

# Annual Review

2006-07



# chairman's introduction



This has not been an easy year for Moorfields. Our plans to increase the number of outreach centres have not gone ahead as fast as we had hoped, and this, combined with a slowdown in the numbers of patients being referred by our commissioners, meant that we fell behind our anticipated budget. This caused alarm to Monitor, our regulator, particularly as it coincided with some continuing difficulties in meeting all our Priority Targets, and led to constraints on our expected ability to borrow. Thanks to sterling efforts of a very large number of staff, we recovered the position sufficiently to exceed our planned surplus, but the process put us under a lot of strain.

This should not mask some remarkable achievements during the year: the opening of the Richard Desmond Children's Eye Centre, the preparations for the opening of Moorfields Dubai, the licensing of our first pharmaceutical product that is made available in pharmacies across the country, and our success in being one of eleven centres in the country to be granted Biomedical Research Centre status. There has also been much media interest in the groundbreaking gene therapy trial being undertaken by a partnership of our clinicians with researchers at the Institute of Ophthalmology. Internally, we have carried through a major reorganisation in the way we deliver services, making our practice more in line with the best hospitals abroad and better placed to deliver further improvements. All this leaves us well placed for the future.

The coming year will present its own challenges. Changes in the way that our financial performance is assessed will constrain the amount of investment we can make in future much needed developments. New targets to treat patients more rapidly will keep up the pressure on our resources; we need to make some further service changes to avoid continuing to breach targets; and we will need to introduce new IT systems to cope with all this, with all the attendant stress on staff. However, the way in which all concerned responded to last year's issues leaves me optimistic that we will again be successful.

Finally, my time as Chairman comes to an end next March. It has been a tremendous privilege to be associated with Moorfields. The public know that it is the best eye hospital in the world; but you have to work here before you fully appreciate the unique community of dedicated people who keep it like that. I have felt very lucky to have been associated with them for seven years, and I know that my successor, when appointed, will be equally fortunate. My grateful thanks go to all those who, by their cheerfulness and professionalism, have made my time here so enjoyable.

A handwritten signature in black ink, which appears to read 'Tom Boyd-Carpenter'. The signature is fluid and cursive.

Sir Thomas Boyd-Carpenter  
Chairman

# access to services

## **New Main Entrance**

The main entrance at City Road has been relocated to ease access. A ramp has been built which provides much more suitable access for patients, and also a new area for reception and the transport service. The Portering and security office was also relocated so that it overlooks the entrance improving patient and staff security.

Improvements to physical access and suitability of the environment for our patients continue to be the basis of developments at City Road.

## **Richard Desmond Children's Eye Centre**

In February 2007, our Patron, Her Majesty The Queen opened the Richard Desmond Children's Eye Centre. This is both an exciting new building and a stimulus for new ways of working in the children's services, with a care pathway that is centred on the child.

The Healthcare Commission improvement review on services for children in acute hospitals has challenged us to look again at how the children's services are managed in our outreach sites, where we want to ensure that the standard of care and support is the same throughout the Trust regardless of site.

## **Space utilisation**

The relocation of the children's facilities has provided the opportunity for a radical review of the use of space on the City Road site. Our aim is to prioritise

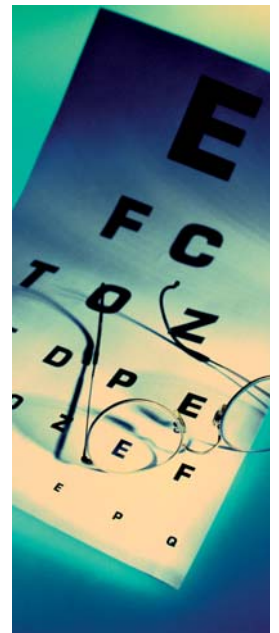
the many requirements for space, and enable services to co-locate wherever possible in order to make the most flexible use of the space.

One of the first major reorganisations taking place is to ensure all the surgical day care facilities are on the same floor as the theatres, reducing patient journeys and improving the communication between ward and theatre, thereby supporting the ambulatory model of care.

## **Patient choice**

We started to feel the full impact of the patient choice agenda during 2006/7, and in particular the need to provide patients with the opportunity to discuss and agree with us their outpatient appointments and their surgery dates.

