A welcome was given to Johanna Moss on her first formal attendance at the Board. A welcome was also extended to Mona Shihabi, Head of Finance for Moorfields Dubai.

**15/1745 PRESENTATION ABOUT NURSING**

Tracy Luckett and Helen Gibbons gave an update about progress of the nursing strategy. The presentation included a nursing workforce and safer staffing update. Tracy outlined the staffing levels for in-patient areas and the use of temporary staffing and associated expenditure. It was noted that there had been a decrease in expenditure in the first quarter of the financial year and this was due to tighter control of shift authorisation. The impact of the recruitment of nurses from Europe had also helped reduce expenditure. Tracy highlighted the cost savings made from the introduction of the ‘nurse bank’ since 2012. The bank continued to provide a good service overall. Tracy explained that the Trust had embarked on a demand and capacity nursing workforce review and it was hoped that recommendations would be presented in early 2016.

Helen Gibbons gave an update about the progress being made with nurse education following the recruitment of four new clinical educators. She explained the introduction of the PG certificate in Ophthalmic Practice, a course run in collaboration with UCL, with 23 students undertaking the course this academic year. The overall student feedback on this new course gave a rating of 91%; an excellent response.
With regard to the leadership role for quality and safety, Tracy reported that 64 Band 6 and 7 nursing staff had attended a wide range of leadership programmes. She also explained the introduction of the six C’s by England’s Chief Nurse as the framework in which nursing care should be delivered: care, compassion, competence, communication, courage and commitment. The anticipated roll out of ‘Revalidation’ was scheduled for April 2016. This was the new process by which nurses would demonstrate that they were practising safely and working within the new code of practice. She also explained that Moorfields, in collaboration with London Southbank University and the Centre for Workforce Intelligence, was leading on a project to establish a workforce planning model for nursing and non-registered staff. Finally, Tracy outlined the priorities for the Nursing strategy in the year ahead, with the recognition that progress must and will continue.

The Chairman thanked Tracy and Helen for the insightful presentation and invited comments from the Board. Declan Flanagan commended Tracy and her team for the very impressive progress. He indicated that the view from the medical staff was that nurses now felt more engaged and empowered in providing care. Ruth Russell also noted the immense progress that had been made over the past year. Peng Khaw felt that having a very powerful educational strategy and leading from the front was very important if we were to lead as a centre nationally and internationally. Sally Storey welcomed the workforce planning model that had been outlined. Steve Davies noted the huge amount of work that had taken place and said that the need to be able to attract specialist nurses would be crucial in meeting the challenge of the expected growth of the organisation over the next 5-10 years. Declan reminded the Board that we were setting the pace for multi-disciplinary working by nurses and HCAs.

Ros Given-Wilson commended Tracy and the team for the very impressive conversion to bank nursing and also the training offered. She asked if there was a system in place for the situation to be escalated if areas were short of nurses. Tracy explained that although there was not yet an electronic alert in place, escalation was to the lead nurse and then the senior nurse and this worked very well. Ros also enquired whether there was an issue with nurses at satellites not receiving inner London weighting allowance and Tracy replied that this was not a day to day issue but was something that needed to be reviewed. Sumita Sinha indicated she was very impressed with the recruitment and training of nurses that had been outlined. Andrew Nebel congratulated the team on a very interesting presentation showing real movement in the right direction. He asked whether there could be a concerted effort to get ahead of the game with recruitment so that we were not running behind on a number of vacancies. Tracy indicated that she wanted to look at the recommendations from the workforce modelling project to understand what our requirements would be for the next 5-10 years. Phil Luthert acknowledged the radical shift in nursing education that Helen and her team had generated and how much work had gone into this.

