Moorfields Eye Hospital NHS Foundation Trust

NHS

Quality Account 2020/21

Our commitment to quality excellence

FINAL v1.0

Contents

Part 1: Statement on quality

1.1 Statement on quality from the Chief Executive

This year has been one of tremendous challenge due to the Covid-19 pandemic; probably the most challenging in the history of the NHS. Moorfields Eye Hospital NHS Foundation Trust (the trust) has risen to this challenge amazingly well and has been resilient in the face of huge adversity. We were able to continue to operate many services. Our A&E has been open 24/7 every day and our teams have been focused on prioritising care for those most at risk of sight loss or serious disease. Our staff and services have shown great innovation by changing access through the use of technology, which provides remote access routes. I have no doubt this has provided care for thousands of patients who might not otherwise have been able to access it, and these services will remain in use going forwards. During all of this, our infection control team has maintained very high safety standards, helping manage accces to Moorfields facilities whilst ensuring social distancing and the use of face masks helped to limit the spread of Covid-19.

As is often the case through very challenging circumstances, the pandemic has driven rapid change. As mentioned above, thousands of patients have now been seen remotely thanks to advances in technology. Moorfields is leading the the way across ophthalmology and the NHS, driving changes to our clinical pathways. We have set up diagnostic hubs across our network which offer rapid access to diagnostics for large numbers of patients every day, in a way that until very recently was not even envisaged. Our ambition is combining fast and smooth treatment with excellent outcomes and a high quality experience, which we are monitoring through our quality priorities.

Throughout 2020/21 we have once again achieved excellent clinical outcomes. An amazing achievement given the pandemic. Also, the integrity of our quality governance has been maintained which provides the organistion with solid assurance over our three key quality areas of patient safety, clinical effectiveness and patient experience.

Our quality account reflects our quality performance in 2020/21. Overall we have made good progress with many of our indicators. Others have performed less well and we will restore performance in those areas as we continue to recover from the pandemic.

Very importantly we remain committed to being a learning organisation. This is demonstrated very clearly through our learning from the pandemic and how this has very rapidly translated into improvements in clinical care.

None of this would have been possible without the dedicated and committed staff of Moorfields, of whom I am so very proud of. More than 150 of our staff were redeployed during the first and second wave, and they have served (and in some cases continue to serve) the wider health community. Staff well-being is a top priority at Moorfields and it is only through caring for our staff that we can continue to provide such excellent ophthalmic care for our patients.

In terms of the future, we look to refreshing our trust strategy with a clear focus on excellence, equity, and kindness as the NHS continues to manage the pandemic and its impact.

David Probert
Chief Executive

1.2 Introduction to the Quality Account 2020/21

Quality accounts help NHS trusts improve public accountability for the quality of care they provide. The Quality Account is a key mechanism to provide demonstrable evidence of improving the quality of a trust's services. The Quality Account also describes the organisation's quality priorities and aims for the coming year.

The Quality Account also incorporates the relevant requirements of the Quality Accounts Regulations as well as those of NHS Improvement's (NHSI) additional reporting requirements. The purpose of the account is to:

- promote quality improvement across the NHS.
- increase public accountability.
- enable the trust to review its services.
- demonstrate what improvements are planned.
- respond and involve external stakeholders to gain their feedback, which includes patients and the public.

Our Quality Account provides an appraisal of achievements against our priorities and goals set for 2020/21.

At Moorfields, the quality of the services provided has always been at the heart of decisions taken by the Board. Our quality strategy draws on everyone to make a difference, and be part of Moorfields journey from Good to Outstanding. Underpinned by the three key drivers for quality, the trust's quality structures create robust arrangements for driving improvement and providing a clear and accountable process for scrutiny and assurance for delivery of the Quality Account.

1.3 Moorfields Eye Hospital's approach to improving quality

At Moorfields, our core belief is 'people's sight matters' and our purpose is 'working together to discover, develop and deliver the best eye care'. We define quality as 'providing safe care, outstanding outcomes, and positive experience and involvement for all our patients'.

Quality is our core philosophy, and at the heart of every decision we make. In a time of rapid technological advances, Moorfields' expertise, reputation and network places us in a unique position to lead the way in delivering quality eye care. We want to harness all of our skills and enthusiasm for learning and sharing to deliver excellent clinical care and world-leading research, so that we deliver the outstanding quality our patients deserve, and to truly live up to our name as a world-leading organisation.

Our priorities are consistent with the objectives set out in our quality strategy and form an important part of its implementation. It is both ambitious and aspirational by design. Throughout the document, Moorfields sets out its priorities under the three well established headings of Patient Safety, Patient Experience and Clinical Effectiveness.

2020/21 has been dominated by the Covid-19 pandemic. Much time has been devoted to (and continues to be in 2021/22) the on-going risk assessment and stratification of patients to ensure that they are seen in order of clinical priority. Covid-19 has also had an impact on the majority of the KPIs, both locally and nationally within this report. This includes the 2021/22 quality priorities where the organisation may need to change its priorities as a result of the continuing pandemic and our recovery response. Moorfields will continue following advice and guidance from NHS Improvement and NHS England to ensure patients continue to receive high quality

care. NHS Improvement and NHS England has confirmed that NHS providers are no longer expected to obtain assurance from their external auditor on their quality account/quality report for 2020/21. Also, there has been no requirement to consider indicators or metrics for external assurance or assurance through our governors for 2021/22.

The Quality and Safety Committee on behalf of the Board takes responsibility for the overview and scrutinty of the development and delivery of the Quality Account and quality priorities.

For information or to provide feedback on this quality account, please email Ian Tombleson, Director of Quality and Safety at i.tombleson@nhs.net.

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 Progress with 2020/21 priorities

We set ambitious priorities to drive high quality care and respond to the challenge of meeting the health needs of our diverse community. Moorfields identified six priority areas for 2020/21. We developed these with patients, staff, and host commissioners, NHS Islington Clinical Commissioning group, and supported by the membership council. The trust's governors have also considered the contents of the quality report and were supportive of the quality priorities. The rationale behind the priorities was based on the progress made with the 2019/20 priorities as well as other key drivers such as staff and patient feedback. The quality priorities were approved by the trust board. The identified six priorities were based on three domains of quality: Patient Safety, Clinical Effectiveness and Patient Experience.

Having set ambitious targets, the trust has demonstrated progress across them all. In some areas, full achievement has not always been possible and this has been explained in the text.

As a result, some priorities will continue into 2021/22; please see a list of 2021/22 priorities from page 53 onwards.

Summary of the 2020/21 quality priorities:

Domain	No	Description	Priority continued from 2019/2020
Patient Safety	**1**	To support safer care for patients undergoing invasive procedures through developing LocSSIPs according to National recommendations (NatSSIPs).	Continued from 2019/2020
	2	Continue improving systems and processes through a learning framework to share and embed learning.	Continued from 2019/2020
Clinical Effectiveness	**3**	3a: Continue providing reasonable adjustments to deliver person centred care by improving the use of helping hands stickers for vulnerable patients with additional support needs. 3b: Improve patient care by embedding the use of the pain assessment tool for all patients who are known to have cognitive impairment and communication difficulties.	New
	4	Improve staff access to health and wellbeing initiatives and increase the number of staff using Moorfields Health & Wellbeing initiatives.	New
Patient Experience	**5**	Improving the experience of our patients through improved customer care - Pilot at Private division.	New
	6	Improve overall patient call response time to improve patient experience.	Continued from 2019/2020

Quality Priorities for Improvement in 2020/21

Quality Domain: Patient Safety

Priority 1: To support safer care for patients undergoing invasive procedures through developing LocSSIPs according to National recommendations (NatSSIPs).

Priority Lead: Andy Dwyer/Divisions

Our priority for 2020/21 is to: To support safer care for patients undergoing invasive procedures through developing LOCSSIPs according to National recommendations (NATSSIPs).	**1.1** Undertake a review of the list of invasive procedures compiled in 2019/20, in conjunction with clinical divisions and clinical services, to ensure that it is compliant with all NatSSIPs. This will include identification of relevant LocSSIPs and their associated LocSSIPs owners (Q1). **1.2** Complete a review of the abbreviated surgical safety checklist, which is used outside the theatre environment, to ensure that it is compliant with NatSSIPs (Q1). **1.3** Implement the revised abbreviated surgical safety checklist, where amendments have been made (Q2). **1.4** Audit/re-audit of all LocSSIPs to assess compliancy to be undertaken (Q2-Q4) and be included in the annual audit planner. **1.5** Annual activity summary and thematic review of audit findings to be completed, the outcome of which will inform the annual work plan 2021/22.

Background

An initial review of NatSSIPs and LocSSIPs in 2019 identified there was likely to be a number of local invasive procedures across the trust that would require review and standardisation. One of these included the delivery and standardisation of Intravitreal Injections where an initial trust wide audit undertaken in 2019 had identified variability across all sites.

What have we achieved to date?

1.1 Review list of invasive procedures

A list of 1,867 procedures combining all procedures undertaken across all sites (and outside theatre settings) was reviewed and was shortlisted to 33 procedures considered to be invasive procedures against national standards.

These 33 were grouped into categories of: Injections (7); Minor Ops (6); Outpatient Laser (6); Refractive Laser (10); and Other (4). A working group for each of the 5 categories is being created to review the checking processes within all relevant procedures. There has been some delay to their establishement due to Covid-19.

1.2 Complete a review of the WHO Surgical Safety Checklist to ensure compliance with NatSSIPs

An initial review of the Surgical Safety Checklist identified that the process and checklist was compliant with NatSSIPs. A separate quality improvement project at City Road undertaken by Quality Partners examined ways to improve compliance with the team brief and debrief in theatres, and focused on empowering staff to improve their communication skills. Focus groups and human factors simulation training was developed for theatre staff to attend.

1.3 implement the revised amendments to Surgical Safety Checklist

An initial focus has been placed on review and standardisation of the processes for Intravitreal Injections as a pilot. A working group was established in Q2 including advanced nurse practitioners from Moorfields North, South and City Road divisions, a medical and pharmacy lead, and members of the central quality team. The working group assessed the

patient pathway for Intravitreal Injections and the use of paper and electronic health records. An agreed style of checklist was of a similar design to the sign in, time out, and sign out steps of the WHO Surgical Safety Checklist and will form the basis for the development of other checklist developments across the trust. Essential data and the wording of safety measures were agreed, and an accompanying standard operating procedure (SOP) was developed in Q3. The SOP was agreed at Clinical Governance Committee and ratified and published in Q4. Once embedded, an audit of compliance against the agreed processes within the SOP will take place.

1.4 Audit/re-audit of all LocSSIPs
An initial audit of Intravitreal Injection was completed in 2019 to determine gaps in the procedure. In 2021/22, after the SOP processes have been embedded, a re-audit of the Intravitreal Injection process and use of the checklist will be undertaken.The agreed Intravitreal Injection checklist design will form the blueprint for the development of checklists required within the other categories of invasive procedures.

1.5 Annual activity summary and thematic review of audit findings in 2021-22.
A review of findings from the development and audit of LocSSIP procedures will be undertaken in 2021/22 and these audits will be included in trust wide audit planner.

What are the gaps in delivery, if any?
Good progress has been made on this despite the pandemic. All divisions have been included in discussions and review of current surgical checklists, and further support and engagement is needed to ensure standardisation of surgical procedures across all sites.

What will we do in 2021-22 to continue with progress?
Using the outcome of the pilot, 2021/22 will see the development of working groups for each of the grouped categories of relevant surgical safety procedures to oversee the development of standardised checklists within each.

Quality Domain: Patient Safety

Priority 2: Continue improving systems and processes through a learning framework to share and embed learning

Priority Lead: Julie Nott/Divisions

Our priority for 2020/21 is to : Continue improving systems and processes through a learning framework to share and embed learning	2.1 Launch the learning framework across the organisation, for implementation by all staff at all locations (Q1). 2.2 Develop the learning and improvement following events (LIFE) hub on the intranet, as a repository for shared learning and learning materials (LIFE hub) (Q1/Q2). 2.3 Ensure that all clinical divisions routinely produce quarterly newsletters (Q1-Q4). 2 .4 Continue the annual programme of executive (listening, learning and sharing) walkabouts and develop the ways in which thematic feedback can be shared across the organisation (Q1-Q4).

Background
Moorfields has a number of well established ways it identifies and shares learning, including weekly Serious Incident (SI) panels and monthly divisional quality forums and safety newsletters. We will continue to ensure that ways to learn from patient safety incidents and other safety events are clearly defined and embedded in systems and processes, and

clearly communicated to staff. This priority has been a continuation from last year to ensure we develop systems to capture and disseminate learning across our organisation.

What have we achieved to date?

During the year, good progress was made to formalise the ways by which learning is shared throughout the organisation. Below is a summary of the achievements, recognising that it has not possible to embed processes as robustly as originally anticipated as a consequence of the pandemic:

- A Learning Framework (LF) has been developed, which describes the opportunities for all staff, across the whole network and in all locations, to learn from events that may have resulted in harm, as well as those events that have gone well. This is available on the trust intranet.
- LIFEhub, which is a central repository on the trust's intranet (eyeQ) for sharing learning, is now live and is in the process of being populated with relevant information. The central quality team and Moorfields UAE have continued to produce quarterly newsletters. All divisions share regular newsletters with their teams, but it is noted that the routine production of these has been impacted by the pandemic, in particular the redeployment of staff.
- A dedicated bulletin, LIFEline, is routinely produced to support the shared learning associated with all serious incident and never event investigations. Divisions and clinical services cascade these to their teams. The full investigation reports are shared at SI panel, clinical governance committee and at relevant divisional quality forums.
- SI panel routinely receives and reviews the findings and shared learning from all root cause analysis (RCA) investigations and a number of after action review (AAR) findings. This means that the findings translate to shared learning across the divisions, with adaptations to ensure applicability.
- SI panel produces an escalation summary for bi-monthly clinical governance committee, highlighting key learning, areas of concern and a summary of activity.
- The introduction of daily team safety huddles provided the opportunity for specific, team-based learning to be shared quickly and easily.
- Internal audit undertook a review of methods and feedback mechanisms by which we gather feedback from patients, learn lessons from feedback and evaluate the effectiveness of their responses. The rating received was significant assurance with minor improvement opportunities.

What are the gaps in delivery, if any?

- Good progress has been made with this priority and both the central team and the divisions will monitor progress through quality forums.
- There was a hiatus in the production of divisional newsletters as a consequence of the pandemic, although quality forums continued to function when it was possible to do so.
- A formal launch of the Learning Framework will take place in 2021/22 and further development and promotion of LIFEhub is required, to ensure that it is most effective.

- The last scheduled executive (listening, learning and sharing) walkabout took place in February 2020, with the programme suspended because of the pandemic. The programme recommenced in Q1 2021/22.

What will we do in 2021-22 to continue with progress?

- LIFEhub will continue to be populated with shared learning, to ensure that it is readily accessible by staff.
- In 2021/22, there will be a formal launch of LIFEhub and the Learning Framework.
- The formal programme of executive walkabouts recommenced in 2021/22.

Quality Domain: Clinical Effectiveness

Priority 3a: Further provision of reasonable adjustments to deliver person centred care by improving the use of helping hands stickers for vulnerable patients.

Priority Lead: Lucy Howe/Divisions

Our priority for 20/21 is to : Further provision of reasonable adjustments to deliver person centred care by improving the use of helping hands stickers for vulnerable patients with additional support needs.	3a.1 An information sticker to record individual need and reasonable adjustments inside patient records will have been developed and commissioned by Q2. 3a.2 All networked sites and City Road services will have received updated Helping Hands guidance by Q3. 3a.3 The Learning Disability Policy and the Caring for Patients with Dementia Policy, and the respective policy summaries, will have been updated to reflect the new guidance and will be communicated to staff by Q3. 3a.4 Changes to the guidance to be reflected within corporate induction, safeguarding champions training, and bespoke learning disability and dementia training by Q3. 3a.5 All patient records with a new Helping Hands sticker will have the individual's support needs and reasonable adjustments recorded and clearly identifiable by Q4. 3a.6 An audit to review the use of Helping Hands stickers and the new guidance will have been completed by Q4

Background

Helping Hands stickers identify patients who need additional assistance or reasonable adjustments whilst attending Moorfields. Examples of this are patients with sight loss or sight problems; hearing problems;physical disabilities and mobility impairment; patients with learning disabilities and/or Autism; patients with Dementia and patients with cognitive impairment, including stroke, Parkinsons disease and brain injury. We should also note that there are many services that provide support to aid and support patients, such as our ECLOs (Eye Clinic Liaison Officers) and our nurse counsellors.

