Focus on Inclusion / 2016

Our Equality Objectives 2016 – 2020
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Our Journey Continues! Welcome to our fifth Focus on Inclusion 2016.

Focus on Inclusion is Moorfield’s commitment to the Public Sector Equality Duty to publish equality information each year and to demonstrate our performance of our equality objectives.

This year’s Focus on Inclusion tells you about our new equality objectives for 2016 – 2020. The Public Sector Equality Duty is the legislation that requires us to revise and set new objectives, based on information and evidence, every four years. Moorfield’s objectives help us to perform the general duty better and to bring about improvements for equality groups.

Our first four Focus on Inclusion set out our equality achievements and progress. Each year we learn more and continue to develop a more sophisticated approach to equality, diversity and inclusion. This edition of Focus on Inclusion continues the story.
This year’s Focus on Inclusion tells you about Moorfield’s commitment and obligation to meet the equality duty under:

- Section 149 of the Equality Act 2010 (the public sector equality duty) and
- The Equality Act 2010 (specific duties) 2011

The public sector equality duty is made of general duties that are supported by specific duties.

**/ The general duties are to have due regard to:**

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it.
- Foster good relations between people who share a relevant protected characteristic and those who do not share it.

**The Equality Act 2010: Protected Characteristics**

The Equality Act came into force on 1 October 2010 and introduced nine “protected characteristics.”

These are:
- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual Orientation
Focus on Inclusion 2015 – Our Equality Objectives 2016 - 2020

The specific duties are:

/ To prepare and publish equality objectives

Prepare and publish one or more specific and measurable objectives every four years that help to achieve the aims of the general duty.

The purpose of each objective is to help Moorfields better perform the three general duties, focussing on outcomes and improvements to the delivery of services and the employment of staff.

/ To publish equality information

Moorfields must demonstrate the impact of our decisions, policies and practices on people with protected characteristics. This must be done with sufficient evidence. Therefore we collect and analyse equality information as a means to develop and improve our understanding. Focus on Inclusion is the way we publish the data we collect. This meets our second commitment of the specific duties to publish equality information on an annual basis.

Three Aims

The three themes of our 2012 objectives remained helpful in deciding what our 2016 – 2020 objectives should be.

To improve the equality outcomes for Patients, Carers and Visitors

We want to consider the equality issues and impacts for:

- those who come to our hospital to receive treatment, (our patients),
- the people who provide support to our patients (their carers),
- and other people who have cause to visit our hospitals (visitors).

In considering the equality impacts in what we do we believe the experience of people coming to the hospital for whatever reason can be enhanced.
To improve equality outcomes for our workforce

We want to create a working culture where everyone is included, and where they can be the best they can be whilst they are working for us. A culture of inclusion means everyone enjoys the opportunity of doing work that is valued, maximises the use of their skills and where they are treated well. Taken as a whole, a culture of inclusion contributes to the very best patient care.

To share our leadership of inclusion across our community

We are the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. Our reputation is for providing the highest quality of ophthalmic care. We want to be sure that Moorfield’s leadership and commitment to equality, diversity and inclusion is also recognised by our communities and the partners we work with.

For our 2016 – 2020 equality objectives we have analysed all the data that provides us with an equality profile of our patients and staff. We have also used data taken from Moorfields Way, staff survey results, patient feedback, friends and family tests and equality impact assessments. All have helped to inform our equality challenges for the next four years.

We have looked across all existing business plans and strategies to ensure that our new objectives are an integral part of our usual business performance. We took into account what improvements were needed across our services and our workforce, and then what equality challenges might arise.

Our new objectives will continue to stretch us to perform the general equality duty better and result in outcomes and improvements for equality groups. It is a level of ambition that matches our continued commitment to improving outcomes and to bring about a culture of inclusion. Our objectives are realistic so that our patients, staff and communities can be confident we will achieve what we set out to do.
We will look at ways we can improve the experience of people in protected groups and who may be affected by a long waiting time. We know that some people with a specific need will experience waiting for appointments differently to those who do not have a specific need. Sometimes waiting for an appointment can be detrimental to a health condition, for example, or to different forms of disability*. We will seek to understand what the different experiences are and find solutions that will improve the waiting time for people in the groups we identify. The outcome will be that people who identify with the group are empowered and enabled to manage their specific needs whilst waiting for their appointment. Consequently the negative impact of the wait time is minimised for them.

