 2 hours and 75% of diagnostic only patients to have completed their visit within 1 hour.
- Deliver the year 1-3 aims of the MR and Glaucoma sub-specialty strategies - improving standardisation and efficiency of outpatient pathways.
- Support the Uveitis service in developing MDT working and partnerships with other specialist units to unify complex patient pathways, delivering efficient, high quality care.

Progress against objectives

- Implementation of tele-ophthalmology clinics for medical retina patients using BigPictureMedical in Purley in August 2019. This will expand to Croydon Hospital and then to Glaucoma this autumn.
- Median outpatient journey times: new ≤95mins (current: 100mins); follow-up ≤85mins (current: 94mins)
- 75% face-to-face appointments to have median complete journey within 2 hours (year-to-date: 60%)
- 75% diagnostic/tele-ophthalmology appointments to have median complete journey within 1 hour (year-to-date: 70%)

Sub-specialty strategies for Glaucoma and MR

- Glaucoma gap analysis completed: following work supported by QSIS 25% of Glaucoma patients in City Road are managed in non-medically led pathways. For the South we have identified a lack of protocol standardisation and a lack of stratified care pathways in the North.
- Medical retina gap analysis completed: identified lack of protocol standardisation and lack of non-consultant-led pathways in place across the trust
- Stratified clinic implementation plans now underway for both Glaucoma and Medical Retina to deliver more non-medically led and diagnostic-only clinics across all divisions.

Uveitis

- Mapped potential shared care pathways with trusts around London
- 1 year project plan developed to track progress
- Discussion with Guy's & St Thomas' underway to develop a robust care pathway for complex patients with systemic disease requiring multi-disciplinary input
- Case being drafted to strengthen processes for transition and shared care for patients who attend and/or transition from Great Ormond Street and Moorfields

Next steps

- Opening new optometrist led Glaucoma clinic at Mile End December 2019
- Planning the implementation of optometrist led services at Northwick Park & Ealing, while expanding diagnostic-only capacity and more effective use of existing provision at City Road

Administration

Objectives

- Standardisation & efficiency of all administrative pathways.
- Aligning the staffing structure for all administrative staff with that for the outpatient administrative teams.
- Supporting the operational teams to deliver a demand and capacity review of outpatient clinics across the trust, with links to the next phase of eRostering implementation.
- Procure and implement an automated outpatient booking and patient information portal.

Progress against objectives

- As part of the restructure work, the QSIS team facilitated a patient experience co-design exercise in 2017/18 to ensure that we focussed customer service training on the areas that are a priority to our patients. We launched new customer service training, alongside a development programme for band 2-5 admin staff. This has had a marked impact: on a patient survey, 85% of respondents are happy with the way the receptionist spoke with them, compared to 25% before. In terms of information being shared about delays in clinic, the same survey also showed an improvement here, with 30% saying they were informed of any delays now, compared to 0% of patients before.
- Revised the basic PAS user training to include data completeness, supporting ongoing improvement in data completeness, enabling us to monitor outpatient journey times.
- Started administrative team quality visits to share learning across sites
- Supported delivery of a hackathon to deliver quick changes to how we book outpatient appointments and support patients in contacting us.
- Supporting the operational teams to deliver a demand and capacity review of outpatient clinics across the trust, with links to the next phase of eRostering implementation, starting in Glaucoma.
- Procurement of an automated outpatient booking and patient information portal is open.

Next steps

- Support the delivery of a demand and capacity model for the cataract service outpatient clinics
- Deliver the hackathon output, including standardised telephony across the trust.
- Implement the automated outpatient booking & patient information portal when procurement complete.

Theatres (Cataract)

Objectives

- Deliver protocolised cataract listing trustwide, high volume and 8 slot listing.
- Delivering the year 1-3 aims of the cataract sub-specialty strategy – improving the standardisation and efficiency of the outpatient and surgery pathways from referral to post-operative review.
- Review the pre-assessment service at City Road and St Ann's to improve patient experience, reduce delays in clinic and deliver more efficient pathways of care.
- Linking with the Friends of Moorfields volunteer hand-holding project.

Progress against objectives

- High volume (>10) lists started at City Road, 9 patient lists undertaken at St Ann's & in place at Croydon
- Baseline site by site data obtained for 5 key sites expected to deliver this, variation in practice, staffing & equipment noted

- Service wide criteria & process changes for high volume lists further refined
- Nurse reconfirmation of consent training established in the trust and rolled out trust-wide, all relevant nurses trained at City Road, St Ann's & Northwick Park; in progress for the team at St George's & Croydon
- Patient survey of cataract surgery information completed
- Service specifications agreed for community post-operative cataract review in Croydon CCG and NCL STP

Next steps

- Implement high volume lists for St Ann's (October 2019), Northwick Park (November 2019) and St George's and Croydon to follow in early 2020
- Facilitating stratification via an EMR/ electronic format rather than on paper
- Trust-wide training for nursing staff to deliver sub-tenon local anaesthetic to recommence; this will enable more effective use of anaesthetic staff & support for theatre lists without anaesthetic cover
- Standardising post-cataract drops regime, including reduced antibiotic use, using statistical model developed to monitor this against baseline data.
- Standardising cataract surgical sets
- Updating patient information, following patient survey findings & process changes
- Pre-assessment- working with a group of nurses to improve the pre-assessment processes

A&E and Urgent care

The urgent care / A&E strategy is a little further behind than the others, as this had not previously been supported by the QSIS team, but this is understood and good progress is being made.

Objectives

- Delivering the year 1-3 aims of the sub-specialty strategy - improving standardisation and efficiency of unbooked, urgent patient pathways for adults and children.
- Review the variation in staffing and protocols offered by the different models of care across the North (Bedford), South (Croydon and St George's) and City Road (A&E and Cayton Street)
- Review the paediatric model of A&E and UCC at City Road, RDCEC and A&E out of hours

Progress against objectives:

- Baseline data across all sites/ services obtained: staffing levels and types per site, volumes of attendances at each site, by time and presenting symptoms
- Initial patient engagement completed: survey 475 responses from patients at City Road and St George's
- Outlined differing pathway models of A&E, UCC & RAC across the trust
- Finalising review of all policies and protocols and refreshing these in line with the services available at the site
- Patient & staff flow mapped and measured in paediatric A&E at City Road

Next steps:

- Agree service-wide minimum dataset to enable monitoring of change
- Standardise service models for adults and children – having outlined the different models of service delivery across the trust these are being brought to a standard model
- Triage/ streaming model - we are planning the trial of 2 different digital enablers at City Road and St George's. These aim to support efficient triage and streaming patients into the correct pathway based on a set of signs and symptoms before the patient attends the A&E or UCC department
- Workforce - the staffing profiles of medical, nursing and AHP's in these services need to be reviewed to ensure the most appropriate and efficient staffing model is deployed

- Ongoing engagement with commissioners in NCL STP & Croydon CCG, to expand to other commissioners to refine patient referral management

Local projects

City Road

Optometry waiting area - this is a quality project aimed to improve the environment and use of this area for patients and staff.

- Patient survey - 200 responses showed that patients want information in leaflet form & are happy with the wayfinding to the department
- Revamp of leaflet holders and leaflets in place in the waiting area
- The white board has been enhanced with new labels to improve visibility for patients (black on yellow)
- The art committee has agreed to present a 4 month rolling exhibition programme of art work on the optometry waiting area wall space

Genetics clinic – assessing the feasibility of moving long-term stable patients to local diagnostics with remote review, rather than requiring attendance on site. This should release capacity for the expected influx of new patients in light of the change to national genetic testing guidance.

- Baseline data gathered – large geographic spread of patients highlighted
- Patient survey: 60% patients happy to move to more local appointments for diagnostics and have a (true) virtual clinical review with Moorfields
- Digital options for the virtual review scoped
- Engaged with frequent referrers and exploring options to share diagnostics/imaging across trusts

Optometry patient enquiry system and **nurse help-line** – this project is combining a review of how we best use these resources, as initial data shows that only 1/5 of those calling the helpline or the optometry department have a clinical enquiry, linking with the clinical administrative project's wider review of telephony.

- Baseline call volume and type data obtained for both nurse helpline and optometry helpline and appropriateness of call defined
- Project findings passed into trustwide telephony review with recommendations for level of automated call diversion.

