MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 4 APRIL 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
	Steve Williams (SW)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Jonathan Wilson (JW)	Chief financial officer
	John Quinn (JQ)	Chief operating officer
	Peng Khaw (PK)	Director of R&D
In attendance:	Nora Colton (NC)	Director of education
	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Kieran McDaid (KM)	Director of estates, capital and major projects
	Johanna Moss (JM)	Director of strategy and business development
	Ian Tombleson (IT)	Director of quality and safety
	Sarah Needham (SN)	Deputy director of nursing
	Niaz Islam (NI)	Clinical director for patient safety
	Elisa Steele (ES)	Chief information officer (from item 5)
	Pete Thomas (PT)	Clinical director for digital innovation
Governors present:	Brenda Faulkner (BF)	Patient governor
	Jane Bush (JB)	Public governor
Other attendees:	Robin Harmer	Ocura Health Furniture
	Alex Edwards	Member of staff
	Camilla Dobinson	Member of staff

19/2279 Digital innovation presentation

The trust recently created two new positions in clinical leadership and PT was appointed as the clinical director for clinical innovation, using his experience and knowledge to make a difference to patients.

The vision for the future is to provide smart services in a smart hospital which are automated, accessible, provide care closer to home, are higher quality and less costly. This also reduces the requirement for physical space and personnel.

PT provided a number of different examples of smart service options such as AI-powered virtual assistants, clinical decision-making support and automation tools, mHeath, video consultations, data connectivity.
The Moorfields AI assistant (MAIA) will launch on the Oriel website in early May.

PT stressed the need to avoid digital exclusion by using new digital technologies. However, there are a number of benefits of virtual assistants including accessibility, zero delay, availability when the patient is most worried, satisfaction, no time limits, no judgement, quality of information.
In terms of benefits to the organisation these include freeing up staff time, reduction in costs of running communication channels, ability to perform analytics on patient queries, improvement in patient education and engagement, as well as the ability to be deployed in multiple contexts.

Video consultations have been seen as limited scope in ophthalmology due to the reliance on examination. However, there is a growing market for second opinions and initial investigations and this technology is useful for distance patients, as well as being easy to deploy as an all-in-one platform.

Clinical decision support/automation tools are those such as the Deepmind collaboration, which can undertake complex tasks via digital technologies. In the future, wherever sufficient data can be collected, most components of clinical examination and investigation could be automated.

This innovation will make the trust a destination that companies want to work with and to do this we need to implement the smart hospital pilot, improve digital maturity, put resources into pilot projects, smooth the innovation pathway and put in place a good vehicle to handle commercial opportunities.

The board asked about legal implications and the key issue is about whether the technology is a medical device. This is something that would be carefully reviewed in terms of the answers it is providing, i.e. a virtual assistant must not give clinical advice.

SS asked about the ethical issues related to a reduction in staffing due to automation. PT replied that the use of technologies makes more efficient use of space and staff, and therefore staff are able to provide better customer service. There are high vacancy rates and turnover in some of the lower band staff and this could assist with solutions. People who do not speak English or speak English as a second language will not be disadvantaged in comparison to what is already provided and it was acknowledged that there is not a single solution that will work for everyone.

Patient engagement will be done via patient days, the paediatric research group, presenting to the patient and carer forum, etc.

The issue of interoperability was raised and the need to have a strategy, and understand what problem is being solved. We need to think about collaboration and whether we want to be innovators or imitators. The trust cannot have disjointed packages running and must take a more holistic approach.

PT is currently submitting paperwork and writing a clinical safety report but said that this area is of particular interest to new consultants. There will always be a need for more resource and the further we want to go then the more it will cost. Funding needs to be available for quick movement on projects.
Clinicians are always looking for ways to be more efficient, particularly cross-site and specialty.

It was agreed that the trust does not have the option not to get on top of the agenda. Provision of infrastructure, resourcing, training, etc. should be fully supported by the board. The trust needs a prioritised strategy with resources available and how we deploy as well as understanding how the corporate functions play in.

The board thanked PT for his presentation.

19/2280 Apologies for absence

Apologies were received from Nick Strouthidis and Tracy Luckett.

19/2281 Declarations of interest

There were no declarations of interest.

19/2281 Minutes of the last meeting

The minutes of the meeting held on 7 March 2019 were agreed as an accurate record following an amendment to the attendance list.

