



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 09  
Oriol update  
Board of directors 2 May 2019

<b>Report title</b>	Oriel update
<b>Report from</b>	Director of strategy and business development
<b>Link to strategic objectives</b>	Oriel links to all eight strategic objectives

<b>Brief summary of report</b>			
The report provides an update for the board on the various activities taking place within Oriel, with a particular emphasis on engagement and equality impact assessment			
<b>Quality implications</b>			
Appropriate engagement with patients, carers and members of the public to make sure that stakeholder views are collated at an early stage and throughout the life of the project.			
<b>Financial implications</b>			
There are no direct financial implications arising from this report.			
<b>Risk implications</b>			
There is a risk to the Oriel project if adequate public consultation is not undertaken and equality impact considerations are not fully understood.			
<b>Action Required/Recommendation</b>			
The board is asked to note the report.			
<b>For Assurance</b>	<b>For decision</b>	<b>For discussion</b>	<b>To note</b>
		✓	✓

#### **AGENDA ITEM 09a – ORIEL ENGAGEMENT ACTIVITIES**

Between November 2018 and April 2019, the Oriel team and the commissioners of services from Moorfields have been actively engaging staff, patients, community representatives and voluntary sector partners in discussions about the proposal to develop a new centre on the preferred site at St Pancras Hospital. This builds on three previous phases of engagement since 2013.

#### **Stage One – Patient and public engagement phase 4: shaping the plan December 2018 to January 2019**

This stage of engagement gathered the views of over 1,000 participants, using the following methods:

- online surveys covering travel, care quality and patient priorities
- 8 drop-in sessions across London and Kent (including at the children’s centre)
- 10 discussion groups and first meeting of the Oriel Advisory Group
- Various discussions with local authorities

The outcome of these discussions influenced the pre-consultation business plan, which was submitted to the national regulators and assured on 12 March.

Main themes from feedback from this stage:

- Most of those who participated in discussions were supportive of the proposed move (around 80%)

- Feedback from the survey asking for views on the proposal showed just over 50% supported the proposed move
- Concerns about the move were about potential disruption caused by change and the challenges of finding a new way to the hospital.
- Those who attended discussions had the benefit exploring potential ways in which accessibility and wayfinding could improve
- Accessibility, both in terms of finding your way to the hospital and navigating within the interior design of the hospital, was the top theme from feedback.
- Other repeated themes related to issues of patient experience. In summary, there was a strong faith in Moorfields' ability to provide clinical excellence, but a view that patient experience does not live up to the same high standards.
- People feel strongly that the proposed move to a new centre could and should help deliver a major improvement, not just in the physical aspects of the patient experience but in the whole culture of eye care – a real opportunity to achieve world class in all aspects of care for patients.

**Stage Two – Patient and public engagement phase 4: wider involvement  
March to May 2019**

Engagement activities have continued as part of the preparation for consultation. In this stage, we have reached out to a wider range of people, where in the previous stage our contact was mainly with people who are already closely involved with Moorfields Eye Hospital. Some 300 people have been involved in this stage.

Actions include:

- Online survey to gather initial views on the proposed move
- 14 open discussion groups across London, Hertfordshire, Buckinghamshire and Kent
- Discussions with groups representing vulnerable and “hard-to reach” people – older people with visual impairment, people with learning disabilities, black and ethnic minorities, people with physical disabilities, representatives of LGBTQ
- Further discussions with local authorities and other community representatives, including residents and councillors in the area of the preferred site
- The Oriel Advisory Group has appointed Emily Brothers as Chair and Carol Bronze as Vice Chair
- 11 active volunteers have been recruited to participate in reviewing and refreshing the options (including consideration of the preferred site location)
- RNIB and Guide Dogs are assisting in further work on accessibility and wayfinding, which will also include patient and public representatives.

The pattern of feedback was largely the same during these further discussions, but added greater insight to the issues to be taken into account as part of the options refresh exercise and in continuing discussions during the consultation.

Some key conclusions from this stage:

- As in the first tranche of discussions, most people agreed that Moorfields Eye Hospital needs a new purpose-built centre. No-one claimed to disagree with this.

