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

| | | |
|---|---|---|
| Attendees: | Tessa Green (TG) | Chairman |
| | David Probert (DP) | Chief executive |
| | Andrew Dick (AD) | Non-executive director |
| | Ros Given-Wilson (RGW) | Non-executive director |
| | Nick Hardie (NH) | Non-executive director |
| | Steve Williams (SW) | Non-executive director |
| | Sumita Singha (SS) | Non-executive director |
| | Peng Khaw (PK) | Director of R&D |
| | Nick Strouthidis (NS) | Medical director |
| | Jonathan Wilson (JW) | Chief financial officer |
| | Tracy Luckett (TL) | Director of nursing and allied health professions |
| | John Quinn (JQ) | Chief operating officer |
| 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 |
| | Elisa Steele (ES) | Chief information officer |
| | Ian Tombleson (IT) | Director of quality & safety |
| | Mary Masih (MM) | Head of nursing, Moorfields North |
| | Marc Murro (MMu) | Quality partner, Moorfields North |
| | Lucy Howe (LH) | Adult safeguarding lead |
| Governors present: | Brenda Faulkner | Patient governor |
| | Jane Bush | Public governor |
| | Rob Jones | Patient governor |
| | Alex Edwards | Staff governor |
| Other attendees: | Daniel Clarke | NHS Professionals |
| | Wendy Smith | Oriel team |

**19/2245 Clare's story**

MM presented a story about a patient with severe learning disabilities and eye problems requiring surgery, in which the board heard from the parents about how the experience affected them and their daughter.

One of the first issues raised was the inadequacy of the referral letter and the lack of basic information about the patient and her specific needs. MM advised that the division had met with the GP surgery in question to discuss and further work has been done locally with other GPs and CCGs. This has already led to an improvement in the quality of referrals.

The division has also established an administrative champion to deal with referrals that come through for vulnerable patients. There are mandatory training packages for LD and dementia and the safeguarding teams are visiting teams locally to assist understanding of the impact of issues such as cancelled appointments. PAS flags that people have special needs but not what reasonable adjustments might be

required to fit the needs of the individual. It is also important to make sure families have full engagement in the process.

The establishment of LD champions in other divisions will be part of the action plan going forward. Clinical LD champions are in place across the organisation but the individual in Bedford is focused on the administrative function. Learning will also be shared at the clinical governance half days and via Schwartz rounds as well as quality forums and at national events.

LH said that the lack of reference in GP referrals is a national problem and that awareness needs to be raised about recording the reasonable adjustments as well as involving the safeguarding team in responses to serious incidents or complaints.

A discussion also took place about the failure to escalate the referral in time, and MM advised that there was a lack of prioritisation at the time along with corneal capacity at Bedford, an issue which has now been resolved.

The board agreed that the use of videos is a powerful way of showing how patients feel when they attend trust services. Although it would be a good idea to make more the trust needs to make sure it doesn't lose sight of communities who might need to use different channels to articulate their issues.

**19/2246 Oriel public engagement**

JM advised the board that there would be three different formal consultations; one will be led by Camden CCGs and this will relate to the proposed relocation of NHS services from City Road to a preferred site at St Pancras. This consultation will be for people who are using or may potentially be using services. Another will be led by Islington borough council about the use of the City Road site and the third will be a local planning consultation led by Camden about the use of the St Pancras site.

Public and patient activity and involvement needs to be part of the planning process and has been relaunched. Overall there has been a positive response which is repeating the pattern of feedback received when consultation was done earlier on in the process. This evidence is required to build confidence in the project as well as having in place the clear structure and systems to allow people to have their say.

TG asked how we ensure that we engage protected groups and also how to utilise the membership council. Two governors will sit on the Oriel advisory group which has a core membership of 15. This group will provide co-ordination and active participation and reach out through known advocates, charities and networks.

SS asked about the objectives and strategy for the consultation. JM said that engagement will continue for the life of the project and that she would share the presentation done for the membership council presentation that sets out the core objectives. The team has also developed a patient pledge that will be replicated for staff. At this stage the focus has been on people that come to City Road, many of whom come from outside London. Local residents and potential patients need to be the focus of the future.
It was acknowledged that there are some comments that require additional explanation and that we need to have more discursive interaction with the public to make sure comments are understood.

The Clinical Senate has formally supported the clinical case for change and the trust is now asking whether there is public support this. The trust is working with commissioners to confirm the timeframe and is committed to launch in the spring, which would mean the process would be complete in early autumn.