The Chairman noted the great enthusiasm expressed for the progress made and the reminder that this was about the wider leadership of the ophthalmic world through Moorfields. He noted the impressive work around education and in building the enthusiasm and commitment of the workforce. The Board encouraged the developments being made with the strategy and revalidation. He noted a couple of points. Firstly in relation to managing training that we keep most of our energy and resource for training our people and avoid the danger of moving too deeply into the wider academic field. He also noted it would be interesting at some stage to hear more about the recognition and reward for staff receiving this training and development, quite apart from the personal satisfaction. With regard to the question about the staff mix – he felt that if the reason for the high number of temporary staff was because we have vacancies, we needed to be wary that they did not become ‘permanent temps’. Lastly as our footprint expanded, thought was required as to how we manage and anticipate that.
He again thanked Tracy and Helen for their presentation and for the design and execution of the strategy.

15/1746 MINUTES OF LAST MEETING AND ACTION POINTS
The minutes of the meeting held on 25th June 2015 were agreed as an accurate record.

15/1747 REPORT FROM CHIEF EXECUTIVE
Received: Chief Executive’s report
- Theatre refurbishment: The Trust Management Board had been kept fully briefed by Tracy Luckett about the programme. She explained that there had already been a two week delay but in the last couple of days as part of routine testing prior to re-opening, some fungal spores had been found within two of the newly refurbished theatres. No specific cause had been found for this and a further deep clean had been undertaken over the weekend. Maggie Middleton confirmed that there was no issue around risk to any patients. This had resulted in a further 3 week delay of the whole programme with expected completion of all theatre refurbishment expected in early November this year.
- Health & Safety Executive visit on 27th May: Following this visit, which had focussed on policy and practice in relation to ‘sharps’ management, Moorfields had been issued with a notice of contravention and an improvement notice. Tracy explained that considerable feedback from the visit had been positive. However, the HSE had felt that our policy had been too ‘clinical’ and that the risk assessments needed to be more comprehensive. Activity had commenced to correct these deficiencies and a comprehensive action plan would be produced.
- Chief Operating Officer post: Interviews had recently taken place for this post but had proved inconclusive. Further conversations were therefore taking place with the candidates and it was hoped that a decision would be made shortly.
- Chief Information Officer: John reported that Lisa Steele had now accepted the post of CIO and would take up her position on 1st November.
- Annual General Meeting: The Board were reminded that the AGM would take place on Wednesday 22nd July at 2pm at St. Luke’s.
- July 2015 Budget: A briefing was circulated outlining the economic headlines from the recent Budget, key announcements for health and NHS Providers’ view and actions.
- UCLH ophthalmology service: The Chairman enquired why Moorfields was not further pursuing the possibility of running the UCLH ophthalmology service. Declan explained that patients would be best served by a transfer of the service to the Royal Free which already provided significant support. However, he explained that Moorfields was developing a collaborative relationship with the Royal Free and now had a joint consultant appointment with them. Also a joint oculoplastic post was being taken forward.
- Lord Carter: The Chairman enquired when Lord Carter was due to visit the Trust and Charles Nall said this was scheduled for September this year and he would be given a short programme of briefings about our work.

15/1748 THEATRE IMPROVEMENT PLAN
Ruth Russell explained that an enormous amount of work had been undertaken over the last year to have an in-depth look at what happens within the City Road theatres and to find ways to improve the utilisation of capacity. Maggie Middleton gave the Board a detailed report on the theatre improvement plan recently launched which looked at efficiency and effectiveness and the proposed new theatre management structure. This had been well received by staff.
Martin Watson said there were clearly a number of processes within theatre needed to be put in place, particularly in the light of the pending CQC inspection. He explained this was a critical piece of work to make things safer and more efficient within theatres.

The Chairman asked whether there was a feel for when the work might be completed and Maggie indicated that some elements of the plan were already in place, however completion of the whole project was expected to be around March 2016. Andrew Nebel welcomed the transparency and candour of the report. He enquired about the relationship between NHS theatres and private patient theatres. Maggie said that quite complicated timetabling was currently required for both NHS and private patients but it was hoped in due course to be able to allocate separate theatres solely for private work. Andrew also said that one of the factors in theatre utilisation was the behaviour of doctors and asked to what extent this had been looked at. Declan explained that this was being pursued including amongst other things the lockdown of lists and use of the WHO checklist. Martin Watson said that in defence of the consultants, most did their best to try to get their lists to start on time but this was a team effort.