Minor operations – this local project is aimed at improving the efficiency of the booking process and use of the minor operations room

- Implemented nurse-led lid lesions clinic from August. Enabling the assessment of patients prior to booking for a procedure, rather than booking all straight for a procedure.
- Clinical guidelines and a SOP to support the admissions team to book into clinic appropriately.
- First months' data shows that 45% of patients required a procedure (7% were facilitated on the day), 55% of patients did not need a procedure.
- Identified that City Road and some other sites do full pre-operative assessment for minor operations patients, which is not necessary. The minor operations health questionnaire has been updated, signed off and this has been shared trust-wide to free-up pre-assessment capacity.

Medical imaging – building on work done in April – September 2018, to improve patient flow through the Ophthalmic Imaging service, initially for Medical Retina and Oncology patients, as the users of the service, to improve patient experience and deliver greater efficiency.

- Manually inputted and audited 1550 imaging request cards from February 2019: identified significant data completeness & request quality issues leading to needing to repeat up to 10% of patients' imaging. Data enabled definition of key vital information needs for imaging requests.
- Completed time and motion studies and demand & capacity modelling to identify refined detail of process time by differing imaging modalities.

- 3 new options for medical imaging cards designed; current card in use since mid-1980s. Due for sign-off at Medical Imaging Committee and pilot before roll-out.
- Potential solutions to ease current capacity issues to be trialled by team.

Use of outpatient buzzers – the aim of this project is to understand why buzzers are not being used, looking at whether patients do want them and if so, what we can do to improve their use. This follows on from recurrent finding from the patient governors' findings from member's week survey within City Road.

- All pagers restarted, rebranded, labelled & returned to the correct clinical area
- SOP updated and training provided to the administrative team
- Advertising of pagers using the kiosks and posters
- Increased pager utilisation from 7 to 46 pagers per week
- Positive feedback via Twitter & Facebook

South

Croydon outpatient flow – this project is to review the current use of the outpatient space at Croydon and scope additional options to improve patient flow looking for better ways of using the limited clinic space.

- Completed comprehensive analysis of current use of the outpatient department, including patient pathway mapping and individual room usage and diagnostic requirements
- Patient and staff survey completed
- Options for reconfiguration identified and options appraisal completed
- Capital bid in development for required works, for submission to Capital and Space Committee November 2019

Croydon Low Vision – assessing if we can move some LV clinics out of the hospital, increasing capacity for this service which has an 8 month waiting time and releasing space for clinics that require hospital space. We are looking to work with Croydon Vision, the local charity for people with a visual impairment.

- Analysis and audit of the current service revealed significant potential for efficiencies (high DNA levels, inappropriate booking of follow-ups, inappropriate referrals)
- Patient focus group and patient survey completed
- New telephone follow-up clinic in development (change in pathway) & targeted calls to reduce DNA rate to address the inefficient use of capacity and reduce the waiting times for review, without needing to employ additional staff
- Negotiations in progress to establish financial viability of moving the service to a location in the community for quality reasons, rather than capacity

St George's outpatient flow – continuing the work done from October 2018–March 2019, to ensure that we engage staff in the implementation of changes to the outpatient area to maximise the benefits to patients and staff.

- Final plan for reconfiguration agreed by project team
- Plans presented at clinical governance
- Staff feedback gathering exercise completed
- Patient and staff engagement event held
- City Road Estates engaged
- St George's Estates engaged; aiming to carry out reconfiguration over Christmas 2019

We will be starting a new round of local projects in October, to be delivered alongside the QSIR Practitioner programme as all attendees need a project to undertake the training.

4. Cost Improvement Programme

2019/20 CIP delivery – assurance summary

Under the CIP programme there is an assurance process involving gateways, managed via PM3 system. To date in this financial year, there are a total of 149 CIP schemes across the trust. All schemes are set up at gateway 1 (set up)

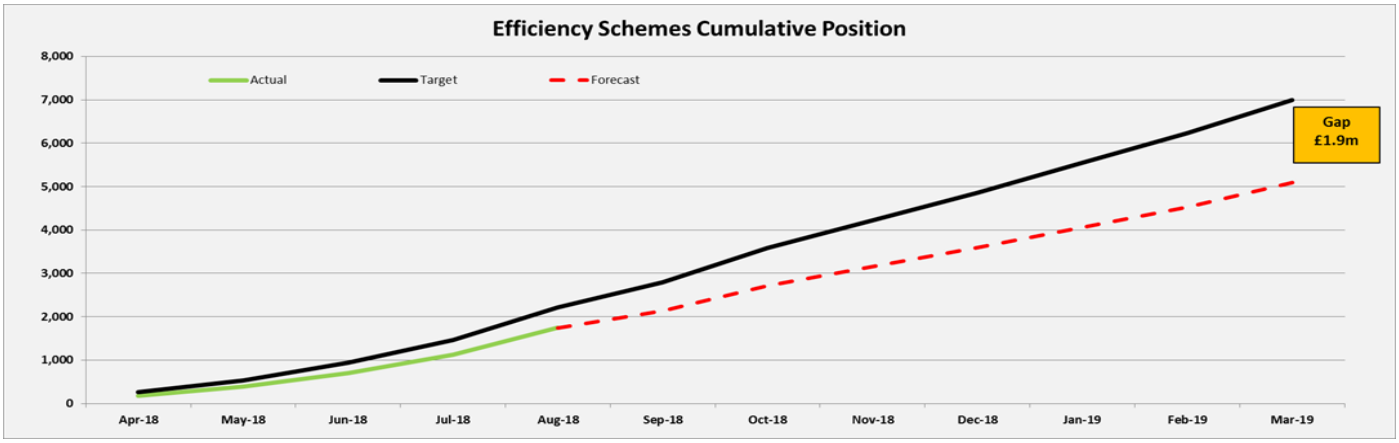
and pass through Gateway 2 (EQIA form) which is to ensure that each scheme has been reviewed in terms of effect on quality of services and impact on staff. The majority of schemes go to EQIA panel chaired by the Director of Nursing and Medical Director however, for example, "flow through" schemes started in 18/19 and delivering in 19/20 were not included. 120 schemes so far have been reviewed at EQIA panel as at the start of September, with further panels arranged as required for new schemes developed in year.

Of the 149 total schemes, 95 are held at gateway 5 (project delivered) as they have been rated as blue (finance validated delivery). The remaining 54 schemes are currently live with updates under Gateway 3 (ongoing monitoring).

Trajectory for delivery

The target/plan for the financial year 19/20 is £7m allocated across the organisation. There are £5.9m worth of schemes identified (84% of target) and a forecast outturn of £5.1m (73%) of savings schemes delivering in the time period, taking into account slippage and unidentified. This includes £0.6m higher risk rated schemes from the planned £7m target. There remains a forecast gap of £1.9m (27% of target).