Not all patients within these groups need a Helping Hands sticker, which asks the question: "What can we do to make things easier/better for you during your visit/stay/appointment?"

Although Helping Hands stickers are used throughout the trust, it is not always obvious why a sticker has been placed on the front of a patient's healthcare records, or what is needed to

make reasonable adjustments to their care. To support this, an information sticker to record individual needs and reasonable adjustments will be developed to be placed inside patient healthcare records. Covid-19 has had some impact on our delivery of this priority, and it has also changed how Moorfields might identify need and make reasonable adjustments for patients.

What have we achieved to date?

- An information sticker has been developed and is ready to be implemented. Due to changes in the delivery of clinical services in response to Covid-19, production of the stickers and implementation has been delayed. The use of the stickers will be reviewed following the introduction of paperless or paper lite systems in some departments. Moorfields is now undertaking more virtual appointments with patients and the types of support and reasonable adjustments required may differ, as well as how they are identified. How, what and where reasonable adjustments are recorded will need to be reviewed in 2021/22.

- Development of A4 helping hands cards that accompanies paper notes was successfully piloted by paediatric services but has not translated as effectively into adult outpatient services due to confidentiality issues and movement to paper lite and paperless systems.

- Guidance has been developed in preparation for implementation, and this will be reviewed with the introduction of paper lite systems and the development of PAS to record this information. Our guidance will be reviewed in 2021/22 in light of changes to the clinical ways of working, for example, virtual appointments.

- Training will be adapted accordingly – this has been delayed due to the pandemic - for the delivery of face-to-face training. Amendments to the e-learning training packages will be completed in 2021/22. Policies and policy summaries will also be updated.

- As part of the Clinical Audit Plan (CAP) 2020/21, the North Division carried out an audit to ensure patients with learning disabilities and/or Dementia receive reasonable adjustments to meet their care needs. The audit objective was to ensure that the 'Helping Hands' stickers are used appropriately and placed at the front of the patient's health records.

- Actions taken to raise staff awareness were:
    - Audit findings and learning were shared at Divisional Quality Forums;
    - Audit findings and learning were shared at local nursing and admin team meetings;
    - Discussions have taken place with Safeguarding champions.

A re-audit was added to the Clincial Audit Plan 2020/21, however, due to the pandemic, this audit was postponed and will be undertaken in the next few weeks.

What are the gaps in delivery, if any?

The safeguarding team are committed to delivering this quality prioriy. There have been challenges in completing all of the planned actions due to Covid-19, redeployment and staff vacancies within the team.

Not only has Covid-19 impacted on our ability to deliver this priority, but it has changed how Moorfields might identify need and make reasonable adjustments for patients.

What will we do in 2021-22 to continue with progress?

Plans for 2021/22:

- Review the quality priority to reflect the introduction of paperless or paper lite systems in some departments and the virtual appointments with patients. The types of support and reasonable adjustments required may differ, as well as how they are identified.
- Work closely with PAS team to support ongoing development of helping hands flags.

Quality Domain: Clinical Effectiveness

Priority 3b: Improve patient care by embedding the use of the pain assessment tool for all patients who are known to have cognitive impairment and communication difficulties

Priority Lead: Mary Masih/Divisions

Our priority for 20/21 is to : Improve patient care by embedding the use of the pain assessment tool for all patients who are known to have cognitive impairment and communication difficulties.	**3b.1** A roll out plan for the use of the pain assessment tool across the networked sited and City Road by Q1. The tool was originially implemented at Moorfields at Bedford following a CQC inspection in 2018. The plan for rolling out the tool across the trust was planned pre-pandemic and, due to redeployment and a pause in non-urgent surgical services, this work was unable to continue as it was difficult to test and pilot the tool. **3b.2** Update the Learning Disability Policy and the Caring for Patients with Dementia Policy to reflect the new guidance and communicate to staff via “Moorfield News”, divisional quality forums and “Safeguarding Newsletter” by Q1. The Learning Disability and the Caring for Patients with Dementia policies are due to be reviewed at the end of May 2021 - the Pain Assessment Tool will be incorporated in the policies. **3b.3** Changes to the guidance to be reflected within bespoke learning disability and dementia training and regularly delivered to all staff involved in surgical care pathways to enable them to use the pain tool to record and respond to individual pain needs in Q1. This bespoke learning will need to be agreed at the task an finish group and developed by the safeguarding team. A clear action plan will be in place to start the roll-out in some areas. **3b.4** Implementation and embedding use of the pain assessment tool will continue in Q2, Q3. As mentioned above, due to Covid-19, the implementation and roll out of the tool was not possible. This work will be reinstated.

	3b.5 An audit to review the use of the pain assessment tool across the organisation will be undertaken in Q3 and Q4. The Pain Assessment Tool audit is part of the Clinical Audit Plan (CAP) 2021/22. This audit was also included in the Clinical Audit Plan 2020/21, however, due to the unavailability of General Anaesthetic (GA) beds in response to the pandemic, we were not able to continue with the audit as there were no patients falling into this category booked for surgery.

Background

Moorfields does not currently have a generic pain assessment tool for patients with a cognitive impairment who are unable to communicate their pain to staff. This was highlighted during the CQC inspection in November 2018, where it was raised that individual pain needs were not being met in our site at Bedford. To address this, the local team worked closely with the host trust to improve the care that was being provided for patients who are unable to communicate their pain needs.

Nationally, there are a number of tools in use: Disdat tool and Abbey pain score. Due to the complexity of these tools, the trust adapted the Abbey Pain tool and modified it to meet the needs of patients who attend Moorfields for surgery or treatment. We aim to deliver high quality care and patient experience, ensuring that pain is assessed and managed appropriately for patients with a cognitive impairment who lack the ability to communicate.

What have we achieved to date?

- A pain tool has been developed by the safeguarding team in conjunction with the matrons and was presented in September 2019 at the Matron's forum so that it can be rolled out across the trust.

- A Pain Assessment Tool has been implemented at Moorfields at Bedford.

- The Quality partner from the North Division is also working on a reasonable adjustment flags project which will be piloted at the Barking and Potters Bar sites. This is a project focusing on improvements needed to improve learning disability pathways across the networks which the pain assessment tool is part of. Reasonable adjustment has also been added as an option to form part of the learning element on the safeguard system.

What are the gaps in delivery, if any?

The progress of this project was affected by the pandemic and will now have to be relaunched for maximum impact. The role of the safeguarding team will be crucial to the delivery of this and the communication to staff who regularly care for patients with cognitive impairment and communication difficulties.

What will we do in 2021-22 to continue with progress?

- Produce an action plan for the reintroduction of the tool outling the training, communication and ongoing support that staff may require.
- Design a communication launch for all staff to raise awareness.
- Learning Disabilities and Dementia policies will be updated.

- Run refresher training sessions on Microsoft Teams at the Matrons forum and for a wider group, if required.
- Audit the use of the tool and make any required changes.
- Complete the roll out of the programme to all areas of the trust.
- Evaluate the use of the pain tool which will be done after one year by the learning disability lead.

Quality Domain: Clinical Effectiveness

Priority 4: Improve staff access to health and wellbeing initiatives and the number of staff using Moorfields Health & Wellbeing initiatives

Priority Lead: Denise O'Meara

Our priority for 2020/21 is to : Improve staff access to health and wellbeing initiatives and the number of staff using Moorfields Health & Wellbeing initiatives.	4.1 Organising awareness sessions on current health and wellbeing issues such as the mental health, menopause, pensions,starting in Q1. 4.2 Explore introducing Health & Wellbeing champions and Mental Health First Aiders (with clear lines of responsibility) by Q2. 4.3 Introduce a clear platform/portal that staff can access health and wellbeing offerings by the end of Q4. 4.4 Work towards London Healthy Workplace Award by Q4.

Background

This priority was developed in response to both national and local focus on improving health and wellbeing of all staff across NHS organisations. The health and wellbeing of staff is one of our top priorities, and there is a great emphasis on continuously developing initiatives and opportunities to ensure staff feel cared for.

The pandemic has presented the opportunity to focus more widely on health and wellbeing both in Moorfields and across the wider NHS. As a result, a great wealth of resources have been made available across the network and there is collaborative work and sharing at a level which has not seen before. The central *people.nhs.uk* site houses useful tools and guides as well as access to a range of apps with free subscriptions which had not been available before, Headspace and Sleepio, for example. As part of the People Committee a health and wellbeing sub group has been created and will meet for the first time in Q3.

What have we achieved to date?

- A Health & Wellbeing Hub has been created on the intranet, creating a space in which all the health and wellbeing support isstored and easily accessed by staff. The information is constantly updated and highlighted as part of the EyeQ stories for staff, and offerings are also referred to in the weekly chief executive briefings.
- There are regular webinars on a variety of health related topics run by Thrive LDN which are advertised and available to staff. These are recorded and can be listened to when convenient for staff. Topics covered in the 'Coping well during COVID' series includes low mood, sleep, working from home and staying well, and finance.

- We run Moorfields Wellbeing Wedensday Webinars – topics range from mental health to finance, and physical wellbeing. These will continue through the coming year.
- Mental health training is provided by ELFT and dates are published on Insight. We are exploring increasing the Moorfields training we offer.
- There has been access to psychotherapists on site and virtually. This is being offered as part of the NCL health and wellbeing hub and is being reviewed for the coming year.
- Reflection sessions were offered to all staff at the end of the first wave of the pandemic. These will be offered again in May, along with the on-going programme of Schwartz rounds.
- A new Health and Wellbeing Officer role was appointed at the end of 2020 and is supporting the delivery of the Health and Wellbeing agenda.
- Pastoral care has been introduced, and we are seeking to develop an SLA with a larger trust in the coming year.
- A wellbeing space has been developed at City Road and we will review the space at networked sites, appreciating some of the constraints with those sites.
- A Wellbeing Guardian from the executive team has been appointed.
- As a result of the pandemic, we have shown we can work more flexibly.

What are the gaps in delivery if any?

Good progress has been made with this priority. Due to pandemic restrictions, HR teams have only been able to undertake limited physical activity on site, however, this is improving as we continue through recovery.

What will we do in 2021-22 to continue with progress?

We are producing objectives that link to the trust's strategic objectives, along with the NHS people plan and NHS people promise. There is also a continuing 2021/22 quality priority which localises health and wellbeing priorities at a divisional level. We will continue to work with the NHS health and wellbeing networks to understand best practice and learn from other trusts. The pandemic has also provided an opportunity to share tools and increase the health and wellbeing offer to staff.

We aim to be visible to staff across the network to ensure that staff are aware of what support is available and to listen to what they want. We will refine and develop flexible and agile working approaches started as a result of the pandemic. We will complete our submission for the start of the London Healthy Workplace Award.

Quality Domain: Patient experience

Priority 5: Improving the experience of our patients through improved customer care – Commencing a pilot within Moorfields Private division.

Priority Lead: Rachel Bainton/Ian Tombleson

Our priority for 2020/21 is to: Improve the experience of our patients through improved customer care – Run a pilot at Moorfields Private division.	5.1 To obtain and analyse baseline data about customer requirements through questionnaires (Q1). 5.2 To develop and commence delivery of improvement plans (Q2&Q3). 5.3 Evaluation and prepare for roll out across NHS divisions (Q4).

Background

Moorfields has committed to develop a customer care programme to deliver customer care excellence across the whole organisation. This programme is being developed in association with the Institute of Customer Services. The decision was made to start the pilot at Moorfields Private during 2020/2021 and then apply the learning across the NHS divisions. There has been some impact on this priority due to the pandemic.

What have we achieved to date?

- A detailed questionnaire was sent to all customer groups in early 2020 to obtain feedback about Private patient services at Moorfields. The survey identified clear customer groups: patients, practice managers, and consultants. Our monthly patient survey shows high satisfaction from patients at around 98-99% and this is the same post pandemic. A project timeline identifies three key areas of work including improvement plans: Communication, Customer Experience and People.
- The quality team and a quality improvement manager have been working with the deputy divisional manager for Access to identify how further improvements can be made to ensure administrative processes are robust and admin staff feel supported to deliver high quality and customer care focused services. These improvements will be developed further in 2021/22 and shared across divisions.

What are the gaps in delivery, if any?

Good progress has been made with this priority in Moorfields Private, and learning from the private division has been shared with north and south divisions. The Private team has completed its structural changes, and the focus currently is on hiring the right team and responding to the changing environment we are facing.

What will we do in 2021-22 to continue with progress?

Moorfields Private is in the process of recruiting to its newly formed posts within its now full establishment, which will be pivotal in the success of the service and improvements in our customer care journey.

A quality priority has been developed for 2021/22 to develop an improved customer focus of the NHS booking team. This priority will be supported by the learning from the customer care pilot at Moorfields Private. Customer care is forming a strategic priority within the trust strategy refresh taking place this year. There will be a number of objectives, including improving sight loss awareness, education, training, and breaking bad news.

Quality Domain: Patient experience

Priority 6: Improve overall patient call response time to improve patient experience

Priority Lead: Alex Stamp

Our priority for 2020/21 is to : Improve overall patient call response time to improve patient experience	6.1 Reduce the average call waiting time that a patient has to wait to speak to Moorfields Eye Hospital via the Booking/Contact Centre to 2 minutes (currently at 3 minutes) by Q3. 6.2 Reduce the frequency with which calls to the booking centre are abandoned, from 20% to 15% by Q3. 6.3 Increase the number of sites with a local call management system in place to six (currently only City Road) by Q4. 6.4 Reduce the volume of calls into the Booking Centre by 5% through introduction of a Patient Portal by Q4.

Background

Appointments and difficulties reaching Moorfields Eye Hospital via telephone is a recurrent theme captured through complaints and PALS enquiries. Improving the responsiveness of our service and the information we give to patients remains a key priority to improve the quality of our services.

This year has been heavily impacted by the Covid-19 pandemic, which has had a subsequent effect on our services leading to a pause in elective activity in April 2020 and a restart in August 2020. This is reflected in the number of calls received by the booking centre, average waiting times and abandonment frequency. As a result of the pandemic and managing our response to it, there have been delays in moving forward with a local call management system and our new Patient Portal.

What have we achieved to date?

6.1 Average call waiting times: Since July 2019 the target was continuously met, with performance around 1 minute and 46 seconds until March 2020. Moorfields achieved an exceptional score of responding to calls within 40 seconds from April to June 2020, which increased in Q3 where average call response time were 3 minutes and 5 seconds. However, as the Covid-19 second wave progressed, we saw a marked decrease in performance within the call centre and call average times regularly failed to meet the performance targets.

6.2 Abandonment frequency: Our target has been continuously met from July 2019, at around 13% with an exceptional performance from April-June 2020 where it was 2.7%. Q3 performance was 15.3%, again close to the target. Unfortunately, as the Covid-19 second wave hit we saw a marked decrease in performance against this standard and calls were regularly exceeding the 15% abandonment rate.

6.3 There are discussions ongoing regarding the use of our new telephony system which will support and help organise the number of local call management systems across our sites. A timeline to support this is being agreed. This has now gone live in St George's, Croydon and St Ann's, with Northwick Park and Ealing next in scope. Within City Road, we have introduced a call filtering system within the Booking Centre to give patients the option to access the call queue if they would like.

6.4 Call volumes: Unfortunately, due to the Covid-19 second wave impact, we have seen an increase in call volumes rather than a decrease, as patients have been contacting the team to chase their appointment. At times we have seen 130% of call volumes against regular business as usual volumes. This has also driven the increase in average call waiting times and abandonment rates.

