Moorfields Eye Hospital NHS Foundation Trust
Annual Report and Accounts
2017/18

www.moorfields.nhs.uk

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1. Chairman’s foreword

It has been a successful year for the trust with many notable achievements. Providing excellent clinical care for record numbers of patients underpins everything we do. During the year we’ve achieved this and met all of our quality and financial targets in the face of an ever-increasing demand for our services.

Cancer waiting times to receive treatment have continued to improve, with 100% of our patients receiving treatment within 62 days of GP referral. The national target of a two week wait for first appointment has also been achieved. Our clinical outcomes and safety record also remained excellent, with ophthalmic clinical outcomes evidenced amongst the best in the world.

Financially, we have performed well – at year end we are in surplus, which is testament to the prudent management of our funds, and we maintained the highest possible regulatory financial risk rating throughout the entire financial year. There is no room for complacency – moving into the next financial year we need to make further savings which we are already working hard to achieve.

Our successes over the year have only been made possible through the extraordinary efforts of our staff. Their dedication and desire to do the best for our patients directly impacts the trust’s performance. I was pleased to see such a great response from our staff to the annual NHS staff survey – 56% of staff responded to the survey, which is our highest response rate to date. We scored highly in a number of areas including being one of the best NHS hospitals to work for and receive care, and for overall staff engagement and staff motivation.

Our continued high performance levels over the past year reflects our “good” rating by the Care Quality Commission and the implementation of our action plan to make further improvements following its inspection report in January 2017. To date we have completed over 80% of our actions and all but one of the remaining actions are scheduled for completion during 2018.

Collaborative working is vital to making a difference to patients and our progressive partnership with University College London (UCL) and the Institute of Ophthalmology continues to reap rewards. I am pleased to announce that our joint estates management committee with UCL has approved the Project Oriel business case – our long-term plan for a new centre of research, education and clinical care in the St Pancras area. This new, co-located facility will enable clinicians and researchers to collaborate more freely, to the benefit of Moorfields’ patients and for people with sight problems around the world, now and in the future.

I would like to thank our colleagues at Moorfield Eye Charity for their continued contribution to making a difference at the trust. Philanthropy plays a huge role in in creating life-changing moments for our patients, most recently with the results of our clinical trials for the London Project which saw our trial patients regain their sight. Philanthropy played a critical role and I thank MEC for its continued support.

Finally, I would like to give huge thanks to our staff and volunteers across the entire network, from our NHS sites, to our private practices in London and abroad in the UAE. Their outstanding care and commitment, ensures 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

Moorfields and its staff have much to be proud of and to reflect on over what has been a successful year for the trust. People have different measures for success but as Chief Executive the key measure is about providing the best possible care for patients and ensuring that they are at the heart of everything that we do.

2016/17 has been a particularly challenging year for the NHS and for many of the partner organisations we work closely with. One service which has faced a particularly challenging time across the health economy is our emergency medicine and Accident and Emergency departments. During this busy year I have been incredibly proud of our A&E and the wider emergency teams we operate and their ability to deliver quick, effective and expert care with as much privacy and dignity as possible. This was highlighted by the CQC in its recent survey as an important achievement in our annual performance. Our A&E team consistently achieved the 95% four-hour target – a true testament to the flexibility and innovative thinking of our staff which our patients appreciate.

Of course, wonderful care is ultimately determined by the hard work of caring and expert people – from our doctors and nurses delivering high quality care to our administrative and support staff supporting patients. Engaging with our workforce and making sure it is happy is critically important to us. This year it was pleasing to see our highest ever response rate of 56 per cent to the NHS staff survey. Even more pleasing were the ratings our staff gave the trust, including Moorfields being one of the best hospitals to work for and receive care in the NHS, and above average for overall staff engagement, motivation and satisfaction. All of this builds on our commitment to attract and retain the best people.

This year we received significant media coverage in the UK and internationally for our world-leading research achievements, further underlining the importance of our strong partnership with the University College London (UCL) Institute of Ophthalmology, combining pioneering research with a leading NHS hospital. A particular highlight was the publication of the results from the London Project to Cure Blindness – a Moorfields Eye Hospital and UCL collaboration research project which gave back the gift of sight to our first patients receiving a new treatment derived from stem cells. A remarkable achievement and one which we hope could be made available on the NHS to help improve the lives of hundreds of thousands of people.

During the year we also used our position as London’s leading NHS eye care provider to help, develop and influence eye health policy which has the goal of improving the eye care of millions of people in London. We welcomed the opportunity to work with the Mayor of London and the London Assembly in publishing Eye Health – a report into sight loss in the capital which carries strong and important recommendations to ensure that eye health become a greater public priority. I look forward to working with the Mayor and the Greater London Authority in developing and implementing the strategy over the forthcoming year.

The year ahead will present many challenges. Like all healthcare organisations, we face financial pressures against a backdrop of continued demand for our services. However, we have much to look forward to, such as continuing with our plans to invest in Project Oriel – our long-term plan for a new centre of research, service and education at St Pancras – as well as building on the initial results of our artificial intelligence research project DeepMind and exploring how it can lead to earlier detection of common eye diseases.

I would like to thank all our staff, partners and members for the continued support they have given to the trust in the past year. Together we have worked passionately to discover, develop and deliver the best eye care for our patients and to ensure that we stay true to our core belief that people’s sight matters.
3. Overview

3.1 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 2,350 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 NHS organisations to become a foundation trust in 2004, and a founder member of UCL Partners – one of the UK’s first academic health science centres. We are one of only 20 sites nationally that has National Institute of Health Research (NIHR) Biomedical Research Centre (BRC) status, which provides us with the infrastructure to support major innovative research initiatives and enables us to fast-track projects to benefit patients more quickly.

We have a network of 31 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), the independent regulator of health and social care in England.

3.2 What we do
We provide a wide range of clinical 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. We play a leading role in the training and education of eye care clinicians, integrating with strategic partners. In partnership with the UCL Institute of Ophthalmology, we conduct world-leading research.

We have a unique patient case-mix and provide a wide range of services, which can be found at the following link: https://www.moorfields.nhs.uk/listing/services

3.3 Where we are
3.4 How we are structured

**Moorfields North division**

*Moorfields at Bedford*
Focused around our district hub at Bedford Hospital, this directorate is also responsible for activity in our community clinic at Bedford Enhanced Services Centre, known locally as Bedford Hospital North Wing.

*Moorfields East*
Moorfields East is responsible for the provision of eye care in the eastern part of London, a rapidly expanding area of the capital. The directorate comprises our local surgical centres at Mile End Hospital in Whitechapel, St Ann’s Hospital in Tottenham and Darent Valley Hospital in Dartford, Kent. It also includes our community clinics at Barking Community Hospital, Loxford Polyclinic and the Sir Ludwig Guttmann Health and Wellbeing Centre in the former Olympic Village in Stratford, as well as our partnership based at the Homerton Hospital in Hackney.

*Moorfields at Ealing*
This clinical service provides services for patients in North West London and is focused around our district hub at Ealing Hospital.

*Moorfields North West*
Our Northwick Park services provide eye care for residents in North West London. It covers activity undertaken at our district hub at Northwick Park Hospital in Harrow, at our local surgical centre at
Potters Bar Community Hospital, and in three of our partnerships: two in Watford and one in Wealdstone.

**Moorfields South division**

**Moorfields South at St George’s**
This is focused around our district hub at St George’s Hospital in Tooting and encompasses responsibility for the management of four other locations in south west London: our surgical centre at Queen Mary’s Hospital, Roehampton and our community clinics at Teddington Memorial Hospital and Nelson Health Centre in Merton.

**Moorfields South at Croydon**
This includes our district hub at Croydon University Hospital and our community clinic at Purley War Memorial Hospital.

**Moorfields City Road division**
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 our 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 newly established access directorate is responsible for business continuity for the trust and includes the booking centre, admissions department, health records, medical secretaries, referral to treatment team and diabetic retinal screening.

**3.5 Our strategy**

During the last year we have engaged our staff, patients and key partners to refresh our organisational strategy, agreed our core belief ‘people’s sight matters’. Together, we have developed a cohesive and aligned plan which sets out our clinical, research and educational aspirations, for the first time in one overarching framework.

We launched our new five-year strategy in July 2017, with our 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.

Our continued participation in the national vanguard programme as one of the acute care collaboration sites has allowed us to share our experience of networked care. In collaboration with partners across the health system, we have undertaken research to understand the implications for expanding a networked care model, both numerically and geographically. We have also led the establishment of the UK Ophthalmology Alliance, which brings together eye care professionals, patient groups and national ophthalmic bodies across the UK to improve efficiency and pathways, create quality standards, benchmark performance and provide support in areas where performance can be improved. The alliance also provides a national voice on eye care issues, especially around efficiency and the use of resources.
We remain committed to three significant investments in improving our physical infrastructure. Project Oriel, our long-term plan for a new centre of research, education and clinical care in the St Pancras area is gathering pace. Together with our university partner, the UCL Institute of Ophthalmology and our charity partner Moorfields Eye Charity, we will work towards securing the site and completing the outline business case. We also have ambitions to redevelop our existing facilities on the St George’s Hospital site and in the east of London.

**Corporate objectives 2017/18**

Our 2017/18 objectives were to:

- deliver the highest standards of patient experience, outcomes and safety across all our sites
- provide a successful network of eye care services, supported by a specialist centre in central London
- develop our people and our organisation as a great place to work and provide care
- ensure financial stability, delivering a surplus in 2016/17 and 2017/18
- be at the forefront of international research, integrating with strategic partners
- play a leading role in the training and education of eye care clinicians, integrating with strategic partners.

Performance against each of these objectives was reported quarterly to the board and available on the meetings part of our website [www.moorfields.nhs.uk/meetings](http://www.moorfields.nhs.uk/meetings), or by writing to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: foundation@moorfields.nhs.uk or phone: 020 7253 3411.

**Corporate objectives for 2018/19**

Our new objectives describe what we need to become and what we need to do to realise our purpose. They are deliberately ambitious because we want to challenge ourselves to deliver the best we can for our patients. We have identified eight objectives; four are ambitions that represent the impact we aim to have in the world, and four are enablers that represent what we need to do within Moorfields to achieve our ambitions. The board will use these objectives to track progress over the next four years. This will make the implementation of our strategy focused and measurable.

<table>
<thead>
<tr>
<th>Working together to discover, develop and deliver the best eye care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ambitions</strong></td>
</tr>
<tr>
<td><strong>Enablers</strong></td>
</tr>
</tbody>
</table>

To focus our work in 2018/19 the board has agreed the following corporate priorities:

- Project Oriel
- Commercial
• New models of care
• Workforce planning
• Service improvement

3.6 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.

3.7 Key issues and risks
The trust’s corporate risk register 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 following a review in February 2018 is included in the Annual Governance Statement at section 5.6.

3.8 Chief executive’s statement on performance 2017/18
Moorfields has performed well both operationally and financially in 2017/18, 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 we had almost 85,121 responses in the 2017/18 national friends and family test with 97% of respondents saying they would recommend us to their friends and family.

We performed well against national and local standards in 2017/18 and have achieved all nationally mandated access (waiting time) targets, including A&E, 18-week referral to treatment, cancer and diagnostics. In the year we saw over 96,000 visits in A&E, and achieved the national A&E four-hour performance target. Our clinical outcomes and safety record remains excellent, with ophthalmic clinical outcomes evidenced amongst the best in the world. Once again, in 2017/18 we have had no cases of MRSA or Clostridium difficile.

Whilst the year saw unprecedented financial challenges across the NHS, we responded to this achieving an exceptional financial performance of a £8.1 million surplus before impairments. This included additional income from the NHS Improvement Sustainability and Transformation Fund of £5.5 million for delivering all financial and waiting time targets. After one-off impairment charges of £2.4 million, the net surplus for the year was £5.7 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, develop an electronic medical record, refurbish our eye centre at St George’s and invest heavily in increased theatre capacity and our private practice offering at City Road. This programme was financed entirely through internally generated cash and reserves. Total capital expenditure for the year was £9.9 million. Together with prudent management of working capital, the surplus enabled us to increase our cash reserves by £3.5 million to £42.5 million and maintain the highest possible regulatory financial risk rating throughout the entire financial year.

David Probert
Chief Executive
22 May 2018
4. Performance Report

4.1 The year at Moorfields

2017/18 was another busy year for Moorfields. More than 315,000 patients visited our 31 NHS sites, most of our activity was in outpatients where we saw almost 600,000 visits, and nearly 100,000 people attended A&E for treatment. Over 85,000 patients told us what they think of us in the national friends and family survey, an invaluable source of feedback, with extremely high numbers of positive responses.