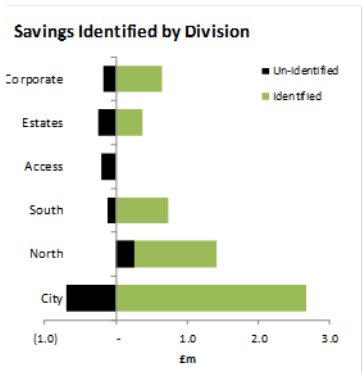
Table 1: Trajectory

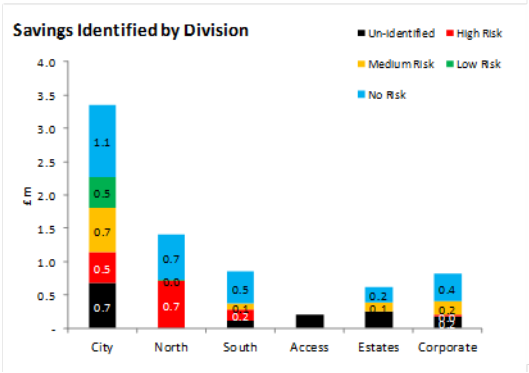


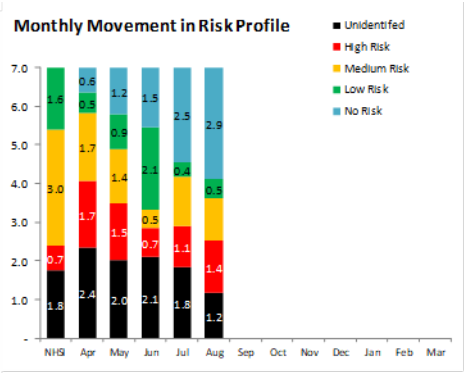
Delivery outcome – BRAG

Table 2 - details of BRAG and unidentified

Division	RAG Status of Plans Identified										
	Blue	Green	Amber	Red	Total Identified	Total Identified of divisional target	Total Identified of trust target	Unidentified of divisional target	Unidentified as % of divisional plan	Plan	CIP target as % of Trust plan
	£k	£k	£k	£k	£k	%	%	£k	%	£k	%
City Road	1,082	462	671	451	2,666	79%	38%	688	21%	**3,354**	48%
North	683	20	0	707	1,410	122%	20%	(257)	-22%	**1,153**	16%
South	476	0	90	170	736	87%	11%	112	13%	**848**	12%
Access	0	0	0	0	0	0%	0%	198	100%	**198**	3%
Estates & Facilities	230	0	140	0	370	59%	5%	253	41%	**623**	9%
Corporate	417	0	205	31	653	79%	9%	171	21%	**824**	12%
Total	2,887	482	1,106	1,359	5,834			1,166		7,000	
	41%	7%	16%	19%	83%			17%			







BRAG – Blue, Red, Amber, Green risk rating
The graphs are reported to board monthly under the finance report and the details as of month 5 are:

- Corporate areas including Estates & Facilities (EF) contributed to £0.6m improvement in delivered (no risk) schemes in M5 this is £0.4m by Corporate and £0.2m through EF. The current target for those areas is £1.4m with a forecast outturn of £1m.
- Across divisions, IOL (Inter Ocular Lens) procurement tender review has been put on hold, given clinical issues with new lenses, affecting a potential value of £371k across North, City Road and South division; thus forecast outturn is expected at M5 to be £0k. There are currently on-going discussions to recover some of the expected savings.
- City Road (CR) has the largest CIP target of £3.4m which is equivalent to 48% of the trust savings target. To date CR division has identified £2.7m (79%) of their target with 25% of identified as red/high risk schemes. The unidentified is £0.7m.
- North division identified to target of £1.4m although their target is £1.2m this is due to £0.2m in the plan for IOLs. There is £0.7m (50%) of high risk schemes.
- South has identified 87% of target with an evenly distributed risk profile.

Recurrent vs Non-Recurrent

Table 3: Delivery recurrent and non-recurrent

	YTD Delivery		Forecast Outturn			Bridge Analysis		
Division	Recurrent	Non-Recurrent	Recurrent	Non-Recurrent	Total	Gap	Unidentified	Slippage/(Over-Delivery)
	£k	£k	£k	£k	£k	£k	£k	£k
City Road	488	325	1,933	484	2,417	937	688	249
North	248	43	934	51	985	168	(257)	425
South	205	0	650	0	650	198	112	86
Access	0	0	0	0	0	198	198	0
Estates & Facilities	96	0	370	0	370	253	253	0
Corporate	291	45	607	66	673	151	171	(21)
Total	**1,328**	**412**	**4,494**	**601**	**5,095**	**1,905**	**1,166**	**739**
	1,740		**5,095**				**1,905**	
	76%	**24%**	**88%**	**12%**			**61%**	**39%**

The cut for recurrent and non-recurrent for the trust is 76% and 24% year to date, the FOT presently is 88%:12% recurrent savings for 2019/20. In 18/19 the trust achieved 77% recurrent savings and 23% non-recurrent.

Delivery outcomes by expenditure categories

In addition to understanding the delivery by recurrent and non-recurrent savings, the schemes are also classified by expenditure category, taking national classifications (see table 4 below).

Table 4: Expenditure Category

Divisions	Income - Other		Income - Patient		Non Pay		Pay		Grand
	£k	%	£k	%	£k	%	£k	%	£k
Access		-		-		-	-	-	-
City Road	69	3%	370	15%	759	31%	1,219	50%	2,417
Corporate		0%		0%	341	51%	332	49%	674
Estates and Facilities		0%		0%	230	62%	140	38%	370
North	79	8%	150	15%	427	43%	329	33%	985
South	107	16%	83	13%	162	25%	298	46%	650
Grand Total	**255**	**5%**	**603**	**12%**	**1,919**	**38%**	**2,318**	**45%**	**5,095**

At present the delivery percentages are 18% for income combined (£0.85m) of which 12% is relates to patient treatment income.

Non-Pay is equivalent of 38% of total savings whilst pay savings equate to 45%. Pay savings include a combination of vacancy underspends, establishment reviews and skill mix reviews across the trust. As a proportion of expenditure, pay is 67% of NHS income so the aspiration is to increase pay schemes. Non-pay schemes include reduction in usage of consumables, price reductions and procurement tenders.

Service improvement thematic areas

Table 5 – Identified plans by Service Improvement areas

Division	Division2	Theatres	Outpatients	Theatres(Wards)	A&E	Clinical Admin	Divisionwide	Corporate	Grand Total
City Road	City Road	49	649	126	86		885		1,796
	Pharmacy	88	253				128		469
	Procurement	319	79				3		401
City Road Total		456	981	126	86		1,016		2,666
North	North	-	170			270	800		1,240
	Procurement	170							170
North Total		170	170			270	800		1,410
South	Pharmacy	-							-
	Procurement	87							87
	South	123	89			69	368		649
South Total		210	89			69	368		736
Corporate	Chief Executive's Office							33	33
	Chief Finance Officer							189	189
	Chief Information Officer							205	205
	Director of Quality and Safety							81	81
	Medical Director							9	9
	Director of Strategy							31	31
	Director of Nursing and Allied Health Professions							55	55
	Chief Operating Officer							49	49
Corporate Total								653	653
Estates and Facilities	Estates and Facilities						190	180	370
Estates and Facilities Total							190	180	370
Grand Total		836	1,240	126	86	339	2,374	833	5,834

There is work being done to develop savings in the service improvement areas, see above and this is set to be developed further through thematic developments in the trust.

Forecasting to year end and 20/21 business planning

As reported to in end of year report, the forecast was for delivery to pick up within the year and there is a similar trajectory this year. There have been workshops to support City Road, South and North divisions over the summer and these are on-going. There is a planned review of workforce options in QSIS Board on 30th September.

There could be an improved delivery, to around 80 – 85% if, particularly, identified schemes value improves and this would be in line with last few years' delivery. The aim this year is to improve delivery whilst reducing reliance on income schemes and non-recurrent schemes, and focussing on recurrent pay schemes. The same focus will be carried into for business planning for 20/21 that for this year includes both operational divisions and corporate areas producing plans. CIP gateways are bedded into the business planning timelines.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 09
Q1 Complaints, PALS and compliments
Board of directors
3 October 2019

Report title	Q1 Complaints, PALS and compliments
Report from	Tracy Luckett, director of nursing and AHPs
Prepared by	Tim Withers, head of patient experience
Previously discussed at	Quality and safety committee
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Brief summary of report

This report provides an overview of complaints and PALS concerns received by the Trust during Quarter 1 (April 2019 and 30 June 2019). This supports the information in the monthly IPR performance report. This report is used to support improvements and has been presented to Quality and Safety Committee and Trust Board for assurance. It is also available for the Clinical Quality Review Group (CQRG) where the Trust discusses the quality of Moorfields services with our lead commissioners. From Q1 2019/20, a quarterly report is being provided. A weekly complaints summary, including a summary of all PALS concerns/enquiries is sent to divisional management teams, so that actions can be taken locally and learning can be shared.

During Q1 the Trust received 70 complaints; the numbers are similar to those received during the previous two quarters at 70 and 72 respectively. Clinical concerns, communication and staff behavior remain the main themes identified.

PALS concerns/enquiries received were 868 which have decreased from Q4 when there were 984. PALS concerns remain dominated by appointments management and telephone calls not being answered. Information about treatment, admission or hospital services was the source of the majority of enquiries.