6.5 The trust has commissioned DrDoctor as our patient portal system and the system went live in March 2021 with specific messages to patients. We have now integrated the system with the trust's PAS system to allow live, dynamic messaging for patients.

What are the gaps in delivery, if any?

The main driver for gaps in delivery has been the impact of the Covid-19 second wave and an increase in call volumes due to this. This has had an impact on delivery against these performance standards.

What will we do in 2021-22 to continue with progress?

In 2021-22 we will:

- Continue to track the weekly performance within the Booking Centre in terms of their performance against the standards for average waiting time, volumes abandoned and calls waiting over 2 minutes.
- Continue with the full rollout of DrDoctor as a patient portal and shifting more patient communication regarding appointments on to this system.
- Develop our local monitoring of call queues at sites across our network.
- Begin to develop our customer service offering and training for staff as call volumes reduce to focus on the quality of the service being offered.

2.2 Core clinical outcomes

Progress in 2020/21

The trust's performance against the core outcome standards demonstrates excellent clinical care, with almost every standard being met and many being far exceeded. The complete core outcome data is tabulated below. Of particular note is the fact that the majority of outcomes are for all relevant patients across the trust over a full year. This increases the robustness of the data when compared to sample audits. From September 2020, it became mandatory for all services to collect electronic patient record (EPR) data only. Most of the services used EPR throughout 2020 facilitating analysis of larger amounts of data than is possible manually. This culture change supports more comprehensive data analysis. The EPR system, linked in with performance and information in many cases, allows generation of core clinical outcomes, at the 'touch of a button' for Cataract, Medical Retina, Accident and Emergency, Cornea and Refractive services. Other services, such as adnexal, are looking to engage with EPR development to make routine electronic analysis of their clinical outcome data possible too. Due to Covid-19 appointment cancellations, fewer post-operative cataract patients were seen for face-to-face appointments. Instead, many who had routine cataract surgery were assessed over the telephone. This meant that less post-operative visions were recorded formally and the patients who were seen in person were those in whom vision was likely to be less good. Hence, the slightly lower rate of patients with good vision after cataract surgery, 89%, compared to achieving the 90% target in previous years.

The external diseases service previously circumvented delay in receiving corneal graft success rates from the NHS blood and transplant services by generating this data internally. This was possible through the establishment of a specific post-graft follow-up clinic with collaborative working to set up a database for measuring outcomes on these patients. From this year onwards, the NHS blood and transplant services (NHSBT) are hoping to provide two-year outcome data on corneal grafts for specific conditions. Accordingly, this year, we have reported both our own internally generated data and that which has come from the national report. The internally generated data on corneal grafts is compared with the national data from two years ago. The survival of penetrating keratoplasties (PK) at Moorfields at 82% compared to the national rate from two years ago of 89%. This reflects the fact that Moorfields performs penetrating keratoplasties on a greater percentage of complex, high-risk for failure cases, in particular tectonic (maintaining the integrity of the eye) grafts. When tectonic grafts are excluded, corneal graft survival rate for PKs done for vision is 90%, achieving the target. This hypothesis is backed up by the national report which only looks at PK survival for keratoconus and so eliminates tectonic grafts. In both 2019-20 and 2020-21 Both this year and last year, Moorfields' survival rates were above those nationally. Whilst our overall DALK corneal graft survival rate exceeded the national rate from two years ago, we are not sure why we have a higher rejection rate for our DALK corneal grafts for keratoconus (from the NHSBT report) than expected. We have therefore reviewed our post-operative protocol for steroid drops after DALK, making it more similar to PK, which should decrease the rejection rate.

Trust core clinical outcomes 2020/2021

Specialty	Metric	Standard	2018/9	2019/20	2020/21
Cataract	Posterior capsule rupture (PCR) in cataract surgery*	<1.95%	0.95%	0.77%	1.04%
Cataract	Endophthalmitis after cataract surgery*	<0.04%	0.037%	0.025%	0%
Cataract	Biometry accuracy in cataract surgery	>85%	91%	92%	92%
Cataract	Good vision after cataract surgery*	>90%	91%	92%	89%
Glaucoma	Trabeculectomy (glaucoma drainage surgery) success	>85%	96%	100%	97%
Glaucoma	Tube (glaucoma drainage surgery) success	>90%	92.5%	89%	92.2%
Glaucoma	PCR in glaucoma patients*	<1.95%	1.56%	0.98%	0.91%
MR	Endophthalmitis after intravitreal anti-VEGF injections*	<0.05%	0.02%	0.01%	0.014%
MR	Visual improvement after injections for macular degeneration*	>20%	20.2%	21.1%	24.3%

MR	Visual stability after injections for macular degeneration*	>80%	90.3%	92.1%	93.4%
MR	PCR in Medical retina pts*	<4%	1.2%	2.0%	1.2%
MR	Time from screening to assessment of proliferative diabetic retinopathy*	80%	90%	89%	80%
VR	Success of primary retinal detachment surgery	>75%	77%	80%	84%
VR	Success of macular hole surgery*	>80%	88%	87%	89%
VR	PCR in vitrectomised eyes*	<NOD	3.2%	2.6%	3.3%
NSP	Significant complications of strabismus surgery*	<0.43%	0.26%	0.70%	0%
NSP	Premature baby eye (ROP) screening compliance	99%	99.4%	98%	99.1%
A&E	Patients seen within 4 hours*	>95%	98.4%	98.6%	100%
Ext Dis	PK corneal graft survival rate*	89%	85%	88%	82%
Ext Dis	PK corneal graft survival rate for PKs done for vision*	89%	Not reported	Not reported	90%
Ext Dis	PK for keratoconus (2-year survival from NHSBT report)*	95.6%	Not reported	97.4%	96.9%
Ext Dis	DALK corneal graft survival rate*	94%	94%	98%	98%
Ext Dis	DALK for keratoconus (2-year survival from NHSBT report)*	96.7%	Not reported	93%	94.0%
Ext Dis	DMEK corneal graft survival rate*	80%	88%	86%	90%
Ext Dis	DMEK for Fuchs' endothelial dystrophy (2-year survival from NHSBT report)*	81%	Not reported	84%	87%
Ext Dis	DMEK for pseudophakic bullous keratopathy (2-year survival from NHSBT report)*	66.6%	Not reported	71.9%	74.3%

Refractive	Accuracy LASIK (laser for refractive error) in short sight*	>85%	93.2%	92.3%	94.5%
Refractive	Loss of vision after LASIK*	<1%	0.1%	0.2%	0.74%
Refractive	Good vision without lenses after LASIK*	≥80%	90.2%	92.7%	93.3%
Adnexal	Ptosis surgery success	>85%	95%	98%	93%
Adnexal	Entropion surgery success	>95%	100%	99%	97%
Adnexal	Ectropion surgery success	>80%	95%	98%	98%

*Indicators marked with an asterisk are based on a whole year's data for all relevant cases trust wide. All other indicators are based on a sample of cases collected over at least a three-month period during 2020/21.

2.3 Performance against key local indicators for 2020/21

This financial year has seen a focus on responding to the Covid-19 pandemic rather than business as usual, and as such the key performance indicators that the trust would normally strive to improve upon have been greatly affected. Whilst the tables on the following pages reflect a comparison with previous years, that comparison must be viewed with caution as the operational realities for 2020/21 have been completely different to previous years.

The same can be said when comparing actual performance ofthe targets for 2020/21, all of which were set without adjustments for the pandemic.

2020/21 key indicators

INDICATOR	SOURCE	2017/18 RESULT	2018/19 RESULT	2019/20 RESULT	2020/21 Target	2020/21 RESULT
PATIENT EXPERIENCE						
Reduce patient journey times in glaucoma and medical retina	Internal (QSIS) programme	Indicator not in use	New=94 minutes Follow-up= 90 minutes	New=94 minutes Follow-up= 101	New=91 minutes Follow-up= 100	New=102 minutes Follow-up= 85 minutes
Improve patient experience through digital patient check-in kiosks	Internal (QSIS) programme	Indicator not in use	Indicator not in use	26.7%	60%	2.7%
Data completeness for clinic journey time (Total)	Internal (QSIS) programme	Indicator not in use	46.6%	61.4%	80%	46.6%
Data completeness for clinic	Internal (QSIS) programme	Indicator not in use	59.9%	75.5%	80%	65.7%

INDICATOR	SOURCE	2017/18 RESULT	2018/19 RESULT	2019/20 RESULT	2020/21 Target	2020/21 RESULT
journey time (Glaucoma)						
Data completeness for clinic journey time (MR)	Internal (QSIS) programme	Indicator not in use	55.2%	64.6%	80%	53.7%
Reduce the % of patients that do not attend (DNA) their first appointment	Internal performance monitoring	12.3%	11.6%	11.8%	≤10%	13.4%
Reduce the % of patients that do not attend (DNA) their follow up appointment	Internal performance monitoring	Indicator not in use	10.4%	10.5%	≤10%	14.4%
% of patients whose journey time through the A&E department was three hours or less	Internal performance monitoring	78.4%	76.6%	75.5%	≥80%	95.1%
Theatre sessions starting late*	Internal performance monitoring	Indicator not in use	33.8%	32.0%	≤32.4%	53.0%
Theatre cancellation rate (overall)	Internal performance monitoring	Indicator not in use	7.1%	6.8%	≤7.0%	6.5%
Theatre cancellation rate (non-medical cancellations)	Internal performance monitoring	Indicator not in use	0.8%	0.76%	≤0.8%	0.49%
Number of outpatient appointments subject to hospital initiated cancellations (medical and non-medical)	Internal performance monitoring	2.9%	3.52	4.58%	≤3%	28.5%
SAFETY						
% overall compliance with equipment hygiene standards (cleaning of slit lamp)	Internal performance monitoring	99.6%	99.5%	99.6%	95%	99.6%

INDICATOR	SOURCE	2017/18 RESULT	2018/19 RESULT	2019/20 RESULT	2020/21 Target	2020/21 RESULT
% overall compliance with hand hygiene standards	Internal performance monitoring	95.7%	99%	99.0%	≥95%	99.5%
Number of reportable MRSA bacteraemia cases	Internal performance monitoring	0	0	0	0	0
Number of reportable clostridium difficile cases	Number of reportable clostridium difficile cases	0	0	0	0	0
Incidence of presumed endophthalmitis per 1,000 cataract cases	Internal performance monitoring	0.22	0.35	0.12	≤0.4	0.09
Incidence of presumed endophthalmitis per 1,000 intravitreal injections for AMD	Internal performance monitoring	≤0.15	0.17	0.08	≤0.5	0.14
Incidence of presumed endophthalmitis per 1,000 Glaucoma cases	Internal performance monitoring	N/A	N/A	0.37	≤1	0
Number of serious Incidents (SIs) open after 60 days	Internal performance monitoring	N/A	N/A	0	0	2
CLINICAL EFFECTIVENESS						
% implementation of NICE guidance	Internal performance monitoring	98.7%	95.7%	100%	95%	97%
Posterior capsule rupture rate for cataract surgery (cataract service)	Internal performance monitoring	0.99%	1.13%	0.85%	≤1.95%	0.98%
Number of registered clinical audits	Internal performance monitoring	N/A	N/A	1.65%	≤10%	15.8%

INDICATOR	SOURCE	2017/18 RESULT	2018/19 RESULT	2019/20 RESULT	2020/21 Target	2020/21 RESULT
past their deadline date						
Number of breached policies	Internal performance monitoring	N/A	N/A	6%	≤10%	3%

* A late start is a session that started more than 15 minutes later than the planned start time.

2.4 Performance against 2020/21 national performance and core indicators

Moorfields reports compliance with NHS Improvement's requirements, the NHS Constitution and NHS outcomes framework to the trust board, both as part of monthly Integrated Performance Reports (IPR) and as specific, issue-focused papers. Moorfields considers that this data is as described in the sections and tables below because of our internal and external data checking and validation processes, including audits, but is subject to the caveats raised in the statement of directors' responsibilities. An integral part of the IPR process is to identify not just the performance against the numerical target but to add value to the reporting process by articulating, through the use of Remedial Action Plans, any corrective actions the trust is taking to address areas of underperformance.

National performance data

All NHS foundation trusts are required to report performance against a set of core indicators using data made available to the trust by NHS Digital. Where the required data is made available by NHS Digital, a comparison has been made with the national average and the highest and lowest performing trusts. The data published is the most recent reporting period available on the NHS Digital website and may not reflect the trust's current position (please note that the data period refers to the full financial year unless indicated).

National Performance measures

The trust uses comparative data to benchmark performance. The date ranges covered vary for each measure but the latest available data has been used in the table below:

Description of target	Performance 2019/20	Target 2020/21	Performance 2020/21	Average for applicable trusts (latest)	Highest performing trust (latest)	Lowest performing trust (latest)
Infection control						
MRSA – meeting the objective[3]	0	0	0	1.03	0	5.47
Clostridium difficile year on year reduction	0	0	0	n/a	n/a	n/a
Risk assessment of hospital-related venous thromboembolism (VTE)[1]	98.4%	95%	98.5%	n/a	n/a	n/a
Waiting Times						
Two-week wait from urgent GP referral for suspected cancer to	96.4%	93%	97.8%	88.4%	100%	50.1%

Description of target	Performance 2019/20	Target 2020/21	Performance 2020/21	Average for applicable trusts (latest)	Highest performing trust (latest)	Lowest performing trust (latest)
first outpatient appointment[2]						
Cancer 31-day waits –diagnosis to first treatment[2]	99.2%	96%	100.0%	95.0%	100.0%	84.2%
All 62 days from urgent GP referral to first definitive treatment[2]	85.7%	85%	100.0%	74.3%	100.0%	42.6%
Four-hour maximum wait in A&E from arrival admission, transfer or discharge[2]	98.5%	95%	99.98%	98.96%	100%	93.4%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks[2]	94.1%	92%	59.7%	56.8%	99.8%	29.2%
Maximum 6 week wait for diagnostic procedures[2]	99.9%	99%	64.4%	62.7%	100.0%	18.0%
Other						
28-day Emergency readmission rate (over 16 years old) – excluding retinal detachment	2.81%	2.64%	1.74%	n/a	n/a	n/a
28-day Emergency readmission rate (over 16 years old) – retinal detachment only*	7.09%	n/a	5.33%	n/a	n/a	n/a
28-day readmission rate (0-15 years old)	3.33%	n/a	0.0%	n/a	n/a	n/a

[1] – National data collection suspended for 20/21
[2] – Comparison data from NHS Statistical Work Areas
[3] – Comparison data from Model Health System.

Referral to treatment (RTT 18 weeks) performance

The ways the trust is required to report RTT18 are:

- The incomplete standard is the sole measure of patients' constitutional right to start treatment within 18 weeks.
- The Number of New Clock Starts.
- The admitted and non-admitted operational standards were abolished in 2015/16, but the trust continues to report this information.

The table below identifies the performance of our full suite of RTT waiting time measures for the financial year and with a quarterly breakdown.

Measure	Target	Q1	Q2	Q3	Q4	Year end 2020/21
18-weeks referral to treatment incomplete*	92%	65.2%	37.8%	67.5%	69.0%	59.7%
18-weeks referral to treatment incomplete with DTA**	N/A	49.8%	23.8%	67.5%	67.9%	50.9%
18-weeks referral to treatment admitted*	≥ 90%	78.3%	37.3%	57.8%	66.5%	55.6%
18-weeks referral to treatment non-admitted*	≥ 95%	90.2%	57.0%	52.8%	66.1%	61.8%
New RTT periods (clock starts) all patients***	N/A	7,292	18,668	24,702	23,339	74,001

*As reported in the Integrated Performance Report (IPR) for March 2021
**No longer a reportable KPI and removed from the IPR
***Taken from RTT weekly submission

Performance of the measure of the RTT18 incomplete pathway (the key RTT18 performance indicator) has decreased due to the effects of the Covid-19 pandemic. Performance has decreased for all pathways. However, our performance continues to recover across the course of the year. While there was a dip in performance during the second wave it was not as significant as the first wave due to the continuing efforts of the services to accommodate patients while adhering to Covid guidelines. The trust continues to be on course for recovery of our RTT position. There were also a significant number of checks and balances introduced that provided assurance that patients from these challenging events were not overlooked or missed, in addition to our already rigorous patient safety measures.

