

## A MEETING OF THE BOARD OF DIRECTORS

To be held in public on  
Thursday 24 March 2022 at **09:30am**  
**via MS Teams**

### AGENDA

No.	Item	Action	Paper	Lead	Mins	S.O
1.	Apologies for absence	Note	Verbal	TG	00:05	
2.	Declarations of interest	Note	Verbal	TG		
3.	Minutes of the meeting held on 24 February 2022	Approve	Enclosed	TG		
4.	Matters arising and action points	Note	Enclosed	TG		
5.	Chief Executive's Report	Note	Enclosed	MK	00:15	All
6.	Approval of the trust strategy	Approve	Enclosed	JM	00:20	
7.	Oriel update	Discuss	Enclosed	JM	00:10	
8.	Integrated performance report	Assurance	Enclosed	JS	00:10	1
9.	Finance report	Assurance	Enclosed	JW	00:10	7
10.	Report of the quality and safety committee	Assurance	Enclosed	TG	00:10	
11.	Identify any risk items arising from the agenda	Note	Verbal	TG	00:05	
12.	AOB			TG		

**Date of the next meeting – Thursday 28 April 2022**

**1 hour 25**

\* Strategic Objectives

1 Care 2 Research 3 Knowledge sharing 4 Policy 5 People 6 Infrastructure 7 Finance 8 Enterprise

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

Attendees:	Tessa Green (TG)	Chairman
	Martin Kuper (MK)	Chief executive
	Vineet Bhalla (VB)	Non-executive director
	Andrew Dick (AD)	Non-executive director
	Ros Given-Wilson (RGW)	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
In attendance:	Sandi Drewett (SD)	Director of workforce & OD
	Helen Essex (HE)	Company secretary
	Jamie O'Callaghan (JO)	Head of corporate governance (minutes)
	Richard Macmillan (RM)	General counsel
	Nick Roberts (NR)	Chief information officer
	Michele Russell (MR)	Director of education
	Kieran McDaid (KMD)	Director of estates, capital and major projects
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
	Emma Boswell	Patient

## **22/2670 Patient story**

Emma Boswell took the board through the challenges of being diagnosed with Usher Syndrome and Retinitis Pigmentosa from an early age. She first attended Moorfields forty years ago but wanted to share her experience with the service within the last few years as it highlighted a number of errors in communication and customer service. These included not being provided with an interpreter that was fully qualified to understand the requirements for people who are deaf and blind, not

being provided with adequate communication methods for follow up appointments and receiving an unprofessional attitude from some staff. TG thanked EB for sharing her honest experience and stated that the trust had clearly not done enough for her in this experience and highlighted that this was an important standard to meet that was relevant to patients with many different conditions.

SN explained that the trust was committed to making improvements in this area and outlined that the agreement for the ASI standard to be part of the Quality Improvement Programme. There were also a series of improvement actions that would be implemented over the coming months, including a facility for patients to book directly with deaf and blind enablement, which would allow patients to have a better control in specifying their interpreting requirements. EB would be working closely with the trust to create a training package which ensured that patients' needs continued to be met.

AD expressed that there had to be an individualised approach that understood the need of a particular patient but also creating the right empathy amongst colleagues to ensure that patients were treated with kindness and respect. SN announced that the trust was launching sight awareness training which gave staff the opportunity to have immersive training on the experience of patients. Recruitment campaigns will also start to include a situational judgement test, where appropriate and additional training will be provided for existing staff.

EB outlined that her experience with Moorfields also raised some design issues with the layout of the hospital in relation to colours and contrasting. This had improved over the years but still created a difficulty for navigation amongst patients with sight issues. Members discussed the design constraints and TG suggested that it was important that EB and other patients fed into the design and development process for future layouts.

TG thanked EB for sharing her story with the board.

#### **22/2671 Apologies for absence**

Apologies were received from Jon Spencer and Ian Tombleson.

#### **22/2672 Declarations of interest**

There were no declarations of interests.

#### **22/2673 Minutes of the last meeting**

The minutes of the meeting held on the 27 January 2022 were agreed as an accurate record.

#### **22/2674 Matters arising and action points**

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

TG expressed her thanks to HE who was leaving the role as company secretary and welcomed JO as interim head of corporate governance.

## **22/2675 Chief executive's report**

MK advised that the position with Covid was improving, although there was still a significant number of patients being admitted. There was also still around 1,700 Covid patients in NCL hospitals. The report highlighted that acute hospitals were still under pressure, which had an impact on operational performance. The trust operated a reduced number of operating theatres throughout January and February due to staff sickness and it had only recently increased back to 10 theatres per day.