We continue to monitor our progress against the CQC action plan, which arose from the comprehensive inspection in 2016 and subsequent quality summit held with our partners in 2017. We have now completed well over 85% of the actions contained in the plan, including the improvement of the use of the World Health Organisation (WHO) safer surgery checklist and reducing the waiting times for patients in our outpatient clinics.

Although the trust leadership has remained stable this year with no departures or additions to the voting members of the board, we are pleased to have made a number of exciting new appointments, all of whom will join us in 2018. However, we said goodbye to Sally Storey, director of HR who had been with the trust for five years.

For the first time our new strategy brings together clinical, research and education under one overarching framework that sets out our strategic direction. Moorfields' vision of excellence 2017-2022 was launched in July 2017, and is themed around discovery, development and delivery of the best eye care.

At the end of March 2018 we finished work on a vanguard programme which aimed to establish whether the longer term sustainability of single specialty services in smaller hospitals can be strengthened by entering into a network partnership and what benefits that might bring. The vanguard has led to the development of a networked care toolkit, the establishment of the UK Ophthalmology Alliance and the development of a clinical kite mark for ophthalmology.

In 2017, Professor Sobha Sivaprasad secured a £6.3m grant from the Medical Research Council UK, Global Challenges Research Fund Competition to carry out a strategic programme project titled: "Increasing eye research capacity and capabilities to tackle the burden of diabetes related blindness in India: a research-based UK-India Collaboration".

In March, nearly 300 staff attended Moorfields Stars, the biggest staff recognition event of the year. We received a record number of nominations this year, including 170 nominations from patients for the new patient choice award. Over 500 staff and supporters took part in Eye to Eye, Moorfields Eye Charity's flagship fundraising event which raised over £100,000 to fund pioneering research at the trust.

The funds raised through Eye to Eye go towards Moorfields Eye Hospital NHS Foundation Trust’s pioneering research into eye disorders. In the four years since Eye to Eye began, donations raised 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.

Each year a number of our colleagues are acknowledged externally for their achievements and contributions. Of particular note this year are the eight Moorfields staff who have been included in a list of the most influential people in the world of ophthalmology:

Professor Adnan Tufail, consultant ophthalmologist
Keith Barton, consultant ophthalmologist
Professor David (Ted) Garway-Heath, consultant ophthalmologist
Alan Bird, consultant ophthalmologist
Dawn Sim, consultant ophthalmologist
Pearse Keane, consultant ophthalmologist
Professor Sir Peng Tee Khaw, director of research and development at Moorfields and director of the National Institute for Health Research Biomedical Research Centre at Moorfields and the UCL Institute of Ophthalmology
Professor Sobha Sivaprasad, consultant ophthalmologist

4.2 Performance analysis

4.2.1 Patient activity

Moorfields’ NHS patient activity and the total volume of Moorfields’ NHS activity in 2017/18 is shown in the table below, with figures from 2016/17 for comparison. This year saw some growth in outpatient attendances and unplanned inpatient activity, and a slight decrease in A&E and planned inpatient activity. The figures are attendances taken from Moorfields systems and include Bedford activity.

<table>
<thead>
<tr>
<th>Activity number</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E</td>
<td>102,558</td>
<td>96,947</td>
</tr>
<tr>
<td>Inpatient day case</td>
<td>36,078</td>
<td>37,718</td>
</tr>
<tr>
<td>Inpatient elective (planned)</td>
<td>1,130</td>
<td>1,184</td>
</tr>
<tr>
<td>Inpatient non-elective (unplanned)</td>
<td>2,737</td>
<td>2,780</td>
</tr>
<tr>
<td>Outpatient</td>
<td>587,283</td>
<td>601,986</td>
</tr>
<tr>
<td>Grand total</td>
<td>729,786</td>
<td>740,615</td>
</tr>
</tbody>
</table>

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

4.2.2 Performance 2017/18

This year, Moorfields introduced an Integrated Performance Report (IPR) to provide a holistic view of performance at the monthly board meetings. The report was introduced in May 2017 and provides a suite of operational and corporate Key Performance Indicators (KPIs) to help support managers’ needs across the trust. These KPIs have been developed in line with statutory, national and local measures. Each month, the Performance and Information Department report on the following areas in the IPR:

- Operational measures such as A&E measures, attendance rates, theatres utilisation and waiting time
- Workforce measures such as staff vacancy rate and safeguarding
- Quality and Safety measures such as rates of infection
- Research and Development measures such as number of studies closed
- Finance measures such as distance from financial plan
- Commercial and Private Patient measures

There are 86 KPIs in total, and each one is categorised into a Care Quality Commission (CQC) domain. These include: Safe, Effective, Caring, Well Led and Use of Resources. 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. Along
with the monthly updates to the trust board, the report is shared with commissioners at the monthly clinical quality review group.

Over the past few months, the Performance and Information team have been working with the Directors to improve the IPR for next year. This includes adding new KPIs and removing or adapting those which are no longer useful or relevant. The format of the Remedial Action Plan template has also been reviewed to enhance its ability as a performance monitoring tool.

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-weeks RTT incomplete – all pathways</td>
<td>≥ 92% (96.5%)</td>
<td>97.7%</td>
<td>95.3%</td>
</tr>
<tr>
<td>18-weeks RTT incomplete – pathways with DTA*</td>
<td>n/a</td>
<td>92.9%</td>
<td>88.5%</td>
</tr>
<tr>
<td>18-weeks RTT admitted **</td>
<td>≥ 90%</td>
<td>88.7%</td>
<td>83.1%</td>
</tr>
<tr>
<td>18-weeks RTT non-admitted **</td>
<td>≥ 95%</td>
<td>96.3%</td>
<td>93.6%</td>
</tr>
<tr>
<td>New RTT periods all patients</td>
<td>n/a</td>
<td>151,487</td>
<td>145,312*</td>
</tr>
</tbody>
</table>

* DTA is decision to admit.
** Admitted and non-admitted targets are no longer subject to performance management and are provided for information.

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%. Although the trust’s RTT performance appears to have decreased since 2016/17, the trust’s RTT position was being falsely inflated last year due to a long standing issue with the referral registration process at St George’s. The issue has now been rectified with the St George’s booking centre moving to City Road, however registering a number of long standing referrals impacted the trust’s RTT position.

### A&E

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;E four-hour performance</td>
<td>≥ 95% (97.6%)</td>
<td>98.1%</td>
<td>98.5%</td>
</tr>
<tr>
<td>Total number of arrivals in A&amp;E</td>
<td>N/A</td>
<td>102,558</td>
<td>96,947</td>
</tr>
<tr>
<td>Time to treatment in department – median</td>
<td>≤ 60 mins</td>
<td>35</td>
<td>32</td>
</tr>
</tbody>
</table>
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 achieved this year, as well as achieving a stretch target of 97.6% as part of the Sustainability and Transformation Fund programme, and improving on last year’s performance.

Compared to 2016/17, the number of A&E attendances has fallen slightly to show a financial year-on-year reduction of just over 4000 attendances. Other A&E measures, particularly those measuring time spent with the department, show a slight improvement in performance compared to the previous year and we are achieving our operational targets.

In January 2018, the Emergency Care Data Set (ECDS) was implemented in our A&E department. This is a new national data set, used to collect information from Emergency Departments across England to allow comparisons and provide a more complete picture of all emergency attendances.

### Cancer waiting times

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

Cancer waiting times to receive treatment have improved year on year, with 100% of our patients receiving treatment within 62 days of GP referral. The national target of a two week wait for first appointment has also been achieved.

Despite not achieving the annual target for 31 days from diagnosis to first appointment, we are pleased that we have not had any breaches for the last 9 months, with 100% of patients being seen within 31 days since the beginning of July 2017.

Cancer targets are challenging and the relatively low number of patients can see performance percentages fluctuate widely. 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. We continually seek to improve our services and meet regularly with our commissioners to review performance levels and identify how to improve.

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 will be monitored in shadow form from April 2018. This new data collection process expands the range of information which we are required to submit and will support greater analysis and understanding of our performance and activity. It includes a new national 28 Day Faster Diagnosis Standard to ensure patients receive a diagnosis more quickly.

### Access

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic waiting times – six weeks</td>
<td>≥ 99%/100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Average Electronic Booking Slot Availability</td>
<td>90% by January; 100% by April 2018</td>
<td>N/A</td>
<td>98%</td>
</tr>
</tbody>
</table>
Diagnostic waiting times have again been better than our target, and we have met all diagnostic requirements within six weeks. We also achieved a stretch target of 100% as part of the Sustainability and Transformation Fund programme.

A new Commissioning for Quality and Innovation (CQUIN) measure was introduced this year looking at electronic referrals from GPs. The target was to have 100% of electronic booking slots available for GP e-referrals by April 2018. We have achieved this target in 13 out of 15 service areas so far.

**Outpatient activity**

![Outpatient Attendances per working day](image)

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient total attendances – first appointment</td>
<td>124,398</td>
<td>127,859</td>
</tr>
<tr>
<td>Outpatient total attendances – follow up appointments</td>
<td>432,703</td>
<td>439,997</td>
</tr>
<tr>
<td>Outpatient cancellations (hospital cancellations)</td>
<td>2.86%</td>
<td>2.93%</td>
</tr>
<tr>
<td>Outpatient DNA* rate – first appointment</td>
<td>14.0%</td>
<td>12.4%</td>
</tr>
<tr>
<td>Outpatient DNA* rate – follow up appointment</td>
<td>12.0%</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

* DNA – did not attend.

The demands placed on trust capacity have increased this financial year with first appointment attendances increased by 3,461 (2.78%) and follow up appointments by 7,294 (1.69%). Clinic journey times continue to be a key focus of the service transformation programme, especially within the glaucoma and medical retina services.

Last year, we took action to improve performance through text message reminders to patients and the results show, as outpatient appointments for which the patient did not attend (DNA) have decreased for both first and follow up appointments.

**Safety**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of MRSA cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of Clostridium difficile cases</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Venous thromboembolism (VTE) screening</td>
<td>≥ 95%</td>
<td>98.9%</td>
<td>98.6%</td>
</tr>
<tr>
<td>Mixed sex accommodation</td>
<td>0</td>
<td>23</td>
<td>2</td>
</tr>
</tbody>
</table>
Performance within the safety arena is historically good and remains so this year with the exception of a number of mixed sex accommodation breaches which has seen a huge reduction on last year as the issues have now been addressed.

**Service delivery measures**

Ward staffing levels are calculated for those wards with inpatient beds which for Moorfields includes 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 for is shown in the table below.

<table>
<thead>
<tr>
<th>Designation</th>
<th>Percentage fill rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurses – day</td>
<td>95.3%</td>
</tr>
<tr>
<td>Registered nurses – night</td>
<td>103.6%</td>
</tr>
<tr>
<td>Care staff – day</td>
<td>89.5%</td>
</tr>
<tr>
<td>Care staff – night</td>
<td>109.0%</td>
</tr>
<tr>
<td><strong>Total fill rate</strong></td>
<td><strong>96.2%</strong></td>
</tr>
</tbody>
</table>

**Friends and family test (FFT)**

A total of 85,121 people fed back to us in 2017/18, including inpatients, outpatients and patients who visited A&E. Read more about what they say in the quality report in section 6.

**New Measures – Surgery**

With the implementation of the Integrated Performance Report this year, some new measures have been introduced into the monthly board report. Many of the metrics are covered in the rest of the report and samples of some of the new measures are shown below.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Target</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theatre Cancellation Rate</td>
<td>≤7.6%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Safer Surgery Checklist: Percentage of audited &quot;Team Briefing&quot; stage elements compliant with requirements</td>
<td>≥90%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Safer Surgery Checklist: Percentage of audited &quot;Sign In&quot; stage elements compliant with requirements</td>
<td>≥90%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Safer Surgery Checklist: Percentage of audited &quot;Time Out&quot; stage elements compliant with requirements</td>
<td>≥90%</td>
<td>98.9%</td>
</tr>
<tr>
<td>Safer Surgery Checklist: Percentage of audited &quot;Sign Out&quot; stage elements compliant with requirements</td>
<td>≥90%</td>
<td>98.2%</td>
</tr>
<tr>
<td>Safer Surgery Checklist: Percentage of audited &quot;Team Debrief&quot; stage elements compliant with requirements</td>
<td>≥90%</td>
<td>96.7%</td>
</tr>
</tbody>
</table>

Theatre cancellation rate included both medical and non-medical cancellations. For the next financial year (2018-19), the target for the Safer Surgery Checklist will increase to 95% in line with CQUIN expectations.

**4.2.3 Commercial divisions and overseas developments**

**Moorfields Private**
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. In addition, the Francis Cumberlege Wing is a 12-bedded ward with en-suite facilities and a 7-bay Club Lounge for patients having routine day case procedures with mild sedation. There are 3 refractive laser rooms and access to the suite of 8 theatres. Moorfields Private also has private consulting rooms at Upper Wimpole Street in London’s West End and private patients are also seen at Moorfields Eye Hospital Services in Bedford and Purley. Children are seen in the Richard Desmond Children’s Eye Centre on the City Road site.