Quality implications

Themes arising from complaints are a key quality indicator for the trust and analysis of those themes indicate where teams need to put focus and resource where possible, and keep systems and processes under constant review.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

One of the key board assurance risks for NHS trusts is that they fail to learn from patient feedback. The board should be aware of the themes arising from complaints and PALS concerns and make sure action is in place to mitigate the risks.

Action required/recommendation

This quarterly report is prepared for assurance.

For assurance	**√**	**For decision**		**For discussion**		**To note**	

1.0 Introduction

This report provides an overview of complaints and PALS concerns received by the Trust during Quarter 1 (April 2019 and 30 June 2019). This supports the information in the monthly IPR performance report. This report is used to support improvements and has been presented to Quality and Safety Committee and Trust Board for assurance. It is also available for the Clinical Quality Review Group (CQRG) where the Trust discusses the quality of Moorfields services with our lead commissioners. From Q1 2019/20, a quarterly report is being provided. A weekly complaints summary, including a summary of all PALS concerns/enquiries is sent to divisional management teams, so that actions can be taken locally and learning can be shared.

During Q1 the Trust received 70 complaints; the numbers are similar to those received during the previous two quarters at 70 and 72 respectively. Clinical concerns, communication and staff behavior remain the main themes identified. Overall the complaints numbers medium term trend is up.

PALS concerns/enquiries received were 868 which have decreased from Q4 when there were 984. PALS concerns remain dominated by appointments management and telephone calls not being answered. Information about treatment, admission or hospital services was the source of the majority of enquiries.

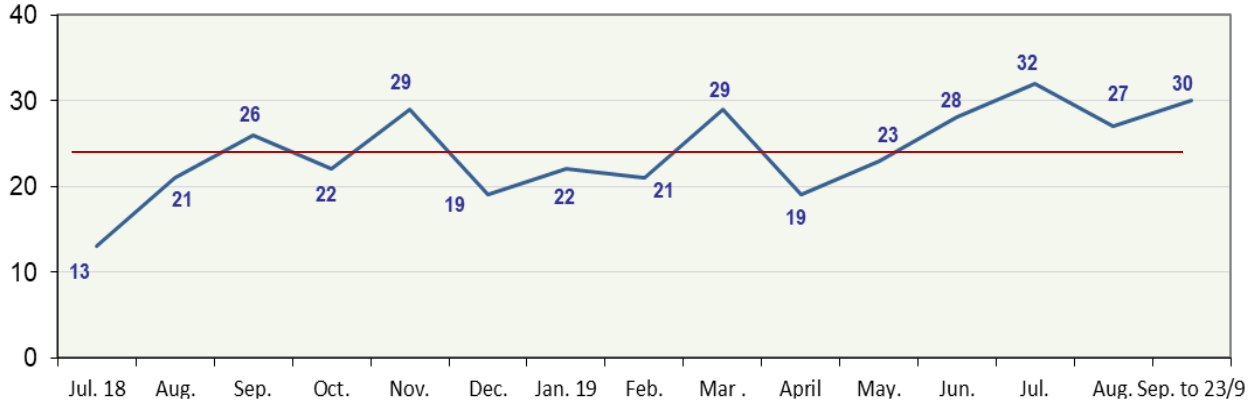
2.0 Complaints

2.1 Complaints received Q1 2019/20

Complaints received by quarter Q2 2018/19 – Q1 2019/20

	Quarter 2	Quarter 3	Quarter 4	Quarter 1
	60	70	72	70
Percentage of patients seen who went on to complain	0.03% 183,693	0.04% 182,734	0.04% 187,670	0.04% 186,672
Complaints per 10,000 patient contacts	3.3	3.8	3.8	3.7

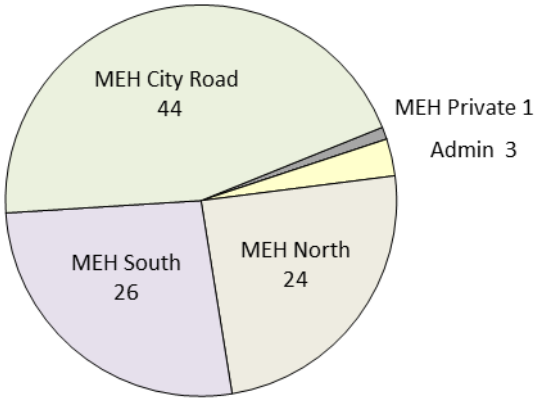
Fig.1 Trust complaints July 2018 to September (to date) 2019 (mean-24)



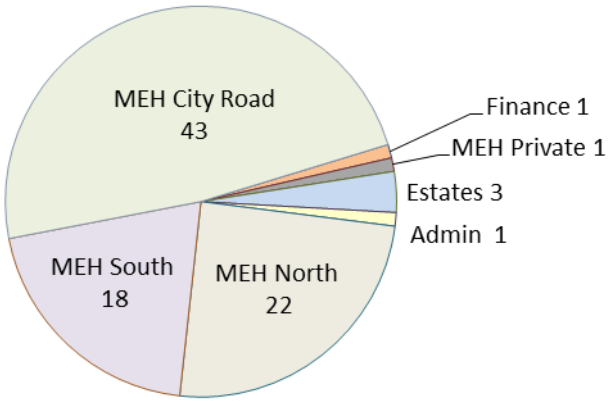
On average, 23 complaints a month were received by the trust during the first quarter of 2019/20, with June beginning an upward trend which has continued into quarter 2 (fig 1).