Ros Given-Wilson also welcomed the honesty of the report. She indicated one of her main queries was around the link between WHO audits and ‘never events’ and sought assurance that regular audits were undertaken of the WHO checklists and linked to that, data and feedback about how theatres functioned. Ruth Russell answered that a very comprehensive speciality based scorecard had been developed to reflect the progress, or otherwise, of the theatre management programme and offered to share this with Ros outside the meeting. Tracy Luckett confirmed that the WHO checklist was part of the audit programme carried out by the clinical governance team.

Phil Luthert echoed the thoughts of other NEDs around the clarity of this report. He asked whether the ophthalmologists were welcoming this review. Martin explained that on speaking to colleagues they were certainly on board and also the nursing staff had welcomed the review as a breath of fresh air. Jo Moss complimented the team on a really comprehensive report and asked how progress in culture was measured. Maggie indicated that it was difficult to measure but the performance of an organisation was reflected by how engaged the staff felt in the way they were working on a day to day basis. She felt that as we started improving the way that services were managed, then the more engaged staff would feel. Ruth said that the staff survey had been cited as one of the drivers for this plan and this was regularly repeated, so some measurement would come from those responses. Ruth also noted the importance of going out and talking to people and confirmed that regular meetings were being held with theatre staff.

Peng Khaw felt that previous staff surveys had indicated a listening issue, with some staff feeling they were not being heard. He noted that previous reorganisation had left a bad legacy with staff feeling demotivated and this current frank review was very important and was giving a voice to staff. He stressed the importance of trying to build into the culture that what staff say actually has some impact. Steve Williams felt encouraged by the work already done, particularly the devolution down to teams which he felt gave a sense of ownership.

The Chairman expressed appreciation to the team for identifying the issues and concerns and addressing these with the management plan in a transparent and exemplary way. He was a little concerned at the fact that there had been a growing awareness that we had a problem in theatres for quite some which he felt somehow or other had not been grasped. He therefore noted the need to take away from this the fact that if we saw problems emerging, then we needed to address them early on. He also reflected on the need to ensure that we did not have other areas where the spotlight had not fallen. He again thanked the team for the enormous amount of work already undertaken. John Pelly explained this had been a major piece of work. It had taken a change in relationship and attitude to allow us to get to grips with it. However, he noted that it
would take some time to fix. He proposed that an update be brought back in the new year at a
time that Maggie and Martin felt was appropriate.

- ACTION -
Update on theatre improvement plan to be brought back to the Board in the new year – Maggie Middleton

15/1749 SAFEGUARDING
Received: Safeguarding children & young people – Annual report
Safeguarding adults – Annual report
The Board noted both annual reports which outlined the work undertaken in the last year, the
challenges moving forward and the priorities for the coming year.

Edwina Curtis presented the Safeguarding adults annual report and the fact that safeguarding
was everyone’s responsibility. She explained that safeguarding covered a wide range of
activities and was not only about recognising and responding to concerns of abuse but also about
prevention of this happening. It also covered terrorism activities, the mental capacity act,
learning disabilities and dementia. This was a very large agenda covering the most vulnerable
patients that might come into contact with the Trust. She explained that we had achieved two
CQUINS, one around domestic violence and also around dementia. A large amount of training
had been undertaken, particularly in the emergency departments around domestic violence.
Mandatory compliance for Safeguarding adults training had gradually improved throughout the
year, however this still remained a challenge. Safeguarding adults training was currently being
provided to staff at a basic awareness level and not to specific competence levels according to
staff roles which included training around how to make a referral and recognise vulnerability
which increased risks to safeguarding vulnerable adults within the Trust. Edwina said that the
Mental Capacity Act has been identified as not being applied robustly and consistently across the
Trust which had highlighted Trust training and development needs across the organisation. She
also outlined measures in place to safeguard the workforce and linking that in with criminal record
checks. She stressed the need to keep the patient at the centre of any decision making process.
She noted the challenge of developing local networks with agencies and local authorities,
particularly with regard to all our satellite sites. Edwina also outlined the steps going forward and
the priorities for the coming year.

