



**Moorfields  
Eye Hospital**  
NHS Foundation Trust



# **Moorfields Eye Hospital NHS Foundation Trust Annual Report and Accounts 2018/19**



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## 1. Chairman's foreword

2018/19 has been a year of significant strategic and operational progress for Moorfields. Against increasing demand for our services and financial pressures across the NHS we have met or exceeded all mandated quality and financial targets for the year. We also welcomed an inspection by the Care Quality Commission which rated our City Road services as outstanding and all of services as outstanding for being effective. Overall the trust received a rating of good and the CQC highlighted that all of the trust's inspected services were rated as either good or outstanding.

Oriel, our proposal to relocate our services and build a hospital that is fit for the future in the King's Cross area in partnership with University College London's Institute of Ophthalmology and Moorfields Eye Charity, is forging ahead. Over the past year we have undertaken extensive engagement with our patients, staff and stakeholders, to listen and learn from feedback on the project. A design partner has been appointed and we have also received substantial financial support from the government to continue planning subject to the outcome of the public consultation led by Camden CCG. This is now underway and will enable members, patients, residents and staff to have their say on the proposal.

Moorfields continues to invest in its search for innovative and ground-breaking discoveries to prevent and treat eye diseases. Last summer saw the publication in Nature Medicine of our collaboration with Google DeepMind. This showed that our AI system could recommend the correct referral decision for over 50 eye diseases with 94% accuracy, matching world-leading eye experts. Work is now under way to progress assessing the technology further through clinical trials in other major ophthalmic centres. Additionally this year The Lancet published research results of the LiGHT trial, another pioneering study which found that laser-based treatment on newly diagnosed cases of glaucoma was more successful and cost-effective than the current method of using intraocular pressure lowering eye drops. This has the potential to change ophthalmic practice both nationally and across the world.

The trust has been able to use its position as one of the world's leading NHS eye care providers to influence and contribute widely to the specialty. This year nine members of staff were included in The Ophthalmologist's highly regarded Power List which recognises 50 clinicians, scientists and engineers who have made a significant contribution to ophthalmology. Professors Robin Ali and James Bainbridge were named winners of the largest prize in vision research, the 2018 António Champalimaud Vision Award, which recognised their work to develop a gene therapy to treat a genetic cause of childhood blindness. Declan Flanagan, consultant ophthalmologist and former medical director at Moorfields, has taken on an additional role as the new vice president for policy and communications at The Royal College of Ophthalmologists, implementing strategic policy issues that will shape ophthalmic care.

It has been a busy time for our membership council. In January 2019 we welcomed Allan MacCarthy as vice-chair of the council following Rob Jones' tremendous contribution in the role. New governors who were elected in April were at our sites May for Members' Week and are now planning to celebrate the re-opening of The Duke Elder Eye Unit at Moorfields at St George's Hospital following extensive works. These include refurbished theatres, clinics and waiting rooms that provide a modern and fit-for-purpose environment for our patients in South West London. I thank our governors for their time and commitment to the trust and its patients, and I look forward to working closely with them during the busy year ahead.

Philanthropy continues to play a major role in supporting the trust. I would like to thank Moorfields Eye Charity for its contribution through funding research into new treatments for conditions such as glaucoma, as well as for its tireless fundraising efforts including its annual Eye to Eye walking event. We are also very grateful to The Friends of Moorfields and its volunteers for the ongoing support they give our patients. It was pleasing to see The Friends secure a £75,000 grant from Helpforce, against strong competition, to expand its volunteer programme.

Finally, I would like to thank our staff across the entire network, from our NHS sites, to our private practices in London and abroad in the United Arab Emirates. Their skill, dedication and care ensure that we remain the leading provider of eye health services in the UK and a world class centre of excellence for ophthalmic research and education.

## 2. Welcome from the chief executive

2018/19 has been a successful year for Moorfields and its staff. As a world-leading eye hospital we are rightly measured by how efficiently and effectively we provide care to patients. Despite the challenges and pressures of ever-increasing demand for our services I'm proud to report that the trust has continued to meet all its national targets.

As a high-performing specialist hospital we are always looked to for the development of best practice methods and are constantly measured. Last year we faced one of the toughest measurements in the shape of an inspection by the Care Quality Commission (CQC). Their conclusion was impressive: "every service we reviewed was either 'Good' or 'Outstanding'". The inspectors confirmed what we hoped we already knew; they told us how we have improved and what we can do to get even better. The improvement in our ratings across all inspected sites is a significant achievement, and in particular for our City Road NHS and private services which were rated as being 'Outstanding' overall. Thank you to all the staff at Moorfields who work incredibly hard every day to make these achievements possible and deliver excellent care for our patients.

As part of our plans to improve on the high level of care we provide for patients we are continuing to make progress with Oriel, our proposal to relocate all services from Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology to a new, purpose built facility at a preferred site at St Pancras Hospital. The proposal has been gathering momentum over the past year, which has seen us appoint a design team to design the new facility, and we have also received significant financial support from Government.

We continue to take great strides in our commitment to improve patient care through the rapid translation of leading edge research innovations. During the past year we saw the ground-breaking results from a three-year glaucoma research project between Moorfields and the UCL Institute of Ophthalmology published in The Lancet science journal. The results found that using a laser-based treatment on newly diagnosed cases of glaucoma is more successful and more cost-effective than the current method of using intraocular pressure lowering eye drops. This is yet another example of the remarkable work Moorfields produces alongside its patient care commitments, which can go on to have a profound impact in ophthalmology and on the wider healthcare system. The success of our research and innovation is made possible through the close collaborative relationships we have cultivated with institutions that share our goals. I thank UCL's Institute of Ophthalmology, Moorfields Eye Charity and the National Institute for Health Research for their continued support in helping Moorfields be at the forefront of the research agenda, making new discoveries with our partners and patients.

Over the past year we have also sought to innovate and improve the way in which our frontline staff are upskilled, ensuring that we are developing tomorrow's experts. We launched a new MSc in Clinical Ophthalmic Practice for Nursing, which has been designed with the modern ophthalmic nurse in mind and combines the underpinning knowledge base and clinical skills to develop practice. It is an important milestone for ophthalmic nursing education and builds on our commitment to develop roles in nursing and allied health professions.

For over a decade we have operated in the United Arab Emirates and we've seen demand for our services grow. Our colleagues in the UAE have constantly adapted, innovated and recruited to make sure that patient demand is not only met, but delivered at an exceptionally high standard. This was recognised this year when the hospital received unconditional passes following a Dubai Healthcare City Regulatory (DHCR) audit. The team's commitment to quality improvement and patient safety resulted in the clinic achieving a score of 99.33% for the quality standards and 100% for the pharmacy standards which is a fantastic achievement

It truly has been an exceptional year made possible by the dedication, care and compassion shown to patients by our staff, and will make sure that we continue to go the extra mile so that we retain our position as world leaders in the provision of expert ophthalmic care, with a continued focus on excellent local care provision.

### 3. Performance report

#### *Who we are*

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. Our reputation for providing the highest quality of ophthalmic care has developed over 200 years. Our 2,120 (full-time and part-time) staff are committed to sustaining and building on our pioneering history, and ensuring we remain at the cutting edge of developments in ophthalmology.

We were one of the first trusts to become a Foundation Trust in 2004 and are a founder member of UCL Partners, one of the UK's first academic health science centres. Moorfields is one of only 20 sites nationally that has National Institute of Health Research (NIHR) Biomedical Research Centre (BRC) status, providing us with the infrastructure to support major innovative research initiatives and enabling us to fast-track projects to benefit patients more quickly.

We have a network of over 30 NHS sites in London and the south east of England, and provide private services both in England and internationally. We are registered without conditions and with an overall rating of 'Good' with the Care Quality Commission (CQC).

#### *What we do*

We provide a wide range of ophthalmic services, caring for patients with routine medical needs as well as those with rare and complex conditions. We serve the NHS and private sectors in the UK, and deliver care through our international services. In partnership with the UCL Institute of Ophthalmology and other strategic partners, we conduct world-leading research and play a leading role in the training and education of eye care clinicians.

We have a unique patient case mix and more detail on our services can be found at the following link: <https://www.moorfields.nhs.uk/listing/services>

#### *How we are structured*

In the **Moorfields North** division we run a district hub from Bedford Hospital and this service is also responsible for activity in our community clinic at Bedford Enhanced Services Centre. We provide a number of services in East London, including local surgical centres at Mile End Hospital in Whitechapel, St Ann's Hospital in Tottenham and Darent Valley Hospital in Dartford, Kent. We provide community clinics at Barking Community Hospital and the Sir Ludwig Guttmann Health and Wellbeing Centre in Stratford, as well as our partnership based at the Homerton Hospital in Hackney. We provide a number of services for patients in North West London from our district hubs at Ealing Hospital and Northwick Park Hospital. We also provide services at our local surgical centre at Potters Bar and in three of our partnerships: two in Watford and one in Wealdstone.

In the **Moorfields South** division we run a district hub from St George's Hospital in Tooting and this includes responsibility for the management of four other locations in south west London, our surgical centre at Queen Mary's Hospital, Roehampton and our community clinic at Nelson Health Centre in Merton. We also run a district hub from Croydon University Hospital and a community clinic at Purley War Memorial Hospital.

**Moorfields City Road** is managed as a unified division and comprises outpatient services from all sub-specialities (including many referrals from highly specialised services), clinical support services, A&E, a dedicated paediatric centre and comprehensive surgical facilities. Other specialty services at City Road include adnexal, cataract, corneal, general ophthalmology, glaucoma, ocular oncology, medical retina, strabismus and vitreo-retinal. The division is also responsible for joint working arrangements with Barts Health, Guy's and St Thomas' hospitals, and Great Ormond Street Hospital for Children.

Each division is supported by a range of **corporate services** covering quality and safety, human resources, governance, strategy and business development and finance. Our **access directorate** is



responsible for business continuity for the trust and includes the management of the booking centre, admissions department, health records, medical secretaries, referral to treatment team and diabetic retinal screening.

### ***Our strategy***

We launched our five-year strategy in July 2017 with a new purpose, 'working together to discover, develop and deliver the best eye care'.

- **Working together** means we collaborate with one another as individuals, with our patients and with other organisations.
- **Discover the best eye care** means we will focus on setting the agenda, being at the forefront for others to follow.
- **Develop the best eye care** means we will practically apply our discoveries to benefit our patients, staff and the services we provide.
- **Deliver the best eye care** means we will consistently provide an excellent, globally-recognised service.

### ***Integrating eye care across the service system***

In line with national and regional policy direction, the trust has begun working with commissioners across London to understand the need for eye health care, the current provision of services from a number of care organisations, and how new collaborations and partnership working might address future demand and further care needs.

To develop the trust's clinical strategy, Moorfields has undertaken a review of its four biggest services: glaucoma, cataract, medical retina and urgent and emergency care. Multi-disciplinary colleagues have taken part in a series of workshops to discuss the strengths, challenges and opportunities of current services today, agreeing immediate operational priorities and longer-term strategic options.

As part of the approach, best practice models for ophthalmology and other clinical specialties from across the world have been reviewed. Examples of innovative practice were used to challenge and test assumptions about potential future models of care for each subspecialty, including how the trust could develop further integrated pathways across primary, community and social care; continuing the development of services at a system-level.

Each service's strategic ambitions have been identified as follows:

- The **glaucoma service model** will provide a three-tiered approach to care, comprising of virtual clinics, optometrist-led, and consultant-led services. Building on the current high-quality service, Moorfields will provide a standardised glaucoma service across the trust network which focuses complex care at one site, with comprehensive high-volume routine care from a small number of centres across its network, utilising technology and risk stratification to improve patient experience and outcomes. Moorfields will stratify care to ensure the most complex, tertiary services are centred in one place with access to specialist advice, diagnostics and treatment
- The **cataract service** will optimise digital solutions to enhance the patient journey, have robust community pathways pre- and post-surgery, and lead the way for defining and training the best workforce to deliver the service. Moorfields will provide services from a number of high-volume sites strategically located across London to meet patient demand and needs, with new theatres at the new proposed facility at the St Pancras hospital site, allowing significant improvement to the flow of patients in and out of surgery, and resulting in improved productivity, safety and quality of care
- The **medical retina service** model will be delivered through a range of clinical models, appropriate to patient need. The trust will utilise technology and digital innovation to

enhance the ability to deliver care across London, implementing tele-ophthalmology to support out-of-hospital monitoring and alternate ways of delivering care. Moorfields will develop more cohesive clinical care hubs where specialist resources could be focused and maximise the use of new and enhanced technology

- **Urgent and emergency care** will establish standardised clinical protocols across all sites, with consistent access to sub-specialty advice from the site running complex emergency care services. Referral management and digital triage will be implemented to ensure appropriate cases are seen in the emergency department, supporting an improved patient flow and experience. Patients who have no need of immediate emergency care will have access to online and technological support tools to help get them to the right place for assessment and treatment, including access to bookable urgent care or other, community-based options.

### **Corporate objectives for 2018/19**

Our corporate objectives set as part of the trust strategy were deliberately ambitious because we wanted to challenge ourselves to deliver the best for our patients. The board is using these objectives to track progress over the next four years.

	<b>Working together to discover, develop and deliver the best eye care</b>			
<b>Ambitions</b>	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	We will be at the leading edge of research, making new discoveries with our partners and patients	We will innovate by sharing our knowledge and developing tomorrow's experts	We will collaborate to shape national policy
<b>Enablers</b>	We will attract, retain and develop great people	We will have an infrastructure and culture that supports innovation	We will have a sustainable financial model	We will be enterprising to support and fund our ambitions

Our priorities for 2019/20 have been updated to reflect progress made during the past year as well as changes in our external context:

- implementing our new sub-specialty service strategies
- developing a new workforce strategy and the plans to deliver it
- enabling digital technology to revolutionise our clinical and corporate services
- increasing the profit from our commercial activities by £5 million per annum by 2025
- influencing our partners to give their support for our vision and plans to our new centre

### **Oriel**

2018/19 has been an exciting year for Oriel - our proposal to relocate services from Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology on Bath Street to a new, purpose-built facility. Oriel is a joint venture between Moorfields Eye Hospital, UCL and Moorfields Eye Charity, and

aims to create a new, integrated centre of excellence for eye care, research and education. It is subject to a consultation that is taking place in 2019.

The aspiration for the proposed new facility at St Pancras would be to continue to innovate and develop treatments and clinical outcomes for patients, with a continued focus on excellent local care provision. Work is underway at a system-level to ensure that networks and pathways are being developed to improve how patients would access eye care services, how clinicians and staff would deliver eye care services, and how, by integrating research with service delivery, this would create a huge benefit for clinical outcomes.

As such, the strategic objectives of the proposed integrated facility include:

- **Creating the best possible patient experience** by substantially improving the current patient experience, in particular the patient journey which can be long and complicated at the City Road site due to limitations of the current estate, which is not suited to the current or future provision of clinical care, research or education
- **Attracting and empowering people** by improving staff satisfaction across the landscape and creating an environment that encourages more efficient use of staff time and provides ways of managing ever increasing workloads so that the high quality of services to patients is maintained
- **Inventing and innovating together to be at the leading edge** by accelerating scientific research and discoveries with educational and research partners in London and more widely, to improve the prevention, diagnosis and treatment of eye disease to meet rising demand, through improved facilities and more interaction between scientists and clinicians
- **Educating people to be the very best** by extending capacity for teaching and providing an environment in which students can flourish
- **Driving efficiency and effectiveness** by enabling improved service efficiency as highlighted in the elective care high impact interventions: ophthalmology specification and for cataract surgery in the GIRFT review.

In 2018, the Royal Institute of British Architects ran a competition on behalf of the partners to procure a design team for Oriel. Designers and architects from around the world submitted their proposals for the exciting opportunity to design our proposed new centre of excellence. After shortlisting the entries, we held a series of public exhibitions, to allow our stakeholders the opportunity to view and give their feedback on the shortlisted designs.

Following a robust competition and evaluation process, in January 2019 we announced AECOM with Penoyre & Prasad and White Arkitekter as the team who will design our proposed new centre, collaborating closely with our project team and other stakeholders.

In a further exciting milestone for Oriel last year, in December 2018 we announced that Moorfields secured £18 million of funding to support Oriel as part of the Department of Health and Social Care's major investment in the long-term future of the NHS.

In 2018, we launched a series of engagement workshops, drop-in sessions and forums for patients, to listen to their feedback and concerns about Oriel. We heard from over 1,200 people who provided their views and asked questions about our proposals. As part of this increased engagement, we established an Oriel Advisory Group in early 2019, made up of a diverse group of patient representatives who now advise the project team on the best ways to inclusively engage with patients and residents about the project.

2019/20 will be an important year for Oriel, as Camden CCG (on behalf of Islington CCG) plan to hold a formal consultation on the proposal to relocate NHS services from Moorfields Eye Hospital on City Road. This consultation will be an opportunity for patients, residents, staff and stakeholders to formally have their say on the proposal to relocate NHS services.

### **A going concern disclosure**

After making enquiries, the directors have a reasonable expectation that Moorfields Eye Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

### **Key issues and risks**

The trust's board assurance framework includes the high level risks to the organisation. These are rated depending on the level and potential impact of risk, with red being the highest. A summary following a review in January 2019 is included in the Annual Governance Statement at section 4.5.

### **The year at Moorfields**

In 2018/19, over 780,000 patients visited our NHS sites. The outpatients departments were the busiest, receiving nearly 600,000 attendances. In our A&E department, we saw over 97,000 patients for treatment. The 2018/19 Friends and Family survey found that Moorfields provided positive care in all areas: Inpatients (99.4%); A&E (93.3%); Outpatients (96.9%); and Paediatrics (97.9%).

The CQC inspected our services at City Road, St George's Hospital and Bedford in late 2018 and saw a significant improvement with all areas inspected receiving a rating of 'good' or 'outstanding'. More detail on the inspection can be found in the quality report.

Each year a number of our colleagues are acknowledged externally for their achievements and contributions. Of particular note this year are the nine Moorfields staff who have been included in a list of the most influential people in the world of ophthalmology: Alan Bird, Declan Flanagan, David (Ted) Garway-Heath, Pearse Keane, Professor Sir Peng Tee Khaw, John Marshall, Mariya Moosajee, Dawn Sim and Adam Mapani, who is the first nurse ever to be included on the list.

### **Patient activity**

Moorfields' NHS patient activity and the total volume of Moorfields' NHS activity in 2018/19 are shown in the table below, with figures from 2016/17 and 2017/18 for comparison. This year saw some growth in our A&E, inpatient day case, and outpatients. The figures are attendances taken from Moorfields systems and include our Bedford site activity. We saw a total of 782,977 patients this year.

<b>Point of delivery</b>	<b>Activity number</b>		
	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
A&E	102,558	96,947	97,222
Inpatient day case	36,078	37,718	37,787
Inpatient elective (planned)	1,130	1,184	1,142
Inpatient non-elective (unplanned)	2,737	2,780	2,630
Outpatient	587,283	601,986	644,196
<b>Grand total</b>	<b>729,786</b>	<b>740,615</b>	<b>782,977</b>

*Note: discrepancies between annual reports are attributable to the timing of the data run each year.*

### **Performance analysis 2018/19**

The Integrated Performance Report (IPR) provides the Board with in depth information on the performance of Moorfields. Each month, the performance and information department report on the following areas:

- operational measures such as A&E measures, attendance rates, theatres utilisation and waiting time;
- workforce measures such as staff vacancy rate;
- quality and safety measures such as rates of infection;
- research and development measures such as number of studies closed;
- finance measures such as variance from financial plan; and
- commercial and private patient measures.

There are 100 KPIs in total and each one is categorised into a Care Quality Commission (CQC) domain. The report gives an overview and detailed performance for each individual metric, comparing this month's performance to previous months, quarters, years and the target. A red, amber or green rating method shows whether a target is achieved, with green indicating performance is on target. Importantly, the report also identifies additional information and remedial action plans for any metrics which are rated red or amber. The report is shared with internal and external stakeholders.

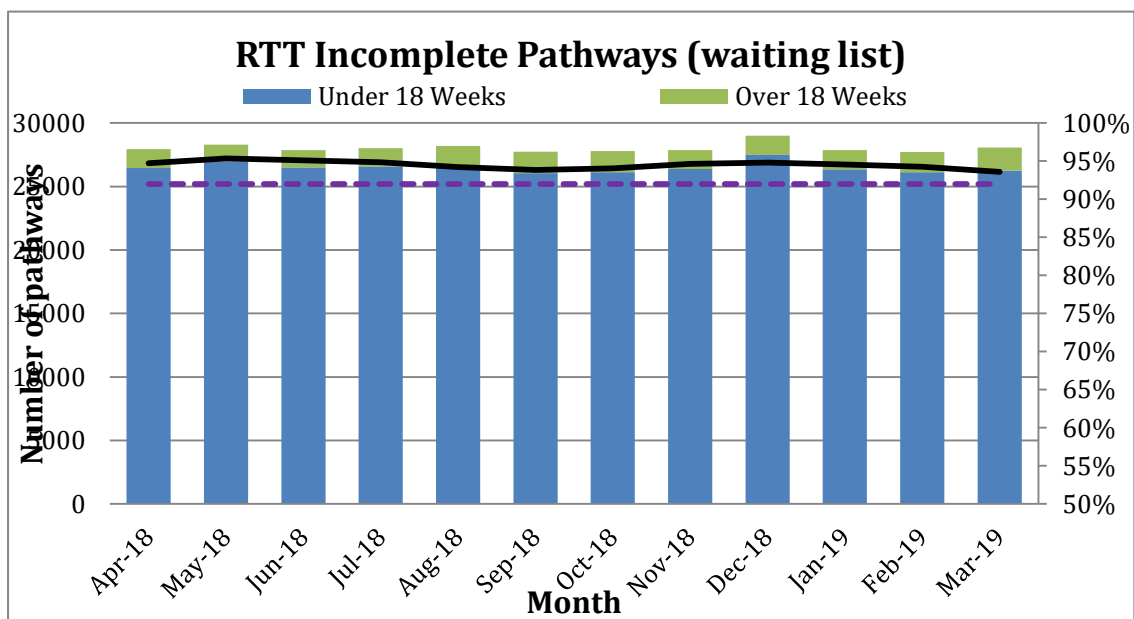
### 18-weeks referral to treatment (RTT) standard

Indicator	Target	2016/17	2017/18	2018/19
18-weeks RTT incomplete – all pathways	≥ 92% (96.5%)	97.7%	95.3%	94.5%
18-weeks RTT incomplete – pathways with DTA*	n/a	92.9%	88.5%	87.9%
New RTT periods all patients	n/a	151, 487	145,312	143,420

\* decision to admit.

Performance for the measure retained as the primary key performance indicator (18-weeks referral to treatment incomplete) has continued to exceed the nationally set annual target of 92%, but has declined against our reported position for the last year for a number of factors. There has been an increase in referrals across our network which is affecting our waiting times. Trust wide growth for referrals was 7.20% in 2017/18 and this has grown to 10.99% for cataracts and 15.55% for our North division in 2018/19.

The RTT position has been affected due to the ongoing refurbishment of St George's theatres. The refurbishment is now complete and performance is predicted to recover in the next financial year.



Indicator	Target	2016/17	2017/18	2018/19
A&E four-hour performance	≥ 95%	98.1%	98.5%	98.4%
Total number of arrivals in A&E	N/A	102,558	96,947	97,221
Time to treatment in A&E department – median	≤ 60 mins	112	120	127
Time to assessment in A&E department – median	≤ 15mins	35	26	15

A national requirement is to report the proportion of attendances lasting fewer than four hours from arrival to admission, transfer or discharge in A&E. This has a minimum target of 95% which we have consistently exceeded and improved upon.

Compared to 2017/18 the number of A&E attendances has increased by approximately 300 patients. Other A&E measures, such as waiting times, have shown a varied result. Our assessment waiting times have steadily decreased over the last three years whilst our treatment waiting times have increased slightly.

### **Cancer waiting times**

Indicator	Target	2016/17	2017/18	2018/19
Cancer two week waits – first appointment urgent GP referral	≥ 93%	98.5%	96.9%	94.3%
% cancer 14-day target – NHS England referrals (ocular oncology)	≥ 93%	89.8%	89.8%	76.9%
Cancer 31-day waits – diagnosis to first appointment	≥ 96%	96.7%	95.7%	97.6%
Cancer 31-day waits – subsequent treatment	≥ 94%	94.9%	98.1%	100%
Cancer 62-days from urgent GP referral to first definitive treatment	≥ 85%	85.7%	100%	100%

Cancer waiting times have improved year on year, with 100% of our patients receiving treatment within 62 days of GP referral for two years in a row. Moorfield's performance has also exceeded the national target of a two week wait for first appointment. We also achieved the annual target for 31 days from diagnosis to first appointment this year.

Cancer targets are challenging and the relatively low number of patients makes performance percentages fluctuate. Performance can be influenced by patient choice or the fitness of the patient to undergo surgery, much of which is outside of the control of the trust.

The trust has prepared for the introduction of the new version of the cancer outcomes and services dataset (COSD) and the cancer waiting times (CWT) dataset which we currently shadow monitor. The new CWT includes a new national 28 Day Faster Diagnosis which will be reported from April 2019 onwards.

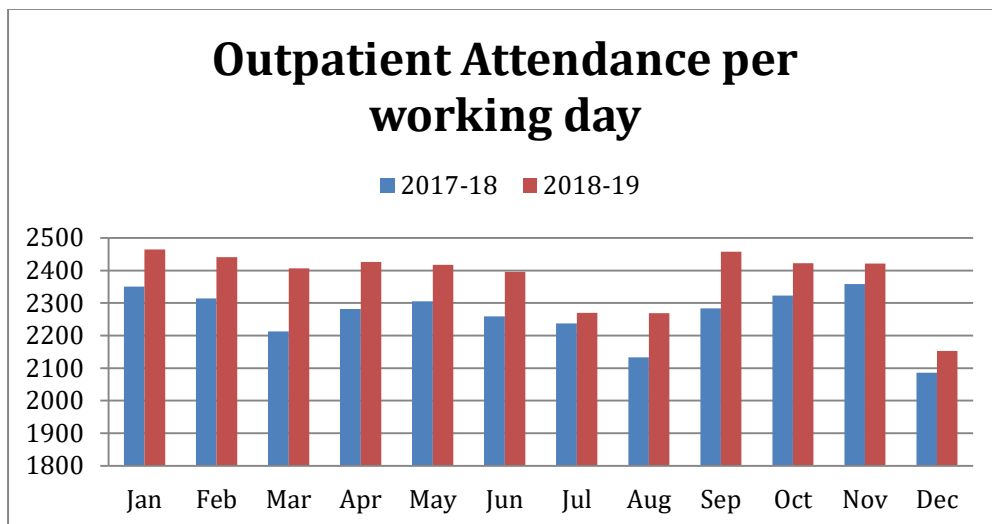
### **Access**

Indicator	Target	2016/17	2017/18	2018/19
Diagnostic waiting times – six weeks	≥ 99%	100%	100%	100%
Percentage of GP referrals from electronic booking*	100%	N/A	57.7%	89.4%

\*The electronic GP referral is an average across the year and reflects a year-long trajectory that has seen this figure rise from less than 60% to a position where it has been consistently achieving 99.5% since December 2018

Diagnostic waiting times have again been better than target, and all diagnostic requirements within six weeks have been met. We also achieved a stretch target of 100% as part of the Sustainability and Transformation Fund programme.

**Outpatient activity**



This table shows all activity for Moorfields systems, not including Bedford.

Indicator	2016/17	2017/18	2018/19
Outpatient total attendances – first appointment	124, 398	127,859	136,396
Outpatient total attendances – follow up appointments	432, 703	439, 997	465,715
Outpatient cancellations (hospital cancellations)	2.86%	2.93%	3.52%
Outpatient DNA* rate – first appointment	14.0%	12.4%	11.6%
Outpatient DNA* rate – follow up appointment	12.0%	11.0%	10.4%

\* did not attend.

The demands placed on trust capacity have increased notably this financial year with first appointment attendances increasing by 8,537 (6.7%) and follow up appointments by 25,718 (5.8%).

In 2016/17, we took action to improve performance through text message reminders to patients. The results are shown in outpatient appointments for which the patient did not attend (DNA) decreasing year-on-year for both first and follow up appointments

**Safety**

Indicator	Target	2016/17	2017/18	2018/19
Number of MRSA cases	0	0	0	0
Number of Clostridium difficile cases	0	0	0	0
Venous thromboembolism (VTE) screening	≥ 95%	98.9%	98.6%	98.2%
Mixed sex accommodation	0	23	2	0

Performance within the safety arena is has been either stable or improving over the past two years, and we have avoided any breaches in mixed sex accommodation this year.

**Service delivery measures**

Ward staffing levels are calculated for those wards with inpatient beds, which for Moorfields include the observation unit and Francis Cumberlege wing at City Road and Duke Elder Ward at St George’s Hospital. The data included reflects the national methodology which requires trusts to publish fill rates for both registered nursing staff and care staff separated into day and night periods. This data is shown in the table below.

Designation	Percentage fill rate 2018/19
Registered nurses – day	94.4%
Registered nurses – night	103.1%
Care staff – day	85.9%
Care staff – night	133.0%
<b>Total fill rate</b>	<b>104.1%</b>

**New Measures – Surgery**

In 2017/18, new surgery measures were implemented as part of the new Integrated Performance Report. We continue to monitor these measures and the results are below.

Indicator	Target	2017/18	2018/19
Theatre Cancellation Rate	≤7.0%	7.0%	7.1%
Safer Surgery Checklist: Percentage of audited "Team Briefing" stage elements compliant with requirements	≥95%	93.3%	97%
Safer Surgery Checklist: Percentage of audited "Sign In" stage elements compliant with requirements	≥95%	99.7%	100%
Safer Surgery Checklist: Percentage of audited "Time Out" stage elements compliant with requirements	≥95%	98.9%	99.8%
Safer Surgery Checklist: Percentage of audited "Sign Out" stage elements compliant with requirements	≥95%	98.2%	99.5%
Safer Surgery Checklist: Percentage of audited "Team Debrief" stage elements compliant with requirements	≥95%	96.7%	99.0%

Theatre cancellation rate included both medical and non-medical cancellations. The target for the Safer Surgery Checklist was increased this year to 95%, and we are proud to report we have achieved the target for all of our Safer Surgery Checklist measures.

**Moorfields Private** is our private patient unit in London comprising the Moorfields Private Outpatient and Diagnostic Centre, providing consulting and diagnostic facilities for both general ophthalmology and refractive laser services, together also with a dedicated pharmacy service, minor procedures room and injection suite.

During 2018 there has been capital investment in the creation of two private patient theatres and a full refurbishment and expansion of the ward facilities. The two dedicated theatres became operational in May 2018 providing increased capacity and access to daytime theatre sessions. In addition, there is scheduled access to the suite of eight theatres within the main theatre complex.



Ward facilities have been expanded across three separate locations on the fourth floor of the private patient unit comprising the former Francis Cumberlege Wing, Club Lounge and Observation Ward. These areas are now collectively referred to as the 'Moorfields Private Admission and Refractive Laser Suite' and benefit from a newly designed reception area to receive patients for both refractive procedures and admissions.

The refurbishment of admission facilities will be completed in the summer of 2019 and will comprise 12 rooms with beds and ensuite shower facilities for patients undergoing general anaesthetic procedures and/or who need to stay overnight, together with 12 rooms with reclining chairs and ensuite cloakrooms for patients having routine day case procedures with mild sedation.

There are three refractive laser rooms and also private consulting rooms at Upper Wimpole Street in London's West End with private patients also being seen at Moorfields Eye Hospital services in Bedford and Purley. Children are seen in both the Richard Desmond Children's Eye Centre and the Moorfields Private Outpatient Centre in Bath Street.

In 2018/19, Moorfields Private saw more than 38,000 outpatients, 1,600 laser patients and admitted approximately 5,750 patients for surgical procedures making a considerable financial surplus which is invested back into the trust for the benefit of its NHS services.

During 2019/20 Moorfields Private will continue to grow its share of the private ophthalmology and refractive laser markets through plans to expand services into the wider Moorfields network. It will also continue to develop plans to attract self-paying or sponsored patients wishing to travel from overseas for treatment.

A comprehensive marketing strategy continues to focus on building brand awareness, primarily through social media and other digital campaigns, driving enquiries into its dedicated enquiry line service. This has contributed to an 11% increase in new patient enquiries and a 5% increase in conversions to outpatient appointments from those enquiries on the previous year.

The year saw the consolidation of our eleventh year of operations in **Moorfields Eye Hospital Dubai** and the completion of two years of operations in Moorfields Eye Hospital Centre in Abu Dhabi, where 20% of the Dubai facility patient base resides. Despite this, MEH Dubai has seen around 175,000 patients and performed over 15,000 surgeries since inception.

In 2018, MEH Dubai appointed a new medical director and Vitreoretinal Surgeon, filling the need for a full time medical team leader.

MEH Dubai also underwent a modification project to expand its facility to better accommodate the needs of our patients. This project allowed more nurse assessment rooms, a dedicated photography room for investigations, additional rooms for visual fields tests and paediatric ophthalmology department, and a new laser treatment suite in the theatre area.

MEH Dubai acquired the necessary equipment and medication to provide a new Photo Dynamic Therapy service, which is a treatment for certain retinal conditions that are commonly found in the diverse population of the UAE. MEH Dubai is the only hospital in Dubai that offers this treatment.

A new agreement was reached for complex paediatric cases to be seen at Al Jalila Children's speciality hospital in addition to surgeries for babies and complex paediatric ophthalmology cases. We are also developing our relationship with the Dubai Healthcare City Authority by working closely with the Mohammad Bin Rashid University of Medicine and Health Sciences to be part of the faculty body and develop specific programmes focusing on ophthalmology.

MEH Dubai hosted the first international conference of its kind in January 2019, bringing together local and international speakers to review the latest innovations and research in ophthalmology. The conference was very well received with over 200 delegates in attendance providing excellent feedback and reinforcing the Moorfields name as a leader in world class ophthalmology.

The healthcare market in the UAE continues to be dynamic. Throughout the year we focused on contracts beneficial to increasing the patient flow, developing our market share and increasing awareness of our services within the United Arab Emirates and Gulf Cooperation Council. We also added targeted marketing and advertising resulting in a higher percentage of new to returning patient ratio than in previous years, in addition to more corporate and healthcare referral agreements which maintain and further grow the Moorfields brand.

**Moorfields Eye Hospital Centre Abu Dhabi** officially opened in 2016 at Abu Dhabi Marina Village and is the first joint venture of Moorfields in the Middle East in partnership with United Eastern Medical Services – a local healthcare operator and investment group.

We have been very active in the media and in negotiations with insurance companies to facilitate access for Abu Dhabi residents to our facility. Since the commencement of operations in Abu Dhabi, we have seen over 40,000 patients and performed over 1,500 surgical procedures.

Along with our academic partners at the UCL Institute of Ophthalmology, Moorfields Eye Hospital is recognised as one of the world's leading centres of excellence in **eye and vision research**. The joint site was ranked number one in the world in ophthalmology by the Centre for World University rankings in 2017. Together we form one of the largest ophthalmic research sites in the world, with the largest patient population in Europe and the USA. We publish more scientific papers than any other eye and vision research site in the world and have an extensive joint research portfolio. During 2018/19, Moorfields supported 156 active projects, recruiting over 5000 patients to clinical studies, and the UCL Institute of Ophthalmology had 134 active research grants. Together, Moorfields and the UCL Institute of Ophthalmology published over 700 research papers in 2018/19.

Our seven-year joint strategy for research and development sets out a clear direction to allow us to continue as a world-leading organisation in eye disorder prevention and treatment, as well as enabling us to remain agile enough to respond to new developments and opportunities. We are implementing this strategy by:

- conducting fundamental research and rapidly translating it by focusing on high patient-impact research programmes, while strengthening our research base;
- attracting, training and developing premier research talent to drive research output, discovery and innovation in treatments;
- developing an integrated culture to foster an inspirational environment for collaborative research to boost innovation; and
- leading some of the largest world-leading partnerships with other institutions and with industry, bringing complementary skills to bear on some of the most challenging research questions.

The strategy identifies three main areas – glaucoma, diabetic retinopathy and age-related macular degeneration (AMD) on which to focus research activity, and highlights key areas of rarer diseases where we provide world-leading expertise. There are essential scientific platforms such as stem cell and gene therapy, regenerative medicine, genomic medicine, devices and imaging that underpin this activity and require further development.

The UCL Institute of Ophthalmology departments are organised into three new themes (or clusters) that align more closely with Moorfields' clinical research activity. Each theme has both a clinical and preclinical lead to empower the integration initiative. Researchers can join one or more themes depending on their research interests:

- rescue, repair and regeneration;
- visual function and integrative epidemiology; and
- development, ageing and disease.

Our **National Institute for Health Research (NIHR) Biomedical Research Centre (BRC)** is a partnership award given to both Moorfields Eye Hospital and UCL Institute of Ophthalmology. This award provides the infrastructure support to major programmes of innovative research such as gene therapy, regenerative medicine and stem cell therapy including pharmaceuticals and novel surgical devices, visual assessment and imaging, genotyping and inflammation.

In 2017 Moorfields BRC began a new five year, £19 million, award term. This substantial investment by the NIHR recognises our world-leading excellence in the translation of ground-breaking experimental medical research into sight saving treatments. Moorfields NIHR BRC supports:

- research from the point of conceptual proof to studies that assess safety and potential efficacy for patients; and
- activities and networks that involve patients in working with researchers to determine the drivers and priorities of specific research projects.

To help develop research that addresses areas of unmet need, our BRC has a strong patient and public involvement and engagement programme. This programme facilitates discussions and activities for patients and researchers. Small facilitated group discussions aim to reach agreement about a project's key aims that meet both clinicians' and patients' priorities; they also provide a forum for gaining patients' advice on ways of maximising opportunities for people to participate in studies.

The Advancing Clinical Trials in Vision and Eyes (ACTIVE) group is hosted by the BRC. The group's aims are to increase well designed clinical trials in ophthalmology by drawing in expert advice in methodology, statistics, and trial conduct. The ACTIVE group links with the Ophthalmic Statistics Group, the Cochrane Eyes and Vision Group, and the UCL Clinical Trials Unit (UCL-CTU).