The number of patients waiting over 52 weeks for treatment or follow up appointments remained stable. However, the trust had begun to see a significant increase in the number of patients who the trust was providing mutual aid for, with 182 patients being transferred from the Royal Free, of which 82 patients had waited over 52 weeks for their treatment.

MK highlighted that the trust had reduced the frequency of the gold and silver command structure to one meeting per week. Discussions were ongoing about the future of social distancing, and it was expected to move to a normal operating model within the next few weeks.

Vaccinations have remained relatively static, 93% of staff had their first dose and 74.6% have had their booster, but the uptake of the flu vaccine has been low. The consultation regarding vaccinations as a condition of deployment had now ended and it was expected that the regulation would be revoked, meaning that staff would not be obligated to be vaccinated. Staff had been invited to a webinar to discuss the topic further. Directors praised the way the trust had handled the consultation, including the tone and staff interaction on the vaccinations policy

MK advised that in the past month he has visited the Potters Bar site and returned to the Bedford site. SD was involved in work for developing team-building initiatives at the sites and work was ongoing in developing the competency framework for administrative roles to support staff that were keen to advance in their careers.

The Transformation Programme was still in development and the strategy was being finalised and would go to the February private board and to the March public board.

MK explained that on system working, discussions continued to take place to clarify the definitions and interface between the UCL Health Alliance and the ICS

The trust was proud to celebrate LGBTQ+ History Month in February and the celebrations had been led by MoorPride.

## **22/2676 Guardian of safe working**

LW explained that staff sickness created some operational pressures between September and February. The report outlined two exception reports, where junior doctors worked overtime as clinics were understaffed due to sickness. The consultants were given feedback and encouraged rest periods.

SN highlighted that fantastic feedback had been received from the medical school in

terms of training and the work that LW and her team were doing to ensure good training opportunities for students.

### **22/2677 Q3 Freedom to Speak up**

MK explained that there continued to be a challenge around the perception of how speaking up would be received. The number of FTSU guardians was being increased and diversified to ensure that staff felt safe and comfortable to raise issues without the fear that it would reflect badly or be held against them.

TG stated that the report was positive, and it was clear that FTSU guardians were becoming more visible and staff were feeling able to raise issues. SD suggested that it was important that staff could also see that positive actions were taken after speaking up and FTSU guardians were helpful in facilitating this and signposting staff. There has been an increased maturity in speaking up over the past 12 months.

### **22/2678 Oriol update**

The main focus remained unchanged from the last meeting which was to enable the business cases through the regulatory approval process and the final preparation of the FBC, which was still on track to come back to the board for review and approval in April.

Two extraordinary meetings of the MC had been scheduled. The March meeting related to the review and approval of the significant transaction which is the sale of the City Road site. The April meeting was for the other significant transactions requiring approval.

Key risks were discussed but they remained unchanged from the last meeting.

TG confirmed that she had been working with JM and RH to support the MC in terms of the detail needed to support the decision making process.

### **22/2679 Integrated performance report**

In January, the trust achieved 90.8% of the outpatient activity and 80% of the elective activity and these figures were impacted by high rates of staff sickness. It was expected that elective and outpatient activities would return to 100% by the end of February.

The level of referrals received recovered to 86.7% of the expected level, which was close to the level last seen in November. A&E attendances remained particularly low at 58.6% and work was ongoing with the clinical and operational teams to explore how to support a greater number of patients across London through the attend anywhere system. The number of patients waiting over 52 weeks for treatment had reduced to 2 but would increase due to the mutual aid being provided to the Royal Free.

The trust did not meet the diagnostic standard as the specialist member of the ultrasound team was on sick leave and the metric for the booking centre was also not met due to sickness. Although performance improved against the theatre

cancellation metric, the trust did not meet the required standard due to reduced capacity in the City Road theatres, which meant that some patients were rescheduled. The Trust did not meet the 28 day cancellation metric as a result of an administration error which caused three breaches and training is now being provided.

There was also a decline in the number of responses to complaints in January due to a combination of planned and unplanned leave and the division have initiated an escalation process to avoid this happening in the future. The trust also did not meet the appraisal and IG targets in January due to staff sickness and this showed signs of improvement.

RGW queried if there were other areas in the trust that relied on a small amount of specialist members of the team to achieve standards. MK advised that this is often an issue in smaller trusts and he would need to clarify the detail and refer back.

**MK to seek clarity and provide a response  
RGW.**

### **22/2680 Finance report**

JW reported a continuation of the previous trend with a YTD surplus of £15.1m and a forecast EOY forecast of £19.9m. M10 saw a reduction in elective activity which resulted in £1.6m favourable. The liquidity position remains strong with cash at £78.7m, which is higher than forecast due to the timing of receipts and payments.

