



Oriel

Creating the centre for
advancing eye health

Oriel Board update

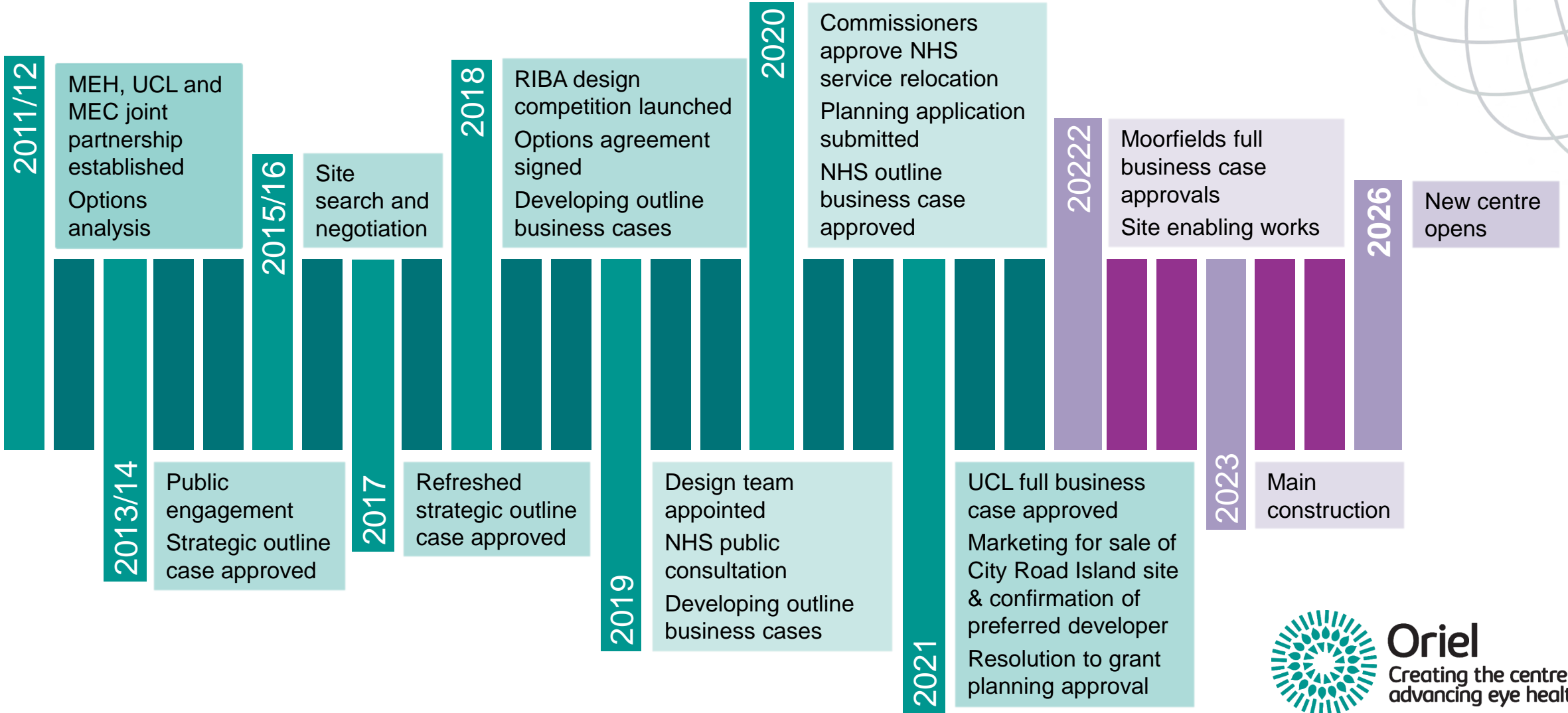
24 March 2022



Overview

- Context
 - Reminder of the Oriel programme
- Preparation for Full Business Case (FBC)
 - NHS assurance to FBC
- Key risks

Oriel timeline



Oriel
Creating the centre for
advancing eye health

NHS assurance to FBC

- We submitted the Joint Development Vehicle business case to our regulator on 11 November 2021
- We submitted the Land Disposal business case to our regulator on 30 November 2021
- We submitted the OBC financial case affordability addendum to our regulator on 23 December 2021
- We are continuing to work with the New Hospital Programme (NHP) team as they complete an In Flight Project Review

Key risks

Risk	Mitigation	Update
Revenue position for 2022/23 not finalised until mid-April – risk that FBC submission is delayed	Active engagement with NCL and NHSE/I to clarify 2022/23 position Active engagement with NHSE/I and DHSC on timelines for business case submission and approval dates	New risk for board update
City Road disposal – risk that bids are not in line with site valuations	Completion of City Road disposal process and confirmation of preferred bidder, with confirmed price by December 2021	Land Disposal case submitted; awaiting regulator approval
Regulator decision making – risk that Moorfields business case is delayed	Active engagement with NHSE/I, DHSC and HMT on timelines for business case submission and approval dates	Engagement ongoing
Securing St Pancras site vacant possession – risk that this is delayed	Active engagement with Camden & Islington; NCL ICS; London Region team	Engagement ongoing
Contractor procurement – risk that tender prices do not align with OBC assumptions	Completion of contractor procurement process and confirmation of preferred bidder, with confirmed price by December 2021	Final bids received; tender evaluation due to complete in February 2022

Report to Trust Board

Report Title	Integrated Performance Report - February 2022
Report from	Jon Spencer - Chief Operating Officer
Prepared by	Performance And Information Department
Previously discussed at	Trust Management Committee / Management Executive
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

Within February 2022 the Trust achieved 93.8% of the elective activity and 90.4% of outpatient activity that we were required to deliver by our commissioners. These figures were disproportionately impacted by the reduced number of working days within February with weekly run rates averaging 100% and 95% respectively. The Trust's overall sickness absence rate remained high but at a stable level of 4.3% which allowed us to reopen all of the theatres at City Road.

The level of referrals received increased significantly to 95% of the level seen before the pandemic. Together with the additional mutual aid which we have been providing to other NHS providers, this rise in referrals has put additional pressure on our ability to reduce our backlog of new patients. A&E attendances rose slightly to 60.80% and work is now underway to actively support a greater number of patients from across London through the attend anywhere system.

The number of patients waiting over 52 weeks for their treatment has increased significantly to 28 however nearly all of these patients have been transferred to us from the Royal Free as part of our mutual aid offer to them. The number of patients waiting over 18 weeks has continued to rise, however the proportion of patients who are receiving their care within 18 weeks has remained consistent indicating that the same proportion of high risk patients are being prioritised by clinical teams.

The Trust did not meet the 28 day cancer standard as a result of 2 breaches which were not deemed to be avoidable. We also did not meet either the average call waiting or abandonment rates for our booking centre. This was due to a continuation of the previously reported high sickness levels that were caused by the latest wave of the pandemic. These sickness issues have begun to improve in February and are expected to improve further through March.

The Trust saw a further deterioration in performance against the metric which monitors our complaint responses. This was again caused by a continuation of the previous issues of high sickness levels and a run of more complicated complaints being managed by the City Road Team.

Although we did not meet either the appraisal and IG targets in the month, performance improved against both metrics. Some technical issues have been identified which are impacting on our IG performance, however we expect the improved performance to continue through March and April.