19/2282 Matters arising and action points

All actions were attended to via the agenda.

19/2283 Chief Executive's Report

DP referred to the recent CQC report results and thanked all staff on behalf of the board for their continued dedication and hard work. The trust will now focus on improvements. The development of an action plan is under way and will come back to the board. The results are a significant improvement from two years ago and the board congratulated teams on their performance.

DP referred to the ophthalmology global power list and advised that 20% of the list comprises Moorfields staff. In particular he highlighted Adam Mapani, nurse consultant, who is the first nurse to be included in the list.

A number of new appointments have been made this month, in particular some key individuals within clinical support services and new consultants who were welcomed to the trust.

DP congratulated Gus Gazzard on the recent Light Study research in glaucoma which has had excellent media coverage.

The Oriel public consultation is progressing and the pre-consultation business case is going through the process, starting with the Committee in Common on 22 April. The intention is to launch the consultation on 9 May, with further engagement sessions taking place as well as focused work on protected groups.

DP said that it was particularly pleasing to see the trust being able to influence the agenda and leading the way in key areas.

19/2284 Integrated performance report

The trust continues to meet all targets and activity remains up with just under 100,000 contacts for A&E in this year. There are no additional 52-week breaches to report.
Cancer targets continue to be a challenge, particularly in relation to getting patients through the pathway in 14 weeks.

The trust can still improve performance on GP electronic referrals although slot issues have been brought down to an acceptable level.

For the friends and family test it has been agreed to do this through text and digital to try and get more sophisticated about how we get feedback from patients. Asking patients to complete FFT has also been written into clinical Band 2 job descriptions.

Median clinic journey times are at one minute over. This is potentially natural variation and may have reached a plateau. The trust will now need to think about next step change and phase of the programme.

The percentage of incidents remaining open for 28 days is on a downward trend and it has been established that more robust systems are required to avoid relying on individuals.

19/2285 Finance report

JW reported that he remained confident that the trust will achieve the £6.7m surplus target. The position is £190k adverse in month on CIP although the red rated value has moved from £200k to £50k. There is no reason to diverge from the efficiency scheme forecast of £1.33m adverse.

An outturn agreement has been struck in relation to debt with £1.5m to be paid as part of the year end settlement with NHSE. NH asked how much debt is not recovered year on year. JW replied that the trust needs to remain flexible but that striking the agreement addresses all queries that are likely to arise at the end of the year. Debit is not technically written off, but provided for in terms of income reduction.

JW to advise on a number for the next meeting

Debt is affected by the PDC dividend calculation in that the longer it takes to collect debt, the longer the trust is paying a 3.5% charge on the interest.

DH referred to capital expenditure with 30% of the budget to spend in one month (£4m). He asked about the risk of that spend moving in to next year and was given assurance that services will spend up to their allocations. The trust accrues for work that is already taking place. The financial accounts team undertakes due diligence and this issue is also scrutinised at the capital planning committee.

The dip in activity in December can be explained due to the curtailed month in terms of operating, however we do not see the same kind of shutdown in August.

19/2286 Annual Plan

It was noted that the only changes made since the strategy committee sign off have been to the financial section which now reflects the contractual position. Contracts have been signed with North London commissioners and a financial value has been agreed with NHSE specialist commissioning.

In terms of capital, £1.5m has been made available and this provides further capital flexibility in 19/20 from the PSF received during the year. There has also been an adjustment for high cost drug pass-through costs.

JW highlighted that the trust will be achieving a use of resources rating of 3 in the first quarter due to I&E margin. This is in part related to the pay uplift which is a non-recurrent increase paid as a bonus in the month of April. This will be paid as a lump sum to staff that are at the top of their band, and as the trust has a number of staff that have long service this may have a disproportionate effect.

In relation to unidentified CIP, one twelfth of this will go into the position for next year. In the first quarter achievement will be lower. Learning from this year is that red schemes need to be progressed or de-risked much earlier in the year.

19/2287 Staff survey

SD advised that the trust had a 48% response rate which is statistically valid. From a national perspective Moorfields is seeing the same pattern as other acute specialist trusts although there is a significant difference in scores relating to experiencing discrimination from the public (11% against national average of 6.9%).

Positives areas include quality of care, safety and appraisals, plus an improvement in bullying and harassment from last year.