Feedback from an extensive exercise called Moorfields Way has told us that a priority issue to be addressed for patients and by staff is to improve the experience of patients waiting for an appointment. This objective does not address the length of time people are required to wait. It focuses on the issues and impacts on people within specific groups whilst they are waiting for an appointment.

Moorfields is committed to understanding, and in being sensitive to the specific needs of people in order that their experience with us is improved. We believe this objective will support the general equality duty by fostering better relations between people and groups.

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

**Make information more accessible and specific to patients who have a clinical need**

We will make sure that those patients who have a clinical need are communicated with in a manner that is appropriate to their specific need or requirement. We will identify how they prefer us to communicate to them right at the beginning of their referral with us. Our ambition will be that every time we communicate with them that we use their preferred way.

By using communication methods that are preferred by our patients who have a clinical need we will be able to measure improvements to the number of appointments missed by patients. We have found that some patients have missed appointments because the communication to them was not accessible. These improvements will have a direct impact on the quality of care they receive. This supports the general equality duty by increasing equality of opportunity to access appointments.

Feedback from our patients tells us we should consider a more flexible approach in the way we communicate with patients. Accessible information is also a Department of Health requirement in the forthcoming years.

“We will make sure that those patients who have a clinical need are communicated with in a manner that is appropriate to their specific need or requirement.”
We are committed to reviewing which people (identified by the protected groups of the equality act) are taking part in our leadership and management programmes. Once we know which groups are taking part in these programmes we can carry out an evaluation of the learning outcomes to see how they are supporting people to progress their careers into leadership roles with us.

We have analysed data that tells us that the proportion of non-white staff in pay bands up to band 5 does not equal the same proportion of non-white staff in pay bands 7-8 or very senior management roles. This objective will help us to better understand why this is.

If we were to find barriers that prevent participants from securing roles in higher pay bands we will do all we can to remove the barriers. If any found barriers are removed we will be better able to improve the diversity of people in leadership and management roles. This in turn will help us to develop a strong and positive working culture.

“"We are committed to reviewing which people are taking part in our leadership and management programmes.""
We are committed to: Continue to build a strong and positive culture of inclusion

We will take the four commitments arising out of Moorfields Way and find ways to embed these at a team, department and corporate level.

We want every member of staff to know what the commitments are. Not only to name them but to be able to show the behaviours to both patients and other staff.

Moorfields Way was an extensive programme of engagement with patients and staff. The feedback helped shape what we valued most from Moorfields and our expectations on how we wished to be treated by the people we serve and those we work with.
Route 66 is our self service data collection system. We encourage our staff to provide us with their equality data and we use this data to help us plan and make decisions about our workforce. It also helps us to eliminate bias and disadvantage by helping us to spot patterns and trends. It can help to inform whether we have a strong and positive culture of inclusion, or not.

We will talk to our staff about how and why data is collected and encourage them to use Route 66 to provide us with their equality data. We will also promote the benefits of the staff survey to help tell us how well we are doing and what we can do better.

This objective aims to improve all our workforce data collection processes over the next four years and to get better at how we use the information. An outcome of this will be that we are able plan for a skilled and diverse workforce that is equipped to meet our patient’s needs.

38% of staff responded to 2015 staff survey
To share our leadership of inclusion across our community we are committed to:

**Broaden our reach to voluntary partners in order to gain differing perspectives**

We will implement a two year strategy to put in place volunteer Support Workers. The volunteer’s main role will be to provide emotional and practical support to patients attending eye clinics and who have been diagnosed with sight loss or who are receiving treatment from us.

After two years we will evaluate the success of the role and if our findings are positive we will consider how we can support it to continue on a longer term basis.