Fig. 2 Complaints by division

Complaints by Division: **Q4 2018/19**

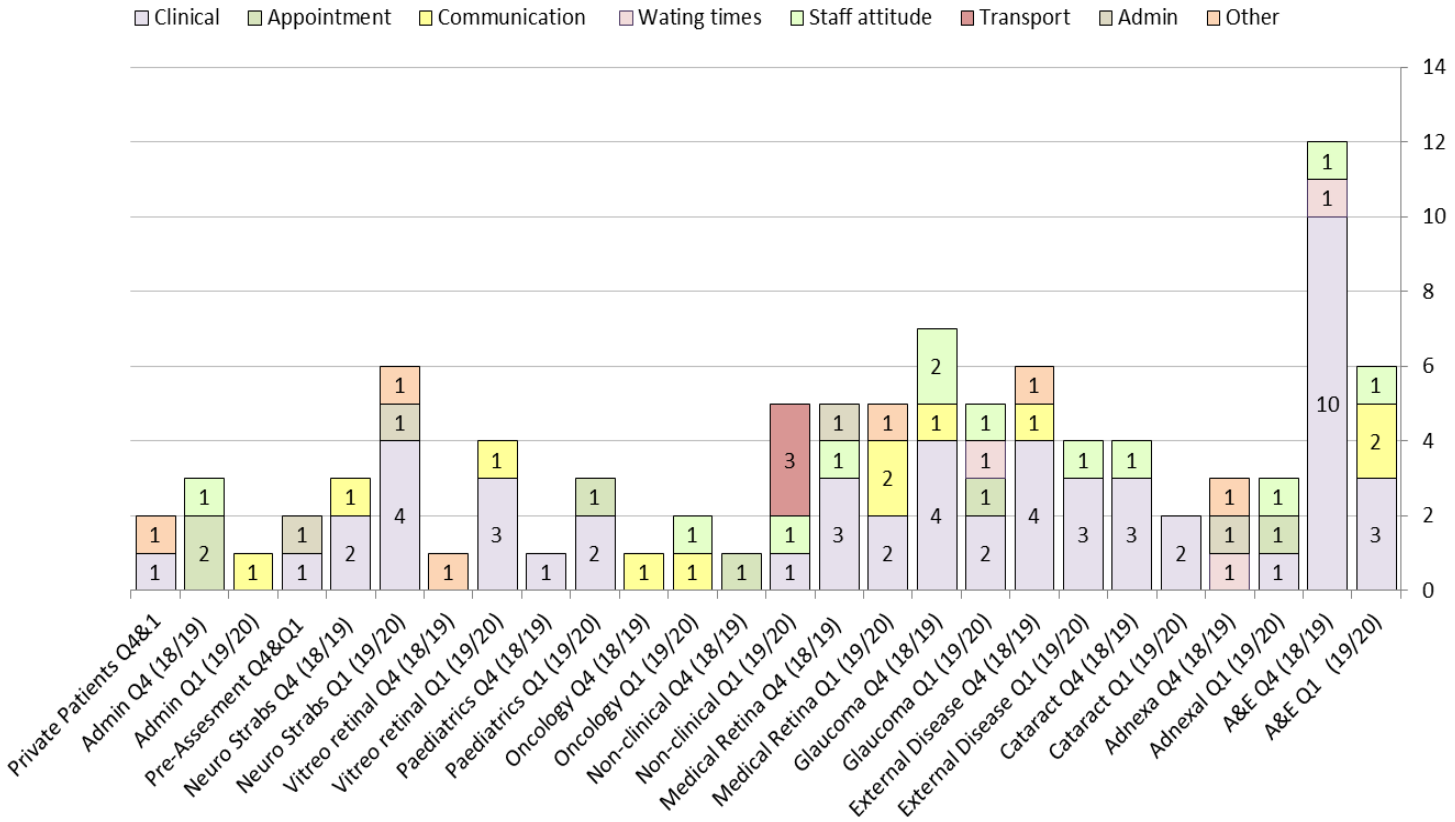


Complaints by Division: **Q1 2019/20**



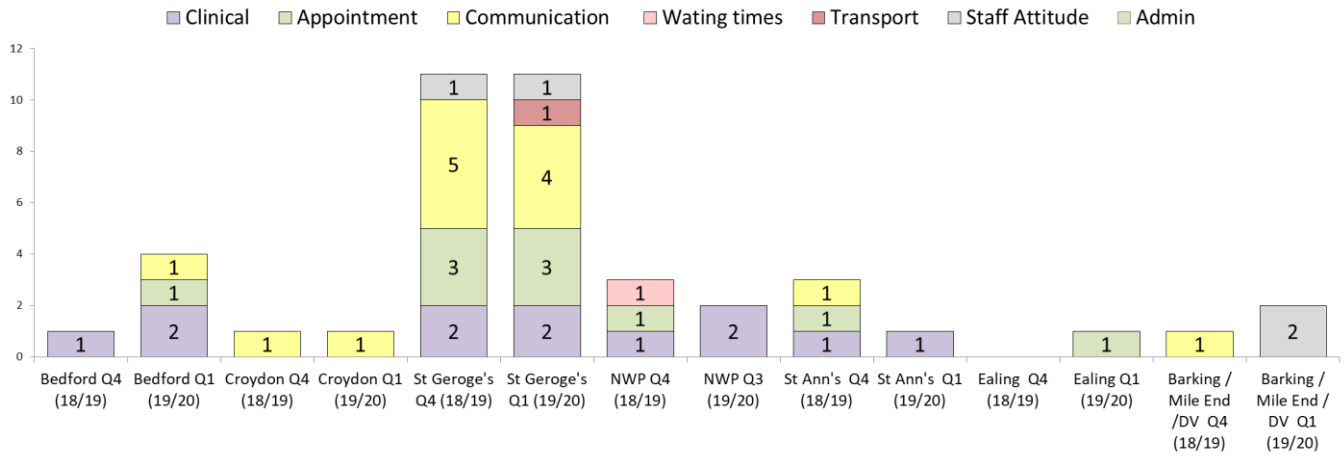
Complaints by division reflect the activity within those divisions with the majority of complaints being for City Road.

Fig.3 Complaints by City Road specialism and type: Q4 2018/19 and Q1 2019/20



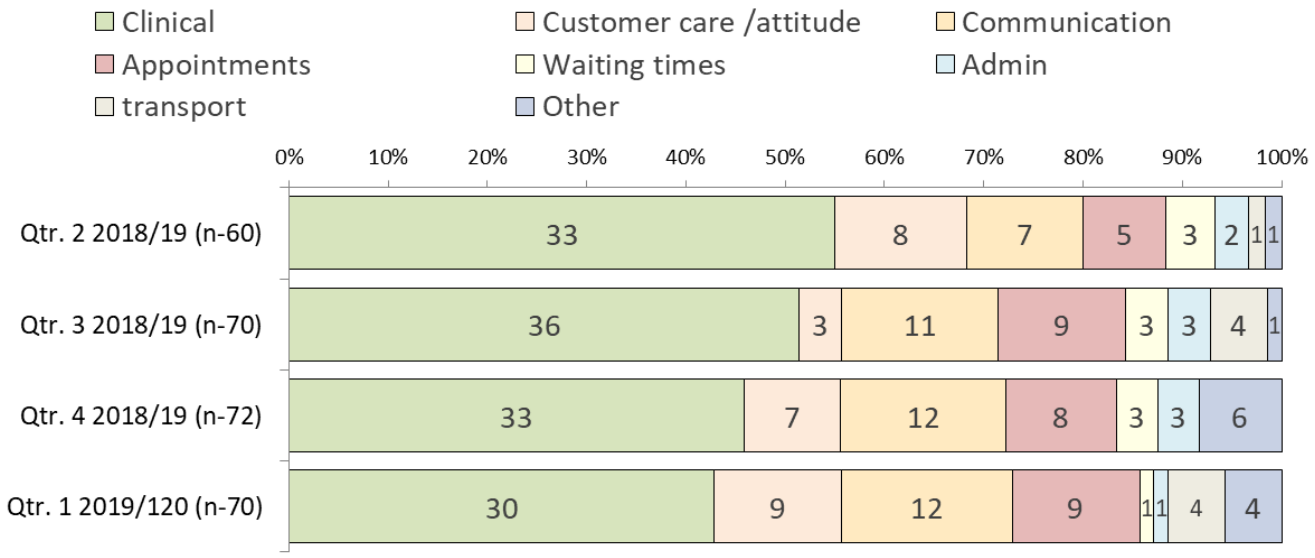
N.B. Private Patients do not form part of our NHS reporting.

Fig.4 Complaints by network site and type: Q4 2018/19 and Q1 2019/20



2.2 Complaints by type of category

Fig.5 Complaints by type: Q2 2018/19 to Q1 2019/20



Clinical complaints

Clinical concerns continued to dominate. They make up the majority of complaints received. However there is a slight decrease compared with previous quarters and continues the historic level of previous years. These included complainants who felt there were problems or errors regarding their clinical care and treatment, including that wrong treatment choices were made, or who felt that their treatment had led to unnecessary complications or outcomes. Others concerned their consultations, medication issues and reassurance regarding anesthesia.

Reviewing the division, site, service or individuals involved there do not appear to be any themes or areas of poor practice identifiable. As with previous clinical complaints, ensuring that patients have an understanding of the decisions made and likely outcomes, especially for long term patients for whom the prognosis is poor, would perhaps resolve their concerns and much depends on the individual interaction between clinician and patient. All responses to patients who make a clinical complaint are reviewed by the Medical Director.

Non-clinical complaints

Communication, appointments and attitude of staff are the other concerns that appear regularly. Communication issues result from not being able to get through on the telephone or being able to resolve

issues with ease. Appointments complaints were mainly about cancellation or re-scheduled appointments (in one case five times). Staff behaviours complaints stem from perceived rudeness or casual approach from staff. It is noticeable that where individuals are named in complaints they are rarely complained about again suggesting that continuous learning is taking place.

The year to date performance for acknowledging complaints within three working days is exceeding the 80% target. The performance for responding within 25 working days dropped during Q1 compared to previous quarters (see table below). A plan has been put in place with divisions to improve performance to meet/exceed Trust standards and this is showing very good results. Improvements to the complaints processes include:

- Training in complaints management and response writing to services and deputy divisional managers.
- A new pathway for handing complaints investigations has been established at City Road.
- Responsibility has been given to service and deputy divisional managers to write complaint responses.
- Fortnightly meeting are being held between divisional teams and the complaints team to ensure timely delivery of investigations.
- Divisions and the central team have regular status meeting to improve complaints handling performance.