- In accessing the proposed new centre, the issue of travel times was frequently considered less important as a potential challenge than the issues that could be presented by “the last half mile”.
- Some people felt that the preferred location offered improvements in accessibility, given the number of train and underground routes to the nearby hub of Kings Cross St Pancras; however, the “last half mile” remained high priority for attention.
- The critical accessibility issues were around the journey from transport stops to the new centre, including for example, roads to cross, walking uphill, navigating across busy stations, pavements and cyclists.
- In general, people were open to ideas that would mitigate against their concerns e.g. a shuttle service for those with limited mobility, efficient pick-up and drop-off points, new technology that can assist visually impaired people with navigation.
- Improving the patient experience was top on the list of “what could be better”. This covered a range of details, but there are three strong themes:
  - Improvements in awareness and understanding of the needs of patients and visitors who are visually impaired. Moorfields should be the leader for all hospitals in accessibility.
  - Improvements in communications and person-to-person support (not necessarily from clinical staff). Many practical reasons were cited to explain and highlight the need for personal support e.g. being able to find a way out of the hospital, as well as
  - inside it; understanding the appointments system and waiting times; understanding more about what can be accessed or achieved in addition to clinical care.
  - All of the discussions painted a vivid picture of what causes feelings of stress for both patients and visitors e.g. anticipating procedures involving your eye, not knowing, and therefore not being able to manage well the likely waiting time; uncomfortable environments, especially being too hot. Given the long journey that some patients and visitors may have to make and the possibility of spending an amount of time within the hospital, there was a view that “comfort” was important to the patient experience. In general, people were optimistic that a proposed new centre would bring significant improvements.

### **Next steps and preparation for consultation**

#### **Further discussions prior to consultation**

- Patient/public workshop as part of options refresh
- Continuing sessions with protected groups
- Workshop on wayfinding with a group of patient and public representatives and industry experts
- Next meeting of the Oriel Advisory Group at the end of April

#### **Preparations for consultation**

- Dates and venues to be confirmed for public discussions – 15 open sessions, 5 themes workshops on options review, innovation, patient experience, wayfinding and accessibility and design
- Briefing for key spokespeople
- Plan for staff and clinical engagement
- Letters to national bodies and local authorities
- Notifications to patients and public via Moorfields website and cascade via NHS and local authority networks

#### **Preparation of information for consultation**

- Drafting and design of consultation document, summaries and accessible versions of information
- Launch of dedicated Oriel website
- Release via website of background information, including pre-consultation business case, report from the London Clinical Senate
- Release via website of engagement outcome report, including outputs from options review for consideration by committee in common
- Release of information via social media
- Development of further background information e.g. factsheets, articles, blogs

## AGENDA ITEM 09b – ORIEL OPTIONS APPRAISAL REFRESH

### Executive summary

An exercise to refresh the options appraisal undertaken in 2013, as described in the PCBC, is currently underway. This paper sets out the approach that will be followed and how the work will inform and be informed by the public consultation programme.

The purpose of the options appraisal refresh is to:

- Involve a wide range of stakeholders in the process of identifying critical success factors for the investment and using these to narrow down a longlist of options;
- Take into account views expressed during pre-consultation engagement activities, and the public consultation;
- Provide evidence for the option or options being consulted on in the public consultation,
- Consider alternative sites for the location of the new facility; and
- Ensure the latest refreshed Treasury Green Book guidance is followed thoroughly.

PA Consulting have been appointed to lead this refresh exercise as they have specific experience and expertise in running Treasury Green book compliant options appraisals for NHS organisations.

### 1. Background

An options appraisal exercise was undertaken by the Oriel project team (comprising executives and clinical leaders from both Moorfields Eye Hospital and the UCL institute of ophthalmology) in 2013. This process uses a set of critical success factors to appraise a long list of options, determine a short list of options and then identify a preferred option. Moorfields trust board reviewed the outcome of the options appraisal in 2017 as part of the refreshed land acquisition business case and concluded the preferred option remained unchanged.

Ahead of the public consultation, it is recognised that the options appraisal requires a refresh to reflect the current environment. This process will provide assurance that the option or options being consulted on remains the preferred option or options when assessed against critical success criteria by a wide group of stakeholders.

### 2. Approach

The options appraisal refresh exercise will be undertaken in two multi-stakeholder workshops, facilitated by PA Consulting.

Workshop 1 – the aim of this workshop is to obtain agreement for investment objectives and critical success factors against which the options will be appraised. The options appraisal framework will be RAG rated in line with Treasury Green Book guidance. From this, the preferred way forward can be identified for consultation.

Workshop 2 – following completion of the consultation, feedback received during the consultation will be taken into consideration by attendees to agree the final longlist, document the process to shortlist, and agree a recommendation for the decision-making business case.

The stakeholders invited to the workshops are as follows:

- Representatives from Moorfields trust executive
- Representatives from Moorfields trust senior clinical and operational leaders
- Representatives from NCL CCGs to represent CCG commissioners

- Representatives from the NCL STP
- Representatives from specialised commissioning
- Representative from patient groups
- Representative from local authorities
- Representatives from the voluntary sector

CBRE have been appointed to conduct a site search using the original criteria detailed in the PCBC. The outcome of this site search will be available for consideration during workshop 1.