Moorfields Eye Hospital also hosts an NIHR Clinical Research Facility (CRF) which provides specialist support for clinical research studies and clinical trials being undertaken at Moorfields. In 2017, Moorfields CRF began a new five year, £5.3 million, award term. The CRF complements the predominantly academic focus of our BRC and enables us to accelerate the transfer of breakthroughs in experimental medicine into treatment trials to benefit patients with eye diseases.

We are a founding member of **UCL Partners (UCLP)**, the largest academic health science centre (AHSC) partnership in Europe and one of 15 academic health science networks (AHSN) in England. The UCLP network brings together 40 organisations and spans a population of six million people across north east and north west London, as well as Hertfordshire, Bedfordshire and Essex. It aims to ensure that innovation and best practice are spread across the region, providing tangible patient and population health gains locally, nationally and globally through new models of care, enhanced multi-professional education and medical advances.

Moorfields' executive director of research and development, Professor Sir Peng Tee Khaw is the programme director for the AHSC eyes and vision programme. This programme drives forward translational research programmes, targeting the blinding diseases that pose the greatest burden to patients and society, and increases our capacity and support for high quality research programmes.

As part of the UCLP-led North Thames Genomic Medicine Centre, Moorfields is one of the top patient recruiting sites in the UK for the 100,000 Genome pilot and project – a national genome sequencing initiative which will deliver more personalised diagnoses to rare disease and cancer patients across the UK. The NIHR BRC at Moorfields was also awarded an NIHR Bioresource for rare diseases centre.

There were a number of significant and exciting **research developments** at Moorfields in 2018/19.

Our ongoing medical research partnership with **DeepMind Health**, one of the world's leading artificial intelligence companies, has made great progress with its research programme. The collaborative project is exploring whether artificial intelligence (AI) technology could help clinicians improve the way sight threatening eye conditions are diagnosed and treated, in order to improve patient care. We are working

together on two specific conditions that cause sight loss: diabetic retinopathy and age-related macular degeneration. Together, these affect more than 625,000 people in the UK and over 100 million people worldwide. DeepMind has invested in significant infrastructure to support the research programme, underpinning their commitment to the partnership with Moorfields.

In July 2018 we announced the first results of this research, published in the international journal Nature Medicine, which demonstrates a significant step towards this goal. The research team has developed AI technology which can automatically detect eye conditions in seconds and prioritise those patients in urgent need of care, matching the accuracy of expert doctors with over 20 years' experience. We believe this triangulation process could drastically cut down the time taken between detection and treatment, making it much less likely that these conditions will lead to sight loss.

The **100,000 Genomes Project** aimed to sequence 100,000 whole genomes from around 70,000 participants with rare disease, their families and people with some cancers. Moorfields treats many patients with rare and inherited retinal conditions, which provided the opportunity to contribute to the 100,000 Genomes Project.

Moorfields completed recruitment of over 3200 patients and their family members at the end of September 2018 and was one of the top performing NHS Trusts nationally with peak recruitment of 60+ patients recruited per week. This unique project is transforming the use of genomics in the NHS and improving NHS care for our patients with rare inherited diseases.

Raised intraocular pressure (IOP) is the most important risk factor for **primary open-angle glaucoma (POAG)** and lowering of IOP is the only proven treatment to prevent vision loss. A genome-wide analysis has linked hundreds of genetic loci to intraocular pressure.

An international team of researchers, led by Anthony Khawaja from Moorfields Eye Hospital, identified 112 loci linked to intraocular pressure, as reported in Nature Genetics in July 2018. The researchers used these loci to develop a model to predict who might be at risk of developing glaucoma. These results will help us to better understand the previously unknown mechanisms that cause this damaging disease and support both those living with the disease and those who may develop it.

Following on from the first retinal gene therapy in man, Moorfields has continued to deliver our portfolio of five, currently active, **MeiraGTx gene therapy clinical trials** throughout 2018. These are three therapeutic trials for CNGB3, LCA2 and RGPR, and two long term follow-up studies for LCA2 and CNGB3. We are also moving the world's first ocular gene therapy in a human onto a much larger scale. The LCA2 trial is also helping identify patients for inclusion in the upcoming Athena Vision OPTI gene therapy trial.

The next year will be exciting in **vision and eye health education**. There are many factors at play that will determine changes that we will need to respond to such as technological change, globalisation, demographics and government policies and resource allocations. These factors present challenges and opportunities for us as an organisation. As our third pillar of strategic activity, we will build on our research and clinical reputation a joint education reputation with UCL Institute of Ophthalmology through several focused activities that prioritize capacity building for our staff and students regarding delivering education and global expansion.

Health education is experiencing a dramatic realignment in response to societal changes. In partnership with UCL Institute of Ophthalmology, we will expand our education offerings as well as train our workforce at higher degree levels. There is also the opportunity to ensure that these activities connect purposefully to our Oriel project and the knowledge quarters where this new facility will be located. In sharing resources, we will be able to deliver our education portfolio more efficiently while leveraging the infrastructure, platforms and services to support the student experience offered through UCL as well as take advantage of our staff expertise and experience.

As part of our connected curriculum that we are developing, we will ensure the development of the cognitive capabilities of our students, faculty and staff. We want to ensure that all our programmes foster systems thinking and an entrepreneurial spirit of discovery and innovation. Our commitment to

education is for life, and our programmes and curriculum will be designed for everyone, everywhere and at any stage in their career. Consequently, we will continue to explore and develop not only different types of courses and programmes, but modes of delivery.

We have identified seven strategic principles that we will pursue. There is a set of outcomes that we will use to measure our progress of these key performance indicators. We know that by analysing, aligning and focusing our strategy on education activities over the next several years, we can make considered decisions on how and where to focus our efforts and resources to ensure vision and eye health care education sits comfortably alongside our research and clinical ambitions.

Our strategic education principles:

1. Develop an excellent portfolio of degree programmes that captures our reputation in both clinical practice and life sciences including new modes of delivery.
2. Ensure lifelong learning through an extensive range of short courses, continuous professional and personal development that is offered across our areas of expertise.
3. Manage the pipeline of volunteers, learners, students and trainees through diverse and inclusive education programmes.
4. Transform the teaching and learning of our faculty, clinicians, nurses, allied health professionals, postdoctoral researchers, doctoral candidates and staff to grow our education and training capacities.
5. Explore innovative ways of engaging and educating society through an online learning resource centre that offers an array of exceptional digital resources and opportunities.
6. Revitalise the curriculum and our approach to education to create the best experience for our students.
7. Build an interactive education space that supports innovation and flexible learning.

### **Post Graduate Medical Education**

Junior doctors rotating through the North Thames education programme spend two to three years at Moorfields. We are the lead provider for the north London programme with 57 trainees. We also have three trainees at Croydon and six at St George's from the South Thames programme.

We have fellowship programmes in all clinical sub-specialties and have 87 national and international fellows.

We run the junior ophthalmologist simulation training programme for London and provide a number of simulation boot camps for London trainees in basic and advanced microsurgery and cataract surgery as well as a pan-London exam revision course. The simulation dry lab has now been enhanced by the installation of an operating microscope and head in the simulation, along with the pre-existing Eyesi simulator. The Eyesi simulator itself has been upgraded and now includes anterior vitrectomy simulation which is an important enhancement designed to improve patient safety. Space has been allocated in theatre for development of a wet lab simulation suite.

There has been a significant improvement in trainee access to theatre cameras and recorders across the trust and most trainees are now able to record and review their surgery.

The General Medical Council survey results for Moorfields Eye Hospital 2018 were satisfactory overall, with several green flags (positive outliers) in Croydon and for anaesthesia. The GMC survey reflects the fact that Moorfields South has faced challenges to the delivery of surgical training this year due to the ongoing development works.

### **Nursing education**

In March 2018 the refreshed nursing strategy was launched and has three key objectives:

- Career: To develop a nursing and technical workforce to deliver world class ophthalmic care
- Education: To develop the nursing and technical workforce to deliver the best clinical care and become the nationally recognised provider of ophthalmic nurse and technician education.
- Culture: To develop the nursing and technical workforce to the Trust so it becomes integral to the success of the organisation.

We continue to support enhanced roles for our nursing staff, enabling them to develop their expertise, with nurses undertaking independent prescribing qualifications and Advanced Nurse Practitioner courses. This equips them with the skills to practice at a more advanced level, work autonomously and be able to manage their own caseload of patients.

The MSc in Clinical Ophthalmic Practice received UCL final approval in January 2019 and will commence in September 2019, ensuring nurses are supported to develop the underpinning knowledge and clinical skills needed to develop in more autonomous roles.

The medical retina clinic continues to have a great demand for its nurse-delivered intravitreal injection service course. The course draws on our experience of implementing a nurse-delivered service of this kind, and on the expertise in clinical care, education and research of the consultants, senior nurses and management staff who were involved in establishing the facility, initially as a pilot project and subsequently as a fully-operational service. The one-day programme bridges the gap between theory and practical skills for experienced ophthalmic nursing professionals working in a medical retina setting, focusing on the treatment of AMD, retinal vein occlusion and diabetic oedema either in the UK or overseas.

The trust continued to provide a range of study days throughout the year. Designed for registered nurses, the sessions cover emergency eye care, glaucoma, medical retina, ophthalmic pharmacology, ocular plastics, biometry and the slit-lamp workshops. A clinical development day is also provided for healthcare assistants and technicians in addition to writing for publication and presentation skills sessions.

### **Pharmacy Education**

The department strategy is to continue to develop links with higher education institutes, particularly schools of pharmacy, to develop teacher and practitioner roles and to deliver ophthalmic pharmacy training (under and postgraduate). The #knowyourdrops (#KYD) team continues to deliver the UK ophthalmic medicine compliance workshops to fourth year undergraduate students at UCL School of Pharmacy, training tomorrow's pharmacists. The #KYD team also offers external training including packages which are aimed at supporting external healthcare professionals (e.g. CCG practice pharmacists) to broaden their skills in ophthalmic medicine optimisation and to raise awareness on the importance of eye drop adherence for their patients.

The UCL School of Pharmacy Postgraduate Diploma in General Pharmacy Practice (PGDipGPP) replaces the previously offered distance learning diploma in pharmacy practice. This workplace-based programme provides Foundation training for early-career Pharmacists and aims to support pharmacists in providing generalist pharmacy support directly to the clinics to improve patient care and experience.

The strategy for advanced pharmacists is aligned around Independent Prescribing, offered to support enhancement of roles in, for example, outpatient clinic settings. Staff are encouraged to access trust-delivered non-mandatory training, such as internal line management and Quality Improvement.

### **Graduate trainees**

We have maintained the numbers of graduate trainees from the NHS graduate scheme and the Civil Service Fast Stream this year and their involvement continues to bring new thinking and ways of working, resulting in increased confidence and job satisfaction for the graduates. Graduates have supported our work in Finance, HR and Performance & Information over the past year and continue to be an asset to the organisation.

### **Apprenticeships**

Apprentice numbers continue to grow across the trust, both with newly recruited talent in the business and existing staff developing through the programme. There are currently 58 apprentices on programmes across a wide range of clinical and non-clinical roles, with 11 having completed. Of those who have completed, all have been retained within the trust, with some progressing onto higher levels of apprenticeship to continue their development. Apprenticeships continue to support the opportunity for new ways of working and are being used to enhance the career pathway opportunities in areas such as routes to nursing and management development; our degree management apprenticeship programme continues to thrive and the leadership skills these apprentices are growing already have an impact on the operational leadership in key services. We also have cohorts of Healthcare Assistant Practitioner apprentices who are growing their clinical skills to take up more involved roles that support new ways of working and allow us to give our workforce a stepping stone towards registered roles. Excitingly, we have seen more new apprentices recruited into vacancies, allowing us to engage with the talent pool in our local community and bring new dynamic ideas to the trust.

### **Leadership and management development**

Over the last year, we have been strengthening our leadership with a new divisional leadership structure for operational teams and have provided a stretching leadership programme for those who have joined the teams to equip them with the resources needed to undertake their new roles. This has involved individual coaching for them all as well as group work and action based learning to give time to focus on the current, priority issues and concerns from the relevant teams. This work is ongoing and will continue with relevant development for the teams and their people.

We have been successful in our bid to run the local version of the Mary Seacole leadership programme, one of the suite of courses provided by the national Leadership Academy. We have now completed the first four cohorts and have another four planned for the next financial year. This has been an excellent addition to our suite of programmes available for managers and leaders.

### **Supporting the patient experience**

We continue to highlight the needs of patients with our leading and guiding video in which patients tell their stories to increase understanding of sight loss. Virgin Atlantic is using our video to train their cabin crew and so the messages are being circulated to a wider audience.

Training and ongoing development in using a coaching approach in a clinical setting for better patient outcomes is starting to get traction with patient facing staff from across the trust. The coaching community within the trust also continues to grow with opportunities to access coaching for self and team development or training and developing others increasing.

### **Financial report**

Whilst 2018/19 saw financial challenges across the broader NHS, the Trust was able to achieve an £8.5 million surplus. This included additional income from NHS Improvement in relation to Provider Sustainability Fund of £8.0 million.

### **Statement of comprehensive income**

Income for the year was £235.3 million (2017/18: £221.9 million) on a headline basis and £227.3 (2017/18: £215.5 million) on an underlying basis when the impact of NHS Improvement Provider Sustainability Fund is excluded.

An external valuation of the estate led to an impairment of £2.5 million reducing our reporting surplus to £8.5 million.

## **Income and expenditure**

All figures in £'million	2018/19	2017/18
<b>Income</b>		
<b>Income from activities</b>		
NHS income	175.8	165.3
Private patient income	28.6	27.2
<b>Total income from activities</b>	<b>204.4</b>	<b>192.5</b>
<b>NHS Improvement Provider Sustainability Fund</b>	<b>8.0</b>	<b>6.4</b>
Other operating income	22.9	23.0
<b>Total other operating income</b>	<b>30.9</b>	<b>29.4</b>
<b>Total income</b>	<b>235.3</b>	<b>221.9</b>
<b>Expenses</b>		
Pay costs	125.7	116.7
Non-pay costs	94.7	88.8
Depreciation and amortisation	7.3	8.9
<b>Total operating expenses</b>	<b>227.7</b>	<b>214.3</b>
<b>Operating surplus</b>	<b>7.6</b>	<b>7.5</b>
Interest and dividends	(1.4)	(1.5)
Other one-off gains for disposal of assets and share of JV profit / (loss)	2.3	(0.2)
<b>Surplus for the year</b>	<b>8.5</b>	<b>5.7</b>

NHS clinical income is paid for at prices largely set by the Department of Health (DH). There was a significant level of growth in Outpatients and Intra-vitreous Injection activity, resulting in income from NHS activities continuing to grow, increasing by £10.5 million (6.4%) to £175.8 million (2017/18: £165.3 million).

Income from our Private and Overseas Patient activities in London and United Arab Emirates increased during the year by £1.4 million (5.2%) to £28.6 million (2017/18: £27.2 million).

Other operating income including Research and Development, Education and Training, Charitable Income, and Other Income, increased by £1.1m (4.8%), to £22.9 million (2017/18: £23.0 million).

Operating expenditure excluding impairments increased in-year by £13.2 million (6.2%) to £225.2 million (2017/18: £212.0 million), following investments and growth in our core NHS clinical services, including a material increase in injection activity leading to further staff and drugs costs.



Pay costs increased by £9.0 million (7.7%) to £125.7 million (2017/18: £116.7 million), due mainly to pay inflation and growth in staff delivering additional activity and income. Non-pay costs increased by £5.9 million (6.7%) to £94.7 million (2017/18: £88.8 million), which is largely due to increased drugs costs as a result of higher activity levels.

### **Income disclosures**

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

The trust met this requirement. In 2018/19, 14.0% of income from provision of goods and services was derived from non-NHS income (2017/18: 14.1%).

Section 43(3A) of the NHS Act 2006 requires NHS foundation trusts to provide information on the impact that other income it has received has had on its provision of goods and services for the purposes of the health service in England.

Surpluses from other income the Trust received have been used to support the provision of goods and services for the purposes of the health service in England.

### **Statement of financial position**

Total assets have increased by £11.1 million to £88.6 million as at 31 March 2019 (2017/18: £77.5 million). Non-current assets increased by £1.0 million to £89.9 million (2017/18: £88.9 million).

Current assets increased by £8.9 million to £78.9 million (2017/18: £70.0 million) driven by an increase in NHS receivables and cash balances.

Current liabilities remained unchanged at £42.2 million (2017/18: £42.2 million). Non-current liabilities reduced by £1.1 million to £38.1 million (2017/18: £39.2 million) as a result of loan repayments made during the financial year.

Taxpayers' equity increased by £11.1 million during the year. This was due to the reported surplus of £8.5 million offset by changes in the Revaluation Reserve and other Equity Reserve.

### **Statement of cash flows**

The trust generated a net cash in-flow of £10.1 million from operations in 2018/19. The net cash surplus from operations was used to internally fund capital expenditure of £11.1 million (2017/18: £9.9 million) and loan, interest and Public Dividend Capital (PDC) payments of £3.5 million (2017/18: £3.1 million).

The trust ended the year with an improved level of cash at £45.3 million (2017/18 £42.5 million) an increase of £2.8 million as a result of an asset disposal during the year.

### **Counter-fraud arrangements**

The trust has established a counter-fraud policy and response plan to minimise the risk of fraud or corruption. The trust's local counter-fraud specialist (LCFS) reports to the chief financial officer and performs a programme of work designed to provide assurance to the board in regard to fraud and corruption. The LCFS also gives regular fraud awareness sessions for Moorfields' staff and investigates concerns reported by staff. If these are substantiated, the trust takes appropriate criminal, civil or disciplinary measures.

### **Political donations**

The trust made no political donations during 2018/19 (2017/18: nil).

### **Commissioning arrangements**

The trust undertook £165.4 million of contracted clinical activity in 2018/19 for commissioners from across the UK. Of this, £140 million relates to our contracts with 84 clinical commissioning groups (CCGs), a further £19.7 million with NHS England, and the remaining income relates to referrals outside contract (non-contracted activity).

Further information on the trust's financial position can be found in the annual accounts.

### Better payment practice code

The better payments practice code requires the trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

The trust achieves the aims of the better payment practice code in the majority of cases, and works with staff and suppliers throughout the year to minimise the remaining cases.

	2018/19 Number	2018/19 £000	2017/18 Number	2017/18 £000
<b>Non NHS</b>				
Total bills paid in the year	42,878	129,806	43,579	120,665
Total bills paid within target	37,914	113,829	38,398	105,993
Percentages of bills paid within target	88%	88%	88%	88%
<b>NHS</b>				
Total bills paid in the year	1,866	21,876	2,012	19,527
Total bills paid within target	1,209	11,167	1,323	10,986
Percentages of bills paid within target	65%	51%	66%	56%
<b>Total</b>				
Total bills paid in the year	44,744	151,682	45,591	140,192
Total bills paid within target	39,123	124,996	39,721	116,979
Percentages of bills paid within target	87%	82%	87%	83%

### Single oversight framework

The NHS Improvement single oversight framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from one to four, where four reflects providers receiving the most support, and one reflects providers with maximum autonomy. As of 3 April 2019, the trust is in segment one.

### Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score.

Area	Metric	2018/19 scores			
		Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	1	1	1	1
	Liquidity	1	1	1	1

Financial efficiency	I&E margin	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1
	Agency spend	1	1	1	1
<b>Overall scoring</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

### **New accounting standards applied**

IFRS 9 Financial Instruments and IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM have been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018. The effect of these applications is immaterial to the financial statements. Further detail can be found in Notes 26 and 27 of the annual accounts.

The trust has complied with all cost allocation and charging guidance issued by HM Treasury.

The trust has no income generating schemes with an individual cost exceeding £1m.

Philanthropy has played an important role throughout Moorfields' history since its foundation in 1805. **Moorfields Eye Charity** (charity number 1140679) is the main fundraising and grant-making charity for Moorfields Eye Hospital and its academic partner the UCL Institute of Ophthalmology. MEC invests in life changing eye health by supporting innovative research, education and care to improve people's sight, by providing financial support for pioneering research, new equipment, training of current and future researchers and healthcare professionals, development of Moorfields' staff to ensure the care they provide is outstanding, and improving the experience for Moorfields patients and their families.

Moorfields Eye Charity's key strategic priority is to create a world class integrated care, teaching and research facility in partnership with Moorfields and UCL. Together we were partners in the RIBA competition to appoint the design team for the new facility.

Over the last year Moorfields Eye Charity was delighted to partner with the National Institute for Health Research (NIHR) Academy to offer joint Fellowships as part of the NIHR charity partner programme. MEC was one of only seven national charities to have been selected for the inaugural partnership programme. Since this first round, MEC has agreed further partnership funding with the NIHR Academy to support pre-clinical academic fellowships, advanced fellowships and clinical doctoral fellowships. In addition to the partnership with the NIHR, MEC is increasingly successful in securing support from donors to its PhD programme, demonstrating the success of the charity's strategy to more closely align its fundraising and grant-making activities.

As well as this, in February 2019, MEC was admitted as a member of the Association of Medical Research Charities (AMRC). The AMRC is the leading voice of the health and medical research charity sector, supporting charities to deliver high-quality research and champion impact for patient and public benefit

Moorfields Eye Charity gains support from a variety of sources including donations from patients and their families, charitable trusts, companies and philanthropists and through legacies. Event fundraising, collections and other activities also make an important contribution. For example, the successful Moorfields Tea launched in July 2018 celebrating NHS70 with Michel Roux Jr and 150+ staff in attendance; 32 teas took place, raising awareness of the charity and its work. Also, the Moorfields Eye Charity Christmas Raffle in December 2018 was the most successful game to date with over 4,500 players participating raising over £85,000 towards the work of the charity in its support of Moorfields Eye Hospital.

In March 2019, staff and supporters took part in Eye to Eye, Moorfields Eye Charity's flagship fundraising event which raised over £80k towards our pioneering research into eye disorders such as Glaucoma. Since Eye to Eye began in 2014, donations raised by staff have helped support vital research projects, including studies exploring the genetics of keratoconus and the impact of diabetic retinopathy on the structure and function of the eye.

Over the last year, the charity has awarded over 110 grants equating to almost £2.33m across our grant making portfolio. The charity is delighted to invest in life changing eye health across a range of areas. Some of the highlights of portfolio are below, all of which are not possible without the generous support and donations raised from these and many other fundraising activities, helping to ensure that Moorfields Eye Hospital remains at the forefront of ophthalmic treatment, research and education.

The London Project to Cure Blindness is a collaboration between Professor Pete Coffey from UCL and Professor Lyndon da Cruz, retinal Surgeon at Moorfields Eye Hospital. The programme aims to bring stem cell therapy for retinal diseases, especially for age-related macular degeneration to the clinic as rapidly as possible. The first two patients to receive a new treatment derived from stem cells for people with wet age-related macular degeneration (AMD) have regained reading vision. The results of this ground-breaking clinical study, published in Nature Biotechnology in March 2018 described the implantation of a specially engineered patch of retinal pigment epithelium cells derived from stem cells to treat people with sudden severe sight loss from wet AMD. The London Project to Cure Blindness was established by a philanthropic donation. Through regular giving, legacies, challenge events and major donations, we are supporting the work of The London Project to Cure Blindness with over £5.5 million of funding to date.

Adaptive Optics is a technology that was originally developed for astronomers to take images of the universe with outstanding clarity, compensating for the earth's atmosphere and turbulence using a sophisticated system of mirrors and computerised cameras. Now, the same method is being innovatively used by ophthalmologists and researchers to look at the tiny, cellular structures within the living eye. This exciting science has recently arrived at Moorfields. The Adaptive Optics Scanning Light Ophthalmoscopy (AOSLO) is a bespoke piece of imaging technology, brought to Moorfields thanks to generous donations to the charity. The AOSLO machine allows visualisation of the individual layers of the back of the eye, providing unprecedented ability to see what was not previously possible - such as individual blood cells moving along vessels and individual pixels or light sensitive photoreceptor cells.

MEC is delighted to fund a new Young Persons Advisory Group for research. The group has set to launch and provide an opportunity for a group of young people to learn about research, work with researchers exploring eye conditions and treatments and make sure information about research is children and young people friendly. Young people will share ideas on what should be researched and have an opportunity to develop new skills and meet new people. The YPAG at Moorfields will be the first such group focused on vision and ophthalmology.

MEC supports Moorfields staff in the delivery of outstanding patient care and experience. Charitable funding enabled Moorfields to run a two-year pilot programme supporting an eye clinical liaison officer (ECLO) across the Moorfields North sites. Moorfields' ECLOs provide patients and carers with one to one support and help manage their eye conditions, offering a listening ear and quiet space to talk and signposting them to support services in the community. Thanks to further generous donations, an ECLO coordinator post has been established to standardise the function and enhance the responsibilities of the ECLO team by introducing an internal development programme led and delivered by the ECLO coordinator.

In December 2018 a new Zeiss Clarus Ultra-Wide Field camera, the first of its kind in a UK hospital, was installed at the Moorfields Eye Centre at St. George's Hospital. The purchase of this advanced piece of imaging equipment was made possible through the generous donations from the 2017 Moorfields Eye Charity 'Winter Appeal', impressively raising over £90,000. The camera is particularly advanced as it provides a much wider field of view of the retina, allowing clinicians to see not just the centre of the retina but also the periphery with outstanding clarity. It also shows colours with greater accuracy, which is important for diagnosing, monitoring and treating many eye diseases.

'Friends of Moorfields' is a smaller, but thriving and active member-led charity which has been supporting patients and staff at Moorfields Eye Hospital for 55 years. The charity is wholly reliant on funding from public donations and membership income and provides facilities for Moorfields that would not be available through normal NHS funding.

Volunteers play a vital role in the life of Moorfields, and Friends of Moorfields manage the trust's volunteer programme. During the year Friends of Moorfields provided approximately 815 volunteer hours each week at City Road and at a number of satellite sites. More than 200 volunteers gave their time and expertise:

- at the entrance of the main centre and the children's centre, answering questions at the Friends of Moorfields help and information desks
- helping patients to use the self-check in kiosks
- accompanying patients around the hospital to their appointments
- befriending and supporting patients in the clinics and on the wards while they wait to be seen
- on the wards and around clinics with trolleys for those who want to buy refreshments
- on the receptions in A&E and Medical Imaging
- staffing the shop at City Road
- on the phone helping patients who need moral support while they recover from a serious eye operation.

Friends of Moorfields also awarded a number of grants to Moorfields staff, and continue to fund the annual arts programme. In the year Friends of Moorfields purchased:

- a wireless ultrasound scanner that will make it easier to take eye measurements of patients with learning difficulties.
- a Supine YAG laser for the Richard Desmond Children's Eye Centre;
- a contribution towards the refurbishment of Moorfields St Georges Tooting;
- televisions in the waiting area at Moorfields Ealing;
- two and a half full time play therapists based at Moorfields City Road and at Moorfields Eye Centre at St George's Tooting
- a part-time paediatric counsellor
- a public and patient engagement seminar program at the UCL Institute of Ophthalmology Bringing together patients and Scientists in a series of awareness raising events.

Friends of Moorfields take active role in patient information and signposting. The charity employs a full time health hub support officer who is based in the health hub at City Road assisting patients with information about their conditions, and about other help that might be available to them. To find out more about our work please visit [www.friendsofmoorfields.org.uk](http://www.friendsofmoorfields.org.uk) or email [friends@moorfields.nhs.uk](mailto:friends@moorfields.nhs.uk) or call 020 7251 1240.

The trust's aspiration for **equality, diversity and inclusion** is a culture which supports staff in realising their own potential while supporting patients in realising the best possible health outcomes.

Our equality, diversity and human rights policy sets out how we ensure that neither patients nor staff are treated differently because of any protected characteristic they may have. For new recruits this is supported by a comprehensive recruitment policy as well as training for managers in managing equality, diversity and inclusion.

A new pathway approach to challenging harassment, bullying or behaviours that make our staff feel uncomfortable has been developed and rolled out across the organisation. The pathway provides staff with a greater level of support to challenge poor behaviour from colleagues.

We are also accredited with the 'two ticks' status which guarantees people with a disability an interview if they meet the minimum criteria for a role. We have continued the development of staff networks following on from the establishment of MoorAbility, our first network for staff with a disability. There are now networks for black and minority ethnic staff (BeMoor) and LGBT staff (MoorPride).

Our equality, diversity and inclusion working, steering committee and patient forum provide opportunities to share learning from a broad group of stakeholders. We are proud of the progress we have made this year. Being more inclusive has led to positive changes and helped us to innovate. Our 2018 Focus on Inclusion report looks at how we are embedding inclusion in everything we do and includes equality data about patients and staff. It is on our website [www.moorfields.nhs.uk/news/focus-inclusion-2017](http://www.moorfields.nhs.uk/news/focus-inclusion-2017). Information is also available on the website about our workforce race equality standards (WRES) and compliance with equality delivery system (EDS2).

### **Our equality objectives**

To improve the equality outcomes for patients, carers and visitors we are committed to:

- improving the experience of people identified by the protected characteristics when waiting for their appointment
- making information more accessible and specific to patients who have a clinical need.

To improve the equality outcomes for our staff we are committed to:

- increasing the diversity of people in leadership and management roles
- continuing to build a strong and positive culture of inclusion
- improving our collection of equality data.
- sharing our leadership of inclusion across our community
- broadening our reach to voluntary partners to gain different perspectives.

This year we have invested heavily in **IT improvements** and our infrastructure, replacing legacy national N3 Wide Area Network connections and upgrading to the new HSCN service ahead of national deadlines, increasing our bandwidth capability and enabling future upgrade paths to support image transfers across our network. We have also migrated our email system to NHSmail, delivering compliance with national security standards and improving communication links with other acute healthcare providers and GPs.

We have upgraded our entire CISCO network, including our WiFi infrastructure, and by so doing, we have ensured that we meet national targets to enable WiFi connections for patients across over 85% of our estate. Our continued investment in infrastructure has included refreshing servers and end users devices and providing dual screens for clinical areas enabling clinicians to view both the electronic record and ophthalmic image simultaneously. In addition, we have commenced a significant programme of work to upgrade and replace core database infrastructure which will complete in Q1 2019/20.

During 2018/19 we continued with our development of the new electronic medical (patient) records system and our on-going programme of work to ensure that our computer systems and software can communicate and share data has included capabilities to receive electronic pathology results from other Trusts, with the go-live of message interfaces from Croydon and we will extend this to other sites during 2019/20. We have also supported implementation of pathology interfaces for the national genomics research programme. Our improvements to our digital image strategy commenced with the deployment of a centralised image store for TopCon ophthalmic images at City Road which will roll out trust wide in 2019/20. We have also commenced a review of our Patient Administration System, initially with a pilot to reformat and consolidate our patient appointment letters, improving how information is presented to patients.

We have **improved facilities and sustainability** by undertaking specific refurbishment schemes including the Duke Elder Ward surgical space at our district hub in St George's Hospital in Tooting. This involved a significant decanting of staff and patients to St Antony's hospital in Cheam whilst the works were undertaken. The new Eye Unit, which now has enhanced dedicated patient pathways to assist with

the various activities undertaken within the facility, was completed early 2019 and a reversal of the decant of patients and staff was undertaken during March 2019.

We also undertook a major £4 million capital investment project to create additional theatre space and expansion and improvements to the admission facilities on the Francis Cumberlege Wing for Moorfields Private.

The admission suite expansion and improvements involved complex phasing to ensure that the existing facility remained a safe and suitable environment whilst the works were carried out. Phase one, involving 6 new day cabins was opened in September 2018 and Phase two, a full refurbishment of half of the bedded unit, was completed in time for the New Year. The third phase involves the remaining half of the bedded unit and the ancillary spaces which has a scheduled completion date of May 2019.

We have also completed a number of small projects across our network sites including the following:

- A third orthoptists examination room created at Croydon
- An enhanced surgical theatre air system installed at St Ann's
- Works undertaken to the outside canopy at St Ann's to further protect patients from inclement weather
- Enhanced pharmacy provision with bespoke dispensing facilities created at Croydon and St Ann's

Our ongoing commitment to improve our patient and staff experience through improvements to the facilities identified within the backlog and life cycle maintenance programme led to a number of projects being undertaken in 2018/19, including:

- roofing and external fabric repairs
- telephony, CCTV and security enhancements
- heating ventilation and cooling systems upgrades
- domestic water efficiency schemes
- general and emergency lighting upgrades
- accessibility improvements including wayfinding and dementia friendly solutions.

Feasibility works have also been produced to aid the capital planning process through the transition period heading towards the new hospital. These include a bespoke educational facility, an upgrade of the administrative facility housing consultant and clerical staff, re-utilisation of existing space housing medical records and re-configuration of the main front entrance of the City Road hospital.

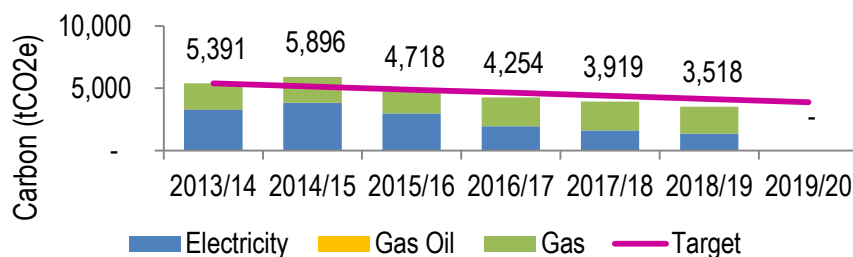
As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on our communities. **Sustainability** means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

One of the ways in which an organisation can embed sustainability is through the use of a sustainable development management plan (SDMP). We have a board approved SDMP which we use as the basis for managing our sustainability obligations.

As recommended by the NHS Sustainable Development Unit, our SDMP identifies the Sustainable Development Assessment Tool (SDAT). We have used the Assessment Tool to create the plan of actions and activities that supports sustainability both inside and outside our organisation. Through our Sustainability Steering Group we have assigned the objectives and tasks to ensure all actions are completed and aligned against the UN Sustainable Development Goals. The main goal is to achieve a

sustainable, low carbon organisation that is managed effectively and efficiently, achieving value for money with a reduced environmental impact.

In 2014, the NHS Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:



The graph shows all energy supplies where Moorfields is responsible for its procurement. It demonstrates that our carbon footprint has reduced by 34% when comparing 2013/14 and 2018/19. This puts Moorfields well on target to overachieve the NHS carbon reduction objective.

Details of our water consumption can be found below:

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Mains	20,623	26,273	65,129	56,358	60,590	56,671
Water and sewage spend	£31,539	£47,026	£137,299	£117,596	£99,372	£122,850

*Data notes*

1. In the absence of published 2019 figures, 2018 DEFRA carbon emissions factors have been used for 2019 energy consumption
2. 0.3% of total energy consumption based on estimates
3. 1% of 2016/17 and 53% of 2017/18 water consumption based on estimates

**Emergency planning, preparedness and resilience (EPPR)**

Each year the trust undertakes an EPPR process review, the aim of which is to assure NHS England that the trust is prepared to respond to an emergency, and has the resilience in place to continue to provide safe patient care during a major incident or business continuity event. This year the trust was awarded a green rating with full compliance in all standards.



### **3.9 Chief executive's statement on performance 2018/19**

Moorfields has performed well both operationally and financially in 2018/19, despite continuing challenges faced by all NHS organisations.

Providing safe and effective services for our patients underpins everything we do and we strive to maintain our high levels of patient feedback so that we can continue to improve services according to the needs of our patients and carers. This year our 2018/19 national friends and family test stated that over 97% of respondents would recommend us to their friends and family.

In 2018/19, we received over 780,000 patients across our 31 sites. We performed well against national and local standards in 2018/19 achieving all of the operational Single Oversight Framework targets, namely A&E maximum four hour waits, 18-week referral to treatment, Cancer 62 Day Waits, and Diagnostics six week waiting.

In the year we saw over 97,000 visits in A&E, and have exceeded the national A&E four-hour performance target. Our clinical outcomes and safety record remain excellent, with ophthalmic clinical outcomes evidenced amongst the best in the world. Once again, our Infection Control team have excelled and in 2018/19 we have had no cases of MRSA or Clostridium difficile.

Whilst 2018/19 saw financial challenges across the broader NHS, the Trust was able to achieve an £8.5 million surplus. This included additional income from NHS Improvement in relation to Provider Sustainability Fund of £8.0 million for delivering all financial and waiting time targets. Pre-application of one-off impairment charges of £2.5 million, the surplus for the year was £11.0 million.

The trust capital programme supported the continued investment across our activities. Our good financial discipline has allowed us to buy new equipment, invest in new clinical roles and training programmes, continue to develop an electronic medical record, refurbish our eye centre at St George's and invest heavily in increased theatre capacity. This programme was financed entirely through internally generated cash and reserves. Total capital expenditure for the year was £11.1 million. Together with prudent management of working capital, the surplus enabled us to increase our cash reserves by £2.8 million to £45.3 million and maintain the highest possible regulatory financial risk rating throughout the financial year.



**David Probert**  
**Chief Executive**  
**28 May 2019**

## 4. Accountability report

### 4.1 Directors' report

The board of directors holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. It delegates decision making for the operational running of the trust to the chief executive. The board of directors is accountable, via the chair and non-executive directors, to the membership council who represent the public, patients and staff.

The directors are additionally responsible for preparing the annual report and accounts. Taken as a whole, they consider these are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess Moorfields' performance, business model and strategy.

The board comprises 13 members, seven non-executive directors (six of whom are considered to be independent, the seventh being a representative of the UCL Institute of Ophthalmology as defined in the trust's constitution) and six executive directors.

Non-executive directors, including the chairman, are appointed by the membership council following recommendations from the remuneration and nomination committee for non-executive directors. Executive directors are appointed by the remuneration and nomination committee of the board.