In 2017/18, Moorfields Private saw more than 35,000 outpatients and admitted approximately 5,500 patients for surgical procedures making a considerable financial surplus which is invested back into the trust for the benefit of its NHS services.

Following Board approval in May 2017, the Moorfields Private team commenced a major £4 million capital investment project to create additional theatre space and also to expand and improve the admission facilities on the Francis Cumberlege Wing, funded from its financial surplus. The additional theatre space will be fully operational in April 2018, providing increased operating sessions for private patients, in addition to those available to the trust’s NHS patients.

In December 2017 a new catering service was introduced with a dedicated kitchen facility created on Francis Cumberlege Wing with experienced room service staff serving choices from a comprehensive new menu.

During 2018/19 Moorfields Private will continue to grow its share of the private ophthalmology and refractive laser markets through its plans to expand services out into the wider Moorfields network across the Greater London Area. It will also continue to develop its plans to attract self-paying or sponsored patients wishing to travel from overseas for treatment, focusing on opportunities in China, Russia and India whilst continuing to work closely with colleagues in Moorfields Dubai and Abu Dhabi on initiatives to increase caseload from Middle East countries wanting to arrange for treatment of their nationals at Moorfields in London.

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 a 10% increase in new patient enquiries and an 8% increase in conversions to outpatient appointments from those enquiries on the previous year. The delivery of the strategy will be supported by the newly appointed Referrer Engagement team who will work to drive increased referrals from UK referring practitioners and overseas embassies and corporate sponsors.

**Moorfields Eye Hospital Dubai**

2017/18 has been a great year for Moorfields Eye Hospital Dubai. The year saw the consolidation of our 10th year of operations in Dubai and the completion of 1 year of operations in Moorfields Eye Hospital Centre in Abu Dhabi, where 20% of the Dubai facility patient base resides. Despite this, Moorfields Eye Hospital Dubai has seen around 160,000 patients and performed over 13,000 surgeries in the last 10 years of our operations in the UAE.

In November 2017, Moorfields Eye Hospital Dubai completed its 1st year of the provision of paediatric ophthalmology services at the Al Jalila Children’s Specialty Hospital, the UAE’s first dedicated paediatric hospital. We have seen over 8,000 paediatric patients in Al Jalila Children’s. Moorfields Eye Hospital Dubai is working with the Dubai Medical College to provide undergraduate training in ophthalmology, with a General Medical Council accredited curriculum. We are 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 postgraduate programmes in ophthalmology.

The healthcare market in the UAE continues to be very dynamic. In 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, and added mass media and advertising to maintain and further grow our name.

Moorfields Eye Hospital Dubai employs more than 60 staff, with a significant increase in the number of consultants, especially visiting consultants that are clinical leads in London, such as Mr Mark Wilkins, Dr Yassir Abu Rayyah, Dr Mandeep Sagoo, and for the first time, Dr Mariya Moosajee, further complementing our service portfolio in the Middle East and reflecting the close links with London.

**Moorfields Eye Hospital Centre, Abu Dhabi**

Moorfields Eye Hospital Centre officially opened in April 2016 at Abu Dhabi Marina Village. It is the first Moorfields medical facility to open with a partner and the second in the UAE, following the opening of Moorfields Eye Hospital Dubai in 2007.

This facility is fully equipped with the most modern equipment and clinically managed by Moorfields consultants. It 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 22,000 patients and performed over 700 surgical procedures.

**4.2.4 Research & development**

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 1 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 2017/18, Moorfields supported 135 active projects, recruiting over 3500 patients to clinical studies, and the UCL Institute of Ophthalmology had 311 active research grants. Together, Moorfields and the UCL Institute of Ophthalmology published over 600 research papers in 2017/18.

Our five-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
- leading some of the largest world-leading partnerships with other institutions and with industry, to bring 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 have 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
• development, ageing and disease.

National Institute for Health Research (NIHR) Biomedical Research Centre (BRC)

Our BRC is a partnership award 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 pharmaceutics and novel surgical devices, visual assessment and imaging, genotyping and inflammation.

On 1st April 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
• activities and networks that involve patients in working with researchers to determine the drivers and priorities of specific research projects.

Examples of such work include events where informal discussions and presentations take place for large numbers of people, and small focus group discussions (between patients, researchers and facilitators) to consider very detailed information about research projects. The information we obtain from these events is informing the way in which we conduct new research at Moorfields.

Our BRC supports the applied clinical trials unit investigating vision and eyes, which works with other clinical trials units (CTUs) to increase clinical trial activity in ophthalmology by ensuring that clinical trials throughout the country are carried out safely and to a high scientific standard.

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. On 1st April 2017, Moorfields CRF began a new five year, £5.3 million, award term. The CRF complements the predominantly academic focus of CTUs and enables us to accelerate the transfer of breakthroughs in experimental medicine into treatment trials to benefit patients with eye diseases.

UCL Partners

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’ Director of research and development, Professor Sir Peng Tee Khaw is the programme director for the AHSC eyes and vision programme. This programme will drive forward translational research programmes, targeting the blinding diseases that pose the greatest burden to patients and society, and increase 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

Research activity in 2017/18

There were a number of significant and exciting research developments at Moorfields in 2017/18. 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 research outcomes could revolutionise the way professionals carry out eye tests and lead to earlier detection of common eye diseases. Our collaboration with DeepMind is investigating how artificial intelligence technology could help to rapidly analyse eye scans, giving clinicians a better understanding of eye disease progression and treatment outcomes. The project involves Moorfields and DeepMind analysing a set of over one million anonymised eye scans from Moorfields patients. DeepMind has invested in a significant infrastructure to support the research programme, underpinning their commitment to the partnership with Moorfields Eye Hospital.

Moorfields is currently one of the top performing sites nationally for the 100,000 Genome Project recruiting around 25 patients to the study per week throughout 2017 and we are currently on track to meet the contracted target to the study. The Moorfields team have recruited over 2,200 individuals to the study to date (across over 1,030 families).

Following on from the first retinal gene therapy in man, Moorfields has continued to support MeiraGTx gene therapy clinical trials throughout 2017. We have increased our support to five currently active gene therapy studies. 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 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. MeiraGTx is formerly Athena Vision; a UK-incorporated spinout company from Moorfields and the UCL Institute of Ophthalmology.

In 2017, Professor Sobha Sivaprasad secured a £6.3m grant from the Medical Research Council UK, Global Challenges Research Fund Competition to carry out a strategic programme project titled: “Increasing eye research capacity and capabilities to tackle the burden of diabetes related blindness in India: a research-based UK-India Collaboration”. This was one of only two disease programmes of the 37 high impact programmes awarded.

The Innovative Medicines Initiative (IMI) has approved the 5-year project MACUSTAR focusing on the development of novel clinical endpoints for intermediate age related macular degeneration (iAMD) for future clinical trials. MACUSTAR is the first exclusively ophthalmological project of IMI 2 and has a total research budget of 16 million euros and will be co-led by Moorfields consultant Adnan Tufail.

4.2.5 Education, training and teaching

Education strategy

Our education strategy sets out the education landscape in ophthalmology and our plans to deliver the best education to all our staff, which is a key theme of our overall strategy. We work closely with our university partner, the UCL Institute of Ophthalmology and have appointed a joint director of education will bring our strategic partnership ever-closer, and support the achievement of our objectives.

The education strategy builds on themes including:

- Leadership and operational excellence – using the opportunities presented by Moorfields' unique position and reputation to shape eye education both now and in the future, driving multi-professional learning, improving access and improving quality.
- Sustainability – through developing our understanding of our existing and potential customers and their current and future needs, and enhancing the profile and reputation of education offered at Moorfields by meeting the needs of key learner populations.
- Product innovation – strengthening and growing Moorfields' education offer by optimising the learning on offer for all staff groups, and developing digital learning.
- Strategic partnership – with partners at the UCL Institute of Ophthalmology and UCL.

Medical Education
Junior doctors rotating through the North Thames education programme spend 2-3 years at Moorfields. We are the lead provider for the north London programme with approximately 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 for national and international fellows. Our fellowship programme has approximately 100 fellows, including clinical leadership fellows and excluding trainee fellows and honoraries. Many go on to positions at world-respected institutions.

As well as on the job training Moorfields has a weekly programme offering both large group teaching and small less formal tutorial teaching covering every subspecialty.

Moorfields also runs the junior ophthalmologist simulation training programme for the whole of London and also provides 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. Funding has been allocated to restore the wet lab and microscopes that were lost 3 years ago and for improving video display and recording in theatres across the trust.

As part of the move of the education centre from the second floor at City Road to Ebenezer Street there has been a major refurbishment of the lecture theatre (including audiovisual support for teleconferencing) and more space has been allocated for small group teaching.

The GMC survey results for Moorfields Eye Hospital 2017 were satisfactory overall, although the results for Croydon were were less positive with several red flags (below average). Following this the local clinicians and management put a lot of work into improving the training to dramatic effect - A Deanery inspection of Croydon last October was exceedingly positive about training at Croydon.

There is an increasing focus across the NHS on improving the morale of junior doctors. The trust has sought to do this by actively engaging trainees in trust management, reviewing their work schedules to optimise work/life balance and training its consultants in effective feedback so that trainees feel supported and valued.

Nurse Education

In March 2018 the refreshed nursing strategy was launched, built on the original strategy from 2013 and the Nursing workforce project 2016. The strategy was implemented in consultation with nurses through workshops, presentations and questionnaires. The 5 year strategy 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.

In 2017/18, we have continued to support enhanced roles for our nursing staff, enabling them to develop their expertise. Five nurse practitioners have commenced their independent prescribing qualification this will enable them to manage patients autonomously, which allows medical staff to concentrate on more complex cases. To this end, we now have XX nurses who are qualified to deliver our intravitreal injection service and others who can perform corneal collagen cross-linking (CXL) for treating the corneal condition keratoconus or who have been trained to review stable glaucoma patients and post-operative cataract patients.

We have also supported 5 nurses to commence their Advanced Nurse Practitioner course which will equip these nurses with the skills to practice at a more advance level working autonomously and be able to manage their own caseload of patients.

The postgraduate certificate in clinical ophthalmic practice, a Moorfields and UCL collaboration, is now in its fourth year with 40 learners working towards the qualification.
The City & Guilds accreditation for the ophthalmic care certificate is now in its second year and we have successfully recruited external students to the programme. It is designed to educate healthcare assistants and technicians in ophthalmic practice. The course will offer a formal qualification to this staff group.

The nurses new to ophthalmology, is still being offered to all nurses who are new to ophthalmic care. The programme is delivered over five days and offers theoretical and practical teaching for registered nurses. There are 4 extra support days offered throughout the year. A shortened course is also delivered to non-registered staff. This course also incorporates the care certificate, a skills assessment of basic care undertaken by support staff who are new to health care.

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.

An E book is currently being developed with a range of chapters being ready to release at the end of May early June, this will provide up to date knowledge for all ophthalmic nurses. Throughout the next 12 months further chapters will be added as they are developed.

Optometry education

The education team in the optometry department is responsible for delivering education both internally and to external optometrists. This year has seen some exciting developments in both areas incorporating different aspects of the trust's education strategy.

The team delivers morning teaching at City Road on a weekly basis, currently to 150 optometrists. This includes a one-hour lecture where attendance draws General Optical Council continuing education training points. In 2015/16 we introduced recorded teaching sessions on Insight, the trust’s e-learning platform so that all staff can benefit from teaching, whichever site they work from. We are developing formal training packages to prepare staff for new clinics, and looking into e-commerce to make aspects of this available to external optometrists and linked to continuing education training points.

In 2015/16 we formalised a comprehensive training package for our residents. The resident programme is a highly sought-after two-year post offering optometrists the opportunity to work in an extended role with a superb training package and opportunities to represent the department at conferences. This forges relationships and enhances our reputation within the profession.

The optometry education team organise a range of continuing education training courses open to external optometrists worldwide which attract revenue and help to train our staff. These courses receive excellent feedback from external optometrists (a score of 97 out of 100 on the General Optical Council’s website).

Moorfields’ optometry education and UCL Institute of Ophthalmology joined forces to deliver the advanced clinical optometry suite of qualifications. The project was approved at the start of 2015 for five years. The aim is to set up three PGCerts in glaucoma, medical retina and medical contact lenses which can then be built up to an MSc. The curricula are set and the courses are nationally accredited by the College of Optometrists. The MSc in Advanced Clinical Optometry and Ophthalmology was approved in early 2018 to start from September 2018.