The measurement and reporting of performance against these targets is subject to a complex series of rules and guidance published nationally, but the complexity and range of the services offered at Moorfields means that local policies and interpretations are required, including those set out in our access policy. Moorfields is also challenged by the geographical distance between sites, as moving patients to provider care outcomes sooner is often possible, but patients are reluctant to attend a different site. This particularly affects the smaller sites, as while some have capacity issues; some have spare capacity that cannot be utilised due to the above issue. Performance has also been affected by patient's availability due to Covid restrictions.

As a tertiary provider receiving onward referrals from other trusts, a key issue is reporting pathways for patients who were initially referred to other providers. We are required to report performance against the 18-week target for patients under our care, including those referred from other providers.

Depending on the nature of the referral and whether the patient has received their first treatment, this can either 'start the clock' on a new 18-week treatment pathway, or represent a continuation of their waiting time, which began when their GP made an initial referral. To report waiting times accurately, we need other providers to share information on when each patient's treatment pathway began.

Although providing this information is required under the national RTT rules, and there is a defined inter-provider administrative data transfer minimum data set to facilitate sharing the required information, we do not always receive this information from referring providers despite extensive chasing. This means that for some patients we cannot know definitively when their treatment pathway began. The national guidance assumes that the clock start can be identified for each patient pathway and does not provide guidance on how to treat patients with unknown clock starts in the incomplete pathway metric.

While internal and external audits have shown instances of this to be markedly reducing, it is still an issue for Moorfields as a tertiary centre. Our approach for reporting the indicators is as follows:

- Incomplete: we include these patients in the calculation with some form of assumption about the start date.*
- Admitted: we exclude from the calculation and report as unknown clock starts in national data submission.
- Non-admitted: we exclude from the calculation and report as unknown clock starts in national data submissions.

*For incomplete pathways, the trust makes the performance calculation on the assumption the pathway is started on the date the referral is received by the trust. These referrals are then investigated to see whether an earlier 'clock start' date is required to measure the whole pathway. If we cannot ascertain an accurate clock start, the pathways are counted as unknown.

Performance Indicator Data Quality

A vital pre-requisite for robust governance and effective service delivery is the availability of high quality data across all areas of the organisation. This supports a number of business objectives, including safe and effective delivery of care, and the ability to accurately demonstrate the achievement of key performance indicators. The trust Data Quality Policy sets out the specific roles and responsibilities of staff and management in ensuring that data is managed effectively from the point of collection, through its lifecycle until disposal.

The trust continues to utilise its Data Quality Assurance Framework which has previously been identified as good practice by external auditors. This process comprises of a regular review of a range of information sources and is carried out by the Data Quality Manager on a rolling programme twice yearly.

Data Quality was given a higher profile in 2019/20 and this continues into 2020/21 with the inclusion of a greater range of directly related Key Performance Indicators published within the Integrated Performance Report, which is presented to the Board each month. These KPIs now include:

- Data Quality - Ethnicity recording (Outpatient and Inpatient)
- Data Quality - NHS Number recording (Outpatient and Inpatient)

- Data Quality - GP recording (Outpatient and Inpatient)
- Data Quality - Ethnicity recording (A&E)
- Data Quality - NHS Number recording (A&E)
- Data Quality - GP recording (A&E)

Due to the pandemic, the Data Quality audit team has designed and implemented a new digital audit process for some of the audit portfolio, which they manage. This has ensured that Data Quality Auditing can still commence and is now viable in an agile working environment. The team is also moving other audit areas into a digital/virtual based platform, this will provide continued assurance to the organisation that all audit areas including data submissions to bodies such as NHS Improvement, NHS England and NHS Digital, are of a continued high standard. The team continues to work closely with operational teams to develop a process which supports the trust-wide implementation of standard operating procedures by undertaking a series of compliance audits. This will ensure that information capture processes are standardised and adhering to guidance and thus ensure accuracy and completeness. As a team, we have also established and delivered an audit of paperlite documents/CITO scanning, this provides the trust assurance of a high quality electronic patient record which is usable across the organisation. These audits are conducted using the BSI1008 standard as guidance. There is also ongoing work with research projects to support high quality data,and this will also be supported through audit.

28 day emergency readmission rate

The information below is gathered on our internal dataset. The trust is unable to provide national comparative data for this measure due to data not being available on the NHS Digital website.The trust considers that this data is as described for the following reasons:

The trust has a robust clinical coding and data quality assurance process and readmission data is monitored through the trust management committee on a monthly basis.

	2017/18	2019/20	2020/21
28 days Readmission rate (Adult: 16+)- excluding retinal detachment	3.57%	3.98%	1.74%
28 days Readmission rate (Adult: 16+)- retinal detachment only	6.27%	6.70%	5.33%
28 days Readmission rate (Child: 0-15)	2.60%	0%	0.0%

Moorfields intends to/or has taken the following actions to improve these indicators and in turn the quality of its services by:

- improving electronic data capture using our improved electronic systems.
- continuing to audit data capture and use the results to improve data recording accuracy through monthly monitoring.
- further improving standard operating procedures and maintaining staff training programmes, which is being led by the A&E service.
- using the data assurance framework to strengthen data capture across several defined criteria.

- Emergency readmissions are reviewed on a monthly basis by the Deputy clinical director for City Road.

Our dedicated information management & data quality group, which supports improvement, meet on a monthly basis and will monitor readmission rates.

The trust's responsiveness to the personal needs of its patients during the reporting period (2020/21 FFT performance)

Friends and family Test (FFT)

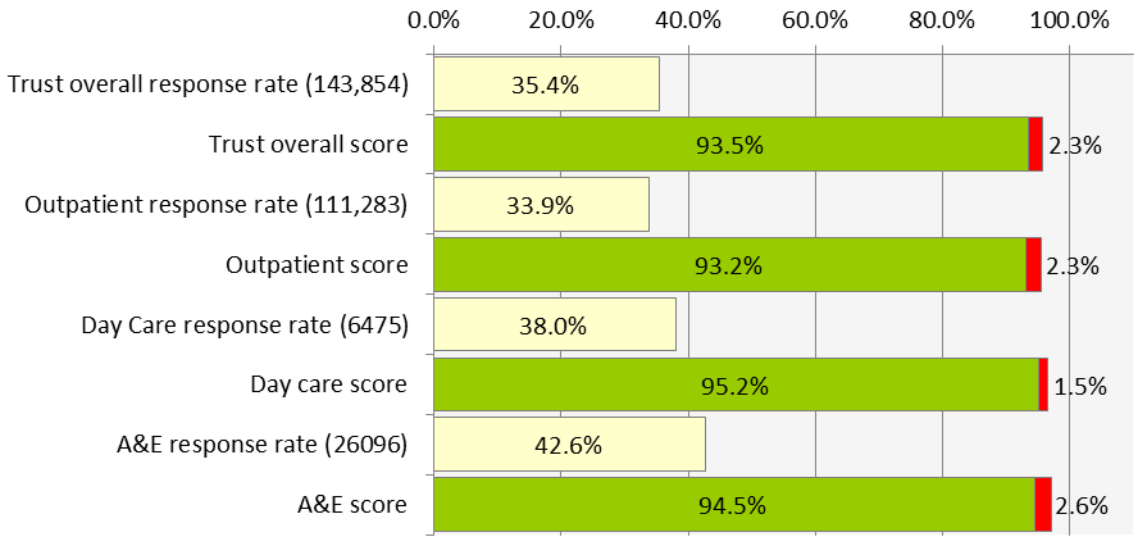
Since April 2015, all patients seen within the Moorfields network, whether they are inpatients, outpatients or attended the A&E department, have been asked to rate the care they received. They are also asked to provide feedback regarding their experiences. Following the national lockdown in March, and for the majority of the year, the questions asked via the FFT (by which all patients are sent by text message following their visit) was adapted to take account of the prevailing circumstances. The question asked, 'How well do you think Moorfields managed your visit today under the new Covid-19 arrangements?', for those attending face to face appointments. For telephone and video (Attend Anywhere) consultations, we asked: 'Please tell us about anything that would have improved your consultation?'. More recently it has been possible to score telephone and telemedicine consultations separately.

During 2020/21, 143,854 (35.4%) of Moorfields patients undertook the test, the results of which are reported to NHS England monthly. There has been a high response rate through 2020/21 and the response 'scores' are detailed below (figure 1).

The comments made by respondents have overwhelmingly been positive, citing not only the care, professionalism and kindness of staff, but stressing the high degree to which they felt safe and appreciative of the changes made to ensure safety. Two further questions relate to communication, and ask whether A&E patients would be happy to continue the video assessment/ advice process (as opposed to attending in person in the first instance) once the pandemic restrictions are lifted. Both reported very positive scores and comments.

Fig 1. FFT by response rate and satisfaction score: 2020/21 (green=would recommend, red = would not)

KPI: Response: A&E = 20% OPD = 15% Day care = 30% Positive satisfaction score = 90%



➢ NHS National Surveys

National Cancer Patient Experience Survey 2018 (published June 2020)
The national patient experience cancer survey (NPECS) is an annual survey which monitors national progress on cancer care to drive local quality improvements. The survey asked adult patients from the Moorfields oncology and adnexal oncology services a range of questions about their treatment pathway and the support they received. 41 questions were relevant to Moorfields and of these, 20 received a positive score of 80% or above. 23 of the questions scored the same or higher than the national average score. Following actions taken as a result of the 2018 NPECS, where comparisons can be made, Moorfields improved on the previous year's survey results for 14 out of 25 questions. Areas in which Moorfields did particularly well included:

- Hospital staff telling patients who to contact if worried about a condition or treatment after leaving hospital.
- Patients having confidence and trust in all the doctors treating them.
- Patients being given the name of the cancer nurse specialist who would support them through their treatment.
- Patients being involved as much as they wanted to be in decisions about their care and treatment.
- Overall, the patient's average rating of care out of ten (very good) was 8.7.

CQC NHS 2020 Surveys for Accident & Emergency (Urgent Care) and Children and Young Persons were sampled toward the latter part of 2020 and will be reported in 2021. The trust has also commissioned the Picker Institute to undertake regular surveys to see how well the trust communicates with its patients.

➢ Patient Participation

In 2018, Moorfield's patient participation strategy was launched which has been promoted across the trust at meetings, clinical governance half days and divisional and quality meetings. The main element of the patient participation strategy, involving and engaging our patients across the organisation in participation activities including service reviews and developments, has continued throughout 2020/21. Our ability to conduct regular in person reference and focus groups has been limited by the pandemic. These have however, continued in virtual meetings and these and other examples of patient participating are included below:

- Accident & emergency: In A&E, City Road, at the end of video consultations, patients were asked to go online and complete a short survey reflecting on their experience of the tele-consultation (it also asked clinicians to respond). Over 500 responses were received from patients and 27 from the clinicians. Though the results are still being analysed the points of note are that 96% of patients agreed or strongly agreed with the statement "I was satisfied with the overall care that I received". The majority of patients (86%) and clinicians (88%) agreed or strongly agreed that there is a role for continuing the video consultations beyond the current Covid-19 situation. Examples of issues highlighted included accessibility for elderly patients, those with severe sight loss (who may not be able to see the screen too well) and for those less adept at navigating technology. These latter issues will be explored more deeply.

- Transport: A virtual patient user forum is held on a monthly basis to discuss the transport service provided by DHL and The Royal Free. Patients and patient representative groups raise the issues they have encountered and a review of performance is presented. It provides an opportunity for Moorfields to discuss with

the providers some of the themes that arise from PALS concerns and complaints. There has been a notable fall in transport complaints since the meetings started.

- Moorfields South has held several online patient focus groups via a conference call as part of a review of the cataract pathway put in place to address the waiting list caused by the lockdown and how these new arrangements have affected the service the Duke Elder Eye Unit. These have resulted in an eleven point action plan with the issues identified currently being addressed. These included, giving more information about the pathway, supporting companions whilst waiting, improving communication whilst in theatre, appointments management, and ensuring that all patients are offered refreshments following surgery.

- The Retinal Therapy Unit City Road, which has maintained service throughout the summer, wished to know how effective the service was under Covid-19 restrictions. Though mostly positive, it produced a 13 point action plan, including a new patient information leaflet for patients attending for the first time, advising patients they can bring their own selection of music to play during the procedure, to offer more support whilst patients are waiting, several issues regarding appointments, contact information for out of hours emergencies, and setting up a generic email address.

- A children and young person's forum was established by staff in the Richard Desmond Children's Eye Centre (RDCEC), with funding from Friends of Moorfields to engage a professional to support and facilitate sessions to be run on Saturdays when patients are more likely to be available. The first session has been completed and from it a newsletter aimed at children and young people has been produced.

- A group of patients and support groups (Healthwatch, CCG, RNIB) met to discuss and establish the trust's quality priorities for 2021/22. The discussion focused on the three themes of safety, outcomes and patient experience. The quality priorities that the group identified are currently being formulated.

- Customer care matters programme: This programme is designed to develop a customer service excellence culture at Moorfields, initially in Moorfields Private, with lessons learned being implemented across the trust.

- Moorfields Access division held a session with patients to discuss the effectiveness of the Attend Anywhere online (video and telephone) appointment sessions. It brought together patients, clinicians and a representative from NHS England overseeing the project. It produced valuable insight into how the service might improve, including improving the uploading of photographs, the change of music to birdsong in the virtual waiting room, and allowing patients to see how long their wait would be.

- The Sight Loss Awareness group meets monthly and consists of staff, patients and representatives from the RNIB, Guide Dogs and London Vision. It has a wide remit looking at ways to improve the sight loss awareness of staff through training and ways that we can support people with sight loss when coming to the trust, such as live support with wayfinding through an app linking staff and patients, and establishing QRS code information and wayfinding points throughout the trust. In 2021/22 it will also focus on improving the delivery of the Accessible Information Standard (AIS) and how well it is implemented and monitored across our services.

- The Patient Participation and Experience Committee is a committee chaired by the director of quality and safety, comprising of senior divisional managers, divisional quality partners and the patient experience team. It reviews patient feedback from all

sources and reviews the actions taken in response, both to specific issues and wider trust wide approaches.

Complaints and PALS concerns

Complaints and PALS concerns are a valuable source of patient feedback about services, outcomes and individual performance, and provide scope for learning and service improvement. The trust received a total of 230 complaints in 2020/21, compared to the 282 received the previous year. This is up slightly when reduced trust activity is taken into account.

Complaints

Clinical concerns continue to be the cause of the majority of complaints. Concerns focus around treatment outcomes, mis-diagnosis, questioning treatment or lack of information relating to care. All complaints responses relating to clinical care are reviewed by the Medical director and shared with the risk and safety and safeguarding teams. Where appropriate, complaints are discussed at the trust's serious incident panel. There were 13 complaints related to Covid-19 arrangements, mainly in relation to patients not being allowed to be accompanied by companions (to ensure social distancing), being made to wear masks and Covid-19 sampling.

Complaints investigations are undertaken at divisional level and should the complainant remain unsatisfied, or has remaining concerns, a further review will take place. If they continue to be dissatisfied a meeting will be offered (if not done earlier) and advice given on contacting the Parliamentary and Health Service Ombudsman (PHSO) for an independent review.

PALS Concerns

PALS received 3,897 enquiries in 2020/21. Of these, 81 were compliments, 2,117 were requesting information and 1,699 were concerns. Of the concerns, the largest number related to appointments management, followed by communication issues (including telephone responses) and questions about clinical care or treatment. The biggest number of appointment issues were due to the much higher level of re-arranged appointments due to Covid-19 clinic reduction.

Compliments

The number of compliments received by PALS is relatively low, with more being received locally by individual teams and on the trust's social media channels. Most patients prefer to compliment staff through the Friends and Family Test, the overwhelming majority of which are complimentary as noted above.

