

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 7 February 2019 at **09:30am**

In the **Boardroom, 4th Floor, Kemp House, 152 – 160 City Road, EC1V**

AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
	Patient story - Claire's story		Present		00:20	
	Oriel presentation		Present		00:20	
1.	Apologies for absence	Note	Verbal	TG		
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 20 Dec 2018	Approve	Enclosed	TG		
4.	Matters arising and action points	Note	Enclosed	TG	00:05	
5.	Chief executive's report	Note	Enclosed	DP	00:10	
6.	Integrated performance report	Assurance	Enclosed	JQ	00:10	
7.	Finance report	Assurance	Enclosed	JW	00:10	
8.	Workforce strategy	Discuss	Present	SD	00:20	
9.	Learning from deaths	Assurance	Enclosed	NS	00:05	
10.	Service improvement quarterly report	Assurance	Enclosed	JQ	00:10	
11.	Report of the audit and risk committee	Assurance	Enclosed	NH	00:10	
12.	Report of the people committee	Assurance	Enclosed	SS	00:10	
13.	Report of the quality & safety committee	Assurance	Enclosed	RGW	00:10	
14.	Membership council report	Note	Enclosed	TG	00:05	
15.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	
16.	AOB	Note	Verbal	TG	00:05	
17.	Date of the next meeting – Thursday 7 March 2019 09:30am					

* Strategic Objectives

1 Care 2 Research 3 Knowledge sharing 4 Policy 5 People 6 Infrastructure 7 Finance 8 Enterprise

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 20 DECEMBER 2018**

Attendees:	Tessa Green (TG)	Chairman
	David Probert (DP)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Peng Khaw (PK)	Director of R&D
	Nick Strouthidis (NS)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Tracy Lockett (TL)	Director of nursing and allied health professions
	John Quinn (JQ)	Chief operating officer
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary (minutes)
	Johanna Moss (JM)	Director of strategy and business development
	Elisa Steele (ES)	Chief information officer
	Ian Tombleson (IT)	Director of quality & safety
Governors present:	Brenda Faulkner (BF)	Patient governor
	Jane Bush (JB)	Public governor, NCL
Other attendees:	Sola Afuape	Member of the public

18/2232 Apologies for absence

Apologies were received from Steve Williams, Nora Colton, Kieran McDaid and Rob Jones.

18/2233 Declarations of interest

There were no declarations of interest.

18/2234 Minutes of the last meeting

The minutes of the meeting held on 22 November 2018 were agreed as an accurate record.

18/2235 Matters arising and action points

In relation to the action on iSLR it was agreed to come back to the board in February with timescales following the January Finance committee **JW to advise on timescales**

All other actions were completed and removed from the action log.

18/2236 Chief Executive's Report

DP reported that the CQC had concluded their well led inspection on 6 December. Feedback was largely positive and the trust hopes to have a draft report in January and a final report in February. DP thanked everyone who put so much time and effort in to the inspection.

The trust is required have to achieve a flu vaccination target of 75% of frontline staff by the end of March 2019 and has so far achieved 62% of the required total. It was noted that supply of the vaccination is running low.

DP highlighted changes to NHS leadership in London and welcomed Sir David Sloman as the new regional director for the capital. DP also thanked Steve Russell for his support over the past year.

The trust hosted the clinical senate review of Oriel at the end of November. DP thanked all the clinicians, patients and governors who attended and supported the clinical case for change and provided the evidence and context for some truly innovative change that will have a positive impact on patients, staff, the trust and the system as a whole.

In relation to the RIBA competition the evaluation panel met on 11 December to make the final selection. The DHSC has awarded the trust up to £20m in 2019/20 to help move the Oriel business case forward.

The trust will now undergo an intensive period of engagement with the public and patients. There are 300 people who have so far expressed an explicit interest in being involved and 600 people completing various surveys. The team is also working with commissioning colleagues to use their existing stakeholder groups. Recruitment is under way for the patient advisory group and this will allow governors to have oversight of activity taking place.

18/2237 Integrated performance report

Overall the trust is doing well against national targets. The A&E picture is similar to the previous month. There was one 52-week breach which is a legacy issue from before the new validation team was put in place.

The trust is also doing well on the electronic referral system and is nearly at 100%. The system is less flexible than the previous paper system and there is collaboration between providers and the centre in order to address the issue.

Patient journey times continue to improve with glaucoma doing particularly well against the stretch target. The corneal service will shortly be added to the stretch target.

The IPR will be undergoing its annual review from January. Board members were asked for feedback as to what should be included. It was agreed that there needed to be transparency on divisional issues and assurance that there is no possibility of over performance masking under performance. In relation to the late-starting of theatres it was agreed that this target should be reviewed along with the accuracy of the data.