The outcome of an equalities impact assessment will also be available for consideration during workshop 1.

The options appraisal refresh will benefit from strong public and patient engagement, which will help to inform the critical success factors and the options appraisal. Inputs from public and patients will be as follows:

1. The stakeholders will consider an outcome report summarising feedback from over 1,200 public and patient participants. The report will provide key issues raised by public and patients during engagement activities between November 2018 and April 2019. This will include results from four surveys, eight drop-in events, 24 discussion groups and responses from ten specific protected groups.
2. A special assembly of public and patient representatives will meet on 17 April, prior to the first options appraisal workshop, to discuss critical success factors from patient and carer perspectives and to give their views on the options long list. The outcome of this discussion will also be considered by the stakeholders at the first workshop.

A separate meeting of commissioning representatives will meet prior to the first options appraisal workshop, to discuss critical success factors from a commissioner perspective and to give their views on the options long list. The outcome of this discussion will also be considered by the stakeholders at the first workshop.

#### **Conclusion**

A clear process is in place to refresh the options appraisal undertaken in 2013 and refreshed for the land acquisition business case in 2017. This process will ensure a robust audit trail to the decision to consult, and it will also ensure the views expressed in the public consultation are taken into account.

**Prepared by Sharan Kaur, Oriel finance lead**

**Presented by Jo Moss, Oriel joint executive lead**

## AGENDA ITEM 09c – ORIEL EQUALITY IMPACT ASSESSMENT

### **Oriel: creating the centre for advancing eye health**

#### **Equality Impact Assessment process**

##### **Introduction**

An equality impact assessment (EIA) process is designed to ensure that a project, policy or scheme does not discriminate against any disadvantaged or vulnerable people or groups. This ensures the NHS pays 'due regard' to the matters covered by Public Sector Equality Duty.

Since the NHS Act 2006, the NHS has had a duty to reduce inequalities in accessing services and in clinical outcomes, and to ensure that services offer same outcomes and same experience to patients regardless of their backgrounds.

The Equality Act 2010 mandates an integrated equality duty on all public bodies to consider how they can:

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

Due regard is demonstrated by considering the likely impact of the change on different groups in the community, in particular the nine protected characteristics as defined under the Equality Act 2010.

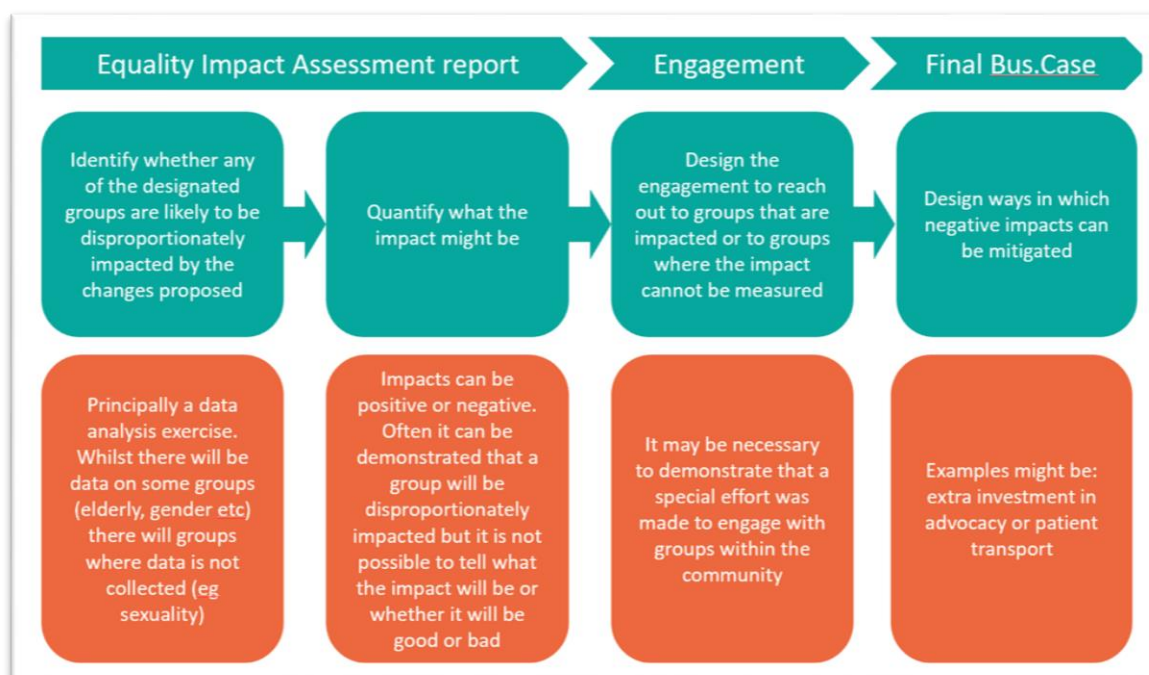
- Ethnicity/Race
- Gender
- Disability
- Age
- Gender reassignment
- Religion or belief
- Marriage and civil partnership
- Sexual orientation
- Pregnancy and maternity.