We have listened to our patients and have heard about some of the practical and emotional obstacles they experience whilst they are attending our clinics. They have told us of the additional support they required with getting around the hospital, locating additional services and agencies or to simply get a drink or to find their transport home. This volunteer role will be invaluable in meeting these specific needs.
04. Engagement

The setting of our objectives was subject to various levels of scrutiny and governance to ensure that our Board were in agreement of them and that they could be adopted as part of Moorfields business strategy. We involved our Patients Equality Diversity and Inclusion Forum in testing the level of our ambition and ensuring that the objectives were realistic and achievable. Patients Equality Diversity and Inclusion Forum is a sub-committee of our Equality, Diversity and Inclusion Steering Group. The Forum meet prior to the Steering Group and members are invited to participate in the Steering Group to provide their feedback.

Patient Experience and Engagement Strategy 2015

We put our Patients, their families and carers at the centre of our services. We involve you in our decision making by providing you with an opportunity to give your opinion about how you would like to see our services delivered. Your involvement plays a genuine role in how the Trust works.

We Inform: We make sure that our patients are fully informed about things that matter to them. We inform patients in matters ranging from their individual care and treatment to service changes, new models of care, right up to projects such as the new hospital build.

We Consult: We provide opportunities for patients and carers to provide feedback. There are many opportunities you can give us your feedback; NHS Friends and Family Test, Care Quality Commission Patient Complaints, Patient Advise and Liaison Service (PALS); becoming a Trust Member, Mystery Shoppers, Facebook or twitter, and nominations for staff recognition awards.

We Involve: We provide opportunities for dialogue & interaction. You could become a Patient Governor, join Friends of Moorfields volunteers or attend our Annual General Meeting. You could attend a Patient Panel or focus group, join an online discussion forum or share your experience at governance meetings.

We collaborate: We work with patients on bigger problems or new initiatives. You can work with us as a member of the patient committee, service change groups such as Joint Service Redesign, Patient Information Readers Group, In Your Shoes sessions, Moorfields new build or as part of Healthwatch ‘Enter and View’ visits.

We encourage Shared Leadership: You can use your skills and experience to enhance our leadership by becoming a Trust Governor or Trustee Member.

Patient Experience and Engagement Strategy 2015

A priority of our Patient Experience and Engagement Strategy is to engage more with young people and those with a learning disability, or who have dementia. This is to ensure their views are better represented.

Want to be involved? Here’s how you can:
As part of the Strategy we will make sure you are fully informed about how healthcare works at Moorfields; we provide lots of clarity about the decisions we want you to be involved with and we give training in providing feedback in constructive and successful ways. You will get a role outline to ensure expectations are clear, and to explain how and in what circumstances your feedback will be used.

Patient Experience and Engagement Strategy 2015
Achievements
Moorfields Way

In 2013 Moorfields awarded best place to work in the NHS

This was based on the results of NHS Staff Survey

But staff also raised concerns

We also spoke to patients, carers and families

Working with and in groups we asked about the good and the bad

So we launched The Moorfields Way

We get a lot of things right but we still have room for improvement

We wanted a clean set of expectations and behaviours

And we used the language of our own staff and patients

We need everyone’s help to embed the commitments

The real challenges start now

92% of staff are aware of Moorfields Way

26% say they have seen a change as a result

“The difference I have seen is improvement of patient experience, efficiency caring attitude, knowledgeable and professional manners from health workers all round Moorfields’ sites, improvement in communication among staff members and developing training for staff members”

“There are some positive changes starting to happen. Managers are taking bullying and harassment seriously”

“More information about what is going on in the clinics and the Trust”
Workforce Race Equality Standard

The NHS Race Equality Standard required Moorfields to assess our workforce data to determine any less favourable treatment or a worse experience for non white staff when compared to white staff. Nationally it is an attempt to reverse a trend of systemic discrimination against non white staff working across the NHS.

The Standard has been developed to improve workforce race equality in the NHS and to improve opportunities, experiences and working environments for all.