This has led to the formation of the outpatient booking centre receiving patients' calls to arrange their outpatient appointment. It has proved to be a challenging process, but we are seeing benefits in the reduction of failed attendances. There are an increasing number of 'Choose and Book' referrals - the government's initiative to allow GP and patients to directly book their appointments into our clinics. At the moment we are asking patients to telephone us, but with the new patient administration system, patients and their GPs will be able to view and book an appointment directly into the clinic from the GP surgery. We are achieving one third of bookings this way, and this is one of the higher rates in London.





## **Implementation of Upgraded Patient Administration System (PAS)**

Another development for 2006/7 was the development of an upgraded Patient Administration System. The upgraded PAS will deliver enhanced reporting capability, enable implementation of better operational processes and allow us to connect to the Choose and Book national system so that GPs can refer and book patients directly into Moorfields clinics from their surgeries

## **Environmental Agenda**

We have been implementing the sustainability agenda within the Trust, looking at the main areas of energy, water, waste, transport and local involvement. We are a major business in the local area, and our Estates department is establishing links via the Islington Climate Change Partnership and is looking at our carbon footprint.

## **Activity and Targets**

There was a slight drop in outpatient activity in 2006/7 compared to 2005/6. However we maintained a similar level of admissions to the previous year and saw an increase in A&E activity. The Trust was able to maintain its outpatient waiting times below 13 weeks, and inpatient waiting times at under 26 weeks, and we are now working towards the milestones for the national 18 week target. The first milestones of 11 weeks for outpatients and 20 weeks for admissions are being met by average waits of 8.5 weeks and 11 weeks respectively however there

are significant number of outliers for inpatient admissions and an action plan has been developed to address this problem.

We incurred a number of breaches of a number of the national targets for Choose and Book, Inpatient waiting times, and Cancer waiting times. The latter service is commissioned by the National Specialist Commissioning Advisory Group (NSCAG) and we have continued discussions with them during the year regarding the capacity required to meet national waiting times. It has now been agreed that we will work to NSCAG's preferred model of a single provider. This will lead to the service transferring to Barts and the London NHS Trust during 2007/08, with an outreach outpatient service at Moorfields City Road. We are also unable to meet the access target for GU Medicine as we can only provide one clinic per week, and so we are planning to transfer the service to another local Trust during 2007/08. We met all other existing targets during 2006/07 and continue to work towards achievement of the new targets.

## **Ambulatory Care**

In September 2006 the Trust implemented an Ambulatory Care model at City Road. This means that the majority of our patients are treated on a day case basis, as most ophthalmology patients do not need to stay in hospital. The Observation Bay was set up to accommodate the small number of patients who could not be discharged

and who require overnight observation. As we treat patients from all areas of the country, patient hostels were also created within the hospital and in accommodation nearby to ensure those patients who have too far to travel home have a safe and comfortable place to stay.

Ambulatory Care has proved successful, and the general feedback from our service users has been very positive. All patients who have required care overnight have been accommodated. Hostel Wardens have been appointed as a result of service user feedback to ensure that lodgers are safe and have a point of contact.

### **Health Screening**

In order to meet standards set by the Healthcare Commission, we now screen our patients for lifestyle risk factors such as smoking and obesity. Any patient who comes to Moorfields has the opportunity to be referred to their GP or local services for help and advice to adopt healthier lifestyles.

### **Nursing Skill Mix Review**

A review of the nursing skill mix took place within the clinical areas at City Road during the year, which led to a revised nursing workforce. The workforce was measured against the service provision and needs of the users to ensure a more streamlined patient journey. The review identified that the nursing workforce had larger numbers of highly qualified senior staff, with fewer numbers of non-qualified staff in support

roles, and that this did not meet the needs of the service users.

New nursing skill mixes were then introduced which changed the profile of the Nursing Workforce. A programme to move towards generic workers has also been implemented in the Operating Theatres, and shift times have also been changed to provide a more efficient service. This is being supported by training and development of the staff against a competency framework. This will lead to a more streamlined patient journey, with multi-skilled staff who deliver high quality patient care. A nurse-led pre-assessment service has been implemented to provide a more cohesive service to our patients, and the development of this service continues.

### **Complaints**

This year the Trust received 322 complaints. The main areas for complaints are non-clinical, and include waiting times for appointments and transport. The response time for completion of complaints investigations has been extended to 25 days by the Department of Health however we continue to work to the 20 day target and achieved an average completion rate within 20 days of 88.1% during 2006/07.

