

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON
THURSDAY 24 MARCH 2022 (via video link)**

Attendees:	Tessa Green (TG)	Chairman
	Martin Kuper (MK)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Sumita Singha (SS)	Non-executive director
	Richard Holmes (RH)	Non-executive director
	Nick Hardie (NH)	Non-executive director
	David Hills (DH)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Peng Khaw (PK)	Director of research & development
	Sarah Needham (SN)	Acting chief nurse and director of AHPs
	Johanna Moss (JM)	Director of strategy & partnerships
	Louisa Wickham (LW)	Medical director
	Jonathan Wilson (JW)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Jamie O'Callaghan (JO)	Head of corporate governance (minutes)
	Richard Macmillan (RM)	General counsel & company secretary
	Debbie Bryant (DB)	Committee Secretary
Governors:	Allan MacCarthy	Public governor, SEL
	John Sloper	Public governor, Beds & Herts
	Jane Bush	Public governor, NCL
	Roy Henderson	Patient governor
	Kimberley Jackson	Public governor, SWL
	Jon Russell	Patient governor
	Richard Collins	Public governor, NEL & Essex
	Ian Humphreys	Appointed governor, College of Optometrists
	Vijay Arora	Public governor, NWL
	Vijay Tailor	Staff governor, City Road

22/2685 Apologies for absence

Apologies were received from Ros Given-Wilson and Vineet Bhalla, Ian Tombleson, Kieran McDaid and Nick Roberts.

TG highlighted that she had received insights from Ros and Vineet in advance of this meeting which had been shared with the board, including indicating their approval of the trust strategy at item 22/2690.

22/2686 Declarations of interest

There were no declarations of interests.

22/2687 Minutes of the last meeting

The minutes of the meeting held on the 24 February 2022 were agreed as an accurate record.

22/2688 Matters arising and action points

All actions were either completed or attended to via the agenda.

TG highlighted that it was SS's final board meeting as she was leaving the position of non-executive director in April. TG thanked SS for her dedication and all the hard work she had put into the role, particularly in relation to the Oriel journey. SS always had an absolute focus on patients and their experience of Moorfield services and challenged others when improvement was necessary and also provided incredible input into the Quality and Safety Committee, Capital Scrutiny Committee and the People Committee. TG wished SS well on behalf of the board.

TG also thanked SN for her time and contributions as acting Chief Nurse and welcomed Sheila Adam, who was joining the trust on 1 April to take over the role.

22/2689 Chief executive's report

MK advised that staff sickness absence levels had reduced back to the levels seen prior to Omicron, however, there had been an increase in anecdotal reports of Covid around the trust and this required observation. The trust was being encouraged nationally to step down precautions in relation to Covid but this required consideration in relation to the national position on staff testing.

The final vaccination data submission revealed that 55.6% of staff had received their flu vaccination and this number was not expected to increase for this period. MK highlighted that it was difficult to predict the uptake for next year as the pattern was not normal.

Covid vaccination as a condition for deployment had been revoked. Overall, 93% of the trust's frontline staff received their first Covid vaccination and uptake continued to be encouraged.

In relation to infection control, the social distancing limit had been reduced to 1 meter on the wards and cleaning regimes had been reduced back to standard cleaning. Other precautions remained under review and there had not been any adjustment on the maximum number in non-clinical areas.

On site visits, MK highlighted that he visited Brent Cross and met Dr Matthew Offord, who had a particular interest in Ophthalmology and was impressed with the visit. There was also a new programme of executive visits which was being rolled out from May.

MK reminded the board that the NIHR Moorfields Clinical Research (CRF) had received a new five-year funding term to facilitate novel therapies and technologies and this was hugely important funding to secure and offered his congratulations to the team on the achievement.

Preparations were underway for the BRC interview for the trust to be renewed as a biomedical research centre and the outcome would be decided over the coming weeks.

MK highlighted that the trust was in a surplus financial position but forecasts

outlined challenges and the potential to go into deficit next year due to changes on the funding of activity and reductions in Covid-19 funding.

The UCL Health Alliance had been formed by member boards and governing bodies with a view of collaborative working system at system level across NCL. There were on-going discussions in establishing the Alliance as a legal entity and to develop a business plan for 2022/23.

On the Ukraine/ Russian situation, MK advised that the full implications were still being considered but the trust was continuing to monitor the situation in relation to cyber, energy, staff and patients.

MK also thanked SN for her work in the role as Chief Nurse and welcomed Sheila Adam who was due to join the trust on 1 April.

