

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 7 MARCH 2019**

Attendees:	Tessa Green (TG) David Probert (DP) Andrew Dick (AD) Ros Given-Wilson (RGW) Steve Williams (SW) Sumita Singha (SS) Nick Strouthidis (NS) Jonathan Wilson (JW) Tracy Lockett (TL) John Quinn (JQ) Peng Khaw (PK)	Chairman Chief executive Non-executive director Non-executive director Non-executive director (following item 5) Non-executive director Medical director Chief financial officer Director of nursing and allied health professions Chief operating officer Director of R&D (following item 8)
In attendance:	Nora Colton (NC) Sandi Drewett (SD) Helen Essex (HE) Kieran McDaid (KM) Johanna Moss (JM) Elisa Steele (ES) Dilani Siriwardena (DS) Alison McGirr (AM) Kate Falkner (KF) Kerry Tinkler (KT) Sarah Needham (SN) Mary Masih (MM) Roxanne Crosby-Nwaobi (RCN) Michelle Hope (MH)	Director of education Director of workforce & OD Company secretary (minutes) Director of estates, capital and major projects Director of strategy and business development Chief information officer Divisional director, City Road Divisional manager, City Road Head of nursing, City Road Director of clinical support services Deputy director of nursing Head of nursing, Moorfields North Head of research nursing Head of nursing, Moorfields South
Governors present:	Alex Edwards (AE) Paul Murphy (PM) Richard Collins (RC) Brenda Faulkner (BF) Jane Bush (JB) Allan MacCarthy (AM)	Staff governor, City Road Public governor, NCL Patient governor Patient governor Public governor, NCL Public governor, SEL
Other attendees:	Ben Ong	Registrar

19/2264 Divisional presentation – City Road

As at the end of January 2018/19 City Road has seen 81,000 patients through A&E and seen 278,000 patients through outpatient appointments. Income is significantly ahead of plan (£2.1m) due to the over-performance on outpatients and injections. The financial position is a £17m contribution against a planned contribution of £18.8m. The adverse variance to plan is being caused by the cost of delivery combined with unachieved CIP. The City Road CIP target was £3.7m with YTD actual performance of £2.28m and a forecast of £2.89m expected to be delivered.

The plan for 19/20 is to see approximately 100,000 patients through A&E and 345,000 patients through outpatient appointments. This level of activity accounts for 100% of the Trusts total emergency workload, 62% of injections and approximately 50% of all other clinical activity. The CIP target in 19/20 is £3.3m, which is 47% of the Trust total of £7.0m.

DS presented an update on the development of Cayton Street which aimed to improve waiting times and patient experience as well as aid A&E flows and change models of care. The project delivered more financially than what it set out to do and whereas before 97% of patients were seen in a consultant clinic, this figure is now 70% with 10% being seen in tech-led clinics and 20% in optom-led clinics.

Prior to the opening of Cayton Street the urgent care plateau was not enough to cope with demand. The trust was spending up to £80k per month on locums and was challenged in meeting the internal 3-hour A&E target. Only 2% of patients were triaged away from A&E. Following the opening, A&E attendances were reduced to a manageable level with 20 – 25% of patients being streamed away to urgent care. Patient feedback has been excellent with 100% either likely or extremely likely to recommend the service. The focus is now on trying to bring the learning into the medical retina and cornea services.

AD asked if there was a perfect distribution in Cayton Street. DS said that the complexity of the case-mix at City Road means that we would be unlikely to see less than 40% consultant-led cases but that there might be a different mix in other sites.

AM went through the key achievements and priorities for next year which focus on the embedding of high volume cataract lists, remodelling day care services to an ambulatory model, development of an adnexal strategy and transition to more nurse-led services, continuing to review the skill mix across other divisional areas, and a shared service for CSSD.

KT highlighted a number of developments in clinical support services including the provision of additional specialist support and leadership in key areas and improved governance structures. The key priorities for support services are continuing to maintain the highest standards of compliance, a service development, workforce review and Oriel. There is an opportunity for support services to work with the Institute and on the integration of education and training which should start as soon as possible.

KF reported on the quality achievements and in particular getting the structure right for the division. There is a quality partner for the division and a quality manager in support services. There has been a great deal of focus on risk management, reduction in incidents, the launch of the children & young people's strategy, establishment of matron rounds, and improving responsiveness to patient concerns and complaints.

JQ commented that divisional teams had only been established for a short space of time and commended the team for the positive change that had been made over the last year.