Andrew Nebel asked to what extent we could apply this effectively across networking sites.
Edwina explained that this was a challenge but plans were in place to achieve this. Declan
explained we now had an increased number of elderly patients and needed to make sure we had
a proper process to ensure that they could take in all the information they had been given. A lot
of training was being done to ensure clinicians were more aware of this. Peng highlighted the
need to have a secure system in place for referrals in a busy clinic.

The Chairman noted we had a good record in the way in which safeguarding children issues
were raised but noted that safeguarding vulnerable adults was a far greater challenge. He
stressed the importance that signs relating to concerns were picked up and encouraged the
Board to look at ways of creating the ‘time and space’ to enable this to happen. He took
confidence from the elaborate processes we have in place but stressed that it was the content
that mattered.

The Chairman noted the huge amount of data within the two annual reports on safeguarding and
in view of this requested that they be discussed in more detail by Management Executive in order
to provide the Board with assurance that all aspects were being picked up effectively and to draw
any headline points to the Board’s attention as necessary. He assured Tracy and her team that the Board remained very supportive of the work done.

Deborah Harris suggested it would be helpful to overlay onto the report, the information we currently have on the diversity of our current patient population. Sumita Sinha asked why the target was only set at 80% for mandatory training for level one of safeguarding training. Tracey Foster explained that NHS England set these guidelines.

➢ **ACTION**

Future annual Safeguarding reports to be scrutinised by Management Executive to give assurance to the Board that all aspects are being picked up effectively and to draw any headline points to the Board’s attention as necessary – Tracy Luckett

15/1750 **ANTI-TERRORISM PREVENT STRATEGY**

A briefing was received about the anti-terrorism Prevent strategy. Tracey Foster and Edwina Curtis presented the leaflet entitled ‘Keeping children and young people safe from extremism and radicalisation’ and explained that the Prevent strategy was about how we can prevent people supporting or engaging in terrorist activities and about grooming of vulnerable individuals.

The Chairman noted that we were by law required to have a policy to address certain requirements of the Counter Terrorism Act and asked when a draft of this would be available. Edwina indicated this had been written and was awaiting approval. The Chairman asked that this be taken to Management Executive for approval and the Board to be notified when this had occurred.

With regard to the leaflet received which had been prepared by the Islington Safeguarding Board, the Chairman asked how this would sit across all our satellites. Tracey Foster indicated that each local safeguarding board would be developing their own processes. The Chairman stressed the need for consistency across our footprint. Tracy Luckett said that the challenge was how our satellites fed into local safeguarding.

Deborah noted that the responsibilities now being sought from the NHS under the CONTENT agenda, which understandably did not reflect the fact that although we do see a very large number of patients, this contact was not as frequent or as prolonged as for example those in school education or social service providers. She suggested that in meeting this compliance the Trust could view the actions as raising awareness of staff to support them in work, but also to sensitise them in their personal roles as family members, and any other volunteer functions they did outside of the trust.

The Chairman concluded that this was something we were required to do by law and we needed to look at the policy quite carefully. He confirmed that the Board recognised the significance of this and indicated the need to be thoughtful about how we develop a response to it and the training that goes with it. He also reiterated the need to make sure there is consistency across the Moorfields footprint. He also raised the question as to how prepared we would be in the case of an act of terrorism at one of the Moorfields’ locations and asked Management Executive to review this point and revert to the Board with their conclusions.