The board of directors believes it has the appropriate balance and completeness in its composition to meet the requirements of an NHS foundation trust. As at 31 March 2019, the following individuals comprised the voting members of the board of directors (expiry of terms of office for non-executive directors are listed):

Tessa Green – chairman (F) (3 years – 31.08.19)

David Probert – chief executive (M)

Steve Williams – vice chairman and senior independent director (M) (1 year – 15.03.20)

Professor Andrew Dick – non-executive director (M) (3 years – 30.09.19)

Dr Rosalind Given-Wilson – independent non-executive director (F) (3 years – 30.04.21)

Nick Hardie – independent non-executive director (M) (3 years – 31.12.19)

David Hills – independent non-executive director (M) (3 years – 31.03.20)

Sumita Singha – independent non-executive director (F) (1 year – 21.04.20)

Jonathan Wilson – chief financial officer (M)

Nick Strouthidis – medical director (M)

Tracy Luckett – director of nursing and allied health professions (F)

Professor Sir Peng Tee Khaw – director of research & development (M)

John Quinn – chief operating officer (M)

The associate directors listed below attend board meetings, but do not have voting rights:

Johanna Moss – director of strategy & business development (F)

Elisa Steele – chief information officer (F)

Ian Tombleson – director of quality & patient safety (M)

Sandi Drewett – director of workforce & OD (F)

Kieran McDaid – director of estates, capital and major projects (M)

Nora Colton – director of education (joint appointment with UCL Institute of Ophthalmology (F)

Full profiles of all board members can be found here: <https://www.moorfields.nhs.uk/content/trust-board>

**2018/19 attendance record – board of directors**

Name	May 18	June 18	July 18	Sep 18	Nov 18	Dec 18	Feb 19	Mar 19	Total
Tessa Green	√	√	√	√	√	√	√	√	8/8
David Probert	√	√	√	√	√	√	√	√	8/8
Steve Williams	√	√	√		√		√	√	6/8
Andrew Dick	√	√	√	√	√	√	√	√	8/8
Ros Given-Wilson	√	√	√	√	√	√	√	√	8/8
David Hills	√	√	√	√	√	√		√	7/8
Nick Hardie	√	√	√	√	√	√	√		7/8
Sumita Singha	√	√	√	√	√	√	√	√	8/8
Jonathan Wilson	**	**	**	**	√	√	√	√	4/4
Nick Strouthidis	**	**	**	√	√	√	√	√	5/5
Tracy Lockett	√	√	√	√	√	√	√	√	8/8
Peng Tee Khaw	√	√	√	√		√	√	√	7/8
John Quinn	√	√	√	√	√	√	√	√	8/8
Declan Flanagan			√	**	**	**	**	**	**
Steven Davies*	√	**	**	**	**	**	**	**	**
Jenny Greenshields+	**	√	√	√	**	**	**	**	**

\* Left the organisation at the end of May 2018

+Acting CFO from June 2018 to the end of October 2018

\*\* Not in post

The **register of interests** of individual directors is available to the public on request and also via the trust's website via <https://www.moorfields.nhs.uk/content/trust-board>. Please write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: foundation@moorfields.nhs.uk or phone: 020 7566 2490.

**Audit and risk committee**

The board is required to maintain a sound system of internal control to safeguard its NHS clinical services, assets, and non-NHS commercial services and investments. The audit and risk committee provides assurance to the board about the adequacy and effectiveness of the trust's systems of internal control, its governance processes, service quality and economy, efficiency and effectiveness (value for money). The committee also recommends to the board the approval of the trust's annual accounts and financial statements, management letter of representation and annual governance statement. Together with the quality and safety committee, the audit and risk committee recommend to the board the approval of the trust's annual quality report.

In carrying out its duties, the audit and risk committee draws on, but is not limited to, the work of internal and external audit, the local counter-fraud specialist, financial, performance and other evidenced assurance reports from management.

The audit and risk committee provides written activity reports following each committee meeting. These reports increase the visibility of the audit process to stakeholders.

The audit and risk committee assists the board in fulfilling its oversight responsibilities in respect of the integrity of the trust's accounts, risk management and internal control arrangements, compliance with legal and regulatory requirements, the performance, qualifications and independence of the external auditors and the performance of the internal audit function.

Management supplies the audit and risk committee with the information necessary for the performance of its duties. The internal auditors, the local counter-fraud specialist and the external auditors have direct access to the committee chairman and members separately from management.

The audit and risk committee comprises three non-executive directors, including the quality and safety committee chair. The board has satisfied itself that all the members of the committee are competent in financial matters. The chair has recent and relevant financial experience. The committee's meetings are attended by the chief financial officer, internal auditors, local counter-fraud specialist, external auditors and others as required. The chairman and the chief executive have a standing invitation to attend the committee on an annual basis.

During 2018/19, the audit committee met as follows:

<b>Members/ dates</b>	<b>17 Apr 18</b>	<b>22 May 18</b>	<b>17 Jul 18</b>	<b>16 Oct 18</b>	<b>22 Jan 19</b>	<b>Totals</b>
Nick Hardie (chair)	√	√	√	√	√	5/5
Ros Given-Wilson		√	√	√	√	4/5
David Hills	√	√	√	√		4/5
<b>Total</b>	2	3	3	3	2	

The audit and risk committee work plan covers a wide range of issues and reports were received during from a number of sources. Key areas and issues that were considered include consultant job planning, GDPR, RTT, automated booking centre, risk management system roll out, board assurance framework and corporate risk register, equality and diversity and activity recording.

The trust’s **internal audit** function is performed by KPMG LLP. The role of internal audit is to focus on reviewing areas that either complement or underpin delivery of the trust’s strategy, based on risk assessment. KPMG provide written updates on progress against an annual internal audit work plan and any recommendations made to management. This enables the committee to track both the timely completion of the work plan and the implementation of recommendations by management.

Where internal audit reviews indicate a material, significant or repeated theme of concern, the committee also makes recommendations for the board to assess and seek adequate assurance from executive management as necessary.

Moorfields’ **external auditor** is Deloitte LLP, whose type of services and costs are detailed below:

	<b>2018/19</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>
Statutory audit	97	94
Other non-audit services	25	57
<b>Total</b>	<b>122</b>	<b>151</b>

The trust and Deloitte have safeguards in place to avoid the possibility that the external auditors’ objectivity and independence could be compromised. The audit and risk committee reviews the annual report from the external auditors and actions they take to comply with professional and regulatory requirements and best practice designed to ensure their independence from the trust.

The audit and risk committee also reviews the statutory audit, tax and other services (as relevant) provided by Deloitte, and compliance with the trust’s policy which describes in detail the types of services which the external auditors can and cannot provide. The services provided by Deloitte relate to:

- external audit
- other audit services, for example work that regulators require the auditors to undertake, such as on behalf of a regulator
- some tax services, for example value added tax consultancy

All engagements with the external auditors over a specified amount require the advance approval of the chair of the audit and risk committee. The policy is regularly reviewed and where necessary is amended in the light of internal developments, external requirements and best practice.

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware and the directors have taken all the steps they should in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

**Recommendations from the audit and risk committee to the membership council**

Following completion of the work of the external auditors, the audit and risk committee did not identify any matters where it considered that action or improvement needed to be reported to the membership council. The committee made a positive report to the governors which included that the external audit was of a sufficiently high standard and the fees were reasonable and in line with the agreed contract.

**Remuneration and nomination committee**

The remuneration and nominations committee is responsible for two key areas:

- Setting the pay and terms of employment of executive directors and other board-level posts, as well as taking an overview of performance reward strategy in the trust. The committee is chaired by the trust’s chairman and comprises all non-executive directors, with the exception of Andrew Dick. The chief executive and the director of workforce and organisation development attend meetings of the remuneration and nominations committee in an advisory capacity. The committee’s decisions are informed by benchmarking information from published reward research, such as the NHS boardroom pay report, and surveys of other trusts’ remuneration for similar posts.
- Making recommendations to the board about the appointment of executive and other director positions. A rigorous selection process took place during 2018/19 to recruit a new chief financial officer and medical director.

During 2018/19, the remuneration and nominations committee met as follows:

<b>Members / dates</b>	<b>28 June 18</b>	<b>07 Feb 19</b>	<b>Totals</b>
Tessa Green	√	√	2/2
Steve Williams	√	√	2/2
Ros Given-Wilson	√	√	2/2
Nick Hardie	√		1/2
David Hills	√		1/2
Sumita Singha	√	√	2/2

Accounting policies for pensions and other retirement benefits are set out in note 4.3.2. Details of the board of directors’ remuneration can be found in note 4.3.1, and details of employee costs can be found in note 5 in the annual accounts.

## **Performance evaluation**

Executive directors each undergo formal annual appraisals led by the chief executive which are considered further by the board's remuneration committee. During 2018/19 the chairman discussed individual performance with all non-executive directors. The vice-chairman of the board discussed the chairman's performance with non-executive directors. The outcomes of these discussions were taken to the remuneration and nominations committee of the membership council.

The following non-statutory committees have also been established by the board of directors:

### ***Strategy and commercial committee***

The purpose of the committee is to review, on behalf of the board, the following key areas;

- the development of strategic plans
- the development of the annual plan, which will include the translation of strategic plans into shorter term plans
- monitoring the implementation of strategic plans and the annual plan
- oversight of Project Oriel and other significant capital projects
- the development of business cases and investment proposals, including the approval of business cases within the limits set in standing financial instructions (SFIs)
- oversight of the research activity carried out by and for the trust

### ***Quality and Safety committee***

The purpose of the committee is to review, on behalf of the board, the following key areas;

- to provide oversight and board assurance about the quality and safety aspects of clinical services
- to provide assurance about legal compliance with health and safety and related legislation
- to steer the quality aspects of the trust's strategy and quality improvement plan
- to oversee the development and implementation of the quality account

### ***People and culture committee***

The purpose of the committee is to review, on behalf of the board, the following key areas:

- the recruitment, retention, management and development of the trust's workforce
- the education strategy of the trust and its implementation
- the trust's obligations under the public sector equality duty

### ***Finance committee***

The purpose of the committee is to review, on behalf of the board, the following key areas;

- financial policies
- financial performance and delivery of the trust budget

### ***Capital scrutiny committee***

- the purpose of the committee is to provide advice and scrutiny to the trust board on all capital investment projects >£2m.
- the committee is led by a property professional able to advise and challenge the executives responsible for the trust's capital programme (currently the director of estates, capital and major projects and the director of strategy and business development).

All subcommittees of the board are chaired by non-executive directors and, with the exception of the audit and risk and remuneration and nominations committees, the membership and quorum is made up of both non-executive and executive directors.



## Membership report

The **membership council** has a duty under the NHS Act 2006 to represent the interests of NHS foundation trust members and the public and trust staff in the governance of an NHS foundation trust. The membership council includes elected and nominated governors as shown in the table overleaf and has decision-making powers defined by statute. These powers are described in the constitution and are mainly concerned with holding to account the non-executive directors individually and collectively for the performance of the trust board; the appointment, removal and remuneration of the chairman and non-executive directors; the appointment and removal of our external auditors; the provision of views on strategic plans; and representing the views of members.

The council formally met four times during 2018/19 to discuss a wide range of subjects, including patient participation, children and young people's services, Oriel, the governor's chosen quality account indicator and the quality and safety report.

Executive and non-executive directors routinely attend membership council meetings. Governors receive a copy of the public board papers and are actively encouraged to attend the meetings. A summary of board meetings is included as a standing item on the council's agenda. Feedback from membership council meetings is provided at the next available board meeting. Governors are encouraged to provide as much feedback to membership council meetings as possible, and this includes reporting from their established subgroups and any site visits they undertake.

Governors also receive briefings from non-executive directors on the work of their committees and what is in their portfolio. These include briefings on quality and safety and the patient experience, research, strategic and commercial projects, the audit committee, annual accounts and annual report and the people and culture committee. This provides governors with assurance that non-executive directors are effectively scrutinising the performance of the organisation in key areas.

The trust holds an annual session with governors to discuss the trust's operational plan and their views and comments are taken into account when finalising the plan.

The process for resolving any dispute between the membership council and the board of directors is described in the constitution (paragraph 17).

## Membership Council composition and attendance report 2018/19

Name and constituency	Apr 18	July 18	Oct 18	Jan 19	Subgroup representation
Emily Brothers (SWL)	√	√	√	√	Chair, MDG
Jane Bush (NCL)	√	√		√	MDG, RNC
Jane Colebourn (Beds and Herts)	√		√	√	MDG, RNC
Harry Davies (Beds and Herts)		*	*	*	GDG
Bernard Dolan (SWL)	√	√	√	√	Co-chair, PCF
Brenda Faulkner (patient)	√	√	√	√	GDG RNC
Rob Jones (patient)	√	√	√	√	Vice-chair (until 31 Dec 2018) Chair, RNC Chair, GDG MDG
Allan MacCarthy (SEL)	√	√	√	√	Vice-chair (from 1 Jan 2019) GDG RNC Co-chair, PCF
Simon Mansfield (NWL)			√		
Paul Murphy (NCL)	√	√	√	√	Lead governor GDG
Naga Subramanian (SEL)	√	√	√		
Manzur Ahmed (NEL and Essex)	√			√	
Simon Tan (NEL and Essex)	√		√		
Richard Collins (patient)	√	√	√	√	
Brian Watkins (NWL)	√		√		

Colin Carter (staff: network sites)	√		√	√	MDG
Alex Edwards (staff: City Road)		√	√	√	MDG
Feyitimilehin Onafowokan (staff: network sites)	√		√	√	
Ella Preston (staff: City Road)	√	√	√	√	
Matt Broom, Vision UK	√	√			
Rakhia Ismail, London Borough of Islington	√				
John Lawrenson, City University					
David Shanks, University College London			√		
Tricia Smikle, Royal National Institute for the Blind	√	√		√	

MDG	Membership development group
GDG	Governance development group
RNC	Remuneration and nominations committee
PCF	Patient carer forum
√	Present
*	Not in post

Elected governors usually hold their positions for three years. Nominated governors are proposed by their host organisation and hold the position until a new nomination is made.

The council has one formal committee and two subgroups:

The **remuneration committee and nominations committee** of the membership council met once in 2018/19. This committee is established to ensure that the selection and appointment process for non-executive directors is robust, and to regularly review non-executive director remuneration levels to ensure an appropriate balance between value for money and attracting candidates of sufficient calibre.

During 2018/19, the remuneration and nominations committee considered and recommended the reappointment of two non-executive directors for additional one year terms of office, via a formal and rigorous interview process consisting only of governors.

The **governance development group** is established to propose and carry out initiatives that will improve the role of the membership council in the governance of the trust and the development of governors individually and collectively. In 2018/19 this group was particularly focused on improving governor induction and training, in order to better prepare governors in carrying out their duties, and membership council self-assessment.

The **membership development group** is established to propose initiatives to develop the membership of the foundation trust, improve communications with them and to ensure that the trust and its members benefit from that relationship. This group discusses and develops the membership engagement strategy and how to make best use of a wide range of engagement mechanisms and methods.

The **register of interests** of individual governors on the membership council is available to the public on request. Please write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: [foundation@moorfields.nhs.uk](mailto:foundation@moorfields.nhs.uk) or phone: 020 7566 2490.

## **Our membership**

The trust has approximately 19,000 public members and over 2,000 staff members.

Membership numbers in each public constituency reflect to some degree the size of the service provision in the area. For example, north west London has the greatest number of members because it includes two of our largest locations. The patient constituency is the largest constituency with members from across all services and geographical locations.

A successful membership week was held in July 2018 during which governors spent time at a number of different sites across the network gathering feedback from patients. Governors also visit sites throughout the year and feedback from these visits is provided so that learning and improvement can take place. A programme for similar membership drives is planned throughout 2018/19 with a view to making sure feedback is collected from all 31 sites.

All members are invited to our annual general meeting, which is also open to the public. Last year's meeting on 19 July 2018 attracted more than 300 attendees.

The breakdown of our membership between constituencies is as follows:

<b>Constituency</b>	<b>Number of members</b>
Patient constituency	12668
Bedfordshire and Hertfordshire public constituency	403
North central London public constituency	1151
North east London and Essex public constituency	1631
North west London public constituency	1944
South east London public constituency	402
South west London public constituency	595
Staff constituencies	2120
<b>TOTAL</b>	<b>20,914</b>

### **Representing our membership**

Members are represented by elected patient, public and staff governors on the membership council which meets at least four times a year. Governors participate in a range of activities, such as membership development and engagement, conducting site visits, reviewing quality initiatives and attending recruitment panels for senior appointments.

We draw our public membership from six geographic constituencies, set out in the table above. Any member of the public who lives in one of these areas and is aged 16 years or over can join as a public member. Any patient aged 16 years or over can join the wider patient constituency. Eligible staff will be automatically registered as members, and are able to opt out. A member of the trust may cease their membership at any time via the contact below.

Members who want to contact their representative governor or a member of the board should write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London, EC1V 2PD, email: [foundation@moorfields.nhs.uk](mailto:foundation@moorfields.nhs.uk). This information is also available on the trust's website: [www.moorfields.nhs.uk/membership](http://www.moorfields.nhs.uk/membership).

## Elections

Elections were held in March 2019. The constituencies and outcomes are set out below.

Date	Constituency	Number of seats	Successful candidate(s)
March 2019	North East London and Essex	1	Ann Sanders
	North central London	1	Jane Bush
	North west London	1	Ian Wilson
	South east London	1	Allan MacCarthy
	South west London	2	Emily Brothers Kimberley Jackson
	Beds & Herts	2	Andrew Clark John Sloper
	Staff: City Road	1	Amit Arora
	Staff: network sites	1	Remija Mponzi

If a successfully elected governor is unable or ineligible to take up their role at the start of their term of office, the vacancy is offered to the next placed candidate.

Full details of the composition of the membership council from 1 April 2019 and of election results are posted on our website at [www.moorfields.nhs.uk/membership](http://www.moorfields.nhs.uk/membership).

All elections are held in accordance with the election rules set out in the constitution. This has been confirmed by the returning officer for the elections held during 2018/19.

### Compliance with the foundation trust code of governance

Moorfields Eye Hospital NHS Foundation Trust has applied the principles of the NHS foundation trust code of governance on a 'comply or explain' basis. The NHS foundation trust code of governance was revised in July 2014 and is based on the principles of the UK corporate governance code issued in 2012. The Board of Directors support and agree with the principles set out in the NHS foundation trust code of governance. The following areas have been identified as non-compliant with the code, or are in the process of being implemented:

#### Areas of non-compliance:

The code refers to the appointment of executive directors that should be on fixed term arrangements and reviewed every five years. All executive directors have permanent contracts of employment which cannot be changed without agreement by both parties.

The code refers to at least half the board, excluding the chairperson, comprising independent non-executive directors. The trust has appointed a representative of the UCL Institute of Ophthalmology as a non-executive director, accepting that if the independence of this individual might come into conflict with the matter being discussed, that this would be managed in line with the Moorfields constitution, trust policy and good practice guidance for addressing conflicts of interest.

Signed

A handwritten signature in black ink, consisting of a stylized 'D' and 'P' followed by a long horizontal line.

**David Probert**  
**Chief executive**  
**28 May 2019**

## Remuneration report

The trust's remuneration committee makes decisions in relation to directors' pay in light of benchmarking information derived from published research on reward, such as the NHS Providers 2017 remuneration survey, and surveys of other trust's remuneration for similar posts. In 2018/19 existing directors received an increase made on the basis of distance from benchmarks and/or performance. Performance is judged initially by the chief executive for the executive directors, and by the chairman for the chief executive, against objectives agreed for the year. The chief executive's recommendations are subsequently discussed by the remuneration committee, which agrees on the necessary action. Details of the remuneration committee can be found on page 36.

Remuneration is not split into different elements. The committee is always mindful of the national NHS pay uplift for staff and the system within which staff are remunerated, including restraints that apply to trusts and foundation trusts in special measures, when considering each individual. The final determination of the pay level for any individual is based on an assessment of performance. All contracts are open ended. As at 31 March 2019, all trust executive directors are on a six month notice period. There is no termination payment built into the contract and there are no contractual provisions for early retirement beyond that required by the law. In certain circumstances an individual may benefit from the provisions of the NHS pension scheme. The trust does not provide any non-cash benefits within the remuneration package.

Accounting policies for pensions and other retirement benefits are set out in note 4.3.2. Details of the board of directors' remuneration can be found in note 4.3.1, and details of employee costs can be found in note 5 in the annual accounts. Information relating to off-payroll arrangements is included in the staff report.

Acting on the recommendations of the Hutton review of fair pay and the reporting requirements of HM Treasury, the trust makes the following declarations [these declarations are subject to audit]:

- The median remuneration of staff employed at the trust during the 2018/19 financial year was £35,530 (2017/18: £34,495). The calculation is based on full-time equivalent staff of the reporting entity at the reporting period end date on an annualised basis.
- The mid-point of the banded remuneration of the highest paid director of the trust for the sample period 2018/19 was £200,000 (2017/18: £190,000) – only those directors whose remuneration the trust is directly able to determine are included in this calculation.
- The ratio of the two amounts was 5.63:1 in 2018/19 (2017/18: 5.51:1) – that is, the mid-point of the banded remuneration of the highest paid director of the trust was 5.63 times that of the median remuneration for all staff employed at the trust.

No payments for compensation for loss of office were made during 2018/19.

As required by section 156(1) of the Health and Social Care Act 2012, I declare that the total out-of-pocket expenses paid to governors of the trust in 2018/19 was £4,456 (2017/18: £5,730), and that total out-of-pocket expenses paid in 2018/19 to the directors was £3,565 (2017/18 £5,910). Further detail is shown in note 4.5 in the annual accounts.



**David Probert**  
**Chief executive**  
**28 May 2019**



## Salary entitlements of the board of directors [the following table is subject to audit]

2018/19	Executive Salary (bands of £5,000) £'000s	Clinical / Research Salary (bands of £5,000) £'000s	Pension-Related Benefits (bands of £2,500) £'000s	Total Entitlement (bands of £5,000) £'000s
Name and Title				
Mr D Probert - Chief Executive	200 - 205	-	60 - 62.5	260 - 265
Mr J Wilson - Chief Financial Officer (start date 01.11.2018)	60 - 65	-	25.0 - 27.5	85 - 90
Mr S Davies - Chief Financial Officer and Deputy CEO (01.04.2018-31.05.2018)	25 - 30	-	-	25 - 30
Mrs J Greenshields - Acting Chief Financial Officer (01.06.2018-31.10.2018)	50 - 55	-	47.5 - 50.0	95 - 100
Prof P Khaw - Research Director	30 - 35	190 - 195	-	225 - 230
Ms T Lockett - Director of Nursing & Allied Health Professions	120 - 125	-	30 - 32.5	150 - 155
Mr J Quinn - Chief Operating Officer	125 - 130	-	47.5 - 50.0	175 - 180
Mr D Flanagan - Medical Director (01.04.2018-31.07.2018)	15 - 20	40 - 45	-	55 - 60
Mr N Strouthidis - Medical Director (start date 01.08.2018)	30 - 35	60 - 65	115.0 - 117.5	145 - 150
Ms T Green - Chairman	35 - 40	-	-	35 - 40
Mr S Williams - Non-Executive Director	15 - 20	-	-	15 - 20
Ms R Given-Wilson - Non-Executive Director	15 - 20	-	-	15 - 20
Ms S Singha - Non-Executive Director	15 - 20	-	-	15 - 20
Mr A Dick - Non-Executive Director	10 - 15	-	-	10 - 15
Mr N Hardie - Non-Executive Director	15 - 20	-	-	15 - 20
Mr D Hills - Non-Executive Director	15 - 20	-	-	15 - 20

<b>2017/18</b>	<b>Executive Salary (bands of £5,000) £'000s</b>	<b>Clinical / Research Salary (bands of £5,000) £'000s</b>	<b>Pension-Related Benefits (bands of £2,500) £'000s</b>	<b>Total Entitlement (bands of £5,000) £'000s</b>
<b>Name and Title</b>				
Mr D Probert - Chief Executive	190 - 195	-	80 - 82.5	270 - 275
Mr S Davies - Chief Financial Officer and Deputy CEO	145 - 150	-	77.5 - 80	220 - 225
Prof P Khaw - Research Director	30 - 35	195 - 200	-	230 - 235
Ms T Lockett - Director of Nursing & Allied Health Professions	115 - 120	-	47.5 - 50	160 - 165
Mr J Quinn - Chief Operating Officer	120 - 125	-	47.5 - 50	165 - 170
Mr D Flanagan - Medical Director	40 - 45	105 - 110	-	150 - 155
Ms T Green - Chairman	35 - 40	-	-	35 - 40
Mr S Williams - Non-Executive Director	15 - 20	-	-	15 - 20
Ms R Given-Wilson - Non-Executive Director	15 - 20	-	-	15 - 20
Ms S Singha - Non-Executive Director	15 - 20	-	-	15 - 20
Mr A Dick - Non-Executive Director	10 - 15	-	-	10 - 15
Mr N Hardie - Non-Executive Director	15 - 20	-	-	15 - 20
Mr D Hills - Non-Executive Director	15 - 20	-	-	15 - 20

Pension-related benefits are intended to show the notional increase or decrease in the value of directors' pensions assuming the pension is drawn for 20 years after retirement. It is calculated as 20 x annual pension increase + lump sum increase, adjusted for inflation, less employees' pension contributions paid in the year.

The Chief Executive Officer was paid more than the threshold of £142,500 per annum used in the Civil Service for approval by the Chief Secretary of the Treasury, which equates to the Prime Minister's ministerial and parliamentary salary. The trust appreciates the constraints that have been placed on NHS Trusts, and FTs in special measures or in receipt of central support, in relation to executive pay. We are also mindful of our responsibility for ensuring value for money. Nevertheless we have an obligation to secure a suitable CEO, and therefore the trust's Remuneration Committee agreed the salary in excess of the threshold following benchmarking and market testing.

## Pension benefits of directors [the following table is subject to audit]

Name and title	Value of accrued pension at 31 March 2018 (bands of £5,000) £'000s	Value of accrued pension at 31 March 2019 (bands of £5,000) £'000s	Real increase in year in the value of accrued pension (bands of £2,500) £'000s
Mr D Probert - Chief Executive	40 - 45	50 - 55	5.0 - 7.5
Mr S Davies - Chief Financial Officer and Deputy CEO (01.04.2018-31.05.2018)	25 - 30	n/a	n/a
Mr J Wilson - Chief Financial Officer (start date 01.11.2018)	n/a	30 - 35	2.5 - 5.0
Mrs J Greenshields - Acting Chief Financial Officer (01.06.2018-31.10.2018)	n/a	35 - 40	5.0 - 7.5
Mr N Strouthidis - Medical Director (start date 01.08.2018)	n/a	30 - 35	7.5 - 10.0
Ms T Lockett - Director of Nursing & Allied Health Professions	40 - 45	45 - 50	2.5 - 5.0
Mr J Quinn - Chief Operating Officer	35 - 40	40 - 45	2.5 - 5.0

Name and title	Value of automatic lump sums at 31 March 2018 (bands of £5,000) £'000s	Value of automatic lump sums at 31 March 2019 (bands of £5,000) £'000s	Real increase in year in the value of automatic lump sums (bands of £2,500) £'000s
Mr D Probert - Chief Executive	105 - 110	110 - 115	2.5 - 5.0
Mr S Davies - Chief Financial Officer	60 - 65	n/a	n/a
Mr J Wilson - Chief Financial Officer	n/a	85 - 90	7.5 - 10.0
Mrs J Greenshields - Chief Financial Officer	n/a	80 - 85	12.5 - 15.0
Mr N Strouthidis- Medical Director	n/a	70 - 75	20.0 - 22.5
Ms T Lockett - Director of Nursing & Allied Health Professions	130 - 135	140 - 145	10.0 - 12.5
Mr J Quinn - Chief Operating Officer	85 - 90	90 - 95	20.0 - 22.5

<b>Name and title</b>	<b>Cash equivalent transfer value at 31 March 2018</b> <b>(bands of £1,000)</b> <b>£'000s</b>	<b>Cash equivalent transfer value at 31 March 2019</b> <b>(bands of £1,000)</b> <b>£'000s</b>	<b>Real increase in cash equivalent transfer value in 2018/19</b> <b>(bands of £1,000)</b> <b>£'000s</b>
Mr D Probert - Chief Executive	589 - 590	752 - 753	116 - 117
Mr S Davies - Chief Financial Officer	369 - 370	n/a	n/a
Mr J. Wilson - Chief Financial Officer	n/a	534 - 535	107 - 108
Mrs J Greenshields - Chief Financial Officer	n/a	638 - 639	149 - 150
Mr N Strouthidis- Medical Director	n/a	508 - 509	165 - 166
Ms T Lockett - Director of Nursing & Allied Health Professions	842 - 843	1010 - 1111	124 - 125
Mr J Quinn - Chief Operating Officer	636 - 637	738 - 739	109 - 110

Prof P Khaw is not a member of the NHS Pension Scheme.

Mr D Flanagan ceased to be a member of the NHS Pension Scheme during 2011/12.

Non-executive directors do not receive pensionable remuneration.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the year.

The value of trust contributions to the NHS Pension Scheme in 2018/19 in respect of executive directors was £101k (2017/18: £80k).

### 4.3 Staff report

Moorfields directly employs nearly 2,120 people in a variety of full time and part time roles, on a mixture of fixed-term and permanent contracts. As at 31 March 2019 the trust employed 1,967 full-time equivalent staff across a wide range of professional disciplines. Of those on permanent contracts, 87% had been in post for more than a year, an indicator of high workforce stability. Our annual rolling turnover rate for staff on permanent contracts was 13%. Moorfields is currently compliant with the requirements of the European working time directive.

The average number of sick days taken over the past year was 9.5 days per full time equivalent. This figure has been calculated in accordance with Cabinet Office standards, as per Department of Health and NHS Improvement guidelines and equates to an annual sickness rate of 4.2%. Please note that under the guidelines NHS organisations are required to base their calculation on the calendar year rather than the financial year.

Average full time equivalent (FTE)	FTE days lost	Average sick days per FTE
1,942	18,352	9.5

Staffing WTE 2019	
Permanently employed Staff with a permanent (UK) employment contract directly with the entity	Other Staff that do not have a permanent (UK) employment contract with the entity.
1,974	501

The following figures show our staffing breakdown by staff group, age, gender, ethnicity, disability and sexual orientation, as at 31<sup>st</sup> March 2019.

Workforce by staff group			
Clinical support 13%	Scientific and technical 11%	Admin and clerical 34%	AHPs 2%
Estates 2%	Medical and dental 17%	Nursing (registered) 21%	
Workforce by ethnicity			
Black 18%	Mixed 4%	Asian 24%	White 39%
Other ethnic group 7%	Not stated 8%		
Workforce by sexual orientation			
Lesbian Gay Bisexual Transsexual 2%	Heterosexual 58%	Do not wish to disclose 39%	Not recorded 1%
Workforce by disability status			
No 93%	Do not wish to disclose 1%	Yes 2%	Not stated 4%
Workforce by gender			
Directors	Female 33%	Male 67%	
Employees (all)	Female 68%	Male 32%	
Workforce by age			
16 to 25: 6%	26 to 35: 25%	36 to 45: 27%	46 to 55: 25%
56 to 65: 14%	66 and over: 3%		

Note: All figures above are based on a snapshot as at 31 March 2019.

[Analysis of staff numbers and staff costs is subject to audit]

In common with much of the NHS, our workforce is predominantly female. 1481 female staff make up two thirds (68%) and 681 male staff make up one third (32%) of our directly-employed workforce. Our trust board in 2018/19 consists of 13 voting members, of which nine are male and four are female. All trust policies and business cases contain an equality impact assessment to make sure that staff with protected characteristics are not adversely affected.

### Staff survey

In 2018 we surveyed all our staff and achieved a response rate of 48.4%. This is slightly below the average response rate for acute specialist trusts in England for whom the average is 53%. The overall national response rate was 48%.

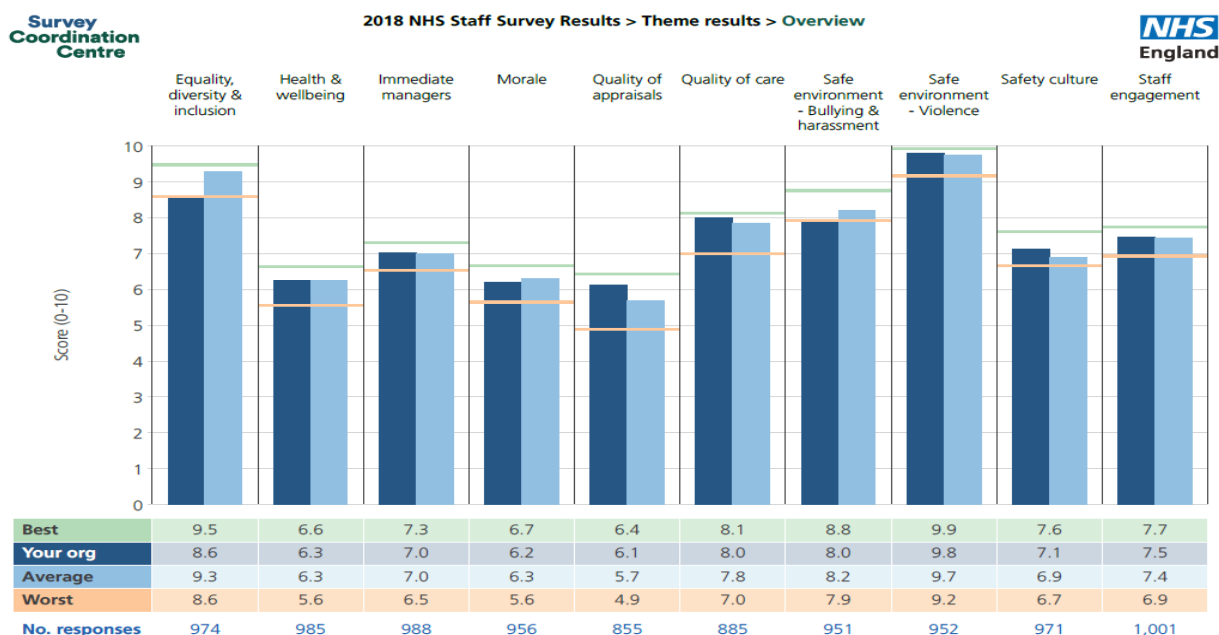
NHS England has compared us to other specialist trusts across the UK. Our results show that we performed above the national average in these areas:

- Quality of patient care.
- Safety culture, our staff feel confident to report unsafe clinical practice.
- Quality of appraisals.
- Safe and supportive working environment.

While we performed above the national average in the majority of areas, we need to do further work in some areas including making sure our workplace is always free from bullying and harassment and ensuring everyone has access to career development opportunities. As chief executive I have made the trust board aware of these issues and in response we have taken these steps:

- In 2018 we launched a new resolution pathway and trained facilitators and mediators, who are there to listen to any concerns staff may have, and help to resolve them. Improving our workplace culture can take some time and we have invested significant resources and expertise to making sure the right support is in place.
- We have developed a new approach to grow our staff networks (BeMoor, MoorAbility and MoorPride) including dedicated resources and budget to make Moorfields a more inclusive place to work. We use these networks to actively promote and encourage consultation with staff, as well as using the joint staff consultation committee.

We have adopted a three year approach to our staff survey action planning to allow time for the changes to be made, embedded and sustained. We will analyse and action our results around four key themes: fair treatment and inclusion, valuing staff, improvement and innovation and team working with the aim to make Moorfields Eye Hospital an even better place to work in 2019 and beyond. In comparison to other acute specialist trusts, our scores for the ten key staff survey indicators are below.



## Staff friends and family test (FFT)

We conduct our staff friends and family test each quarter. We ask staff to tell us if they would recommend Moorfields as a place to be treated and also if they would recommend it as a place to work. The table below shows that many staff are proud to recommend Moorfields as a place for treatment and likewise as a place to work, keeping us in the upper quartile of all NHS organisations.

In previous years we also asked two additional questions about the Moorfields way but decided to remove these this year whilst we review and refresh our values. When this work has been completed we will consider whether to add in additional relevant questions once again.

The results for the national questions show that the vast 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

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% staff recommending Moorfields as a place for treatment	96	95	92	99	97	96	90	96
% staff recommending Moorfields as a place to work	71	67	73	85	77	72	70	67
% of staff who have heard of The Moorfields Way	99	98	99	99	Not asked	Not asked	Not asked	Not asked
% of staff who believe The Moorfields Way is making a difference	33	38	80	44	Not asked	Not asked	Not asked	Not asked

## Managing conflicts of interest

All staff and volunteers, non-executive directors, governors and anyone else who is doing business on behalf of Moorfields is expected to comply with our 'Declaration of interests, gifts and hospitality policy'. This policy sets out requirements for staff to preserve the integrity of the NHS and comply with the requirements of the Bribery Act 2010. All board members, consultants and senior managers at a Band 8d or above are considered to be people with influence and are required to submit an annual declaration of interest. This has been extended to staff in the account payable department and those involved in procurement. All other staff are expected to register any gifts or hospitality they are offered in their line of work.

## Rewarding and supporting our staff

Our annual Moorfields' Stars ceremony took place in April 2019. This is a high-profile event to recognise staff and volunteers, supported by Moorfields Eye Charity. Around 280 staff and volunteers attended, and we received a record number of nominations in 2018, including over 170 nominations from patients.

Our Freedom to Speak Up and whistleblowing procedures provide a straightforward and simple process that encourages staff to raise concerns. We have five freedom to speak up (FTSU) guardians and a non-executive director responsible for 'speaking up', and are looking to enhance the function even further to include staff at all levels and from all specialties.

The trust understands that staff may feel worried about raising a concern. In accordance with the trust's duty of candour, the board and senior managers are committed to an open and honest culture. There is a commitment to look into what staff report and to make sure staff have access to the support they

need. Our volunteer staff contact colleagues also provide a confidential conduit and source of staff support, and this programme has developed into a new harassment and bullying pathway.

Our obligations under The Trade Union (Facility Time Publication Requirements) Regulations 2017, requires us to collect and publish the following information in respect of trade union officials:

1. the number of employees who were relevant union officials during the relevant period, and the number of full time equivalent employees
2. the percentage of time spent on facility time for each relevant union official
3. the percentage of pay bill spent on facility time
4. the number of hours spent by relevant union officials on paid trade union activities as a percentage of total paid facility time hours.