Where there are areas of concern, Moorfields must bring about improvements that reverse the trend. We went beyond the requirements of the Standard when analysing our data of white and non white staff. We have made recommendations for improvements for those with a disability and to bring about improvements to gender equality.

Our summary agreements contained within the report are to:

- Continue to engage with our Trade Union and partners on Focus on Inclusion, Race Equality Standard and Equality and Diversity System and to provide meaningful evidence of progress against the requirements of the Equality Act 2010.
- Continue to track all known cases of discrimination that relate to ethnicity so that we can spot patterns and identify the factors that allow discrimination to occur.
- We will work together to address bullying and harassment from patients and from staff.
- We will do more work in talking to employees about ways to address bullying and harassment from patients and from staff.
- Continue to monitor and experience of non white staff.
- We will work with Moorfields to assess our workforce data to determine any less favourable treatment or a worse experience for non white staff.
- We believe our assessment is a balanced assessment of the workforce.

Equality Delivery System

The Equality Delivery System was designed by the national Equality and Diversity Council and mandated by NHS England in 2015. It helps Moorfields improve the services we provide together with better working environments, free of discrimination, for those who work for us. It also meets the requirements of the Equality Act 2010.

The main purpose of the Equality Delivery System is to review and improve our performance for people with characteristics protected by the Equality Act 2010 and to help deliver on the Public Sector Equality Duty.

Governance and performance management of our equality duties is led by the Equality, Diversity and Human Rights Management Group (EDHRMG) that reports into the Equality and Diversity Steering Group. We also engage with the

Our Workforce Race Equality Standard Report is available at: 
There are seven pledges to staff in the NHS Constitution:
http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx

These pledges are reflected in the Staff Survey:

- Rewarding work
- Training and line management support
- Health, Well-being and safety
- Involvement, engagement and empowerment
- Staff Satisfaction
- Equality and Diversity
- Patient Experience

Comparisons in this storyboard are against national averages of trust of a similar nature. The full reports can be found at www.nhsstaffsurveys.com.

In 2014 38% of staff responded to the National NHS Staff Survey

Overall...

Staff engagement at Moorfields is above average...

A great place to work

The survey results tell us that working at Moorfields is good but there are some things that need to change.

38%

...and even better

More people look forward to going to work and are enthusiastic and absorbed in their jobs.

Rewarding Work

Staff at Moorfields are less pressured than the national average...

... and they are more satisfied with the quality of work and patient care.

Health, Well Being and Safety

There is effective incident reporting that is higher than national average And we have improved in the percentage of staff reporting harassment, bullying or abuse from patients, relatives or the public in the last 12 months.

We must continue to work on this.

Staff Satisfaction

Staff Motivation is higher than the national average

Involvement, Engagement and Empowerment

And there is good communication between managers and staff.

Equality and Diversity

Moorfields need to improve the perception of staff believing the trust provides equal opportunity and career progression...

And although staff have reported experiencing discrimination in the last 12 months, the percentage of staff reporting this was smaller in 2014.

Moorfields

Overall...

Staff engagement at Moorfields is above average...

A great place to work

The survey results tell us that working at Moorfields is good but there are some things that need to change.

38%

...and even better

More people look forward to going to work and are enthusiastic and absorbed in their jobs.
Conclusion

2015 has been a defining year in our approach to Equality, Diversity and Inclusion.

In the last year we have summarised our performance against our 2012 objectives and established a new set of objectives to take us through to 2020. This meets our commitment to the Public Sector Equality Duties.

We have fulfilled a number of vital projects. With our staff and patients we have redefined what we value most at Moorfields. The Moorfields Way has given us a revised set of commitments for staff and patients to live by. These commitments and the behaviours people are to demonstrate if they choose to fulfil them will help set the tone of our culture.

We have assessed our position against the NHS England Workforce Race Equality Standard and Equality Delivery System. Both frameworks called for a critical view of what we do at Moorfields and how we do it. We now have actions designed to help us continually improve on our approach and to bring about better outcomes for people and patients.