Fig. 2 Formal Complaints by type per quarter 2020/21**.**

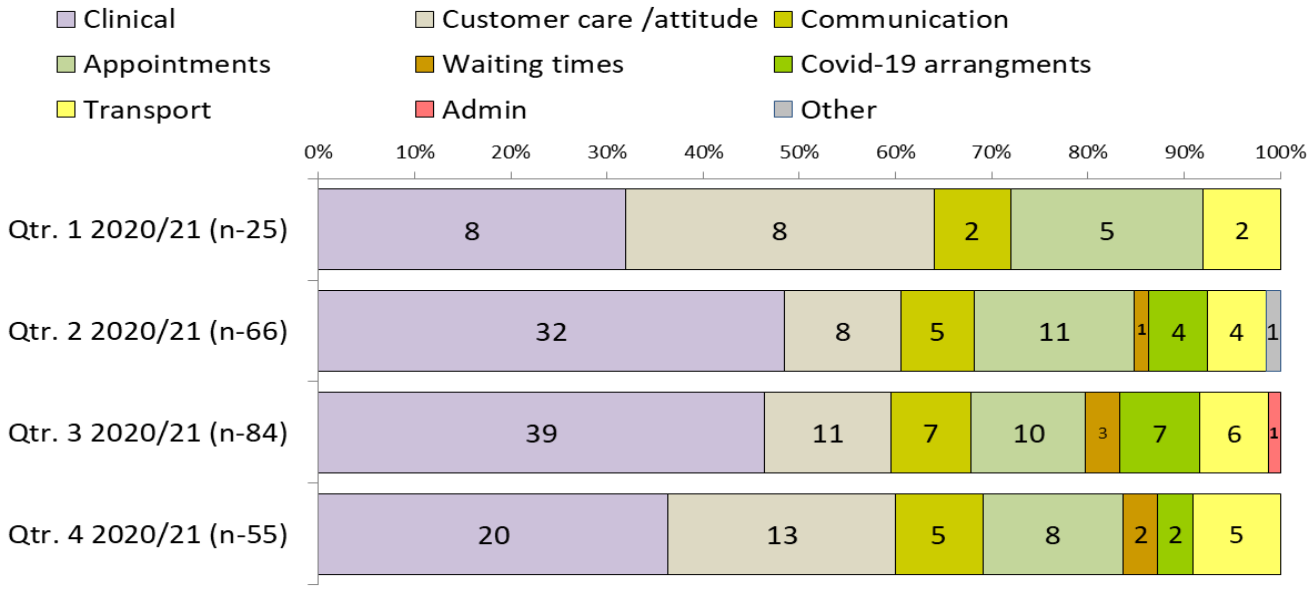


Fig. 3 Formal Complaints by type 2017/18 to 2020/21**.**

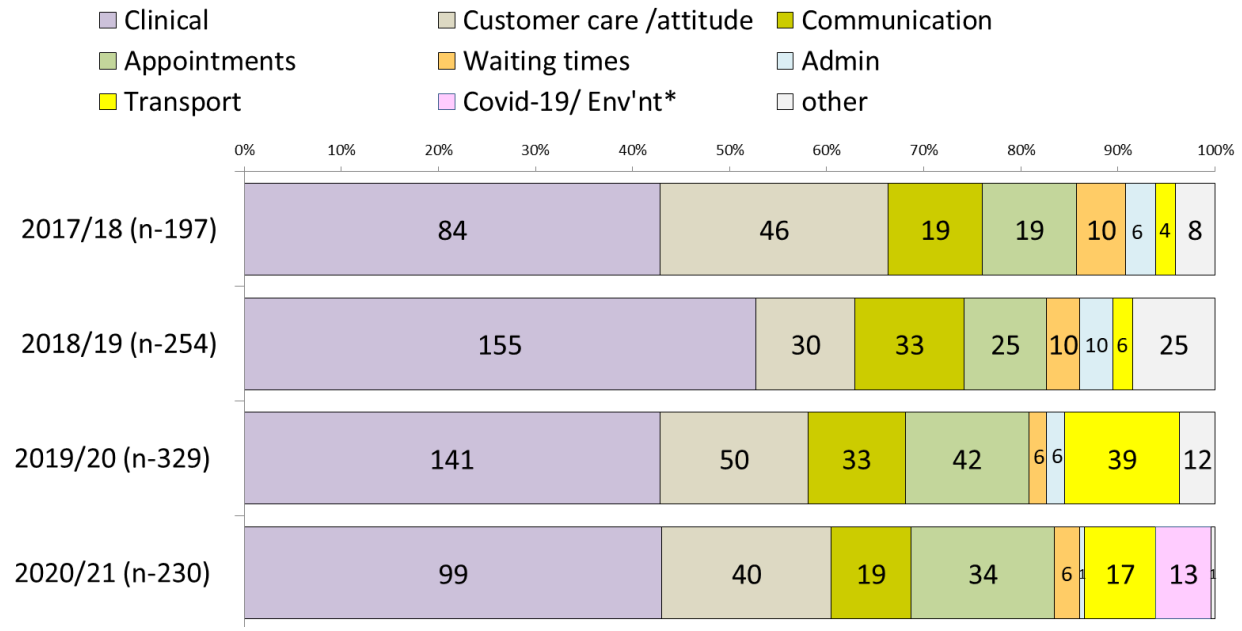


Fig.4 Key performance indicators for 2020/21:

KPI	Target	Q1 20/21	Q2 20/21	Q3 20/21	Q4 20/21
Response	**80%**	100%	97%	87%	80%
Acknowledgment	**80%**	100%	100%	100%	100%

Re-opened complaints/Ombudsman referrals
There were 33 (14%) reopened complaints in 2020/21 (normally around 10% of complainants raise further concerns). There were six referrals to the PHSO during 2020/21 and two existing complaints are still under consideration. None were upheld.

Percentage of staff who would recommend the trust as a provider of care to their family or friends

We value the feedback that we get from our staff; we use this across the trust to improve our staff experience by shaping our strategies and informing our plans. Previously, our staff friends and family test (FFT) was conducted quarterly with the survey sent to all staff, and the FFT questions also included in the annual national staff survey. However, during 2020/21 there was no data submission or publication due to the pandemic following the advice from NHS England and NHS Improvement.

Monitoring staff engagement and maintaining staff satisfaction is a key part of our strategy to attract, retain and develop great people. The staff survey asks staff to tell us whether they would recommend Moorfields as a place to receive treatment and also whether they would recommend it as a place to work. Moorfields considers that the data in the table below is as described because we regularly review and share the results with our staff.

Moorfields intends to improve this indicator by implementing the workforce strategy linked to the NHS people plan, particularly the 'best place to work' work-stream.

The results for the national questions show that the majority of our staff are proud to recommend Moorfields as a place for treatment and likewise as a place to work, keeping us in a good position compared to all NHS organisations. We recognise the impact of internal change and the pandemic on our staff and their perceptions of the working environment. Therefore, we are allocating some time and resources, including creating safe spaces to have meaningful conversations with staff groups through listening exercises, line management, and leadership support. The outputs from these conversations and our workforce plans will help us create measurable action targeted at improving the overall staff experience within the trust.

	2018/19				2019/20				2020/21
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Year*
% staff recommending Moorfields as a place for treatment	97	96	90	96	(92.95) 93	(94.8) 95	89	N/A	88
% staff recommending Moorfields as a place to work	77	72	70	67	(57.96) 58	(54.7) 55	69	N/A	70
response rate/ completions	n/a	n/a	48% (1008)	161	156	115	56% (1204)	N/A	54% 1184

*Following advice from NHS England and NHS Improvement and due to the pandemic there was no data submission or publication since Q4 2019/20, and throughout 2020/21. Therefore, we are submitting the data taken from the staff survey results.

Patients admitted to hospital who were risk assessed for venous thromboembolisms (VTE)

Moorfields considers this data is as described for the following reasons:

All patients admitted for day surgery or as overnight inpatients have their nursing assessments using our Integrated Care Pathway document. 'VTE Risk Assessment and Treatment Plan' forms part of the risk assessments for all patients admitted.

The majority of ophthalmic treatment or ophthalmic surgery poses low risk for hospital acquired VTE. So far, there hasn't been any recorded incidents of hospital acquired VTE via our incident reporting systems and the incident reviewing system, including Serious Incident Panel.

Moorfields continues to take actions to continue to improve this indicator and so the quality of our services as below:

For those paediatric patients who are between the age of 16 and 18, and are being operated on and admitted onto the paediatric day care ward rather than admitted via adult wards, we have been carrying out VTE assessment using the the VTE Risk Assessment and Treatment Plan to risk assess. This has been an improvement from the last financial year.

Patient safety incidents (PSIs)

The incident reporting system continued to be effective throughout the year and was available for use by all staff at all locations, including staff at Moorfields UAE. The pandemic meant that many staff were either re-deployed to provide frontline support at other NHS providers, or needing to shield and/or work from home. Those staff who were required to shield and/or work from home were able to access the incident reporting system at home.

During this period, there has been a considerable reduction in clinical activity, as a direct consequence of the pandemic. This reduction, as well as the associated lower patient footfall at the sites that remained open and the decrease in the number of staff working on site, has resulted in a lower number of reported incidents than would normally be expected. This is not a cause for concern as there are clear and genuine associations with the pandemic. The number of incidents reported has been monitored throughout the year, on a weekly basis, and the clinical divisons continue to demonstrate increased reporting as activity increases in 2021. Throughout the year, the risk & safety team has continued to make adjustments and improvements to the system to ensure continued ease of use. During 2020/21 many of the adjustments that have been required have been in response to the pandemic and in acknowledgement of new ways of working that have been successfully established. The reporting functionality has continued to improve and divisions continue to monitor their own progress locally. The changes have been made in conjunction with service users which, in turn, encourages reporting.

The timely management of incidents, including their reporting, investigation and closure, means that the opportunities to learn and take appropriate action to minimise future reoccurrence are maximised. There has been sustained trust-wide focus on the timely closure of incidents and reports have been consistently generated throughout the year, both by the central quality team and locally by divisions, providing an overview of performance and which indicate areas in which improvement is required. Bi-weekly quality and safety summary escalation reports have been provided to the executive quality and operational directors. Performance has been variable throughout the year, and this year has been affected by events such as sick leave and re-deployment. This has further re-enforced the importance of having robust plans to ensure business continuity during staff absence. It is recognised that further improvement is needed, however this is easily achievable. This will remain a focus over the next year, in addition to ensuring that the new national requirements associated with incident reporting and management (the Patient Safety Incident Management System, PSIMS, and the Patient Safety Incident Response Framework, PSIRF) are integrated within the organisation.

In 2020/21, we declared 3 serious incidents, 2 of which were classified as never events (which are wholly preventable untoward events, which have the potential to cause serious patient harm or death, that are deemed to be serious enough that they should never occur – for example, surgery on the wrong eye muscle, implantation of the incorrect intraocular lens). Of the 3 SIs reported during 2020/21, the 2 never events were submitted on time and the 1 SI, involving the death of a patient, was formally granted an extension. Robust investigations, supported by clinical harm reviews where required, were undertaken in all 3 cases and learning from each incident has been shared across the organisation. Moorfields considers that the incident data is as described for the following reasons:

- The trust uses an electronic reporting system, which undergoes continual improvement in order to satisfy the needs of reporters and internal subject matter experts (SMEs). The incident reporting system includes a complex range of notification rules to ensure that the correct managers are notified when an incident is reported. In addition to these notification rules, the risk & safety team notifies additional managers and SMEs, as required, and local teams are able to do the same.
- The trust has a weekly SI panel, chaired by a consultant ophthalmologist, which considers in detail those incidents that fall within the scope of the terms of reference (for example, incidents, excluding complications, graded as moderate or above harm, potential never events). The terms of reference for this group were revised in March 2021, and have been updated to reflect the new ways of working that were established during the pandemic and which proved to be highly effective because of the enhanced inclusivity that a virtual meeting offers. Increased focus on shared learning and improvement has been sustained throughout 2020/21.

The trust intends to take the following actions to improve this data, and therefore the quality of its services by:

- Continued monitoring of the numbers of reported incidents, and identification of barriers to reporting.
- Seeking feedback from users regarding the barriers to reporting and identifying improvement opportunities.
- Enhanced monitoring of reporting specifically during the period of PSIMS implementation, which is expected over the next 12 months.

Summary of Serious Incidents (SIs)

Never Event title	Brief details
Incorrect site (eye) anaesthetic block	One case of a patient receiving a sub-tenons anaesthetic block to the incorrect eye
Retained foreign object following surgery	One case of a patient having a retained foreign object in the eye following glaucoma surgery

One further SI occurred during the year, as set out in the table below:

Serious Incident title	Brief details
Death of a patient within 24 hours of elective surgery	A patient underwent an elective surgical procedure to remove a tumour. The patient subsequently developed an air embolus, from a previously unrecognised complication, and sadly passed away.

All completed Serious Incident investigations have associated action plans, which are formally approved by an executive panel as part of the report sign-off process. Implementation of the action plan is monitored by the central risk & safety team and the SI panel. Periodic thematic reviews of serious incidents are completed and learning is shared via various mechanisms,

including at divisional quality forums, via divisional and quality team newsletters and learning and improvement following events (LIFE) bulletins (LIFEline).

Total number of reported PSIs

The table below shows the total number of reported PSIs during the period April 2018 to March 2021, where data has been made available. The NHS Digital files are not updated when new data is released and this accounts for the discrepancy between the Moorfields local record data and that which has been published by NHS Digital for the same period. The number of PSIs reported at Moorfields has notably decreased in the financial year 2020/21, because of the reduction in patient activity during the pandemic. Reporting activity, in particular the level of reporting by clinical divisions, has been monitored on a weekly basis throughout the year.

	Reporting Period		
	2018/19	2019/20	2020/21
Moorfields (trust local record)	8600	6449	2613
Moorfields (NHS Digital)	7423	5861	Data not available
National average*	2963	3015	Data not available
Lowest performing trust**	573	753	***753
Highest performing trust**	7423	5861	***5861

*based on the average of 'Acute Specialist trusts' (NHS Digital data)
**figures available on NHS Digital
*** Benchmarking data refers to 2019/20 as no new data was available

Rate of PSIs reported

The table below presents a summary incident reporting rate for the trust, during the period April 2018 to March 2021. Because Moorfields primarily provides ambulatory care, the organisation calculates a reporting rate based on incidents per 1,000 events. The reporting rates shown have been extracted from the Moorfields quality & safety dashboard. These rates are not comparable against the reporting rates published by NHS Digital, which are calculated per 1,000 bed days.

	Reporting Period		
	2018/19	2019/20	2020/21
Moorfields (trust local record)	11	8.9	7.4

Number of PSIs resulting in severe harm or death

The table below presents a summary of the total number of PSIs which resulted in severe harm or death that were reported from April 2018 to March 2021. The trust has a dynamic incident reporting process and records are continually reviewed and updated.

	Reporting Period		
	2018/19	2019/20	2020/21
Moorfields (trust local record)	9	11	11
Moorfields (NHS Digital)	8	13	Data not available
National average*	3.9	3.7	Data not available
Lowest performing trust**	14	17	***17
Highest performing trust**	0	0	***0

*based on the average of 'Acute Specialist trusts' (NHS digital data)
**figures available on NHS Digital

*** Benchmarking data refers to 2019/20 as no current data available.

Percentage of PSIs resulting in severe harm or death

The table below presents a summary update of the percentage of PSIs resulting in severe harm or death. The percentage data in the table has been calculated based on the number of severe harm/death incidents as a proportion of the total number of PSIs reported during the period.

	Reporting Period		
	2018/19	2019/20	2020/21
Moorfields (trust local record)	0.10%	0.17%	0.42%
Moorfields (NHS Digital)	0.11%	0.22%	Data not available
National average*	0.13%	0.12%	Data not available
Lowest performing trust**	0.38%	0.78%	***0.78%
Highest performing trust**	0%	0%	***0%

*based on the average of 'Acute Specialist trusts' (NHS digital data)
**figures available on NHS Digital
*** Benchmarking data refers to 2019/20 as no current data available at the time of this report.