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	
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Context - Overall Activity - February 2022

		February 2022	19/20 Mth 1-11 Average	Year To Date
Accident & Emergency	A&E Arrivals (All Type 2)	5,003	8,230	55,600
	Number of 4 hour breaches	0	124	31
Outpatient Activity	Number of Referrals Received	11,027	11,628	113,000
	Total Attendances	45,582	50,447	513,004
	First Appointment Attendances	10,363	11,055	113,273
	Follow Up (Subsequent) Attendances	35,219	39,391	399,731
	% Appointments Undertaken Virtually	7.1%	0.2%	8.3%
Admission Activity	Total Admissions	2,889	3,081	31,069
	Day Case Elective Admissions	2,654	2,747	28,338
	Inpatient Elective Admissions	73	99	798
	Non-Elective (Emergency) Admissions	162	235	1,933

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

Service Excellence (Ambitions)






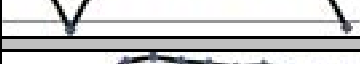





February 2022

Operational Metrics

* Figures Provisional for February 2022

** RTT Figures Provisional for February 2022, RTT ratings will be re-introduced once initial recovery plan has been completed. 26 out of the 28 '52 Week Breaches' are Mutual Aid patients.






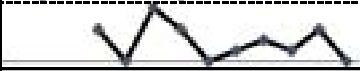




*** Median Clinic Journey Time Metrics under review, definitions to be updated to further account for different clinic environments (e.g Face-to-Face & Video appointments, Diagnostic Hubs)

Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Cancer 2 week waits - first appointment urgent GP referral	Monthly	≥93%	G		100.0%	100.0%		98.5%
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	Monthly	≥93%	G		97.1%	94.7%		97.8%
Cancer 31 day waits - Decision to Treat to First Definitive Treatment	Monthly	≥96%	G		100.0%	100.0%		99.0%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	Monthly	≥94%	G		100.0%	100.0%		100.0%
Cancer 62 days from Urgent GP Referral to First Definitive Treatment	Monthly	≥85%	G		100.0%	100.0%		100.0%
Cancer 28 Day Faster Diagnosis Standard	Monthly	≥75%	R	4	100.0%	71.4%		91.9%
18 Week RTT Incomplete Performance **	Monthly	≥92%			77.4%	77.5%		78.1%
RTT Incomplete Pathways Over 18 Weeks **	Monthly	≤1608 (Avg. 2019/20)			8124	8606		
52 Week RTT Incomplete Breaches **	Monthly	Zero Breaches			2	28		380
A&E Four Hour Performance	Monthly	≥95%	G		100.0%	100.0%		99.9%
Percentage of Diagnostic waiting times less than 6 weeks *	Monthly	≥99%	G		94.8%	100.0%		98.9%

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

Service Excellence (Ambitions)

February 2022

Operational Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Average Call Waiting Time	Monthly	≤ 2 Mins (120 Sec)	R	5	167	281		
Average Call Abandonment Rate	Monthly	≤15%	R	6	10.5%	17.0%		13.6%
Median Clinic Journey Times - New Patient appointments ***	Monthly	≤ 95 Mins (tbc)			Under Review			77
Median Clinic Journey Times -Follow Up Patient appointments ***	Monthly	≤ 85 Mins (tbc)			Under Review			84
Theatre Cancellation Rate (Non-Medical Cancellations)	Monthly	≤0.8%	G		0.87%	0.74%		0.71%
Number of non-medical cancelled operations not treated within 28 days *	Monthly	Zero Breaches	G		3	0		18
Mixed Sex Accommodation Breaches	Monthly	Zero Breaches	G		0	0		0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Monthly (Rolling 3 Months)	≤ 2.67%	G		2.05%	2.05%		
VTE Risk Assessment	Monthly	≥95%	G		98.9%	99.5%		98.5%
Posterior Capsular Rupture rates (Cataract Operations Only)	Monthly	≤1.95%	G		1.42%	1.07%		0.97%

Remedial Action Plan - February 2022



Cancer 28 Day Faster Diagnosis Standard

Red	Target	≥75%		Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance. There are no recent trends showing.				
	YTD	Previous Period	Current Period						
	91.9%	100.0%	71.4%						
City Road	North	South	Other						
71.4%	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)		Responsible Director	Jon Spencer		Lead Manager	Jeet Virdee		
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		
2 breaches (from a total of 6 patients): 1 breach due to a pathology lab delay (additional tests required); 1 breach – unable to reach patient before 28 days despite several attempts to contact patient prior.				To support the identification of issues earlier, the service team is to review the current internal escalation process.			April 2022		

Remedial Action Plan - February 2022



Average Call Waiting Time

Red	Target	≤ 2 Mins (120 Sec)		Current Period Overview	The threshold was not achieved, with performance above average showing a recent upward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	167	281						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Anoju Devi	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
Staffing levels within the team have been challenged due to unplanned sickness as a result of impact on Covid-19 during January.				Ongoing monitoring of staff sickness, which has gradually improved moving into February. Continue to work with Friends of Moorfields and Bank Partner to increase potential short-notice cover when sickness impacts performance.				April 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
Staffing levels within the team have been challenged due to unplanned short and long term sickness during February.				Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting. Ongoing monitoring of staff sickness with HR support- there has been improvement in February and further improvement expected going into March. 2.0 WTE agency staff now in place to backfill sickness. 2.0 WTE substantive recruitment- employments checks in progress. April start dates anticipated. Continuing to work with Bank Partners to increase short notice cover as required.				April 2022	

Remedial Action Plan - February 2022



Average Call Abandonment Rate

Red	Target	≤15%		Current Period Overview	The threshold was not achieved, with performance slightly above average showing a recent upward trend. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	13.6%	10.5%	17.0%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	Service Excellence (Ambitions)			Responsible Director	Jon Spencer		Lead Manager	Anoju Devi	
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	
Staffing levels within the team have been challenged due to unplanned short and long term sickness during February.				Staff rotation within the team with revised start/finish times to support increases in call volumes. Continue with staff forecasting. Ongoing monitoring of staff sickness with HR support- there has been improvement in February and further improvement expected going into March. 2.0 WTE agency staff now in place to backfill sickness. 2.0 WTE substantive recruitment- employments checks in progress. April start dates anticipated. Continuing to work with Bank Partners to increase short notice cover as required.				April 2022	








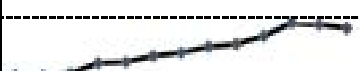




Service Excellence (Ambitions)

February 2022

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Occurrence of any Never events	Monthly	Zero Events	G		0	0		2
Endophthalmitis Rates - Aggregate Score	Quarterly	Zero Non-Compliant			0			
MRSA Bacteraemias Cases	Monthly	Zero Cases	G		0	0		0
Clostridium Difficile Cases	Monthly	Zero Cases	G		0	0		0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Monthly	Zero Cases	G		0	0		0
MSSA Rate - cases	Monthly	Zero Cases	G		0	0		0
Inpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		96.0%	94.4%		95.1%
A&E Scores from Friends and Family Test - % positive	Monthly	≥90%	G		94.4%	91.0%		92.8%
Outpatient Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.6%	93.1%		93.3%
Paediatric Scores from Friends and Family Test - % positive	Monthly	≥90%	G		93.7%	91.5%		93.6%

Service Excellence (Ambitions)

