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

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Contents

1. Chairman's foreword

2017/2018 has been a successful year for the trust. The provision of first rate clinical care for record numbers of patients underpins everything we do. During the year we have met all of our quality and financial targets in the face of an increasing demand for services. Our ophthalmic clinical outcomes are evidenced amongst the best in the world with an excellent safety record.

Continued high performance levels over the past year reflect our Care Quality Commission rating of 'Good', and last year we committed to learning and improving in areas where we fell short of the high standards we set ourselves. The implementation of the action plan we developed to address these areas is nearing completion, and the process of embedding best practice is something we are continually striving to achieve.

We launched our new five-year strategy in July 2017, themed around the core purpose of discovery and innovation. The strategy sets out our clinical, research and education aspirations in an overarching framework, which also includes the key enablers to achieve those aspirations; namely workforce, finance, commercial ventures and infrastructure. The board will be monitoring progress against key objectives throughout the year.

The leadership team at board level has continued to evolve to meet the challenges ahead. We have recruited to all executive positions and a full complement of non-executive directors has been in post for the financial year. David Hills joined as a non-executive director on 1 April 2017 bringing the board considerable experience in managing major capital developments.

The governors on our membership council continue to show their commitment and dedication to the trust and patients, undertaking a number of different activities throughout the year that assist the board in continually improving services. These activities include visiting sites, seeking patient and carer views and holding an annual 'Member's Week'. We are particularly keen to enhance our membership engagement activities in the coming year, so that we can ensure our service improvements are based on the needs of our members.

Collaboration is vital to progressing best practice, developing novel therapies and promoting new ways of working. Our partnership with University College London (UCL) and the Institute of Ophthalmology encourages the integration of research and education into service development today and in the future. Working together, our joint estates management committee has approved the land purchase business case for Project Oriel, the long-term plan for a brand new centre of research, education and clinical care in the St Pancras area. This new, co-located facility will enable clinicians and researchers to collaborate more freely, for the benefit of Moorfields' patients and people with sight problems, both now and in the future.

Philanthropy plays a major role in creating life-changing moments for our patients, most recently evidenced by announcements from the London Project to Cure Blindness, which saw two patients regain their sight. I would like to thank our colleagues at Moorfields Eye Charity and their supporters for their contribution. I would also like to thank the Friends of Moorfields who manage our excellent volunteers, as well as providing financial contributions for vital equipment such as the Corvis ST Pentacam which is used to measure and monitor cornea defects in children and young people.

Finally, I would like to thank our staff and volunteers across the entire network, from our NHS sites, to our private practices in London and abroad in the UAE. Their outstanding dedication, care and commitment ensure that we remain the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education.

2. Welcome from the chief executive

2017/18 has been another successful year for Moorfields and its staff. As chief executive my key measure of success remain those which focus on making sure we provide the best possible care for patients always placing them at the centre of everything we do. Despite the challenging year faced by the trust and the NHS as a whole, I have been incredibly proud of the performance of all of our services. In particular, given the focus on emergency care provision across the NHS during the year, it was pleasing to see our Accident & Emergency service highlighted by the Care Quality Commission as consistently delivering high quality care and patient experience and achieving the 95% four-hour target throughout the year. This is a real testament to the flexibility and innovative thinking of our staff and their ability to deliver such high quality care under pressure.

Excellent care is ultimately determined by the dedication and commitment of our workforce at all levels, from doctors, nurses and allied health professionals to our administrative and clerical teams, and therefore staff engagement is vitally important. This year I was pleased to see our highest ever response rate of 57 per cent to the NHS staff survey and was incredibly encouraged by the positive responses highlighted by staff, including those of Moorfields being one of the best hospitals to work for and receive care in the NHS and overall staff engagement, motivation and satisfaction. As a learning organisation we know that there is always work to do to improve staff experience but having a strong and positive base on which to build is critical in being able to achieve our goals and support our patients.

This year we have seen more pioneering research achievements, further underlining the importance of our close partnership with the University College London (UCL) Institute of Ophthalmology. A particular highlight during the year was the publication of the results from the London Project to Cure Blindness, a Moorfields Eye Hospital and UCL collaboration which restored the sight of the first patients receiving a new treatment derived from stem cell technology. To help further cement this close and collaborative relationship we have appointed a joint director of education across the two organisations, a role that will further enhance our capacity to provide strategic leadership in the provision of the very highest teaching standards in ophthalmology.

The trust was also able to use its position as one of the world's leading NHS eye care providers to develop and influence eye health policy across the UK. We welcomed the opportunity to work with the Mayor of London and the London Assembly in publishing 'Eye Health', a report into sight loss in the capital, which carries important recommendations to ensure that eye health becomes a greater public priority. It is pleasing to see that our expertise and support continues to be in such high demand at both national and international level.