Being open with our patients - Duty of Candour (DoC)

Moorfields has continued to strengthen and promote systems to support an open and transparent culture when things go wrong and shows a willingness to report and learn from incidents. Adherence with the individual elements of the process continues to be captured within the electronic incident reporting system, and the risk & safety team and divisional quality partners monitor compliance on an on-going basis. Compliance data is routinely provided to SI panel, clinical governance committee and quality & safety committee (a sub-committee of the trust board). Where potential non-compliance with requirements is identified, clinicians are challenged regarding adherence and supported to have conversations and provide documented accounts to patients. Actions are assigned by SI panel where a need for DoC is identified during the review of an incident. Individual incidents are not closed by the central team until assurance is received from clinical divisions that the DoC has been appropriately applied. This has proved to have a positive impact, although the timeliness with which action is taken could still be improved.

In 2020/21 the trust undertook a re-audit of DoC compliance and compared the results with the previous audit completed during 2019/20. DoC in relation to SIs has remained of a consistently high level. For non-SIs an overall improvement in compliance was identified; however, there remain areas where further improvement is required, including the requirement to record apologies and explanations in respect of surgical complications in both the health record and on the incident reporting system and the timeliness with which investigation findings and lessons learned are communicated to patients.

The content of the existing e-learning package, for which compliance was noted to be 92% in mid-May 2021, will be reviewed to ensure that the improvement opportunities are adequately addressed. The training package and the DoC policy will also be reviewed in light of the updated Care Quality Commission guidance that was published in March 2021. A further re-audit, of data covering the period 1 April 2020 to 31 March 2021, will be completed before the end of December 2021.

Learning from deaths

The trust recognises that the death of patients in our care is an extremely rare event. The scope of our learning from deaths policy is deliberately broad to make the best provision for potential learning opportunities; the scope includes not only mandatory inclusion requirements (for example, an inpatient death, the death of an individual with a learning disability or mental health needs, the death of an infant or child) but also, for example, deaths within 48 hours of surgery, deaths of patients who are transferred from a Moorfields site and who die following admission to another hospital, and deaths about which the trust becomes aware of following notification, and a request for information, by HM Coroner. In order to further encourage the internal reporting of deaths of patients, the central risk & safety team added the additional harm impact classification 'notification of a patient death received' to the incident reporting system during 2019/20. This is rarely required to be used, however it has provided the opportunity for further scrutiny when the death of a patient is identified, to evaluate whether or not the trust could have taken alternative action during the patient's care pathway. Specific review of incidents reported using this classification provides the trust with the opportunity to consider whether or not a more detailed review is warranted. The death referenced below did not occur at a Moorfields site; however it was reported, and investigated, as an SI as the patient died within 24 hours of elective surgery.

The following statements meet the requirement set by NHS Improvement.

27.1 During the period 1 April 2020 to 31 March 2021, 1 of Moorfields Eye Hospital NHS Foundation Trust patients died (of which 0 were neonatal death, 0 were still births, 0 were people with learning disabilities and 0 had a severe mental illness). This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 0 in the first quarter;
- 0 in the second quarter;
- 1 in the third quarter;
- 0 in the fourth quarter.

27.2 By 31 March 2021, 1 case record review and 1 investigation have been carried out in relation to the 1 death included in section 27.1. In this case the death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 0 in the first quarter;
- 0 in the second quarter;
- 1 in the third quarter;
- 0 in the fourth quarter.

27.3 One death, representing 100% of the patient deaths during the reporting period is judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 0% for the first quarter;
- 0 representing 0% for the second quarter;
- 1 representing 100% for the third quarter;
- 0 representing 0% for the fourth quarter.

These numbers have been estimated using a modified version of the Royal College of Physicians Structured Judgement Review methodology, which is a retrospective case record

review of the quality of clinical care provided, and a comprehensive investigation process informed, in part, by HM Coroner's investigation.

27.4 The case record review, and SI investigation, that was undertaken into the one patient death highlighted a number of learning points. The death of the patient following, what was recorded at the time to be, a successful and uncomplicated surgical procedure was completely unexpected. The reason for this is that the primary risk factor that could be associated with air embolus during the procedure, pressurised air, had been eliminated from the surgery. At the time at which the investigation report was concluded, the death of this patient was only the third case in the world of a fatality without the use of air-infusion of which the trust is aware (two cases have since been reported anecdotally but not published) and the trust is keen to participate in, if not lead, further studies. From now on, all new and complex procedures that are performed within the trust must be subject to scrutiny and formal approval prior to them being scheduled, in accordance with a new governance process. Regretably, it is recognised that completion of this assurance process in this case would not have prevented the death of this patient, for the reason described. The trust will not perform this procedure again unless several precautions are in place, including inclusion of air embolus/death as a risk during the consent process, enhanced peri- and post-operative monitoring to detect air emboli. It is recognised that there would be a need for any patient undergoing this procedure to be monitored in a intensive care facility for at least 24 hours post-surgery and for there to be immediate access to extracorporeal membrane oxygenation (ECMO), neither of which are available at Moorfields.

27.5 The trust has only recently, during Q1 2021/22, concluded the investigation into the one patient death that has been recorded. An action plan has been developed to ensure that improvements are made to the processes in which weaknesses were identified. The trust took immediate action to ensure that no further procedures of this kind were performed until the reasons for the patient's death were understood. Immediate action was taken to communicate with ophthalmic colleagues across the world, as there had been no published cases of this kind.

27.6 The actions referred to in 27.5 have either only recently been completed or remain outstanding, and due for completion in 2021/22, therefore it is not possible to make an assessment of the impact of the actions.

27.7 Zero case record reviews and zero investigations completed after 31 March 2020 which related to deaths which took place before the start of the reporting period.

27.8 Zero cases, representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the internal Serious Incident investigation process.

27.9 In 2019/20, zero of the deaths reviewed or investigated during that year were judged to be more likely than not to have been due to problems in the care provided to the patient. This represented 0% of the deaths that occurred during that financial year. Zero representing 0% of the patient deaths during 2019/20 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.5 Statements of assurance from the Board

The Board receives assurance about quality and safety from the quality and safety committee which provides assurance about quality and safety activities across the trust. The quality and safety committee receives a number of annual quality and safety reports, including a quarterly review of quality and safety covering the three domains of patient safety, patient experience and clinical effectiveness, led by the medical director and director of nursing and allied health professions. The board receives regular briefings from the chair of the quality and safety committee. The board also receives reports about quality and safety as per its statutory responsibilities.

Review of Trust services

During 2020/21 Moorfields provided ophthalmic NHS services covering a range of ophthalmic sub-specialties (A&E, adnexal, anaesthetics, cataract, cornea and external disease, glaucoma, medical retina, neuro- ophthalmology, optometry, orthoptics, paediatrics, strabismus and vitreo-retinal).

Moorfields has reviewed all the data available on the quality of care in all the ophthalmic services that we provide. At Moorfields, we regularly review all healthcare services that we provide. During 2021/22, we will continue with our programme of reviewing the quality of care and delivery of services through our quality and service improvement and sustainability programme (QSIS).

The income generated by the NHS services under review in 2020/21 represents the total income generated from the provision of NHS services.

Freedom to Speak up

All NHS trusts are required to have Freedom to Speak Up (FTSU) guardians and a policy setting out FTSU arrangements. For 2020/21 there were four FTSU guardians in place:

- Dr Ali Abbas, locum consultant, City Road, St George's and Croydon.
- Carmel Brookes, leader nurse for clinical innovation and safety, City Road.
- Aneela Raja, optometrist, Bedford.
- Ian Tombleson, director of quality and safety (lead guardian).

If individuals are not happy to raise concerns via these guardians, or their concern is about the guardians themselves or is at trust board level, these can be raised with Adrian Morris the appointed non-executive director of the trust board responsible for FTSU. Moorfields has a FTSU policy which sets out the scope of our arrangements. FTSU has a much broader definition than the previous term 'whistleblowing ', which was often only used in the most extreme of circumstances and was viewed negatively. FTSU is viewed as way to provide additional support to staff. Examples of potential FTSU concerns in the policy include, but are by no means restricted to:

- Unsafe patient care.
- Unsafe working conditions.
- Inadequate induction or training for staff.
- Lack of, or poor, response to a reported patient safety incident.
- Suspicion of fraud.
- A bullying culture (usually across a team).

- A criminal offence has been committed, is being committed or is likely to be committed.
- Concerns about staff well-being.
- That the environment has been, is being, or is likely to be damaged.

FTSU guardians ensure that staff concerns are resolved. They also ensure that staff are supported during the period their concern is being addressed and staff can provide feedback directly to guardians about their experience of how their concern has been resolved.

FTSU guardians meet regularly to discuss the impact of their role and how to make themselves available and accessible to staff who require their services, including what communication routes should be used. Quarterly FTSU reports are produced for the trust board and data is also submitted to the National Guardian's office quarterly.

Provision of seven days services

The trust is compliant with the relevant clinical standards that apply. These include:

- Clinical standard 2 – the trust is 100% compliant with this standard, with all patients seeing a consultant level subspecialist within 14 hours of submission.
- Clinical standard 5 – relates to access to diagnostic services. Services are available for microbiology, CT and ultrasound. MRI is only available on weekends via formal arrangement off-site.
- Clinical standard 6 – the only element that applies is access to emergency surgery which is available on weekdays and weekends.
- Clinical standard 8 – as a single specialty ophthalmology hospital we do not admit patients with high dependency needs so CS8 does not generally apply.

Relevant standards are audited as part of the clinical audit programme. The 7DS template is submitted to the board twice a year for assurance purposes.

Guardian of safe working

As per Schedule 6, paragraph 11b of the Terms and Conditions of Service (TCS) for NHS Doctors and Dentists in training (England) 2016, the board receives quarterly reports from the guardian of safe working and an annual report that provides assurance that doctors are safely rostered and their working hours are compliant with the 2016 TCS. As at the end of quarter 3 in 2020/21 and following a measured response to the pandemic, there have been no identified gaps in the rota. Trainees who were redeployed for 6 weeks to the Royal Free Hospital during the peak of the pandemic experienced some variations from their agreed work schedules at Moorfields and are now being compensated accordingly.

Participation in clinical audits and national confidential enquiries

The national clinical audits and national confidential enquiries that Moorfields was eligible to participate in during 2020-21 are as follows:

National Audits

- National Audit of Corneal Graft Outcomes.
- National Ophthalmology Database (NOD) Cataract Audit.

National Confidential Enquiries

- No studies were undertaken that were relevant for Moorfileds to participate in 2020-21.

The national clinical audits and national confidential enquiries that Moorfields participated in, and for which data collection was completed during 2020-21, are listed below alongside the

number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National Audit	Numbers of cases submitted & relevant
National Audit of Corneal Graft Outcomes	*1217/1734 (70%)* *(data from 01/04/2020-31/03/2021)*
National Ophthalmology Database (NOD) Cataract Audit	**No data available*

*Due to a lack of HQIP funding and plans to align with the financial year, the NOD reports have no new valid data since their previous report covering period September 2018 – August 2019

National Confidential Enquiries	Numbers of cases submitted & relevant
Not applicable	*Not applicable*

There were no National Confidential Enquiries in 2020-21 whereby the trust was required to take part or submit data. Any relevant NCE studies are discussed at the bi-monthly Clinical Audit and Effectiveness Committee.

Although the trust did not qualify for submission for any of the studies in 2020-21, a review of the *In Hospital Care of Out-of-Hospital Cardiac Arrests: "Time Matters"* study prompted discussion at Resuscitation Committee with a few actions for the trust to consider locally.

Of the 1734 ocular transplant forms received from the NHS Blood and Transplant team from 1 April 2020 – 31 March 2021, the trust completed and returned 1217 (70%.) However, some of the forms received are for planned appointments yet to take place. The corneal graft clinic described above (Clinic 10) will also proactively submit details to the NHS Blood and Transplant team without waiting for receipt of a form. Since 1 April 2020, the trust has also submitted a number of forms received during the previous year. In total during 2020-21, the trust submitted details of 1387 patients to the NHS Blood and Transplant team.

Unfortunately no reports have been received from the NHS Blood and Transplant service during this last year.

The NOD produced a 2020 report of data received from September 2018 – August 2019 and this was shared with Cataract Service and Medical Director.

National Audit Report	Discussed	Actions
National Ophthalmology Database Audit report 2020 (includes data from Sept 2018 – Aug 2019)	Cataract Service	Report shared with Medical Director and Cataract Service. All clinicians with data that indicated they had complications responded to the report and this information was shared with the NOD where errors were made in the original report. The report has since been updated. Findings shared at CAEC in May 2021.
None	Discussed within the clinical audit team and at the Clinical Audit and Effectiveness Committee.	The NHS Blood and Transplant team admitted in December 2019 to having outstanding transplants to include within their database, and have been unable to create or produce a report of findings since this time.

During the period 1 April 2020 to 31 March 2021, Moorfields proposed and approved 77 audits assessing national clinical standards/guidelines* (many of which have been completed or were re-audits).

*National audits are those that are registered by all trusts where benchmarking and comparisons can be made between organisations. Due to the single specialty nature of Moorfields, many national audits are not relevant. Moorfields therefore also audits against standards and guidelines set by relevant national bodies such as the Royal College of Ophthalmologists, National Institute for Health and Care Excellence (NICE) and national service frameworks. These are referred to as 'nationally derived' audits whereby all trusts undertake them but there is no benchmarking as these are done individually by trusts.

The 77 clinical audits derived from national standards and guidelines that Moorfields proposed in from 1 April 2020 to 31 March 2021 can be summarised as:

- 4 Department of Health (DH).
- 4 National Audits (not part of the National Clinical Audit and Patient Outcomes Programme).
- 2 National Service Framework.
- 2 NHS England.
- 10 National Institute for health and Care Excellence (NICE).
- 6 Patient Reported Outcome Measure (PROM).
- 17 Patient Safety First.
- 1 College of Optometrists.
- 4 Royal College of Anaesthetists.
- 20 Royal College of Ophthalmologists (RCO).
- 7 Royal College of Ophthalmologists – Modified Global Trigger Tool (RCO mGTT).

(4 proposals have since been archived)

There were 65 nationally derived audit 'reports' completed and submitted during this time, summarised as:

- 4 Department of Health (DH).
- 3 National Audits (not part of the National Clinical Audit and Patient Outcomes Programme).
- 1 National Service Framework (NSF).
- 1 NHS England.
  11 National Institute for health and Care Excellence (NICE).
- 14 Patient Reported Outcome Measure (PROM) (all PROMs were in the service of General Ophthalmology and undertaken at various sites).
- 9 Patient Safety First.
- 2 Royal College of Anaesthetists.
- 15 Royal College of Ophthalmologists (RCO).
- 5 Royal College of Ophthalmologists – Modified Global Trigger Tool (RCO mGTT).

Participation in clinical research

In late March 2020, all research studies except those involving patients at high risk of permanent sight loss were suspended in compliance with Covid-19 pandemic Government and NIHR

guidance. 77 studies were suspended while 10 studies were kept open for recruitment and follow-up appointments for patients at high risk of sight or life loss.

The number of patients recruited to studies dropped from 2,485 in 2019/2020 to 1,204 in 2020/2021. Follow up appointments increased from 4,002 in 2019/2020 to 6,263 in 2020/2021.

Moorfields Research and Development staff from nursing, technical and medical disciplines were redeployed to support non-ophthalmic Covid-19 research studies as well as clinical services at other London NHS hospitals. Members of our data management team designed and built a research database for the Royal Free Hospital (RFH) Covalent research study - a Covid-19 patients register. Our data entry staff also supported the ISARIC-CCP UK Covid-19 study at Whittington Hospital and the Janssen Covid-19 vaccine trials run by St Bartholomew's Hospital.

Moorfields, with support from the NIHR, was one of the first London hospitals to reopen non-Covid studies from July 2020. These included some of our "first in man" interventional gene therapy studies. By March 2021, 88% of Moorfields' research studies were open to recruitment and follow-up. Monthly patient recruitment rates have now risen to over 100 per month. Patient visits to the Clinical Research Facility have increased to over 500 a month, compared to a monthly average of 334 in 2019/2020. The SIREN study has been a major contributor to this increase.We are actively recruiting in the Diagnostic Hub at Hoxton, which provides access to over 700 Moorfields patients per week to support our Covid-19 recovery and increase patient participation in our research programmes.