#### Data for the period April 2018 – March 2019

**Table 1 – Relevant union officials**

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
11	11

**Table 2 – Percentage of time spent on facility time**

Percentage of time	Number of employees
0%	3
1-50%	8

**Table 3 – Percentage of pay bill spent on facility time**

	£
Provide the total cost of facility time	10,126
Provide the total pay bill	546.104
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	1.85%

**Table 4 – Paid trade union activities**

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	100%
--	------

#### Staff exit packages 2018/19 [this information is subject to audit]

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	-	-	-
£10,001 – £25,000	2	1	3
£25,001 – £50,000	2	-	2
£50,001 - £100,000	2	-	2
Total number of exit packages by type	6	1	7
Total resource cost £000s	232	19	251



Exit packages - non-compulsory departure payments	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	1	19
Exit payments following employment tribunals or court orders	-	-
Non-contractual payments requiring HMT approval (special severance payments)*	-	-
<b>Total</b>	<b>1</b>	<b>19</b>
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-

### Staff exit packages 2017/18

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	-	-	-
£10,001 – £25,000	-	1	1
£25,001 – £50,000	1	1	2
<b>Total number of exit packages by type</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Total resource cost £000s</b>	<b>32</b>	<b>46</b>	<b>78</b>

Exit packages - non-compulsory departure payments	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	2	46
Exit payments following employment tribunals or court orders	-	-
Non-contractual payments requiring HMT approval (special severance payments)*	-	-
<b>Total</b>	<b>2</b>	<b>46</b>
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-

**Off payroll engagements [this information is subject to audit]**

<b>For all off-payroll engagements as of 31 Mar 2019, for more than £245 per day and that last for longer than six months</b>	<b>2018/19 Number</b>
<b>No. of existing engagements as of 31 Mar 2019</b>	1
<b>Of which, the number that have existed:</b>	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

<b>For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2018 and 31 Mar 2019, for more than £245 per day and that last for longer than six months</b>	<b>2018/19 Number</b>
<b>Of which:</b>	
No. assessed as caught by IR35	0
No. assessed as not caught by IR35	1
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	N/A

<b>For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2018 and 31 Mar 2019</b>	<b>2018/19 Number</b>
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements.	16

#### **4.4 Statement of the chief executive's responsibilities as the accounting officer of Moorfields Eye Hospital NHS Foundation Trust**

The National Health Service Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of the public finances for which he is answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Moorfields Eye Hospital NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Moorfields Eye Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the accounting officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the accounts direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state if applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- prepare the financial statements on a going concern basis

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.



**David Probert**  
**Chief executive**  
**28 May 2019**

## **4.5 Annual governance statement**

### **Scope of responsibility**

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

### **The purpose of the system of internal control**

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on a process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Moorfields Eye Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Moorfields Eye Hospital NHS Foundation Trust for the year ended 31 March 2019 and up to the date of approval of the annual report and accounts.

### **Capacity to handle risk**

The board of directors is responsible for ensuring that a system of internal control is in place. As accounting officer I have overall accountability for risk management in the trust and chair the management executive, through which executive responsibility for risk management is exercised. The control of risk is embedded in the roles of executive directors through to the managerial staff within the organisation.

The risk management strategy of the organisation is to maintain systematic and effective arrangements for identifying and managing risk to an acceptable level which fits within the trust's risk appetite. The strategy provides a framework for managing risk across the organisation which is consistent with best practice and Department of Health guidance. The director of quality & safety has responsibility for the design, development and maintenance of operational risk systems, policies and processes. Divisional and directorate governance arrangements implement and maintain risk management processes, including the maintenance of risk registers. The day-to-day working of risk systems is therefore managed through the trust's operational and departmental teams. The risk strategy provides a clear, systematic approach to the identification and assessment of risks to ensure that risk management is an integral part of clinical, managerial and financial processes across the organisation. The audit and risk committee, comprising non-executive directors, oversees the system of internal control and overall assurance processes associated with managing risk.

The director of quality & safety chairs the risk and safety committee, which provides additional support to ensure that risk management processes are working effectively. The committee reviews themes and trends in risk and incident management and shares and encourages best practice across the trust's network. As well as having individual and team responsibilities for policies, the risk and safety committee also supports divisions and directorates in ensuring policies are kept up to date and compliance is maintained.

The board of directors routinely receives updates from board committees. The board receives assurance from the medical director and director of nursing and allied health professions, through comprehensive quality and safety reports, about the management of "never events", serious incidents, complaints, claims, revalidation and incidents. The trust has mechanisms to receive and act upon alerts and recommendations made by all relevant central bodies. In 2018/19 the trust completed the action plan developed as a result of the 2017 well-led framework review which made a number of recommendations about risk management and corporate and clinical governance.

Risk management training is provided through the induction programme for new staff and this is supplemented by local induction organised by managers. This includes the induction of junior doctors in relation to key policies, standards and practices in clinical areas. Staff are required to undertake and maintain mandatory training in a number of areas relating to risk management. Examples of this are safeguarding of children and adults, fire, general health and safety, infection control and risk and safety management. Different roles and responsibilities have associated training requirements; for example, those staff who work most closely with children are required to have a higher level of safeguarding, whilst all staff are required to have a minimum of level one training.

The trust holds quarterly clinical governance events in order to share learning across the organisation.

### **The risk and control framework**

The trust has a risk management strategy and policy that has been updated to ensure that it remains relevant and fit for purpose. Levels of accountability and responsibility for risk are set out within this document. The trust has risk management systems in place for identifying, evaluating, monitoring, controlling and recording risk. The management of risk is embedded in management roles at all staff levels, and primary control for risk management takes place through divisions, departments and frontline teams. Since December 2018 all risk registers have been migrated onto our risk management module of ULYSSES which enables a more robust and consistent system of reviewing risks.

The principles of risk management are core to the organisation's business. The first stage of the risk process is the systematic identification of risks via structured risk assessments. Risks that are identified are documented on risk registers. These risks are analysed in order to determine their relative importance using a risk scoring matrix. Where they can be, risks are managed and mitigated locally. However where they cannot be resolved, systems exist to progressively escalate risks to higher level risk registers. Achieving control of the higher scoring risks is given priority over lower scoring risks.

Incident reporting is openly encouraged through the trust's policies on incident reporting, being open and duty of candour, and staff training. The trust has an open culture which is demonstrated through staff survey results and reporting rates which increase year-on-year.

Divisional dashboards are available for monitoring many types of performance activity, both clinical and non-clinical. The Board Assurance Framework (BAF) has been developed using the trust's corporate risk register and is linked to monitoring the trust's annual corporate priorities. The BAF details the principal strategic risks to the organisation and how those risks are being mitigated. The BAF and corporate risk register were reviewed during the year by the management executive, audit and risk committee and the board of directors. Each board subcommittee reviews the BAF risk(s) relevant to its terms of reference.

The organisation continues to have a low appetite for risk in relation to patient safety and aims to minimise avoidable risk – this approach is built into all our risks systems although it recognises that healthcare is not without risk. The trust has a higher risk appetite in respect of developing its commercial divisions of which it has two, Moorfields Private and Moorfields United Arab Emirates.

The trust has a range of quality governance systems in place which have been proactively developed over the previous three years and include systems for collecting, assessing and presenting quality and safety information from operational to trust board level. Oversight and scrutiny of these governance arrangements is provided by the quality and safety committee which is a committee of the board.

A programme of annual health and safety assessments is in place led by the risk and safety department. In areas where this process has matured sufficiently, self-assessments take place. These reviews are complemented by a programme of patient safety data reviews which consider data and information about patient safety including trends and the need for any remedial action. In addition patient safety walkabouts involve the quality and safety team visiting the trust's network of sites to review data and information about frontline activity and where staff have an opportunity to discuss any issues with the team.

The trust is registered and is fully compliant with the Care Quality Commission's (CQC) registration requirements. Systems exist to ensure compliance with the CQC's fundamental standards. There is a programme of Executive Director led site and service walkabouts involving a wide range of clinical and non-clinical staff. These reviews focus on ensuring that quality and safety standards are in place and where there are gaps improvement actions are introduced. These walkabouts also provide a corporate

level view of the trust's compliance with CQC's requirements. A programme of annual health and safety assessments is also in place led by the risk and safety department. In addition, a process of detailed divisional self-assessments against CQC's standards is under way to gauge performance and also to understand progress with the quality strategy.

Quality and safety performance is monitored through a range of quality reports that are provided to the trust management committee, the quality and safety committee and trust board. These reports are structured around the three internationally recognised themes of patient experience, patient safety and clinical effectiveness and the CQC domains.

The board assurance framework includes the high level risks to the organisation. These are rated dependent on the level and potential impact of risk with red being the highest. A summary is included below.

**Five risks were rated as red:**

- If there are **central changes to the tariff** and market forces factor which have a disproportionate impact on MEH as a single specialty trust then this will have a significant adverse impact on the long term financial viability of the organisation and its ability to deliver the current level of service to patients.
- If the key assumptions behind **Project Oriel** are not achieved then there may be insufficient capital and resources available leading to a failure to be able to deliver a new facility that is fit for purpose and improves the patient and staff experience.
- If the **growth in commercial activity** is not to plan then there will not be sufficient revenue generated leading to pressure on trust finances elsewhere and a lack of ability to effectively compete in the market and to continue to provide high quality NHS services to patients, as well having an impact on the assumptions for Oriel.
- If the trust **fails to comply with the CQC fundamental standards** and if actions arising from the CQC visit are not implemented at sufficient pace then clinical standards may not be met leading to significant patient harm, deterioration in patient outcomes, a failure to maintain a CQC rating of 'good' and a serious reputational risk to the trust.
- If there is continued or increased **turbulence in the commissioning landscape** then this will lead to increasing pressure on services, more notices of termination and tendering of services leading to loss of contracts and income, a significant impact on staff and their ability to deliver services at a high standard, and confusion and lack of continuity for patients, affecting their care.
- If a 'no deal' **Brexit** is in place on [October] 2019 then there will be a significant impact in a number of areas, leading to a reduction in the ability to attract the best talent to the trust from a global market, risk to the continued availability of drugs and supplies from European Union based companies and our ability to attracting research funding.

**A further three risks on the board assurance framework are rated as amber. :**

- If the trust does not have a **robust workforce plan** in place then there will be staff shortages and skill gaps leading to insufficient numbers of staff available in key areas and a subsequent impact on the quality of patient care, pressure on staff and a decrease in morale which will affect both the staff and patient experience.
- If **engagement with staff** is ineffective and inconsistent then they will have a lack of confidence in the organisation's approach to workforce issues leading to poor staff retention and morale, deterioration in the quality of patient care and a risk to the trust's reputation as an employer of choice.
- If the trust fails to identify or address poor clinical practice and **learn the lessons** then there could be multiple serious incidents leading to significant patient harm, a deterioration in patient outcomes and experience, regulatory intervention or damage to reputation.

The board has oversight of the board assurance framework and receives an update twice a year. This is supported by reviews by the relevant board committee, for example quality risks are reviewed by the quality and safety committee. The level of board assurance in relation to individual risks forms part of

the corporate risk register. Day-to-day management of corporate risks is the responsibility of directors with review by the management executive and trust management committee. Each risk has a linked mitigation plan led by the respective director, and the corporate risk register contains an assessment of how mitigations aim to reduce overall risk scores.

Moorfields has excellent engagement with its host commissioner, NHS Islington Clinical Commissioning Group. The commissioner-led, joint clinical quality review meeting provides a regular forum to raise risks and issues and the corporate risk register is also reviewed at these meetings with a focus on quality.

The Moorfields board continues to be stable although two voting executive directors have been appointed this year. The chairman and all of the non-executive directors have been in place for the full year. The trust publishes a register of interests for all decision-making staff which has recently been expanded to include all staff involved in procurement and accounts payable.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the scheme. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the rules, and that member records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure compliance with all the organisation's obligations under equality, diversity and human rights legislation.

The trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has undertaken contingency planning in the event of a 'no deal' exit scenario from the European Union. This has included undertaking detailed risk assessments over critical clinical suppliers and their supply chains, ensuring holdings of drugs stocks and pharmaceutical supplies are in line with guidance issued by the Secretary of State, potential impacts on workforce, overseas qualifications, and reciprocal access to healthcare, as well as updating business continuity planning in the event of a 'no deal' scenario. Potential impacts on research and clinical trials, data processing and information governance have also been considered.

The board has received updates on a regular basis, with a nominated executive level Senior Responsible Officer, and an identified operation lead.

### **Review of economy, efficiency and effectiveness of the use of resources**

The trust's annual plan, which contains the financial plan, is approved by the board and submitted to NHS Improvement. The board receives monthly financial reports. The trust's resources are managed via financial controls set out in the standing financial instructions, and on a day-to-day basis local financial and performance controls are in place in divisions and departments. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

### **Information governance (IG)**

Information Governance at Moorfields is overseen by the Information Governance Committee which reports to the Quality and Safety 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 - which replaced the former Information Governance Toolkit from April 2018).

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. In 2018/19 Moorfields agreed a new IG training strategy and work has begun to roll out specialist IG training to key staff.

The DSPT annual submission is used to demonstrate compliance with IG standards and the new national Data Security Standards. The Trust's 2018/19 submission met 95 of the 100 mandatory compliance requirements. In addition to the mandatory items, Moorfields completed 32 of the 49 non-mandatory items, achieving compliance with 85% of standards met overall. The Trust was rated green during an internal audit of its DSPT submission preparation. An improvement plan to achieve the remaining 5 mandatory requirements by the end of September 2019 has been agreed by NHS Digital, with our submission classed as 'Standards Not Met (Plan Agreed)'.

## **Workforce**

The board receives regular reports on staffing issues, such as the guardian of safe working report and quarterly workforce metrics. Safer staffing levels are also reported through the monthly integrated performance report. The board has reviewed a draft workforce strategy that includes short, medium and long term objectives and this will be approved and implemented over the coming year.

## **Annual quality report**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts (reports) for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports which incorporate the above legal requirements in the "NHS Foundation Trust Annual Reporting Manual".

The development of the trust's quality report has been led by the head of quality and safety and the director of quality and safety in close liaison with the director of nursing and allied health professions, the medical director and the chief operating officer. The trust's quality priorities are structured under the three nationally recognised areas of patient safety, patient experience and clinical effectiveness. The quality report was reviewed by the management executive, the trust management board and the quality and safety committee. Views were provided by the membership council, many of whom are patients, as well as a separate group of patients. The quality report was finalised as a balanced representation of the trust's priorities areas across patient safety, patient experience and clinical effectiveness.

The quality priorities for 2019/20, as set out in the quality report, are consistent with the trust's corporate priorities and aligned with the quality strategy. A wide range of stakeholders have been consulted during the development of the quality priorities, including patients, clinicians, governors, commissioners, Healthwatch Islington and Islington's health and care scrutiny committee.

The trust has a data quality assurance framework which includes the trust's key indicators and those that are included in the quality report.

## **Review of effectiveness**

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit and risk committee and the quality and safety committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review of the effectiveness of the systems of internal controls has been informed by the outputs and the outcomes of the systems themselves and also by the executive directors and managers within the organisation. Internal audit provides me with an opinion about the effectiveness of the assurance



framework and the internal audit plan. Work undertaken by internal audit is reviewed by the audit and risk committee.

**The process that has been applied in maintaining and reviewing the effectiveness of the system of internal controls has involved:**

- the trust board's work programme which includes ensuring that the key compliance and regulatory requirements are reported and reviewed, and that the key risks are considered which are collated through the board assurance framework
- the audit and risk committee providing the board with independent review of financial controls. There has been a programme of internal audit to review the systems, controls and processes and the outcomes of these reports have been reviewed by the audit and risk committee.
- review of progress in meeting the Care Quality Commission's standards by divisional teams and the trust management committee
- review of serious untoward and other incidents by the board and the quality and safety committee

The overall opinion from the Head of Internal Audit for the period 1 April 2018 – 31 March 2019 is that significant assurance with minor improvements required can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control.

This opinion covers the period 1 April 2018 to 31 March 2019 inclusive, and is based on the nine audits that were completed in this period.

**The design and operation of the Assurance Framework and associated processes**

The Trust's Assurance Framework does reflect the Trust's key objectives and risks and is regularly reviewed by the Board. The Executive reviews the Assurance Framework on a quarterly basis and the Audit and Risk Committee provide reviews as to whether the Trust's risk management procedures are operating effectively.

**The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year**

KPMG issued one partial assurance report and no assurance opinions in respect of the 2018/19 assignments. This partial assurance report related to GDPR: Post implementation.

KPMG raised three high risk recommendations in the period which relate to:

- GDPR: Post Implementation – Data flow mapping;
- GDPR: Post Implementation – Third party data management; and
- GDPR: Post Implementation – Updates to third party data management.

This does not prevent KPMG from issuing significant with minor improvements assurance as the organisation has implemented the recommendations raised relating to data flow mapping and continues to work to implement the recommendations relating to third part data management and updates to that data to address the issues identified.

**Conclusion**

The board has a wide range of governance assurance systems in place. These include an effective incident reporting system and systems for the identification and control of risk through the board assurance framework. Internal and external audit reviews, audits and inspections and walkabouts provide sufficient evidence that no significant internal control issues have been identified during 2018/19 and that control systems are fit for purpose with potential areas for improvement set out.



**David Probert**  
**Chief executive**  
**28 May 2019**

## 5 Glossary of terms

<b>AHP</b> Allied health professional	<b>AI</b> Artificial intelligence	<b>AMD</b> Age-related macular degeneration	<b>BAF</b> Board assurance framework
<b>BRC</b> Biomedical research centre	<b>CCG</b> Clinical commissioning group	<b>CIP</b> Cost improvement programme	<b>CQUIN</b> Commissioning for quality innovation
<b>CQC</b> Care quality commission	<b>CRN</b> Comprehensive research network	<b>EDI</b> Equality diversity and inclusivity	<b>EMR</b> Electronic medical record
<b>FFT</b> Friends and family test	<b>FTSU</b> Freedom to speak up	<b>GDPR</b> General data protection regulation	<b>GIRFT</b> Getting it right first time
<b>IOL</b> Inter-ocular lens	<b>IPR</b> Integrated performance report	<b>KPI</b> Key performance indicators	<b>LCFS</b> Local counter fraud service
<b>MEC</b> Moorfields eye charity	<b>MEH</b> Moorfields eye hospital	<b>MR</b> Medical retina	<b>NIHR</b> National institute of health research
<b>QSC</b> Quality & safety committee	<b>R&amp;D</b> Research and development	<b>RDCEC</b> Richard Desmond Children's Eye Centre	<b>RTT</b> Referral to treatment
<b>SI</b> Serious incident	<b>SIS</b> Service improvement and sustainability	<b>SLA</b> Service level agreement	<b>STP</b> Sustainability and transformation plan
<b>UAE</b> United Arab Emirates	<b>UCL</b> University College London	<b>UKOA</b> UK Ophthalmology Alliance	<b>VFM</b> Value for money
<b>VR</b> Vitreous retinal	<b>WHO</b> World health organisation	<b>WDES</b> Workforce disability equality standards	<b>WRES</b> Workforce race equality standards

### Oriel

Our proposal to relocate services from Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology on Bath Street to a new, purpose-built facility. Oriel is a joint venture between Moorfields Eye Hospital, UCL and Moorfields Eye Charity, and aims to create a new, integrated centre of excellence for eye care, research and education.

# 7 INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

## INDEPENDENT AUDITOR'S REPORT TO THE COUNCIL OF GOVERNORS AND BOARD OF DIRECTORS OF MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

### Report on the audit of the financial statements

#### Opinion

**In our opinion the financial statements of Moorfields Eye Hospital NHS Foundation Trust (the 'foundation trust'):**

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2019 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the Statement of Comprehensive Income;
- the Statement of Financial Position;
- the Statement of Changes in Taxpayers' Equity;
- the Statement of Cash Flows; and
- the related notes 1 to 27.



The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

#### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

#### Summary of our audit approach

<b>Key audit matters</b>	<p>The key audit matters that we identified in the current year were:</p> <ul style="list-style-type: none"> <li>• NHS revenue recognition and debtor provisioning</li> <li>• Property valuations</li> <li>• Management override of controls</li> </ul> <p>Within this report, any new key audit matters are identified with  and any key audit matters which are the same as the prior year identified with .</p>
<b>Materiality</b>	<p>The materiality that we used in the current year was £4.71m which was determined on the basis of approximately 2% of the foundation trust's total revenue recognised in the year ended 31 March 2019.</p>
<b>Scoping</b>	<p>Audit work was performed at the foundation trust's offices in Old Street directly by the audit engagement team, led by the senior statutory auditor.</p>

**Significant changes in our approach to the audit**

There have been no significant changes in our approach to the audit in 2018/19 compared to 2017/18.

**Conclusions relating to going concern**

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

**We have nothing to report in respect of these matters.**

**Key audit matters**

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

**NHS revenue recognition and debtor provisioning**






**Key audit matter description**



We assessed the key audit matter as relating primarily to the recognition of whether NHS revenue that is unsettled at the year-end (either as a receivable or with potential repayment due), is valid, accurate and valued appropriately. In 2018/19, this revenue includes the Q4 bonus and incentive elements of Provider Sustainability Funding (PSF).

As described in note 1.23, Critical accounting judgements and key sources of estimation uncertainty, there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to:

- the complexity of the Payment by Results regime, in particular in determining the level of overperformance and CQUIN (Commissioning for Quality and Innovation) revenue to recognise;
- the judgemental nature of accounting for disputes, including in respect of outstanding overperformance income; and
- the Provider Sustainability Funding (PSF) which is dependent on the foundation trust meeting certain financial performance targets and

	<p>therefore recognition of this funding is affected by other accounting estimates.</p> <p>Details of the foundation trust's income, including £166.3m (2017-18: £158.4m) from NHS England and Clinical Commissioning Groups, are shown in note 3. £8.0m of Provider Sustainability Funding (PSF) is disclosed in note 4 to the financial statements (2017-18: £6.4m of Sustainability and Transformation Funding (STF)). NHS receivables, including accrued income, of £18.5m (2017-18: £12.9m) and total allowance for credit losses of £3.3m (2017-18: £3.5m) are shown in note 12 to the financial statements.</p> <p>The majority of the foundation trust's income is commissioned by Clinical Commission Groups.</p>
<p><b>How the scope of our audit responded to the key audit matter</b></p> 	<p>We evaluated the design and implementation of relevant controls in relation to revenue recognition.</p> <p>We have assessed management's position regarding the principal disputes with commissioners. We have challenged management's assumptions and historical accuracy of provisions for disputes and corroborated management explanations to documentary evidence, such as correspondence with commissioners.</p> <p>We have reviewed the outcome of the Agreement of Balances process and testing a sample of difference to support. We have also tested a sample of unsettled balances through to cash received or to alternative evidence of validity of debtors and accrued amounts'</p> <p>We have evaluated the adequacy of and rationale for allowance for impaired contract provision against NHS debtors.</p>
<p><b>Key observations</b></p> 	<p>We did not identify any material misstatements through our procedures in respect of this key audit matter, and we consider the estimates made by the foundation trust to be within an acceptable range.</p>
<p><b>Property valuation</b> </p>	
<p><b>Key audit matter description</b></p> 	<p>The foundation trust holds property assets within Property, Plant and Equipment at a valuation of £68.1m (2017-18: £68.0m). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, the useful hypothetical alternative site and the remaining life of the assets) and which can be subject to material changes in value as described in notes 1.23 and 8.</p> <p>The net valuation movement on the foundation trust's estate shown in note 8 is a revaluation loss of £1.9m (2017/18: Revaluation loss of £0.1m) on Property, plant and equipment.</p>
<p><b>How the scope of our audit responded to the key audit matter</b></p> 	<p>We evaluated the design and implementation of relevant controls over property valuation, and tested the accuracy and completeness of data provided by the foundation trust to the valuer.</p> <p>We used our real estate specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the foundation trust's properties.</p> <p>We have traced the valuation to the year-end accounts movements and tested their arithmetic accuracy and presentation in the financial</p>

statements.

We have reviewed the disclosures in notes 1.23 and 8 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.

We considered the impact of uncertainties relating to the UK's exit from the EU upon property valuations in evaluating the property valuations and related disclosures.

**Key observations**



We did not identify any material misstatements through our procedures in respect of this key audit matter and the valuation assumptions are within an acceptable range.

**Management override of controls** 

**Key audit matter description**



We consider that there continues to be a heightened risk across the NHS that management may override controls to manipulate fraudulently the financial statements or accounting judgements or estimates. This is due to the increasingly tight financial circumstances of the NHS and incentives to meet or exceed control totals to receive PSF funding.

The foundation trust had an initial PSF allocation for the year of £4.8m, with a control total of £6.7m, or £1.9m before PSF income. During the year, NHS Improvement announced that unused funds from the PSF would again be reallocated to providers exceeding their control total, matching improved results £ for £ and with any remaining amounts being paid as a bonus and a general distribution. This creates an incentive for reporting financial results that exceed the control total of £1.9m (excluding PSF). The foundation trust's reported results show a surplus of £3.4m, equivalent to £1.5m above the control total.

Details of critical accounting judgements and key sources of estimation uncertainty are included in note 1.23.

**How the scope of our audit responded to the key audit matter**



**Manipulation of accounting estimates**

Our work on accounting estimates included considering areas of judgement, including those identified by NHS Improvement. In testing each of the relevant accounting estimates, engagement team members were directed to consider their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS.

We tested accounting estimates (including in respect of NHS revenue and provisions, and valuations, as discussed above), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources.

We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the foundation trust.

**Manipulation of journal entries**

We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting.

We traced the journals to supporting documentation, considered whether they had been appropriately approved, and evaluated the accounting

rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

**Accounting for significant or unusual transactions**

We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.

**Key observations**



We have not identified any material misstatements or findings with respect to management override of controls and the reasonableness of accounting estimates, journal entries, and unusual/significant transactions.

**Our application of materiality**

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

<b>Materiality</b>	£4.71m (2017/18: £4.54m)
<b>Basis for determining materiality</b>	2% of revenue (2017/18: 2% of revenue)
<b>Rationale for the benchmark applied</b>	Revenue was chosen as a benchmark as the foundation trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £235k (2017/18: £226k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

**An overview of the scope of our audit**

Our audit was scoped by obtaining an understanding of the entity, its environment and service organisations, including internal control, and assessing the risks of material misstatement. Audit work was performed at the foundation trust’s site in Old Street directly by the audit engagement team, led by the engagement lead.

The audit team included integrated Deloitte specialists bringing specialist skills and experience in property valuations and information technology systems. Data analytic techniques were used as part of the audit testing, in particular to support profiling of populations to identify items of audit interest.

## Other information

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The accounting officer is responsible for the other information. The other information comprises the information included in the annual report including the Performance Report, Accountability Report, and Quality Report, other than the financial statements and our auditor's report thereon.

***We have nothing to report in respect of these matters.***

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

## Responsibilities of accounting officer

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As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

## Auditor's responsibilities for the audit of the financial statements

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Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.



## Report on other legal and regulatory requirements

### Opinion on other matters prescribed by the National Health Service Act 2006

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In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception

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*Annual Governance Statement, use of resources, and compilation of financial statements*

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

**We have nothing to report in respect of these matters**

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

*Reports in the public interest or to the regulator*

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

**We have nothing to report in respect of these matters.**

### Certificate

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We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

## Use of our report

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This report is made solely to the Council of Governors and Board of Directors ("the Council and Board") of Moorfields Eye Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council and Board those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the foundation trust and the Council and Board, each as a body, for our audit work, for this report, or for the opinions we have formed.



Craig Wisdom, FCA (Senior statutory auditor)  
For and on behalf of Deloitte LLP  
Statutory Auditor  
St Albans, United Kingdom

28 May 2019

# **Moorfields Eye Hospital NHS Foundation Trust 2018/19 Annual Accounts**

## Statement of Comprehensive Income

	Note	31 March 2019 £000	31 March 2018 £000
<b>Income from activities</b>	3.1-3.2	<b>204,429</b>	192,515
<b>Other operating income</b>	3.3	<b>30,872</b>	29,357
<b>Total operating income</b>		<b>235,301</b>	221,872
<b>Operating expenses</b>	4.1	<b>(227,598)</b>	<b>(214,340)</b>
<b>OPERATING SURPLUS</b>		<b>7,703</b>	7,532
Finance income	6.1	292	112
Finance expense	6.2, 15	<b>(1,176)</b>	<b>(1,185)</b>
Public Dividend Capital dividend charge	20.1	<b>(552)</b>	<b>(471)</b>
<b>Net finance costs</b>		<b>(1,436)</b>	<b>(1,545)</b>
Gains / (losses) on disposal of assets		<b>1,824</b>	<b>(5)</b>
Share of profit / (loss) of joint venture	10	<b>455</b>	<b>(417)</b>
Movement in fair value of investment property	9	-	174
<b>SURPLUS FOR THE YEAR</b>		<b>8,546</b>	<b>5,740</b>
<b>Other comprehensive income</b>			
<b>Will not be reclassified to income and expenditure:</b>			
Revaluation gains on property, plant and equipment	8.2	<b>658</b>	2,230
<b>May be reclassified to income and expenditure:</b>			
Exchange gains / (losses)	16	<b>242</b>	<b>(485)</b>
<b>Total other comprehensive income</b>		<b>900</b>	1,745
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<b>9,446</b>	<b>7,484</b>

Notes 1 to 27 form part of these accounts.

## Statement of Financial Position

	Notes	31 March 2019 £000	31 March 2018 £000
<b>NON-CURRENT ASSETS</b>			
Intangible assets	7	4,419	4,617
Property, plant and equipment	8.1	82,702	80,588
Investment property	9	-	3,403
Investment in associates and joint arrangements	10	785	304
Receivables	12.1	1,968	-
<b>TOTAL NON-CURRENT ASSETS</b>		<b>89,875</b>	<b>88,912</b>
<b>CURRENT ASSETS</b>			
Inventories	11	2,939	2,349
Receivables	12.1	29,600	25,197
Cash and cash equivalents	13	45,252	42,491
<b>TOTAL CURRENT ASSETS</b>		<b>77,792</b>	<b>70,037</b>
<b>CURRENT LIABILITIES</b>			
Trade and other Payables	14.1	(35,754)	(35,883)
Borrowings	14.3	(1,901)	(1,823)
Provisions for liabilities	15	(85)	(101)
Other liabilities	14.1	(3,267)	(4,422)
<b>TOTAL CURRENT LIABILITIES</b>		<b>(41,007)</b>	<b>(42,230)</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>		<b>126,659</b>	<b>116,719</b>
<b>NON-CURRENT LIABILITIES</b>			
Trade and other Payables	14.1	(789)	(561)
Borrowings	14.3	(35,554)	(37,377)
Provisions for liabilities	15	(1,744)	(1,301)
<b>TOTAL NON-CURRENT LIABILITIES</b>		<b>(38,088)</b>	<b>(39,240)</b>
<b>TOTAL ASSETS EMPLOYED</b>		<b>88,571</b>	<b>77,479</b>
<b>FINANCED BY:</b>			
<b>TAXPAYERS' EQUITY</b>			
Public dividend capital	19	27,355	27,190
Revaluation reserve	16	6,484	6,066
Other Reserves	16	904	662
Income and expenditure reserve	16	53,828	43,562
<b>TOTAL TAXPAYERS' EQUITY</b>		<b>88,571</b>	<b>77,479</b>

The financial statements and notes 1-27 were approved by the Board and signed on its behalf by:



**David Probert**, Chief Executive  
28 May 2019

**Statement of Changes in Taxpayers' Equity**

	Notes	Public dividend capital £000	Revaluation reserve £000	Other reserve £000	Income and expenditure reserve £000	Total £000
<b>At 1 April 2018</b>		<b>27,190</b>	<b>6,066</b>	<b>662</b>	<b>43,562</b>	<b>77,479</b>
Surplus for year	SOCI	-	-	-	8,546	8,546
Impact of implementing IFRS 15 on opening reserves		-	-	-	1,480	1,480
Revaluation gains on property, plant and equipment	8.2	-	658	-	-	658
Cumulative exchange gains on translation	16	-	-	242	-	242
Public dividend capital received	19	165	-	-	-	165
Other transfers between reserves	16	-	(240)	-	240	-
<b>At 31 March 2019</b>		<b>27,355</b>	<b>6,484</b>	<b>904</b>	<b>53,828</b>	<b>88,571</b>
At 1 April 2017		26,988	4,043	1,147	37,615	69,792
Surplus for year	SOCI	-	-	-	5,740	5,740
Impairments charged to the revaluation reserve	8.2	-	(895)	-	-	(895)
Revaluation gains on property, plant and equipment	8.2	-	3,126	-	-	3,126
Cumulative exchange losses on translation	16	-	-	(485)	-	(485)
Public dividend capital received	19	202	-	-	-	202
Other transfers between reserves	16	-	(207)	-	207	-
<b>At 31 March 2018</b>		<b>27,190</b>	<b>6,066</b>	<b>662</b>	<b>43,562</b>	<b>77,479</b>

## Statement of Cash Flows

	Notes	31 March 2019 £000	31 March 2018 £000
<b>Cash flows from operating activities</b>			
Operating surplus	SOCI	7,703	7,532
<b>Non-cash income and expense</b>			
Depreciation and amortisation	7, 8.1	7,339	8,859
Impairments	8.2	2,519	2,372
(Increase) / decrease in inventories	11	(590)	157
(Increase) / decrease in receivables	12.1	(6,328)	352
Decrease in trade and other payables	14.1	(1,289)	(4,009)
Increase / (decrease) in other liabilities	14.1	325	(349)
Increase in provisions	15	427	606
<b>Net cash generated from operations</b>		<b>10,105</b>	15,521
<b>Cash flows from investing activities</b>			
Interest received		292	112
Purchase of intangible assets		(1,182)	(2,885)
Purchase of property, plant and equipment		(8,492)	(5,810)
Sale of property, plant and equipment		5,274	18
<b>Net cash used in investing activities</b>		<b>(4,108)</b>	(8,565)
<b>Cash flows from financing activities</b>			
Public dividend capital received		165	202
Loans repaid		(1,901)	(1,824)
Interest paid		(1,132)	(1,185)
PDC dividend paid		(595)	(287)
<b>Net cash used in financing activities</b>		<b>(3,463)</b>	(3,094)
<b>INCREASE IN CASH AND CASH EQUIVALENTS</b>		<b>2,534</b>	3,863
<b>Cash and cash equivalents at 1 April</b>		<b>42,491</b>	38,994
Unrealised gains / (losses) on foreign exchange		227	(365)
<b>Cash and cash equivalents at 31 March</b>		<b>45,252</b>	42,491

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## NOTES TO THE ACCOUNTS

### 1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS foundation trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of the trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2018/19 issued by the Department of Health. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to accounts.

#### 1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

After making enquiries, the directors have a reasonable expectation that the NHS foundation trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Subsidiary entities are those over which the trust has the power to exercise control or a dominant influence so as to gain economic or other benefits. The income, expenses, assets, liabilities, equity and reserves of subsidiaries are consolidated in full into the appropriate financial statement lines. The capital and reserves attributable to minority interests are included as a separate item in the Statement of Financial Position.

The Trust established Moorfields Ventures LLP during 2013/14 as a wholly-owned subsidiary. The Trust is able to exert control over this entity and accordingly the transactions of Moorfields Ventures LLP have been consolidated into the Moorfields Eye Hospital NHS Foundation Trust accounts. Due to materiality, separate trust only accounts are not prepared.

#### 1.2 Income

##### *Revenue from contracts with customers*

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS). As directed by the GAM, the transition to IFRS 15 in 2018/19 has been completed in accordance with paragraph C3 (b) of the Standard: applying the Standard retrospectively but recognising the cumulative effects at the date of initial application (1 April 2018).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.



### ***Revenue from NHS contracts***

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year, where a patient care spell is incomplete.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the contract.

As per paragraph 121 of the Standard the Trust does not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less. The GAM does not require the Trust to disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.

### ***Revenue from research contracts***

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract.

### ***Revenue grants and other contributions to expenditure***

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

### ***Other income***

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

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### **1.3 Expenditure on employee benefits**

#### **Short-term employee benefits**

Salaries, wages and employment-related payments are recognised in the year in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the year is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following year.

#### ***Pension costs***

Past and present employees are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. It is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme.

Employers pension cost contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

### **1.4 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

### **1.5 Property, plant and equipment**

#### ***Recognition***

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably;
- individual items have a cost of at least £5,000; or
- items form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, are functionally interdependent, have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- items form part of the initial set-up cost of a new building or refurbishment of a ward or operational unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives e.g. plant and equipment, then these components are treated as separate assets and depreciated over their own useful economic lives.

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## **Valuation**

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. VAT and other taxes are capitalised as part of the cost of the asset unless it is recoverable from the relevant tax authorities.

The carrying values of tangible fixed assets are reviewed for impairment in year if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from financing the construction of the fixed asset are not capitalised but are charged to the income and expenditure account in the year to which they relate.

Significant land and buildings are revalued to current value using independent professional valuations in accordance with International Accounting Standard 16 every five years. Valuations were carried out on properties at 162 City Road, the Richard Desmond Children's Eye Centre, Cayton Street, Northwick Park and Kemp House in 2018/19. The valuation was carried out by Gerald Eve, an external firm of chartered surveyors, with the basis of valuation being Modern Equivalent Asset.

For all categories of non-property assets, the trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

## **Subsequent expenditure**

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is added to the asset's carrying value.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised.

Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the year in which it is incurred.

## **Depreciation**

Items of plant and equipment are depreciated over their remaining useful economic lives on a straight-line basis and in a manner consistent with the consumption of economic or service delivery benefits.

Freehold land is considered to have an infinite life and is not depreciated.

Assets in the course of construction are not depreciated until the asset is brought into use.

Buildings, installations and fittings are depreciated over the estimated remaining life of the asset as assessed by the NHS foundation trust's independent professional valuers. Leasehold assets are depreciated over the primary lease term.

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### **Revaluation gains and losses**

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a valuation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

### **Impairments**

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment arising from a clear consumption of economic benefit or service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss are reversed. Reversals are recognised in operating income to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve.

Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

### **De-recognition**

Assets intended for disposal are reclassified as 'Held for Sale' once all of the following criteria are met:

- the asset is available for immediate sale in its present condition subject only to terms which are usual and customary for such sales;
- the sale must be highly probable;
- management are committed to a plan to sell the asset;
- an active programme has begun to find a buyer and complete the sale;
- the asset is being actively marketed at a reasonable price;
- the sale is expected to be completed within 12 months of the date of classification as 'Held for Sale'; and
- the actions needed to complete the plan indicate it is unlikely that the plan will be dropped or significant changes made to it.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less selling costs' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'Held for Sale' and instead is retained as an operational asset and the asset's economic life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

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## ***Donated assets***

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

## **1.6 Intangible assets**

### ***Recognition***

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights.