### **Patient and public involvement**

The Trust continues with its programme of patient and public involvement which was co-ordinated until February 2007 by the PPI Facilitator. The range of PPI work includes:



# access to services



- Membership of committees within the governance and risk management structure
- Representation on recruitment panels for consultant medical staff and senior managers
- Participation in the shared clinical vision work to review and redesign service delivery
- Review of the Trust's performance against the standards for better health thereby informing the final declaration
- Membership events and the annual open day
- Participating in the formal opening by HM the Queen of the Richard Desmond Children's Eye Centre

## Supporting staff

Our staff are essential to what we do, and this year we were proud to be included in the Guardian's top 100 employers again. This annual publication ranks organisations according to a number of factors, some of which, such as remuneration and foreign travel opportunities, are difficult for an NHS organisation to compete on. Nevertheless, we were ranked 49th out of the organisations included in the publication, above household names such as McDonald's, Yahoo, Ericsson, Wickes and the Audit Commission. This year there were two NHS Trusts in the list.

## Improving Working Lives

Having successfully achieved NHS IWL accreditation, we remain committed to achieving a good work-life balance for our staff and believe that the IWL principles are central to achieving this.

We are committed to developing and embedding further the principles of the IWL initiatives throughout the organisation, improving and aiding staff development, morale and wellbeing.

Using the annual staff survey as a baseline, we aim to review and raise awareness of existing benefits, develop new initiatives and focus on communication between the Trust and its employees.

## Training and development

Last year was dominated by the rollout of the updated Patient Administration System (PAS). The size of this major training project prompted us to look beyond the classic classroom-based delivery of training and provided an opportunity to explore some radical new approaches to support the learning of staff both now and into the future.

MORSE (Moorfields Online Resource for Support and Education) enables the use of multiple elements to support staff through major change programmes. MORSE is an example of "Rapid eLearning" and allows subject experts to create eLearning in a fraction of the time it used to take. MORSE is a good example of a relatively small investment with ongoing rewards that will support our staff well into the future.

We have also embarked upon a comprehensive training programme on stress management. All managers have been trained, a number of individuals have been trained to act as stress risk

assessors, and a short package on stress awareness, which is available for all staff has been developed is being delivered. One of our trainers has been fully accredited to deliver this.

## **Equality and Diversity**

The last year has seen significant new legislation coming into force with changes to equality laws affecting women, men and transgender people, as well as extended cover on the basis of disability, religion / belief, age and sexual orientation. We welcome these changes and value them as tools to assist in the task of tackling inequality.

Our Race Equality Scheme has been in place for some time and in the last year Disability and Gender Equality schemes have also been agreed and published. A dedicated full time equality and diversity facilitator has also been employed to take the lead on such strategic issues and reinforce the culture of equality and diversity throughout the Trust.

## **Education**

This year saw the introduction of run through training in medicine and the abolition of the Senior House Officer grade. The direct impact of the loss of Senior House Officers on the trust was minimised by the conversion of Senior House Officers to specialist registrar posts.

We also had a considerable cut in our education funding. We initially tried to manage this reduction by reducing the

time allocated to specialist registrars for research but we have since employed registrars with other sources of funding. This is a short term solution and maintaining the quality of junior doctors training will ultimately depend on having funding for this restored.

## **Research and Development**

Research and development have enjoyed a very successful year and achieved a great deal against their objectives, despite the uncertainties surrounding a significant change in the funding for R&D support. The implementation of the "Best Research for Best Health Strategy" by the Department of Health has offered important opportunities for increasing research capacity on the joint site. These include:

- One of eleven sites to achieve Biomedical Research Centre status for translational research which guarantees an income of over £14m over the next five years
- Contribution to the development of the National Institute for Health Research (NIHR) Faculty, with an important number of our academics achieving membership
- The development of a Joint Research Office which will contribute to the work of the UKCRC in the development of integrated R&D information, governance, advice and ethics systems
- The development of an Eyes and Vision Research Collaboration across the UK within the comprehensive





research network being developed by the UKCRN

- Successful application for capital funding for the development of a Clinical Research Facility for Experimental Medicine
- Agreement of a joint strategy and prioritisation of programmes of research together with our partner, the UCL Institute of Ophthalmology (deliverables 5, 10 years and beyond)
- Expansion of the work of the Clinical Trials Unit, Phenotyping Unit and Image Grading Centre.
- Successful implementation of the departments own programme of research focusing on:
  1. Eyes and Vision Specialist Library
  2. Certification of Visual Impairment and electronic application
  3. Development of Research Resource Groups
  4. Contribution to the 'Do Once and Share' initiative
- Development of clinical guidelines and protocols of care based on the evidence from published research

### *Clinical Trials Unit*

This year there has been continued expansion of the Clinical Trials Unit at City Road, including new treatments for conditions such as Age Related Macular Degeneration (AMD), diabetic retinopathy and Glaucoma.