A discussion took place about the 14% increase in follow-up outpatient activity and what the driver might be for this. JW commented that discussions with commissioners are about reducing the first to follow up ratio and that they are looking at affordability as a key driver. The activity increase is similar to last year and there should be some challenge put to commissioners over the next months before final contracts are agreed.

DS mentioned that AM would be moving on to a new role and thanked her for her contribution to the division over the last two years. This sentiment was echoed by the board.

19/2265 Apologies for absence

Apologies were received from Ian Tombleson and Nick Hardie.

19/2266 Declarations of interest

There were no declarations of interest.

19/2267 Minutes of the last meeting

The minutes of the meeting held on 7 February 2019 were agreed as an accurate record.

19/2268 Matters arising and action points

In relation to the action about take-up of customer care training JQ advised that this was still in its early stages and needed to be reviewed to make it more competency-based. SD said that the trust needs to understand the current barriers in getting people to deliver what is required in order to provide high quality patient care.

Update to be provided at the next board meeting.

JW advised that a realistic timeline for the presentation of iSLR information would be October.

All other actions were completed and removed from the action log or attended to via the agenda.

19/2269 Chief Executive's Report

Flu vaccination update

DP reported that the trust had exceeded the flu vaccination target which was set at 75% this year. 1023 front line staff (77% of the target) and 363 non frontline staff were vaccinated in total. 153 staff told us their reasons for declining by completing the opt-out form or by email. The main reason was concern about possible side effects (a total of 48 staff provided this as a reason).

DP noted a number of new appointments and awards and in particular highlighted the appointment of Declan Flanagan as vice president of the Royal College of Ophthalmologists.

DP will take over the chairmanship of the digital programme for the NCL STP and advised that it is important to be at the forefront of the digital agenda.

There is still a great deal of work taking place in relation to Brexit although there is a lot of uncertainty, data management across the EU in a 'no deal' situation is of a particular concern.

KM will in future act as the board director with responsibility for fire safety and will provide assurance to the board.

DP reflected on the changes in NHS leadership within the last 72-hours. The chief executive of NHS Improvement has now left the organisation but DP thanked him for his support with regard to the capital funding bid. Simon Stevens now has overall control of NHSI and NHSE with a chief operating officer to be appointed.

TG congratulated the Friends of Moorfields for the £75k award. The board agreed that

TG to write to the

they have made a huge difference to the site and given a great deal of support to the trust.

**Friends of Moorfields
on behalf of the board**

19/2270 Integrated performance report

The trust is still performing strongly in relation to access targets. There have been a number of 52-week breaches which are centred on issues between St Anthony's and SGH and tight timing around waiting lists. Urgent cases have taken precedence over patients that have then breached the target.

Cancer targets are delivering although one patient breached for a two-week wait and the 14-day local target is still challenging. The trust met with NHSI and raised the issue of national resilience. It was suggested that NS write to the NHSI medical director and the trust has received a reply seeking a meeting which will start the process. Although it is still early days in terms of moving forward there is a sense that this issue has support from specialised commissioners. The issue of national centres collaborating to provide training will be raised at that meeting.

Patient journey times remain positive although one has been reported as going over by a minute. However, there does not appear to be anything systemic causing problems.

The trust is looking at how to report theatre cancellations as part of the new integrated performance report.

19/2271 Finance report

The trust reported a surplus position in January of £1.53m and a forecast position for 2018/19 of achievement of the revised surplus of £6.7m in line with the NHSI control total.

Red CIP schemes are down to £50k and there is clear learning with regard to RAG rated schemes for next year. The risk for CIP is now mitigated risk for the rest of the year but systems must be tightened moving into 19/20.

DH raised the issue of capex with a budget of £5.2m but YTD expenditure only £2.7m. KM advised that a lot of the capital construction works take time to tender and contract but spend is expected to be achieved by year end. Changes are being made to structure and governance that will look to better profile the expenditure for 19/20.

The issue of debt collection was also raised and how confident the board can be that there will be a step change. JW advised that relative levels compared to other organisations are not significant. The overdue debt and sundry/outside NHS element is of more concern. It will be important to review process and systems, particularly as we want to make headway into NHS commissioner debt. There is a cost of having a debt, and this needs to be tested.

19/2272 Nursing strategy update

TL set some context in relation to the key objectives and external and internal challenges faced in delivering the nursing strategy. SN presented an update on progress over the last year which includes the following:

Development of a robust career pathway which supports people working in the organisation as HCAs to become registered with the NMC. This is an efficient method of recruitment and using people that we already know are committed to the organisation. This has a number of knock-on effects including the release of consultants for more complex work.