They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust for more than one year; where the cost of the asset can be measured reliably; and where that cost is at least £5,000.

### ***Software***

Software which is integral to the operation of hardware e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware e.g. application software, is capitalised as an intangible asset.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the licence and their useful economic lives.

Costs relating to internally generated software are capitalised as intangible fixed assets and amortised over the anticipated useful economic life of the resulting software.

### ***Measurement***

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

For all categories of intangible assets, the trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

## **1.7 Cash and cash equivalents**

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

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## 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the weighted average cost method within the pharmacy department, and the First In, First Out (FIFO) method for all other balances.

Work-in-progress comprises goods in intermediate stages of production.

Where inventory is found to be obsolete or expired, the carrying value of that inventory is immediately recognised as an expense.

## 1.9 Financial assets and financial liabilities

### ***Recognition***

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e. when receipt or delivery of the goods or services is made.

### ***Classification and measurement***

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost.

Financial liabilities are classified as subsequently measured at amortised cost.

### ***Financial assets and financial liabilities at amortised cost***

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

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### ***Impairment of financial assets***

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses.

### ***Derecognition***

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

## **1.10 Research and development**

Expenditure on research is not capitalised. Expenditure on development is capitalised only where all of the following can be demonstrated:

- the project is technically feasible to the point of completion and will result in an intangible asset for sale or use;
- the trust intends to complete the asset and sell or use it;
- the trust has the ability to sell or use the asset;
- how the intangible asset will generate probable future economic or service delivery benefits e.g. the presence of a market for it or its output, or where it is to be used for internal use, the usefulness of the asset;
- adequate financial, technical and other resources are available to the trust to complete the development and sell or use the asset; and
- the trust can measure reliably the expenses attributable to the asset during development.

Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It is revalued on the basis of current cost. Expenditure which does not meet the criteria for capitalisation is treated as an operating cost in the year in which it is incurred. Where possible, NHS foundation trusts disclose the total amount of research and development expenditure charged in the income and expenditure account separately. However, where research and development activity cannot be separated from patient care activity it cannot be identified and is therefore not separately disclosed.

Fixed assets acquired for use in a specific research and development project are amortised over the life of that project.

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### **1.11 Provisions**

The NHS foundation trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 0.29% (2017/18: 0.10%) in real terms.

### **1.12 Clinical negligence costs**

The NHS Resolution operates a risk pooling scheme under which Moorfields Eye Hospital NHS Foundation Trust pays an annual contribution to the NHS Resolution, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with Moorfields Eye Hospital NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHS Resolution on behalf of the NHS foundation trust is disclosed in Note 15 but is not recognised in the Moorfields Eye Hospital NHS Foundation Trust's accounts.

### **1.13 Non-clinical risk pooling**

The NHS foundation trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

### **1.14 Contingencies**

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but would be disclosed as a note to the accounts where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but would be disclosed as a note to the accounts, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

The trust has no such assets or liabilities as at 31 March 2019 or for reported prior years.



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## 1.15 Pension liabilities

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme. The cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

### a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account their recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

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### **1.16 Value added tax (VAT)**

Most of the activities of the NHS foundation trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

### **1.17 Foreign exchange**

The functional and presentational currencies of the foundation trust are sterling, with the exception of operations in the United Arab Emirates (Dubai and Abu Dhabi). The functional currency of operations in Dubai and Abu Dhabi is United Arab Emirates dirhams and the presentational currency is Sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction. Where the foundation trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

- monetary items (other than financial instruments measured at 'fair value through income and expenditure') are translated at the spot exchange rate on 31 March;
- non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction; and
- non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the Statement of Financial Position date) are recognised in income or expense in the year in which they arise.

Exchange gains or losses on non-monetary assets and liabilities, including on revaluation, are recognised in other reserve under equity.

### **1.18 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS foundation trust has no beneficial interest in them. However, where they exist they would be disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's *Financial Reporting Manual*.

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## 1.19 Leases

### *Operating leases*

Other leases are regarded as operating leases and the rentals are charged to operating expenses on a straight-line basis over the term of the lease. Operating lease incentives received are added to the lease rentals and charged to operating expenses over the life of the lease.

### *Leases of land and buildings*

Where a lease is for land and buildings, the land component is separated from the building component and the classification for each is assessed separately.

## 1.20 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the NHS foundation trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust during the financial year.

Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets, (ii) average daily cash balances held with the Government Banking Service (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, (iii) any PDC dividend balance receivable or payable and (iv) PSF income receivable.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the 'pre-audit' version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

## 1.21 Corporation Tax

Corporation tax is payable on non-patient related healthcare profits over a value of £50,000. Moorfields Eye Hospital NHS Foundation Trust has no non-patient healthcare related activities.

## 1.22 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

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### **1.23 Critical accounting judgements and key sources of estimation uncertainty**

In the application of the trust's accounting policies the directors are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the year in which the estimate is revised if the revision affects only that year, or in the year of the revision and future years if the revision affects both current and future years.

#### ***Accounting Judgements***

##### **Valuation of Land and Buildings**

In line with this policy specialised assets are valued using the Modern Equivalent Asset (MEA) approach. Both physical and functional obsolescence is applied to buildings, to reflect their actual characteristics and value. Gerald Eve provided the trust with a valuation of land and building assets (estimated fair value and remaining useful life.) The valuation, based on estimates provided by a suitably qualified professional in accordance with HM Treasury Guidance, leads to revaluation adjustments as described in Note 8.2 to the accounts. Future revaluations of property may result in further changes to the carrying values of non-current assets.

##### **Impairment of Receivables**

The trust reviews all receivables and impairs at rates determined by the age and recoverability of the debt as per IFRS 9. Amounts impaired are disclosed in Note 12.2 to the accounts.

#### ***Accounting Estimates***

##### **Provisions**

Provisions have been made for legal and constructive obligations of uncertain timing or amount as at the reporting date. These are based on estimates using relevant and reliable information as is available at the time the financial statements are prepared. These provisions are estimates of the actual costs of future cash flows and are dependent on future events. Any difference between expectations and the actual future liability will be accounted for in the period when such determination is made. Amounts of provisions are detailed in Note 15 to the accounts.

### **1.24 Early adoption of standards, amendments and interpretations**

No new accounting standards or revision to existing standards have been early adopted in 2018/19.

Standards issued or amended but not yet adopted:

- IFRS 14 Regulatory Deferral Accounts – Not yet EU endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable to DHSC group bodies.
- IFRS 16 Leases – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 23 Uncertainty over income Tax Treatments – Application required for accounting periods beginning on or after 1 January 2019.

The trust is assessing the likely impact of IFRS 16 (and the adaptations included in the GAM).

## 2. Segmental analysis

The trust reports results by 2 segments - NHS and Commercial.

	NHS (1)	Commercial (2)	Total
2018/19	£000	£000	£000
<b>Income by segment</b>			
Income from activities	175,805	28,624	<b>204,429</b>
Other operating income	30,872	-	<b>30,872</b>
	<u>206,677</u>	<u>28,624</u>	<u>235,301</u>
Operating and other expenditure	(199,644)	(24,593)	<b>(224,237)</b>
Impairment of non-current assets	(2,519)	-	<b>(2,519)</b>
<b>Surplus for the year</b>	<u>4,515</u>	<u>4,031</u>	<u>8,546</u>
	NHS	Commercial	Total
2017/18	£000	£000	£000
<b>Income by segment</b>			
Income from activities	165,310	27,205	192,515
Other operating income	29,357	-	29,357
	<u>194,667</u>	<u>27,205</u>	<u>221,872</u>
Operating and other expenditure	(189,967)	(23,794)	<b>(213,760)</b>
Impairment of non-current assets	(2,372)	-	<b>(2,372)</b>
<b>Surplus for the year</b>	<u>2,328</u>	<u>3,411</u>	<u>5,740</u>

**(1)** NHS Income includes PSF funding of £8.0m in 2018/19 and £6.4m in 2017/18.

**(2)** Commercial includes results for Moorfields Private and Moorfields UAE.

Moorfields UAE includes the impact of foreign exchange fluctuations in its overall results, arising from the conversion of transactions in its functional currency (United Arab Emirates dirham) to sterling. The net assets of Moorfields UAE are restated on a monthly basis for exchange rate fluctuations, with movements expressed as unrealised gains or losses in other reserve. Moorfields UAE includes the operations of Moorfields Dubai and the share of surplus/deficit of Moorfields Eye Centre Abu Dhabi.

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### 3. Income

#### 3.1 Income from activities by type

	2018/19 £000	2017/18 £000
Elective income	39,312	37,627
Non elective income	5,627	6,110
First Outpatient income	22,528	22,253
Followup Outpatient income	43,346	38,806
A & E income	11,295	11,188
Total income at tariff	<u>122,109</u>	<u>115,984</u>
Non-tariff NHS income	44,310	49,243
Private patient income	28,597	27,218
Other clinical income	9,414	70
	<u>204,429</u>	<u>192,515</u>

#### 3.2 Income from activities by source

	2018/19 £000	2017/18 £000
NHS foundation trusts	95	119
NHS trusts	9,217	6,676
Clinical commissioning groups	145,683	140,611
NHS England	19,465	17,819
Department of Health and Social Care	1,176	-
<b>Total NHS income</b>	<u>175,636</u>	<u>165,226</u>
Non NHS:		
- Private patients	28,597	27,218
- Overseas patients (non-reciprocal)	196	70
	<u>204,429</u>	<u>192,515</u>
<b>Overseas patients (non-reciprocal)</b>		
Cash payments received in-year	121	145
Amounts added to provision for impairment of receivables	67	17
Amounts written off in-year	176	-

<b>3.3 Other operating income</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
<b>Other operating income from contracts with customers:</b>		
Research and development (contract)	<b>2,090</b>	1,012
Education and training	<b>4,345</b>	3,863
Provider Sustainability Funding*	<b>8,000</b>	6,379
Other contract income	<b>6,900</b>	6,691
<b>Other non-contract operating income:</b>		
Research and development (non-contract)	<b>8,671</b>	10,264
Charitable and other contributions to expenditure	<b>209</b>	611
Other non-contract income **	<b>658</b>	538
<b>Total other operating income</b>	<b><u>30,872</u></b>	<u>29,357</u>

\*Of the £8,000k income, £1,238k (2017/18: £880k) relates to core funding and £6,762k (2017/18: £5,499k) to incentive scheme.

\*\*£182k relates to rental income from investment property (2017/18: £376k).

<b>3.4 Income from commissioner-requested services</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Commissioner-requested services	<b>175,805</b>	165,310
Other services	<b><u>59,496</u></b>	<u>56,562</u>
	<b><u>235,301</u></b>	<u>221,872</u>

<b>3.5 Additional information on revenue from contracts with customers recognised in the period</b>	<b>2018/19</b>
	<b>£000</b>
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	<b>361</b>
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-

<b>3.6 Transaction price allocated to remaining performance obligations</b>	<b>31 March 2019</b>
	<b>£000</b>
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	
within one year	<b>294</b>
after one year, not later than five years	-
after five years	-
<b>Total revenue allocated to remaining performance obligations</b>	<b><u>294</u></b>

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## 4. Operating expenses

4.1 Operating expenses comprise	2018/19 £000	2017/18 £000
Purchase of healthcare from NHS and DHSC bodies	2,992	3,205
Staff and executive directors costs	125,589	117,433
Remuneration of non-executive directors	144	164
Supplies and services - clinical (excluding drugs costs)	20,200	18,572
Supplies and services - general	9,761	8,384
Drug costs	32,127	29,709
Consultancy costs	4,056	2,096
Establishment	2,227	2,049
Premises	7,039	6,077
Transport (including patient travel)	2,950	2,646
Depreciation on property, plant and equipment	5,956	6,755
Amortisation on intangible assets	1,382	2,104
Net impairments	2,519	2,372
Movement in credit loss allowance: contract receivables / contract assets	1,550	964
Increase in other provisions	-	606
Audit services - statutory audit	82	80
Other auditor remuneration (external auditor only) - audit-related assurance service	15	14
Other auditor remuneration (external auditor only) - other assurance services	25	57
Internal audit costs	133	121
Clinical negligence	264	211
Legal fees	272	273
Insurance	470	422
Research and development	2,548	2,979
Education and training	757	841
Rentals under operating leases	5,004	4,380
Other	(464)	1,825
<b>Total</b>	<b>227,598</b>	<b>214,339</b>



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## 4.2 Operating lease revenue and expense

<b>4.2.1 Operating lease revenue include</b>	<b>2018/19 £000</b>	2017/18 £000
Operating lease rental revenue	<u>658</u>	<u>538</u>

<b>4.2.2 Future minimum lease receipts due</b>	<b>2018/19 £000</b>	2017/18 £000
Within 1 year	450	617
Between 1 and 5 years	<u>1,799</u>	<u>125</u>
	<u>2,249</u>	<u>742</u>

<b>4.2.3 Operating lease expenses include</b>	<b>2018/19 £000</b>	2017/18 £000
Operating lease rental expenditure	<u>5,004</u>	<u>4,380</u>

### 4.2.4 Total future lease payments

At the date the Statement of Financial Position has been presented, the Trust had outstanding commitments for future minimum lease payments for buildings under non-cancellable operating leases, which fall due as follows:

	<b>2018/19 £000</b>	2017/18 £000
Within 1 year	4,909	4,266
Between 1 and 5 years	15,011	15,568
After 5 years	<u>5,090</u>	<u>5,832</u>
	<u>25,010</u>	<u>25,666</u>

### 4.3 Salary and pension entitlements of the board of directors

#### 4.3.1 Remuneration

2018/19	Executive Salary (bands of £5,000) £'000s	Clinical / Research Salary (bands of £5,000) £'000s	Pension-Related Benefits (bands of £2,500) £'000s	Total Entitlement (bands of £5,000) £'000s
<b>Name and Title</b>				
Mr D Probert - Chief Executive	200 - 205	-	60 - 62.5	260 - 265
Mr J Wilson - Chief Financial Officer (start date 01.11.2018)	60 - 65	-	25.0 - 27.5	85 - 90
Mr S Davies - Chief Financial Officer and Deputy CEO (01.04.2018-31.05.2018)	25 - 30	-	-	25 - 30
Mrs J Greenshields - Acting Chief Financial Officer (01.06.2018-31.10.2018)	50 - 55	-	47.5 - 50.0	95 - 100
Prof P Khaw - Research Director	30 - 35	190 - 195	-	225 - 230
Ms T Lockett - Director of Nursing & Allied Health Professions	120 - 125	-	30 - 32.5	150 - 155
Mr J Quinn - Chief Operating Officer	125 - 130	-	47.5 - 50.0	175 - 180
Mr D Flanagan - Medical Director (01.04.2018-31.07.2018)	15 - 20	40 - 45	-	55 - 60
Mr N Strouthidis - Medical Director (start date 01.08.2018)	30 - 35	60 - 65	115.0 - 117.5	145 - 150
Ms T Green - Chairman	35 - 40	-	-	35 - 40
Mr S Williams - Non-Executive Director	15 - 20	-	-	15 - 20
Ms R Given-Wilson - Non-Executive Director	15 - 20	-	-	15 - 20
Ms S Singha - Non-Executive Director	15 - 20	-	-	15 - 20
Mr A Dick - Non-Executive Director	10 - 15	-	-	10 - 15
Mr N Hardie - Non-Executive Director	15 - 20	-	-	15 - 20
Mr D Hills - Non-Executive Director	15 - 20	-	-	15 - 20

2017/18	Executive Salary (bands of £5,000) £'000s	Clinical / Research Salary (bands of £5,000) £'000s	Pension-Related Benefits (bands of £2,500) £'000s	Total Entitlement (bands of £5,000) £'000s
<b>Name and Title</b>				
Mr D Probert - Chief Executive	190 - 195	-	80 - 82.5	270 - 275
Mr S Davies - Chief Financial Officer and Deputy CEO	145 - 150	-	77.5 - 80	220 - 225
Prof P Khaw - Research Director	30 - 35	195 - 200	-	230 - 235
Ms T Lockett - Director of Nursing & Allied Health Professions	115 - 120	-	47.5 - 50	160 - 165
Mr J Quinn - Chief Operating Officer	120 - 125	-	47.5 - 50	165 - 170
Mr D Flanagan - Medical Director	40 - 45	105 - 110	-	150 - 155
Ms T Green - Chairman	35 - 40	-	-	35 - 40
Mr S Williams - Non-Executive Director	15 - 20	-	-	15 - 20
Ms R Given-Wilson - Non-Executive Director	15 - 20	-	-	15 - 20
Ms S Singha - Non-Executive Director	15 - 20	-	-	15 - 20
Mr A Dick - Non-Executive Director	10 - 15	-	-	10 - 15
Mr N Hardie - Non-Executive Director	15 - 20	-	-	15 - 20
Mr D Hills - Non-Executive Director	15 - 20	-	-	15 - 20

Pension-related benefits are intended to show the notional increase or decrease in the value of directors' pensions assuming the pension is drawn for 20 years after retirement. It is calculated as 20 x annual pension increase + lump sum increase, adjusted for inflation, less employees' pension contributions paid in the year.

The Chief Executive Officer was paid more than the threshold of £142,500 per annum used in the Civil Service for approval by the Chief Secretary of the Treasury, which equates to the Prime Minister's ministerial and parliamentary salary. The trust appreciates the constraints that have been placed on NHS Trusts, and FTs in special measures or in receipt of central support, in relation to executive pay. We are also mindful of our responsibility for ensuring value for money. Nevertheless we have an obligation to secure a suitable CEO, and therefore the trust's Remuneration Committee agreed the salary in excess of the threshold following benchmarking and market testing.

#### 4.3.2 Pension benefits

Name and title	Value of accrued pension at 31 March 2018 (bands of £5,000) £'000s	Value of accrued pension at 31 March 2019 (bands of £5,000) £'000s	Real increase in year in the value of accrued pension (bands of £2,500) £'000s
Mr D Probert - Chief Executive	40 - 45	50 - 55	5.0 - 7.5
Mr S Davies - Chief Financial Officer and Deputy CEO (01.04.2018-31.05.2018)	25 - 30	n/a	n/a
Mr J Wilson - Chief Financial Officer (start date 01.11.2018)	n/a	30 - 35	2.5 - 5.0
Mrs J Greenshields - Acting Chief Financial Officer (01.06.2018-31.10.2018)	n/a	35 - 40	5.0 - 7.5
Mr N Strouthidis - Medical Director (start date 01.08.2018)	n/a	30 - 35	7.5 - 10.0
Ms T Lockett - Director of Nursing & Allied Health Professions	40 - 45	45 - 50	2.5 - 5.0
Mr J Quinn - Chief Operating Officer	35 - 40	40 - 45	2.5 - 5.0

Name and title	Value of automatic lump sums at 31 March 2018 (bands of £5,000) £'000s	Value of automatic lump sums at 31 March 2019 (bands of £5,000) £'000s	Real increase in year in the value of automatic lump sums (bands of £2,500) £'000s
Mr D Probert - Chief Executive	105 - 110	110 - 115	2.5 - 5.0
Mr S Davies - Chief Financial Officer	60 - 65	n/a	n/a
Mr J Wilson - Chief Financial Officer	n/a	85 - 90	7.5 - 10.0
Mrs J Greenshields - Chief Financial Officer	n/a	80 - 85	12.5 - 15.0
Mr N Strouthidis - Medical Director	n/a	70 - 75	20.0 - 22.5
Ms T Lockett - Director of Nursing & Allied Health Professions	130 - 135	140 - 145	10.0 - 12.5
Mr J Quinn - Chief Operating Officer	85 - 90	90 - 95	20.0 - 22.5

Name and title	Cash equivalent transfer value at 31 March 2018 (bands of £1,000) £'000s	Cash equivalent transfer value at 31 March 2019 (bands of £1,000) £'000s	Real increase in cash equivalent transfer value in 2018/19 (bands of £1,000) £'000s
Mr D Probert - Chief Executive	589 - 590	752 - 753	116 - 117
Mr S Davies - Chief Financial Officer	369 - 370	n/a	n/a
Mr J. Wilson - Chief Financial Officer	n/a	534 - 535	107 - 108
Mrs J Greenshields - Chief Financial Officer	n/a	638 - 639	149 - 150
Mr N Strouthidis - Medical Director	n/a	508 - 509	165 - 166
Ms T Lockett - Director of Nursing & Allied Health Professions	842 - 843	1010 - 1111	124 - 125
Mr J Quinn - Chief Operating Officer	636 - 637	738 - 739	109 - 110

Prof P Khaw is not a member of the NHS Pension Scheme.

Mr D Flanagan ceased to be a member of the NHS Pension Scheme during 2011/12.

Non-executive directors do not receive pensionable remuneration.

A cash equivalent transfer value (CETV) is the actuarially assessed capital value of the pension scheme benefits accumulated by a member at a particular point in time. The benefits valued are the member's accumulated benefits and any contingent spouse's pension payable from the scheme. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

The real Increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the year.

The value of trust contributions to the NHS Pension Scheme in 2018/19 in respect of executive directors was £101k (2017/18: £80k).

#### 4.4 Hutton disclosure

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in the trust in the financial year 2018/19 was £195k - 200K (2017/18: £190k-195K). This was 5.63 times (2017/18: 5.51) the median remuneration of the workforce, which was £35,530K (2017/18: £34,495).

#### 4.5 Expenses paid to directors and governors

Total out-of-pocket expenses paid to Governors of the trust in 2018/19 were £4,456 (2017/18: £5,730).

	2018/19	2017/18
Governors receiving expenses	14	12
Number of governors	27	24
Aggregate sum paid (£)	4,456	5,730
Average sum paid (£)	318	478

All of the above expenses were travel-related as the governors represent geographical areas in and around London.

Directors' duties include meetings with commissioners, suppliers and professional groups principally in the UK, occasionally overseas and also management supervision of Moorfields Dubai. As a result, directors incur expenses that are reimbursed in accordance with the trust's expenses policy. These are detailed below.

Total out-of-pocket expenses paid to the directors shown in note 4.3 in 2018/19 were £3,565 (2017/18: £5,910).

	2018/19	2017/18
Directors receiving expenses	5	6
Number of directors	16	13
Aggregate sum paid (£)	3,565	5,910
Average sum paid (£)	713	985

Category of expense	2018/19 £	2017/18 £
Travel & subsistence	3,565	4,595
Hotel	-	1,027
Other	-	288
<b>Total paid</b>	<b>3,565</b>	<b>5,910</b>

## 5. Employee expenses and costs

5.1 Employee expenses	Total	Permanently Employed	Other	Total
	2018/19 £000	2018/19 £000	2018/19 £000	2017/18 £000
Salaries and wages	87,986	87,986	-	82,902
Social security costs	9,151	9,151	-	8,658
Apprenticeship levy	376	376	-	380
Employer contributions to NHSPA	10,005	10,005	-	9,483
Agency and bank staff	18,070	-	18,070	15,249
<b>Total</b>	<b>125,588</b>	<b>107,518</b>	<b>18,070</b>	<b>116,672</b>

£128k of staff costs were capitalised as part of assets in 2018/19 (2017/18: £665k).

5.2 Average number of employees	Total	Permanently Employed	Other	Total
	2018/19 Number	2018/19 Number	2018/19 Number	2017/18 Number
Medical	389	341	48	346
Administration and estates	975	732	243	922
Healthcare assistants and other support staff	218	159	58	168
Nursing, midwifery and health visiting staff	554	426	128	491
Scientific, therapeutic and technical staff	339	316	23	316
<b>Total</b>	<b>2,475</b>	<b>1,974</b>	<b>501</b>	<b>2,243</b>

5.3 Employee benefits	2018/19 £000	2017/18 £000
Various employee taxable benefits in kind	19	25

### 5.4 Retirements due to ill-health

During 2018/19 there was 1 retirement on ill-health grounds (2017/18: 4) at a cost of £6.3k (2017/18: £186k). This information has been supplied by the NHS Business Services Authority.

5.5 Staff sickness absence	2018/19 Number	2017/18 Number
Total days lost	18,352	17,002
Total staff years	1,942	1,881
Average working days lost (per WTE)	9.5	9.0

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## 6. Interest

<b>6.1 Finance income</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Interest on bank accounts	<u>292</u>	<u>112</u>
<b>6.2 Finance expense - financial liabilities</b>	<b>2018/19 £000</b>	<b>2017/18 £000</b>
Loans from Independent Trust Financing Facility	1,131	1,185
Other finance costs	45	-
<b>Total</b>	<u><u>1,176</u></u>	<u><u>1,185</u></u>

## 7. Intangible assets

	Software Licences & Trademarks £000	Information Technology (internally generated) Expenditure £000	Assets Under Construction Expenditure £000	Total £000
<b>2018/19</b>				
Gross cost at 1 April 2018	5,945	4,976	1,196	12,118
Additions - purchased/internally generated	1,130	-	53	1,182
Retranslation gains on foreign operations	37	-	-	37
Reclassifications	63	-	(63)	-
Disposals/derecognition	(1,032)	-	-	(1,032)
<b>Gross cost at 31 March 2019</b>	<b>6,143</b>	<b>4,976</b>	<b>1,186</b>	<b>12,305</b>
Accumulated amortisation at 1 April 2018	3,005	4,495	-	7,501
Provided during the year	901	481	-	1,382
Retranslation gains on foreign operations	36	-	-	36
Disposals/derecognition	(1,032)	-	-	(1,032)
<b>Accumulated amortisation at 31 March 2019</b>	<b>2,910</b>	<b>4,976</b>	<b>-</b>	<b>7,886</b>
<b>Net book value</b>				
Purchased at 31 March 2019	3,207	-	1,186	4,393
Donated at 31 March 2019	26	-	-	26
<b>Total at 31 March 2019</b>	<b>3,234</b>	<b>-</b>	<b>1,186</b>	<b>4,419</b>
<b>2017/18</b>				
Gross cost at 1 April 2017	4,413	4,976	-	9,388
Additions - purchased/internally generated	1,688	1	1,196	2,885
Retranslation losses on foreign operations	(59)	-	-	(59)
Disposals/derecognition	(96)	-	-	(96)
Gross cost at 31 March 2018	5,946	4,976	1,196	12,118
Accumulated amortisation at 1 April 2017	2,443	3,090	-	5,533
Provided during the year	699	1,405	-	2,104
Retranslation losses on foreign operations	(58)	-	-	(58)
Disposals/derecognition	(78)	-	-	(78)
Accumulated amortisation at 31 March 2018	3,005	4,495	-	7,501
<b>Net book value</b>				
Purchased at 31 March 2018	2,940	470	1,196	4,607
Donated at 31 March 2018	-	11	-	11
<b>Total at 31 March 2018</b>	<b>2,940</b>	<b>481</b>	<b>1,196</b>	<b>4,617</b>

During the course of the year the costs of an electronic medical records management system were classified as assets under construction.

Useful economic lives of all intangible asset categories ranges from 5 to 8 years.

## 8. Property, plant and equipment

8.1 Tangible fixed assets at the balance sheet date comprise the following elements:

	Land £000	Buildings £000	Assets under Construction £000	Plant and Machinery £000	Transport Equipment £000	Information Technology £000	Furniture and Fittings £000	Total £000
<b>2018/19</b>								
Gross cost or valuation at 1 April 2018	23,665	46,595	375	31,490	5	12,225	2,008	116,363
Additions purchased	-	4,843	823	2,794	-	1,147	82	9,688
Additions donated	-	-	-	264	-	5	-	269
Impairments charged to operating expenses	-	(2,519)	-	-	-	-	-	(2,519)
Revaluations	-	658	-	-	-	-	-	658
Elimination of depreciation on revaluation	-	(2,301)	-	-	-	-	-	(2,301)
Retranslation losses on foreign operations	-	(161)	-	379	-	8	15	241
Disposals/derecognition	-	(284)	-	(655)	-	(1,725)	(115)	(2,778)
<b>Gross cost or valuation at 31 March 2019</b>	<b>23,665</b>	<b>46,831</b>	<b>1,197</b>	<b>34,272</b>	<b>5</b>	<b>11,661</b>	<b>1,990</b>	<b>119,621</b>
Accumulated depreciation at 1 April 2018	-	2,286	-	21,673	5	10,303	1,507	35,775
Provided during the year	-	2,662	-	2,365	-	784	146	5,956
Elimination of depreciation on revaluation	-	(2,301)	-	-	-	-	-	(2,301)
Retranslation losses on foreign operations	-	33	-	167	-	7	14	220
Disposals/derecognition	-	(284)	-	(610)	-	(1,725)	(113)	(2,731)
<b>Accumulated depreciation at 31 March 2019</b>	<b>-</b>	<b>2,396</b>	<b>-</b>	<b>23,594</b>	<b>5</b>	<b>9,369</b>	<b>1,554</b>	<b>36,919</b>
<b>Net book value</b>								
Purchased at 31 March 2019	23,665	35,266	1,197	9,181	-	2,250	423	71,982
Donated at 31 March 2019	-	9,169	-	1,497	-	41	13	10,719
<b>Total at 31 March 2019</b>	<b>23,665</b>	<b>44,435</b>	<b>1,197</b>	<b>10,678</b>	<b>-</b>	<b>2,291</b>	<b>436</b>	<b>82,702</b>
<b>2017/18</b>								
Gross cost or valuation at 1 April 2017	21,471	48,309	-	30,767	5	11,376	1,917	113,845
Additions purchased	-	3,768	375	1,743	-	856	120	6,862
Additions donated	-	-	-	130	-	5	-	135
Impairments charged to operating expenses	-	(2,372)	-	-	-	-	-	(2,372)
Impairments charged to revaluation reserve	-	(895)	-	-	-	-	-	(895)
Revaluations	2,194	932	-	-	-	-	-	3,126
Elimination of depreciation on revaluation	-	(3,089)	-	-	-	-	-	(3,089)
Retranslation losses on foreign operations	-	(58)	-	(310)	-	(12)	(24)	(404)
Disposals/derecognition	-	-	-	(840)	-	-	(5)	(845)
<b>Gross cost or valuation at 31 March 2018</b>	<b>23,665</b>	<b>46,595</b>	<b>375</b>	<b>31,490</b>	<b>5</b>	<b>12,225</b>	<b>2,008</b>	<b>116,363</b>
Accumulated depreciation at 1 April 2017	-	2,146	-	20,318	5	9,442	1,391	33,303
Provided during the year	-	3,279	-	2,463	-	870	143	6,755
Elimination of depreciation on revaluation	-	(3,089)	-	-	-	-	-	(3,089)
Retranslation losses on foreign operations	-	(50)	-	(273)	-	(9)	(23)	(355)
Disposals/derecognition	-	-	-	(836)	-	-	(4)	(840)
<b>Accumulated depreciation at 31 March 2018</b>	<b>-</b>	<b>2,286</b>	<b>-</b>	<b>21,673</b>	<b>5</b>	<b>10,303</b>	<b>1,507</b>	<b>35,775</b>
<b>Net book value</b>								
Purchased at 31 March 2018	23,665	35,227	375	8,281	-	1,872	484	69,904
Donated at 31 March 2018	-	9,082	-	1,536	-	50	17	10,685
<b>Total at 31 March 2018</b>	<b>23,665</b>	<b>44,308</b>	<b>375</b>	<b>9,817</b>	<b>-</b>	<b>1,922</b>	<b>501</b>	<b>80,588</b>



<b>8.2 Revaluations and Impairments</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Impairments charged to operating expenses	<b>(2,519)</b>	(2,372)
Impairments charged to revaluation reserve	-	(895)
<b>Total impairments</b>	<b>(2,519)</b>	(3,267)
Upward revaluations taken to revaluation reserve	<b>658</b>	3,126
<b>Total change in valuation of Land and Buildings on revaluation</b>	<b>(1,861)</b>	(141)

Land and buildings were valued independently by professional valuer as at 31 March 2019 in line with accounting policies. The valuation included downwards (impairments) and upwards (gains) valuation movements. Impairments are taken to the revaluation reserve to the extent that there is a revaluation surplus for that property. Any impairments over and above the revaluation surplus are charged to operating expenses. Revaluation gains were taken to the revaluation reserve.

### 8.3 Analysis of protected and unprotected tangible fixed assets

	Land	Buildings	Plant and Machinery	Information Technology	Furniture and Fittings	Total
<b>Net book value</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Protected assets at 31 March 2019	23,665	45,632	-	-	-	<b>69,297</b>
Unprotected assets at 31 March 2019	-	-	10,678	2,291	436	<b>13,405</b>
<b>Total at 31 March 2019</b>	<b>23,665</b>	<b>45,632</b>	<b>10,678</b>	<b>2,291</b>	<b>436</b>	<b>82,702</b>
Protected assets at 31 March 2018	23,665	44,683	-	-	-	68,348
Unprotected assets at 31 March 2018	-	-	9,817	1,922	501	12,240
<b>Total at 31 March 2018</b>	<b>23,665</b>	<b>44,683</b>	<b>9,817</b>	<b>1,922</b>	<b>501</b>	<b>80,588</b>

Protected assets are those that are required for the mandatory provision of healthcare services.

### 8.4 Economic lives of Property, Plant and Equipment

	<b>Minimum</b>	<b>Maximum</b>
	Years	Years
Buildings excluding dwellings	6	78
Plant & machinery	3	25
Transport equipment	7	7
Information technology	4	11
Furniture & fittings	5	10

<b>9. Investment Property</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Valuation at 1 April	<b>3,403</b>	3,229
Fair value gain on revaluation	-	174
Sale of investment property	<b>(3,403)</b>	-
<b>Total at 31 March</b>	<b>-</b>	<b>3,403</b>

<b>10. Investment in joint venture</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Value at 1 April	<b>304</b>	789
Share of profit/(loss)	<b>455</b>	<b>(417)</b>
Translation gain/(loss)	<b>27</b>	<b>(69)</b>
<b>Total at 31 March</b>	<b>785</b>	<b>304</b>

MEH Ventures LLP, Trust's wholly owned subsidiary, incorporated in the UK holds a 49% stake in a joint venture - Moorfields Eye Centre Abu Dhabi, incorporated in UAE. The investment has been valued on an equity basis in accordance with the accounting policies for investments in joint ventures and associates.

<b>11. Inventories</b>	<b>31 March 2019</b>	31 March 2018
	<b>£000</b>	£000
Drugs and consumables	<b>2,939</b>	2,349

The value of inventories recognised in expenses during 2018/19 was £49,286k (2017/18: £42,694k).

## **12. Trade and other receivables**

<b>12.1 Trade and other receivables</b>	<b>31 March 2019</b>
	<b>£000</b>
<b>Current</b>	
Contract receivables	<b>28,342</b>
Contract assets	-
Allowance for impaired contract receivables / assets	<b>(3,290)</b>
Prepayments (non-PFI)	<b>3,509</b>
PDC dividend receivable	<b>130</b>
VAT receivable	<b>667</b>
Other receivables	<b>243</b>
<b>Sub total</b>	<b>29,600</b>
<b>Non-current</b>	
Prepayments (non-PFI) - Non-current	<b>1,968</b>
	<b>31,568</b>

Following the application of IFRS 15 from 1 April 2018, the trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Trade and other receivables as at 31 March 2018	31 March 2018
	£000
<b>Current</b>	
NHS debtors and accruals	12,917
Provision for irrecoverable debts	<b>(3,498)</b>
Prepayments - Revenue	2,188
PDC receivable	87
Other debtors and accruals	1,562
<b>Total</b>	<b>25,197</b>

## 12.2 Allowances for credit losses 2018/19

	Contract receivables and contract assets £000
Balance at 1 April 2018	3,498
Impact of implementing IFRS 9 and IFRS 15 on 1 April 2018	(152)
New allowances arising	1,549
Utilisation of allowances (write offs)	(1,605)
<b>Balance at 31 March 2019</b>	<b>3,290</b>

## Allowances for credit losses 2017/18

IFRS 9 and IFRS 15 are adopted without restatement therefore this analysis is prepared in line with the requirements of IFRS 7 prior to IFRS 9 adoption. As a result it differs in format to the current period disclosure.

	All receivables £000
Balance at 1 April 2017	3,235
Increase in provision	3,498
Amounts utilised	(701)
Unused amounts reversed	(2,533)
<b>Balance at 31 March 2018</b>	<b>3,498</b>

## 13. Cash and cash equivalents

	31 March 2019 £000	31 March 2018 £000
Cash with the Government Banking Service	42,889	41,546
Cash at commercial banks and in hand	2,363	945
<b>Total cash and cash equivalents</b>	<b>45,252</b>	<b>42,491</b>

## 14. Trade and other liabilities

<b>14.1 Trade and other liabilities are made up of:</b>	<b>31 March 2019</b>	31 March 2018
	<b>£000</b>	£000
<b>Current</b>		
NHS payables and accruals	6,557	8,139
Tax and social security costs	3,923	3,644
Receipts in advance	-	686
Capital payables	3,900	2,434
Other payables	8,029	7,168
Other accruals	13,344	13,812
Deferred income: contract liabilities	285	4,422
Other Deferred income	2,983	-
<b>Sub total</b>	<b>39,021</b>	40,305
<b>Non-current</b>		
Other payables	789	561
<b>Total</b>	<b>39,810</b>	40,866
<b>14.2 Borrowings are made up of:</b>	<b>31 March 2019</b>	31 March 2018
	<b>£000</b>	£000
<b>Amounts falling due within one year:</b>		
Loans	1,901	1,823
<b>Amounts falling after more than one year:</b>		
Loans	35,554	37,377
<b>Total</b>	<b>37,455</b>	39,200
<b>14.3 Loans</b>	<b>31 March 2019</b>	31 March 2018
	<b>£000</b>	£000
<b>Amounts falling due:</b>		
In one year or less	1,901	1,823
Between one and two years	1,901	1,823
Between two and five years	5,703	5,470
Over five years	(554)	30,084
<b>Total</b>	<b>8,951</b>	39,200
	<b>31 March 2019</b>	31 March 2018
	<b>£000</b>	£000
<b>Of which:</b>		
- Repayable within five years	9,505	9,116
- Repayable after five years, by instalments	(554)	30,084
	<b>8,951</b>	39,200

The trust has two loans from the Independent Trust Financing Facility:

- £20.5 million drawn down in 2014/15 payable over 25 years at a fixed interest rate of 2.99% per annum. Outstanding capital at 31 March 2019 was £16.9 million.
- £25.0 million drawn down in 2014/15 payable over 25 years at a fixed interest rate of 2.88% per annum. Outstanding capital at 31 March 2019 was £20.5 million.