### **Commercial Services**

Income from our commercial services continues to provide significant support to our NHS patients.

### **Moorfields Private**

Moorfields Private had a successful year and opened a new outpatient facility and set up a rapid access clinic which is proving popular with both patients and referring private GPs and Embassies.

### **Moorfields Pharmaceuticals**

Moorfields Pharmaceuticals specialises in the manufacture and supply of ophthalmic unlicensed medicines, known as "Specials", and has been doing so for approximately 50 years. There are 110 products in the range, with a strong focus on preservative free formulations. The majority of the range is not available from another source. The products are supplied to a wide range of customers across the UK and Eire.

There has been a growth in sales characterised by the successful introduction of three new products, healthy product stock levels, greater penetration of the UK market and the start of European export sales. The Marketing Authorisation for Hypromellose 0.3% preservative free eye drops was awarded after a long regulatory approval process.

Later in the year a project was established to introduce new packaging for the whole product range. The driving factor was to develop a colour coding system which allows patients to differentiate between classes of products. The new packaging has been approved and will reach the market during the next few months.

## **Moorfields Eye Hospital Dubai**

Moorfields Eye Hospital Dubai (MEHD) is the first branch of Moorfields to open abroad. MEHD is wholly owned by Moorfields Eye Hospital NHS Foundation Trust and applies the same clinical standards and governance framework as used in London. It is a for-profit facility that offers the highest quality care to patients from the region. Our aim is to encourage patients who would previously have had to travel abroad for their eye care to stay in the region.

MEHD is situated in Dubai Healthcare City (DHCC) which is a Freezone (meaning that foreign ownership of assets is allowed) situated in the heart of Dubai close to the main airport. It is a collection of hospitals and clinics that are all committed to international standards of care.

## **Developments over the next few years**

We continue to talk with a range of ophthalmic providers in the UK and abroad about possible joint working. In the UK it is likely that further outreach developments will be achieved, extending the spread of Moorfields directly managed units outside the London area. Discussions are also taking place with regard to the possibility of joint ventures with the private sector in the UK which would improve

Moorfields' potential to develop services into new areas for the Trust. The overseas development will continue to focus initially on China with a full review of this potential being undertaken over the next 12 months.

The attainment of biomedical research centre status will provide an excellent platform from which to build our translational research programme. Although the full consequences of the new R&D funding regime are unclear, we believe we are well positioned to take advantage of the opportunities that do arise. We have a unique potential for teaching which will continue to be used to the full extent funding allows.





## Membership

Membership of the Trust continues to grow and numbers currently stand at approximately 11,000, an increase of 3000 since authorisation as an NHS Foundation Trust.

Members are represented by elected patient, public and staff governors on the Membership Council, which meets five times a year. Governors participate in a range of activities, such as membership development and involvement, reviewing evidence for standards for better health, strategic risk review and the board assessment review, and also sit on a number of committees including Governance, Risk and Safety, and Clinical and Cost Effectiveness. The Board of Directors and the governors meet at least once a year. Directors attend the Membership Council meetings routinely, and governors are invited to attend Board meetings.

During 2006/07 we held two elections – a byelection in South East London in June 2006, and public and patient elections in February 2007.

Public constituencies are geographically based on the populations served by City Road and the outreach sites, and membership is open to anyone living in those areas who are aged 14 years and upwards. Patient membership is open to any patient, aged 14 years plus. All staff are automatically registered as members unless they opt out.

We draw our public membership from seven geographic constituencies as follows: Bedfordshire and Hertfordshire, Essex, North Central London, North East London, North West London, South East London, South West London;

The constituency profile is changing from 1<sup>st</sup> April 2007 in preparation for new outreaches located outside the current arrangements. Two of the smallest public constituencies – Essex and North East London, have merged to become the North East London and Essex public constituency. This meant the loss of two governor positions, but one was vacant pending the 2007 elections and the other governor was due to stand for re-election. Changes have also been made to the staff constituency, with two classes established from 1<sup>st</sup> April 2007 – City Road and Outreach. Each class will have 2 governors, and staff members will be allocated to one of these classes. This work is currently underway and will be followed by elections for 2 staff Governors, one for each class, in Summer 2007, the other two positions will be filled by currently serving staff governors.