Looking ahead we took into account the challenges we are most likely to face between now and 2020. We looked across our business plans and all of our data to consider what would stretch us to perform the equality duty better and to improve outcomes for both patients and for staff. We established three aims and six equality objectives designed to make a difference to the experience of our patients, and for them to have successful health outcomes. Making sure this happens are our staff who must be well led, informed and be able to perform their duties in a culture of inclusion where everyone can fulfil their potential.

Now that our three aims and six equality objectives are published work must start on them as well as measuring performance and outcomes over the next four years. We will continue to engage with patients, families, carers, communities and staff who hold us to account to perform and reach the desired outcomes.

Overall, our work during 2015 has provided clarity to our Equality, Diversity and Inclusion journey.

It has been a year of assessment and greater understanding of our position; reassurance in our commitment and activity, and confidence that our future direction will bring about improvements for patients, and for people working at Moorfields.
Patients

A&E attendance by age group and gender

A&E attendance by ethnicity

- British: 39.30%
- Any other ethnic group: 18.52%
- Indian: 8.20%
- Any other White background: 9.04%
- Not stated: 5.95%
- African: 4.90%
- Caribbean: 3.87%
- Any other Asian background: 3.12%
- Bangladeshi: 2.04%
- Pakistani: 1.42%
- Any other Black background: 1.10%
- Chinese: 0.78%
- Irish: 0.96%
- Any other mixed background: 0.40%
- White and Black Caribbean: 0.16%
- White and Asian: 0.14%
- White and Black African: 0.11%
A&E attendance distribution by gender

Female 52%
Male 48%

Inpatients by age and gender

Inpatients by ethnicity

- British: 41.85%
- Not stated / unknown: 15.90%
- Any other ethnic group: 15.58%
- Indian: 8.73%
- Any other White background: 4.84%
- Caribbean: 3.89%
- African: 3.65%
- Any other Asian background: 2.09%
- Bangladeshi: 1.32%
- Pakistani: 1.17%
- Irish: 0.89%
- Any other Black background: 0.36%
- Chinese: 0.25%
- Any other mixed background: 0.13%
- White and Black Caribbean: 0.06%
- White and Black African: 0.05%
- White and Asian: 0.03%
Outpatients attendance by gender

Female 52%
Male 48%

Outpatients attendance by ethnicity

- British: 31.38%
- Not stated / Unknown: 20.23%
- Any other ethnic group: 15.83%
- Indian: 7.15%
- Any other White background: 6.72%
- African: 4.40%
- Caribbean: 4.06%
- Any other Asian background: 2.97%
- Pakistani: 1.83%
- Bangladeshi: 1.54%
- Irish: 1.21%
- Any other Black background: 1.00%
- Chinese: 0.60%
- Any other mixed background: 0.41%
- White and Black Caribbean: 0.28%
- White and Asian: 0.21%
- White and Black African: 0.16%
Applications & Appointments

Applications and appointments by age

Applications and appointments by ethnicity

<table>
<thead>
<tr>
<th>Received</th>
<th>Shortlisted</th>
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<tbody>
<tr>
<td>WHITE - British</td>
<td>17.4%</td>
</tr>
<tr>
<td>WHITE - Irish</td>
<td>1.0%</td>
</tr>
<tr>
<td>WHITE - Any other white background</td>
<td>14.0%</td>
</tr>
<tr>
<td>ASIAN or ASIAN BRITISH - Indian</td>
<td>11.7%</td>
</tr>
<tr>
<td>ASIAN or ASIAN BRITISH - Pakistani</td>
<td>4.7%</td>
</tr>
<tr>
<td>ASIAN or ASIAN BRITISH - Bangladeshi</td>
<td>7.1%</td>
</tr>
<tr>
<td>ASIAN or ASIAN BRITISH - Any other Asian background</td>
<td>5.9%</td>
</tr>
<tr>
<td>MIXED - White &amp; Black Caribbean</td>
<td>1.1%</td>
</tr>
<tr>
<td>MIXED - White &amp; Black African</td>
<td>0.9%</td>
</tr>
<tr>
<td>MIXED - White &amp; Asian</td>
<td>0.7%</td>
</tr>
<tr>
<td>MIXED - any other mixed background</td>
<td>1.4%</td>
</tr>
<tr>
<td>BLACK or BLACK BRITISH - Caribbean</td>
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<td>18.0%</td>
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<tr>
<td>BLACK or BLACK BRITISH - Any other black background</td>
<td>1.2%</td>
</tr>
<tr>
<td>OTHER ETHNIC GROUP - Chinese</td>
<td>1.0%</td>
</tr>
<tr>
<td>OTHER ETHNIC GROUP - Any other ethnic group</td>
<td>3.5%</td>
</tr>
<tr>
<td>Undisclosed</td>
<td>4.0%</td>
</tr>
</tbody>
</table>
Applications and appointments by disability