Strengthening of culture in a number of different ways including the introduction of new uniforms which have received positive feedback from patients. Nurse forums have also been established to bring together a disparate workforce. This also includes developing staff confidence, competence and attitude in caring for patients with visual impairments.

Development of a quality and safety dashboard which provides real time data for resuscitation and safeguarding. The improvement of electronic systems will allow better use of data and build the efficiency and effectiveness of clinical audit which is needed to drive improvement.

Development of the unregistered workforce and to increase the number of student nurses within the organisation. We now offer elective programmes and placements with students. The trust also wants to offer more nursing apprenticeships although it was noted that there will no longer be any backfill for staff when they are out of the organisation. This issue has been raised at national level.

RCN presented the huge progress that has been made in **research nursing** with the establishment of a Research Link Nurse team. There is a lot of patient engagement in research and the team is always looking at new ways to get patients involved.

There are currently seven registered studies with nurses as principal investigators and a continual strive to improve staff awareness about their role in supporting research. Forums have been established where patients and staff with research ideas can come forward to have them reviewed and assist in the development of research careers.

RGW asked about all nurses having time for research and audit. SN clarified that this would apply to nurses at bands 7 – 8b who would have dedicated time per month. The trust wants to get to a position where this is protected time for all.

NS asked how the trust can use the learning and practice to improve services in Moorfields Private. SN advised that a scoping exercise had been completed along with a gap analysis of education and training to ensure there is equity across NHS and private practice. The customer service aspect is also very important and this is an area of focus.

SD stressed the need to make sure outcomes are in place for patient safety and harm, patient experience and where we are placed as part of the integrated care/wider system.

There is a lot of work being done nationally in relation to return to practice nursing and a need to promote flexible working opportunities. Moorfields is an attractive place for people to work and the trust is collaborating with the capital nurse programme to develop this area. It will also be important to look at this issue in

terms of network sites in particular, which might be more successful outside London.

The trust is also creating and delivering opportunities that support the academic progress of nurses. This is part of the 70@70 programme and the NIHR is supporting the work in how to develop clinical research within the nursing career pathway.

DP noted that all change is driven by leadership and there has been a real improvement in the provision of professional role models. Good quality nursing is still required with a focus on caring for patients. The support of senior medics and consultants is also required to take the strategy forward and NS confirmed that there is a clear desire to support this approach.

Finally, TL advised that MH would be moving on to a new role and thanked her for her contribution to nursing leadership in Moorfields South.

19/2273 Guardian of safe working report

NS reminded the board that this quarterly report provides assurance that trainees are working within safe limits in terms of their own personal health and safety and that of patients. There has been a significant improvement in terms of exception reporting and nothing raised that is unsafe.

There has been a persistent issue with the corneal fellow rota in City Road, where doctors are likely to breach in the on-call time period.

NS reported that there had previously been issues relating to the on-call service at SGH. There has been a significant improvement and the trust is now fully compliant with people leaving on time and taking required breaks. The audit process will be repeated at City Road.

19/2274 Well led framework action plan

DP advised that all actions had been completed with a couple of exceptions, such as incident reporting, that will be ongoing. The board agreed that the action plan could be closed off with any new actions to be incorporated as part of the new well-led review action plan that will be developed following publication of the CQC report next week.

19/2275 Board assurance framework

DP highlighted the eight key strategic risks which are reviewed on a regular basis by the audit and risk committee and executive team.

- Tariff – this risk may be reduced following the end of contract negotiations in March.
- Oriel – this risk is unlikely to move until the OBC has been delivered in the latter half of the year.
- CQC – this risk may be reduced following delivery of the CQC report
- Commissioner turbulence – this risk may be merged with the tariff risk following the end of contract negotiations in March.
- The workforce planning will always be a key one for the organisation but can be mitigated with the development of a new workforce strategy and

integration of workforce into the business planning process.

- The executive team is committed to making sure staff engagement continues to improve and that learning is taken from the staff survey and actioned appropriately.
- Learning the lessons is something we do well at the trust but always needs to be at the forefront when looking at delivery of clinical care.

The board was also made aware that CIP will be included as a risk on the BAF going forward.

19/2276 Identify risk items arising from the agenda

There were no issues raised that are not already covered within other risks.

19/2277 AOB

None.

18/2278 Date of next meeting – Thursday 4 April 2019