➢ **ACTION**

Management Executive to discuss the anti-terrorism Prevent strategy further – Tracy Luckett
Received: Relocation of Moorfields District Hub at St. George’s – Business case update

Steve Davies presented the business case. He explained that the Board had approved investment of £14.3m in October 2013 for re-provision of outpatients and theatre capacity at St. George’s. However, following further detailed clinical and estates planning, the original solution was no longer viable and alternative solutions had been investigated. The paper outlined the options now available and set out the case for additional investment and associated costs for continuing to deliver services at St. George’s. Following an option appraisal, the preferred option now was to split the outpatients into a new modular building and the theatres to be relocated. He said that the capital expenditure required for this scheme was lower; previously it had been £14.3M and now it was just under £6M. However as part of that solution there would be an increased lease charge but this option would provide almost double the amount of outpatient space. The overall cost was noted to be approximately £400K a year in cash. Steve explained that in terms of the position at St. George’s, the plans had not yet been considered by their Board but it was hoped this would happen in September. In terms of clinical engagement, there had been a lot of debate with clinicians. He noted that the clinical directors would much prefer an integrated building but they realised that there was not currently a viable option available for that. A risk assessment had been undertaken and was noted within the business case. This solution would also solve the issue of segregation of paediatric and adult patients at the satellite. Steve said that we were currently working with the St. George’s team and their planning advisers around what was acceptable to us in terms of planning. The current plan for the opening of the new outpatient building would be April 2016. The relocation of the theatres would be longer term bonus and expected to take a couple of years to complete.

Steve Williams confirmed that the business case had been discussed at the last Strategy & Investment Committee and it was agreed that the preferred option was the best solution we had available to us. He briefed the Board on the discussions that took place at S&IC and advised caution going forward as this was not yet a done deal. Phil Luthert enquired about the whole challenge of managing highly complex patients at St. George’s and felt concerned that this option would not make that any easier. Steve Davies said that there had been a lot of debate about the emergency care pathway and this had been addressed by a risk assessment. Phil also enquired about the ‘lifetime’ of the new building. Steve said it would be approximately 40 years. Sumita Sinha enquired whether this could be considered as a mini Project Oriel where transformation pathways could be tested. Ruth Russell explained that with regard to the patient pathways the intention was to design optimal pathways and the suggested layout of the new build was in line with this.

Deborah Harris enquired whether this option allowed for growth and it was confirmed that it did. Andrew Nebel agreed this was the best available option creating a much better facility for everyone. Ros Given-Wilson also agreed with the proposed option. She noted that in separating in-patients from out-patients, this would put our theatres adjacent to the main St. George’s theatres and suggested we should be looking at whether there would be any efficiencies or cross working that could be gained from this. The Chairman raised the query as to whether this would impair our ability to finance anything else. Steve Davies said this was in line with our current financial modelling and had been factored into our borrowing plan.

The Board unanimously agreed to proceed with the preferred option with a capital expenditure of £5.6M, conditional upon agreement being received from the Board of St. George’s to an acceptable lease, secure provision of theatre capacity and appropriate financial and operational terms.
15/1752 OPERATIONAL REPORT
Received: Q1 Operational report
Steve Davies reported that we were within target for all the RTT measures. There had been three 52 week breaches for the quarter. He noted that the Department of Health had decided to abolish the admitted and non-admitted RTT standards. The Moorfields team were currently working through the impact of that and would start to focus more on the 'incomplete pathways' going forward. A&E activity continued to rise alongside a general increase in overall activity. The Chairman enquired when the question of A&E capacity would be revisited and Steve said this would occur over the next three months.

15/1753 FINANCE REPORT
Received: Q1 Finance report
Charles Nall presented the quarterly report. Whilst still below plan, CIP performance was noted to have improved after a disappointing start to the year and remained a continuing focus of work. The forecast for the year remained intact. Cash remained as anticipated at around 10% turnover. Debtors were well understood and under control at present. The financial risk rating remained at 4. The Chancellor’s July Budget implied continuing heavy pressures on cost improvement in future years and that would be taken early into the planning round this year. Continuing restrictions were noted on pension’s tax relief and were becoming an increasing issue for remuneration.