Moorfields maintained research activity throughout the Covid-19 pandemic and also opened 23 new studies during 2020/21. Moorfields and the UCL Institute of Ophthalmology [IoO] continue to be national and international leaders in the field of high quality ophthalmic research. Highlights during 2020/21 include:

1. INSIGHT: Health Data Research Hub for eye health

Moorfields is one of seven new health data research hubs that aim to give patients across the UK faster access to pioneering new treatments. Led by Health Data Research UK, these hubs bring together different types of health data, making it more easily accessible for research, while maintaining strict controls around data privacy and consent.

INSIGHT is the Health Data Research Hub for eye health and is a partnership between Moorfields and University Hospitals Birmingham NHS Foundation Trust. We are using the power of big data and artificial intelligence to enable researchers to tackle blinding diseases, and generate new information to help treat common systemic conditions such as diabetes and dementia. INSIGHT provides a unique opportunity for discovery and innovation in eye health, and the application of eye imaging as a window to make discoveries that improve people's lives.

2. The FENETRE Study

This national multi-site prospective study, led by Moorfields, is looking at the potential for using digital networks to monitor patients with stable age related macular degeneration [AMD] in the community by trained optometrists. This would reduce hospital visits and lead to a better experience and safer care for patients closer to home. This study will also provide important validation that remote monitoring in optometry premises and diagnostic hubs of patients requiring chronic disease management is safe as well as being both clinically and cost effective.

3. Predicting wet age-related macular degeneration using artificial intelligence

Published in Nature Medicine in May 2020, researchers at Moorfields and the UCL Institute of Ophthalmology reported an artificial intelligence (AI) system that can help predict whether people with age-related macular degeneration (AMD) will develop the more serious form of the condition in their '"good eye'. Research led by Pearse Keane demonstrated that the AI system developed in collaboration with DeepMind and Google Health may allow more effective monitoring of patients at high risk of sight loss and potentially inform the development of new preventative treatments in the future.

This AI programme outperformed ophthalmologists and optometrists in assessing patient risk, using signals within retinal images that only the AI programme can detect. This research confirms that Moorfields and the UCL IoO's leading role, in collaboration with its research partners, in research to prevent blindness in retinal disorders.

4. The SIREN study

Moorfields is one of over 130 hospitals taking part in the SIREN (Sarscov2 Immunity & Reinfection EvaluatioN) study to determine whether the presence of antibody to Covid-19 (anti-SARS-COV2) is associated with a reduction in the risk of re-infection in healthcare workers. Dr. Roxanne Crosby-Nwaobi is the principal in investigator in Moorfields and has recruited over 450 staff with a target of 600.

Initial results showed that most healthcare staff who have had Covid-19 are protected from reinfection for at least five months and that past infection reduces the risk of COVID reinfection by 83%.

5. ROAM - Research Opportunities at Moorfields

To drive research forward, maintain our reputation as a global research leader and improve our patients' care, it is vital that we recruit people, patients and healthy volunteers, to our research studies. To achieve this, Dr Roxanne Crosby-Nwaobi has led on the development of Research Opportunities At Moorfields (ROAM).

ROAM is an easy to use web application where people can express an interest in contributing to research at Moorfields. We use the information to identify people who are suitable to take part in the wide range of studies at Moorfields. Participants can also sign up to provide opinion on our research questions and how research is conducted at Moorfields, as part of our patient and public involvement and engagement programme.

6. Discovery of air pollution link to age-related macular degeneration

Led by Professor Paul Foster, a team of researchers from Moorfields, UCL Institute of Ophthalmology, and scientists from across the UK have found an increased risk of Age-related Macular Degeneration (AMD) in areas with high levels of air pollution. AMD is the leading cause of irreversible blindness among the over-50s in high-income countries with 200 million people around the world with the condition. In the UK, about 5% of people over 65 years old have the disease.

The study, published in the British Journal of Ophthalmology in January 2021, is the first to identify a connection between air pollution and age related macular degeneration. This new newly described association was derived from anonymised data on 116,000 people in the UK Biobank database. Analysis of 50,000 retinal images found that a small increase in exposure to tiny air pollution particles raised the risk of AMD by 8%. Small increases in larger pollution

particles and nitrogen dioxide were linked to a 12% higher risk of AMD. This work highlights the importance of environmental change in reducing air pollution and thus improving eye health.

Commissioning for quality and innovation (CQUIN) framework

Due to the pandemic the funding arrangements for 2020/21 have meant that CQUIN schemes were suspended for this financial year.The block funding from commissioners was based on historical levels of activity and CQUIN achievement and therefore this has ensured that the Trust can meet its financial obligations.

Note: The proposal for future CQUINs funding is currently being discussed with a possibility that this will be part of the national tariff and not separately financed.

Registration with the Care Quality Commission (CQC)

Moorfields is required to be registered with the Care Quality Commission (CQC) and is currently registered without conditions. The CQC has not taken any enforcement action against Moorfields in 2020/21, nor at any time previously. Moorfields has not participated in any special reviews or investigations by the CQC during 2020/21.

The trust's most recent CQC inspection occurred in November 2018 at Bedford, City Road, and St George's, and was unannounced. This was followed by a Well-led assessment in December 2018. The report was published on 12 March 2019, covering:

- The trust overall.
- Bedford (Outpatients and Surgery).
- City Road (Outpatients and Surgery).
- St George's (Outpatients only).

The trust was given an overall rating of 'Good', with all the services being rated as 'Good' or 'Outstanding'. Effectiveness was rated as 'Outstanding'.

Overall rating for this trust	Good
Are services safe?	Good
Are services effective?	Outstanding
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Services at City Road were rated 'Outstanding 'overall, as were surgical services at Bedford. In addition, both Bedford and St George's improved from 'Requires improvement' to 'Good' overall.

The rating tables for each site are below:

City Road

Ratings for Moorfields Eye Hospital - City Road

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Surgery	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↑ Mar 2019	Good →← Mar 2019	Outstanding ↑ Mar 2019
Services for children and young people	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall*	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Outstanding ↑ Mar 2019

St George's

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall*	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

Bedford

Ratings for Moorfields at Bedford

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019
Overall*	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good →← Mar 2019	Requires improvement →← Mar 2019	Good →← Mar 2019	Good ↑ Mar 2019

In addition to the ratings themselves, the CQC found a number of areas of outstanding practice:

- The service was innovative in its approach to access and flow. In particular there was a highly effective pre-assessment process which included the use of telephone consultations.
- The service provided excellent emotional support and practical support to patients experiencing sight loss, providing counselling and support in registering for certification of visual impairment.
- Moorfields Eye Hospital and University College London had set up the London Project to Cure Blindness which restored the sight of the first patients receiving a new treatment derived from stem cell technology.
- Their collaborative and pioneering research study with an artificial intelligence company showed that artificial intelligence helped to diagnose eye diseases.

- The National Institute for Health Research granted a clinical trial for finger prick autologous blood (FAB) to treat severe dry eyes. The cataract and corneal services had recruited 15 patients to date.
- Know your drops service at St George's: this entails direct pharmacist support to ensure patients are able to use drops appropriately from their devices. This has been used to encourage patient engagement in treatment decisions. The initiative was showcased nationally and received several awards.

Information Governance

Information Governance (IG) at Moorfields is overseen by the Information Governance Committee which reports to the Quality and Safety Committee (a Board committee). The Information Governance Committee is chaired by the Senior Information Risk Owner (SIRO) who is the Director of Quality and Safety; membership includes the Caldicott Guardian, Deputy Caldicott Guardian, Chief Information Officer and Head of Information Governance who is also the trust's Data Protection Officer.

The information governance agenda is driven by key standards set down in the NHS Operating Framework and measured by compliance with the Data Security and Protection Toolkit (DSPT).

The trust is required to process information (personal and corporate) in line with the standards set out in statute, regulation and guidance. Information Governance at Moorfields includes strategy, policy and procedures that enable staff to handle information in line with these requirements. Annual data security awareness training is mandatory for all staff. Further specialist IG training has been provided to key staff on Redaction & Scrutiny, NCSC Stay Safe Online, Sharing Confidential Information & International Transfers, Requests for Information & IG Related Incidents, Freedom of Information Requests, and Subject Access Requests. The trust has also commissioned bespoke Records Management training which should be available in 2021/22.

The DSPT annual submission is used to demonstrate compliance with IG standards and the national Data Security Standards. Due to the pandemic, the national deadline for the annual DSPT submission for 2020/21 has been pushed back to the end of June 2021.

Data quality & Audit

Moorfields submitted records during 2020/21 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data (April 20 to January 21). The percentages of records in the published data, which included the patient's valid NHS number, were:

- 99.5% for admitted patient case.
- 99.7% for outpatient care.
- 98.2% for accident and emergency care.

The percentages of valid data which included the patient's valid general practitioner registration code were:

- 100% for admitted patient care.
- 100% for outpatient care.
- 100% for accident and emergency care.

This year, the trust has not been subject to the usual Data Quality and Assurance audit carried out by KPMG. This has not been required on the basis of the 2017/18 year's audit

moving from partial assurance with improvements required to significant assurance with minor improvement opportunities. There have been no other external audits carried out which have included recommendations regarding data quality related issues, during 2020/21.

The Information Management and Data Quality Working Group continues to meet every two months and discusses core data quality areas including audit results. Data Quality is also discussed in other trust forums and evidence of Data Quality is provided for our DSPT submissions.

Clinical Coding and Payment by results

Moorfields was subject to the annual Clinical Coding audit as part of the Data Security & Protection Toolkit (DSPT) during February 2021, which this year was carried out by Maxwell Stanley Coding Consultancy Ltd. The aim of these audits is to improve the data quality of clinical record coding, which underpins hospital management and planning, commissioning of services for the population, clinical research and financial flows. The audit's objectives are to evaluate the accuracy and completeness of coded clinical data against patient case notes, or electronic patient records (EPR) and the impact of data collection procedures which underpin the coding process. This helps sustain high standards of reliable clinical information and target improvements where required.

The final report indicated there was an excellent standard of primary and secondary diagnosis and procedure coding. The accuracy rates published in the audit report were:

Audit Year	Diagnosis		Procedure	
	Primary	Secondary	Primary	Secondary
DSPT Audit 20/21	100%	97.20%	100%	100%
DSPT Audit 19/20	99.00%	97.23%	97.94%	99.54%
DSPT Audit 18/19	98.50%	98.73%	100%	99.69%
DSPT Audit 17/18	100%	98.85%	100%	100%

DSPT Standard 1 Data Quality - The trust has achieved the following attainment level – Standards Exceeded.
DSPT Standard 3 Training - The trust has achieved the following attainment level – Standards Exceeded.

It was noted that the audit confirmed an excellent standard of coding with coders adhering to the rules and conventions and national coding standards in most cases. The percentages of overall coding accuracy are much higher than national averages and the trust was commended in demonstrating a keen interest towards improving and maintaining coding data quality. Below are the data quality related recommendations made from those audits:

- Improve the process of uploading the scanned documents on CITO in a timely manner (Source: Clinical Coding DSPT Audit – Maxwell Stanley Coding Consultancy Ltd).

- Work towards labelling/naming the scanned documents as part of the trust's digital technology improvement strategy (Source: Clinical Coding DSPT Audit - Maxwell Stanley Coding Consultancy Ltd).

- Liaise with clinicians to provide timely and consistent documentation in the recording of relevant co-morbidities on Open Eyes e.g pre-assessment form. (Source: Maxwell Stanley Coding Consultancy Ltd).

- Provide additional training to coders to extract all relevant information within Open Eyes e.g pre-assessment form. (Source: Clinical Coding DSPT Audit - Maxwell Stanley Coding Consultancy Ltd).

2.6 Priorities for improvement in 2021/2022

The development of this quality report has been led by the director of quality and safety in close liaison with the trust's executive quality and safety leads, who are the director of nursing and allied health professions and the medical director, in consultation with the chief operating officer.

This quality report and our quality priorities have been developed from a wide range of information about quality from all parts and levels within the organisation. As part of our consultation process, a forum was arranged with our key external stakeholders including representations from patients, The Royal National Institute of Blind (RNIB), our host clinical commissioning group (CCG), Islington clinical commissioning group, Health Watch, and representations from our governors. Our staff views were also sought through a survey and the priorities continue to be influenced by CQC's inspection report findings. The membership council, our host commissioners, NHS Islington clinical commissioning group and other external bodies such as Healthwatch have also considered the contents of the quality report and were supportive of the quality priorities for 2020/21.

The identified priorities will each have specific metrics to demonstrate and measure performance throughout year. However, due to the impact of thepandemic and any possible change of focus some/all priorities may not be achievable during 2021/22. The set measurables for each priority may also be impacted as a result of the recovery plan following the pandemic. Moorfields will continue following advice and guidance from NHS Improvement and NHS England to ensure patients continue to receive high quality care as much as possible within current limited resources and capacity which are outside organisational controls.

The Quality and Safety Committee on behalf of the Board takes responsibility for overseeing the development and delivery of the Quality Account and quality priorities.

This quality account has been reviewed by the quality and safety committee and has been finalised as a balanced representation of the trust's priorities across the three areas of patient safety, patient experience and clinical effectiveness.

Please see table below for the list of identified priorities:

Proposed Quality Account Priority		Quality Domain	Underpinning drivers					
			Trust objective	Links to The Quality Strategy	National initiative	Learning from SIs/ Complaints/ feedback	Themes from patient/staff engagement	Carried over from 2019/20- Y/N
1	Implement the NHS patient safety strategy: (https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/)	Safe	✓	✓	✓	✓	✓	N
2	Maintain patient safety during Covid-19 recovery; minimising levels of harm caused to patients during the pandemic.		✓	✓	✓	✓	✓	N
3	Improve our customer service within our telephone booking centre.	Patient experience	✓	✓	X	✓	✓	Y
4	Improve patient appointment experience through standardisation of content and format for new and follow up patient letters.		✓	✓	X	✓	✓	N
5	Improve patient outcomes and achieve a high quality patient experience through the implementation of diagnostic hubs across the network.	Effective	✓	✓	X	X	✓	N
6	In creating the best patient outcomes environment for patients, Moorfields will support and improve the health and wellbeing of staff, focusing on the additional support needed during recovery from the pandemic.		✓	✓	X	X	✓	N

2021/22 Quality priorities

Due to the operational response to the Covid-19 pandemic, our priorities and their measurables may be impacted whilst the organisation is responding to the crisis and during recovery. Moorfields will continue following advice and guidance from NHS Improvement and NHS England to ensure patients continue to receive high quality care within the resources and capacity available.

Safe: Priority 1

Objective: Implement the NHS patient safety strategy.

Rationale:
The new national patient safety strategy describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems. The strategy is being introduced in a phased way. Moorfields will implement the objectives in line with national requirements.

What success will look like by the end of March 2022:
We will have implemented the requirements for the new NHS patient safety strategy by March 2022.

What we will measure and when:

- Central team will connect local systems to the new patient safety incident management system by end of Q4 2021/22 (subject to local software compatibility).
- Central team to work with divisions to implement quality governance arrangements for implementation of the patient safety incident response framework by Q4 2021/22.
- Working with the central team, divisions will include patient safety partners in their divisional governance arrangements by Q4 2021/22.

Safe: Priority 2

Objective and Rationale: Maintain patient safety during Covid-19 recovery, minimising levels of harm caused to patients during the pandemic.

What success will look like by the end of March 2022:
All divisions, services and teams aim to maximise patient safety and minimise patient harm. During Covid-19 recovery we need to be especially vigilant of any additional consequences of the pandemic on our patients to prevent harm. Services continue to lead on and develop methods of patient risk stratification. This priority focuses on mechanisms to help minimise harm.

What we will measure and when:

- Divisions to describe all safety risks and mitigations in risk registers by end of Q1.
- Divisions to accurately record and report their safety incidents throughout the year.
- Divisions will assess data/trends quarterly at divisional quality forums. Learning will be shared through all local and central routes including the LIFE hub.
- Specific quarterly reviews of all triangulated data will take place at the SI panel with all divisions in attendance.
- Divisions will ensure learning is clearly identified and communicated at quality forums and beyond to frontline teams.
- Learning will be collated and shared quarterly at the central quality forum.