Governors are participating in a membership development and involvement group, charged with reviewing the membership strategy and agreeing priorities for 2007/08. This includes a revision of the membership leaflet and information, and plans for targeted recruitment initiatives and involvement.

The Board of Directors and the Membership Council share papers for their meetings and are encouraged to attend. Executive Directors routinely attend the Membership Council, meetings whilst non-executive directors are linked to one or more of the public and patient constituencies. This provides a direct link for governors to a member of the Board, and acts as a bridge between the two bodies.

## Moorfields Eye Hospital NHS Foundation Trust Membership Council

### Elected Governors

Elected Governors	Representing
Malcolm Barrow***VC	Public: Bedfordshire & Hertfordshire
Jane Colebourn	Public: Bedfordshire & Hertfordshire
Jayne Cottee to 31 <sup>st</sup> March 2007;	Public: Essex
Bill Tidmas * RC **NC	Public: Essex
Paul Murphy	Public: North Central London
John Green *RC	Public: North Central London
Victor Stone	Public: North East London
Peter Williams to 31 <sup>st</sup> March 2007	Public: North East London
Patricia Campbell	Public: North West London
Sir Ian Rankin to 31 <sup>st</sup> March 2007 *RC;	Public: North West London
Brian Watkins elected from 1 <sup>st</sup> April 2007	
Christopher Hough from July 2006	Public: South East London
Solomon Parry	Public: South East London
Andrew Hill * RC **NC Chair	Public: South West London
Alex Nicholson	Public: South West London
John Bird *RC (2 years)	Patient
Robert J Jones	Patient
Michael O'Dwyer	Patient
Alison Davis	Staff
Jonathan Dowler to 31 <sup>st</sup> March 2007	Staff
Ali Safiee	Staff

### Nominated Governors

Cllr Ruth Polling	London Borough of Islington
Jonathan McInerney	RNIB
Valerie Greatorex	IGA
Professor Bob Lieberman	UCL
John Lawrenson	City
Joel Bonnet to 31 <sup>st</sup> March 2007	PCTs: Bedfordshire & Hertfordshire
Bryan Heap to 31 <sup>st</sup> March 2007	PCTs: Essex
Louise Tranmer	PCTs: North Central London
Penny Smallwood	PCTs: North East London
Nick Curtiss to 31 <sup>st</sup> March 2007	PCTs: North West London
Vacant to 31 <sup>st</sup> March 2007	PCTs: South East London
Stephen Evans to 31 <sup>st</sup> March 2007	PCTs: South West London

\* Member of the Remuneration Committee

\*\* Member of the Nomination Committee

\*\*\* Vice Chair of the Membership Council

() indicates a representative attended in place of the governor.

# the board of directors

## **The Board of Directors**

The Board meets both in public and confidentially every month to set the overall strategic direction and address major policy issues.

During 2006/07, one appointment was required due to the expiry of the second term of office for Elkan Levy, and this was advertised in the national press. The Director of Corporate Governance co-ordinates the appointment process and acts as Secretary to the committee. The committee met to shortlist and then to interview applicants. A recommendation for appointment was then made to the Membership Council for the appointment of Rudy Markham as non-executive director with effect from 1<sup>st</sup> April 2007.

## **Trust Finances - Financial Summary and Statements**

The financial performance for 2006-07 met with significant challenges during the year mainly as our aspirations to open two new outreach sites did not come to fruition. This resulted in us needing to put together and achieve a financial recovery plan. This was achieved with the final result improving on the original surplus by some 6.3%.

The table overleaf presents a high level comparison between the plan and actual performance for the year. The plan has been restated to identify both income and expenditure that would have been applicable to the new outreach sites.



<b>Board member</b>	<b>Position</b>	<b>Date and length of appointment</b>
Sir Thomas Boyd-Carpenter (Background – Armed Forces)	Chairman	1st April 2004, renewed for 3 years from 1st April 2005
Clive Nickolds (Background – retail director)	Deputy Chair and Senior Independent Director (non-executive);	1st April 2004, renewed November 2005 for 3 years
Ian Hollows (Background – accountant)	Non-executive director	1st December 2004 for 3 years
Maggie Van Reenen (Background – PR management)	Non- executive director	1st April 2004, renewed 1st April 2005 for 3 years
Elkan Levy (Background – Solicitor)	Non-executive director	1st April 2004, renewed 1st April 2005 for 2 years. Term of appointment finished on 31st March 2007
Rudy Markham (Background – Finance Director)	Non-Executive Director	Commenced 1st April 2007
Professor Phil Luthert (Background – ophthalmic pathologist and research scientist)	Non-executive director and director of the Institute of Ophthalmology	February 2006 for 3 years
Ian Balmer (Health Management)	Chief Executive	
Ian Knott (Accountant)	Director of Finance	
Sarah Watson-Fisher (Background -Nurse)	Director of Nursing & Operations	
Bill Aylward (Background - Ophthalmic surgeon)	Medical Director	
Professor Roger Hitchings (Background - Ophthalmic surgeon)	Director of Research & Development	