JM advised that the previous board agreement was that the new logo would launch in April but with two exceptions of the uniforms and Oriel, both of which are using the new brand.

The board agreed that it would be important to feed back to the people that have participated. At this stage the trust is describing the activities undertaken and drawing out the themes. There is some quantitative data but it will be more qualitative in terms of groups of respondents and the themes that arise from each of those. There are no specific numbers required to provide an 'appropriate' sample but it is important that as many people as possible have had the opportunity to provide an input, and that we have given enough time for people to have their say and respected their views.

It was noted that the pre-engagement activity is for the CCG-led consultation and will inform their consultation process. This process will include a range of different mechanisms for engagement. Camden is leading the consultation on behalf of other boroughs.

**Action: JM to provide regular board updates and circulate the pledge and strategy.**

**19/2247 Apologies for absence**

Apologies were received from David Hills.

**19/2248 Declarations of interest**

There were no declarations of interest.

**19/2249 Minutes of the last meeting**

The minutes of the meeting held on 20 December 2018 were agreed as an accurate record.

**19/2250 Matters arising and action points**

DP advised that the update on Duke Elder ward would be considered in PII of the meeting.

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

**19/2251 Chief Executive's Report**

DP advised that the trust remains on target to achieve its forecast surplus, with the variation in month driven by the recent property sale.

In relation to new appointments, DP welcomed Alex Stamp as deputy chief operating officer and Stuart Semple as chief pharmacist to their new roles.

DP referred to the closure of Teddington, and reminded board members that the board and membership council had agreed the process by which the trust would handle closure or opening of new services. The service provided from the site was sub-optimal for both patients and staff. The trust has been in discussion with all patients about where best to relocate their services and has had a 50% response rate so far. The review has also been done in collaboration with Kingston and Richmond CCG. TG raised an issue that had come from the membership council about engaging patients and also assuring ourselves that we have made every attempt to make services work before considering closure. DP advised that both of these issues had been addressed.

The service was making poor use of highly expensive resource and equipment and not contributing to education and research objectives.

The STP quarterly update was presented and DP advised that it is currently looking at the governance of advisory boards and the extent to which they will be involved in integrated care systems.

There are 69 staff still to vaccinate in order to achieve the 75% flu vaccination target. The trust is currently at 71%.

**19/2252 Integrated performance report**

All mandated access targets are being delivered. The 14-day cancer target is still proving to be a challenge due to capacity. The trust has 2.5wte consultants and two individuals on sick leave. There is a lack of resilience in terms of numbers and posts are extremely challenging to recruit. There is a need to think about working with the national centres in relation to training, ability to bring through consultants, etc. A meeting is taking place with specialist commissioners within the next month to discuss future service provision.

E-referrals are almost at 100%. The ASI (acute slot issue) rate is still high (this is where people are unable to get the slot they want online so either don't book or contact the trust directly). The trust is working with CCGs and GPs although this is a national problem.

In relation to data completeness the move of health records is taking place mid-February to mid-March which should free up administration time. There have been issues highlighted such as communication between systems and resourcing of the volume of records required. There is a strong project team in place to manage.

A customer care training module has been established and this has already been accessed by a number of staff. The administrative restructure is part of a larger project.

**Assurance to the March board about the current position – JQ 07.03.19**

It was noted that there has been a sustained increase in outpatient referrals (8%) and whether this presents an issue for capacity across the network. JQ advised that capacity is being checked through the business planning process.

**19/2253 Finance report**

JW reported the position as £170k adverse in month and £1.5m positive YTD after stripping out PSF funding. JW said that he remained confident that the trust remains on target to achieve forecast surplus by the end of the year.

There is an increase in month in unidentified CIP and more work needs to be done on making the pipeline robust.

The cash position is at £48m (a £4m increase) so no reported issues with liquidity. There has been an increase in debt over the month.

Adverse variance in non-pay expenditure relates to unidentified CIP and pressures in areas such as patient transport and recruitment consultancy fees. More visibility has

**Discussion re: NHS debt ebb and flow**

been requested for some of the transactions going through. **at the next FC.**

**19/2254 Workforce strategy**

SD introduced the board to some of the key local and national strategic drivers. These include Brexit, the NHS long-term plan, STPs/ICS, changes in pension schemes, changes in the generational workforce. The trust also needs to work collaboratively with UCL to understand what the future workforce needs to look like for Oriel.