February 2022

Quality and Safety Metrics								
Metric Description	Reporting Frequency	Target	Current	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Summary Hospital Mortality Indicator	Monthly	Zero Cases	G		0	0		0
National Patient Safety Alerts (NatPSAs) breached	Monthly	Zero Alerts	G		0	0		
Percentage of responses to written complaints sent within 25 days	Monthly (Month in Arrears)	≥80%	R	9	63.0%	52.9%		75.4%
Percentage of responses to written complaints acknowledged within 3 days	Monthly	≥80%	G		100.0%	100.0%		98.9%
Freedom of Information Requests Responded to Within 20 Days	Monthly (Month in Arrears)	≥90%	G		100.0%	90.5%		95.5%
Subject Access Requests (SARs) Responded To Within 28 Days	Monthly (Month in Arrears)	≥90%	G		92.5%	100.0%		95.7%
Number of Serious Incidents remaining open after 60 days	Monthly	Zero Cases	G		0	0		0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Monthly	tbc			321	305		
Research Metrics								
<i>* Metric frequency changed to Quarterly as data is measured over a 12 month period, a more responsive version of this metric is being investigated.</i>								
Median Time To Recruitment of First Patient (Days) *	Quarterly	≤ 70 Days			<i>In Development</i>			
Percentage of Commercial Research Projects Achieving Time and Target	Monthly	≥65%	G		100.0%	100.0%		95.1%
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	Monthly	≥1800	G		5619	6286		34903
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Monthly	≥2%	G		5.4%	5.6%		

Remedial Action Plan - February 2022




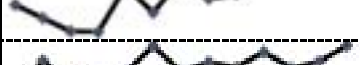




Percentage of responses to written complaints sent within 25 days (Month in Arrears)

Red	Target	≥80%		Current Period Overview	The threshold was not achieved, Performance was low indicating indicating a special cause variance. There are no recent trends showing.				
	YTD	Previous Period	Current Period						
	75.4%	63.0%	52.9%						
City Road	North	South	Other						
33.3%	50.0%	100.0%	75.0%						
Domain	Service Excellence (Ambitions)			Responsible Director	Ian Tomblason		Lead Manager	Tim Withers	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
The delay in responses to complaints received in December by City Road was due to a combination of factors: <ul style="list-style-type: none"> Sickness absence due to COVID More complex complaints requiring significant investigation across multiple services Planned leave over the holiday season 				The division has put in place an early escalation process to senior management to ensure complaint leads have support to manage complaints in the event of further challenges				February 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
The main contribution comes from CR division. This was due to a combination of factors, largely a continuation of the issues from the previous months: <ul style="list-style-type: none"> Continued Sickness absence due to COVID More complex complaints requiring significant investigation across multiple services 				The senior management escalation process is now being embedded and offers support to complaint leads if they anticipate delays. This will be monitored by the team.				April 2022	

People (Enablers)

February 2022

Workforce and Financial Metrics								
Metric Description	Reporting Frequency	Target	Rating	RAP Pg	Previous Period	Current Period	13 Month Series	Year to Date
Workforce Metrics								
Appraisal Compliance	Monthly	≥80%	R	11	71.0%	73.8%		
Information Governance Training Compliance	Monthly	≥95%	A	12	93.0%	93.8%		
Staff Sickness (Rolling Annual Figure)	Monthly (Month in Arrears)	≤4%	A	13	4.3%	4.3%		
Proportion of Temporary Staff	Monthly	RAG as per Spend	G		12.1%	14.1%		11.9%
Financial Metrics								
Overall financial performance (In Month Var. £m)	Monthly	≥0	G		1.41	0.85		2.43
Commercial Trading Unit Position (In Month Var. £m)	Monthly	≥0	G		-0.25	-0.21		1.06

Remedial Action Plan - February 2022



Appraisal Compliance

Red	Target	≥80%		Current Period Overview	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within its expected variation				
	YTD	Previous Period	Current Period						
	n/a	71.0%	73.8%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett		Lead Manager	Bola Ogundeji	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
Appraisals are not being completed in a timely way. This is partially due to covid related absence levels and also annual leave over the christmas period.				A review of individuals that are on maternity leave/career break/suspended and are currently included in the figures has been undertaken. There are 5 staff that fall into this category so these numbers are not skewing the figures significantly. Hot-spot areas are being identified and contacted directly by the L&D Manager to explore potential issues impacting managers ability to complete appraisals in conjunction with the HR Business Partners.				March 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
Current appraisal compliance rate for the trust is 74%.Partially due to absence levels in February.				Continued reminders sent out. Review of data shows that individuals on maternity leave/career break/suspended do not skew the compliance information. Hot spot area work continues.				April 2022	

Remedial Action Plan - February 2022



Information Governance Training Compliance

Amber	Target	≥95%		Current Period Overview	The threshold was not achieved, with performance slightly below average showing no recent trends. It is within it's expected variation				
	YTD	Previous Period	Current Period						
	n/a	93.0%	93.8%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Ian Tombleson		Lead Manager	Llinos Bradley	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
At 14/2/22 compliance is 94% which has improved slightly. There are four main reasons for this position. Staff have fallen out of compliance with training; some IT accounts have been disabled but Insight is still displaying users as active; small number of new starters yet to complete training; some having completed the training directly on e-LfH platform which has not yet updated on Insight.				Continuing to escalate to HR the anomalies in data reporting to remove leavers from Insight, IG training for recruitment of new starters and ascertaining employment positions on ESR to clarify the root cause. IG and HR continue to send reminder emails to individuals and line managers where IG compliance has expired. On-going push at SMT meetings to encourage compliance in all teams and departments.				March 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
At 14/3/22 compliance is 93.8%. The four main reasons for this position continue to be the same as previously reported. Staff have fallen out of compliance with training; some IT accounts have disabled but Insight is still displaying users as active; small number of new starters yet to complete training; some having completed the training on e-LfH platform which has not yet updated on Insight.				Continuing to escalate to HR team the anomalies in data reporting to remove leavers from Insight, ensure IG training for recruitment of new starters and ascertaining employment positions on ESR to clarify the root cause. IG continue to send reminder emails to individuals and line managers where IG compliance has expired. On-going push at SMT meetings to encourage compliance in all teams and departments.				April 2022	

Remedial Action Plan - February 2022



Staff Sickness (Rolling Annual Figure) (Month in Arrears)

Amber	Target	≤4%		Current Period Overview	The threshold was not achieved, Performance was high indicating indicating a special cause variance. There are no recent trends showing.				
	YTD	Previous Period	Current Period						
	n/a	4.3%	4.3%						
City Road	North	South	Other						
n/a	n/a	n/a	n/a						
Domain	People (Enablers)			Responsible Director	Sandi Drewett		Lead Manager	Bola Ogundeji	
Previously Identified Issues				Previous Action Plan(s) to Improve				Target Date	Status
<p>Since October, sickness absence figures have been on the rise due to an increase in COVID-19 infections rates and other sickness reasons amongst staff. The rates will likely continue to fluctuate with the prevalence of COVID and the Trust is not an outlier with these rates albeit it's going up.</p>				<p>The Employee Relations Team manages sickness and absence according to the Trust's sickness and absence procedure. The Trust continues to provide a robust infection control and prevention protocols and guidance to reduce infection amongst staff. Line managers are utilising the COVID-19 risk assessments to determine isolation-but working from home arrangement for asymptomatic staff, which helps mitigate staff going off sick and thereby causing more work pressures for their colleagues. We also continue to strengthen our health and wellbeing offering to ensure staff are supported to return to work as soon as possible.</p>				March 2022	In Progress (Update)
Reasons for Current Underperformance				Action Plan(s) to Improve Performance				Target Date	
<p>Due to the departure of two staff members within the team, it has only been possible to cover one of the vacancies so far. This has, therefore, impacted the regularity of reports shared by the ER team on sickness absence.</p>				<p>The Employee Relations Lead will review any gaps in reporting structure and frequency. She will also ensure improved engagement and responsiveness between the employee relations advisors and managers in managing sickness cases. For cases stuck at stage 2 level, the ER team will ensure that there is timely escalation to stage 3 - the final sickness hearing as this will help mitigate against long drawn out absences. There will be a regular liaison with divisional HRBPs to ensure divisional oversight and ownership for promptly managing sickness issues.</p>				March 2022	
<p>New managers to the trust are often less familiar with the Trust's sickness management policy and triggers</p>				<p>Highlight upcoming training sessions to managers four weeks before sickness absence management training is due to be delivered - ongoing.</p>				March 2022	

Report title	Monthly Finance Performance Report Month 11 – February 2021
Report from	Jonathan Wilson, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

Income and Expenditure

For February the Trust is reporting:-

- a £18.5m deficit year to date pre COVID support and top-up funding;
- £35.2m of COVID support and top-up funding, resulting in a
- £16.7m surplus year to date.