The year saw the implementation and delivery of the fourth cohort of the first module in glaucoma level 2 with 24 students from around the country. The year also saw the launch of Glaucoma levels 1 and 3, Medical Contact Lenses level 1 and Medical Retina Level 1 with a total of 120 students enrolling in
these individual modules in the financial year. The worldwide reputation of both institutions puts us in a unique position to attract students and we are working towards a marketing drive aimed at potential students across the country and beyond.

The different levels of the qualification underpins the training required for optometrists and non-medical professionals in all areas of the profession (multiple opticians, independent optometry practices and hospital-based optometrists) to refine referrals, take part in shared care schemes, work in independent optometrist-led clinics and work independently within consultant-led clinics.

With these qualifications, the trust can improve services and patient care. This can be done through transformation projects where patients are stratified and seen by optometrists in dedicated optometrist-led clinics. This has been demonstrated with the launch of the new Moorfields Cayton Street Clinics. The glaucoma clinics are run and staffed by optometrists who independently manage low risk and stable glaucoma patients. Principal Optometrists in this clinic have been trained up to Glaucoma level 2. In addition, we have set up glaucoma practical training clinics which run in the evening where optometrists doing their qualifications can receive one to one supervision whilst seeing patients in clinic providing robust practical experience as well.

Orthoptist Education

Undergraduate orthoptic students

The orthoptic department continued to provide clinical placements for undergraduate orthoptic students from Sheffield and Liverpool universities. Students spend one to four weeks in the department under the direct supervision of a clinical tutor. Last year we had a total of 18 orthoptic students from the two universities.

We had one undergraduate orthoptic student from Melbourne, Australia, on a clinical placement for a period of five weeks. This is as a result of a long-term relationship with the La Trobe University in Melbourne. We have extended the Australian connection by taking two students for a period of four weeks from University Technology Sydney.

In addition to the Australian orthoptic students, we will be taking our first orthoptic student from Saskatoon Health Region Orthoptic Program for their 2 week placement in August 2018.

The department offers a wide range of observerships to school leavers hoping to take up a career in Orthoptics, nurses from the MSc course or those taking the PGCert in ophthalmic nursing and ophthalmologists.

Other ophthalmic professionals

Teachers from the department continue to provide lectures, examination and clinical teaching for the binocular vision course at City University.

The department provided a full day teaching session concentrating on the clinical examination technique for doctors preparing for the FRCOphth part 2 examinations.

In conjunction with the British and Irish Orthoptic Society, tutors from the department delivered a two-day course for qualified orthoptists to become clinical tutors.

Pharmacy Education

Postgraduate training to junior pharmacists is provided through the distance learning diploma in pharmacy practice (Queen’s University Belfast). This provides underpinning clinical pharmacy training. In future, pharmacy will be reviewing the option to have this provided through the joint programme board. Furthermore, the junior pharmacist training programme is being reviewed. The revised training programme will be designed to provide ophthalmic pharmacy training to supplement the core training provided via the diploma and so support the creation of clinic based pharmacists. Clinic-based pharmacists can provide pharmacy support directly to the clinics to improve patient care and experience.
A Pre-registration Trainee Pharmacist Programme is delivered at Moorfields under the framework of Health Education England. We offer 4 placements. The programme lead hosts regular faculty group meetings and we have achieved a 100% pass rate for our trainees.

Pharmacy technicians are offered CPDs identified via their personal development plan which may include, the accredited checking technician course and the accredited medicines management technician training. The CPDs are in line with the Pharmacy departmental strategy to move to technician-led dispensaries and so support the clinic based pharmacist initiative. As part of the pharmacy strategy, non-medical prescribing pharmacists will be developed to support extended roles for clinic-based pharmacists. A non-medical prescribing pharmacist trained this year to support future initiatives within the uveitis service.

Pharmacy assistants have been provided with training to enable them to register as pharmacy technicians. This supports recruitment and succession planning. Apprenticeships are currently offered for new pharmacy assistant if a vacancy arises and the department is looking at reviving the pharmacy student technician programme which is partly funded by Health Education England.

Lead and specialist pharmacists (band 7s and 8s) are offered opportunities via external training in order to support them in their roles, for example in leadership, procurement, system management and ocular oncology. Some have previously participated in the Mary Seacole programme.

The department strategy is 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). In October 2017, the #knowyourdrops team has launched and delivered for the first time in the UK ophthalmic medicine compliance workshops to fourth year undergraduate students at UCL School of Pharmacy, training tomorrow’s pharmacists. Currently, the #KYD team offers external training and together with L&D, we are currently marketing day–release training courses which are available for external healthcare professionals to book and attend.

The department also hosts summer placements for undergraduate students. Last year we hosted students from various universities in the UK. Students participated in audit and research projects in ophthalmology, and medicines management initiatives under the supervision of a pharmacist.

Graduate trainees
We have increased 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. A recent graduate has been involved in marketing our training programmes that we sell globally resulting in increased student numbers with an increase in profit which goes back into the NHS to benefit our patients.

Apprenticeships
Our dedicated apprentice manager joined us in December 2016 and we have increased the numbers of apprentices in new work areas. There are currently 45 apprentices and two who have graduated or completed. Of those who have completed, one has gone on to be appointed to a role within the trust and the other has stayed within the NHS but at a different. We identified almost 30 pathways as possible development areas, with strong interest from managers. Ten of these are now live programmes. Many of the initiatives will result in increasing our opportunities for new ways of working, and continue to support the increase in the number of apprenticeships. A key initiative is the management apprenticeship programme for existing staff and new hires which has resulted in six newly employed apprentices studying for their degree and working together for the benefit of the operational units they support and two existing staff members developing their skills through the programme. More existing staff are expected to start level 3 and 5 leadership apprenticeships in March and April 2018.

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 for the relevant teams. This work is ongoing and will continue with relevant development for the teams and their people.

On-boarding of our new managers and leaders has been a focus this year with a management development programme for new hires and internal promotes which is proving to be highly successful in equipping our managers for their new roles.

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 our managers and leaders, resulting in requests from other organisations to join our local programme.

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, team development or training and developing others is increasing.

4.2.6 Financial report

Whilst 2017/18 saw unprecedented financial challenges across the NHS, we responded to this achieving an exceptional financial performance of a £8.1 million surplus before impairments. This included additional income from the NHS Improvement Sustainability and Transformation Fund of £5.5 million. After one-off impairment charges related to revaluation of our estates of £2.4 million, the net surplus for the year was £5.7 million.

Review of 2017/18

Statement of comprehensive income
Income for the year was £221.9 million (2016/17: £222.0 million) on a headline basis and £216.4 million on an underlying basis when the impact of NHS Improvement Sustainability and Transformation Fund is treated as non-recurrent.

An external valuation of the estate led to an impairment of £2.4 million reducing our reporting surplus to £5.7 million. Further adjustments related to revaluations of previous gains on the estate of £2.2 million and an exchange rate loss of £0.5 million producing a total comprehensive surplus for the year of £7.5 million (2016/17: £1.8 million).

Income and expenditure

<table>
<thead>
<tr>
<th>All figures in £’million</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS income</td>
<td>165.3</td>
<td>163.9</td>
</tr>
<tr>
<td>Private patient income</td>
<td>27.2</td>
<td>26.8</td>
</tr>
<tr>
<td>Total income from activities</td>
<td>192.5</td>
<td>190.7</td>
</tr>
<tr>
<td>NHS Improvement Sustainability and Transformation Fund</td>
<td>6.4</td>
<td>6.7</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Other operating income</td>
<td>23.0</td>
<td>24.6</td>
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<tr>
<td><strong>Total other operating income</strong></td>
<td><strong>29.4</strong></td>
<td><strong>31.3</strong></td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>221.9</strong></td>
<td><strong>222.0</strong></td>
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**Expenses**

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<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2016/17</th>
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<tbody>
<tr>
<td>Pay costs</td>
<td>116.7</td>
<td>113.0</td>
</tr>
<tr>
<td>Non-pay costs</td>
<td>86.4</td>
<td>85.2</td>
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<tr>
<td>Depreciation and amortisation</td>
<td>8.9</td>
<td>8.1</td>
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<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>212.0</strong></td>
<td><strong>206.3</strong></td>
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**Operating surplus excluding impairments**

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<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2016/17</th>
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</thead>
<tbody>
<tr>
<td>Interest and dividends</td>
<td>(1.5)</td>
<td>(2.0)</td>
</tr>
<tr>
<td>Other one-off costs related to joint ventures and disposal of assets</td>
<td>(0.2)</td>
<td>(0.9)</td>
</tr>
<tr>
<td><strong>Surplus for the year</strong></td>
<td><strong>8.2</strong></td>
<td><strong>12.8</strong></td>
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</tbody>
</table>

NHS clinical income is paid for at prices generally set by the Department of Health (DH). Although prices fell compared with the previous year, reflecting the Government’s requirement for increased NHS efficiency, activity growth outweighed price deflation resulting in our income from NHS activities continuing to grow, increasing by £1.4 million (0.9%) to £165.3 million (2016/17: £163.9 million).

Income from our private and overseas patient activities in London and United Arab Emirates increased during the year by £0.4 million (1.5%) to £27.2 million (2016/17: £26.8 million).

Other operating income including research and development, education and training, charitable income and other income and settlements decreased to £23.0 million (2016/17: £24.6 million).

Operating expenditure excluding impairments increased in year by £5.7 million (2.8%) to £212.0 million (2016/17: £206.3 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 £3.7 million (3.3%) to £116.7 million (2016/17: £113.0 million), due mainly to inflation and growth in staff delivering additional activity and income. Non-pay costs increased by £1.2 million (1.8%) to £86.4 million (2016/17: £85.2 million), which is largely due to increased drugs costs as a result of higher activity levels.

**Statement of financial position**

Total assets have increased by £7.7 million to £77.5 million as at 31 March 2018 (2016/17: £69.8 million). Non-current assets increased by £0.5 million to £88.9 million (2016/17: £88.4 million).

Current assets increased by £2.2 million to £69.5 million (2016/17: £67.2 million) driven by an increase in cash reserves.
Current liabilities decreased by £3.9 million to £41.7 million (2016/17: £45.6 million) due to reduction in the level of NHS and other payables. Non-current liabilities reduced by £1.0 million to £39.2 million (2016/17: £40.3 million) as a result of loan repayments made during the financial year.

Taxpayers’ equity increased by £7.7 million during the year. This was due to the reported surplus of £5.7 million offset by changes in the revaluation reserve and other equity reserve.

Statement of cash flows
The trust generated a net cash surplus of £15.5 million from operations in 2017/18. The net cash surplus from operations was principally used to internally fund capital expenditure £9.9 million (2016/17: £11.3 million) and loan, interest and public dividend capital (PDC) payments £3.1 million (2016/17: £3.8 million).

The trust ended the year with an improved level of cash, £42.5 million (2016/17 £39.0 million) an increase of £3.5 million.

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

Commissioning arrangements
The trust undertook £156.3 million of contracted clinical activity in 2017/18 for commissioners from across the UK. Of this, £133.2 million relates to our contracts with 80 clinical commissioning groups (CCGs), a further £17.9 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.

4.2.7 Charitable Support

Moorfields Eye Charity
Philanthropy has played an important role throughout Moorfields’ history since its foundation in 1805. Moorfields Eye Charity (charity number 1140679) is an independent charity affiliated to support Moorfields Eye Hospital Foundation Trust by providing financial support through grant-making for: new equipment, pioneering research, training of current and future healthcare professionals, development of Moorfields’ staff to ensure the care they provide is outstanding, public education about eye health, 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 its research partner, UCL. This is underpinned by the launch of the charity’s first six year strategy ‘people’s sight matters’ complementing Moorfields Eye Hospital’s ‘our vision of excellence’ strategy.

Moorfields Eye Charity gains support from a variety of sources including donations from patients and their families, charitable trusts, companies and philanthropists. Event fundraising, collections and other activities also make an important contribution. Together these donations help to ensure that Moorfields Eye Hospital remains at the forefront of ophthalmic treatment, research and education.

Grant making activities by Moorfields Eye Charity in 2017-18
Working with Moorfields and the UCL Institute of Ophthalmology, we reviewed our grant making programmes and introduced a refocusing support to underpin and enhance new and evolving research and support those who undertake it. The springboard awards provide funding for researchers to develop novel ideas and generate compelling data to enable the work to take the next step forward in development. Two new awards were made in 2017-18 under this scheme:

- Dr Franzika Bucher, a researcher and ophthalmologist, is investigating the damaging effect of blood vessels that grow into the central cornea and the simultaneous loss of nerve fibres which can both ultimately lead to blindness.
- Drs Maryse Bailly and Annegrret Dahlmann-noor are looking at the growing level of short-sightedness in children and teenagers and how the sclera, or white coat of the eye, becomes softer and stretchable. The resulting lengthening of the eyeball can’t be reversed and it is not well understood why this happens. The research team, working across the hospital and UCL Institute of Ophthalmology, will look at experimental models to study this in greater depth.