#### 14.4 Reconciliation of liabilities arising from financing activities

DHSC loans  
£000

<b>Carrying value at 1 April 2018</b>	39,200
Impact of implementing IFRS 9 on 1 April 2018	78
<b>Cash movements:</b>	
Financing cash flows - payments of principal	(1,823)
Financing cash flows - payments of interest	(1,132)
<b>Non-cash movements:</b>	
Application of effective interest rate	1,132
<b>Carrying value at 31 March 2019</b>	<b>37,455</b>

#### 15. Provisions for liabilities

	Pensions relating to former staff and directors £000	Redundancy Provision £000	Dilapidations Provision £000	Total £000
<b>At 1 April 2018</b>	62	77	1,264	<b>1,403</b>
Arising during the year	253	-	375	<b>628</b>
Utilised during the year	(25)	(77)	-	<b>(102)</b>
Unwinding of discount	-	-	-	-
Reversed during the year	-	-	(100)	<b>(100)</b>
<b>At 31 March 2019</b>	<b>290</b>	<b>-</b>	<b>1,540</b>	<b>1,830</b>
At 1 April 2017	86	-	710	796
Arising during the year	-	77	554	631
Utilised during the year	(25)	-	-	(25)
Unwinding of discount	-	-	-	-
Reversed during the year	-	-	-	-
At 31 March 2018	62	77	1,264	1,403
<b>Expected timing of cash flows:</b>				
Within one year	25	-	60	<b>85</b>
Between one and five years	101	-	525	<b>626</b>
After five years	164	-	955	<b>1,119</b>
<b>At 31 March 2019</b>	<b>290</b>	<b>-</b>	<b>1,540</b>	<b>1,830</b>

Pensions provision relates to pre-1995 pension related costs on early retirements.

Dilapidations provision refers to provisions for estates dilapidations.

In addition to the above provisions £1,014k is included in the provisions of the NHS Resolution at 31 March 2019 in respect of clinical negligence liabilities of the trust (2017/18: £2,060k). It should be noted that these amounts represent the gross value of claims made to the NHSLA prior to assessment of the validity of any individual case, and do not represent the expected settlement values.

Note: These provisions are reflected only in the accounts of the NHS Resolution, and are not a part of the trust's accounts.

## 16. Movements in reserves

Movements on reserves in the year comprised the following:

	Public Dividend Capital £000	Revaluation reserve £000	Other reserve * £000	Income and expenditure reserve £000	<b>Total</b> <b>£000</b>
<b>At 1 April 2018</b>	27,190	6,066	662	43,562	<b>77,479</b>
Surplus	-	-	-	8,546	<b>8,546</b>
Impact of implementing IFRS 15 on opening reserves	-	-	-	1,480	<b>1,480</b>
Revaluation gains on property, plant and equipment	-	658	-	-	<b>658</b>
Public dividend capital received	165	-	-	-	<b>165</b>
Cumulative exchange losses on translation	-	-	242	-	<b>242</b>
Other transfers between reserves	-	(240)	-	240	-
<b>At 31 March 2019</b>	<b>27,355</b>	<b>6,484</b>	<b>904</b>	<b>53,828</b>	<b>88,571</b>
At 1 April 2017	26,988	4,043	1,147	37,615	69,793
Surplus	-	-	-	5,740	5,740
Revaluation gains on property, plant and equipment	-	2,230	-	-	2,230
Public dividend capital received	202	-	-	-	202
Cumulative exchange losses on translation	-	-	(485)	-	(485)
Other transfers between reserves	-	(207)	-	207	-
At 31 March 2018	27,190	6,066	662	43,562	77,479

\* Exchange gains and losses on translation of Moorfields UAE are included in other comprehensive income and other reserve.

## 17. Analysis of changes in net debt

	<b>At 31 March 2019 £000</b>	Cash changes in year £000	At 31 March 2018 £000
Government Banking Service cash at bank	<b>42,889</b>	1,343	41,546
Commercial cash at bank and in hand	<b>2,363</b>	1,419	945
Debt due within one year	<b>(1,901)</b>	(78)	(1,823)
Debt due after one year	<b>(35,554)</b>	1,823	(37,377)
	<b>7,797</b>	4,506	3,291

## 18. Capital commitments

	<b>2018/19 £000</b>	2017/18 £000
Intangible assets	<b>2,943</b>	4,123
Property, plant and equipment	<b>275</b>	1,468
<b>Total capital commitments at 31 March</b>	<b>3,218</b>	5,590

## 19. Movement in public dividend capital

	<b>2018/19 £000</b>	2017/18 £000
Public dividend capital as at 1 April	<b>27,190</b>	26,988
Public dividend capital received	<b>165</b>	202
Public dividend capital as at 31 March	<b>27,355</b>	27,190

Public dividend capital received during 2018/19 was conditional upon it being used for capital expenditure in relation to Information Technology.

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## 20. Financial performance

### 20.1 Public dividend capital dividend

The trust is required to pay public dividend capital dividends charge at a rate of 3.5% of average relevant net assets. In 2018/19 average relevant net assets totalled £15,769k (2017/18: £13,464k) and a dividend of £552k was calculated (2017/18: £471k).

### 20.2 Availability of working capital facility

The trust has reviewed the need for working capital facility and decided not to renew the £6.0m facility in 2018/19 (2017/18: £6.0m). No draw downs took place during the year (2017/18: nil drawdown).

## 21. Related party transactions

Moorfields Eye Hospital NHS Foundation Trust is a public benefit corporation established under the Health and Social Care (Community Health and Standards) Act 2003.

During the year none of the board members or members of the key management staff, or parties related to them, has undertaken any material transactions with Moorfields Eye Hospital NHS Foundation Trust other than their employment remuneration where applicable.

Certain clinical staff are employed by the trust and also engage in work for Moorfields Private, a commercial division of Moorfields Eye Hospital NHS Foundation Trust. These engagements are undertaken on an arms-length basis separately from their direct employment with the trust.

The Department of Health and Social Care is regarded as controlling party. During the year Moorfields Eye Hospital NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent company.

Related party transactions were made on terms equivalent to those that prevail in an arm's length transaction.

The trust has also had a significant number of transactions with the Friends of Moorfields and the Moorfields Eye Charity.

Friends of Moorfields directly paid £160k (2017/18: £139k) to Moorfields Eye Hospital in income/donations. Income/donations for the year from Moorfields Eye Charity was £540k (2017/18: £614k).

Table on the next page shows significant related parties (individually > 1% of revenue), their relationship to the trust and the nature of the transactions entered into.

Name of related party	Nature of relationship to the trust
NHS England	Central funding for a variety of purposes
NHS Croydon CCG	Patients of NHS body treated by the trust
NHS Ealing CCG	Patients of NHS body treated by the trust
Department of Health and Social Care	Research & development and Afc pay award funding
Bedford Hospital NHS Trust	Patients of NHS body treated by the trust (Income)/ Costs of operating satellite site at NHS body (Expenditure)
NHS Harrow CCG	Patients of NHS body treated by the trust
NHS City and Hackney CCG	Patients of NHS body treated by the trust
NHS Wandsworth CCG	Patients of NHS body treated by the trust
NHS Islington CCG	Patients of NHS body treated by the trust
NHS Newham CCG	Patients of NHS body treated by the trust
NHS Barnet CCG	Patients of NHS body treated by the trust
NHS Redbridge CCG	Patients of NHS body treated by the trust
NHS Tower Hamlets CCG	Patients of NHS body treated by the trust
NHS East and North Hertfordshire CCG	Patients of NHS body treated by the trust
NHS Herts Valleys CCG	Patients of NHS body treated by the trust
NHS Haringey CCG	Patients of NHS body treated by the trust
NHS Merton CCG	Patients of NHS body treated by the trust
NHS Enfield CCG	Patients of NHS body treated by the trust
NHS Brent CCG	Patients of NHS body treated by the trust
Health Education England	Education, training and personal development of NHS staff
NHS Waltham Forest CCG	Patients of NHS body treated by the trust
NHS Dartford, Gravesham and Swanley CCG	Patients of NHS body treated by the trust
NHS Camden CCG	Patients of NHS body treated by the trust
NHS Barking and Dagenham CCG	Patients of NHS body treated by the trust
NHS Havering CCG	Patients of NHS body treated by the trust
NHS Lambeth CCG	Patients of NHS body treated by the trust
NHS Bromley CCG	Patients of NHS body treated by the trust
NHS Greenwich CCG	Patients of NHS body treated by the trust
NHS Hounslow CCG	Patients of NHS body treated by the trust
NHS Pension Scheme	Employer pension contributions
HM Revenue & Customs	Employer NI contributions & Apprenticeship levy
Croydon Health Services NHS Trust	Costs of operating satellite site at NHS body (Expenditure)



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## 22. Financial instruments

IFRS 7 Financial Instruments Disclosures, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

Because of the continuing service-provider relationship that the foundation trust has with clinical commissioning groups, and the way those bodies are financed, the foundation trust is not exposed to the degree of financial risk faced by other business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies.

The foundation trust has power to borrow in accordance with its provider licence issued by the independent regulator for foundation trusts. Financial assets and liabilities generated by day-to-day operational activities are not held to change the risks facing the foundation trust in undertaking its activities.

### Liquidity risk

A large proportion of the foundation trust's net operating costs are incurred under annual service agreements with clinical commissioning Groups, which are financed from resources voted annually by Parliament. Capital expenditure has been financed from internal funds and donations. The trust has substantial cash balances and is not currently exposed to any liquidity risk associated with inability to pay creditors.

### Currency risk and interest rate risk

The foundation trust has a branch in the United Arab Emirates (Dubai and Abu Dhabi), with transactions conducted in United Arab Emirates dirhams. The branch accounts are consolidated into the overall trust accounts, converted using spot and average exchange rates as appropriate, with exchange gains or losses reported in other equity reserve. Due to the size of the operation, and the fact that the majority of cost and income are denoted in local currency, the trust has limited exposure to currency exchange fluctuations.

The trust is not exposed to changes in interest rates as all borrowings have been taken out at fixed rates for a fixed period from Independent Trust Financing Facility.

### Credit risk

As majority of the trust's income comes from legally binding contracts with other government departments and NHS bodies, the trust is not exposed to major concentrations of credit risk.

## 22.1 Carrying values of financial assets

	Held at amortised cost £000	Held at fair value through I&E £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>			
Trade and other receivables	25,295	-	25,295
Other investments	785	-	785
Cash and cash equivalents	45,252	-	45,252
<b>Total at 31 March 2019</b>	<b>71,333</b>	<b>-</b>	<b>71,333</b>
<b>Carrying values of financial assets as at 31 March 2018</b>			
Trade and other receivables	23,009	-	23,009
Other investments	304	-	304
Cash and cash equivalents	42,491	-	42,491
<b>Total at 31 March 2018</b>	<b>65,804</b>	<b>-</b>	<b>65,804</b>

## 22.2 Carrying values of financial liabilities

	Held at amortised cost £000	Held at fair value through the I&E £000	Total book value £000
<b>Carrying values of financial liabilities as at 31 March 2019 under IFRS 9</b>			
Borrowings excluding finance lease liabilities	37,455	-	37,455
Trade and other payables	32,620	-	32,620
Provisions under contract	290	-	290
<b>Total at 31 March 2019</b>	<b>70,365</b>	<b>-</b>	<b>70,365</b>
<b>Carrying values of financial liabilities as at 31 March 2018</b>			
Borrowings excluding finance lease liabilities	39,200	-	39,200
Trade and other payables	35,758	-	35,758
Provisions under contract	62	-	62
<b>Total at 31 March 2018</b>	<b>75,020</b>	<b>-</b>	<b>75,020</b>

The fair value of financial assets and liabilities does not differ from carrying amount.

<b>23. Intra-Government and other balances</b>	<b>Debtors:</b>	<b>Creditors:</b>	<b>Debtors:</b>	<b>Creditors:</b>
	<b>amounts</b>	<b>amounts</b>	<b>amounts</b>	<b>amounts</b>
	<b>falling due</b>	<b>falling due</b>	<b>falling due</b>	<b>falling due</b>
	<b>within one</b>	<b>within one</b>	<b>within one</b>	<b>within one</b>
	<b>year</b>	<b>year</b>	<b>year</b>	<b>year</b>
	<b>2018/19</b>	<b>2018/19</b>	<b>2017/18</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
NHS foundation trusts	1,032	2,243	1,080	2,291
English NHS trusts	2,169	3,845	1,936	4,484
NHS England & CCGs	17,272	109	14,003	647
Department of Health and Social Care	-	-	-	29
Other DHSC bodies	147	299	26	338
Other whole of Government accounts bodies	929	2,546	114	3,719
<b>Total</b>	<b>21,549</b>	<b>9,043</b>	<b>17,160</b>	<b>11,508</b>

<b>24. Losses and special payments</b>	<b>2018/19</b>	<b>2018/19</b>	<b>2017/18</b>	<b>2017/18</b>
	<b>Number</b>	<b>Value</b>	<b>Number</b>	<b>Value</b>
		<b>£000</b>		<b>£000</b>
<b>Losses of cash due to:</b>				
Theft or fraud	-	-	3	132
Overpayment of salaries	16	16	2	4
<b>Fruitless payments*</b>	<b>118</b>	<b>459</b>	<b>95</b>	<b>6</b>
<b>Bad debts and claims abandoned in relation to:</b>				
Private patients	19	888	2	109
Overseas visitors	120	176	-	-
Other	3	83	9	507
	<b>276</b>	<b>1,623</b>	<b>111</b>	<b>758</b>

\*Fruitless payments relate to reimbursement of travel costs to cancelled patients and write-off of third party debt.

## 25. Events after the reporting period

There were no events that occurred between the end of the reporting period and the date that the financial statements were authorised for issue.

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## **26. Initial application of IFRS 9**

IFRS 9 Financial Instruments as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to reserves on 1 April 2018.

IFRS 9 replaces IAS 39 and introduces a revised approach to classification and measurement of financial assets and financial liabilities, a new forward-looking 'expected loss' impairment model and a revised approach to hedge accounting.

Under IFRS 9, borrowings from the Department of Health and Social Care, which were previously held at historic cost, are measured on an amortised cost basis. Consequently, on 1 April 2018 borrowings increased by £78k, and trade payables correspondingly reduced.

Reassessment of allowances for credit losses under the expected loss model resulted in a £152k decrease in the carrying value of receivables.

## **27. Initial application of IFRS 15**

IFRS 15 Revenue from Contracts with Customers as interpreted and adapted by the GAM has been applied by the Trust from 1 April 2018. The standard is applied retrospectively with the cumulative effect of initial application recognised as an adjustment to the income and expenditure reserve on 1 April 2018.

IFRS 15 introduces a new model for the recognition of revenue from contracts with customers replacing the previous standards IAS 11, IAS 18 and related Interpretations. The core principle of IFRS 15 is that an entity recognises revenue when it satisfies performance obligations through the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled to in exchange for those goods or services.

As directed by the GAM, the Trust has applied the practical expedient offered in C7A of the standard removing the need to retrospectively restate any contract modifications that occurred before the date of implementation (1 April 2018). Consequently, on 1 April 2018 deferred income reduced by £1,480k, and income and expenditure reserve correspondingly increased.



Moorfields Eye Hospital NHS Foundation Trust  
**Quality Account 2018/19**

Our commitment to quality  
excellence

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## Part 1: Statement on quality

### 1.1 Statement on quality from the Chief Executive

There are so many things that make me proud to work at Moorfields. Again this year I have been particularly struck by the extensive achievements, dedication and professionalism of our staff. We strive to provide the best quality care and we have again been recognised nationally and internationally for the high quality, safety and effectiveness of our services but like any true learning organisation we remain committed to do more to continually improve.

This quality report sets out our approach to improving quality, safety and patient experiences. It reflects on what we did and how we performed in 2018/19, and sets out our ambitions and aspirations for the year ahead. 2018/19 has been an important year for Moorfields which included a successful CQC inspection report, improving on our last inspection of 2016. The trust has been given a rating of 'Good' overall with the CQC rating the trust 'Outstanding' for being effective. City Road services were rated 'Outstanding' overall which is a great achievement. Surgical services at City Road were rated 'Outstanding', testament to our surgical services being regarded internationally as world leading in many sub-specialty areas, and we remained 'Outstanding' for 'caring' at City Road. All of our services were rated 'Good' for 'safe' and 'responsive'. Importantly, and in recognition of the hard work of the teams, Bedford and St George's improved from 'Requires improvement' to 'Good' overall. The trust's clinical outcomes and safety record remains excellent, with ophthalmic clinical outcome performance amongst the best in the world.

In 2018 we launched our 'Patient Participation Strategy' following a period of consultation with our staff, stakeholders and most importantly, our patients. We have launched our quality governance framework which is a tool for measuring successful implementation of our quality strategy. This will help us to further embed quality within the organisation and in our journey from 'Good' to 'Outstanding'.

Our quality account reflects our quality performance in 2018/19. Overall we have made good progress with most of our indicators. In particular performance against national targets remains consistently excellent. We have made very good progress with improving use of the WHO surgical safety checklist and our team culture supporting this and we achieved the CQUIN targets for this objective. In 2019/20 we will be rolling out checklists in other areas where invasive procedures take place.

We remain committed to being a learning organisation, to make sure we learn from good and less good events which can occur across the organisation. Throughout 2019/20 we will be implementing our quality governance framework which is linked closely to our service improvement programme and divisional quality plans. Our quality priorities in 2019/20 form a key part of that implementation. Our Quality, Service Improvement, and Sustainability programme continues to streamline clinics, reduce waiting times and improve patients' experiences while waiting. We have also made commitments to embed genuinely involving and engaging our patients in true participation activities, including service reviews and developments. As we continue this process, it is pleasing to see the contribution our patient and carer forum has made to the development of our quality priorities for 2019/20. To the best of my knowledge the information in the document is accurate subject to the limitations explained later in this report.



*David Probert*  
*Chief Executive Moorfields Eye Hospital NHS Foundation Trust*

## 1.2 Introduction to the Quality Account 2018/19

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 measures undertaken in improving the quality of the trust's services. The Quality Account also describes the organisation's quality priorities and aims for the coming year.

The Quality Account incorporates all the 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.
- allow the Trust to review its services.
- demonstrate what improvements are planned.
- respond and involve external stakeholders' to gain their feedback including patients and the public.

Our Quality Account provides an appraisal of achievements against our priorities and goals set for 2018/19.

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

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.

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.

## 1.3 Moorfields approach to improving quality

The Quality Service Improvement & Sustainability (QSI) programme was established in 2016 with the aim of optimising patient and staff experience whilst delivering financial efficiencies and developing future models of care. It is delivering this by standardising processes and systems, embedding changes in day-to-day operations and creating a culture that supports ongoing changes in practice. Delivering the QSI programme has been one of the trust's five key strategic priorities for 2018-19.

Demonstrating continuous service improvement is a key factor in achieving an outstanding Care Quality Inspection (CQC) rating. To have a culture of continuous improvement we need to both deliver improvements and train staff in continuous improvement methodology. As a trust we have adopted Quality Service Improvement & Redesign (QSIR) methodology which has been designed by the ACT Academy of NHS Improvement (NHSI) to deliver a programme of service improvement training across the NHS.

The Quality, Service Improvement & Sustainability (QSI) projects have been designed to meet the 2018-2019 strategic priorities for the programme:



- Trust-wide schemes to deliver the cost improvement plan.
- Continuing reduction in outpatient journey times.
- Improvement and standardisation of administration processes.
- Delivery of high volume cataract theatre lists.
- Digital patient check-in and pathway development.

We have combined longer-term trust-wide projects with a rolling programme of local projects expected to last up to six months. The work that the team has supported this year includes:

- Improved monitoring of outpatient journey times trust wide.
- Establishment of patient self-check-in kiosks at 5 sites: City Road, St George's, Croydon, Northwick Park and Ealing.
- Revised patient pathways through A&E, reducing the Emergency Nurse Practitioner (ENP) pathway from 10 steps to 7 and the medical pathway from 16 steps to 10.
- Conversion of Croydon urgent care to a rapid access clinic, including establishing a fully electronic referral system and resulting in a 20% redirection of those referrals received in the first 3 months.
- Established baseline data about the function and activity of a number of departments including medical imaging and pathology, enabling the teams to plan future service improvements and developments
- Facilitated patient engagement to understand what information patients with Glaucoma need and in what format. This will be used to improve the way we support people with Glaucoma
- Established the tele-ophthalmology pilot in Croydon to enable the development of diagnostic only clinics at greater scale. This model of care has the potential to change the way we deliver care to significant numbers of patients across the trust.
- Developed a demand and capacity tool that works with our electronic patient administration system for new patient clinics
- Established an administrative staff development programme across the trust, supporting the staffing restructure
- Developed a standardised programme of customer care, which has started across the trust, following on from a patient engagement exercise to ensure that this is focused on high priority areas for patients
- Provided initial demand and capacity training to each division's management teams and coordinated nominations from across the trust to take-up new NHSI demand and capacity teacher training starting in 2019.

The QGIS team have also led the roll-out of QGIS training for staff in the trust, ensuring enrolment on the national training programme. We now have 13 staff who have completed their NHSI QGIS Practitioner training and 5 further staff completed this by March 2019. The staff attending are required to have a service improvement project that they are working on to use as part of the course; these have been both part of and in addition to formal QGIS supported projects.

The Joint Directors of the QGIS programme were accredited as QGIS Teaching Faculty Associates in October 2018 allowing the trust to provide an NHSI accredited QGIS training programme in-house. As of February 2019, we have trained 21 staff in basic QGIS methodology, with more training dates scheduled and additional members of the SIS team due to qualify to teach during 2019 to allow expansion of the programme.

The trust's QGIS priorities for 2019-2020 are:

- Develop a trust culture and capability for change and improvement by QGIS training and project delivery.
- Trust-wide schemes to deliver the cost improvement plan
- Development and implementation of sub-specialty plans for new models of care.
- Ongoing improvement and standardisation of administration processes.

The QGIS team have worked in partnership with operational colleagues and commissioners in Croydon and as part of North Central London Sustainability and Transformation plan (NCL STP) to support ophthalmology pathway transformation work. This is to ensure both that change and improvement are supported at pace and that any change implemented in one area of the trust is in line with trust wide standards and strategy.

In addition to QGIS, QGIS team members are part of the Health Foundation Quality Community (Q), which links staff across the NHS and the Health Foundation, in implementing service and quality improvement. We host the UCL Partners Service Improvement & Sustainability Fellow for the trust. The Joint Directors are part of the NHSI Service Improvement Directors' Network. This engagement ensures that we are kept up-to-date with service improvement methodologies, approaches and opportunities across the UK.

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

### 2.1 Progress with 2018/19 priorities

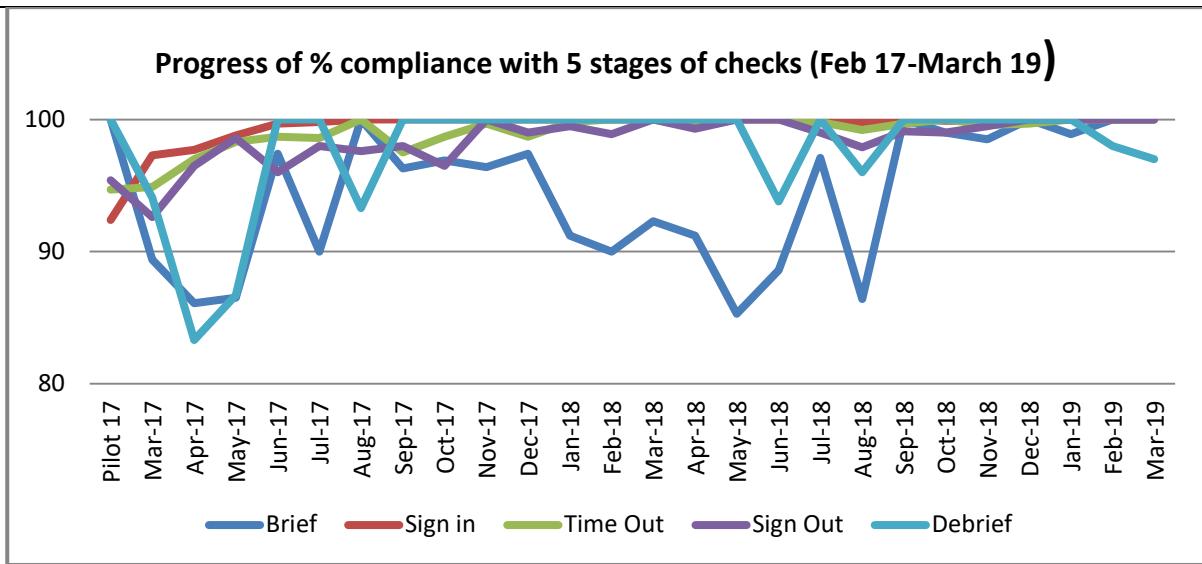
This year we set ambitious priorities to drive high quality care and respond to the challenge of meeting the health needs of our diverse community. Moorfields identified eight priority areas for 2018/19. We developed these with patients, staff, and host commissioners, NHS Islington Clinical Commissioning group and supported by the membership council. Trust's governors have also considered the contents of the quality report and were supportive of the quality priorities for 2018/19. Our Patient and Carer Forum met in March 2018 and contributed their views to shaping the quality priorities and the staff were also consulted through a staff survey. The rationale behind the priorities are based on the progress made with the 2017/18 priorities as well as other key drivers such as staff and patient feedback. The quality priorities were approved by the trust board on 4<sup>th</sup> April 2019. The identified eight priorities were based on three domains of quality: Patient Safety, Clinical Effectiveness and Patient Experience.

Having set ambitious aims the trust has demonstrated progress against all targets although full achievement has not always been possible. Our progress is set out below.

#### Summary of the 2018/19 quality priorities:

Domain	No	Description	Priority continued from 2017/18
Safety	1	Raise safety standards of surgery and reduce never events	✓
	2	Make care and treatment safer through learning	New
	3	Ensure outpatient follow up appointments are well organised	New
Effectiveness	4	Improve patient care by using the results of patient reported outcome measures (PROMS)	New
	5	Improve cataract data collection in OpenEyes (our electronic patient recorded system-EPR)	New
Patient Experience	6	Improve patients experience through better use of technology	New
	7	Improve frontline customer focus and patient experience	New
All above	8	Use technology to improve the use of data and information about quality to help improve patient care	New

<p><b>Priority 1</b></p> <p><b>Quality Domain: Safety</b></p> <p>Raise safety standards of surgery and reduce never events</p>
<p><b>Our objective for 18/19 is to</b></p> <ul style="list-style-type: none"> <li>• <i>Make surgery safer by ensuring that the surgical safety checklist continues to be consistently achieved &gt;90% in all five stages, rising to 95% in Q4.</i></li> <li>• <i>Improve team working culture and resilience to support checklist completion and day to day working in theatres. Overall, reduce the occurrence of never events and serious incidents during surgery</i></li> </ul>
<p><b>What did we achieve to date?</b></p> <p>All briefs, debriefs and WHO checks are recorded within Galaxy, which restricts access until details are confirmed. All sites have Galaxy except for the private theatres that use a different theatre module, Compucare although they comply with using WHO checklist within theatres.</p> <p>The observational audits included 5 stages of checking (team brief, sign in, time out, sign out and debrief) and all information is corroborated and included within monthly reports to the board. In Q3, The trust identified a dip below the agreed target of 90% for ensuring that all relevant staff are present for the team brief at the start of each theatre list. This resulted in full discussion at Clinical Governance Committee and an update of three theatre procedural documents including Surgical Safety Checklist Policy, the SOP, and Operational Theatre Policy for clarity of team brief and debrief expectations, including minimum staff required to be present. The trust has since remained above the set targets in subsequent months for all stages. The theatre team organised a team away day for their staff to examine mutual goals within the department, followed by coaching sessions for each of the senior staff. Theatres have compiled a set of expectations outlining the expectations of staff, and a Theatre Working and Improvement Group has been introduced to tackle operational and quality issues within the department. This group has representation from nursing staff, theatre management, divisional management, the head of nursing for City Road, consultant surgeons and anaesthetists as well as pre-assessment and the wards.</p> <p>The CQC inspected the trust during the year and their report demonstrated Outstanding for surgery, stating “Staff completed and updated risk assessments for each patient. The World Health Organisation’s Five Steps to Safer Surgery checklist was fully embedded and adhered to in surgery, this was an improvement since our last inspection.”</p> <p>The results of the checklist audits demonstrated sustained improvement over time and when particular challenges arose, these were addressed and improvement continued.</p> <p>Since the initiative started in 2017/18, the trust has achieved the targets for this priority and will continue benchmarking its performance against national recommendations and standards. Graph below shows the result of the audit from 2017 to the end of March 2019.</p>



**What will we do in 2019-20 to continue with progress?**

Theatre staff across the trust are confident that the monthly WHO surgical safety checklist audits have improved processes and helped to develop teams. Moving into 2019-20, the monthly WHO checklist audits will continue. This initiative will continue by embedding use of checklists for other invasive procedures outside theatres. Services will be asked to involve themselves in a programme of audits to assess other surgical procedures LOCSSIPs (Local Safety Standards for invasive procedures) developed against NATSSIPs (National Safety Standards for Invasive Procedures) Safety. This will continue improving confidence and compliance in other areas of the patient’s journey across the organisation and outside theatres.

**Priority 2**

**Quality Domain: Safety**

Make care and treatment safer through learning

**Our objective for 18/19 is to**

- *Achieve a culture of continuous improvement by ensuring that learning from patient safety incidents and other safety events is clearly defined and is embedded in systems and processes.*
- *Ensure that staff are involved in learning and receive feedback*

**What did we achieve to date?**

Staff have continued to receive feedback in relation to reported incidents throughout the year, and the speed at which this is happening has improved as a consequence of the targeted incident closure work that has taken place. Feedback shared via the Safeguard (Ulysses) system is shared automatically with the reporter; local areas also provide feedback to teams via other mechanisms including team meetings, clinical governance half days, divisional quality forums/divisional board meetings.

Throughout the year the central quality team has led a number of improvement initiatives in relation to the sharing of learning:

- A learning process flowchart has been developed to identify for staff the local and trust wide opportunities for learning from incidents, complaints and claims that are readily used.
- A staff survey was conducted to establish the ways in which staff like to receive information relating to shared learning and in what format. The response will inform future improvements relating to the dissemination of shared learning
- The quality and safety central team newsletter was re-instated in October 2018 and future issues will include key learning points, either generic or incident specific
- SI panel has been renamed the Serious Incident (SI) Reporting & Management Group (SI Panel). The terms of reference for the Serious Incident (SI) Reporting & Management Group

(SI Panel) were updated to define that the SI panel has a responsibility for identifying any improvement actions and/or learning that needs to be shared or implemented across the organisation and for identifying the mechanism for doing so

- The findings of a 'getting it right first time' (GIRFT) review were shared throughout the organisation during the first half of 18/19. Specific quality improvement opportunities have been identified from the review and these will be implemented throughout the year
- All CNST claims, and LTPS claims as appropriate, will be reviewed by the SI Panel in order to identify early opportunities for learning.

The objectives for this priority as identified in 2017/18 quality report have been achieved. The trust will continue this priority in 2019/20 as part of its continuous commitment to embedding a culture of learning.

#### **What will we do in 2019-20 to continue with progress?**

The trust will continue developing its systems and processes towards embedding learning across the organisation by:

- Quarter 1: develop a 'learning framework' as an extension of the flowchart developed last year. This will take account of results of the staff survey that was undertaken in the last year. Initiate development of a learning hub
- Quarter 2: progress development of the learning hub and promote the availability of this with staff. Ensure that the mechanisms for sharing learning across the organisation are robust
- Quarter 3: identify, via a review by the SI Panel, any further improvement work required
- Quarter 4: review the effectiveness of the initiatives launched throughout the year through, as a minimum, a repeat of the staff survey

### **Priority 3**

#### **Quality Domain: Safety**

Ensure outpatient follow up appointments are well organised

#### **Our objective for 18/19 is to**

- *Organise our outpatient clinics better by improving our processes to ensure that patient follow up is robust, clinically prioritised and systematic and that clinical and non-clinical staff are aware of their responsibilities*

#### **What did we achieve to date?**

To ensure that patient follow up is robust, clinically prioritised and systematic and that clinical and non-clinical staff are aware of their responsibilities:

- Standard Operating Procedures for outpatient processes have been drafted and in process of testing. Following completion of testing, these were rolled out to staff to be used.
- Re-structure of outpatient teams so that they are now managed by the service. Outpatient teams now report into the service manager who will provide increased oversight and management of the team and processes.
- Weekly reporting of patients with no-outcome following an outpatient appointment. This report is discussed on a weekly basis at both the outpatient's performance meeting and weekly access board.

Outpatient SOPs have been tested and rolled out. The development of a field on PAS to record the 'Earliest Reasonable Offer Date' has been delayed due to national development required. The feasibility of using an alternative field, and how this would work operationally, needs to be explored further in 2019/20 and the discussion has started already.

#### **What will we do in 2019-20 to continue with progress?**

Progress has been made with this priority. The trust has decided to continue focusing on improving appointments management as a priority in 2019-20. This will be clearer following meetings between operational team and PAS team to discuss feasibility.

<p><b>Priority 4</b>  <b>Quality Domain:</b> Clinical Effectiveness          Improve patient care by using the results of patient reported outcome measures (Patient Reported Outcome Measures-PROMs)</p>
<p><b>Our objective for 18/19 is to</b></p> <ul style="list-style-type: none"> <li>• <i>Evaluate the impact of the use of PROMs over the past five years and focus the outcomes to support organisational, divisional and service learning and improve clinical care</i></li> </ul>
<p><b>What did we achieve to date?</b></p> <p>At Moorfields, in general ophthalmology we have a systematic rolling programme of measuring Patient Reported Outcome Measures (PROMs). Cataract PROMs were first evaluated using a pilot questionnaire in 2016. Once the CatQuest PROM was validated and published internationally by Moorfields, it was used in 2016-2017 at 4 Moorfields sites. In 2018, we piloted a newer PROM questionnaire, CatPROM5, which is now nationally validated and has been identified as new gold standard. Having appointed the first ever cataract and audit Fellows, there has been expansion of the PROM usage to 6 MEH sites and the new PROM questionnaire has been more user friendly. Patient care has been improved by getting their feedback and using this to inform our care. For example, analysing abnormal numbers of follow ups at Bedford site identified that more capacity was needed in the corneal service as General Ophthalmology was seeing overflow cases from the corneal clinic. This helped support the recruitment of a new corneal consultant.</p> <p>Patient care has been improved by getting their feedback and using this to inform our care. This has particularly helped in providing patients with realistic expectations of refractive outcomes following feedback showing that their expectations previously were unrealistic.</p>
<p><b>What will we do in 2019-20 to continue with progress?</b></p> <p>The objective for the priority has been achieved, the trust is currently negotiating with the commissioners to agree 2019-2020 CQUIN funding to continue with our PROMs programme for quality improvement</p>
<p><b>Priority 5 Quality Domain:</b> Clinical Effectiveness          Improve cataract data collection in OpenEyes (our electronic patient record system – EPR)</p>
<p><b>Our objective for 18/19 is to</b></p> <p><i>Introduce a new electronic module in OpenEyes (electronic patient record system – EPR) to routinely collect data about cataract complications and outcomes to improve patient care. The aim is to record data electronically, and provide better data sets and clearer information about clinical outcome performance. This data will then be used for other purposes such as clinical audit.</i></p>
<p><b>What did we achieve to date?</b></p> <p>Progress continues with this priority. Development continues with the cataract components in all services performing cataract surgery, with the use of a common cataract proforma and core dataset which will enabled services to collect this data more robustly. The introduction of mandatory data entry in a future OpenEyes update will ensure that the data is collected robustly. Cataract core outcome data entry is 70% according to the latest published results on OpenEyes.</p>
<p><b>What will we do in 2019-20 to continue with progress</b></p> <p>We will increase organisational wide engagement to encourage a culture change needed a greater percentage of cataract patients having electronic post-operative data.</p>

<p><b>Priority 6</b>  <b>Quality Domain: Patient Experience</b>          Improve patients' experiences through better use of technology</p>
<p><b>Our objective for 18/19 is to</b></p> <ul style="list-style-type: none"> <li>• <i>Improve our patients' experiences by introducing new technology to collect Friends and Family Test (FFT) data and information more efficiently from patients.</i></li> <li>• <i>Use the new system to feed data and information to our divisions to learn from.</i></li> </ul>
<p><b>What did we achieve to date?</b></p> <p>A trust-wide FFT text solution has been sourced and is currently being implemented which is expected to be fully operational in the first quarter of 2019/20. The benefits of the new solution include:</p> <ol style="list-style-type: none"> <li>1) Improving the overall response rates in line with our expectations and our commissioner's expectations.</li> <li>2) Ensuring that all patients are offered the opportunity to comment on their care in line with the FFT national guidelines.</li> <li>3) Increasing the volume of feedback and information we receive which we can use for learning and improving our services.</li> <li>4) Providing real-time triggers enabling patient contacts almost immediately after A&amp;E attendances or appointments so their opinions are reflected accurately.</li> <li>5) New system will help increase frontline staff responsiveness to improve services A text based system will improve response rate due to an increase in accessibility to patients beyond the current cards system.</li> </ol> <p><b>What will we do in 2019-20 to continue with progress?</b></p> <p>The trust is considering the option to link the FFT system to a new appointments management system which is being procured during 2019/20, making it easier for patients to manage their care and provide timely feedback. The trust is committed to improving patient satisfaction and engagement which will be a priority going forward in 2019/20.</p>

<p><b>Priority 7</b>  <b>Quality Domain: Patient Experience</b>          Improve frontline customer focus and patient experience</p>
<p><b>Our objective for 18/19 is to</b></p> <ul style="list-style-type: none"> <li>• Run a programme of customer care training for managers and teams.</li> <li>• Managers will work with frontline teams to develop their customer care skills to improve team culture and patients' experiences</li> </ul>
<p><b>What did we achieve to date?</b></p> <p>Good progress has been made with this priority and the objectives within this priority have been fully achieved. A patient experience project combining both patient and staff views identified a need for customer training for front line staff. Therefore a two day customer service training package was developed including a seven customer commitments (replacing the previous code of behaviour). Delivery of this training started at St George's network site in September 2018 and has been rolled out to other administrative staff and managers across the trust through Q3/Q4 in 2018/2019.</p> <p><b>What will we do in 2019-20 to continue with progress?</b></p> <p>This training will continue in 2019/20 and including on the job support and training. There will be continued trust-wide focus on enhancing customer care and patient experience through continued implementation of the patient participation strategy. Effectiveness of this training will have an impact on trust wide FFT results.</p>



**Priority 8****Quality Domain:** Patient safety, patient experience, clinical effectivenessUse technology to improve the use of data and information about quality to help improve patient care  
Priority**Our objective for 18/19 is to**

- Implement the next phase of the quality dashboard (an improvement tool making quality data more accessible and easy to compare) making it fully usable for divisional teams

**What did we achieve to date?**

Since the development of the quality dashboards, the divisions have been encouraged to use the dashboards within their meetings including their quality forums. Data on quality and safety indicators are regularly updated on the dashboards and the divisions are able to view their performance as and when needed.