Financial Performance £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income	£259.4m	£22.0m	£20.4m	(£1.6m)	£238.0m	£218.2m	(£19.8m)	£259.4m	£238.1m	(£21.3m)
Pay	(£140.8m)	(£12.2m)	(£12.2m)	(£0.1m)	(£128.9m)	(£128.5m)	£0.4m	(£140.8m)	(£139.4m)	£1.4m
Non Pay	(£112.7m)	(£9.5m)	(£8.5m)	£1.0m	(£103.6m)	(£99.7m)	£4.0m	(£112.7m)	(£107.7m)	£5.0m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.7m)	£0.1m	(£8.7m)	(£8.5m)	£0.2m	(£9.5m)	(£9.2m)	£0.3m
CONTROL TOTAL PRE SUPPORT	(£3.6m)	(£0.5m)	(£1.0m)	(£0.6m)	(£3.3m)	(£18.5m)	(£15.2m)	(£3.6m)	(£18.2m)	(£14.6m)
COVID Top-up/support	£18.8m	£1.2m	£2.6m	£1.4m	£17.6m	£35.2m	£17.7m	£18.8m	£38.1m	£19.3m
CONTROL TOTAL POST SUPPORT	£15.2m	£0.8m	£1.6m	£0.8m	£14.3m	£16.7m	£2.4m	£15.2m	£19.9m	£4.7m

The Trust is receiving clinical income funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 66% of A&E activity, 93% Elective, 81% Core Outpatients (excluding DGH or 91% inclusive), and 97% injections activity. Excess funding over activity levels contributed £1.41m in month and £16.6m year to date to the Trusts surplus reported position.

The Trusts full year forecast surplus contains a number of material assumptions and is assessed as a likely £19.9m surplus. The key dependencies are outlined in the key messages section.

Capital Expenditure

- Capital expenditure to 28th February totalled £9.7m, with additional commitments and orders of £3.7m awaiting invoices against a plan of £16.4m. The Trust expects to achieve a forecast capital expenditure of £15.8m.

Quality implications

Patient safety has been considered in the allocation of budgets.

Financial implications

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

Risk implications

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

Action Required/Recommendation

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

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



Monthly Finance Performance Report For the period ended 28th February 2022 (Month 11)

Presented by

Jonathan Wilson; Chief Financial Officer

Prepared by

Justin Betts; Deputy Chief Finance Officer
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Monthly Finance Performance Report

For the period ended 28th February (Month 11)



Key Messages

Statement of Comprehensive Income

Financial Position	For February the Trust is reporting:-
£1.62m surplus in month including support	<ul style="list-style-type: none">£18.54m deficit year to date pre COVID support and top-up funding;£35.23m of COVID support and top-up funding, resulting in a;£16.69m surplus year to date.
Income	Total trust income was £20.43m in February, a £1.55m adverse variance to plan, largely linked to activity delivery. Material variances include:-
£20.43m in month	<ul style="list-style-type: none">Commissioned Clinical Income £1.91m adverse (£20.52m YTD);Other Clinical Income £0.18m adverse (£0.49m YTD);Commercial Income £0.06m favourable (£0.19m YTD);Research Income £0.64m favourable (£1.41m YTD); <p>The Trust is receiving clinical income funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 66% of A&E activity, 93% Elective, 81% for Outpatients (excluding additive capacity or 91% inclusive), and 98% of Injection activity.</p> <p>Excess funding over activity levels contributed £1.41m in month and £16.59m year to date to the Trusts surplus reported position.</p>
Expenditure	Pay is reporting expenditure of £12.21m in February, broadly in line against plan. Temporary staffing levels increased in February across clinical staff groups in the main to cover covid sickness.
£20.72m in month (pay, non pay, excl financing)	Bank and agency costs were £1.72m against the cumulative trend of £1.35m reflecting an increase in February to cover sickness. <p>Non-pay costs were £0.96m favourable to plan in February, the main driver was lower than planned high cost drugs treatments (Voretogene). Cumulatively non-pay budgets are £3.97m favourable, reflecting lower than planned activity levels through-out the year, in addition to delayed Oriol revenue costs compared to plan which contributed to a £0.85m favourable variance.</p>

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 28 th February was £78.3m, an increase of £9.9m since the end of March 2021.
	The Better Payment Practice Code (BPPC) performance in February was 97% (volume) and 97% (value) against a target of 95% across both metrics.
Capital	Capital spend to 28 th February totalled £9.7m, against a plan of £16.4m. Slippage within major schemes such as London Claremont Centre, and network strategy decision timelines surrounding consolidation which would not be able to be executed in this financial year.
(both gross capital expenditure and CDEL)	Mitigation plans were approved in February to moderate a potential £3.2m capital underspend, and subject to supply chain delays, the trust expects to achieve forecast capital expenditure of £15.8m.
Use of Resources	Current use of resources monitoring remains suspended.
2021/22 Financial Plan and Forecast	The Trust received a £15.19m surplus Control Total for 2021/22, having been given a H1 control total of £6.55m, which it exceeded its by £1.44m, reporting a £7.99m surplus.
Likely £19.9m surplus forecast	The trusts full year forecast surplus contains a number of material assumptions and is assessed as a likely £19.9m surplus. The key dependencies with upside potential include:- <ul style="list-style-type: none">Core activity levels not reaching 98% by March 2022;Approved invest to save bids being fully executed by 31st March;Commercial areas continued recovery;Satisfactory judgement linked to external legal challenges.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month			Year to Date				Forecast			
		Plan	Actual	Variance	Plan	Actual	Variance	%	RAG	Plan	Actual	Variance
Income	£278.2m	£23.2m	£23.1m	(£0.1m)	£255.5m	£253.4m	(£2.1m)	(1)%	●	£278.2m	£276.2m	(£2.0m)
Pay	(£140.8m)	(£12.2m)	(£12.2m)	(£0.1m)	(£128.9m)	(£128.5m)	£0.4m	0%	●	(£140.8m)	(£139.4m)	£1.4m
Non Pay	(£112.7m)	(£9.5m)	(£8.5m)	£1.0m	(£103.6m)	(£99.7m)	£4.0m	4%	●	(£112.7m)	(£107.7m)	£5.0m
Financing & Adjustments	(£9.5m)	(£0.8m)	(£0.7m)	£0.1m	(£8.7m)	(£8.5m)	£0.2m	2%	●	(£9.5m)	(£9.2m)	£0.3m
CONTROL TOTAL	£15.2m	£0.8m	£1.6m	£0.8m	£14.3m	£16.7m	£2.4m		●	£15.2m	£19.9m	£4.7m