**Draft IPR to be
presented in March –
JQ 07.03.19**

The Moorfields facility at Duke Elder ward is now fit for purpose and the trust is looking to move equipment back into the ward. There is still an issue with the water supply into the building and patients cannot be moved back until these issues are resolved although we are keen to do this as soon as possible. The latest test results will be available on 7 January and familiarisation work is being done with staff prior to the move.

**Update to be provided at the next meeting – DP
07.02.18**

Appraisal rates continue to drop, in part because staff become non-compliant as soon as they start with the organisation and this data needs to be disaggregated. There are differing standards across network sites that need to be addressed.

The cancer 14-day target is one that the trust has little control over. NEDs asked if there is anything we can do to change the process and speak to referrers about the information they give to patients. Although only one patient has breached the target there needs to be better education for referrers in secondary care. It was agreed that JQ would speak to contacts in specialist commissioning to see how this might be addressed.

**Speak to specialist commissioning colleagues to explore a way forward – JQ
07.02.19**

18/2238 Finance report

JW reported a nil variance position in month and a £1.02m surplus. The sale of Britannia Walk has completed so the trust will see a gain on disposal of £1.8m and £2.3m of PSF coming into the position next month.

There has been an increase in activity over performance in outpatients and injections (21k outpatients in excess and injections 100k over plan). However the costs associated with delivery negate the additional income. This relatively small gain needs to be factored into business case templates in future as the trust is currently assuming a higher marginal percentage rate.

The trust has seen a decrease in debt by £700k but the aged component has risen by £0.2m. Overdue debt has also decreased. JW is seeking a debt management plan for the next six months.

In relation to CIP the forecast outturn has increased by £60k. The identified level of CIP schemes have increased by £200k. The level of non-recurrent schemes has increased by £200k with recurrent schemes being replaced by non-recurrent schemes. The first round of business planning has had a clear CIP focus.

The trust is expecting to report under delivery against the forecast capital plan and some thought needs to be given as to how to position this in terms of capex.

RGW referred to the quality implications detailed in the cover report and suggested a richer narrative in terms of the impact of CIP, etc. on patient safety and/or patient experience. It was acknowledged that the QIA process is robust but it must be audited to see the impact once schemes have been implemented. There is also a plan to put more rigour in around the non-recurrent schemes.

DH asked about the overdue debt and likelihood of it being recovered. JW replied that it is decreasing month on month but that a clear strategy is required which addresses current debt as well as the need to stop the debt from arising in the first place. The trust should have formal contracts in play as a national centre.

SS asked about the increased activity in outpatients and admissions and how this is impacting on staff pay costs. It was acknowledged that we are exposed in terms of the percentage of EU staff in the trust (currently 11% with a need to understand how many earn under the £30k per annum minimum wage requirement cited by the government).

CIP scheme phasing needs to be more front-loaded in future and will be done through the business planning round. There are similar issues across the sector but a lack of a comparator to provide a level of support and information that might assist. There are also some larger ticket items in the plan for next year that slipped from this year.

JW advised the board that the trust is in discussion with the centre on Oriel and when we can start to draw down the STP funding.

18/2239 Guardian of safe working

NS presented the report which provides assurance that specialist trainees and junior doctors are working as per the terms of the junior doctor contract and relates directly to maintaining the health and wellbeing of our trainees. The trust is currently working within safe practice and there has been one breach which is being managed.

A previous hotspot was identified in SGH. To address this, the trust has employed more senior grade fellows in the rota and recruited emergency nurse practitioners to provide support leading to a clear reduction in breaches.

Andrew Scott (GoSW) has embedded a bi-monthly junior doctor forum which gives trainees an opportunity to share experiences and learning.

It was noted that there is very low exception reporting, particularly in the City Road division, and that the underlying reasons for this need to be established. For example, are trainees being offered the opportunity to do additional hours or is there an expectation that they will do them. NS advised that the trainees have been surveyed and they have indicated a concern that there may be an impact on their career trajectory if they do not undertake additional hours. It was agreed that there is a clear need to get things right in terms of pathway delivery in order to make sure for example, that clinics finish on time.

RGW asked what controls are in place for the hours the fellows are doing. NS replied that they are doing the same shift patterns as the UH STs. Subspecialty fellow surveys are conducted, but the trust needs to make sure that the fellows are not taking more hours as a consequence of the requirements around safe working. A business case for a Fellowship Director has been approved and this individual will be responsible for issues such as pastoral care. It was noted that the GoSW is keen on mentoring and advocacy for the trainees. It was agreed to invite the GoSW to the board to present the annual report.