22/2690 Approval of the trust strategy

JM highlighted that the strategy aimed to cover all aspects of work within the trust and provided direction and ambition for work in areas of clinical care, research and education. The strategy applied based on the work that was undertaken in the public sector as part of NHS but also the commercial sector both in the UK and internationally. JM expressed her thanks to all the patients and staff that had contributed valuable insight to shape the document.

The strategy recognised that the current world was uncertain and used the five year planning horizon which also aligned with the Oriel timeline. The trust's values had been refreshed which moved from the Moorfields way to focus on excellence, equity and kindness. JM highlighted that the purpose was to work together to discover, develop and deliver excellent eye care and the focus was on sustainability and scale.

SS suggested that the strategy should be clearer on how sustainability was measured and JM agreed to review the document and outline what was required to achieve the green sustainability agenda.

TG queried how the values would be articulated as people were still using the Moorfields way terminology. SD highlighted that there needed to be a piece of work around socialising the trust's values and understanding the behaviours that would be expected when transitioning away from the Moorfields way across to the new values. JM advised that once the strategy was approved, work would happen with SD on developing the new values and aligning it with the transformation programme to ensure that staff understood how their work contributed to the delivery of the strategy.

The board discussed whether financial resilience should have more of a prevalence in the strategy. It was highlighted that the trust was heading into a much more difficult time from a financial perspective and it was agreed that in the current climate financial resilience was critical and therefore should be incorporated into the document.

The board approved the trust strategy subject to a reference to financial resilience. It was also agreed that TG could review the final version and approve it by chairs action.

JM to include reference to how sustainability was measured in the trust strategy

JM to include reference to financial resilience in the trust strategy and send to TG to approve by

22/2691 Oriel update

JM highlighted that the Oriel timeline remained unchanged. The assurance process towards the FBC continued and there had been a number of meetings where the land disposal business case and the JDV was being considered by the regulators for approval.

JM advised that there was a new risk that related to the trust's ability as an organisation to finalise revenue for the forthcoming financial year – which was the fundamental building block that the financial case for the FBC was built on. JM highlighted that this meant that it would be challenging for the final version of the FBC to be submitted to the board in April and it may need to be presented in draft form. The final FBC may need to go to an extraordinary board for approval in May.

TG highlighted that if there was an extraordinary board in May there would also need to be an extraordinary Membership Council. JM advised that the process was still in early stages and it would be helpful to work with the governance team to put provisional meetings in the diary for mid-May.

It was confirmed that the draft FBC document would still be sent to the board for discussion at the April meeting.

JM to work with the governance team to put in place provision dates for an extraordinary board and MC for mid-May.

22/2692 Integrated performance report

JS highlighted that February Performance for elective activity was 93.8% and 90.4% of outpatient activity. The figures were disproportionately impacted by the reduced number of working days in February. The trust's overall sickness absence level remained high but stable at 4.3% which allowed for all of the theatres to be reopened at City Road.

The levels of referrals increased significantly to 95% of the level seen before the pandemic. A&E attendances rose slightly to 60.8% and work was now underway to support a greater number of patients across London through the attend anywhere system.

The number of patients waiting over 52 weeks for their treatment had increased significantly to 28 people, however nearly all of these patients had been transferred from the Royal Free. The number of patients waiting over 18 weeks had continued to rise, however, the proportion of patients who were receiving their care within 18 weeks had remained consistent, indicating that the same proportion of high risk patients were being prioritised by clinical teams.

The trust did not meet the 28 day cancer standard as a result of 2 breaches were not deemed to be avoidable. The average call waiting or abandonment rates for the booking centre were also not met due to a continuation of high sickness levels, but this looked to improve for the next month.

The trust saw a further deterioration in performance against metrics which monitored complaint responses which was due to staff sickness levels and more complicated complaints being managed by the City Road team.

22/2693 Finance report



JW highlighted that for February the trust was reporting a £18.5m deficit year to date pre Covid support and top up funding. There was £35.2m of Covid support and top up funding which resulted in a £16.7 surplus for the year to date.

The trust was receiving clinical income funding at 100% of 2019/20 activity levels, whilst clinical activity levels recorded were below this level ranging from 66% of A&E activity, 93% elective activity, 81% core outpatient and 97% injections activity. Excess funding over activity levels contributed to £14.1m in month and £16.6m for the year to date.

The trusts full year forecast surplus contained a number of material assumptions and was assessed as a likely £19.9m surplus.

22/2694 Report of the quality and safety committee

TG highlighted that the last Q&S committee discussed infection control, vaccination and spent considerable time on serious investigations and CITO referral issues.

22/2695 Identify any risk items arising from the agenda

None.

22/2696 AOB

None.

22/2697 Date of the next meeting – Thursday 28 April 2022

DRAFT