Capital spend to 31st January totalled £6.3m, with additional commitments and orders of £5.4m awaiting invoices against a plan of £15.4m. The trust expects to achieve a forecast capex of £16-17m.

The one area of risk focus was the 2021/22 forecast outturn which is now at £15.8m, having been given a H1 control total of £6.55m, which it exceeded by £1.44m, reporting a £7.99m surplus

More clarify on the impact of the ICS control total for 2022/23 was expected at the April board meeting. JW advised that there would need to be internal planning discussions on the activity trajectories within the existing infrastructure which will be fed through the Finance Committee.

### **22/2681 Membership council report**

TG outlined the report. Governors paid close attention to patient communication and sustainability agenda at the MC. Governors received a briefing on the complexity of the decision making process pertaining to Oriel.

### **22/2682 Identify any risk items arising from the agenda**

TG suggested that the risk register should include financial risk in relation to the issues of tariffs, block contracts and patient follow ups.

**JO and JW to agree wording for risk register**

### **22/2683 AOB**

None.

**22/2684 Date of the next meeting – Thursday 24 March 2022**



## Glossary of terms – February 2022

<b>Oriel</b>	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.
<b>A&amp;E</b>	Accident & Emergency
<b>AHP</b>	Allied health professional
<b>AI</b>	Artificial intelligence
<b>AIS</b>	Accessible information standard
<b>AMRC</b>	Association of medical research charities
<b>BAF</b>	Board assurance framework
<b>BAME</b>	Black, Asian and minority ethnic
<b>BRC</b>	Biomedical research centre
<b>C&amp;I</b>	Camden & Islington
<b>CCG</b>	Clinical commissioning group
<b>CCIO</b>	Chief clinical informatics officer
<b>CIO</b>	Chief information officer
<b>CIP</b>	Cost improvement programme
<b>CQC</b>	Care quality commission
<b>CRF</b>	Clinical research facility
<b>CRM</b>	Customer relationship management
<b>CSC</b>	Capital scrutiny committee
<b>CSSD</b>	Central sterile services department
<b>DNA</b>	Did not attend
<b>DSP</b>	Data security protection [toolkit]
<b>ECLO</b>	Eye clinic liaison officer
<b>EDI</b>	Equality diversity and inclusivity
<b>EDHR</b>	Equality diversity and human rights
<b>EIS</b>	Elective incentive scheme
<b>EMR</b>	Electronic medical record
<b>EQIA</b>	Equality impact assessment
<b>ERF</b>	Elective recovery fund
<b>FBC</b>	Full business case
<b>FFT</b>	Friends and family test
<b>FTSUG</b>	Freedom to speak up guardian
<b>GDPR</b>	General data protection regulations
<b>GIRFT</b>	Getting it right first time
<b>GMC</b>	General Medical Council
<b>GOSH</b>	Great Ormond Street Hospital
<b>GoSW</b>	Guardian of safe working
<b>HCA</b>	Healthcare assistant
<b>I&amp;E</b>	Income and expenditure
<b>ICB</b>	Integrated care board





<b>ICO</b>	Information commissioners office
<b>ICS</b>	Integrated care system
<b>IOL</b>	Intra ocular lens
<b>IoO</b>	Institute of Ophthalmology
<b>IPR</b>	Integrated performance report
<b>JDV</b>	Joint delivery vehicle
<b>KPI</b>	Key performance indicators
<b>LCFS</b>	Local counter fraud service
<b>LDBC</b>	Land disposal business case
<b>MEC</b>	Moorfields Eye Charity
<b>MEH</b>	Moorfields Eye Hospital
<b>NCL</b>	North Central London
<b>NHSI/E</b>	NHS Improvement/England
<b>NIHR</b>	National institute for health research
<b>NPSA</b>	National patient safety agency
<b>NWP</b>	Northwick Park
<b>OBC</b>	Outline business case
<b>OD</b>	Organisation development
<b>PALS</b>	Patient advice and liaison service
<b>PAS</b>	Patient administration system
<b>PDC</b>	Public dividend capital
<b>PID</b>	Patient identifiable data
<b>PMO</b>	Programme management office
<b>PP</b>	Private patients
<b>PPA</b>	Pre-planning agreement
<b>PTL</b>	Patient tracking list
<b>QIA</b>	Quality impact assessment
<b>QSC</b>	Quality & safety committee
<b>QSI</b>	Quality service improvement and sustainability
<b>RAG</b>	Red amber green [ratings]
<b>RCA</b>	Root cause analysis
<b>R&amp;D</b>	Research & development
<b>RTT</b>	Referral to treatment
<b>SCC</b>	Strategy & commercial committee
<b>SI</b>	Serious Incident
<b>SLA</b>	Service level agreement
<b>TUPE</b>	Transfer of Undertakings (Protection of Employment) Regulations 2006
<b>UAE</b>	United Arab Emirates
<b>UCL</b>	University College London
<b>UCLB</b>	University College London Business
<b>UCLH</b>	University College London Hospital
<b>UCLP</b>	University College London Partners
<b>VCOD</b>	Vaccination as a condition of deployment
<b>VFM</b>	Value for money
<b>WDES</b>	Workforce disability equality standards
<b>WRES</b>	Workforce race equality standards
<b>YTD</b>	Year to date