Experience: Priority 3

Objective: To improve our customer service and responsiveness within our telephone booking centre.

Rationale:
We are not achieving the levels of service we wish to achieve for answering calls for our patients. Patients continue to have difficulties reaching Moorfields via telephone and this is a recurrent theme captured through complaints and PALs enquiries. Improving the responsiveness of our service and the information we give to patients remains a key priority at Moorfields and this has been carried forward from 2020/21.

What success will look like by the end of March 2022:

- Patients are directed to the right place at the right time and are answered within an acceptable waiting time.
- Messaging regarding appointments are consistent and responsive.
- Less patients will have to contact the hospital for details regarding their appointments.

What we will measure and when:

- Patients will by exception wait longer than 2 minutes to speak with a Moorfields staff member.
- Less patients will have to call the hospital as they will have clear information via a patient portal system and improved correspondence via letters and text messages.
- Improved coverage and monitoring of calls across the trust through increased system coverage.
- Reduction in complaints and PALs enquiries about appointments.

Experience: Priority 4

Objective: Improve patient appointment experience through standardisation of content and format for new and follow up patient letters.

Rationale:
It is essential that our patient appointment letters are clear, easy to read and inform patients about what they need to know.

What success will look like by the end of March 2022:

- The trust will have a clear and consistent approach to how its letters will be sent out to patients.
- All agreed changes will be implemented and live in the system.

What we will measure and when:

- A working group has been established by the Access division. Other divisions will provide representation. Measures and monitoring will be put in place.
- Scope completed by the end of Q1 (Divisions to feed in requirements).
- Templates to be agreed by the end Q2. Content to be tested.
- Pilot implementation in Q3.
- Fully implement changes in Q4.

Effective: Priority 5

Objective: Improve patient outcomes and achieve a high quality patient experience through the implementation of diagnostic hubs across the network.

Rationale:
Diagnostic hubs are new facilities across our network performing rapid access diagnostics in new patient pathways. We are evaluating what benefits and improvements are being introduced for our patient outcomes and patient experiences as a result of these hubs.

What success will look like by the end of March 2022:

- Clinical support services will produce a diagnostic hubs patient outcomes and experience performance baseline, including supporting measures and KPIs. This forms part of a wider performance review of diagnostic hubs performance.
- Each Division will compare the performance of their diagnostic hubs against this baseline.
- The information obtained will be used for further improvements.

What we will measure and when:

- During Q1 we will develop a suite of performance indicators for our Hoxton Hub.
- In Q2 we will begin to measure these in Hoxton and establish a performance baseline.
- In Q3 and Q4 we will ensure that all divisions have their own suite of indicators and we will have introduced measurements for all diagnostic hubs to compare against the baseline.

Effective: priority 6

Objective and rationale: In creating the best patient outcomes environment for patients, Moorfields will support and improve the health and wellbeing of staff, focussing on the additional support needed during recovery from the pandemic.

What success will look like by the end of March 2021:

- Staff feel supported to raise health and wellbeing issues if they arise.
- Managers feel adequatelty prepared to support staff with health and wellbeing issues
- Other teams, particularly workforce and organisational development, support the resolution of health and wellbeing issues by providing a range of awareness and education tools.
- Other supporting structures work in combination to support staff with health and wellbeing issues, for example, our counselling service and the freedom to speak up guardians.

What we will measure and when:

- Each Division will identify two or three health and wellbeing priorities and develop indicators to measure their success. A plan for delivery during the year should be put in place in Q1.

2.7 Key indicators for 2021/22

Moorfields monitors quality through a wide range of standards and indicators, many of which support delivery of the quality priorities. These are all areas where we seek quality improvement to increase the benefits to our patients, either by improving experiences directly or by making processes more efficient and less onerous for staff and patients.

Ahead of a strategic review taking place this year, the trust has undertaken an interim review of the Integrated Performance Report which is presented to the Board each month and as a result has restructured the range of KPIs contained within that document. The range of the indicators we are focusing on in 2020/21 can be seen on the following pages, together with the list of metrics which have been discontinued or amalgamated.

The more focussed list of KPIs will enable the Board to concentrate on the metrics most closely associated with post-pandemic recovery as the organisation plans it's return to 'business as usual'. The balance between operational activity, patient safety and patient experience has been maintained and it is important to note that whilst these KPIs no longer form part of the Integrated Performance Report, the majority of them are still subject to reporting and monitoring within the Trust either through the organisations Management Information System, Qlik Sense, or through inclusion in other Committee and Board level reports.

Indicator	2018/19 result	2019/20 result	2020/21 target	2020/21 result	2021/22 target
Operational Metrics					
Cancer 14 Day Target - NHS England Referrals (Ocular Oncology)	94.3%	90.5%	≥93%	94.7%	≥93%
Cancer 31 day waits - Decision to Treat to Subsequent Treatment	100%	100%	≥94%	100%	≥94%
Cancer 28 Day Faster Diagnosis Standard	-	-	≥85%	87.2%	≥75%
Over 18 week pathways	-	-	-	-	> 2019/20 average
52 Week RTT Incomplete Breaches	50	1	-	-	Zero (once activity has normalised)
Average Call Waiting Time	-	-	≤ 180 Sec	618*	≤ 120 Sec
Call abandonment rate	-	-	-	-	15%
Median Clinic journey times in glaucoma and medical retina (mins)	New=94 Follow-up= 90	New = 126 Follow Up = 105	New=91 Follow-up= 100	New=102 Follow-up= 85	New=91 Follow-up= 85
Theatre cancellation rate (non-medical cancellations)	0.80%	0.76%	≤0.8%	0.49%	≤0.8%
Number of non-medical cancelled operations not treated within 28 days	16	11	-	-	Zero
Mixed Sex Accommodation Breaches	0	0	Zero Breaches	0	Zero Breaches
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	2.64%	3.53%*	≤ 2.67%	0%*	≤ 2.67%
VTE Risk Assessment	98.2%	98.4%	≥95%	98.5%	≥95%
Posterior capsule rupture rate for cataract surgery	1.13%	0.85%	≤1.6	0.98%	≤1.95%
Quality & Safety Metrics					
Occurrence of any Never events	2	2	Zero Events	2	Zero Events
Endopthalmitis Rates - Aggregate Score (Number of Individual Endophthalmitis measures not achieving target)	-	-	0	new	0

Indicator	2018/19 result	2019/20 result	2020/21 target	2020/21 result	2021/22 target
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	-	0	Zero Cases	0	Zero Cases
MSSA Rate - cases	-	0	Zero Cases	0	Zero Cases
Inpatient Scores from Friends and Family Test - % positive	99.4%	98.4%	≥90%	95.2%	≥90%
A&E Scores from Friends and Family Test - % positive	93.3%	92.6%	≥90%	94.3%	≥90%
Outpatient Scores from Friends and Family Test - % positive	96.9%	95.0%	≥90%	93.2%	≥90%
Paediatric Scores from Friends and Family Test - % positive	97.9%	96.3%	≥90%	94.7%	≥90%
Summary Hospital Mortality Indicator	0	0	Zero Cases	0	Zero Cases
NHS England/NHS Improvement Patient Safety Alerts breached	-	-	Zero Alerts	0	Zero Alerts
Percentage of responses to written complaints sent within 25 days	79.5%	-	≥80%	88.1%	≥80%
Percentage of responses to written complaints acknowledged within 3 days	94.9%	-	≥80%	97.0%	≥80%
Freedom of Information Requests Responded to Within 20 Days	-	99.2%	≥90%	95.1%	≥90%
Subject Access Requests (SARs) Responded To Within 28 Days	-	98.1%	≥90%	97.9%	≥90%
Number of Serious incidents (SIs) open after 60 days	N/A	0	0	2	0
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	-	-	-	86	tbc
'Enabler' Metrics					
Information Governance Training Compliance	-	-	≥95%	95.1%*	≥95%
Appraisal Compliance	-	-	≥80%	78.2%*	≥80%
Staff Turnover (Rolling Annual Figure)	-	-	≤15%	9.4%*	≤15%

Indicator	2018/19 result	2019/20 result	2020/21 target	2020/21 result	2021/22 target
Proportion of Temporary Staff	15.4%	12.4%	Data Only	6.7%	Data Only
Overall financial performance (In Month Var. £m)	-	-	-	-	≥0
Commercial Trading Unit Position (In Month Var. £m)	-	-	-	-	≥0
Research Metrics					
Total patient recruitment to NIHR portfolio adopted studies (YTD cumulative)	-	-	-	418*	≥150
Proportion of patients participating in research studies (as a percentage of number of open pathways)	-	-	-	-	≥2%
Median Time To Recruitment of First Patient (Days)	-	-	-	-	70 days
Percentage of Commercial Research Projects Achieving Time and Target	70%	61.6%	-	71.9%	≥65%

* Single month only

Local indicators

Indicator	2018/19 result	2019/20 result	2020/21 target	2020/21 result	2021/22 target
Improve patient experience through digital patient check-in	Success will be measured from April onwards once use of kiosks are embedded.	26.70%	60%	2.75	Discontinued
Data completeness for clinic journey time (Total)	46.60%	61.40%	80%	47%	Discontinued
Data completeness for clinic journey time (Glaucoma)	59.90%	75.50%	80%	66%	Discontinued
Data completeness for clinic journey time (MR)	55.20%	64.60%	80%	54%	Discontinued
Reduce the % of patients that do not attend (DNA) their first appointment	11.60%	11.80%	≤10%	13.40%	Discontinued

Indicator	2018/19 result	2019/20 result	2020/21 target	2020/21 result	2021/22 target
Reduce the % of patients that do not attend (DNA) their follow up appointment	10.40%	10.50%	≤10%	14.40%	Discontinued
% of patients whose journey time through the A&E department was three hours or less	76.60%	75.50%		95.10%	Discontinued
Theatre sessions starting late*	33.80%	32.00%	32.00%	53.00%	Discontinued
Theatre cancellation rate (overall)	7.10%	6.80%	≤7%	6.50%	Discontinued
Number of outpatient appointments subject to hospital initiated cancellations (medical and non-medical)	3.52	4.58%	≤3%	28.50%	Discontinued
% overall compliance with equipment hygiene standards (cleaning of slit lamp)	99.50%	99.60%	95%	99.60%	Discontinued
% overall compliance with hand hygiene standards	99%	99%	≥95%	99.50%	Discontinued
Incidence of presumed endophthalmitis per 1,000 cataract cases	0.35	0.16 (To Dec 2019	≤0.6	0.09	Aggregated
Incidence of presumed endophthalmitis per 1,000 intravitreal injections for AMD	0.17	0.10 (To Dec 2019)	≤0.5	0.14	Aggregated

Indicator	2018/19 result	2019/20 result	2020/21 target	2020/21 result	2021/22 target
Incidence of presumed endophthalmitis per 1,000 Glaucoma cases	N/A	0.48 (To Dec 2019)	≤1 (MR review at end of year)	0	Aggregated
Incidence of presumed endophthalmitis per 1,000 Vitrectomy cases	0.22	0.58	0.6	n/a	Aggregated
Incidence of presumed endophthalmitis per 1,000 EK Corneal Graft cases	2.58	0	3.6	n/a	Aggregated
Incidence of presumed endophthalmitis per 1,000 PK Corneal Graft cases	0	0	1.6	n/a	Aggregated
% implementation of NICE guidance	95.70%	100%	≥95%	97%	Discontinued
Number of breached policies	N/A	6%	≤10%	3%	Discontinued

* A late start being a session that started more than 15 minutes later than the planned start time.

Part 3: Other information including a statement from our commissioners

Statement from commissioners

NHS
Islington
Clinical Commissioning Group

North Central London Clinical Commissioning Group (NCL CCG) is responsible for the commissioning of Health services from Moorfields Eye Hospital NHS Foundation Trust (Moorfields) on behalf of the population of North Central London. NCL CCG welcomes the opportunity to provide a statement for Moorfields' 2020/21 Quality Account, which has been reviewed by the CCG and by colleagues in NHS NELCSU.

Moorfields engaged with the CCG to ensure that commissioner's views were considered and incorporated within the final Quality Accounts. Commissioners reviewed the content of the Account and can confirm that it complies with the prescribed information, form and content as set out by the Department of Health. The CCG can confirm that it has reviewed the information provided within the Account and has checked this against data sources made available as part of existing contract/performance and monitoring discussions. The CCG considers the data presented is accurate in relation to the services commissioned and provided.

This Trust has clearly set out why full achievement has not always been possible for the six priorities set for 2020/21, with only one of the six priorities from 2020/21 being rolled forward as a priority in 2021/22. Commissioners are pleased to see in the account how the other five priorities will continue to be progressed by the Trust going forward.

The Trust has faced challenges over the past year due to the Covid-19 pandemic, which resulted in many 'business as usual' activities being paused. The Trust has risen to the challenge innovatively, particularly by embarking on the use of technology to provide care for patients remotely.

The CCG would like to commend the Trust and staff for the resilience they have shown during such difficult times and how staff volunteered and were mobilised to support wider parts of the system. We are pleased to see that staff health and well-being is highlighted as a top priority for the Trust for 2021/22.

The Trust has provided examples of patient participation during 2020/21 and demonstrated their continued commitment to ensuring patients are involved at all levels of service development and provision.

Commissioners are delighted to see that the Trust has plans to establish diagnostic hubs across its network, which aim to improve patient experience and outcomes and look forward to hearing about the progress with these.

Commissioners fully support the six priorities identified by the trust for 2021/22 which are to:

- Improve patient outcomes and achieve a high-quality patient experience through the implementation of diagnostic hubs across the network.
- Implement the NHS patient safety strategy.
- Maintain patient safety during Covid-19 recovery; minimising levels of harm caused to patients during the pandemic.
- Improve our customer service within our telephone booking centre.
- In creating the best patient outcomes environment for patients, Moorfields will support and improve the health and wellbeing of staff, focusing on the additional support needed during recovery from the Covid19 pandemic.
- Improve patient appointment experience through standardisation of content and format for new and follow up patient letters.

NCL CCG looks forward to receiving updates on the implementation of the priorities in the coming year and in continuing to work collaboratively with the Trust as part of the Integrated Care System.

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

For 2020/21, NHS Improvement has not issued guidance to NHS foundation trust boards on the form and content of annual quality reports. Trusts have been requested to base quality accounts on the guidance from the previous year and adapt them on the basis that all external assurance requirements have been removed.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance *Detailed requirements for quality reports 2019/20* whilst noting that all external assurance requirements have been removed.

- the content of the quality report is not inconsistent with internal and external sources of information including:

    - board minutes and papers for the period 1 April 2020 to 31 March 2021.

    - papers relating to quality reported to the board over the period 1 April 2020 to 31 March 2021.

    - feeback from Governors.

    - feedback from commissioners dated 11 June 2021.

    - the trust's annual complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009.

    - the 2020 national staff survey.

- the quality report represents a balanced picture of the NHS foundation trust's performance over the period covered.

- the contents of the report is accurate and reliable. However there are a number of limitations in the preparation of quality reports which may impact on the reliability and/or accuracy of the data reported. These include:

    - data is derived from a large number of different systems and processes. Only some of these are included in internal audit programme work each year and even fewer are subject to rigorous external assurance checks.

- data is collected by a large number of teams across the trust alongside their main responsibilities which may lead to differences in how policies are applied or interpreted.
    In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably have classified as case differently.

    - national data definitions do not necessarily cover all circumstances and local interpretations may differ.

- data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data. The trust has sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognises that it is nonetheless subject to the limitations noted above.

- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice.

- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- the quality report has been prepared in accordance with NHS improvement's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board,

Date	Chairman
Date	Chief Executive

Assurance from external auditors

The latest guidance from NHS Improvement NHS England confirms that there is no requirement for a foundation trust to prepare a quality report that needs to be included in its annual report for 2020/21. There is no requirement for a foundation trust to commission external assurance on its quality report for 2020/21.