The NHS Constitution also adds a social duty to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population (eg, through deprivation).

The EIA for the proposals to move Moorfields from its site at City Road to the St Pancras hospital site is being conducted in two parts, with the initial (desktop research) phase completed for the pre-consultation business case, prior to consultation, with a second stage to be completed following the consultation itself.

There are several stages to the approach to an equalities impact assessment:





An initial phase equality impact assessment, conducted as desktop research in January 2019 as part of the pre-consultation business case development, focused on:

- How the services might impact on protected and vulnerable groups in the community
- How the clinical commissioning groups (CCGs) and Moorfields Eye Hospital should ensure equality and fairness in terms of access to these services, and appropriate provision for all patients based on their clinical, personal, cultural and religious needs
- How the CCGs would work together with local providers and patients and carers to ensure a high quality of services that all patients can experience.

The majority of vulnerable or protected groups identified as part of the EIA have been judged as **achieving greater equality, improved outcomes or increased accessibility** through the proposal:

- Both inpatient and community developments are expected to provide improved disabled access for service users, staff and visitors
- For many other groups, the purpose-built facilities would offer an improvement in therapeutic environment, access to outdoor space and care delivered closer to home.

Following the assessment (Appendix A), the following areas were identified for further analysis and inclusion in the communications and engagement plans over the forthcoming months as part of the pre-consultation and consultation phases of the proposals' development.

	<b>Recommendation</b>
<p><b>Demographic pressures</b></p> <p>While demographic factors such as gender and ethnicity are important, age is the single most common risk factor for the major chronic eye conditions in adults. In addition, systemic diseases such as diabetes, hypertension, cardiovascular disease (all of which are also related to increasing age), and their risk factors (e.g. obesity and smoking) are additional risk factors for poor eye health.</p>	<p>Look at the projected population increases together for age and ethnicity and to consider whether there is any disproportionate impact for ethnic minorities experiencing ophthalmic or related conditions. Given that there will be an increase in ethnic diversity within the later age groups as time moves forward.</p> <p>Further detailed analysis of the service user demographic is needed in terms of paediatrics and A&amp;E attendances (across ethnicity, disability, age)? Is that proportionately reflected in the population?</p>
<p><b>Ethnicity</b></p> <p>Distribution of ethnicity for those attending City Road and other Moorfields' sites has a significant proportion of unknown (19% City Road, 20% rest of Moorfields).</p>	<p>Ensure there is work being undertaken to reduce this as much as practicable so that there is an accurate understanding of the difference between population demographic and service user demographic.</p>
<p><b>Gender</b></p>	<p>Further analysis of the gender split of the population. Service users (separately for paediatrics and A&amp;E patients); is there a difference, is any difference supported by clinical expectations?</p>
<p><b>Geography</b></p> <p>Services provided by the trust are included in eight STP footprints</p>	<p>Check whether this footprint changes the demographic profile for the expected/potential service user proportions.</p>
<p><b>Consultation process</b></p> <p>A draft questionnaire, FAQ and consultation document would be drafted. Once drafted, these documents would be reviewed and approved by the consultation steering group</p>	<p>Consider the principles of the Accessible Information Standard as well as including effective diversity monitoring.</p> <p>Within the consultation plan, include specific activity to ensure people from all protected characteristics are engaged in the process, including those where impact has been specifically identified and those where it is thought to have no impact (therefore providing evidence to the assumption of 'no impact').</p>
<p><b>Stakeholder engagement</b></p> <p>Approximately 80 people signed up to the trust's patient reference group; with 35 people attending the first meeting. This group was given background to the project, then worked in seven sub-groups on patient priorities including accessibility, waiting environment,</p>	<p>To ensure the patient reference group is still functioning effectively, feeding into this work, and continues throughout the programme.</p> <p>Undertake a review of the diversity profile of the respondents of community engagement activities to date to check whether there are any specific gaps in terms of protected</p>