## BOARD ACTION LOG

Meeting Date	Item No.	Item	Action	Responsible	Due Date	Update/Comments	Status
27.01.22	22/2661	Sustainability agenda	To come back with an update in six months	PC	27.07.22		Open
27.01.22	22/2662	Board assurance framework	Review cyber security risk to ensure it accurately reflects the discussion	NR	28.0.22		Open
24.02.22	22/2679	Integrated performance review	MK to seek clarity and provide a response to RGW	MK	24.03.22	response provided	Closing
24.02.22	22/2682	Identify any items for the risk register arising from the agenda	JO and JW to agree wording for risk register on financial risk in relation to issues of tariffs, block contracts and patent follow ups	JW/JOC	24.03.22	JW/RM/JOC meeting 23/4	Closing



Moorfields  
Eye Hospital  
NHS Foundation Trust



Agenda item 5  
Chief executive's report  
Board of directors 24 March 2022

<b>Report title</b>	Chief executive's report
<b>Report from</b>	Martin Kuper, chief executive
<b>Prepared by</b>	Head of corporate governance and executive team
<b>Link to strategic objectives</b>	The chief executive's report links to all eight strategic objectives

<p><b>Brief summary of report</b></p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> <li>• Operational Response to COVID-19 and recovery of clinical services</li> <li>• Vaccination update</li> <li>• Infection prevention control update</li> <li>• Site visits</li> <li>• Clinical research facility</li> <li>• Covid 19 public enquiry</li> <li>• Final preparations for BRC</li> <li>• Open Eyes and IT remediation</li> <li>• February financial performance</li> <li>• UCL Partner Alliance</li> <li>• Impact of Russia/Ukraine</li> <li>• People and awards</li> </ul>
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<p><b>Action required/recommendation.</b></p> <p>The board is asked to note the chief executive's report.</p>
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<b>For assurance</b>		<b>For decision</b>		<b>For discussion</b>		<b>To note</b>	✓
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# MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

## PUBLIC BOARD MEETING – 24 MARCH 2022

### Chief Executive's report

#### **Operational Response to COVID-19 and recovery of clinical services**

Through the month of February the Trust has returned to a normal operating model. Sickness levels have reduced back to the levels seen before the Omicron wave of Covid-19 and activity levels have been increasing, peaking at 106.6% for elective activity and 94.5% for outpatient activity in the final week of the month. The command and control structure which has been put in place during each wave of Covid-19 has now been stood down and key metrics associated with the Trust's response to the virus are being monitored through standard operational meetings.

The Trust has increased the level of mutual aid which we are providing to the Royal Free Hospital Group. This has led to an increase in the number of patients who are waiting for their treatment and a significant increase in the number who we are treating who have waited over 52 weeks for their care. We will continue to treat patients in order of their clinical need and the time that they have waited for their treatment, and this increase in patient numbers brings additional focus to the need to increase our activity levels to as high a level as possible.

#### **Vaccination update**

The final vaccination data submission for the Flu Programme 2021/22 highlighted that 55.6% of staff have received their flu vaccination. Flu has been almost absent this year.

On the Covid Vaccination Programme, Vaccination as a condition of deployment has now been revoked. Final data highlights that 93% of front line staff have received their first vaccination for Covid 19. There is also a slight increase in second doses and booster uptake. The trust continues to promote to staff the benefits of taking up the Covid vaccination.

#### **Infection prevention control update**

The Trust has now implemented changes to IPC as a result of national guidance for elective recovery. Social distancing has reduced to one metres for OPA and wards, cleaning regimes in low risk areas has reduced to standard cleaning and pre elective isolation for 3 days has also stopped.

All other precautions remain in place. Issues such as the maximum permitted numbers in non-clinical areas remain under review but are currently unchanged. Similarly visiting rules remain unchanged, while options and the potential impact of further changes are evaluated.