18/2240 Cycle of business and schedule of dates

The cycle of business and schedule of dates were approved.

18/2241 Reporting from the quality and safety committee

RGW advised that the committee had conducted two deep dives into research governance and the endophthalmitis incident.

The structure of research governance has changed and Declan Flanagan now chairs the RG committee. There is a large structure with three levels of oversight, both internal and external. All clinical trials have a principal investigator. Some issues remain such as defining risks to go on the risk register, the benefits of increased communication with staff within the trust and the importance of ensuring the PIs and CIs are appropriately trained.

There was a cluster of cases relating to graft endophthalmitis and a subsequent action plan which the committee has been monitoring. 90% of grafts come from within the EU and are procured through NHSBT. There have been changes in the eye bank and theatres, with improved oversight. Post-operative processes are in place and the trust now has its own microbiologist. Reporting takes place even if there is a single case of endophthalmitis. The committee took assurance that the action plan has been implemented.

The committee also received a report from the patient and carer forum about how the trust communicates with patients. This will form a deep dive for the future. More focus is also required on complaints oversight and this will come to the board on a quarterly basis.

18/2242 Identified risks from the agenda

Concern was raised around the oversight of research risk and whether the board has good sight of what those risks are. PK commented on the resource intensive nature of research, particularly in areas such as administration and governance. There are potentially huge reputational risks and regulatory challenges that are specific to research and have the capacity to significantly impact research activity. Reference was also made to other governance issues such as the competence of chief investigators and principal investigators and whether they have appropriate oversight and capacity for the level of work they are undertaking (for example if they are overseeing six projects at a time). It was acknowledged that the board needs to understand the level of support provided and whether it is sufficient, as there appears to be a lot of churn in support staff leading to a lack of continuity. The board must consider whether sufficient senior managerial support and resource is being given to the function as well as how it obtains better oversight and visibility of the widespread implications relating to research risk.

18/2243 AOB

None.

18/2244 Date of next meeting – Thursday 7 February 2019

BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
22 Nov 2018	18/2227	Report of the finance committee	iSLR session to be scheduled when appropriate	Helen Essex/Jonathan Wilson	7 Feb 2019	Date to be advised	Open
20 Dec 2018	18/2237	Integrated performance report	Draft IPR to be presented in March following annual review	John Quinn	7 Mar 2019		Open
20 Dec 2018	18/2237	Integrated performance report	Update on Duke Elder ward to be provided	David Probert	7 Feb 2019		Open
20 Dec 2018	18/2237	Integrated performance report	Liaise with specialist commissioning colleagues re: cancer 14-day target	John Quinn	7 Feb 2019		Open

Glossary of terms – February 2019

Oriel	A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.
AAR	After action review
AHP	Allied Health Professional
AIS	Accessible Information Standard
BAF	Board Assurance Framework
BRC	Biomedical research centre
CCG	Clinical Commissioning Group
CIP	Cost Improvement Programme
CPIS	Child protection information sharing
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Innovation
DHSC	Department of health and social care
EBITDA	Earnings Before Income Tax Depreciation and Amortisation
EDI	Equality diversity and inclusivity
EDHR	Equality diversity and human rights
EMR	Electronic Medical Record
EPPR	Emergency Preparedness Planning Resilience
EU	European union
FBC	Full Business Case
FFT	Friends and Family Test
FTSUG	Freedom to Speak Up Guardian
GDPR	General Data Protection Regulations
GoSW	Guardian of safe working
IPR	Integrated Performance Report
iSLR	Integrated service line reporting
JHOSC	Joint health overview and scrutiny committee
JVIS	Joint vision research strategy committee
KPI	Key Performance Indicators
LCFS	Local Counter Fraud Service
MR	Medical Retina
NCL	North Central London
NHSBT	NHS Blood and Transport
NIS	Network and Information Systems
OBC	Outline Business Case
OD	Organisation development
PID	Patient Identifiable Data
PP	Private patients
PSF	Provider sustainability fund
QIA	Quality impact assessment
QIPP	Quality, Innovation, Productivity and Prevention
QSC	Quality & Safety Committee
R&D	Research & Development

RG	Research governance
RTT	Referral to treatment
SCC	Strategy & commercial committee
SGH	St Georges University Hospital
SI	Serious Incident
SIS	Service Improvement and Sustainability
STP	Sustainability and Transformation Plan
UAE	United Arab Emirates
UCL	University College London
VFM	Value for money
WDES	Workforce disability equality standards
WRES	Workforce race equality standards
YTD	Year to date