	<b>Recommendation</b>
A&E signage, external landscaping, social space, and waiting times. All feedback from the activities was collated and feedback to the project team. This group no longer meets and the Oriel Advisory Group has been formed instead.	<p>characteristics that need to be addressed.</p> <p>The trust is required by statute to have Equality Objectives (currently set to 2020), aligning these to support the on-going work with diverse community/service users on these future changes would be beneficial.</p> <p>Additionally, to maintaining a joined-up approach especially for public (whether service user or not) on what the future changes mean overall (big picture) and in detail for their potential experience of the services.</p>
<b>Programme management</b>	<p>Ensure the programme management arrangements include the ability to continually review equality analysis and therefore evidence Due Regard to the Equalities Act 2010 by including equality analysis as a regular agenda item to be discussed throughout the programme.</p>
<b>Transport and access</b>	<p>Analyse utilisation of the King's Cross/St Pancras/Euston transport hub compared to that of current public transport in relation to City Road, in terms of how busy it gets throughout the day and therefore how easy it is to navigate for those with impairments.</p>

Protected group	Relevance Yes / No	Evidence of impact <i>(Note: consider groups that have greater and/or specific needs)</i>	Nature of potential impact <b>(positive/negative/unknown)</b>	Recommendations/mitigating actions <i>(Note: consider how equity can be achieved)</i>
Age	Yes	Access to clinical services will continue to be accessible to everyone, regardless of their age. Planned and emergency eye care will continue to be provided to children, young people and adults.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
		Most eye disease manifests as a long-term condition and current patients receiving care at the City Road hospital will often have attended the site over many years. Relocating services from a site that patients are very familiar with will present challenges, including navigating new public or private transport routes and accessing the new hospital site.	Negative	Early and active engagement with patients, families and carers to inform them of the proposed relocation. Co-design with patients, families and carers to ensure easy navigation with appropriate signage within the building. Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site.
		Eye diseases are more prevalent in older people. The distance patients are expected to walk from transport links to the proposed new site may impact on older patients and their families.	Negative	Early and active engagement with patients, families and carers to understand their concerns. Work with the local authority to design accessible routes from public transport links that are free of obstacles, safe and easy to navigate. Early and active engagement with patients, families and carers to understand their concerns.
		A significant proportion of current patients	Negative	Work with the local authority to design

Protected group	Relevance Yes / No	Evidence of impact <i>(Note: consider groups that have greater and/or specific needs)</i>	Nature of potential impact <b>(positive/negative/unknown)</b>	Recommendations/mitigating actions <i>(Note: consider how equity can be achieved)</i>
		attending the City Road site are under 18 years of age. The distance patients are expected to walk from transport links to the proposed new site may impact on children and their families.		accessible routes from public transport links that are free of obstacles, safe and easy to navigate.
<b>Disability</b>	Yes	Some areas of the City Road site are not Equality Act 2010 compliant (for example, in some staff areas there is no step-free access). The new facility will be built to be fully compliant with Equality Act 2010 requirements.	Negative	Co-design with patients, families and carers to ensure easy navigation with appropriate signage within the building.
		The main public transport link to the current hospital site (Old Street tube station) is not step-free. The proposed new facility will benefit from King's Cross and St Pancras International stations as the main public transport link, both of which are step-free.	Positive	Provide detailed information, in advance, to all patients to enable them to plan and understand route to the new hospital site.
		The distance patients are expected to travel from transport links to the proposed new site may impact on people with disabilities.	Negative	Review these distances, including what options are available and how accessible the route(s) are, to further understand the impacts on people with disabilities gaining equitable access to the new site. Work with the local authority to design accessible routes from main transport and other hubs.
<b>Gender reassignment</b>	No	The services will remain accessible to all.	Neutral	The proposed changes will have a

<b>Protected group</b>	<b>Relevance Yes / No</b>	<b>Evidence of impact</b> <i>(Note: consider groups that have greater and/or specific needs)</i>	<b>Nature of potential impact (positive/negative/unknown)</b>	<b>Recommendations/mitigating actions</b> <i>(Note: consider how equity can be achieved)</i>
				neutral impact on overall accessibility.
	Yes	No provision has been made at the City Road site to meet the needs of patients or staff who identify as gender non-binary. Consideration will be given to this patient and staff group when designing the proposed new facility	Positive	No mitigating actions – impact is positive.
<b>Marriage and civil partnership</b>	No	Services will remain accessible for patients' partners to visit.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
<b>Pregnancy and maternity</b>	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
<b>Race</b>	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
<b>Religion or belief</b>	No	The services will remain accessible to all.  The new proposed facility will include areas to support both staff and service user faith needs.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
<b>Sex</b>	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.
<b>Sexual orientation</b>	No	The services will remain accessible to all.	Neutral	The proposed changes will have a neutral impact on overall accessibility.