#### **Site visits**

In the past month I had the opportunity to welcome Dr Matthew Offord, MP for Hendon, to our diagnostic hub at Brent Cross. Matthew was provided with a tour of the site and heard how our service is helping to provide more efficient care to people. Matthew has a special interest in eye health and care and, as part of his visit, also took part in some tests on his eyes supported by our technicians. Brent Cross is situated within Matthew's constituency of Hendon so the visit was an opportunity for Matthew to see first hand how our Brent Cross site is helping care for people in the community. I would like to provide my thanks to everyone involved in coordinating the visit, it was great to be able to showcase our innovative care pathways and career opportunities.

We have instituted a new programme of executive visits, to ensure everyone takes part and all sites get visited. We will also systematically collect feedback from the visits.

### **Clinical Research Facility**

The NIHR Moorfields Clinical Research Facility (CRF) has received a new five-year funding term to facilitate novel therapies and technologies to preserve patients' sight. Receiving this five-year funding is a fantastically important achievement for Moorfields, as it will ensure that the facility's innovative and world-leading research, in progress since 2007, can continue to break new ground. The CRF is part of an internationally renowned partnership, between Moorfields Eye Hospital and the UCL Institute of Ophthalmology and includes the NIHR Moorfields Biomedical Research Centre. Some of its pioneering discoveries that have translated into treatments for patients include the world's first gene therapy trial to treat Leber's congenital amaurosis, a rare inherited eye disease, the world's first 3D printed prosthetic eye and the UK's first bionic eye implant.

### **Covid 19 public enquiry**

The draft terms of reference for the Covid-19 Public Inquiry have been published. These are wide-ranging and cover the public health response, including how and when decisions were made, how the NHS and wider social network responded and the economic response. The Inquiry will be chaired by Baroness Hallett. There will be a public consultation on the draft terms before they are finalised. Consultation will include gaining feedback from bereaved families and other relevant groups. The public consultation will end on 7 April 2022. Once the Inquiry is underway, the Trust will of course respond to any requests that the Chair may make of the Trust.

### **Final preparations for BRC**

Building on the successful National Institute of Health Research (NIHR) Moorfields Clinical Research Facility competition outcome, we are now preparing for the final stage of the national Biomedical Research Centre (BRC) competition. The BRC interview has been scheduled for 4th April 2022 and all competing centres are expected to interview that week. Extensive pre-interview preparation briefings and mock interviews are currently underway reviewing all the research themes in the application and key strategic areas that are addressed in the overall objectives of the BRC. The Government's levelling up agenda makes it particularly challenging, but we have put in a robust application and are putting forward a well-prepared team!

### **Open Eyes and IT remediation**

The IT Remediation Programme has made good progress in the last month, with completion of the WiFi upgrade programme, much improved bandwidth to all but two main sites, allocation of iPads for direct patient-facing clinical care, data access improvements on Zeiss imaging modalities, and enhancements to the Clinical Services desktops. Additionally, work on producing a full business case for a new Electronic Patient Record system has begun and will run through to December 2022. And OpenEyes, our ophthalmology clinical noting system, will be upgraded to the latest version over the Easter weekend, delivering Cloud based high availability services with improved performance and reliability. However, it is acknowledged that further improvements to existing systems continue to be needed. The IT service continues to balance support and recovery of system failures with the priority of upgrading and replacing old applications to provide an improved service. Nick Roberts, our CIO, is attending the Consultants Committee on 22 March to share progress on stabilising existing problems and upgrading and resolving these issues.

### **February financial performance**

The trust is reporting a £1.62m surplus in February, £0.84m favourable to plan. The cumulative surplus now stands at £16.69m – £2.43m favourable, and is forecast to outturn at £19.9m for the year. Patient activity decreased during February to 88% against the equivalent month in 2019/20, compared to 89% in the prior month. On a like for like basis against 2019/20 capacity, this metric is 93% and 82% respectively for Elective and Outpatient activity. The trust cash position decreased slightly to £78.3m, equivalent to 118 days of operating cash. Capital expenditure stands at £9.7m, an increase of £3.4m in month, although still £6.6m adrift of plan. The capital forecast remains £16.5m.

### **UCL Partner Alliance**

As colleagues are aware, Moorfields is a member of the UCL Health Alliance (Alliance), which has been formed by member boards and governing bodies with a view of collaborative working at system level across North Central London (NCL). Member organisations include specialist, community, acute, primary care and mental health providers which work alongside UCL and partner organisations, namely UCL Partners and the NCL ICS.

The Alliance Executive comprises Chief Executive, system clinical and finance leads and the ICS Accountable Officer. The Alliance Board comprises a combination of Chairs and Chief Executives as voting members. There are on-going discussions in establishing the Alliance as a legal entity and to develop a business plan for 2022/23.