Moorfields Eye Charity also expanded its support of individuals by adding career development awards and PhD fellowships for medical, nursing and allied health graduates to our portfolio. The investment in the next generation of vision researchers is critical for the future. 2017-18 saw the first career development award being granted.

- Dr Alice Davidson’s research programme is focused on the cornea, the transparent tissue at the front of the eye. She and her team are particularly interested in the corneal endothelial cells which are the found in the inner most part of the cornea and which perform a pump-like mechanism removing water from the outer layers. This pump is important because if left to accumulate, the water causes corneal swelling and clouding which can lead to loss of vision and/or blindness.

The charity also continues to support a wide range of activities and some from 2017-18 are highlighted here:

- Annual medical alumni day
- Nursing conference
- Staff benevolent fund
- PhD studentships
- Patient welfare support
- Research travel grants
- Equipment purchase

Friends of Moorfields

‘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 completely reliant on funding from public donations and membership income. It 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 620 volunteer hours each week. More than 150 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
- accompanying patients around the hospital to their appointments
- befriending and supporting patients in the clinics 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 Corvis ST Pentacam for Richard Desmond Children’s Eye Centre. This will be used to measure and monitor cornea defects in Children and Young People seen at RDCEC, and help consultants make decisions about suitable treatment.
- A patient pager system at City Road and St Ann’s which will allow patients waiting for long periods in clinics to leave their seats for a drink or comfort break, as they will be alerted by a buzzer when they are due to be called.
- 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.

Most recently, Friends of Moorfields have taken a more 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 or email friends@moorfields.nhs.uk or call 020 7251 1240.

4.2.8 Equality, diversity and inclusion

Moorfields’ aspiration for equality, diversity and inclusion is a culture which supports staff in realising their own potential whilst 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. Our harassment and bullying policy sets out our zero tolerance approach and we are firmly committed to eradicating this behaviour. A new pathway approach to challenging harassment and bullying has been developed and is being rolled out across the organisation. This 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 is now a network for BAME 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 2017 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. Information is also available on the website about our WRES (workforce race equality standards) and compliance with EDS2 (equality delivery system).

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 we are committed to:
• Broadening our reach to voluntary partners to gain different perspectives.

4.2.9 IT improvements

During 2017/18 we commenced the project to implement the new electronic medical (patient) records system that we had procured from Hicom Technology Ltd. This programme, to enhance and upgrade OpenEyes, our ophthalmic electronic medical record, and provide additional generic electronic records functionality, is progressing and is expected to go live in 2018/19.

We have continued to review the informatics and research informatics strategies, setting a five-year roadmap for future digital informatics, and prioritised this based on input from throughout the Trust. We have continued to improve our information reporting service to providing extensive integrated reporting in 2017/18. Moorfields continues to engage with the national genomics research project ‘100,000 Genomes’ and we are supporting the delivery of various aspects of this programme at the national pace. We implemented and upgraded several key systems including:

• An upgrade with improved functionality to support A&E
• Hybrid mail to improve functionality and recognise cost savings
• We have been a pilot site for the new Health and Social Care network links that have replaced the previous secure N3 links
• Improved video conferencing suites with a capability of doing these from the desktop

It is essential that our computer systems and software can communicate and share data. We have improved our integration system to work across the whole organisation and have identified future enhancements to improve this further. We have continued to refresh our infrastructure technology, delivering upgrades to our core server infrastructure, desktops and laptops. Finally we have supported several moves and changes to clinics designed to improve efficient use of the Trust resources.

4.2.10 Improved facilities

We have undertaken a number of projects in 2017/18 to improve the environment in which we see and treat our patients. Following the successful completion of the Moorfields Private Outpatients Centre in early 2017, a plan was approved to improve the facilities for in-patients within the Moorfields Private Admissions Suite. Part of this scheme included the provision of a new Observation Ward located on the 2nd floor and 2 new Theatres within the existing theatre complex on the 1st floor. The main works on the 4th floor commence February 2018 with an expected completion of Christmas 2018.

A new facility, the Cayton Street Clinic, opened its doors in October 2017, providing a new Virtual Clinic environment alongside extra capacity for existing outpatient clinics and expanding the urgent care service for patients who have presented in A&E.

We created new space within the Children’s Centre by filling in the atrium space, which had the added benefit of reducing noise across the floors.

Moorfields at St Georges University Hospital (SGUH) received a minor refurbishment in its outpatient’s clinic to improve the patient diagnostic pathway whilst work started on a major refurbishment of the Duke Elder Ward surgical space. This is due to be completed in June 2018 and will further enhance our patient and staff environment at SGUH.

As reported last year, Kemp House continues to help us address the space pressures resulting from increasing clinical activity and aids our commitment to meeting Lord Carter’s recommendations. Key non-patient facing services have been transferred into here including Finance and IT, further helping to minimise non-clinical space within our main hospital.
Our ongoing commitment to improve patient and staff safety and the environment via our backlog maintenance schemes has included the following:

- Roofing and external fabric repairs
- Lift refurbishment works
- Telephony, CCTV and security enhancements
- Heating ventilation and cooling systems upgrades
- General and emergency lighting upgrades
- Accessibility improvements including wayfinding and dementia friendly solutions.

4.2.11 Sustainability report

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 the communities we serve. 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.

Policies

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) as the framework that we will use to measure our impact on our sustainability obligations. This is aligned against the UN Sustainable Development Goals to help measure how well our activities support sustainability both inside and outside the organisation.

Performance

Carbon

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 26% when comparing 2013/14 and 2016/17. This puts Moorfields Eye Hospital well on target to achieve the NHS carbon reduction objective.
**Water**
Details of our water consumption can be found below:

<table>
<thead>
<tr>
<th></th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
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</thead>
<tbody>
<tr>
<td>Mains</td>
<td>206,223</td>
<td>26,273</td>
<td>65,129</td>
<td>60,549</td>
<td>60,590</td>
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<tr>
<td>Water and sewage spend</td>
<td>£31,539</td>
<td>£47,026</td>
<td>£137,299</td>
<td>£137,559</td>
<td>£99,372</td>
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</table>

**Data notes**
1. In the absence of published 2018 figures, 2017 DEFRA carbon emissions factors have been used for 2018 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
5. Accountability report

5.1 Directors’ report

Moorfields Eye Hospital NHS Foundation Trust is authorised to operate as a public benefit corporation under the National Health Service Act 2006. The trust is led by the board of directors, which is accountable (via the chair and non-executive directors) to the membership council. 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 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. The board recognises that this represents a departure from the provision of the foundation trust code of governance in relation to at least half the board, excluding the chairperson, comprising independent non-executive directors. However the board recognises if a situation arises where the independence of the university representative might come into conflict with the matter being discussed then that potential conflict would be managed in line with Moorfields’ constitution and good practice for addressing conflicts of interest.

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 of directors.

All board meetings are held in public. The board also holds a confidential meeting as required. 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 2018, 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 – 15.03.19)
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) (3 years – 21.04.19)
Steven Davies – Chief Financial Officer and Deputy Chief Executive (M)
Declan Flanagan – 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) from 1 April 2017 – 31 October 2017
Adam Dunlop – Acting Chief Information Officer (M) from 3 November 2017*
Ian Tombleson – Director of Quality & Patient Safety (M)
Helen Rushworth – Interim Director of HR (F) **
Mariano Gonzalez – Commercial Director (M)***

*Acting for Elisa Steele, Chief Information Officer (on six-month sabbatical)
**Sally Storey, Director of HR, left the trust on 1 September 2017
Left the organisation on 31 January 2018
## 2017/18 Attendance record – Board of Directors

<table>
<thead>
<tr>
<th>Name</th>
<th>May 17</th>
<th>June 17</th>
<th>July 17</th>
<th>Sep 17</th>
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<tbody>
<tr>
<td>Tessa Green</td>
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Full profiles of all board members can be found at the following link: [https://www.moorfields.nhs.uk/content/trust-board](https://www.moorfields.nhs.uk/content/trust-board)
5.1.1 Register of interests for the board of directors

The register of interests of individual directors is available to the public on request and also via the trust website via https://www.moorfields.nhs.uk/content/trust-board. 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.

5.1.2 Statutory committees of the board

Audit and risk committee

The board is required to maintain a sound system of internal controls to safeguard its NHS clinical services, assets, and non-NHS commercial services and investments.

The audit and risk committee is an independent source for the review, monitoring and reporting to the board about the trust’s attainment of effective governance, control systems and financial reporting processes. In particular the committee’s work focuses on the framework for mitigating financial management and financial reporting risks, internal controls and related assurances that underpin the delivery of the trust’s corporate strategy.

The audit committee seeks to satisfy itself that the board is sufficiently informed to enable it to adequately complete regular and robust reviews of the board assurance framework and evaluate the effectiveness with which critical business risks are addressed. Where the trust’s board assurance framework is available, the committee uses it to support its work.

The audit committee provides assurance to the board about the adequacy and effectiveness of the trust’s systems of internal control, its arrangements for governance processes, service quality and trust economy, efficiency and effectiveness (value for money). The committee also offers recommendations to the board for 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 offers recommendations to the board for 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 and performance reports of management and other evidenced assurances from management.

The audit and risk committee provides written interim activity reports and an annual report to the board. These reports comply with the additional requirements from the foundation trust code of governance and 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, director of quality and safety, the internal auditors, the local counter-fraud specialist, the external auditors and others as required. The chief executive is invited to attend the committee annually.

During 2017/18, the audit committee met as follows:
<table>
<thead>
<tr>
<th>Members/dates</th>
<th>22/05/17</th>
<th>12/10/17</th>
<th>23/01/18</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Hardie (chair)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>Ros Given-Wilson</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>David Hills</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Significant issues considered by the audit committee**

The audit committee work plan covers a wide range of issues. The members received reports during 2017/18 from a number of sources. Key areas and issues that were considered include consultant job planning, management of commercial services, RTT, the Information Governance toolkit, cost improvement plans and business cases. The audit committee received expert advice as required for consideration of management assurances relating to these issues.

**Internal audit**

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 at audit committee meetings. 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 appropriate, timely recommendations for the board to assess and seek adequate assurance from executive management as necessary.

**External audit**

Moorfields’ external auditor is Deloitte LLP. The type of services and costs are detailed below:

<table>
<thead>
<tr>
<th></th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>£000</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statutory audit</td>
<td>94</td>
<td>90</td>
</tr>
<tr>
<td>Other non-audit services</td>
<td>45</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>139</td>
<td>103</td>
</tr>
</tbody>
</table>

In accordance with the signed engagement letter the trust agrees that the relationship is solely with Deloitte as the entity contracting with the trust to provide the services. Notwithstanding the fact that certain services under the contract may be carried out by personnel provided to Deloitte from other Deloitte parties through service or other agreements, the trust agree that none of the Deloitte parties (except Deloitte) will have any liability to the trust and that the trust will not bring any claim or proceedings of any nature (whether in contract, tort, breach of statutory duty or otherwise and
including, but not limited to, a claim for negligence) in any way in respect of or in connection with this contract against any of the Deloitte parties (except Deloitte) or any subcontractors that we may use to provide the services. The foregoing exclusion does not apply to any liability, claim or proceeding founded on an allegation of fraud or other liability that cannot be excluded under English law.

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

The audit 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 relate to:

- external audit
- other audit services, for example work which 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 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 committee to the membership council

Following completion of the work of the external auditors, the audit 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

A decision was made in 2017/18 to merge the remuneration committee and nominations committee of the board of directors.

The newly-formed 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. The chief executive and the director of human resources attend meetings of the remuneration and nominations committee in an advisory capacity. The committee’s decisions are informed by benchmarking information derived from published reward research, such as the IDS 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. Rigorous selection processes took place during 2017/18 to recruit a new medical director, director of workforce & organisational development, joint director of education (with UCL), director of estates, capital and major projects and medical director for UAE.

During 2017/18, the remuneration and nominations committee met as follows:

<table>
<thead>
<tr>
<th>Members / dates</th>
<th>29.06.17</th>
<th>07.09.17</th>
<th>29.03.18</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Accounting policies for pensions and other retirement benefits are set out in note 1.15. Details of the board of directors’ remuneration can be found in note 4.3, and details of employee costs can be found in note 5 in the annual accounts.

Performance evaluation

Executive directors undergo formal annual appraisals led by the chief executive which are considered further by the board’s remuneration committee. During 2017/18 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. As mentioned elsewhere in this annual report, we commissioned an externally conducted well-led governance review of the board, as required every three years by NHS Improvement.