Review of the dashboards are also included as a standard agenda item within the quality forums which is standardised across the organisation. As there has been vacancies in the post of the quality partner, there needs to be further training for the central quality and safety team and the quality partners to fully implement the use of these dashboards.

**What will we do in 2019-20 to continue with progress?**

This priority will roll over into 2019-20 with successful implementation of Quality Governance Framework (QGF) and divisional quality plans. Successful implementation will be measured through divisional quality forums and escalations reported as part of the quality reporting structure highlighted within the QGF.

## 2.2 Core clinical outcomes

### Progress in 2018/19

The Trust's performance against the core outcome standards demonstrates excellent clinical care, with every standard being met and many being far exceeded. Where there are minor decreases in performance compared to the previous year none of these are statistically significant or of concern. 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. It also demonstrates the accuracy of the previous sample audits since their results are replicated when the complete annual data sets are analysed. All services with modules for collecting electronic patient records (EPR) should be commended for their increasing use of EPR which facilitates analysis of larger amounts of data than is possible manually. This culture change is allowing more comprehensive data analysis within the organisation.

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. Due to current problems with the system for extracting Glaucoma core outcomes, data has not been available for 2018/19 however, moving forward there will be collaboration between the EPR development team and the Glaucoma service, which will build towards the generation of core clinical outcomes through EPR system rather than from paper records.

The external diseases service has circumvented delay in receiving corneal graft failure rates from the UK blood and transplant services by generating this data internally. This has been possible through the appointment of a new Consultant who has established a specific post-graft follow-up clinic and has worked collaboratively to set up a database for measuring outcomes on these patients. This year, for the first time, the core outcomes for corneal grafts represent all patients at all sites over 12 months. This is a great example of innovation providing a wealth of information for further use.

Specialty	Metric	Standard	2016/7	2017/8	2018/9
Cataract	Posterior capsule rupture (PCR) in cataract surgery*	<1.95%	1.14%	1.06%	0.95%
Cataract	Endophthalmitis after cataract surgery*	<0.08%	0.02%	0.02%	0.037%
Cataract	Biometry accuracy in cataract surgery	>85%	90%	91%	91%
Cataract	Good vision after cataract surgery*	>90%	90.4%	91%	91%
Glaucoma	Trabeculectomy (glaucoma drainage surgery) failure	≤15%	6.9%	3.0%	4%
Glaucoma	PCR in glaucoma patients*	<1.95%	1.01%	1.00%	1.56%
Glaucoma	c Tube (glaucoma drainage surgery) failure*	<10%	6%	N/A	7.5%

MR	Endophthalmitis after intravitreal anti-VEGF injections*	<0.05%	0.03%	0.01%	0.02%
MR	Visual improvement after injections for macular degeneration*	>20%	23.5%	22.2%	20.2%
MR	Visual stability after injections for macular degeneration*	>80%	92.4%	93.6%	90.3%
MR	PCR in Medical retina patients*	<4%	N/A	2.5%	1.2%
MR	Time from screening to assessment of proliferative diabetic retinopathy*	80%	88%	90%	90%
VR	Success of primary retinal detachment surgery	>75%	88%	78%	77%
VR	Success of macular hole surgery	>80%	84%	85%	88%
VR	PCR in vitrectomised eyes*+	<NOD	3.3%	3.3%	3.2%
NSP	Serious complications strabismus surgery*	<2.2%	0.15%	0.14%	0.26%
NSP	Premature baby eye (ROP) screening compliance*	99%	99%	99.7%	99.4%
A&E	Patients seen within 4 hours*	>95%	98.1%	98.5%	98.4%
Ext Dis	Success of corneal cross-linking at 12 months*	>90%	94.6%	98.1%	96.8%
Ext Dis	Corneal cross linking safety: Same or better corrected vision at 12 months*	>97%	N/A	99.3%	98.1%
Ext Dis	PK corneal graft failure rate*	UKTS	8%	19%	15%
Ext Dis	DALK corneal graft failure rate*+	UKTS	1%	0%	6%
Ext Dis	DMEK corneal graft failure rate*+	UKTS	14%	9%	12%
Refractive	Accuracy LASIK (laser for refractive error) in short sight*	>85%	93.8%	93.4%	93.2%

Refractive	Loss of vision after LASIK*	<1%	0.2%	0.3%	0.1%
Refractive	Good vision without lenses after LASIK*	≥80%	93.7%	91.9%	90.2%
Adnexal	Ptosis surgery success	>85%	95%	94%	95%
Adnexal	Entropion surgery success	>95%	96%	93%	100%
Adnexal	Ectropion surgery success	>80%	95%	96%	95%

\*Indicators marked with an asterisk are based on a whole year's data for all relevant cases. All other indicators are based on a sample of cases collected over at least a 3 month period during 2018/19.

+Latest data has not been published for comparison.

## 2.3 Performance against key local indicators for 2018/19

Overall, Moorfields achieves very good performance against its suite of quality indicators. Each of the indicators listed below was selected to provide comparable data over time. Some indicators were new for 2018/19 and the rationale for changing or selecting new indicators was set out in the 2016/17 quality report.

Achievement against each indicator has been assessed using a RAG (red, amber, green) rating; a green rating indicates fully achieved, an amber rating indicates partially achieved (within 5% of standard/threshold) and a red rating indicates little or no progress (>5% less than the standard/threshold).

### 2018/19 key indicators

Indicator	Source	2016/17 result	2017/18 result	2018/19 target	2018/19 result
<b>Patient experience</b>					
Reduce patient journey times in glaucoma and medical retina	Internal (QIS) programme	Indicator not in use	Indicator not in use	Median outpatient journey times to reduce to 99 mins for new; 89 mins for follow up by 31 March 2019	New=94 minutes Follow-up= 90 minutes.
Improve patient experience through digital patient check-in kiosks	Internal (QIS) programme	Indicator not in use	Indicator not in use	≥60% of patients using kiosks or alternative technology on sites where they are embedded (on site for >3 months), by 31 <sup>st</sup> March 2019	Success will be measured from April onwards once use of kiosks are embedded.
Reduce the % of patients that do not attend (DNA) their first appointment	Internal performance monitoring	14%	12.3%	≤12.3%	11.6%
Reduce the % of patients that do not attend (DNA) their follow up appointment	Internal performance monitoring	Indicator not in use	Indicator not in use	≤10.8%	10.4%
% of patients whose journey time through the A&E department was three hours or less*	Internal performance monitoring	80%	78.4%	≥80%	75.8%

Theatre sessions starting late**	Internal performance monitoring	Indicator not in use	Indicator not in use	≤32.7%	33.8%
Theatre cancellation rate (overall)	Internal performance monitoring	Indicator not in use	Indicator not in use	≤7.0%	7.1%
Theatre cancellation rate (non- medical cancellations)	Internal performance monitoring	Indicator not in use	Indicator not in use	≤0.8%	0.8%
Number of outpatient appointments subject to hospital initiated cancellations (medical and non-medical)	Internal performance monitoring	2.9%	2.9%	≤2.85%	3.52
<b>Patient safety</b>					
% overall compliance with equipment hygiene standards (cleaning of slit lamp)	Internal performance monitoring	92%	99.6%	≥85% Infection Prevention Standard(IPS)	99.5%
% overall compliance with hand hygiene standards	Internal performance monitoring	98.3%	98.7%	≥95%	99%
Number of reportable MRSA bacteraemia cases	Internal performance monitoring	0	0	0	0
Number of reportable clostridium difficile cases	Number of reportable clostridium difficile cases	0	0	0	0
Incidence of presumed endophthalmitis per 1,000 cataract cases	Internal performance monitoring	0.05	0.22	≤0.4	0.35
Incidence of presumed endophthalmitis per 1,000 intravitreal injections for AMD	Internal performance monitoring	0.24	0.18	≤0.5	0.17

Site and service safety review: patient safety walkabouts and use of mGTT – a tool to measure adverse events when things go wrong	Internal performance monitoring	28 mGTT reports completed covering 10 sites and 11 services.  Executive led walkabouts undertaken across 11 departments and sites; results used to drive improvements	12 mGTT reports completed covering 9 sites and 10 services.  Executive led walkabout undertaken at the Moorfields private.  Plans in place for more sites in 2018/19	5 mGTT reports completed from services at City Road and 5 that include other sites	6mGTT audit reports have been completed. The trust has a roll out programme of walkabouts which will continue in 2019/20
<b>Clinical Effectiveness</b>					
% implementation of NICE guidance***	Internal performance monitoring	91.8%	98.7%	100%	95.7%
Posterior capsule rupture rate for cataract surgery (cataract service)	Internal performance monitoring	1.14%	0.96%	<1.3%	0.95%
Posterior capsule rupture rate for cataract surgery (all sub-specialties) ****	Internal performance monitoring	1.27%	0.99%	<1.95%	1.13%
Developing patient reported outcome measures (PROMs) *****	Internal performance monitoring	General PROM in use at Bedford, Barking, St George's, Croydon, and City Road. Cataract PROM in use at City Road, Ealing, Potter's Bar, and St Ann's. All results drive service improvement	General ophthalmology PROM in routine use at 7 sites, expanded from 5. Cataract PROM in use at 6 sites, expanded from 4. The results of these PROMs are improving patient care	Expand to 9 sites for general ophthalmology PROM; continue at 6 sites for cataract PROMs	General ophthalmology PROM in routine use at 9 sites, expanded from 7. Cataract PROM in use at 6 sites, now being collected in part electronically and using the latest PROM tool, CatPROM5

\*There has been a drop in the A&E internal three hour performance as we are currently experiencing a temporary shortage of nursing staff. A comprehensive nursing workforce plan has been completed by the City Road Head of Nursing, alongside the A&E Matron, and work is now underway to recruit nursing staff.

\*\* up to and including 2017/18 we monitored theatre sessions starting on time. This became a new indicator to show theatre sessions starting late in 2018/19 with a new target set. There has also been a change of definition from a list starting more than 30 minutes later (2017/18) to a late start being a session that started more than 15 minutes later than the planned start time in 2018/19.

\*\*\*The trust is 95.7% (4/92) compliant with all NICE publications identified as relevant to the trust. This is based on data from April 2013 to date. Work continues on ensuring full compliance with the 4 that are partially compliant.

\*\*\*\*Subspecialties include: A&E, adnexal, anaesthetics, cataract, cornea and external disease, glaucoma, medical retina, neuro-ophthalmology, optometry, orthoptics, paediatrics, strabismus and vitreo-retinal.

\*\*\*\*\*Sites include Bedford, Croydon, Ealing, Northwick Park and St George's.



## 2.4 Performance against 2018/19 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 Report (IPR) and as specific, issue-focused papers. Moorfields Eye Hospital NHS Foundation Trust 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*).

Overall Moorfields achieves a very good performance against national performance indicators as set out in the table below.

Each indicator has been assessed using a RAG (red, amber, green) rating; a green rating indicates fully achieved, an amber rating indicates partially achieved (within 5% of standard/threshold) and a red rating indicates little or no progress (>5% less than the standard/threshold)

### National Performance measures

Description of target	Performance 2017/18	Target 2018/19	Performance 2018/19	Average for applicable trusts 2018/19	Highest performing trust 2018/19	Lowest performing trust 2018/19
<b>Infection control</b>						
MRSA – meeting the objective	0	0	0	9 (Apr-Dec)	0 (Apr-Dec)	22 (Apr-Dec)
Clostridium difficile year on year reduction	0	0	0	11 (Apr-Dec)	0 (Apr-Dec)	29 (Apr to Dec)
Screening all elective inpatients for MRSA	100%	100%	100%	N/A	N/A	N/A
Risk assessment of hospital-related venous thromboembolism (VTE)	98.6%	95%	98.2%	95.95% (Apr-Dec)	99.62% (Apr-Dec)	54.86% (Apr-Dec)
<b>Waiting Times</b>						
Two-week wait from urgent GP referral for suspected cancer to first outpatient appointment	96.9%	93%	94.3%	92.71% (Apr-Dec)	100% (Apr-Dec)	65.4% (Apr-Dec)

Cancer 31-day waits –diagnosis to first treatment	95.7%	96%	97.8%	97.51% (Apr-Dec)	100% (Apr- Dec)	80.85% (Apr-Dec)
All 62 days from urgent GP referral to first definitive treatment	100%	85%	100%	87.31% Feb 2019	100% Feb 2019	52.50% Feb 2019
Four-hour maximum wait in A&E from arrival admission, transfer or discharge	98.5%	95%	98.4% national	85.1%	100%	76.60%
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks	95.3%	92% national	94.5%	87.53%	96.19%	73.66%
Maximum 6 week wait for diagnostic procedures	100%	99% national	100%	97.8% (Apr 2018-Feb 2019)	100% (Apr 2018-Feb 2019)	90.86% (Apr 2018-Feb 2019)
<b>Other</b>						
28-day Emergency readmission rate (over 16 years old) – excluding retinal detachment	3.98%	N/A*	2.92%	Not available	Not available	Not available
28-day Emergency readmission rate (over 16 years old) –retinal detachment only**	6.70%	N/A	7.88%	Not available	Not available	Not available
28-day readmission rate (0-15 years old)	0%	N/A	0%	Not available	Not available	Not available

*\*In 2018/19 target was set for 30 days and not 28 days.*

*\*\*The readmission rate for retinal detachment is recognised to be higher than overall surgical re-admission rates; therefore this is shown separately in the table above. The NOD reported benchmark UK-NOD Jackson et al. Eye 2013 is 13%.*

## 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 2018/19
18-weeks referral to treatment incomplete*	92%	95.1%	94.3%	94.5%	94.5%	94.5%
18-weeks referral to treatment incomplete with DTA**	N/A	90.3%	88.9%	86.8%	85.3%	87.9%
18-weeks referral to treatment admitted*	≥ 90%	81.0%	82.1%	79.3%	77.2%	79.9%
18-weeks referral to treatment non-admitted*	≥ 95%	94.2%	94.5%	94.3%	95.0%	94.5%
New RTT periods (clock starts) all patients***	N/A	36210	35927	36323	34960	143420

\*As reported in the Integrated Performance Report (IPR) for March

\*\*No longer a reportable KPI and removed from the IPR this year

\*\*\*Taken from RTT weekly submission

Performance of the measure of the RTT18 incomplete pathway (the key RTT18 performance indicator) has exceeded the annual target but has decreased when compared to the previous year's figure of 95.3%. Also performance has decreased for the admitted (which was 83.1% for 2017/18) but has increased for the non-admitted pathways (which were at 93.6%). The decrease in admitted performance since the last financial year was due to reporting and operational issues on the St George's site and capacity issues in the North directorate. St George's is currently waiting to implement their recovery plan, which has been delayed by issues with a planned upgrade to their Theatres being carried out by St Georges. As a result, St George's is currently working with severely reduced capacity for their admitted patients. The North division has seen an unprecedented increase in cataract referrals, which will be an increase of almost 20% by the end of Q4. This has led to longer waiting times for the limited theatre capacities at satellite sites.

Trust wide, the non-admitted position has improved, however the overall position has suffered as a result of two main factors. A Serious Incident (SI) in the South division discovered several hundred long waiting referrals that reduced their Non admitted position significantly, but this has now been

recovered. Additionally, there has been an unprecedented rise (almost 20% increase) in cataract referrals in the North division which has affected performance,

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.

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 to robust governance and effective service delivery is the availability of high quality data across all areas of the organisation. The organisation requires high quality data to support 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 utilize the 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 used within the Trust and is carried out by the Data Quality Manager on a rolling program across the year.

Data Quality has been given a higher profile this year 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)
- Data completeness for Clinic Journey Time (Total)
- Data completeness for Clinic Journey Time (Glaucoma)
- Data completeness for Clinic Journey Time (MR)

In addition, the Data Quality audit team are designing two new audit processes. Firstly, a process whereby the Trusts external data submission processes will be subject to systematic audit. This will help to assure the organisation that all data submissions to bodies such as NHS Improvement, NHS England and NHS Digital are of a continued high standard. Secondly, the development of a process that supports the Trust-wide implementation of standard operating procedures by undertaking a series of compliance audits. This will ensure that information capture processes are standardized and adhering to guidance and thus ensure accuracy and completeness.

#### 2.4.1 National Core Indicators

No	Prescribed information	NHS outcomes Framework Domain
1	Readmission rate (within 28 days) for patients aged I : 0-15: and II: 16 and over	Helping people to recover from episodes of ill health or following injury
2	The trust's responsiveness to the personal needs of its patients during the reporting period	Ensuring that people have a positive experience of care
3	Percentage of staff who would recommend the trust as a provider of care to their family or friends	Ensuring that people have a positive experience of care
4	Patients admitted to hospital who were risk assessed for venous thromboembolisms (VTE)	Treating and caring for people in a safe environment and protecting them from avoidable harm
5	C-difficile infection rate per 100,000 bed days	Treating and caring for people in a safe environment and protecting them from avoidable harm
6	Rate of patient safety incidents; and number and percentage that resulted in severe harm or death	Treating and caring for people in a safe environment and protecting them from avoidable harm

#### 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.

	2016/17	2017/18	2018/19
28 days Readmission rate (Adult: 16+)-excluding retinal detachment	3.57%	3.98%	2.92%
28 days Readmission rate (Adult: 16+)-retinal detachment only	6.27%	6.70%	7.88%
28 days Readmission rate (Child: 0-15)	2.60%	0%	0%

Moorfields hospital intends to/ or has taken the following actions to improve this indicators and so 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

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 (2018/19 FFT performance)**

Moorfields Eye Hospital NHS Foundation trust considers that this data is as described for the following reasons:

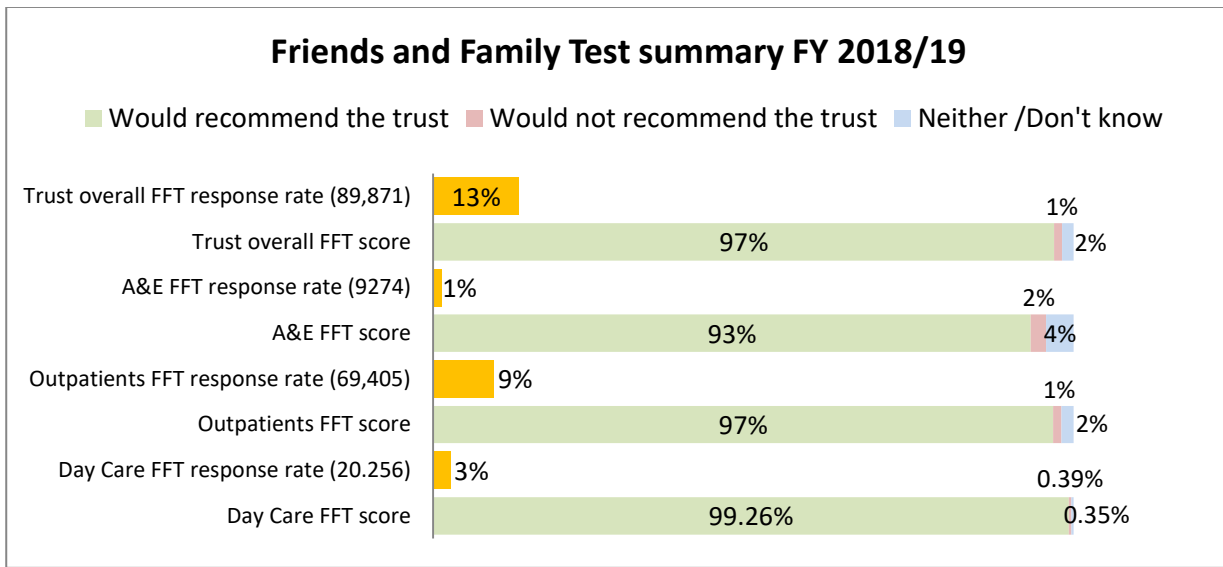
Since April 2015 all patients seen within the Moorfields network, whether they are inpatients, outpatients or attended the A&E department, have been asked to rate the care they received. They are also asked to provide feedback regarding their experiences, using FFT cards. In the course of financial year (FY) 2018/19 the Patient experience team processed almost 100,000 of these ratings and comments, the results of which are also being passed onto NHS England, for service improvement purposes. In response to patients' feedback, the Quality Service Improvement and Sustainability (QSI) team have led a project in glaucoma and MR clinics that has shown a reduction in clinic journey times. Patient pagers, allowing patients to leave clinic areas whilst waiting, provision of magazines, promotion of the Wi-Fi service and refreshment availability, and the development with patients of a customer care development programme for receptionists (including the introduction of customer care commitments ) to improve communication with patients in the clinic have all been introduced as a response to FFT feedback.

It is evident that, this year again, the majority of our patients are satisfied with all aspects of their experience at Moorfields, and find the care and treatments they receive to be good and the staff professional and helpful. Consequently, they have confirmed that they would recommend the trust for their families and friends. Please see Friends and Family Test summary FY 2018/19 graph below for details.

There are 15 themes around the comments our patients' feedback to us. Themes on the negative feedback from FFT are:

- Clinical care, Signage, WIFI/chargers and other is decreasing.
- A balanced stream of comments was submitted about Distraction (TV, reading material), Parking/transport, Refreshments, Seating, Staff attitude, Temperature and Wheelchairs.
- Appointment issues, Communication and Environment received a growing number of recommendations.

Moorfields Eye Hospital NHS Foundation Trust intends to make the following actions to improve this indicator and so the quality of its services by the way patients are asked to leave their feedback in the first quarter of FY 2019/2020. The FFT cards are being replaced by automated text messages which will transform and increase our response rate. This new approach will allow all authorized personnel to monitor the incoming FFT submissions, with a minimum delay, via the trust's IT system, therefore creating more timely management responses for patient enquiries and internal transparency.



### NHS National Surveys

Moorfields took part in the CQC Accident and Emergency patient survey and the Children and Young Person's In-patient survey. The trust also took part in the National cancer survey. Examples of the actions being taken in response include ensuring more information is made available to those in the elder teenage group, exploring whether patients have enough time to ask questions in the clinic, and changes made to the A&E pathway to reduce delays.

### 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 theme of the strategy is to provide tools and support so that participation can take place locally and bring staff, patients and carers together to identify and resolve issues and to become involved in future planning of services.

In 2018/19 there have been 12 patient engagement sessions across the Moorfields network in the form of 'In Your Shoes' events, Experienced Based Design Projects, or focus groups. The actions that have come out of these sessions include improvements in the glaucoma service patient information, urgent care provision advice at Ealing, ensuring greater emotional support at St Ann's. Standing patient committees including the Patient and Carer Forum (oversees patient engagement at the trust) Patient Participation and Experience Committee (oversees the trust response to feedback) and the AIS Implementation Committee (Joint working in the implementation of the AIS).

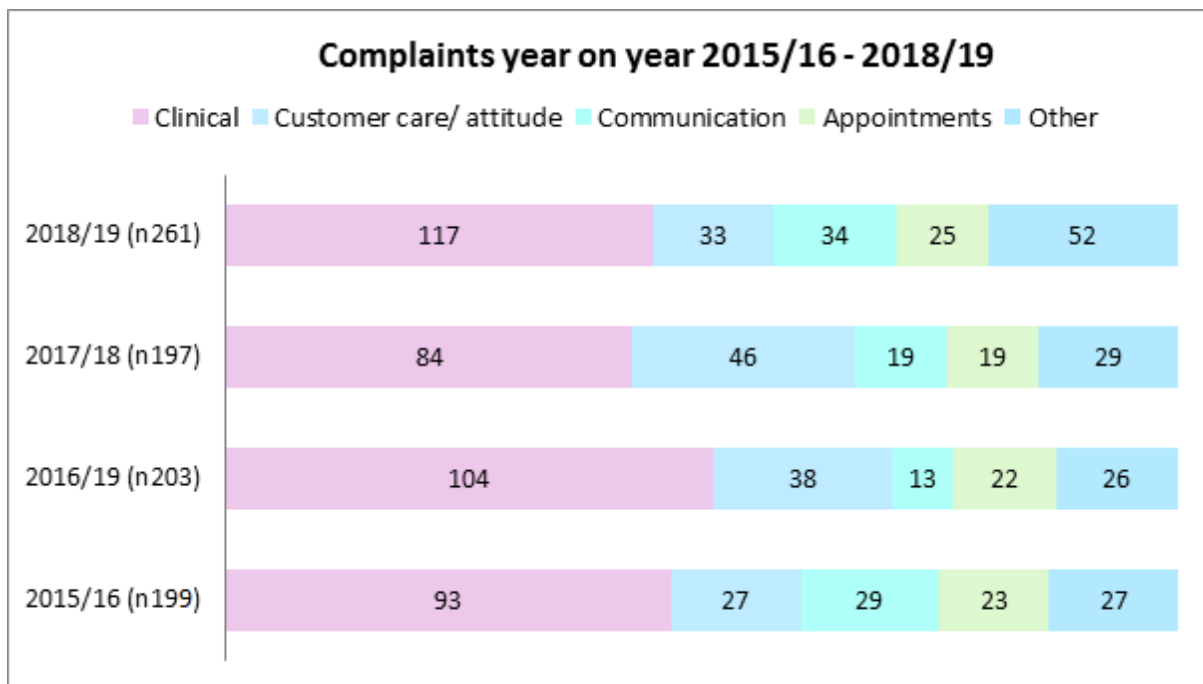
## Complaints

Complaints are an important part of patient feedback about services and Moorfields takes every complaint very seriously. They are also an important way to provide learning for patients' experiences and generate service improvements. The Trust received a total of 261 complaints in 2018/9, which is higher than previous years. The total number of complaints in 2017/18 was 197. However the number of complaints remains relatively small in comparison to the number of patients who are treated each year. Further work is taking place to understand the causes of the increase in complaints and to provide feedback leading to service improvements.

Clinical concerns remain the largest proportion of complaints throughout the year. Patients complain about treatment, visual outcomes and what they feel may have been a misdiagnosis or lack of information relating to their care. All complaints responses relating to clinical care are reviewed by the Medical Director before being finally approved by the Chief Executive. If complainants remain dissatisfied, following the investigation into their concerns, arrangements can be made for a face to face meeting with the Medical Director or appropriate clinician.

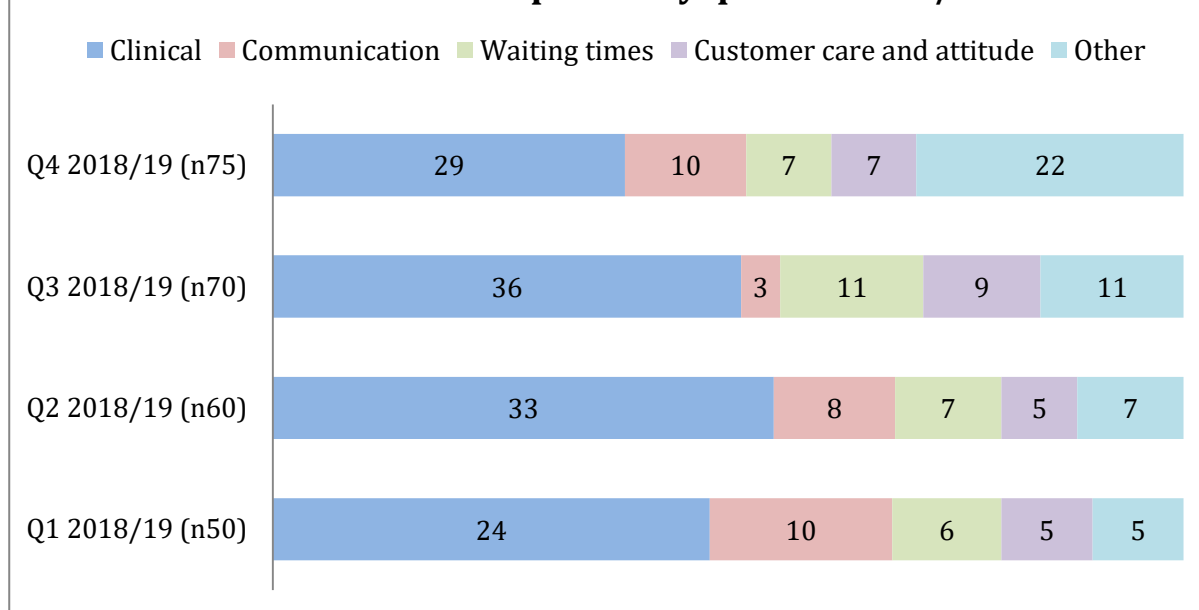
The Trust also receives complaints relating to communication, administrative issues and other factors such as transport, environment and admission and discharge arrangements.

Thorough complaints investigations takes place at department level and if the complainant remains concerned further review may be required. At the end of the local resolution process all complainants are able to contact the Health Service Ombudsman's office, the details of which are included within each complaint response.





## Complaints by quarter 2018/19



Complaints response time / Re-opened complaints / PHSO referrals 2018/19				
Column1	Q1	Q2	Q3	Q4
Complaints acknowledged <3 days	96%	98%	93%	97%
Complaints answered <25 days KPI 80%	76%	78%	91%	83%
Re-opened cases	10 (20%)	8 (13%)	8 (11%)	3 (4%)
Complaints discussed at SI panel None were declared as an SI	1	2	2	1
PHSO referrals *not upheld **ongoing	2*	0	1**	1*

## Compliments

Traditional ways of complimenting members of staff, by letter or card have, for the most part, been replaced by patients expressing their gratitude through the friends and family test (FFT) cards or via social media such as NHS Web, Facebook or twitter. Patients who leave a formal compliment by letter or email are sent a response and the compliment is shared with the department or individual. The compliments often reflect the care and professionalism of staff. Examples are:

- The service was efficient, friendly and extremely professional , in fact I don't think I have ever had a better experience in the NHS, I am so pleased to have my sight restored to my left eye and such a service should be applauded (FFT September 2018).
- I was referred to the urgent care clinic having presented at A&E. Whilst the clinic was running slightly behind it was not a problem and everyone was apologetic and friendly. Nurses who carried out sight tests prior to seeing the consultant were friendly and efficient; the consultant was friendly, professional and extremely helpful and while he concluded that mine was not an eye emergency was very thorough in his examination and in answering my questions (FFT September 2018).
- Simply just a pleasing experience. Went to A&E and got treated within 2 hours. Staff extremely friendly, you could feel people connecting and the good atmosphere. Service was A+. Doctor's examination was thorough and he explained each and every step along the way. If I had private

medical care this is what I would like to see. Thanks to everyone at Moorfields for an outstanding service!

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

Our staff friends and family test (FFT) is conducted every quarter and we send the survey to all staff. We ask 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 Eye Hospital NHS Foundation trust considers that this data is as described because we regularly review and share the results from FFT with our staff.

Moorfields Eye Hospital NHS foundation trust intends to improve this indicator through review and refreshing our values. When this work has been completed we will consider whether to add in additional relevant questions to the current FFT questions.

The results for the national questions show that the vast 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.

	2017/18				2018/19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
% staff recommending Moorfields as a place for treatment	96	95	92	99	97	96	90	96
% staff recommending Moorfields as a place to work	71	67	73	85	77	72	70	67

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

Moorfields Eye Hospital NHS Foundation trust considers this data is as described for the following reasons:

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

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

There is a small group of paediatric surgical patients who are between the age of 16 and 18, and are being operated and admitted onto the paediatric wards rather than admitted via the adult wards. This small group will need the standard VTE assessment carried out in the children's hospital. This is achievable by adding in the VTE assessments into the paediatric Integrated Care Pathway document.

Moorfields Eye Hospital NHS Foundation trust intends to improve this indicator and so the quality of its services through regular monitoring of the data through monthly performance meetings. Please note the data is included in the national performance table.

## Patient safety incidents (PSIs)

The trust has continued to demonstrate that it has an effective electronic system for reporting incidents, which is available for use by all staff and at all locations. Throughout the year the risk & safety team has made further improvements to the system to ensure continued ease of use and enhanced reporting and analysis functionality; changes have been made in conjunction with service users, which in turn encourages reporting.

Published organisational National Reporting and Learning System (NRLS) data for Q3/Q4 2015/16 and Q1/Q2 2016/17 identified that the median number of days between incidents occurring and being reported to the NRLS were 49 and 91, respectively. Following adjustments to the way in which reported incidents were handled, this improved to 6 days for the period Q1/Q2 2017/18. The latest data published, for Q1/Q2 2018/19, shows that 6 days has been maintained, and that this was the second best median value for all specialist acute trusts, where the lowest number of median days was 5. In addition the trust was the highest reporter of incidents in the same cluster over the same period.

The improvement that has been demonstrated with the 28 day target over the last 12 months has been considerable, although optimal performance has not yet been reached and divisions are in the process of establishing business as usual processes. Of the 8 SIs reported during 2018/19, 4 (67%) were submitted within the timeframe, which is an improvement from previous years, and 2 remained under investigation at the time of report production.

During the year the trust has reported no Never Events (NEs) associated with the implantation of the incorrect intraocular lens (IOL), which is an improvement on previous years. There has been a programme of on-going compliance monitoring of the WHO surgical safety checklist, which has been enhanced by targeted support for nursing staff at the site at which the last incident occurred in relation to roles and responsibilities and the escalation of concerns. In November 2017 the trust engaged with the Healthcare Safety Investigation Branch (HSIB) and subsequently participated in a national review of wrong IOL incidents. The trust welcomed publication of the full report in November 2018 and was encouraged that the national investigation supported local findings and conclusions and that the recommendations made were targeted at national bodies. The responses from the national bodies have not yet been published; the trust will consider these once they become available and identify whether there are improvements that can be implemented. The trust reported two NEs during the year, both of which were associated with strabismus (squint surgery). Robust investigations into each of the incidents were undertaken and the trust will continue to share findings, and the actions taken, with ophthalmology colleagues both nationally and internationally.

Moorfields Eye Hospital NHS Foundation trust considers that this 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. The incident reporting system includes a complex range of notification rules to ensure that the correct managers are notified when an incident is reported;
- The incident reporting policy, and the associated KPIs, was updated during the year to ensure that the detail contained within is accurate and fit for purpose;
- 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 (e.g. incidents, excluding complications, graded as moderate or above harm). The terms of reference for this group were revised during the year, with an increased focus on shared learning and improvement.

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

- On-going scrutiny of the incident reporting KPIs (as described above).

The table below shows the total number of reported PSIs during the period April 2016 to March 2019 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. Moorfields continues to demonstrate the highest reporting levels for the acute specialist trust cohort.

### Total number of reported PSIs

	Reporting Period		
	2016/17	2017/18	2018/19
Moorfields (trust local record)	8071	6772	8549
Moorfields (NHS Digital)	6399	6396	Data not available
National average*	2816	2902	Data not available
Lowest performing trust**	707	649	***649
Highest performing trust**	6399	6396	***6396

\*based on the average of 'Acute Specialist trusts' (NHS digital data)

\*\*figures available on NHS digital

\*\*\* Benchmarking data refers to 2017/18 as no current data available at the time of this report.

Table below presents a summary incident reporting rate for the trust, during the period April 2016 to March 2019. Because Moorfields primarily provides ambulatory care, the organisation calculates a reporting rate based on incidents per 1000 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 1000 bed days.

### Rate of PSIs reported

	Reporting Period		
	2016/17	2017/18	2018/19
Moorfields (trust local record)	12.4	10.3	10.5

**The table below** presents a summary update of the total number of PSIs which resulted in severe harm or death that were reported at the trust from April 2016 to March 2019. The trust has a dynamic incident reporting process and records are continually reviewed and updated. This accounts for the minor discrepancy in the number of severe harm/death incidents that were reported in 2016/17.

### Number of PSIs resulting in severe harm or death

	Reporting Period		
	2016/17	2017/18	2018/19
Moorfields (trust local record)	15	7	9
Moorfields (NHS Digital)	13	9	Data not available
National average*	4.6	5.9	Data not available
Lowest performing trust**	18	25	***25
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 2017/18 as no current data available at the time of this report.

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.

## Percentage of PSIs resulting in severe harm or death

	Reporting Period		
	2016/17	2017/18	2018/19
Moorfields (trust local record)	0.19%	0.10%	0.11
Moorfields (NHS Digital)	0.2%	0.14%	Data not available
National average*	0.16%	0.2%	Data not available
Lowest performing trust**	0%	0%	***0%
Highest performing trust**	0.63%	0.92%	***0.92%

\*based on the average of 'Acute Specialist trusts' (NHS digital data)

\*\*figures available on NHS digital

\*\*\* Benchmarking data refers to 2017/18 as no current data available at the time of this report.

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

In accordance with the statutory duty of candour, 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 continue to monitor compliance on an on-going basis and to challenge clinicians regarding adherence with the requirements when information has not been recorded.

During 2018/19 the trust shared the findings of the audit that had been undertaken at the end of the previous year and, in September, released a bespoke, in-house e-learning package. The e-learning package addresses the areas of practice for which the audit identified that further improvement action was required. Compliance with the requirement to complete the e-learning was 87% at the end of March. A re-audit will be planned for Q1 2019/20, which will formally evaluate the effectiveness of the e-learning package.