### **Impact of Russia/Ukraine**

The trust is continuing to monitor the impact of the Russia/Ukraine situation in relation to cyber, energy, staff and patients.

The trust has a range of cyber monitoring and remedial tools already in place as part of our constantly developing Security Operations Centre and we have enhanced our monitoring of these tools from the 24 February when the situation escalated. We have instigated active alerts to technical staff allowing for continuous threat monitoring, additional responsibilities for our on-call team, and advice to all staff to be vigilant for signs of unauthorised activity.

The Partners Procurement Service have reviewed our main clinical suppliers and have not found any products coming from or through Russian channels. They are continuing to review all other suppliers. Whilst the trust is not affected by the actual supplies from Russia, for example, we do not purchase direct from GazProm, we will be affected by global increases in energy prices.

The trust has a small number of staff who identify as being born in Ukraine and we have issued communications to the wider trust reminding staff of the support offer available and offering our health and wellbeing lead's details for direct support and signposting where needed. There has not currently been an impact identified on patients at the trust.

### **People and awards**

I am delighted to welcome Sheila Adams who will be joining Moorfields on 1 April as chief nurse and executive director of allied health professionals. I would like to take this opportunity to thank Sarah Needham very much for all her hard work and achievements during her time as acting chief nurse and executive director of allied health professionals.

**Martin Kuper**  
**Chief Executive**  
**March 2022**

# Our strategy

## 2022-2027

Excellence,  
equity and  
kindness at  
the forefront  
of eye care



Moorfields  
Eye Hospital  
NHS Foundation Trust





## Welcome

This strategy brings together all aspects of our work across clinical care, research and education and applies to our NHS and commercial services, both in the UK and internationally. This new strategy builds on our previous five year 'Vision of excellence'.

# Our changing environment

There are many changes in the world around us that affect what we do and our role. Along with listening to extensive feedback from our patients, carers and staff, there were four important factors that shaped our strategy review

## The Covid pandemic

The Covid pandemic acted as a significant catalyst for change and innovation in how we deliver care. New service models and an expansion of remotely provided care introduced during the pandemic gave us the opportunity for us to redesign parts of our network and processes, providing a strong foundation for how we plan to operate in future.

## System-oriented working

We need to adapt to the new NHS by promoting joined-up care for the communities living and working across London and the south of England. In determining our role in the system we are led by how we add value as a specialist hospital provider locally, regionally, nationally and internationally.

## Digital opportunities

We want to make the most of opportunities created by digital technology to promote a more patient-centred experience, better outcomes and efficiency as well as giving patients greater control over how their care is managed and delivered.

## The centre for advancing eye health

Over the next five years we will be preparing to move to a new integrated centre for eye care, research and education in St Pancras, London. We will review our whole network, services and pathways to maximise the benefits of this new centre.



## Our motivation, values and purpose

It is important that everyone involved with Moorfields has a clear and shared understanding of our primary motivation, our role in responding to the specific challenges of today's world and our priorities. This will help us to work together to provide the best care for our patients now and in the future.



Our motivation

**People’s sight matters**

Our motivation is what inspires all of us day-to-day and our strategy is firmly rooted in this belief. The experience of losing sight is distressing and can be isolating and costly for those affected. Putting the people with sight loss at the centre of care is essential if we are to support their needs.

Our values

**Excellence, equity and kindness**

**Excellence**

is at the heart of Moorfields’ purpose and history. It is also fundamental to our future as we innovate at the forefront of eyecare, delivering the best care and experience

**Equity**

means that everyone can expect that we will do our best for them – our patients, staff and system partners – providing appropriate, accessible, excellent and sustainable care based on clinical need. Everyone can be confident their voice is listened to in decisions about their care

**Kindness**

means that we are friendly, and considerate – treating everyone with respect and going out of our way to reassure and give confidence

Our purpose

**Working together to discover, develop and deliver excellent eye care, sustainably and at scale**

**Working together**

means we collaborate with one another as individuals, in our teams, with our patients and with our partners

**Discover**

means we will focus on setting the agenda, pioneering new pathways and treatments

**Develop**

means we will apply our discoveries and global best practice to benefit our patients, staff and the services we provide

**Deliver**

means we will consistently provide an excellent, globally leading service

**Sustainably**

means we will use our resource responsibly, safeguarding what we have for the next generation

**At scale**

means we will design our services so that more people can access excellent care

Our purpose summarises the role we want to play in the world, in response to our motivation and our context. We want everyone to understand our purpose so we have a shared foundation when we make important decisions. Moorfields has a heritage of expertise in eye care, research and education and we are respected as a leader both nationally and internationally. Looking ahead to the opportunities and challenges of a changing world, we need to build on our past and adapt for the future so that we continue to be relevant and add value for our patients.