The following non-statutory committees have also been established by the Board of Directors:

<table>
<thead>
<tr>
<th>Committee</th>
<th>Key Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy &amp; investment committee</strong></td>
<td></td>
</tr>
<tr>
<td>The purpose of the committee is to review, on behalf of the board, the following key areas;</td>
<td></td>
</tr>
<tr>
<td>• the development of strategic plans</td>
<td></td>
</tr>
<tr>
<td>• the development of the annual plan, which will include the translation of strategic plans into shorter term plans</td>
<td></td>
</tr>
<tr>
<td>• monitoring the implementation of strategic plans and the annual plan</td>
<td></td>
</tr>
<tr>
<td>• oversight of Project Oriel and other significant capital projects</td>
<td></td>
</tr>
<tr>
<td>• the development of business cases and investment proposals, including the approval of business cases within the limits set in SFIs</td>
<td></td>
</tr>
<tr>
<td>• oversight of the research activity carried out by and for the trust</td>
<td></td>
</tr>
<tr>
<td><strong>Quality &amp; Safety committee</strong></td>
<td></td>
</tr>
<tr>
<td>The purpose of the committee is to review, on behalf of the board, the following key areas;</td>
<td></td>
</tr>
<tr>
<td>• to provide oversight and board assurance around the quality and safety aspects of clinical services</td>
<td></td>
</tr>
<tr>
<td>• to provide assurance about legal compliance with health and safety and related legislation</td>
<td></td>
</tr>
<tr>
<td>• to steer the quality aspects of the trust’s strategy and quality improvement plan</td>
<td></td>
</tr>
<tr>
<td>• to oversee the development and implementation of the quality account</td>
<td></td>
</tr>
<tr>
<td><strong>People committee</strong></td>
<td></td>
</tr>
<tr>
<td>The purpose of the committee is to review, on behalf of the board, the following key areas;</td>
<td></td>
</tr>
<tr>
<td>• the recruitment, retention, management and development of the trust’s workforce</td>
<td></td>
</tr>
</tbody>
</table>
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 trusts budget

Capital investment and scrutiny committee (this is a subcommittee of the strategy & investment committee)

- The purpose of the committee is to provide advice and scrutiny to the trust board via the strategy and investment committee 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 non-executive and executive directors.

5.1.3 Membership report

Membership council
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 below 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 five times during 2017/18 to discuss a wide range of subjects, including the electronic medical record, patient participation, children and young people’s services, the network review, project oriel and the governor’s chosen quality account indicator. There was one extraordinary meeting at which attendance was not mandated.

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 the quality and safety committee, strategy and investment committee, annual accounts and annual report and the people committee. This provides governors with assurance that non-executive directors are effectively scrutinising the performance of the organisation in key areas.

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 2017/18

<table>
<thead>
<tr>
<th>Name and constituency</th>
<th>Apr 17</th>
<th>May 17</th>
<th>July 17</th>
<th>Sep 17</th>
<th>Nov 17</th>
<th>Jan 18</th>
<th>Subgroup representation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Governors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emily Brothers (SWL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Chair, MDG</td>
</tr>
<tr>
<td>Jane Bush (NCL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>MDG</td>
</tr>
<tr>
<td>Jane Colebourn (Beds &amp; Herts)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>MDG, RNC</td>
</tr>
<tr>
<td>Harry Davies (Beds &amp; Herts)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>GDG</td>
</tr>
<tr>
<td>Bernard Dolan (SWL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>PEF</td>
</tr>
<tr>
<td>Brenda Faulkner (Patient)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>GDG, RNC</td>
</tr>
<tr>
<td>Rob Jones (Patient)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Vice-chair Chair, RNC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chair, GDG</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chair, MDG</td>
</tr>
<tr>
<td>Allan MacCarthy (SEL)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>GDG</td>
</tr>
<tr>
<td>Simon Mansfield (NWL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>PEF</td>
</tr>
<tr>
<td>Paul Murphy (NCL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Lead governor GDG</td>
</tr>
<tr>
<td>Naga Subramanian (SEL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>RNC</td>
</tr>
<tr>
<td>Simon Tan (NEL &amp; Essex)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Jill Wakefield (Patient)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>RNC</td>
</tr>
<tr>
<td>Brian Watkins (NWL)</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
### Staff Governors

<table>
<thead>
<tr>
<th>Name</th>
<th>Present</th>
<th>Not present</th>
<th>Not in post</th>
<th>Extraordinary meeting</th>
<th>MDG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colin Carter (Staff: Satellites)</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Alex Edwards (Staff: City Road)</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Feyitimilehin Onafowokan (Staff: Satellites)</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Stacey Strong (Staff: City Road)</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

### Nominated Governors

<table>
<thead>
<tr>
<th>Name</th>
<th>Present</th>
<th>Not present</th>
<th>Not in post</th>
<th>Extraordinary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Broom, Vision UK</td>
<td>*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Rakhia Ismail, LB Islington</td>
<td>*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>John Lawrenson, City University</td>
<td>*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>David Shanks, UCL</td>
<td>*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Tricia Smikle, RNIB</td>
<td>*</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

### Key

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Present</td>
</tr>
<tr>
<td>*</td>
<td>Not present</td>
</tr>
<tr>
<td>*</td>
<td>Not in post</td>
</tr>
<tr>
<td>MDG</td>
<td>Membership development group</td>
</tr>
<tr>
<td>GDG</td>
<td>Governance development group</td>
</tr>
<tr>
<td>RNC</td>
<td>Remuneration &amp; nominations committee of the membership council</td>
</tr>
<tr>
<td>PEF</td>
<td>Patient experience forum</td>
</tr>
</tbody>
</table>
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, or they are otherwise notified.

**Committees of the membership council**
The council has one formal committee and two subgroups:

**Remuneration and nominations committee**
The remuneration committee and nominations committee for non-executive directors met once in 2017/18. 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 2017/18, the remuneration and nominations committee considered the reappointments of two non-executive directors, although a formal and rigorous interview process consisting only of governors was not considered as a requirement this year. The committee recommended the reappointment of one director for a second term of three years, and one director for an appointment of one year only. This is in line with the foundation trust code of governance which states that there must be exceptional reasons why reappointments should be made for those non-executive directors who have already served more than two three-year terms.

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 2017/18 this group has been particularly focused on improving governor induction and training, in order to better prepare governors in carrying out their duties.

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.

**Register of interests for the membership council**
The register of interests of individual governors on the membership council is available to the public on request. 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.

**Our membership**
This year, Moorfields has made the decision to better engage with its current members rather than continue to grow the membership. The trust has approximately 19,000 public members and over 2,000 staff members. The slight reduction from last year’s figure is due to a database cleansing project that ensured our information is up to date.

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 2017 during which governors spent time at our central London hospital in City Road gathering feedback from patients. Governors also visit sites throughout the year and feedback from the governors after these visits is passed to the patient experience committee as well as to the membership council 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 we collect feedback 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 25 July 2017 attracted more than 300 attendees.
The breakdown of our membership between constituencies is as follows:

<table>
<thead>
<tr>
<th>Constituency</th>
<th>Number of members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient constituency</td>
<td>13,024</td>
</tr>
<tr>
<td>Bedfordshire and Hertfordshire public constituency</td>
<td>414</td>
</tr>
<tr>
<td>North central London public constituency</td>
<td>1,172</td>
</tr>
<tr>
<td>North east London and Essex public constituency</td>
<td>1,661</td>
</tr>
<tr>
<td>North west London public constituency</td>
<td>1,965</td>
</tr>
<tr>
<td>South east London public constituency</td>
<td>408</td>
</tr>
<tr>
<td>South west London public constituency</td>
<td>601</td>
</tr>
<tr>
<td>Staff constituencies</td>
<td>2,120 (approx.)*</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>21,445</strong></td>
</tr>
</tbody>
</table>

*See staff report section 5.3

**Representing our membership**

Members are represented by elected patient, public and staff governors on the membership council (see above), 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 14 years or over can join as a public member. Any patient aged 14 years or over can join the wider patient constituency. Eligible staff will be automatically registered as members, but they 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. This information is also available on the trust’s website: www.moorfields.nhs.uk/membership.

**Elections**

Elections were held in March 2018. The constituencies and outcomes are set out below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Constituency</th>
<th>Number of seats</th>
<th>Successful candidate(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 2018</td>
<td>North East London &amp; Essex</td>
<td>1</td>
<td>Manzur Ahmed</td>
</tr>
</tbody>
</table>
Full details of the composition of the membership council from 1 April 2018 and of election results are posted on our website at 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 2017/18.

**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, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Inclusion of this sentence in the annual report from 2017/18, together with changes to the NHSI Audit Code for NHS Foundation Trusts, is likely to impact upon the Trust’s external audit opinion.

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

**David Probert**  
Chief executive  
22 May 2018
As far as the directors are aware, all relevant information has been made available to auditors. The
directors have also taken the necessary steps in their capacity as directors and are unaware of any
relevant information not being disclosed or brought to the attention of auditors.

5.2 Remuneration report

The trust’s remuneration committee makes decisions in relation to directors’ pay in the 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 2017/18
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 in section 5.1.3.2 above.

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, but the final
determination of the pay level to any particular individual is based on an assessment of performance.

All contracts are open ended. As at 31 March 2018, all trust directors are on three months’ notice with
the exception of the chief executive, who is on six months’ notice. 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 1.15. Details of the
board of directors’ remuneration can be found in note 4, and details of employee costs can be found in
note 5 in the annual accounts. Information relating to off-payroll arrangements is included in section
5.3.

Acting on the recommendations of the Hutton Review of fair pay and the reporting requirements of HM
Treasury, the trust makes the following declarations:

- The median remuneration of staff employed at the trust during the 2017/18 financial year was
  £34,495 (2016/17: £34,154). 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 2017/18 was £190,000 (2016/17: £175,000) – only those directors whose remuneration
  the trust is directly able to determine are included in this calculation.
- The ratio of the two amounts was 5.51:1 in 2017/18 (2016/17: 5.12:1) – that is, the mid-point of
  the banded remuneration of the highest paid director of the trust was 5.51 times that of the
  median remuneration for all staff employed at the trust.

No payments for compensation for loss of office were made during 2017/18.

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 2017/18 were £5,730 (2016/17: £5,613), and that the
total out-of-pocket expenses paid in 2016/17 to the directors were £5,910 (2016/17 £4,568). Further
detail is shown in note 4.5 in the annual accounts.
## Salary and pension entitlements of the board of directors

### a) Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Executive Salary (bands of £5,000) £'000s</th>
<th>Clinical / Research Salary (bands of £5,000) £'000s</th>
<th>Pension-Related Benefits (bands of £2,500) £'000s</th>
<th>Total Entitlement (bands of £5,000) £'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr D Probert - Chief Executive</td>
<td>190 - 195</td>
<td>-</td>
<td>80 - 82.5</td>
<td>270 - 275</td>
</tr>
<tr>
<td>Mr S Davies - Chief Financial Officer</td>
<td>145 - 150</td>
<td>-</td>
<td>205 - 207.5</td>
<td>350 - 355</td>
</tr>
<tr>
<td>Prof P Khaw - Research Director</td>
<td>30 - 35</td>
<td>195 - 200</td>
<td>-</td>
<td>230 - 235</td>
</tr>
<tr>
<td>Ms T Luckett - Director of Nursing &amp; Allied Health Professions</td>
<td>115 - 120</td>
<td>-</td>
<td>47.5 - 50</td>
<td>160 - 165</td>
</tr>
<tr>
<td>Mr J Quinn - Chief Operating Officer</td>
<td>120 - 125</td>
<td>-</td>
<td>47.5 - 50</td>
<td>165 - 170</td>
</tr>
<tr>
<td>Mr D Flanagan - Medical Director</td>
<td>40 - 45</td>
<td>105 - 110</td>
<td>-</td>
<td>150 - 155</td>
</tr>
<tr>
<td>Ms T Green - Chairman</td>
<td>35 - 40</td>
<td>-</td>
<td>-</td>
<td>35 - 40</td>
</tr>
<tr>
<td>Mr S Williams - Non-Executive Director</td>
<td>15 - 20</td>
<td>-</td>
<td>-</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Ms R Given-Wilson - Non-Executive Director</td>
<td>15 - 20</td>
<td>-</td>
<td>-</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Ms S Sinha - Non-Executive Director</td>
<td>15 - 20</td>
<td>-</td>
<td>-</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Mr A Dick - Non-Executive Director</td>
<td>10 - 15</td>
<td>-</td>
<td>-</td>
<td>10 - 15</td>
</tr>
<tr>
<td>Mr N Hardie - Non-Executive Director</td>
<td>15 - 20</td>
<td>-</td>
<td>-</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Mr D Hills - Non-Executive Director</td>
<td>15 - 20</td>
<td>-</td>
<td>-</td>
<td>15 - 20</td>
</tr>
</tbody>
</table>
### 2016/17