Areas of improvement include equality, diversity and inclusion in terms of career progression, discrimination at work (public and staff) and leadership and management.

There is a great deal of variation across the divisions and the trust will look internally about where we do well and where we can improve in order to reduce the variation.
It will also be important to learn from external colleagues and work in collaboration with those that are performing well in key areas.

It has been agreed that the trust needs to take a longer term approach to improvement. This will include issues such as shifting culture about reporting discrimination and making sure that staff are aware of which behaviours are not acceptable and how the trust will support them in reporting. There is a clear impact arising from wider issues in society but the change in staff perception and beliefs about working in the NHS is important.

Further analysis is to be done on the narrative comment and there will be discussion at divisional management teams and the trust management committee as to the delivery of trust-wide actions and a link with strategy.

SS noted that positive action on health and wellbeing has reduced from last year and it was agreed that the trust needs to be more proactive. There is no cohesive approach around health and wellbeing as well as a lack of measures and outcomes. Staff are keen to engage so the trust needs to provide more opportunities for them to do so.

It was also noted that the trust should try to find evidence of the correlation between discrimination and A&E provision and whether this needs particular focus. The trust has the most diverse population of staff and will be working with national leaders to seek advice and support on real action.

The board felt that this was a good position to start from and an improving one but acknowledged that there is still a lot of work to do.

19/2288 Freedom to speak up public report

IT reported that there are five operational FTSUGs covering all disciplines and network sites. The trust also has a policy that sets out the scope of the arrangements. There have so far been no serious quality concerns or bullying and harassment concerns.

The trust is trying to publicise the process and get the guardians out to reach more staff and numbers are likely to increase over time. The CQC commented positively on the new arrangements.

All guardians have been approached and are comfortable with the processes in place to resolve concerns. A key aspect of the role is signposting staff in the right direction. Guardians also have direct access to the chair and chief executive to keep them informed of the themes that are being raised. The process appears to be equipping staff with the skills to manage the process for themselves in the future, which is reassuring.

19/2289 Report of the quality & safety committee

RGW reported that the key items discussed were learning from incidents, reporting from three divisions and the systematic capture of incidents. City Road has between 50 and 60 incidents reported per week and these are reported locally or to the SI review panel. Local feedback is provided through quality forums and triangulation of incident data, which is pulled together into thematic reviews. Measuring is done via re-audits and walkabouts so that there is a completion of the feedback loop.

Patient letters were also reviewed following a previous discussion about guidance from the AMRC which states that letters should be written to the patient and not the GP. This means that they need to be accessible to the patient. There is a move towards having a proforma so that the other practitioner (e.g. GP) knows about the diagnosis and plan of action. It was stressed that such letters need to give essential clinical information. It was agreed that feedback should be sought from the patient and carer forum.

Concern was raised about the rising rate of incidents and this is partly due to Bedford reviewing a large number of glaucoma patients lost to follow up. This raises challenges the trust sometimes has with the relationship between network sites and host sites.

The committee also discussed the quality account and quality priorities and fire safety procedures which are improving but there is still a lack of join-up between the divisions and local areas. The fire committee will address this issue.

19/2290 Report of the people & culture committee

SS advised that the committee had discussed the staff survey and the next steps for

action planning, as well as the workforce strategy and the impact of AI on the workforce section of the annual plan. The committee will look at how we address the learning from all of the different surveys in a more holistic way

There will be a national pension scheme impact on those getting higher pay and this is something that the trust needs to support although independent pension advice must be provided.

Flexible working is becoming more of an issue, particularly for younger nursing and admin staff. Staff like flexibility and this needs to be core part of the employment offer.

The committee asked to take a deeper look at the pay costs of sickness absence and the implications, include statistics on bullying and harassment. The trust needs to be better at coaching managers in performance management and changing the culture of performance management to stop it being seen as negative.

The board approved the recommendation that TG would be the lead for WRES and SS the lead for WDES. It was also noted that SD is now the lead for equality, diversity and inclusion.

19/2291 Identify risk items arising from the agenda

No additional items that need to be added.

19/2292 AOB

SS raised the issue of the green line from Old Street station. KM advised that this is the property of the local authority and the trust has been assured that it fits with regulations.

18/2293 Date of next meeting – Thursday 2 May 2019