## Our five new strategic objectives

Our objectives are aligned to our purpose and describe what we need to do to realise our ambitions. They are deliberately stretching because we want to challenge ourselves, so that we deliver the best we can for our patients. To make the implementation of our strategy focused and measurable, we will use these objectives to shape our transformation programmes and track our progress over the next five years.



Sharing  
learning from  
across our  
network

### Our ambition is to

- Reshape the design of our organisation and develop our workforce to allow new ways of working and provide excellent and efficient clinical services
- Be an employer of choice, supporting staff to learn, develop and progress in line with our values
- Create and collaborate in Oriel, our new centre for advancing eye care, research and education
- Collaborate, innovate and help lead across systems to support the delivery of excellent eye care

### How we will know we have succeeded

- People will reach their full potential. More will aspire to, and gain experience of, leadership. There will be evidence of ongoing and open dialogue with staff and a continuing focus on kindness and empathy
- We will have a learning culture that creates the next generation able to flourish in the evolving healthcare landscape
- We will be seen as a valued partner in our integrated care system footprints, our region, nationally and internationally
- We will be able to demonstrate how our learning and leadership has shaped national best practice
- We will have successfully relocated to Oriel and will be able to evidence how the new centre is catalysing further innovative collaboration with our partner UCL

## 1 Working together

We will collaborate with one another as individuals, with our patients and with our partners

### What our patients and staff told us

- Colleagues want to feel valued and have clear opportunities to develop and progress in their careers
- There was support for developing leaders that build effective teams, and for a more diverse senior leadership
- Our staff told us they would value more time and space to collaborate, sharing their knowledge and ideas as well as optimising how we plan and deliver care in our systems
- Staff value our aspiration to provide the best eye care to as many communities as we can



## Creating our centre for advancing eye health

Our partnership with the UCL Institute of Ophthalmology represents one of the largest vision research partnerships in the world and is a global centre of excellence

Our commitment to this ongoing and growing partnership is best exemplified by our work to realise Oriel, the centre for advancing eye health in the St Pancras knowledge quarter, London.

Oriel is a joint venture between Moorfields Eye Hospital, UCL and Moorfields Eye Charity. Together, we will create a new, integrated centre at St Pancras Hospital.

Our vision for Oriel is to create an environment for innovation to flourish, inspiring improvements in people's sight. The new centre will be flexible and modern, enabling us to bring together healthcare, eye research and education for the first time.



New centre  
for eye health  
at the St Pancras  
knowledge  
quarter







**Volunteers are crucial to delivering the best patient experience**

## Working with our partners to support better experience

### Our Moorfields family charities

The volunteers, coordinated and funded by the Moorfields family charities, Friends of Moorfields Eye Hospital and Moorfields Eye Charity, are crucial to delivering the best patient experience, providing connection, reassurance, and kindness. Charitable donors are incredibly important to our collective work promoting the best eye care and carrying out pioneering research. We commit to working with the Moorfields charities to improve patient experience, and to promote philanthropic giving of voluntary time and resources in support of patient and staff benefit.

### Charity sector

We want to work even more closely with our partners across the sight loss community and wider charity sector over the next five years ensuring Moorfields patients can access the best support.

### NHS and social care partners

Even more broadly, we look forward to working with our NHS and social care partners in our integrated care systems and clinical networks, progressing conversations about the best configurations of our service footprint and promoting improvements in patient experience and better outcomes as well as underpinning system sustainability.







## Our objectives

### Our ambition is to

- Advance global eye care practice by embedding research and innovation in everything we do
- Realise the full potential of our world-class digital infrastructure and clinical, imaging and biological datasets

keeping  
our research  
profile  
vibrant

## 2 Discover

We will focus on setting the agenda, pioneering new pathways and treatments

### What our patients and staff told us

- Staff felt that one of our most important priorities was to stay ahead of the game in a rapidly changing field. There was support for more “health services” research, with strong backing for redesigning how we deliver care so that patients receive the care they need at the right time and place
- Our patients value access to research and the latest technologies, recognising that research is a critical enabler of equity and kindness, giving more people access to leading treatments. Patients have opportunities to collaborate with staff on projects regularly and told us they appreciate meeting staff who carry out this work and playing a part in taking research forward

### How we will know we have succeeded

- We will be able to demonstrate our national and international research and innovation impact
- We will have increased our applied clinical research and health services research activity across our network of hospital sites
- We will have transformed eye care through digital innovation
- We will have integrated research into more of what we do, with staff from all professional groups actively involved in research
- We will have a pipeline of early career researchers in post