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Executive Salary (bands of £5,000) £’000s</th>
<th>Clinical / Research Salary (bands of £5,000) £’000s</th>
<th>Pension-Related Benefits (bands of £2,500) £’000s</th>
<th>Total Entitlement (bands of £5,000) £’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr D Probert - Chief Executive</td>
<td>165 - 170</td>
<td>-</td>
<td>160 - 162.5</td>
<td>325 - 330</td>
</tr>
<tr>
<td>Mr J Pelly - Chief Executive [1]</td>
<td>25 - 30</td>
<td>-</td>
<td>-</td>
<td>25 - 30</td>
</tr>
<tr>
<td>Mr J Nettel - Interim Chief Executive [2]</td>
<td>5 - 10</td>
<td>-</td>
<td>-</td>
<td>5 - 10</td>
</tr>
<tr>
<td>Mr S Davies - Chief Financial Officer</td>
<td>130 - 135</td>
<td>-</td>
<td>105 - 107.5</td>
<td>235 - 240</td>
</tr>
<tr>
<td>Mr C Nall - Chief Financial Officer [3]</td>
<td>10 - 15</td>
<td>0</td>
<td>2.5 - 5</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Prof P Khaw - Research Director</td>
<td>30 - 35</td>
<td>190 - 195</td>
<td>-</td>
<td>225 - 230</td>
</tr>
<tr>
<td>Ms T Luckett - Director of Nursing &amp; Allied Health Professions</td>
<td>110 - 115</td>
<td>-</td>
<td>98 - 100.5</td>
<td>205 - 210</td>
</tr>
<tr>
<td>Mr J Quinn - Chief Operating Officer</td>
<td>115 - 120</td>
<td>-</td>
<td>65 - 67.5</td>
<td>180 - 185</td>
</tr>
<tr>
<td>Mr D Flanagan - Medical Director</td>
<td>40 - 45</td>
<td>100 - 105</td>
<td>-</td>
<td>145 - 150</td>
</tr>
<tr>
<td>Ms T Green - Chairman</td>
<td>20 - 25</td>
<td>-</td>
<td>-</td>
<td>20 - 25</td>
</tr>
<tr>
<td>Mr A Nebel - Non-Executive Director</td>
<td>20 - 25</td>
<td>-</td>
<td>-</td>
<td>20 - 25</td>
</tr>
<tr>
<td>Mr S Williams - Non-Executive Director</td>
<td>20 - 25</td>
<td>-</td>
<td>-</td>
<td>20 - 25</td>
</tr>
<tr>
<td>Ms R Given-Wilson - Non-Executive Director</td>
<td>15 - 20</td>
<td>-</td>
<td>-</td>
<td>15 - 20</td>
</tr>
<tr>
<td>Ms D Harris-Ugbomah - Non-Executive Director</td>
<td>10 - 15</td>
<td>-</td>
<td>-</td>
<td>10 - 15</td>
</tr>
<tr>
<td>Ms S Sinha - Non-Executive Director</td>
<td>10 - 15</td>
<td>-</td>
<td>-</td>
<td>10 - 15</td>
</tr>
<tr>
<td>Mr A Dick - Non-Executive Director</td>
<td>5 - 10</td>
<td>-</td>
<td>-</td>
<td>5 - 10</td>
</tr>
<tr>
<td>Prof P Luthert - Non-Executive Director</td>
<td>5 - 10</td>
<td>-</td>
<td>-</td>
<td>5 - 10</td>
</tr>
<tr>
<td>Mr N Hardie - Non-Executive Director</td>
<td>0 - 5</td>
<td>-</td>
<td>-</td>
<td>0 - 5</td>
</tr>
</tbody>
</table>

[1] Mr J Pelly retired as Chief Executive with effect from 30 November 2015 and retired from the Trust in May 2016.

[2] Mr J Nettel was appointed as Interim Chief Executive with effect from 1 December 2015. Mr Nettel has been replaced by David Probert as Chief Executive from 18 April 2016.

[3] Mr C Nall resigned as Chief Financial Officer with effect from 29 February 2016. Mr Nall was replaced by Mr S Davies from 1 March 2016.

[4] 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.
### b) Pension benefits

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Value of accrued pension at 31 March 2017 (bands of £5,000)</th>
<th>Value of accrued pension at 31 March 2018 (bands of £5,000)</th>
<th>Real increase in year in the value of accrued pension (bands of £2,500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr D Probert - Chief Executive</td>
<td>35 - 40</td>
<td>40 - 45</td>
<td>5 - 7.5</td>
</tr>
<tr>
<td>Mr S Davies - Chief Financial Officer</td>
<td>15 - 20</td>
<td>25 - 30</td>
<td>10 - 12.5</td>
</tr>
<tr>
<td>Mr J Quinn - Chief Operating Officer</td>
<td>30 - 35</td>
<td>35 - 40</td>
<td>2.5 - 5</td>
</tr>
<tr>
<td>Ms T Luckett - Director of Nursing &amp; Allied Health Professions</td>
<td>40 - 45</td>
<td>40 - 45</td>
<td>2.5 - 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Value of automatic lump sums at 31 March 2017 (bands of £5,000)</th>
<th>Value of automatic lump sums at 31 March 2018 (bands of £5,000)</th>
<th>Real increase in year in the value of automatic lump sums (bands of £2,500)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr D Probert - Chief Executive</td>
<td>95 - 100</td>
<td>105 - 110</td>
<td>2.5 - 5</td>
</tr>
<tr>
<td>Mr S Davies - Chief Financial Officer</td>
<td>40 - 45</td>
<td>60 - 65</td>
<td>20 - 22.5</td>
</tr>
<tr>
<td>Mr J Quinn - Chief Operating Officer</td>
<td>80 - 85</td>
<td>85 - 90</td>
<td>2.5 - 5</td>
</tr>
<tr>
<td>Ms T Luckett - Director of Nursing &amp; Allied Health Professions</td>
<td>120 - 125</td>
<td>130 - 135</td>
<td>7.5 - 10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Cash equivalent transfer value at 31 March 2017 (bands of £1,000)</th>
<th>Cash equivalent transfer value at 31 March 2018 (bands of £1,000)</th>
<th>Real increase in cash equivalent transfer value in 2015/16 (bands of £1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr D Probert - Chief Executive</td>
<td>515 - 516</td>
<td>589 - 590</td>
<td>40 - 41</td>
</tr>
<tr>
<td>Mr S Davies - Chief Financial Officer</td>
<td>221 - 222</td>
<td>369 - 370</td>
<td>126 - 127</td>
</tr>
<tr>
<td>Mr J Quinn - Chief Operating Officer</td>
<td>509 - 510</td>
<td>636 - 637</td>
<td>104 - 105</td>
</tr>
<tr>
<td>Ms T Luckett - Director of Nursing &amp; Allied Health Professions</td>
<td>735 - 736</td>
<td>842 - 843</td>
<td>82 - 83</td>
</tr>
</tbody>
</table>

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.
5.3 Staff report

Moorfields directly employs around 2,120 people in a variety of full time and part time roles. As at 31 March 2018 the Trust employed 1,908 full-time equivalent staff across a wide range of professional disciplines. Of these, 83% had been in post for more than a year, an indicator of high workforce stability. Our annual rolling staff turnover rate was 18% in total, reducing to 13% when discounting those on fixed-term contracts and doctors on rotation. 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 9.0 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 4.0%.

<table>
<thead>
<tr>
<th>Average full time equivalent (FTE)</th>
<th>FTE days lost</th>
<th>Average sick days per FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,881</td>
<td>17,002</td>
<td>9.0</td>
</tr>
</tbody>
</table>

The following figures show our average numbers of staff expressed in full time equivalents (FTE). Note: The figures below are based on the average FTE throughout the year.

<table>
<thead>
<tr>
<th>Staffing FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
</tr>
<tr>
<td>1,803</td>
</tr>
</tbody>
</table>

The following figures show our staffing breakdown by staff group, age, gender, ethnicity, disability and sexual orientation.

### Workforce by staff group
- Clinical support 8%
- Scientific and technical 14%
- Admin and clerical 35%
- AHPs 2%
- Estates 2%
- Medical and dental 16%
- Nursing (registered) 22%

### Workforce by ethnicity
- Black 17%
- Mixed 4%
- Asian 23%
- White 41%
- Other ethnic group 8%
- Not stated 7%

### Workforce by sexual orientation
- LGBT 1%
- Heterosexual 54%
- Do not wish to disclose 8%
- Not recorded 37%

### Workforce by disability status
- No 94%
- Do not wish to disclose 1%
- Yes 1%
- Not stated 4%

### Workforce by gender
- Female 68%
- Male 32%

### Workforce by age
- 16 to 24: 95
- 25 to 34: 490
- 35 to 44: 600
- 45 to 54: 539
- 55 to 64: 332
- 65 and over: 70

Note: All figures below are based on a snapshot as at 31 March 2018.

In common with much of the NHS, our workforce is predominantly female. 1450 female staff make up two thirds (68%) and 676 male staff make up one third (32%) of our workforce. Our trust board in 2017/18 consists of 13 voting members, of which 9 are male and 4 are female.
Staff survey
In 2017 we surveyed all our staff and achieved an excellent response rate of 1153, 57%, our highest ever, and above average for acute specialist trusts in England for whom the average is 53%. The overall national response rate was 45%.

NHS England compares Moorfields to other specialist trusts across the UK and this is the benchmark used in our own three year comparative table. Staff rated Moorfields as one of the best places to work and receive care, with an overall Staff Engagement score above the average for acute specialist trusts of 4.01 (on a 5 point scale where 5 is the best).

Moorfields also achieved a higher than average score in the following areas and compares most favourably with other acute specialist trusts in England in 2017:

- Staff satisfied with the quality of work and care they are able to deliver - 4.23 for Moorfields compared to a national average of 4.02
- Staff motivation at work – 4.08 compared to 3.94
- Staff confidence and security in reporting unsafe clinical practice - 3.87 compared to 3.71
- Quality of appraisals - 3.45 compared to 3.16
- Quality of non-mandatory training, learning or development – 4.12 compared to 4.08

However, there continues to be need for improvement in a number of areas. The areas where Moorfield achieved scores that compare least favourably with other acute specialist trusts in England in 2017 are:

- Percentage of staff experiencing discrimination at work in the last 12 months – 16% compared to a national average of 9%
- Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months – 25% compared to 21%
- Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion – 80% compared to 88%
- Percentage of staff experiencing harassment, bullying or abuse from staff in the past 12 months – 29% compared to 23%
- Percentage of staff experiencing physical violence from staff in the past 12 months – 2% compared to 1%

The trust has seen deterioration in staff experience between the 2016 and 2017 survey in the following three areas, however it is important to note that in each of these areas Moorfields scores are higher than the national average for acute specialist trusts.

- Percentage of staff feeling unwell due to work related stress in the last 12 months – 33% in 2017 compared to a score for Moorfields of 27% in 2016
- Staff satisfaction with resourcing and support – an aggregated score of 3.55 in 2017 compared to 3.67 in 2016
- Staff satisfaction with the quality of work and care they are able to deliver 4.23 in 2017 compared to 4.31 in 2016

Looking at the 3 year comparative data for Moorfields it is clear that the previously identified areas of bullying and harassment, equal opportunities and discrimination are yet to show any significant change year on year. The one significant improvement is in the percentage of people reporting an experience of violence; this has improved to 71% in 2017 from 66% in 2015.

The analysis also highlights some new areas of concern for the Trust, most notably these are:

- Staff experiencing work related stress
- Staff satisfaction with resourcing & support (this is about numbers of staff but also time and the tools to do ones job)
- Recognition and valuing of staff by managers and the organisation
- Staff satisfaction with the quality of work and care they are able to deliver

The results in these areas are a decline in our performance although we remain above the benchmark group of acute specialist trusts.

**Staff friends and family test (FFT)**

We conduct our staff friends and family test each quarter. We ask staff to tell us whether they would recommend Moorfields as a place to be treated and also whether 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.