The Chairman noted that commercial business was slightly ahead of budget which was encouraging. He particularly noted the increase in realised cost efficiency savings and congratulated Charles and the team on this. Andrew Nebel noted that clinical income was projected to be £2.4M below budget which showed tensions for the remainder of the year to ensure the bottom line did not suffer because of top line cost. Charles indicated that work was being undertaken to ensure that the maintenance of elective activity in theatre improved from the current forecast. Deborah asked who the “others” were quoted within the debtors costs and Steve Davies agreed to clarify this with Deborah outside of the meeting.

15/1754 CORPORATE PRIORITIES
Received: 2015/16 Corporate priorities – Q1 milestone monitoring
The report was noted. Deborah asked if a RAG rating could be put against the objectives rather than the activity and Steve Davies agreed to look at this.

15/1755 WORKFORCE
Received: Q1 Workforce report
Sally Storey presented her report and drew the Board’s attention to the following. Details were shown within the report about The Moorfields Way and how actions within that programme mapped with the staff survey. Turnover was noted to look high at 17% but for this report was influenced by the closure of manufacturing at Moorfields Pharmaceuticals. The Chairman said that implementation and refreshing of the talent management programme was a critical area where he hoped to see progress during the year. He also indicated that the difficult issue of pension tax changes had been discussed on several occasions by the remuneration committee but so far no acceptable conclusions had been reached.

Andrew Nebel enquired about the commitment from the executive to support the Moorfields Way initiative. Sally said that this was already happening and that a number of executives had already “gone back to the floor” and spent time in clinics and other areas. He also asked when the Trust wide communications plan would be available. Sally explained that she hoped this would be
going to Management Executive next week. Deborah mentioned the earlier presentation regarding radicalisation and said she would be interested to see how that fitted into the workforce planning. Sally said she would look into this but also added that she did not wish to overload the plan. Ros Given-Wilson asked for an update on the appointment of an Education Lead. Sally Storey indicated that a detailed bid for charitable funding was in progress, and that she hoped for a decision by September at the latest. However, John Pelly said that there was still the possibility that if the Trust’s financial position allowed, there may not be a need for charitable funding. The Chairman noted the eagerness of the Board to see an appointment to this post but it did of course depend upon the financial situation.

15/1756 MONITOR
Received: Q1 Declaration 2015/16
Ian Tombleson explained that the declaration had currently been left blank as there was still some additional analysis to be done regarding the impact of the changes to RTT and also around ocular oncology targets. He agreed to send a note around to Board members once the wording had been agreed for the declaration. The Board delegated authority to John Pelly and Rudy Markham to sign this off on behalf of the Board.

➢ ACTION
Ian Tombleson to distribute copy of final Q1 Monitor declaration to Board members.

15/1757 AUDIT COMMITTEE
Deborah Harris indicated that the annual report of the Audit Committee had been distributed to Board members.

15/1758 QUALITY & SAFETY COMMITTEE
Phil Luthert reported on the last Q&SC held on 26th June. A compliance update had been received from the Head of Compliance which had focussed on CQC preparation. An update of the worry list had been given and also the importance of using all the work done around CQC to feed into the compliance model. An oral report had been given by Julie Nott on her interim findings around the theatre issues. Her “take home message” was that there was not one single issue but this had come about because of communication issues around the different elements involved, (estates, infection control and theatre management). The Q&SC also discussed some of the quality and safety aspects of OpenEyes. Melanie Hingorani had given an update on the quality workshop, particularly focussing on SIs.

15/1759 STRATEGY & INVESTMENT COMMITTEE
Steve Williams confirmed that besides the St. George’s Business case, the only other item discussed at the S&IC was the Cayton Street business case.

15/1760 BOARD CALENDER & DATES FOR 2016
Noted.

15/1761 NEXT BOARD MEETING
To be held on 10th September at 9am.