Memorandum Items

Research & Development	(£1.47m)	(£0.12m)	£0.82m	£0.95m	(£1.35m)	£0.27m	£1.62m	120%	●	(£1.5m)	£0.3m	£1.8m
Commercial Trading Units	£4.97m	£0.47m	£0.26m	(£0.21m)	£4.27m	£5.33m	£1.05m	25%	●	£5.0m	£7.0m	£2.0m
ORIEL Revenue	(£2.26m)	(£0.06m)	(£0.14m)	(£0.08m)	(£2.20m)	(£1.53m)	£0.67m	31%	●	(£2.3m)	(£1.7m)	£0.6m

INCOME BREAKDOWN RELATED TO ACTIVITY

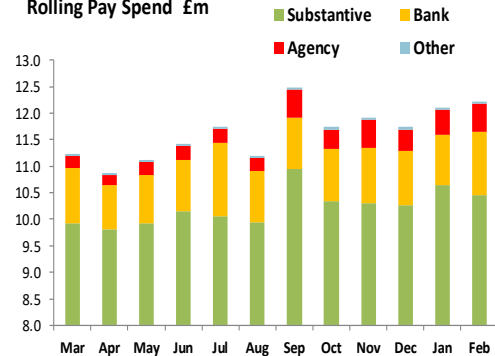
Income Breakdown £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
NHS Clinical Income	£147.0m	£135.0m	£112.1m	(£22.9m)	●	£147.0m	£121.9m	(£25.2m)
Pass Through	£38.1m	£34.9m	£37.3m	£2.4m	●	£38.1m	£40.7m	£2.6m
Other NHS Clinical Income	£9.9m	£9.1m	£8.6m	(£0.5m)	●	£9.9m	£9.4m	(£0.5m)
Commercial Trading Units	£36.8m	£33.6m	£33.8m	£0.2m	●	£36.8m	£38.0m	£1.2m
Research & Development	£14.0m	£12.9m	£14.3m	£1.4m	●	£14.0m	£15.6m	£1.6m
Other	£13.6m	£12.5m	£12.1m	(£0.4m)	●	£13.6m	£12.8m	(£0.8m)
INCOME PRE TOP-UP	£259.4m	£238.0m	£218.2m	(£19.8m)		£259.4m	£238.3m	£21.2m
ERF/COVID Top up funding	£18.8m	£17.6m	£35.2m	£17.7m		£18.8m	£38.0m	£19.2m
TOTAL OPERATING REVENUE	£278.2m	£255.5m	£253.4m	(£2.1m)		£278.2m	£276.2m	£2.0m

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

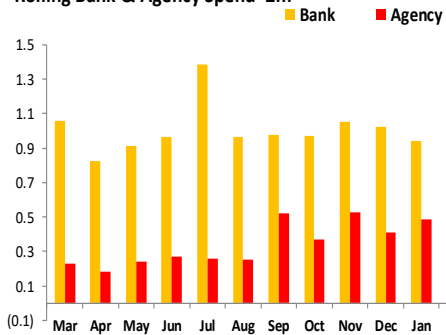
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			% Total
		Plan	Actual	Variance	Plan	Actual	Variance	
Employed	(£138.9m)	(£11.9m)	(£10.5m)	£1.5m	(£127.1m)	(£112.8m)	£14.3m	88%
Bank	(£1.0m)	(£0.1m)	(£1.2m)	(£1.1m)	(£0.9m)	(£11.2m)	(£10.2m)	9%
Agency	(£0.4m)	(£0.1m)	(£0.5m)	(£0.4m)	(£0.4m)	(£4.1m)	(£3.6m)	3%
Other	(£0.5m)	(£0.0m)	(£0.0m)	(£0.0m)	(£0.4m)	(£0.4m)	(£0.0m)	0%
TOTAL PAY	(£140.8m)	(£12.2m)	(£12.2m)	(£0.1m)	(£128.9m)	(£128.5m)	£0.4m	

Rolling Pay Spend £m



Rolling Bank & Agency Spend £m



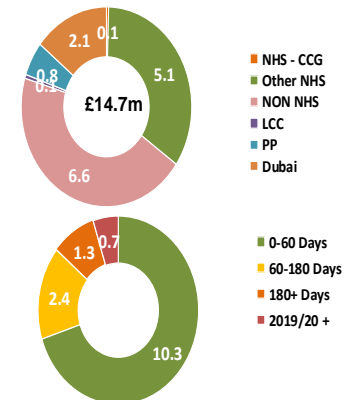
CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date				Forecast		
		Plan	Actual	Variance	RAG	Plan	Actual	Variance
Trust Funded	(£17.0m)	(£15.3m)	(£9.2m)	(£6.1m)	●	(£17.0m)	(£15.8m)	(£1.2m)
Donated/Externally funded	(£1.1m)	(£1.1m)	(£0.5m)	(£0.5m)	●	(£1.1m)	(£0.7m)	(£0.4m)
TOTAL	£18.1m	£16.4m	£9.7m	(£6.6m)		£18.1m	£16.5m	(£1.6m)

Key Metrics

	Plan	Actual	RAG
Cash	78.3	78.3	●
Debtor Days	45	28	●
Creditor Days	45	77	●
PP Debtor Days	65	65	●

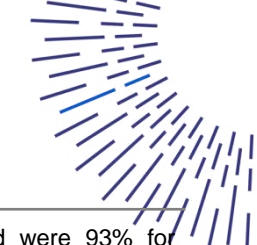
Net Receivables/Ageing £m



Use of Resources

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

Trust Income and Expenditure Performance



FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date					Forecast				
		Plan	Actual	Variance	Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Income														
NHS Commissioned Clinical Income	185.11	15.22	13.30	(1.91)	169.90	149.38	(20.52)	(12)%	●	185.11	162.52	(22.60)	(12)%	●
Other NHS Clinical Income	9.91	0.85	0.67	(0.18)	9.05	8.56	(0.49)	(5)%	●	9.91	9.36	(0.55)	(6)%	●
Commercial Trading Units	36.85	3.02	3.07	0.06	33.56	33.75	0.19	1%	●	36.85	38.00	1.16	3%	●
Research & Development	14.02	1.69	2.32	0.64	12.93	14.34	1.41	11%	●	14.02	15.60	1.58	11%	●
Other Income	13.56	1.21	1.06	(0.15)	12.53	12.13	(0.39)	(3)%	●	13.56	12.79	(0.76)	(6)%	●
Total Income	259.44	21.99	20.43	(1.55)	237.97	218.16	(19.80)	(8)%	●	259.44	238.27	(21.17)	(8)%	●
Operating Expenses														
Pay	(140.81)	(12.16)	(12.21)	(0.05)	(128.92)	(128.53)	0.39	0%	●	(140.81)	(139.44)	1.38	1%	●
Drugs	(42.62)	(3.59)	(2.82)	0.77	(39.02)	(36.01)	3.01	8%	●	(42.62)	(38.82)	3.80	9%	●
Clinical Supplies	(20.60)	(1.76)	(1.72)	0.04	(18.80)	(18.92)	(0.12)	(1)%	●	(20.60)	(20.64)	(0.04)	(0)%	●
Other Non Pay	(49.48)	(4.11)	(3.97)	0.14	(45.83)	(44.75)	1.08	2%	●	(49.48)	(48.24)	1.24	3%	●
Total Operating Expenditure	(253.51)	(21.62)	(20.72)	0.90	(232.57)	(228.20)	4.37	2%	●	(253.51)	(247.13)	6.38	3%	●
EBITDA	5.93	0.37	(0.28)	(0.65)	5.40	(10.04)	(15.44)	(286)%	●	5.93	5.93	-	0%	●
Financing & Depreciation	(10.13)	(0.88)	(0.79)	0.09	(9.25)	(8.92)	0.33	4%	●	(10.13)	(9.73)	0.40	4%	●
Donated assets/impairment adjustments	0.59	0.05	0.04	(0.00)	0.55	0.42	(0.13)	(24)%	●	0.59	0.53	(0.06)	(11)%	●
Control Total Surplus/(Deficit) Pre ERF/Block and Top Up Payments	(3.61)	(0.46)	(1.02)	(0.56)	(3.30)	(18.54)	(15.24)	(462)%	●	(3.61)	(18.07)	(14.46)	(401)%	●
Elective Recovery Funding	4.29	-	-	-	4.29	5.81	1.52		●	4.29	5.81	1.52		●
Block funding in excess of activity	-	-	1.41	1.41	-	16.59	16.59		●	-	18.10	18.10		●
COVID Top Up Payments	14.51	1.23	1.22	(0.01)	13.27	12.83	(0.44)		●	14.51	14.05	(0.45)		●
Control Total Surplus/(Deficit) Post ERF/Block and Top Up Payments	15.19	0.77	1.62	0.84	14.26	16.69	2.43		●	15.19	19.90	4.71	31%	●