<b>Income 2006-07</b>	<b>Plan</b>	<b>Actual</b>	<b>Variance</b>
<b>All figures in £million</b>			
Clinical Income (incl. MFF)			
- NHS	57.60	57.05	(0.56)
- New Outreach Sites	8.53	-	(8.53)
- Moorfields Pharmaceuticals	4.68	4.03	(0.65)
- Private Patients	8.52	7.85	(0.67)
Other Income	13.61	14.42	0.81
<b>Total Income</b>	<b>92.94</b>	<b>83.35</b>	<b>(9.59)</b>
<b>Expenditure</b>			
Pay Costs	55.14	52.62	2.52
Drug Costs	3.26	3.70	(0.44)
Clinical supplies & services	7.48	7.15	0.33
Other Costs (excl. depreciation)	15.01	13.85	1.16
New Outreach Sites	6.05	-	6.05
<b>Total Expenditure</b>	<b>86.94</b>	<b>77.32</b>	<b>9.62</b>
<b>EBITDA</b>	<b>6.00</b>	<b>6.03</b>	<b>0.03</b>
<b>Exceptional Items</b>	<b>-</b>	<b>0.20</b>	<b>(0.20)</b>
<b>Net Surplus</b>	<b>0.79</b>	<b>0.84</b>	<b>0.05</b>

Owing to the difficult financial situation the Trust found itself in during the year the Foundation Trust Regulator, Monitor, required a review be made of the financial and governance position of the Trust. This was carried out by a leading accountancy firm with ongoing cost implications.

I am delighted to report that the Trust performed exceptionally well financially despite grappling with major budget issues during the year and still managing to make a surplus in excess of that planned.

The Trust Board continues to acknowledge that high on the agenda must be the principle of sound financial stewardship and accurate budgetary

control as clearly the relationship between these two issues contributes positively to our financial stability and success. This responsibility is recognised throughout the organisation and as we continue to expand and push our boundaries further this issue must and will always be high on the agenda.

I would like to thank, on behalf of the Board, all those who have contributed so positively to our achieving another year of outstanding financial success.

Ian Knott Director of Finance

Full accounts are available from the Director of Finance at Moorfields Eye Hospital, City Road, London EC1V 2PD

# become a member

If you are not a member of Moorfields Eye Hospital NHS Foundation Trust, but are:

- Over the age of 14 and a patient or you have been a patient at any of the Moorfields' clinics

## And/or

- Over the age of 18 and live in London, Bedfordshire, Essex or Hertfordshire.

Then you are able to become a member of Moorfields. Staff at Moorfields who hold a substantive contract or contract of

over 12 months are automatically registered as member unless they opt out.

Member benefits include:

- Quarterly newsletters with information and updates on developments at Moorfields and eye health information
- Invitations to membership events including the AGM and local constituency events
- Eligibility to stand for and to elect representatives of the Membership Council.

Yes, I would like to become a member

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Ethnic origin \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

How would you prefer us to contact you?  Email?  Post?

I am already a member, please

Change my details  Remove me from the membership register.

You can also use this form for general feedback to the Trust.

Send this form to: Moorfields Eye Hospital NHS Foundation Trust, FREEPOST NAT9528, 162 City Road, London EC1B 1BR

Or call 020 7566 2496 (this is a voicemail service)

Email: [foundation@moorfields.nhs.uk](mailto:foundation@moorfields.nhs.uk)

Website:

[www.moorfields.nhs.uk/Members](http://www.moorfields.nhs.uk/Members)

More information and the full annual report and accounts are available online at [www.moorfields.nhs.uk](http://www.moorfields.nhs.uk). If you cannot access this, please contact us for a hard copy of the report.

This document is also available in Chinese, Urdu, Gujarat, Braille, large print and audio. Please contact us if you require one of these formats.

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NHS Foundation Trust

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