We also asked two questions about our programme of cultural change, The Moorfields Way, if they are aware of the programme, and whether it is beginning to make a difference in their part of the trust. The table below includes these responses, showing a steady increase in impact.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th></th>
<th></th>
<th></th>
<th>2017/18</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>% staff recommending Moorfields as a place for treatment</td>
<td>94</td>
<td>95</td>
<td>92</td>
<td>95</td>
<td>96</td>
<td>95</td>
<td>92</td>
<td>99</td>
</tr>
<tr>
<td>% staff recommending Moorfields as a place to work</td>
<td>77</td>
<td>65</td>
<td>75</td>
<td>77</td>
<td>71</td>
<td>67</td>
<td>73</td>
<td>85</td>
</tr>
<tr>
<td>% of staff who have heard of The Moorfields Way</td>
<td>Not asked</td>
<td>96</td>
<td>98</td>
<td>95</td>
<td>99</td>
<td>98</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>% of staff who believe The Moorfields Way is making a difference</td>
<td>Not asked</td>
<td>45</td>
<td>53</td>
<td>38</td>
<td>33</td>
<td>38</td>
<td>80</td>
<td>44</td>
</tr>
</tbody>
</table>

**Managing conflicts of interest**

All staff and volunteers, non-executive directors and governors and anyone else who is doing business on behalf of Moorfields are expected to comply with our ‘Declaration of interests, gifts and hospitality policy’. This policy sets out requirements for staff in preserving the integrity of the NHS and complying 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 information is published on the trust website. 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 March 2018. 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 this year, 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 three freedom to speak up (FTSU) guardians and a non-executive director 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, but 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 making 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 2017 – March 2018 [awaiting final data]

<table>
<thead>
<tr>
<th>Union</th>
<th>Number of union officials during the relevant period</th>
<th>Total percentage of time in hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNISON</td>
<td>9</td>
<td>295</td>
<td>9 officials</td>
</tr>
<tr>
<td>British Orthoptic Society (BIOS)</td>
<td>3</td>
<td>82.5</td>
<td>Confirmed</td>
</tr>
<tr>
<td>BMA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RCN</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff exit packages

Off payroll engagements

For all off-payroll engagements as of 31 Mar 2018, for more than £245 per day and that last for longer than six months

<table>
<thead>
<tr>
<th>2017/18 Number</th>
<th>No. of existing engagements as of 31 Mar 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Of which:

<table>
<thead>
<tr>
<th></th>
<th>2017/18 Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number that have existed for less than one year at the time of reporting</td>
<td>9</td>
</tr>
<tr>
<td>Number that have existed for between one and two years at the time of reporting</td>
<td>3</td>
</tr>
<tr>
<td>Number that have existed for between two and three years at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>Description</td>
<td>Number</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Number that have existed for between three and four years at the time of reporting</td>
<td>2</td>
</tr>
<tr>
<td>Number that have existed for four or more years at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td><strong>For all new off-payroll engagements, or those that reached six months in duration, between 01 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months</strong></td>
<td></td>
</tr>
<tr>
<td>Of which:</td>
<td></td>
</tr>
<tr>
<td>Number assessed as within the scope of IR35</td>
<td>0</td>
</tr>
<tr>
<td>Number assessed as not within the scope of IR35</td>
<td>0</td>
</tr>
<tr>
<td>Number engaged directly (via PSC contracted to trust) and are on the trust's payroll</td>
<td>0</td>
</tr>
<tr>
<td>Number of engagements reassessed for consistency/assurance purposes during the year</td>
<td>0</td>
</tr>
<tr>
<td>Number of engagements that saw a change to IR35 status following the consistency review</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 April 2017 and 31 March 2018</strong></td>
<td></td>
</tr>
<tr>
<td>Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.</td>
<td>0</td>
</tr>
<tr>
<td>Number of individuals that have been deemed “board members and/or senior officials with significant financial responsibility”. This figure should include both off-payroll and on-payroll engagements.</td>
<td>20</td>
</tr>
</tbody>
</table>

### 5.4 Single oversight framework

NHS Improvement's 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 1 to 4, where 4 reflects providers receiving the most support, and 1 reflects providers with maximum autonomy. As of 3 April 2018, the trust is in segment 1.

**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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Metric</th>
<th>2017/18 Q4 score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial sustainability</td>
<td>Capital service capacity</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Liquidity</td>
<td>1</td>
</tr>
<tr>
<td>Financial efficiency</td>
<td>Income and expenditure margin</td>
<td>1</td>
</tr>
<tr>
<td>Financial controls</td>
<td>Distance from financial plan</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Agency spend</td>
<td>2</td>
</tr>
<tr>
<td>Overall scoring</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
5.5 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 whether 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 for the prevention and detection of 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
22 May 2018
5.6 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 2018 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 risks to an acceptable level which fits within the trust's risk appetite. The strategy provides a framework for managing risks 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 process. 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.

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 risks. The management of risks is embedded in management roles at all staff levels, and primary control for risk management takes place through divisions, departments and frontline teams. The trust is aware that although risk systems are in place they are not always applied consistently across the organisation and this was reinforced through an internal audit concerning the effectiveness of risk systems. The trust is continuing to learn and improve from the findings of this audit.

The principles of risk management are core to the organisation’s business, but further work is required to embed risk management in all activities. 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 trust continues to clarify and strengthen use of the Board Assurance Framework (BAF). The BAF has been developed using the trust’s corporate risk register and is linked to monitoring the trust’s annual corporate priorities. The BAF and corporate risk register together detail the principle risks to the organisation including the risks of not achieving the trust’s strategy (through the corporate priorities) and how those risks are being mitigated. The BAF and corporate risk register were reviewed during the year by the management executive, trust management board and the board of directors.

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.

Foundation Trusts are required to commission an independent assessment against the NHS Improvement Well-Led Framework every three years. This was carried out for the trust by Deloitte during June 2017. The report is grouped into eight key lines of enquiry that relate to various aspects of corporate governance including leadership capacity and capability, strategy, culture, risk and performance management, staff and public engagement and continuous learning and innovation.

A number of good practice points were identified, such as enhanced rigour and discipline in relation to governance, reporting on quality & safety and performance, an investment in learning, improvements in risk management and development of a more dynamic approach to patient participation.

The review also raised some learning points, such as enhancing senior leadership visibility, better promotion of reporting concerns and ‘speaking up’, strengthening divisional governance arrangements,
governor training and development and formalised stakeholder mapping and engagement. An action plan to address the recommendations included in the report has been developed and is subject to monthly monitoring by the executive team with a bi-annual progress review to 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 board, 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 CQC’s domains.

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

The trust’s 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 following a review in February 2018 is included below.

**Six risks were rated as red:**

- Failure to maintain compliance with CQC fundamental standards and retain a rating of ‘good’
- Failure to comply with fire safety regulations
- Failure to achieve the key assumptions behind Project Oriel
- Failure to achieve cost improvement targets
- Failure to respond to increased commissioner turbulence and changing landscapes
- Failure to achieve the required commercial growth

**A further 17 risks on the board assurance framework are rated as amber. A selection of those rated with the highest risk scores (12) are:**

- A deterioration in the patient and carer experience
- The inability to engage and retain high quality research staff
- A failure to provide sustainable innovation or lead the way nationally in transforming services
- A failure to recruit and retain staff
- A failure to ensure that mandatory appraisal and training standards are met
- Ineffective and inconsistent engagement with staff
- Failure to defend the organisation from a cyber-security attack
- Provision of services from poor standard accommodation
- Failure to comply with information governance procedures (including GDPR)
The board has oversight of the board assurance framework and receives an update each quarter. 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 board. 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 has entered a period of stability with all voting executive directors being in place for the full year. The chairman and five of the non-executive directors have also been in place for the full year. One non-executive director is a new appointment in 2017/18.

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 carbon reduction delivery plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure compliance with the Climate Change Act and the adaptation reporting requirements.

**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)**

Data security is addressed through the trust’s IG management arrangements, structures and processes. Responsibility for the leadership of the IG agenda is delegated from the chief executive to the senior information risk owner (SIRO) who is the director of quality and safety. The SIRO is responsible for ensuring that IG risk management systems and processes are in place and operating effectively.

The information governance committee, chaired by the SIRO, is responsible for overseeing IG processes, systems and practices across all the trust’s sites including the submission of the IG toolkit. It has several sub-groups covering specific areas such as corporate records, information management and IT security. It also provides the management executive with assurance that the trust is compliant with the required standards and is managing its risks appropriately. Data quality and data security risks are managed and controlled via the risk management system. Risks to data quality and data security are added to the relevant risk register and escalated as necessary. A specific data quality group exists to monitor and support improvements to data quality. Independent assessment of data quality occurs via a number of sources including internal audit. Further details about improving data quality can be found in the quality report.

The annual IG toolkit assessment reported a score of 74% for 2017/18 and was graded green, as the trust is compliant with all level two requirements. During 2017/18, the trust had 1 reportable IG serious incident which related to an unintended release of data to a group of internal consultants.
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 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 2017/18, as set out in the quality report, are consistent with the trust’s corporate priorities. 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 board
- review of serious untoward and other incidents by the board and the quality and safety committee
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 2017/18 and that control systems are fit for purpose with potential areas for improvement set out.

Finally, the opinion of the head of internal audit is set out below.

Our overall opinion for the period 1 April 2017 – 31 March 2018 is that:

‘Significant assurance with minor improvements’ can be given on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety. Our opinion covers the period 1 April 2017 to 31 March 2018 inclusive, and is based on the ten audits that we completed in this period.

The design and operation of the Assurance Framework and associated processes

The Trust’s Board Assurance Framework does reflect the Trust’s key objectives and risks and is regularly reviewed by the Board. The Executive reviews the Board Assurance Framework on a quarterly basis and the Audit Committee provides reviews on 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

We issued two partial assurance with improvements required report in respect of our 2017/18 assignments. These partial assurance reports related to:

- MEH Private Patients Unit; and
- Cash Office controls.

We raised two high risk recommendations in the period which relate to:

- Debtors listing at the Private Patients Unit; and
- Ownership of the processes to monitor and recover debtors relating to drugs dispensed to patients who have not been able to pay.

This will not prevent us from issuing significant with minor improvements assurance as the organisation has implemented the recommendation relating to the debtors listing at the Private Patients Unit, is implementing the overdue recommendation raised relating to ownership of the processes to monitor and recover debtors relating to drugs dispensed to patients who have not been able to pay.

David Probert
Chief executive
22 May 2018
### Glossary of terms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHP</td>
<td>Allied Health Professional</td>
</tr>
<tr>
<td>AIS</td>
<td>Accessible information standard</td>
</tr>
<tr>
<td>AMD</td>
<td>Age-related macular degeneration</td>
</tr>
<tr>
<td>BAF</td>
<td>Board assurance framework</td>
</tr>
<tr>
<td>AIS</td>
<td>Accessible information standard</td>
</tr>
<tr>
<td>BRC</td>
<td>Biomedical research centre</td>
</tr>
<tr>
<td>CCG</td>
<td>Clinical commissioning group</td>
</tr>
<tr>
<td>CRN</td>
<td>Comprehensive research network</td>
</tr>
<tr>
<td>CIP</td>
<td>Cost improvement programme</td>
</tr>
<tr>
<td>CQC</td>
<td>Care quality commission</td>
</tr>
<tr>
<td>CRN</td>
<td>Comprehensive research network</td>
</tr>
<tr>
<td>CQUIN</td>
<td>Commissioning for quality innovation</td>
</tr>
<tr>
<td>CIP</td>
<td>Cost improvement programme</td>
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<tr>
<td>ISD</td>
<td>Integrated performance report</td>
</tr>
<tr>
<td>EDI</td>
<td>Equality diversity and inclusivity</td>
</tr>
<tr>
<td>FRR</td>
<td>Financial risk rating</td>
</tr>
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<td>FTSU</td>
<td>Freedom to speak up</td>
</tr>
<tr>
<td>KPI</td>
<td>Key performance indicators</td>
</tr>
<tr>
<td>LCFS</td>
<td>Local counter fraud service</td>
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<tr>
<td>MEC</td>
<td>Moorfields eye charity</td>
</tr>
<tr>
<td>MEH</td>
<td>Moorfields eye hospital</td>
</tr>
<tr>
<td>MR</td>
<td>Medical retina</td>
</tr>
<tr>
<td>NIHR</td>
<td>National institute of health research</td>
</tr>
<tr>
<td>QSC</td>
<td>Quality &amp; safety committee</td>
</tr>
<tr>
<td>R&amp;D</td>
<td>Research and development</td>
</tr>
<tr>
<td>R&amp;DCEC</td>
<td>Richard Desmond children’s eye centre</td>
</tr>
<tr>
<td>SI</td>
<td>Serious incident</td>
</tr>
<tr>
<td>SIS</td>
<td>Service improvement and sustainability</td>
</tr>
<tr>
<td>SLA</td>
<td>Service level agreement</td>
</tr>
<tr>
<td>STP</td>
<td>Sustainability and transformation plan</td>
</tr>
<tr>
<td>UAE</td>
<td>United Arab Emirates</td>
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<tr>
<td>VFM</td>
<td>Value for money</td>
</tr>
<tr>
<td>VR</td>
<td>Vitreo retinal</td>
</tr>
<tr>
<td>UKOA</td>
<td>UK Ophthalmology Alliance</td>
</tr>
<tr>
<td>WHO</td>
<td>World health organisation</td>
</tr>
<tr>
<td>WRES</td>
<td>Workforce race equality standards</td>
</tr>
</tbody>
</table>

### Project Oriel

A project that involves Moorfields Eye Hospital NHS Foundation Trust and its research partner, the UCL Institute of Ophthalmology, along with Moorfields Eye Charity working together to improve patient experience by exploring a move from our current buildings on City Road to a preferred site in the Kings Cross area by 2023.