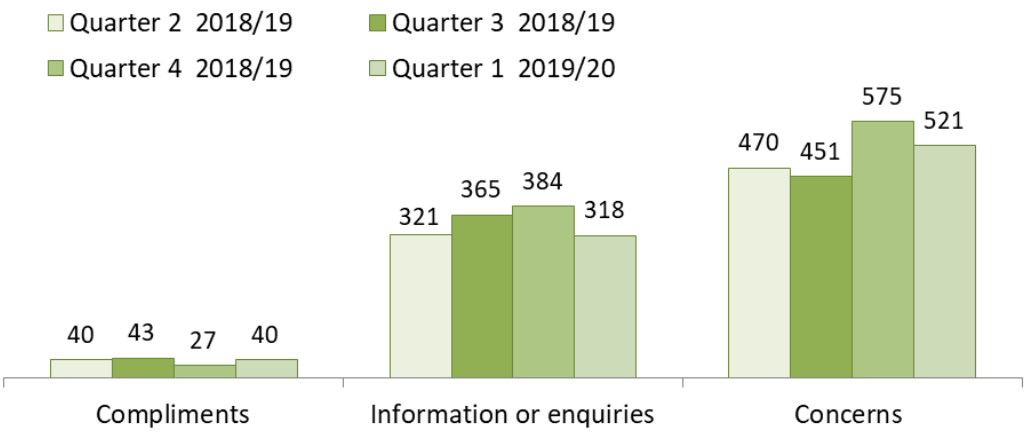
Complaints management performance
Fig.6 Complaints by type: Q4 2018/19 to Q2 2019/20

KPI	Target	Q4 19/18	Q1 19/20	Q2 19/20 (As of 23/9/19)
Acknowledgement	80%	98%	84%	89%
Final response	**80%**	**76%**	**31%**	**74%**

Re-opened complaints/Ombudsman referrals
12 (17%) complaints were re-opened during quarter 1. These were due to disputed information or further concerns raised. There was one referral to the Parliamentary and Health Service Ombudsman (PHSO), the patient questioning what happened during their surgery. It has been several years since the PHSO has upheld a complaint against the trust.

3.0. Patient Advice and Liaison Service (PALS)
During quarter 1, the team handled 879 telephone calls, patient visits or emails. For the same period in 2015/16 they managed 564 enquiries, a 50% increase.

The PALS team consists of two PALS officers. PALS enquires are classified as one of three types: compliments, general enquiries for information or advice, and concerns or informal complaints. The latter two are somewhat similar as most of the concerns and informal complaints are at root, requests for information or a resolution of an issue, but the frustration caused to the patient by the problem is such that it presents as a concern or informal complaint. How these are recorded is left to the discretion of the PALS officer taking the call or enquiry. Though the number of compliments would appear to be low, it should be remembered that patients now leave their expressions of gratitude on Friends and Family cards (FFT) rather that write letters of send cards. There are around 50,000 positive FFT comments a year.



Appointment issues and contacting the trust are the two main issues of concern that arise from PALS enquiries. This has improved somewhat since the establishment of the contact and booking centers, although problems persist.

4.0 Learning from Complaints

4.1 As in previous quarters, the response to several of the complaints received has been to clarify the patient's care pathway, explain the reasons for treatment decisions and why the clinical outcome turned out as it did. Other responses to complaints include resolving appointment issues, arranging meetings between trust staff (commonly the Medical Director) and complainants, encouraging staff to reflect on their behaviour or be reminded of processes and procedures not followed, and addressing the underlying organisational issues that lead to complaints through trust wide projects such as the recent 'Hackathon' (which is looking into improving the appointments process and how we can better communicate with patients), the establishment of a single booking center, and the anticipated introduction of a new telephone system at St George's.

Some of the more specific learning and improvement in response to complaints includes:

- Improving standards of care and empathy in the Optometry department.
- Health records have reviewed how medical records are tracked and this has improved.
- Patient information leaflets to be updated and staff to be reminded to always advise patients against flying after having a specific procedure.
- Booking Clinic staff to be re-trained with regard to alerting the clinic staff should a patient have a condition that requires extra care or anticipation of their needs.
- Stress given to the staff at St Ann's to record patient allergies.
- St George's Hospital (host Trust) have advised their staff where and when to send patients to the Moorfields Eye Unit as patient was initially sent to the wrong place.
- Staff reminded of correct processes to follow when cancelling and rescheduling appointments in Glaucoma clinic and booking centre.
- Doctors to ensure that blood results are reviewed.
- The reception staff have been trained again on how to use of patient pagers in the clinic so that they are offered to more patients.
- Reception staff have been reminded that they should keep patients' updated regarding delays etc. whilst in clinic.
- A suggestion from a patient regarding appointment letters is being taken forward in regard to highlighting any change of venue as this is not easily evident when this occurs.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 10

Annual freedom to speak up report

Board of directors

3 October 2019

Report title	Annual Freedom to Speak Up report (September 2018-September 2019)
Report from	Ian Tombleson, director of quality and safety
Prepared by	Ian Tombleson, director of quality and safety
Previously discussed at	Management Executive
Attachments	None
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will attract, retain and develop great people We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Executive summary

This paper provides an Annual Report for the Freedom to Speak Up (FTSU) Guardians. It covers the period September 2018 to September 2019 following the introduction of a new policy and new arrangements and the new FTSU Guardians starting in September 2018. This Annual report therefore covers the four quarters of Q3 and Q4 2018/19 and Q1 and Q2 2019/20. The Q3/Q4 data was presented to the Board in detail in the previous FTSU Board update.

The report provides assurance to the Board that FTSU Guardians are providing an effective service in line with requirements and also the expectations of National Office for Freedom to Speak Up Guardian. FTSU Guardians are accessible and staff are able to raise concerns. The numbers of concerns raised and the broad themes are set out in the report.

Quality implications

The Trust's approach to developing and supporting a 'speaking up' culture is a key element of the CQC well-led framework. If staff feel that they are supported in raising concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and improve the trust's ability to learn lessons from incidents and support good practice. The Trust Board provides leadership and support to enable an open and transparent culture.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

Organisations need to have a culture where staff feel able to safely voice their concerns. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact. There is no evidence of any of these impacts at Moorfields.

Action Required/Recommendation

The Board is asked to:

- Discuss and note the content of the paper.

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

1. Summary

This paper provides an Annual Report from the Freedom to Speak Up (FTSU) Guardians covering the period from September 2018 to September 2019 when the new FTSU Guardians became fully operational. This report therefore covers the four quarters of Q3 and Q4 2018/19 and Q1 and Q2 2019/20. Q3 and Q4 data has previously been presented to the Board.

The Management Executive has reviewed the current arrangements and considers them effective and fit for purpose. This report therefore provides assurance that FTSU guardians are in place, that they are accessible and that staff are able to raise concerns. The numbers of concerns raised and the broad themes are set out in the report.

2. Background

All NHS trusts are required to have FTSU Guardians and a policy setting out FTSU arrangements. From September 2018 there have been five FTSU Guardians in place:

- Dr Ali Abbas, locum consultant, City Road and St George's
- Farhana Sultana-Miah, deputy general manager, Moorfields North
- Carmel Brookes, lead nurse for clinical innovation and safety, City Road
- Aneela Raja, optometrist, Bedford
- Ian Tombleson, director of quality and safety (lead guardian).

If individuals are not happy to raise concerns via the Guardians, or their concern is about the Guardians themselves or is at a Trust Board level, then these can be raised with Steve Williams Vice Chairman of the Board and Senior Independent Director. There have been no examples of this to date.

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

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

- Unsafe patient care
- Unsafe working conditions
- Inadequate induction or training for staff
- Lack of, or poor, response to a reported patient safety incident
- Suspicions of fraud
- A bullying culture (usually across a team)
- A criminal offence has been committed, is being committed or is likely to be committed
- That the environment has been, is being, or is likely to be damaged.

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

Initiatives

FSTU Guardians have been active in their role to make themselves accessible. Guardians have been visiting satellite locations to make themselves available to staff should they want to raise concerns, either at that time or at another opportunity. These visits include speaking to staff around the site about how they are feeling, making them aware of how to raise concerns more broadly through their management line and also to make them aware of the FTSU role. This also helps staff feel relaxed and makes them aware they could raise concerns to the FTSU Guardians in a confidential way. Sites visited so far include Bedford, Croydon, St George's and Moorfields Private. There are plans to visit more sites and to maintain a rolling programme.

Other initiatives include attendance at staff network events, development of an 'easy read' guide explaining the role of Guardians, promotion via the intranet and a stand at the well-attended annual staff conference in November 2018. Several innovative ways of engaging with staff have been prepared for FTSU month in October 2019.