The trust's workforce profile shows a clear bottleneck at band 4, who tend to be non-qualified staff. This has implications for workforce progression. There are clear differences in the Moorfields profile from other organisations. We need to establish the optimum as well as issues such as the differentiation between bands 5 and 7.

Key to this is the development of advanced roles and the subspecialty work taking place is identifying how much of this is possible. Also under consideration are issues such as automation and the role of volunteers and carers.

Discussion took place about the multigenerational workforce and their perceptions and expectations of work, and whether this should be the basis on which we build a target workforce profile.

The strategy contains four work streams; capability and capacity, leadership and culture, staff engagement and improving value. One of the key issues will be how to measure progress against the strategy in terms of process and outcome.

The strategy will go through a consultation period which provides time to work up measures and outcomes. The workforce department will be structured to align with the strategy and oversight provided via the people committee.

SS commented that the workforce is not structurally stable and the board needs to understand how to assist people with their progression and allow them to move through the organisation. Lower paid roles also tend to be filled by female and BME staff, so it will be important to establish how to get a good mix of people in leadership roles and make sure there a diversity of views. The trust needs to retain its stable workforce and reduce turnover in specific areas such as admin. DP noted that the trust is involved in a leadership for inclusion pilot and that the London CEO network is focused on WRES and how to take things forward.

The board approved the strategic principles and the strategy will come back for final approval in April. **Final strategy back for approval in April – SD 04.04.19**

**19/2255 Learning from deaths**

NS reported that there has been one patient death within scope for the quarter. A patient was admitted with a corneal infection for three weeks. The patient was assessed at admission and also had a falls assessment. They were discharged with a full care package but had a fall and passed away two week after discharge. The trust is awaiting a coroner report.

NS advised that another death had occurred that is outside scope but relates to a previously discussed case in which an overseas patient died. This patient self-

discharged and returned to a hostel where he died of cardiac arrest four days after surgery. There is nothing to connect the surgery with the death at this stage but a review has been commissioned of pre-op assessments on overseas patients. There is a clear need to establish whether there is any systematic issue.

**19/2256 Service improvement and sustainability update**

It was noted that clinic journey times remain the key piece of work. They are reducing but it is important to establish the natural plateau. Work is taking place on producing some international benchmarking.

**19/2257 Report of the audit and risk committee**

NH fed back on the key issues under discussion:

GDPR – the committee noted the complexity of the task as well as the additional resource required and ambitious timetable put in place to achieve the deadline of the end of March for the DSP Toolkit. Data flow mapping and third party arrangements are the key elements to resolve. There also needs to be a constant plan of reviewing and renewing.

Consultant job planning – lots of work has been done over the last nine months. The next step is to create a regular process for the management of consultant resource. This has an 18-month timeframe.

RTT – amber/green and the committee is confident that the processes in place should provide assurance over the quality of information.

LCFS – two new referrals have been received with two cases that are being followed up.

BAF – risk relating to CIP has been escalated from the corporate risk register to the BAF.

**19/2258 Report of the people committee**

SS fed back on the key issues under discussion:

Brexit risk – the committee was assured that there is no immediate workforce risk although there is a significant long-term risk.

Appraisal – this issue is due to a time lag where people become non-compliant immediately after they start and team is working to resolve this.

The staff survey will come to the March board and EDI strategy to the April board.

It was agreed to rename the committee the 'people and culture' committee

**19/2259 Report of quality and safety committee**

RGW fed back on the key issues under discussion:

Fire safety - ongoing issues around reporting and training on evacuations from City Road. KM has been appointed as the executive chair of the fire safety committee.

Appointments and ability of patients to get through – ASI issues have been raised as part of the integrated performance report. There will be a business case for the new system by the end of March. The committee has asked for quarterly reporting in future.

Deep dive into clinical audit – the trust is now undertaking PROMS and data recording of improvement in cataracts. Want to move towards non-medical staff undertaking audit. The function is working well and enhances the reputation of the organisation.

**19/2260 Membership council report**

TG reported that the governors had received a presentation on the ECLO service, and welcomed Allan MacCarthy to the role as vice-chair, thanking Rob Jones for his work in the role. Governors have requested a future presentation on interpreting and translation services.

**19/2261 Identify risk items arising from the agenda**

None that are not already covered.

**19/2262 AOB**

None.

**18/2263 Date of next meeting – Thursday 7 March 2019**