Commentary

Operating Income On a like for like comparison, clinical activity levels recorded were 93% for Daycase and 82% for Outpatients during February compared to 2019/20 levels, with activity-based income totalling £13.30m, £1.91m below the level of block funding. Other significant variances included:-

£1.91m adverse to plan pre support

- Commercial Trading income was £3.07m; a break-even position.
- Research and Development income was £2.32m; a favourable variance of £0.64m as gains from several commercial recently closed projects were recognised.
- Other income was £0.15m adverse to plan in month, wholly driven by reduced wholesale drug sales.

Employee Expenses

Pay in February is reported as £12.21m against a cumulative trend of £11.63m.

Break-even against plan in month

- Bank and agency costs totalled £1.72m in February; an increase on the £1.30m reported in February 2020. Although the trust has experienced a reduction in activity levels, temporary staffing costs remained high due to sickness, particular in February. Operational restrictions in clinical areas and temporary staffing expenditure in corporate areas (linked to the IMT remediation plans) have caused costs to remain high.
- Clinical divisions (including Hercules) temporary staffing costs are £1.00m against £0.89m in February 2020.

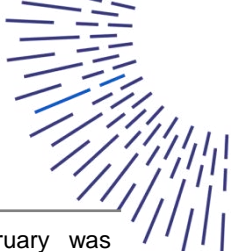
Non Pay Expenses

Non-Pay costs in February were £9.24m against a cumulative trend of £9.89m.

£0.44m favourable to plan in month (non pay and financing)

- Drugs expenditure was £0.77m favourable to plan reflecting no Voretogene treatments in month, and lower wholesale drug activity. Actual expenditure was £2.82m in month against prior month expenditure of £3.02m.
- Clinical supplies expenditure was break-even in month, in line with trend. Actual expenditure was £1.72m in February. Other non pay costs were £0.14m favourable to plan, with actual expenditure was £3.97m in February against £3.14m in the prior month.

Trust Patient Clinical Income Performance



PATIENT ACTIVITY AND CLINICAL INCOME

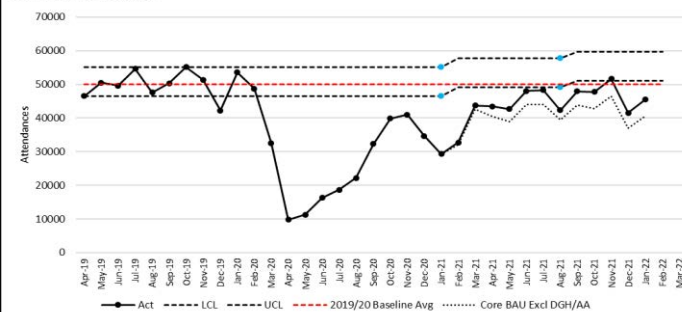
Point of Delivery	Activity In Month				Activity YTD				YTD Income £'000			
	Plan	Actual	Variance	%	Plan	Actual	Variance	%	Plan	Actual	Variance	%
AandE	7,575	4,998	(2,577)	66%	90,374	55,848	(34,526)	62%	£14,116	£8,985	(£5,130)	64%
Daycase / Inpatients	2,872	2,666	(206)	93%	31,747	28,774	(2,973)	91%	£35,547	£35,088	(£459)	99%
High Cost Drugs	4,444	4,332	(112)	97%	49,101	53,569	4,469	109%	£35,578	£37,283	£1,705	105%
Non Elective	211	163	(48)	77%	2,540	1,907	(633)	75%	£4,963	£4,024	(£939)	81%
OP Firsts	10,349	9,448	(901)	91%	114,364	105,931	(8,433)	93%	£19,570	£17,763	(£1,807)	91%
OP Follow Ups	38,285	34,654	(3,631)	91%	423,043	397,798	(25,245)	94%	£43,372	£39,576	(£3,796)	91%
Other NHS clinical income									£4,088	£2,740	(£1,348)	67%
Total	63,736	56,261	(7,475)	88%	711,169	643,827	(67,341)	91%	£157,233	£145,458	(£11,774)	93%

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

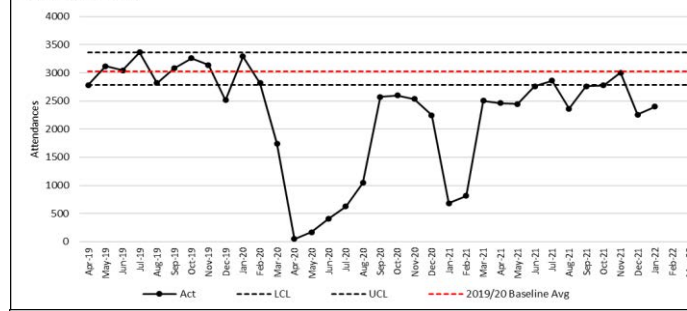
RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

ACTIVITY TREND

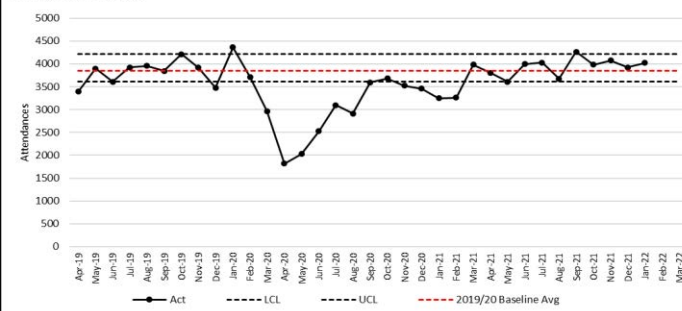
Out Patient Activity



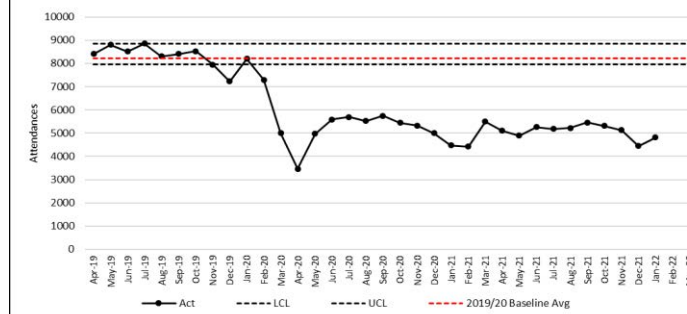
Elective Activity



Injections Activity



A&E Activity



Commentary

NHS Income

NHS Patient Clinical activity income in February was £12.9m if reimbursed via normal activity based contracting arrangements. Significant items include:-

Inpatient activity

- The trust achieved 93% of baseline activity levels in February (84% in January);

Outpatient Activity

- The trust achieved 91% of baseline activity levels in February (94% in January); however approximately 10% is via additive diagnostic hub activity and a further 2% is A&E attend anywhere activity, meaning like for like outpatient activity outside of these items achieved is 82% of 2019/20 levels.