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

Further developments

Following a review the Management Executive concluded that the FTSU Guardian role has embedded well and is achieving its functions as set out in the policy. The Executive and Board have been and continue to show leadership and senior support for the FTSU role. Larger organisations have developed more prominent and separate FTSU strategies including full time Guardians. At this stage this is not required at Moorfields, although the FTSU policy will be amended to make the strategic intent clearer. The Director of Quality and Safety is working with the Director of Human Resources and Company Secretary to review broader awareness/staff training requirements for FTSU. The Guardians will continue to promote their roles across satellites reaching out to staff more widely. Other plans include:

- Reaching out further to networks/staff meetings/raising awareness with harder to reach groups.
- Increasing links/joint working with contact/bullying and harassment officers.
- Ensuring that we are learning and taking forward any recommendations from National FTSU case reviews.

3. Concerns raised during 1 October 2018 to 30 September 2019 (covering four quarters)

The experience of the FTSU guardians is that in practice Guardians provide staff with someone to go to if they wish to raise a concern that they believe is serious and they are unable to resolve themselves without additional impartial support. Many have raised a concern either directly or indirectly with their line manager or have sought support from Human Resources. Sometimes concerns are raised as a result of frustration because of delay or an impasse in process has arisen.

Quarter 1 2019/20

Sometimes concerns cover more than one area and these have been indicated as primary and secondary themes. The data below covers quarters of the period 1 April 2019 to 30 June 2019; during this period four concerns were raised, none containing a patient safety element.

Theme	Primary	Secondary
Culture/Behaviour [1]	2	
Process[2]	2	One of these also centred on process
Training	0	
Patient safety/quality[3]	0	
Total	4	

Quarter 2 2019/20

During the period of 1 July to 30 September 2019 one concern was raised.

Theme	Primary	Secondary
Culture/Behaviour [1]	1*	Part of this concern focuses on potential impacts on patient safety
Process[2]	0	
Training	0	
Patient safety/quality[3]	0	
Total	1	

*This concern remains currently under investigation

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

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

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

Full year data (1 October 2018 to 30 September 2019)

Theme	Primary concern
Culture/Behaviour [1]	13
Process[2]	5
Training	2
Patient safety/quality[3]	3
Total	23

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

At Moorfields the role of the FTSU, in line with the training received from the National Freedom to Speak Guardian's office, is to find a way to resolve the concerns raised. This usually means signposting the staff member (or members of staff) to obtain specific advice, and/or discussing with line management so they are in a position to investigate and achieve resolution. The role of the FTSU guardians would not normally be to investigate concerns unless exceptional circumstances require it. All concerns have been followed up, or are in the process of being followed up, and where possible feedback is provided to staff members.

4. Conclusions and Recommendations

The Board is asked to note that the FTSU guardians are in place and are accessible to staff. They function independently from management and in line with best practice from the National Freedom to Speak Up Office.

Guardians continue to promote their role and speaking up generally which is fully consistent with the culture set by the Board and senior leadership at Moorfields.

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

Ian Tombleson
Director of Quality and Safety
October 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 11

Guardian of safe working

Board of directors

3 October 2019

Report title	Guardian of Safe Working Report
Report from	Nicholas Strouthidis, 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 quarterly report covers the period from 22/06/19 – 25/09/19.

Historically the trust would satisfy itself of safe working practice by monitoring trainees' hours. Monitoring hours has ceased under the 2016 junior doctors contract and the trust and trainees are now required to raise concerns of unsafe working through exception reports. My role as guardian of safe working is to have oversight to the exception reporting process and ensure that junior doctors are listened to and that practices are put into place to mitigate any unsafe working.

Trainees are notified of the detail of their rota in a work schedule document that they receive prior to starting. All trainees received induction training on exception reporting and allocate software. I meet all trainees at induction and deliver an interactive session on safe working and exception reporting.

During the last quarter, there have only been 2 exception reports by 2 trainees working outside of their allocated rota. The first exception report has been by an ST5 from the previous cohort of trainees (pre-August 2019) working on a Sunday on-call shift at St Georges. This trainee was called in to the hospital to review a globe rupture and as a result worked 4 extra hours than scheduled. The second exception report was from the new cohort of trainees joining in August – a North Thames ST3 working in an all day medical retina clinic that was heavily overbooked (80 patients for 3 doctors all day) and resulted in the ST3 getting only 15 minutes of natural break during the day and one hour of overtime. Review with the respective Educational supervisors has yet not been done despite reminders.

In this quarter there have been no instances of breach of the minimum 8 hours rest requirement between shifts; no instances of a breach of the 48-hour average working week (across the reference period agreed); no instances of a breach of the maximum 72-hour limit in any seven days; and there have been no reports of any trainee missing greater than 25% of their natural breaks.

Currently there are only 3 gaps on the City Road Lower House rota within the trust. However candidates have been appointed to fill these gaps and we are awaiting their start dates.

We are delighted that Moorfields Eye Hospital NHS Foundation Trust will receive the sum of £30,000 from Health Education England to make improvements that will impact positively on the working conditions of junior doctors. I have instructed trainees to identify needs according to the BMA Fatigue and Facilities Charter and produce a list of items they would like to purchase from this fund. This was generated from a survey amongst Junior doctor trainees from the North and South rotations. This list was discussed at the last Junior Doctor Forum in the presence of Chief Executive Mr David Probert. Further meetings have taken place since to prioritise items for purchase, liaise with Estates Department and finalise procurement.

<u>High level data</u>

Number of doctors in training (total):	47
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:

1. Whilst there have been significant improvements to the rota at St Georges, the absence of a LH on-site after hours increases the risk of an UH first on call being called in and breaching. We will therefore continue to make improvements on this rota to ensure that there is sufficient cover, including investing in emergency nurse practitioners (EMP)to deal with the less complex workload.
2. Re-circulate email to all consultants reminding them to invite trainees to leave clinics when their shift has ended and to give appropriate natural breaks during the day.
3. Like most Trusts in London to switch to Clinical Supervisors (rather than Educational supervisors) to close exception reports . This would facilitate the process of exception reporting as clinical supervisors are more familiar with the incidents reported by trainees and meet the trainees on a regular basis.
4. Committing to the delivery of the proposals by junior doctors to ensure that the £30,000 funding from Health Education England is used to make improvements that will impact positively on the working conditions of junior doctors. The Director of Medical Education and Junior Doctors' Forum should determine, sign off, and monitor, the funding allocation locally.

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. Most trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. In general trainee morale is high and working conditions good. There are relatively very few exception reports from on-call rotas and clinics. Moorfields Eye Hospital NHS Foundation Trust will receive the sum of £30,000 from Health Education England to make improvements that will impact positively on the working conditions of junior doctors who are actively involved in the allocation and spending of this funding.

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**	✓

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 12
Administration and booking update
Board of directors
3 October 2019

Report title	Admissions and booking update
Report from	John Quinn, chief operating officer
Prepared by	John Quinn, chief operating officer
Previously discussed at	Management executive
Link to strategic objectives	We will have an infrastructure and culture that supports innovation We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience

Brief summary of report

A number of issues continue to be raised through to the Board regarding administrative processes around the patient outpatient experience, whether related to booking or communication within clinics. This paper outlines the key issues and plans around these.

Quality implications

There are significant implications for both patient and staff experience if administrative systems and processes provide more challenges than solutions.

Financial implications

There are no direct financial implications arising from this paper.

Risk implications

Failure to understand and address concerns raised by patients and staff about systems and process will lead to risks in relation to quality of care, experience, achievement of performance and activity targets and reputational damage to the trust.

Action required

The board is asked to note the report and take assurance from it.

For assurance	**√**	**For decision**		**For discussion**		**To note**	

Booking experience

Patients continue to report issues with booking their appointments both in terms of getting through to re-book or having to re-book multiple times.

Re-booking multiple times is a direct effect to ensure the Trust manages possible 'lost to follow ups'. Patients are given appointments to ensure they are on the system and then may require re-booking. In some instances this may be several times and may lead to clinics being overbooked. The alternative would be to institute partial booking outpatient waiting lists. However, this would mean that not all patients would receive a follow up appointment and might receive this at a later date. This has a higher risk of 'lost to follow ups' and therefore would require a higher administrative burden to make work. It is currently considered too high a risk to move to this system. The solution being sought is to improve the current system.