Applications and appointments by gender

Applications and appointments by religion or belief

Applications and appointments by sexual orientation
/ Workforce

Existing workforce by age as at 31/12/2015

Existing workforce by ethnicity

- WHITE - British: 29.06%
- WHITE - Any other white background: 12.37%
- ASIAN or ASIAN BRITISH - Indian: 10.48%
- BLACK or BLACK BRITISH - African: 9.57%
- Not Stated: 6.00%
- ASIAN or ASIAN BRITISH - Any other Asian background: 5.91%
- Any other ethnic group: 5.08%
- BLACK or BLACK BRITISH - Caribbean: 4.58%
- MIXED - any other mixed background: 3.02%
- ASIAN or ASIAN BRITISH - Pakistani: 2.43%
- Chinese: 2.26%
- ASIAN or ASIAN BRITISH - Bangladeshi: 2.26%
- WHITE - Irish: 2.11%
- I do not wish to disclose my ethnic origin: 1.37%
- BLACK or BLACK BRITISH - Any other black background: 1.28%
- MIXED - White & Black Caribbean: 0.73%
- OTHER ETHNIC GROUP - Chinese: 0.66%
- MIXED - White & Asian: 0.56%
- MIXED - White & Black African: 0.37%
Existing workforce by gender

- Male 31%
- Female 69%

Existing workforce by religion or belief

- (blank) 46.4%
- Christianity 26.0%
- I do not wish to disclose my religion/belief 8.3%
- Islam 6.3%
- Atheism 4.1%
- Hinduism 3.8%
- Other 2.7%
- Sikhism 1.1%
- Buddhism 0.5%
- Judaism 0.5%
- Jainism 0.2%

Existing workforce by pay band (Number of staff)

- Ad hoc: 195
- Associate Specialist: 9
- Band 1: 12
- Band 2: 332
- Band 3: 181
- Band 4: 179
- Band 5: 322
- Band 6: 351
- Band 7: 263
- Band 8a: 25
- Band 8b: 61
- Band 8c: 23
- Band 8d: 8
- Band 9: 1
- Consultant: 151
- Specialty Doctor: 8
- Specialty Registrar: 62
**Existing workforce by disability**

- Not disclosed: 0%
- Yes: 1%
- (blank): 6%
- No: 93%

**Existing workforce by sexual orientation**

- Heterosexual: 43%
- (blank): 50%
- Lesbian: 0%
- Bisexual: 1%
- Gay: 1%
- Do not wish to disclose: 5%

**Existing workforce by pay band and white/non-white**
As well as our commitment to the equality duties, Moorfields prioritises its statutory duty to make sure arrangements to safeguard and promote the welfare of children and young people, and to protect adults at risk from abuse or the risk of abuse, are in place.

Moorfields also supports the Home Office Counter Terrorism strategy (CONTEST) that includes a specific focus on preventing violent extremism / radicalisation (PREVENT).

Moorfields engages with patients, members of the public and staff to support their own individual circumstances. The Trust has due regard to the need to eliminate discrimination, harassment and victimisation, and risk of radicalisation to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in the Equality Act 2010).

Visit the Safeguarding Adults Page on the Intranet.
This publication has been reviewed by Moorfield's Patient Forum:
Andrew Hill, Paul Hilides, Shirley Chase, Loraine Rogers and Sally Mustoe.

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