High Cost Drugs Injections

- The Trust achieved 98% of baseline activity levels in February (109% in January);

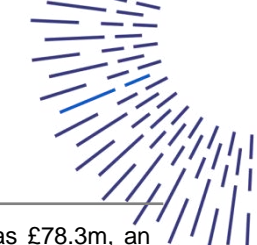
Activity Plans

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

2019/20 activity levels (pre-COVID) are being used nationally as a proxy to report organisations return and recovery to pre pandemic levels of activity during 2021/22.

The red line represents average 2019/20 activity levels pre additive capacity. Where the upper and lower lines increase represent additive capacity such as Hoxton, Brent Cross, and other diagnostic hub investments.

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



CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance
Estates - Trust Funded	0.9	0.9	0.8	(0.1)	0.9	0.9	-
Medical Equipment - Trust Funded	4.5	3.8	3.9	0.1	4.5	4.5	-
IT - Trust Funded	1.2	1.2	1.3	0.1	1.2	2.0	0.8
ORIEL - Trust Funded	2.6	2.5	2.1	(0.3)	2.6	2.9	0.3
Commercial - Trust funded	4.4	3.1	1.0	(2.1)	4.4	3.4	(1.0)
Other - Trust funded	3.4	3.8	0.1	(3.7)	3.4	2.1	(1.3)
TOTAL - TRUST FUNDED	17.0	15.3	9.2	(6.1)	17.0	15.8	(1.2)
Covid/Donated/Externally funded	1.1	1.1	0.5	(0.5)	1.1	0.7	(0.4)
TOTAL INCLUDING DONATED	18.1	16.4	9.7	(6.6)	18.1	16.5	(1.6)

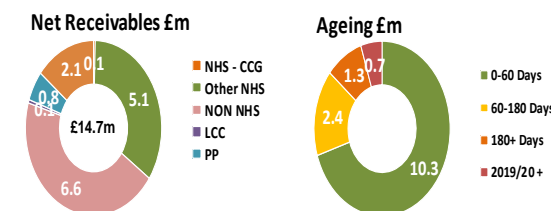
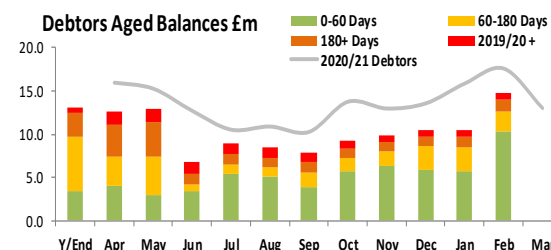
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Planned Total Depreciation	8.3	8.3		100%
Cash Reserves - B/Fwd cash	6.0	6.0		100%
Cash Reserves - Other (ICS)	4.5	4.5		100%
Capital Loan Repayments	(1.8)	(1.8)		100%
TOTAL - TRUST FUNDED	17.0	17.0	-	100%
Externally funded	0.9	0.9		100%
Donated/Charity	0.2	0.2	100%	-
TOTAL INCLUDING DONATED	18.1	18.1	0%	100%

STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date		Variance
		Plan	Actual	
Non-current assets	-	105.6	105.6	-
Current assets (excl Cash)	-	23.7	23.7	-
Cash and cash equivalents	-	78.3	78.3	-
Current liabilities	-	(58.2)	(58.2)	-
Non-current liabilities	-	(34.6)	(34.6)	-
TOTAL ASSETS EMPLOYED	-	114.7	114.8	-

RECEIVABLES

Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2018/19 9+	Total
CCG Debt	0.0	0.0	0.0	-	0.1
Other NHS Debt	4.1	0.4	0.3	0.3	5.1
Non NHS Debt	4.5	0.9	0.8	0.4	6.6
Commercial Unit Debt	1.7	1.1	0.3	(0.0)	3.0
TOTAL RECEIVABLES	10.3	2.4	1.3	0.7	14.7



OTHER METRICS

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

Commentary

Cash and Working Capital The cash balance as at the 28th February was £78.3m, an increase of £9.9m since the end of March 2021, and a reduction £0.4m from the prior month.

Capital Expenditure Capital spend to 28th February totalled £9.7m, against a plan of £16.4m. Slippage within major schemes such as London Claremont Centre, and network strategy decision timelines surrounding consolidation which would not be able to execute in this financial year.

Mitigation plans were approved in February to mitigate a potential £3.2m capital underspend, and subject to supply chain delays expect to achieve a forecast of £15.8m.

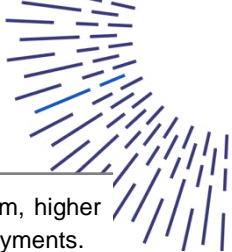
Use of Resources Use of resources monitoring and reporting has been suspended.

Receivables Receivables have increased by £1.7m to £14.7m since the end of the 2020/21 financial year and an increase of £4.2m since last month. The increase is catch up on R&D billing as contracts have been finalised.

Payables Payables totalled £23.0m at the end of February, a reduction of £4.2m since March 2021. The reduction is mainly attributable to significant capital spend in March this year. Creditor days are 77 at the end of February due to higher level of capital invoice accruals in February. It is expected that this will be closer to the target of 45 by the end of the year as invoices are paid.

The trust's performance against the Better Payment Practice Code (BPPC) was 97% (volume) and 97% (value) against a target of 95%. Prior month achievement was 87% and 91%. across both areas.

Trust Statement of Financial Position – Cashflow



Commentary

Cash flow The cash balance at the 28th February is £78.3m, higher than forecast due to the timing of receipts and payments.

The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The Trust currently has 118 days (prior month: 118 days) of operating cash.

February saw a cash inflow of £0.4m against a plan of a £5.9m due to the timings of payments to suppliers.