Overbooking of clinics

This is complex issue which is related to the above but also the technical way in which PAS is set up and how we use it. Clinical profiles are agreed with the clinical teams and generally there is good compliance. There is an issue which is both technical and managerial in that PAS allows the clinics to be overbooked. In terms of what level that can happen currently this is universal and there is a plan to reduce access to overbooking. There are some possible consequences to this that are being worked through in order to restrict over booking access. There is a wider technical issue which we have been informed by the PAS lead could take up to 12 months to complete, as each profile has to be worked on individually. This now needs to be developed into a project in order to understand what resources are required to fix the problem.

Cancellation rates have gone up over the last five years from 2.2% to 3.9%. The main areas for this are the South and the North divisions and this reflects growth and capacity issues in the network. City Road hospital cancellations are below 2%. Specialities that are driving this are general ophthalmology across the Trust and glaucoma. The South is the most challenged division with a hospital cancellation rate of nearly 6%. The South Division are actively seeking to establish virtual clinics at the Nelson site which will help them manage this issue.

Patient experience of calling

A key part of the booking/re-booking process that we regularly receive feedback on is the difficulty in getting through. This is being addressed through two initiatives:

1. A patient portal is being procured which will allow patients to change their appointments directly using a portal which they will have access to remotely, e.g. on a smart phone or tablet device. Four bids have been received and these will go through an evaluation panel in order to short list then approve a preferred supplier.
2. From a recent event with staff in August a working group has been established which is seeking to implement one number to call to improve simplicity for patients and through establishing call queue systems make sure patients can get through. This will include all new calls coming into the booking centre and the setting up of dedicated call hubs on key sites supported by call queue systems for follow up patients.

Journey times

Improvement in patient journey times has now plateaued. The reason for this is not fully known although this is partially due to better reporting of journey time hence reflecting a truer picture. The outpatient programme for service improvement is reviewing its current work plan and this will be looked to ascertain whether there is further work that can be done to reduce average times or whether this is at its natural level.

In the meantime the service improvement team is shadow measuring the time taken for patients to be seen within a given time and splitting this by face to face appointments and virtual. This is being looked at to assess whether gives a more accurate reflection of patient journey time.

- The target for face to face clinics has been set at 75% of patients within 2 hours – current performance is 66%
- The target for virtual clinics has been set at 75% of patient seen within 1 hour – current performance is 70%.

In the past measuring journey times has been difficult due to data completeness. This is now measured and monitored through QSIS board and on the TMC IPR. There has been significant improvement in the performance of data completeness. There is no formal standard for data completeness for collecting journey times hence a pragmatic (but stretch) target of 80% has been set. Current performance on data completeness is 60%.

Communications in clinics

Patient feedback and clinic visit by membership council and executive and no-executive walkabouts highlights that patient communication about waiting times in clinics cold be better and is a frustration to our patients. Two key issues have been highlighted:

Use of buzzers

The clinics have access to buzzers which can be given to patients so that when their appointment slot is ready they can be buzzed and then attend clinic. This allows the patients to have more freedom to walk to the shops for refreshments or go to the toilets. It has been reported that not all clinics were offering patients buzzers. The service improvement team undertook a small localised service improvement project to understand what the barriers were to handing these out. There were some practical issues about buzzers not being able to be used outside the zone for which they are formatted. Buzzers have now been reformatted, labelled and returned to correct areas. The SOP has also now been updated and staff have received further training. There has been some renewed success with this approach and recently there was a flurry on social media from patients informing us and each other that the buzzers were available and how welcomed they were. The Friends of Moorfields have purchased another 100 buzzers to ensure we can support more areas.

White Boards

Each clinic area has white board which is meant to display information about journey times in order that patients know how long their clinic wait may be. It has been reported that the times displayed are frequently not accurate and sometimes the boards are not updated for each clinic.

A review of the whiteboards has shown that information is not accurate as reported, legibility varies, information is not consistent between clinics, patients cannot always see the whiteboard due to placement. The method of updating whiteboards is manual and requires the clinic clerk to stop what they are doing during clinic to accurately update the boards. It is now concluded that the whiteboards are not the best place to display the information we require for patients. The view is that having information on our digital boards would be better. The In Touch software that is used in the Kiosks has the ability to support improving our information stream to patients regarding waiting times. A small group of staff have arranged to visit Chase Farm hospital, which is a digital exemplar site, who use this software to see what can be applied to us.

In the meantime it will be stressed to clinic staff to ensure patients are informed of clinic times. A recent patient survey undertaken as part of the admin restructure showed that post restructure clinic staff have improved on informing patients of wait times (from 5% pre restructure to 35% post). This approach will continue to be re-iterated whilst an alternative solution to whiteboards is implemented.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Agenda item 13

Report of the QSC

Board of directors 3 October 2019

Moorfields Eye Hospital NHS Foundation Trust

NHS

QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

Tuesday 10th September 2019

Committee Governance	• Quorate – Yes • Attendance (membership) - 88% • Action completion status - 93% • Agenda completed – Yes
Current activity	• The **committee's actions** from the last meeting were reviewed. • Two summary reports were received. These were from the **Clinical Governance**, and **Information Governance** committees. There were no escalations from either report. • The committee received an update about **Medical Records**. This set out the progress made since the presentation to the committee at its May meeting. A further update will come to the committee's November meeting. • A presentation about **premises management** and **fire safety** was received by the committee. This included the premises assurance model and associated action plan. This will be presented to the Board. • The committee received a **Divisional Update** from the North division. • The **First in Man medical interventions policy** was presented to the committee and was approved. • The committee received a deep dive presentation about **Research Governance**. • The **HTA Compliance update** was presented to the committee. This included developments resulting from the NHSBT follow-up visit which took place in May 2019. • The new-style **quality and safety report** was presented to the committee. This covered the period April to June 2019. • Also for the period April to June 2019, the new style **Q1 complaints and compliments report** was also presented to the committee • The latest **SI tracker** was presented. • A single **SI report** was received. • The committee also received its regular **Quality and Safety update**. • The committee received the **WHO Surgical Safety Checklist Compliance Audit Report** for Q1, and the **Clinical Governance and Audit Report** for 2018-19.
Key concerns	• As part of the Divisional update from the North Division, a concern was raised about Mile End Theatres. This is currently being looked at by estates (both Moorfields and Barts), and infection control. Whilst this is not currently unsafe, it is possible that surgical activity at Mile End might have to be transferred to another site in the future. • There will be a future application for the Biomedical Research Centre (BRC). This is likely to be autumn 2020 to April 2022. Preparations are in progress, including a meeting in November.
Key learning	• A report on patient administration processes (raised as an escalation at July's meeting) is currently being prepared for the board. • The glaucoma issues that were raised as an escalation in July are Bedford-focused, and not a Trust-wide issue. The glaucoma review is due to be completed at the end of September. • The overall figure for temporary records has declined to 2.4%.

	• By the end of September, the uplift of records from Iron Mountain to Restore should be complete. • There will be a notes amnesty at the end of September. • The fire safety action plan is on track, with the 'hard actions' having been undertaken and the 'soft actions' in progress. • The North division reported that working at several sites impacted on staff retention and sickness. This is a particular issue in the east where there is not an admin 'base'. • The *'First in Man' medical interventions* policy governs particular medical trials – these take place infrequently, but the 'belt and braces' approach which the policy forms part of is vital. • Research involving paediatrics is always classified as high risk. As there are certain research regulations which determine the classification of risk levels (these are governed by a local SOP), they don't necessarily equate to corporate risk levels. • A policy is being developed by Research and Development to manage possible conflict of interests between Moorfields and UCL. • A new quality management system (*iPassport*) has been implemented with the Eyebank. • The NHSBT inspected Moorfields on 15th May 2019, the inspection recognised the good progress that has been made, and made five areas for improvement. • Quality and safety, and complaints and complements will be reported to the committee quarterly. This is supersedes the previous 6-monthly combined reporting cycle.
Escalations	• There were no escalations
Items for discussion outside of committee	• This summary to be sent to the Board and Membership Council.
Date of next meeting	• 12th November 2019