## Our objectives

### Our ambition is to

- Develop excellent and equitable clinical care through implementation of innovation, standardisation, and workforce redesign
- Use digital technology and clinical data to transform care pathways and outcomes
- Review and optimise our network of sites to ensure we can provide excellent care as effectively and efficiently as possible
- Create a digital eye care service, offering our expertise at scale so that we can provide excellent care to a growing number of people

“  
**Giving our  
staff the tools  
they need**”

## 3 Develop

We will practically apply our discoveries and global best practice to benefit our patients, staff and the services we provide

### What our patients and staff told us

- Staff want to shorten waiting times and unnecessary patient visits, which will be enabled significantly by expanding our digital offer – while maintaining our focus on personalised care and giving patients reassurance
- Patients value the chance to support service design and shape research; and are keen to make the most of digital advances while feeling confident that digital services will help rather than hinder them

## How we will know we have succeeded

- We will have a sector-leading digital front door for all patients to access our services
- We will have widespread use of data across our systems, shaping our discovery and delivery of excellent care
- We will have a comprehensive eye care service that offers a blend of digital and in-person care depending on individual needs



## Our objectives

Equal partners in care

- Our community would support a more 'joined up' approach to how we deliver care across our network. They want cohesion and collaboration to ensure we treat and care for the whole person, not just their eye condition

### Our ambition is to

- Work with our patients, staff and charity partners to ensure patients reliably experience high quality care in accordance with our values of excellence, equity and kindness.
- Optimise our systems, infrastructure and capabilities to deliver excellent care that addresses inequalities in outcomes, access and experience

## How we will know we have succeeded

- We will provide a consistently excellent experience of care across our network
- We will embed increased research activity and more digital solutions in our services
- We will provide excellent administrative services
- We will be able to demonstrate that our patients feel respected and fully involved in decisions about their care
- We will provide accessible services and be able to show how we have reduced health inequalities
- We will have consistently good feedback from our patients and staff

## 4 Deliver

We will consistently provide an excellent, globally recognised service

### What our patients and staff told us

- Our patients and staff want seamless treatment and more personalised care. They want to have a role in their care management and to be a partner in decision making. They also told us they value empathy and kindness, an area of strength at Moorfields that could be built on
- Patients are confident in the care they receive at Moorfields and value being spoken to as equal partners in their care





## Our objectives

Adding  
value to our  
partners

- We engaged our staff to develop a green plan as a first step to a net zero future. We are also working alongside system partners in procurement on improving how we approach environmental sustainability

### Our ambition is to

- Build our commercial capability to grow and support new opportunities in support of our change this to financial sustainability, value for money and delivering excellent care to more people
- Work with our partners to minimise our impact on the environment and to add social value to our communities

### How we will know we have succeeded

- We will be able to demonstrate increased efficiency across all teams and services
- We will be recognised as a provider of choice for those in London and the UAE seeking private eye care, with an increased contribution from these services
- We offer commercial courses and degrees attracting a national and global audience

## 5 Sustainably and at scale

We will use our resources responsibly, safeguarding what we have for the next generation; and we will design our services so that more people can access excellent care

### What our patients and staff told us

- Staff support more agile ways of working and greater collaboration between different teams, divisions and disciplines. There is widespread support for more innovation, new modes of delivery and sites playing to their strengths, all underpinning sound financial stewardship

# Where we want to be in five years time



Developing people to realise their potential

## Working together

- Build the workforce, organisational design and develop our staff to allow new ways of working and provide excellent and efficient clinical services
- Be an employer of choice, supporting staff to learn, develop and progress in line with our values
- Create and collaborate in Oriel, our new centre for advancing eye care, research and education
- Collaborate, innovate and help lead across systems to support the delivery of excellent eye care

## Discover

- Advance global eye care practice by embedding research and innovation in everything we do
- Realise the full potential of our world-class digital infrastructure and clinical, imaging and biological datasets

## Develop

- Develop excellent and equitable clinical care through implementation of innovation, standardisation, and workforce redesign
- Use digital technology and clinical data to transform care pathways and outcomes
- Review and optimise our network of sites to ensure we can provide excellent care as effectively and efficiently as possible
- Create a digital eye care service, offering our expertise at scale so that we can provide excellent care to a growing number of people

## Deliver

- Work with our patients, staff and charity partners to ensure patients reliably experience high quality care in accordance with our values of excellence, equity and kindness
- Optimise our systems, infrastructure and capabilities to deliver excellent and efficient care

## Sustainably and at scale

- Building our commercial capability to grow and support new commercial opportunities in support of our financial sustainability and deliver excellent care to more people (enterprise excellence)
- Work with our partners to minimise our impact on the environment and to add social value to our communities