Cash Flow															
Cash Flow Est	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Actuals	Feb Actuals	Mar Forecast	Outturn Total	Feb Plan	Feb Var
Opening Cash at Bank	68.4	64.7	62.3	69.6	66.9	69.1	69.7	73.9	77.8	74.7	78.7	78.3	68.4		
Cash Inflows															
Healthcare Contracts	15.4	16.4	16.0	15.9	16.4	17.0	18.4	18.3	17.1	15.6	15.8	16.3	198.7	17.0	(1.3)
Other NHS	1.6	0.3	7.2	0.9	4.2	1.9	1.9	2.0	0.3	2.3	0.7	1.5	24.9	1.4	(0.7)
Moorfields Private/Dubai	3.6	3.5	3.9	3.6	3.3	3.7	3.6	4.3	3.5	3.7	3.6	3.8	44.1	3.5	0.1
Research	1.1	0.9	1.8	0.8	0.7	1.7	0.8	0.9	0.9	1.2	0.8	1.0	12.6	1.0	(0.2)
VAT	0.6	0.2	0.3	-	1.2	0.2	0.3	0.3	0.3	0.5	0.2	0.4	4.6	0.4	(0.2)
PDC	-	-	-	-	-	-	-	-	-	-	0.6	-	0.6	-	0.6
Other Inflows	(0.1)	0.6	0.5	0.4	0.1	0.4	0.3	0.4	0.3	0.2	0.2	0.2	3.4	0.2	0.1
Total Cash Inflows	22.2	22.9	29.5	21.5	25.9	25.0	25.4	26.3	22.4	23.6	22.9	23.2	288.9	23.4	(1.4)
Cash Outflows															
Salaries, Wages, Tax & NI	(9.6)	(9.8)	(9.8)	(9.7)	(9.9)	(10.6)	(10.7)	(10.1)	(10.2)	(10.1)	(10.2)	(10.1)	(120.8)	(10.1)	(0.1)
Non Pay Expenditure	(13.5)	(11.5)	(11.0)	(12.4)	(11.8)	(11.2)	(9.1)	(10.8)	(12.5)	(7.4)	(9.0)	(11.9)	(132.1)	(11.3)	2.3
Capital Expenditure	(1.7)	(2.1)	(0.1)	(0.5)	(0.4)	(0.4)	(0.4)	(0.1)	(0.7)	(0.8)	(1.3)	(1.3)	(9.6)	(5.8)	4.5
Ortel	(0.3)	(0.1)	(0.6)	(0.7)	(0.3)	(0.2)	(0.1)	(0.2)	(1.0)	(0.2)	(0.2)	(1.8)	(5.9)	(0.1)	(0.1)
Moorfields Private/Dubai	(0.8)	(0.8)	(0.9)	(0.8)	(0.7)	(1.3)	(0.8)	(1.0)	(1.1)	(1.1)	(1.0)	(1.4)	(11.8)	(1.3)	0.3
Financing - Loan repayments	-	-	-	-	(0.6)	(0.8)	-	-	-	-	(0.6)	(0.8)	(2.8)	(0.6)	-
Dividend and Interest Payable	-	-	-	-	-	(0.1)	-	-	-	-	-	(0.3)	(0.3)	-	-
Total Cash Outflows	(25.8)	(24.3)	(22.3)	(24.2)	(23.7)	(24.4)	(21.2)	(22.3)	(25.5)	(19.6)	(22.4)	(27.5)	(283.3)	(29.3)	6.9
Net Cash inflows (Outflows)	(3.7)	(2.4)	7.2	(2.7)	2.2	0.6	4.2	3.9	(3.1)	4.0	(0.4)	(4.3)	-	(5.9)	5.5
Closing Cash at Bank 2021/22	64.7	62.3	69.6	66.9	68.1	69.7	73.9	77.8	74.7	78.7	78.3	74.0	74.0		
Closing Cash at Bank 2021/22 Plan	64.7	64.9	63.2	63.7	62.4	59.8	60.2	60.3	59.9	60.1	54.4	51.1	51.1		
Closing Cash at Bank 2020/21	68.4	72.7	78.7	80.8	82.0	83.6	83.3	84.3	82.6	81.6	81.1	68.4	68.4		

Cashflow (£m)

Month	2021/22 Plan	2021/22	2020/21
Apr Actuals	64.7	64.7	68.4
May Actuals	62.3	62.3	72.7
Jun Actuals	69.6	69.6	78.7
Jul Actuals	66.9	66.9	80.8
Aug Actuals	68.1	68.1	82.0
Sep Actuals	69.7	69.7	83.6
Oct Actuals	73.9	73.9	83.3
Nov Actuals	77.8	77.8	84.3
Dec Actuals	74.7	74.7	82.6
Jan Actuals	78.7	78.7	81.6
Feb Actuals	78.3	74.0	81.1
Mar Forecast	74.0	51.1	68.4

**QUALITY AND SAFETY COMMITTEE
SUMMARY REPORT**



8 March 2022

ITEM 10

Committee Governance	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 86% • Action completion status (due items) – 100% • Agenda completed – Yes
Current activity	<p>Infection control & vaccination update: The update focused on the changes/relaxing of COVID-19 measures including social distancing and cleaning.</p> <p>CITO referral system Serious Investigation (SI) report: The report was presented in two parts. The first part identified the key issues and learning from the CITO project implementation; the second part reported on the harm review outcomes which overall for those reviewed to date (the majority) indicated a small quantity of minor harm.</p> <p>Research governance: Presentation considered structure, recruitment to trials, risks and mitigations and pipelines for new studies. There was a focus on strengthening governance and how this would be developed in the future including regular reporting to the Quality and Safety Committee.</p> <p>Bedford glaucoma backlog recovery plan: This update followed a report in November 2021. The update highlighted progress with the recovery plan and its current trajectory. Bedford plans to clear the backlog by the end of the financial year.</p> <p>Southwest London on-call network: No major concerns were raised.</p> <p>Theatres (update): This item was a follow-up to the deep dive in November 2021. The update covered changes to the personnel, structure, impact of Covid, strengthening of policies and procedures and the national picture. Complex issues and new information were highlighted and there was a focus on progress with the identified actions and stakeholder input.</p> <p>Fire safety: the report was presented for information. The discussion focused on training.</p> <p>Serious Incidents update: The SI tracker was presented.</p> <p>Committee governance: The committee’s terms of reference (TOR) were presented for annual review. Also presented was a new document providing instructions and guidance for presenters. These were all agreed by QSC.</p> <p>Quality & Safety update: The committee received an update about the Quality Account and draft quality priorities for 2022-23. These were noted.</p> <p>Summary reports from committees: The following committee summary reports were presented:</p> <ul style="list-style-type: none"> • Clinical Governance Committee (meeting on 21/02/2022)

	<ul style="list-style-type: none"> Information Governance Committee (meeting on 25/01/2022)
<p>Key concerns</p>	<ul style="list-style-type: none"> There is an increase in the numbers of COVID-19 cases in the community since the easing of restrictions. Currently staff sickness rates remain relatively static, and there is currently no significant increase in patient cancellations. In light of the CITO incident, the governance of information technology projects was highlighted, particularly in terms of major system upgrades. Of the 10,809 referrals reviewed as part of the CITO incident, 139 were logged as incidents, of which 108 were reviewed as no harm or minor harm. Of the remainder, 22 are currently being reviewed. During the Research Governance discussion, resilience (in terms of growth) information governance, robust governance to manage multi-site research, and dedicated theatre space were all highlighted as potential areas of focus. The relationship between research governance and new technologies was highlighted as an area to build on (governance arrangements for the latter will be presented to a later meeting of the committee). The progress made with the Bedford Glaucoma follow up backlog recovery plan was noted; this remains a hotspot. A further update will be provided to a future meeting. The Southwest London on-call Network has grown organically; whilst there is no SLA in place currently, governance is being strengthened. The committee recognised the progress made in theatres. The committee will receive a further update at its September 2022 meeting. Low fire safety training numbers remain a concern, especially in the context of the age of the buildings on some sites. QSC noted the heightened cyber-security awareness and vigilance and that a cyber report was coming to March's confidential Board meeting. The need for non-clinical staff to have level-1 basic life support training was highlighted (there is a 15-minute e-learning module). The benefits would be considerable.
<p>Escalations</p>	<ul style="list-style-type: none"> The governance of projects more generally and specifically information technology projects. The strengthening of research governance structures (noting the progress made). Action outcomes from the theatres action plan. Fire safety training. Support for the rapid implementation of basic life support training for all staff. Heightened cyber-security awareness and vigilance.
<p>Date of next meeting</p>	<p>17 May 2022</p>