### Learning from deaths

As a trust we recognise that deaths of patients who are in our care are an extremely rare event. The scope of our learning from deaths policy is purposely broad in order to make the best provision for learning opportunities; the scope includes not only the mandatory inclusion requirements (e.g. 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. Neither of the two deaths referenced below occurred at a Moorfields site. One patient died within 30 days of discharge from an in-patient service and the other (a private patient) passed away within 48 hours of a surgical procedure. The trust has also been made aware of the death of a third patient, however as this does not fall within the scope of the trust policy this has not been included within the data below.

The following statements meet the requirement set by NHS Improvement.

27.1 During the period 1 April 2018 to 31 March 2019, 2 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:

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

27.2 By 31 March 2019, 2 case record reviews and 2 investigations have been carried out in relation to all 2 deaths included in section 27.1.

In both cases a 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:

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

27.3 Zero deaths, representing 0% of the patient deaths during the reporting period are 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:

- o 0 representing 0% for the first quarter;
- o 0 representing 0% for the second quarter;
- o 0 representing 0% for the third quarter;
- o 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.

27.4 Neither of the case record reviews that were undertaken highlighted any issues in relation to the quality of care that was provided to the patients who passed away. An inquest into the death of one of the patients has been opened and the outcome of this, to establish the cause of death is currently awaited.

27.5 The limited number of deaths, and the fact that none of them have been deemed to have been avoidable, means that it is challenging for the trust to identify any learning specifically associated with patient deaths. The trust has robust processes in place to scrutinise any death of which it becomes aware, and that falls within the scope of the learning from deaths policy. It strives to obtain all relevant information from stakeholders, such as other care providers and HM Coroner, in order to maximise the potential opportunities for learning.

27.6 As no specific actions have been identified it is not possible to complete an assessment of impact.

27.7 (In 2017/18) Zero case record reviews took place and one investigation was completed after 31 March 2018 which related to deaths which took place before the start of the reporting period.

27.8 Zero 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 and the outcome of an Inquest undertaken by HM Coroner.

27.9 In 2017/18, 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.

### 3. 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 twice yearly thorough 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 briefings from the chair of the quality and safety committee at each meeting. The board also receives reports about quality and safety as per its statutory responsibilities.

#### Review of Trust services

During 2019/19 Moorfields Eye Hospital NHS Foundation Trust 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 2019/20, 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 (QIS).

The income generated by the NHS services under review in 2018/19 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. From September 2018 there have been five FTSU guardians in place:

- Dr Ali Abbas, locum consultant, City Road and St George's
- Farhana Sultana-Miah, deputy general manager, Moorfields North
- Carmel Brookes, leader nurse for clinical innovation and safety, City Road
- Aneela Raja, optometrist, Bedford
- Ian Tomblison, 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, then these can be raised with Steve Williams vice chairman of the trust board and senior independent director. Moorfields has a FTSU policy dated May 2018, 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
- Suspicions of fraud
- A bullying culture (usually across a team)
- A criminal offence has been committed, is being committed or is likely to be committed
- That the environment has been, is being, or is likely to be damaged.

FTSU guardians ensure that staff concerns are resolved through the necessary route, for example additional advice may be needed. 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. A recent example is that staff felt they had learnt a tremendous amount through raising their FTSU concern and that should the situation arise again they would feel better equipped to deal with the issues and would not need the services of the guardians.

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.

### Guardian of safe working

[As per Schedule 6, paragraph 11b of the Terms and Conditions of Service 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 on rota gaps and the plans in place to reduce them. As at quarter 3 In 2018/19 the trust identified three gaps in total due to maternity leave and fellows leaving the trust, and these have been mitigated by use of locums and amendment to rotas.

### Participation in clinical audits and national confidential enquiries

The national clinical audits and national confidential enquiries that Moorfields Eye Hospital NHS Foundation Trust was eligible to participate in during 2018-19 are as follows:

#### National Audits

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

#### National Confidential Enquiries

None

The national clinical audits and national confidential enquiries that Moorfields Eye Hospital NHS Foundation Trust participated in, and for which data collection was completed during 2018-19, 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.

Although the trust submitted some hospital data for the NCE Perioperative Diabetes – Surgical Questionnaire to allow the formulation of a denominator, the criteria for submission was changed and the trust cases no longer qualified as relevant for submission.

<b>National Audit</b>	<b>Numbers of cases submitted &amp; relevant</b>
National Audit of Corneal Graft Outcomes	979/1272 (77%)
National Ophthalmology Database (NOD) Cataract Audit	22,075/22,950 (96.2%)

<b>National Confidential Enquiries</b>	<b>Numbers of cases submitted &amp; relevant</b>
Perioperative Diabetes – Surgical Questionnaire	Not applicable

Of the 1272 ocular transplant forms received from the NHS Blood and Transplant team from 1<sup>st</sup> April 2018 – 31<sup>st</sup> March 2019, the trust has completed and returned 979 (77%). However the trust also runs a clinic that reviews this cohort of patients and will proactively submit details to the NHS Blood and Transplant team without waiting for receipt of a form. Since 1<sup>st</sup> April 2018, the trust has also submitted a number of forms received during the previous year. During 2018-19, the trust has actually submitted details of 2196 patients to the NHS Blood and Transplant team.

The reports of 2 national clinical audits were reviewed by the provider in 2018-19 and Moorfields Eye Hospital NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:



National Audit Report	Discussed	Actions
National Ophthalmology Database Audit report 2018 (included data from Sept 2015 – Aug 2016)	Discussed at Clinical Audit and Effectiveness Committee (20 <sup>th</sup> November 2018)	<p><b>Recommendation 1:</b> 6000 cases were identified as having not been included in the submitted NOD data set. Complete pre and post-operative data sets required for these 6000 cases that use Open Eyes.</p> <p><b>Action1:</b> The issues of incomplete data sets to be discussed at Service Clinical Governance meetings. It was agreed that improved data capture would improve once Open eyes is fully rolled out. (<i>Expected deadline: December 2020</i>)</p> <p><b>Recommendation 2:</b> Variation in PCR outcomes across sites</p> <p><b>Action 2:</b> Drop Nucleus and Cataract Core outcomes Re-audit is ongoing</p>
Ocular Annual Follow-up Form: outstanding report (Received December 2018)	Discussed within Clinical Audit Team.	The report was identified as inaccurate and the challenge accepted by NHS Blood and Transplant team. The trust expected an updated and accurate report in April 2019.

During the period 1 April 2018 to 31 March 2019, Moorfields proposed 17 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 must undertake them but there is no benchmarking as these are done individually by trusts.

The 18 clinical audits derived from national standards and guidelines that Moorfields participated in from 1 April 2018 to 31 March 2019 were:

Audit project title	Sites	Service	Reason
Modified Global Trigger Tool (mGTT) Audit (CA18/A&E/10-185)	City Road	Accident & Emergency	Royal College of Ophthalmology (mGTT)
Inadvertent perioperative hypothermia (IPH) in GA patients (Re-audit) (CA18/ANA/06-134)	City Road	Anaesthetics	NICE
National Audit of Corneal Graft Outcomes (UK Ocular Transplant Audit 2018-19) (CA18/CED/02)	City Road, Croydon, Ealing, Northwick Park, St George's	Corneal & External Disease	National Audit (not part of NCAPOP)
Dropped Nuclei Re-audit (CA18/CT/04-121)	City Road, Darent Valley, Ealing, Mile End, Northwick Park, Potters	Cataract Glaucoma Medical Retina	Royal College of Ophthalmology

	Bar, St Ann's, St Georges, Queen Mary's		
Trust Wide Audit of the Early Safety and Efficacy of Ab interno supraciliary microstent insertion with phacoemulsification for primary open-angle glaucoma (CA18/GL/16-138)	City Road	Glaucoma	NICE
Trust Wide Audit of the Consent Process and Clinical Outcomes of Micro invasive subconjunctival insertion of trans-scleral gelatin stents for Primary Open-Angle Glaucoma (CA18/GL/17-139)	City Road	Glaucoma	NICE
Treat-and-extend Aflibercept in the treatment of macular edema due to RVO (BRVO,HRVO and CRVO) 18 months results (since January 2017) (CA18/MR/18-158)	City Road	Medical Retina	Royal College of Ophthalmology
Global Trigger Tool Audit: City Road - Low Vision (CA18/OPT/05-117)	City Road	Optometry	Royal College of Ophthalmology (mGTT)
mGTT Adherence to the posterior segment examination protocol in the contact lens service. (CA18/OPT/06-142)	City Road	Optometry	Royal College of Ophthalmology (mGTT)
Modified Global Trigger Tool (MGTT) Audit - Strabismus/paediatric clinics (CA18/ST/02C-73)	City Road	Paediatrics, Strabismus & Neuro- ophthalmology	Royal College of Ophthalmology (mGTT)

Neuro-Ophthalmology Global Trigger Tool Audit – STG (CA18/ST/08-155)	St George's	Strabismus & Neuro-ophthalmology	Royal College of Ophthalmology (mGTT)
Modified global trigger tool - patient letters in the glaucoma service (CA18/GL/19-225)	City Road	Glaucoma	Royal College of Ophthalmology (mGTT)
Modified global trigger tool - patient letters in the glaucoma service (CA18/GL/20-162)	City Road	Glaucoma	Royal College of Ophthalmology (mGTT)
Moorfields Modified Global Trigger Tool (mGTT) audit on clinical letters on glaucoma laser clinics (CA19/GL/01-231)	City Road	Glaucoma	Royal College of Ophthalmology (mGTT)
Modified Global Trigger Tool (mGTT): City Road Paediatrics / Strabismus (CA19/ST/03-295)	City Road	Paediatrics Strabismus & Neuro-ophthalmology	Royal College of Ophthalmology (mGTT)
Modified Global Trigger Tool Audit: Microphthalmia-Anophthalmia Clinic (CA19/PA/03-277)	City Road Croydon Ealing Northwick Park St George's	Paediatrics	Royal College of Ophthalmology (mGTT)
Modified global trigger Tool - City Road Cataract (CA19/CT/10-270)	City Road	Cataract	Royal College of Ophthalmology (mGTT)
Therapy compliance on day of surgery (CA18/ANA/04-115)	City Road	Anaesthetics	Royal College of Anaesthetists

## Participation in clinical research

The numbers of patients receiving relevant health services provided or sub -contracted by Moorfields Eye Hospital NHS Foundation Trust during 2018/19 that were recruited during that period to participate in research approved by a research ethics committee was 5096.

Below is a list of projects that have been completed in 2018-19:

### **1. DeepMind and Moorfields Eye Hospital NHS Foundation Trust**

Since mid-2016, Moorfields Eye Hospital and Google DeepMind have collaborated on a project to explore whether artificial intelligence (AI) technology could help clinicians improve the way sight threatening eye conditions are diagnosed and treated, in order to improve patient care. We are working together on two specific conditions that cause sight loss: diabetic retinopathy and age-related macular degeneration. Together, these affect more than 625,000 people in the UK and over 100 million people worldwide.

In July 2018 we announced the first results of this research, published in the international journal Nature Medicine, which demonstrates a significant step towards this goal. The research team have developed AI technology which can automatically detect eye conditions in seconds and prioritise those patients in urgent need of care, matching the accuracy of expert doctors with over 20 years' experience. We believe this triangulating process could drastically cut down the time taken between detection and treatment, making it much less likely that these conditions will lead to sight loss.

### **2. 100,000 Genomes Project**

The 100,000 Genomes Project aimed to sequence 100,000 whole genomes from around 70,000 participants with rare disease, their families and people with some cancers. Moorfields treats many patients with rare and inherited retinal conditions, which provided the opportunity to contribute to the 100,000 Genomes Project.

Moorfields completed recruitment of over 3200 patients and their family members at the end of September 2018. Moorfields was one of the top performing NHS Trusts nationally with peak recruitment of 60+ patients recruited per week. This unique project is transforming the use of genomics in our NHS and improving NHS care for our patients with rare inherited diseases.

### **3. Major advances in the understanding of glaucoma genetics**

Raised intraocular pressure (IOP) is the most important risk factor for primary open-angle glaucoma (POAG) and lowering of IOP is the only proven treatment to prevent vision loss. A genome-wide analysis has linked hundreds of genetic loci to intraocular pressure.

An international team of researchers, led by Anthony Khawaja from Moorfields Eye Hospital, identified 112 loci linked to intraocular pressure, as reported in Nature Genetics in July 2018. The researchers used these loci to develop a model to predict who might be at risk of developing glaucoma. These results will help us to better understand the previously unknown mechanisms that cause this damaging disease and support both those living with the disease and those who may develop it.

## Commissioning for quality and innovation (CQUIN) framework

The CQUIN payment framework enables commissioners to reward providers by linking a proportion of the provider's income to the achievement of local quality improvement goals. The CQUIN payment framework enables commissioners to reward providers by linking a proportion of the provider's income to the achievement of local quality improvement goals. Some CQUINs are national requirements but others are developed locally in discussion with commissioners. For 2018/19, the trust has six CQUIN requirements and £1.9 million of Moorfields' income was conditional on achieving quality improvement and innovation goals agreed between Moorfields and NHS Islington Clinical Commissioning Group through the CQUIN framework (for 2017/18 we received £1.9 million in CQUIN payments). Many of the

CQUINs link to our quality priorities as set out in the section above. Further details of the agreed goals for 2019/20 (the following 12 -month period) will be available from April 2019.

Further details of the agreed goals for 2019/20 (the following 12 -month period) will be available electronically at <https://www.moorfields.nhs.uk/CQUIN>.

## Registration with the Care Quality Commission (CQC)

Moorfields Eye Hospital NHS Foundation Trust 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 Eye Hospital NHS Foundation Trust in 2018/19, nor at any time previously.







In 2017/18 Moorfields Eye Hospital NHS Foundation Trust participated in a CQC thematic never event review which has been completed and the trust is currently reviewing the report to ensure its risk management process reflects the recommendations made in this report.

The recent CQC inspection was unannounced, and took place on 14-15 November 2018 at Bedford, City Road, and St George's. This was followed by a Well-led assessment on 5-6 December 2018.

CQC 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 has been 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. Surgical services at Bedford were also rated 'Outstanding' for effectiveness.

In 2017, safety and responsiveness were rated 'requires improvement' overall, so the fact that this time, all services were rated 'Good' for these two domains is a notable improvement. Both Bedford and St George's improved from 'Requires improvement' to 'Good' overall.

The site rating tables follow 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
<b>Overall*</b>	Good Mar 2019	Outstanding Mar 2019	Outstanding Mar 2019	Good Mar 2019	Good Mar 2019	Outstanding Mar 2019

## St. Georges

	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
<b>Overall*</b>	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
<b>Overall*</b>	Good Mar 2019	Outstanding Mar 2019	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019

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.

A further indication of the significant improvements that the Trust has made over the past two years is in the number of recommendations contained within the 2019 report which has been reduced from 78 in 2017 to 19.

The Trust is currently working on the recommendations in the report as part of the Trust's journey of continuous improvement, and the CQC's conclusions will be used as an improvement tool to think about how patient care can be further improved.

## Information Governance

Information Governance 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 - which replaced the former Information Governance Toolkit from April 2018).

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. In 2018/19 Moorfields agreed a new IG training strategy and work has begun to roll out specialist IG training to key staff.

The DSPT annual submission is used to demonstrate compliance with IG standards and the new national Data Security Standards. The Trust's 2018/19 submission met 95 of the 100 mandatory compliance requirements. In addition to the mandatory items, Moorfields completed 32 of the 49 non-mandatory items, achieving compliance with 85% of standards met overall. The Trust was rated green during an internal audit of its DSPT submission preparation. An improvement plan to achieve the remaining 5 mandatory requirements by the end of September 2019 has been agreed by NHS Digital, with our submission classed as 'Standards Not Met (Plan Agreed)'.

## Data quality including clinical coding

Moorfields Eye Hospital submitted records during 2018/19 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data (April to February 2018). The percentages of records in the published data, which included the patient's valid NHS number, were:

- 99.5% for admitted patient case
- 99.6% for outpatient care
- 96.0% 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.

Moorfields Eye Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the period 1 April 2018 to 31 March 2019.



Moorfields was subject to the Information Governance Clinical Coding audit during October 2018, which this year was carried out by Maxwell Stanley Consulting. 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
IG Audit 18/19	98.50%	98.73%	100%	99.69%
IG Audit 17/18	100%	98.85%	100%	100%

The audit highlighted “an excellent standard of coding was found” and that “the Trust must be commended in achieving a very high level of accuracy in both primary and secondary diagnosis and procedure coding”.

It also noted that there were no system issues in relation to the audit that clinical information was easy to access, that a regular internal clinical coding audit programme was in place and that there was a good working relationship with clinicians with monthly clinician-coder validation meetings taking place.

A small number of minor recommendations were included in the report (see points below) and action will be taken as a result:

- Provide additional training to coders to extract all relevant information within the case notes and electronic system
- Ensure coders are following four step coding process for correct code assignment
- Continue to provide a regular internal audit programme.

Over and above this audit the Trust has this year received external recognition of its excellent approach to clinical coding by winning the CHKS Data Quality in Clinical Coding award in May 2018.

This year, the Trust has not been subject to the usual Data Quality and Assurance audit carried out by KPMG. This is on the basis of the previous year's audit moving from partial assurance with improvements required to significant assurance with minor improvement opportunities.

There have been however a number of other external audits carried out which have included recommendations regarding data quality related issues, namely the 'Referral To Treatment' audit and the 'Access and Activity Data: Booking Centre' audit, both of which were received in December 2018. Both audits gave an assurance rating of significant assurance with minor improvement opportunities.

Below are the data quality related recommendations made from those audits:

- We recommend that when a data quality audit is completed which impacts on RTT, the findings and actions should be reported to the access meeting so that they can be tracked and implementation can be monitored against. (Source: RTT audit)
- It is recommended that the Trust reviews and implements an assurance process for its community-led sites proportional to their size. (Source: Booking Centre audit)

Both of these are subject to relevant action plans and will be monitored during the next financial year.

During the year the trust has amalgamated the Data Quality Working Group and the Information Management Group in order to ensure a better synergy between the two related issues. This also reduced the number of meetings staff were required to attend and hence improved input/attendance. This new group continues to meet every two months and discusses core data quality areas including the data quality action plan and audit results.

### 3.1 Priorities for improvement in 2019/20

The development of this quality report was led by the Head of Quality and Safety and 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 view was also sought through a survey monkey and the priorities continue to be influenced by CQC's inspection report findings and are consistent with the commissioning for quality and innovation (CQUIN) framework.

The Trust's Management Committee (TMC) has oversight of the trust's quality and safety performance against the three internationally recognised areas of patient safety, patient experience and clinical effectiveness.

This quality account has been reviewed by the trust management committee and 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.

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 2019/20.

The identified 6 priorities will each have specific metrics to demonstrate and measure performance throughout year. Please see table below for the list of identified priorities.

Proposed Quality Account Priority		Quality Domain	Underpinning drivers					
			Trust quality plan objective	Links to The Quality Strategy	National initiative	Continued from last year	Learning from serious Incidents / Complaints	Linked with patient and external engagement
1	To support safer care for patients undergoing invasive procedures through developing LOCSSIPs according to National recommendations (NATSSIPs)	Safe	✓	x	✓	✓	✓	✓
2	Ensure our quality governance framework is implemented and embedded across the organisation.		✓	✓	x	x	x	x
3	Ensure that evidence of lessons learnt and changes to practice are captured, recorded and disseminated systematically to minimise harm to our patients.	Effective	✓	✓	✓	✓	✓	✓
4	Create a culture within the Trust that supports ongoing changes in practice by developing Quality improvement capabilities across the organisation.		✓	✓	x	x	x	x
5	To engage and involve our patients across the organisation in true participation activities including in service reviews and developments	Patient experience	✓	✓	✓	✓	x	✓
6	To ensure that from a patient perspective appointments management is effective, efficient and responsive		✓	✓	✓	✓	x	✓

## 2019/20 Quality priorities

### Safe: Priority 1

**Objective:** To support safer care for patients undergoing invasive procedures through developing LOCSSIPs according to National recommendations (NATSSIPs)

**Rationale:**

This priority is a continuation of making care and treatment safer through learning from implementation and embedding of WHO checklists across the organisation.

**What success will look like by the end of March 2020:**

- We are aware how many and where invasive procedures are performed across our organisation
- We have assessed ourselves against national standards and have developed our own local standards and checklists against national standards.
- We have setup an audit tool to assess compliancy against national standards for all relevant invasive procedures.

**What we will measure and when:**

- Identify all areas within the Trust where invasive procedures are performed (Q1)
- Develop a self-assessment form tool against NatSSIPS (Q1&2)
- Set up a programme of regular audits on NatSSIPs compliance due to commence in 2020/21

### Safe: Priority 2

**Objective:** Ensure our quality governance framework is implemented and embedded across the organisation.

**Rationale:**

Quality Governance Framework (QGF), also known as clinical governance, provides a framework for the trust and individuals to ensure the delivery of safe, effective and high quality healthcare. Clinical Governance (CG) refers to the systematic approach (structures, processes and systems) used in healthcare organisations to manage and improve the quality of service provision. The QGF will support the implementation of our quality strategy and delivery of our care according to our values and quality culture.

**What success will look like by the end of March 2020:**

- All our divisions use standardised quality and safety agenda for their meetings to ensure appropriate management, escalation and sharing the learning is embedded within the organisation.
- Review and dissemination of data through quality dashboards.
- Improving board assurance through timely escalation of risks and concerns

**What we will measure and when:**

- Use of standardised minimum data sets in all quality forums (Q1)
- All relevant quality dashboard users to have received QlikSense training so it can be used operationally to inform decision making, particularly at quality forums and divisional boards (Q1&2)

- Regular review of quality dashboards at divisional quality forums (Q1 &2)
- Existence of divisional exception reports for the divisional executive performance review (Q4)

### Effective: Priority 3

**Objective:** Ensure that evidence of lessons learnt and changes to practice are captured, recorded and disseminated in a systematic way.

**Rationale:**

Moorfields has a number of ways it shares learning such as clinical governance half days and quality and safety newsletters. We will 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 is a continuation from last year to ensure we continue developing systems to capture and disseminate learning across our organisation.

**What success will look like by the end of March 2020:**

- There will be trust wide sharing learning from all incidents, complaints/ concerns/ claims and audits.
- Appropriate and timely management of risks across the organisation
- Improved executive visibility and hearing what our staff have to say about improving quality within the services.
- Use of technology to provide assurance where learning is shared

**What we will measure and when:**

- Existence of divisional newsletters to include learning from audits, SIs, incidents, complaints and PALs
- Timely review of risk registers at divisional quality forums
- Programme of planned divisional and local walkabouts to cover all sites and departments
- Sharing learning and completing actions through the central data base (Safeguard).

### Effective: Priority 4

**Objective:** Embed a culture that supports ongoing changes to practice by developing quality improvement capabilities

**Rationale:**

This priority has been developed by Moorfields' quality improvement team as part of implementation of our quality strategy and is included within divisional quality plans. The objective for choosing this priority has been to empower staff to be change drivers and support their services in making improvements which will in effect increase the quality of care provided to our patients.

**What success will look like by the end of March 2020:**

- There will be local quality champions who have been trained on QSIR methodology across the organisation who will be change drivers.
- All divisions participate and are engaged in quality improvement projects

### **What we will measure and when:**

- All divisions to have identified quality service improvement champions
- All quality service improvement champions to have received training on QSIR training.
- All divisions to be working on 2-3 QI projects as identified by local service improvement priorities
- All divisions to be engaged with trust wide service improvement projects

### **Patient experience: priority 5**

**Objective:** To involve and engage our patients across the organisation in true participation activities including in service reviews and developments

#### **Rationale:**

Moorfields Eye Hospital Patient Participation Strategy stresses that there be a shift from gathering patient experience and feedback to involving patients in decisions about their care and the services they receive. Engaging with patients to make decision and identify solutions and then sustaining their participation over time will foster collaborative working, introduce the patient's voice to service re-design and planning and create a dialogue between patients and staff which hitherto has been one sided.

### **What success will look like by the end of March 2020:**

- Every City Road Service and network site will have held at least one patient participation activity from which change / planning has emerged.
- Every City Road Service and network site will have created a patient reference group with six monthly meetings planned for 2019/2020
- Each division will have identified two key performance indicators to be reported quarterly to the Patient Experience and Experience Committee commencing in quarter 1, 2019/20 (baseline).

### **What we will measure and when:**

- All major network sites and City Road services (16) will have involved/engaged patients in at least one patient participation activity during 2019-20. These are: City Road: External Disease, City Road: Glaucoma, City Road: Medical Retina, City Road: Optometry, City Road: Paediatrics, City Road: Uveitis, City Road: Vitreo-Retinal, Bedford, Darent Valley (Ebsfleet), Ealing, Northwick Park, St Ann's, Croydon, St George's, City Road Day Care, Accident and Emergency
- All network sites and City Road services (as above) will have established a patient reference group for their network site or service by the end of 2019/20, Q4.
- Divisions will establish two local service patient experience KPIs in Q1 and measure and report them in Q2, Q3 and Q4, for example telephone call answering standards

### **Patient experience: Priority 6**

**Objective:** To ensure that from a patient perspective appointments management is effective, efficient and responsive

#### **Rationale:**

Feedback has suggested that appointments management is a concern for our patients at times. This includes cancellations of appointments, getting through to the appropriate appointments management team, waiting times whilst on hold. The frustrations caused by this inform the overall patient experience of Moorfields as the referral and appointment booking process are the front door for patients to come into Moorfields and this does have an impact of the smooth running of services within the trust as well as patient's perception of their experiences at Moorfields.

**What success will look like by the end of March 2020:**

- Patients will have easier routes of access into Moorfields.
  - Our services will be more responsive to patients.
  - The process for accessing appointments will be simplified and easy to understand.
  - Our communications with our patients will be more patient friendly.
  - Our contact with patients will be minimised to avoid confusion.
- 
- Duplication of duties for staff regarding patient appointments will be reduced.
  - Patient and staff experience will be better.

**What we will measure and when:**

- Set PALS key performance measures by end of Q2, 2019/20.
- Establishment of patient portal or email facility by the end of Q4, 2019/20.
- City Road, MEH North and South divisions to show a reduction of hospital cancelled appointments against a set KPI by end of Q4, 2019/20.
- Access division to demonstrate telephone answering response times and returned calls meet established criteria by the end of Q3, 2019/20.

### 3.2 Key indicators for 2019/20

Moorfields Eye Hospital NHS Foundation trust 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. There are also a number of indicators in the areas of safety that we have been tracking over a number of years and believe they should continue to be tracked as key indicators of our performance. The process for choosing our indicators include consultation with the board, divisions, our staff and other enablers such as CQC recommendations and feedback from our patients or external stakeholders. Please see table below for the indicators we have chosen moving forward in 2019-20.

#### 2019/20 local indicators

Indicator	Source	2016/17 result	2017/18 result	2018/19 result	2019/20 target
<b>Patient experience</b>					
Median clinic journey times for both new and follow up	Internal (QSI) programme	Indicator not in use	Indicator not in use	New=94 minutes Follow-up=90 minutes	75% of appointments to be completed within 120 minutes
Improve patient experience through digital patient check-in	Internal (QSI) programme	Indicator not in use	Indicator not in use	Success will be measured from April onwards once use of kiosks are embedded.	60%
Data completeness for clinic journey time (Total)	Internal (QSI) programme	Indicator not in use	Indicator not in use	46.6%	80%
Data completeness for clinic journey time (Glaucoma)	Indicator not in use	Indicator not in use	Indicator not in use	59.9%	80%
Data completeness for clinic journey time (MR)	Indicator not in use	Indicator not in use	Indicator not in use	55.2%	80%
Reduce the % of patients that do not attend (DNA) their first appointment	Internal performance monitoring	14%	12.3%	11.6%	10%
Reduce the % of patients that	Internal performance	Indicator not in use	Indicator not in use	10.4%	≤10%



do not attend (DNA) their follow up appointment	monitoring				
% of patients whose journey time through the A&E department was three hours or less	Internal performance monitoring	80%	78.4%	76.6%	≥80%
Theatre sessions starting late	Internal performance monitoring	Indicator not in use	Indicator not in use	33.8%	≤33.8%
Theatre cancellation rate (overall)	Internal performance monitoring	Indicator not in use	Indicator not in use	7.1%	≤7%
Theatre cancellation rate (non-medical cancellations)	Internal performance monitoring	Indicator not in use	Indicator not in use	0.8%	≤0.8%
Number of outpatient appointments subject to hospital initiated cancellations (medical and non-medical)	Internal performance monitoring	2.9%	2.9%	3.52	3%
<b>Patient safety</b>					
% overall compliance with equipment hygiene standards (cleaning of slit lamp)	Internal performance monitoring	92%	99.6%	99.5%	100%
% overall compliance with hand hygiene standards	Internal performance monitoring	98.3%	95.7%	99%	95%
Number of reportable MRSA bacteraemia cases	Internal performance monitoring	0	0	0	0
Number of reportable clostridium difficile cases	Number of reportable clostridium difficile cases	0	0	0	0
Incidence of	Internal	0.05	0.22	0.35	0.4

presumed endophthalmitis per 1,000 cataract cases	performance monitoring				
Incidence of presumed endophthalmitis per 1,000 intravitreal injections for AMD	Internal performance monitoring	0.24	0.15	0.17	0.5
Incidence of presumed endophthalmitis per 1,000 Glaucoma cases	Internal performance monitoring	N/A	N/A	N/A	≤1
Number of Serious incidents (SIs) open after 60 days	Internal performance monitoring	N/A	N/A	N/A	0
<b>Clinical Effectiveness</b>					
% implementation of NICE guidance	Internal performance monitoring	91.8%	98.7%	95.7%	95%
Posterior capsule rupture rate for cataract surgery	Internal performance monitoring	1.27%	0.99%	1.13%	≤1.95%
Number of registered clinical audits past their deadline date	Internal performance monitoring	N/A	N/A	N/A	Less than 10%
Number of breached policies	Internal performance monitoring	N/A	N/A	N/A	Less than 10%

\*Subspecialties include: A&E, adnexal, anaesthetics, cataract, cornea and external disease, glaucoma, medical retina, neuro-ophthalmology, optometry, orthoptics, paediatrics, strabismus and vitreo-retinal.

\*\*Sites include Bedford, Croydon, Ealing, Northwick Park and St George's.

## Part 3 Other information including Statements from commissioners, local Health Watch organisations and overview and scrutiny committees

### The Health and Care Scrutiny Committee

The Health and Care Committee invites Moorfields to attend the Committee on an annual basis to present and review performance relating to quality. This year Moorfields attended our meeting on 7 March 2019.

The performance of Moorfields appears to be good. We noted that progress has been made on a number of issues and that the rates of MRSA and c difficile infection continue to be zero. We also noted that the Trust are in compliance with national targets, and that a 5 year quality strategy had been implemented in November 2017. On the financial front the Trust informed us that they will deliver a surplus this year, but targets for future years remain challenging.

The Committee also noted that there is a proposal to build a new facility at the St.Pancras site and the relocation of services creating the opportunity to build a new purpose centre for world class research, education and excellent care. This is important given the need to improve the facilities provided and the increasing numbers of patients to be treated.

The Committee look forward to receiving an update on the proposals in the future.

Peter Moore  
Principal Scrutiny Officer  
Democratic Services  
Islington Council

### Healthwatch Islington commented as follows:

Healthwatch Islington has worked with Moorfields over the previous year. We undertook three planned visits to the City Road site in consultant with the Patient Experience team who were interested in hearing patients' views about their experiences of way finding, about facilities in the waiting areas and about the consistency of processes across different clinics. We also looked at how the Accessible Information Standard is being implemented. As always the Trust was open and responsive to our feedback and has developed an action plan as a result. This plan includes reviewing how staff are communicating with patients, ensure that pagers are being used more regularly to help patients know when their appointment is being called, and making patient interactions more personal. We are looking forward to hearing about progress during the coming year. We know there are plans for changes to the location of the main building in the coming years and we look forward to working closely with the Trust on this.

Emma Whitby

Chief Executive, Healthwatch Islington

## NHS Islington CCG commented as follows:



NHS Islington Clinical Commissioning Group (CCG) is the lead commissioner, responsible for the commissioning of health services from Moorfields NHS Foundation Trust (Moorfields) on behalf of the population of Islington and all associate CCGs. NHS Islington CCG welcomes the opportunity to provide a statement for Moorfields quality account in its capacity as lead coordinating commissioner.

The CCG continues to meet with the Trust on a bi-monthly basis at its Clinical Quality Review Group meetings (CQRG). This forum is where the commissioners are provided with assurance regarding the quality of care and services provided by the Trust. The meeting received a quality report from the trust and there is robust discussion with the Trust regarding the targets it has met and those that require further work.

Commissioners commend the Trust on its rating of “Good” overall, with a rating of “Outstanding” for Effectiveness, given by the Care Quality Commission (CQC) in March 2019. We note the effort by the Trust to robustly address the recommendations, whilst continuing to focus on the quality priorities set for 2018/19.

Islington CCG confirms that the information contained within the draft Quality Account (provided to the CCG in March 2019) has been reviewed. We confirm that the document received complies with the required content as set out by the Department of Health or where the information is not yet available a place holder was inserted. As part of the review of the Quality Account, commissioners were pleased to see that the Trust met or exceeded the national performance measures for Infection Control and A&E waiting times.

Islington CCG has continued to work collaboratively with the Trust. Commissioners have appreciated the Trust continuing to be open and transparent.

We fully support the six priorities identified by the Trust for 2019/20, which include:

- Making care safer for patients undergoing invasive procedures through the development of Local Safety Standards for Invasive Procedures (LOCSSIPs)
- Ensuring that their quality governance framework is implemented and embedded across the organisation
- Ensuring that evidence of lessons learnt and changes to practice are captured, recorded and disseminated systematically to minimise harm to patients.
- Creating a culture within the Trust that supports ongoing changes in practice by developing Quality Improvement capabilities across the organisation
- To engage and involve patients across the organisation in true participation activities including in service reviews and developments
- To ensure that from a patient perspective appointment management is effective, efficient and responsive

Commissioners look forward to working with the Trust to deliver the CQC improvement plan and the ambitious quality priorities set for 2019/20. We are keen to continue the work with the Trust to ensure sustained improvements in safety, patient experience and clinical effectiveness.

Commissioners are pleased to endorse this quality account for 2019/20 and look forward to continuing our excellent relationship so we can all drive forward the improvements and ensure excellent services for the local population.

A handwritten signature in black ink that reads 'Tony Hoolaghan'.

**Tony Hoolaghan**, Chief Operating Officer, NHS Islington Clinical Commissioning Group

## 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.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

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 2018/19 and supporting guidance.
- 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<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019
    - papers relating to quality reported to the board over the period April 2018 to 31<sup>st</sup> March 2019
    - feedback from commissioners dated 29<sup>th</sup> April 2019
    - feedback from governors received in April 2019.
    - feedback from local Health watch organisations dated 4<sup>th</sup> April 2019
    - feedback from the Health and Care Scrutiny Committee dated 24<sup>th</sup> April 2019
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12<sup>th</sup> June 2018.
    - the 2018 national staff survey 26<sup>th</sup> February 2019
    - CQC inspection reports dated 12<sup>th</sup> March 2019.
    - the head of internal audit's annual opinion over the trust's control environment dated 31<sup>st</sup> March 2019
- the quality report represents a balanced picture of the NHS foundation trust's performance over the period covered.
- The performance information reported in the quality report is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measure 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
- 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.

- o 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.

- o 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.
- 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,

28.05.19

Date



Chairman

28.05.19

Date



Chief Executive

## Limited assurance statement from external auditors

### Independent auditor's report to the council of governors of Moorfields Eye Hospital NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Moorfields Eye Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Moorfields Eye Hospital NHS Foundation Trust's quality report for the year ended 31 March 2019 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Moorfields Eye Hospital NHS Foundation Trust as a body, to assist the council of governors in reporting Moorfields Eye Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2019, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Moorfields Eye Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

#### Scope and subject matter

The indicators for the year ended 31 March 2019 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- 4 hour A&E waiting times; and
- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers, reported in accordance with the 2016 National Cancer Breach Allocation Guidance.

We refer to these national priority indicators collectively as the 'indicators'.

#### Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in section 2.1 of the NHS Improvement Detailed guidance for external assurance on quality reports 2018/19; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with:

- board minutes for the period 1 April 2018 to 04 April 2019;
  - papers relating to quality reported to the board over the period 1 April 2018 to 31 March 2019;
  - feedback from Commissioners,
  - feedback from governors,
  - feedback from local Healthwatch organisations,
  - feedback from Overview and Scrutiny Committee,
  - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009,
  - the 2018 national staff survey,
  - the 2017 national inpatient survey
- 
- the Head of Internal Audit's annual opinion over the trust's control environment, dated 31 March 2019;
  - the Care Quality Commission inspection report dated 12 March 2019; and
  - any other information included in our review.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

#### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- reviewing the process flow of the indicator with management;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.



## **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Moorfields Eye Hospital NHS Foundation Trust.

## **Basis for qualified conclusion**

### ***Percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge***

The "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator requires that the NHS Foundation Trust accurately record the start and end times of each patient's wait in A&E, in accordance with detailed requirements set out in the national guidance. This is calculated as a percentage of the total number of unplanned attendances at A&E for which patients' total time in A&E from arrival is four hours or less until admission, transfer or discharge as an inpatient.

Our procedures included testing a risk based sample of 18 items, so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified a number of issues during testing. We noted:

- eight instances where insufficient evidence was available to support the accuracy of the clock stop time; and
- three instances where the clock stop time was not accurately recorded per the supporting evidence.

In all cases, the breach status is unaffected.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator for the year ended 31 March 2019. We are unable to quantify the effect of these errors on the reported indicator.

The "Performance indicator data quality" section on page 32 of the Trust's Quality Report details the actions that the NHS Foundation Trust is taking to resolve the issues identified in its processes.

**Qualified conclusion**

Based on the results of our procedures, except for the matters set out in the basis for qualified conclusion section of our report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- the quality report is not consistent in all material respects with the sources specified in 2.1 of the NHS Improvement Detailed requirements for external assurance for quality reports 2018/19; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and supporting guidance.



Deloitte LLP

St Albans, United Kingdom

28 May 2019