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

I would like to thank all our staff, partners and other key stakeholders for the continued commitment and support they have given to the trust in the past year. We will continue to innovate and develop the treatments and outcomes for our patients to make sure that we retain our position as world leaders in the provision of expert ophthalmic care with a continued focus on excellent local care provision.

3. Overview

3.1 Who we are

Moorfields Eye Hospital NHS Foundation Trust is the leading provider of eye health services in the UK and a world-class centre of excellence for ophthalmic research and education. Our reputation for providing the highest quality of ophthalmic care has developed over 200 years. Our 2,120 full-time and part-time staff are committed to sustaining and building on our pioneering history, and ensuring we remain at the cutting edge of developments in ophthalmology.

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

We have a network of over 30 NHS sites in London and the south east of England, and provide private services both in England and internationally. We are registered without conditions and with an overall rating of 'Good' with the Care Quality Commission (CQC), the independent regulator of health and social care in England.

3.2 What we do

We provide a wide range of ophthalmic services, caring for patients with routine medical needs as well as those with rare and complex conditions. We serve the NHS and private sectors in the UK, and deliver care through our international services. We play a leading role in the training and education of eye care clinicians, integrating with strategic partners. In partnership with the UCL Institute of Ophthalmology, we conduct world-leading research.

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

3.3 Where we are

Map of UK sites

Map of international sites

3.4 How we are structured

Moorfields North division

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

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

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

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

Moorfields South division

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

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

Moorfields City Road division

City Road is managed as a unified division and comprises outpatient services from all sub-specialities (including many referrals from highly specialised services), clinical support services, A&E, a dedicated paediatric centre and comprehensive surgical facilities. Other specialty services at City Road include adnexal, cataract, corneal, general ophthalmology, glaucoma, ocular oncology, medical retina, strabismus and vitreo-retinal. The division is also responsible for our joint working arrangements with Barts Health, Guy's and St Thomas' hospitals, and Great Ormond Street Hospital for Children.

Each division is supported by a range of corporate services covering quality and safety, human resources, governance, strategy and business development and finance. Our newly established access directorate is responsible for business continuity for the trust and includes the booking centre, admissions department, health records, medical secretaries, referral to treatment team and diabetic retinal screening.

3.5 Our strategy

During 2016/17 we engaged our staff, patients and key partners to refresh our organisational strategy and agreed our core belief that 'people's sight matters'. The strategy was launched in July 2017. Together, we have developed a cohesive and aligned plan which sets out our clinical, research and educational aspirations for the first time in one overarching framework.

We launched the five-year strategy in July 2017 with a new purpose, 'working together to discover, develop and deliver the best eye care'.

- **Working together** means we collaborate with one another as individuals, with our patients and with other organisations.
- **Discover the best eye care** means we will focus on setting the agenda, being at the forefront for others to follow.
- **Develop the best eye care** means we will practically apply our discoveries to benefit our patients, staff and the services we provide.
- **Deliver the best eye care** means we will consistently provide an excellent, globally-recognised service.

Our continued participation in the national vanguard programme as one of the acute care collaboration sites has allowed us to share our experience of networked care. In collaboration with partners across the health system, we have undertaken research to understand the implications for expanding a networked care model, both numerically and geographically. We have also led the establishment of the UK Ophthalmology Alliance, which brings together eye care professionals, patient groups and national ophthalmic bodies across the UK to improve efficiency and pathways, create quality standards, benchmark performance and provide support in areas where performance can be improved. The alliance also provides a national voice on eye care issues, especially around efficiency and the use of resources.

We remain committed to three significant investments in improving our physical infrastructure. Project Oriel, our long-term plan for a new centre of research, education and clinical care in the St Pancras area is gathering pace. Together with our university partner, the UCL Institute of Ophthalmology and our charity partner Moorfields Eye Charity, we will work towards securing the site and completing the outline business case. We are redeveloping our existing facilities on the St George's Hospital site and in the east of London.

Corporate objectives 2017/18

Our 2017/18 objectives were to:

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

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

Corporate objectives for 2018/19

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

	Working together to discover, develop and deliver the best eye care			
Ambitions	We will pioneer patient-centred care with exceptional clinical outcomes and excellent patient experience	We will be at the leading edge of research, making new discoveries with our partners and patients	We will innovate by sharing our knowledge and developing tomorrow's experts	We will collaborate to shape national policy
Enablers	We will attract, retain and develop great people	We will have an infrastructure and culture that supports innovation	We will have a sustainable financial model	We will be enterprising to support and fund our ambitions

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

- Project Oriel
- commercial growth
- new models of care
- workforce planning
- service improvement

3.6 A going concern disclosure

After making enquiries, the directors have a reasonable expectation that Moorfields Eye Hospital NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

3.7 Key issues and risks

The trust's corporate risk register includes the high level risks to the organisation. These are rated dependent on the level and potential impact of risk, with red being the highest. A summary following a review in February 2018 is included in the Annual Governance Statement at section 5.6.

4. Performance Report

4.1 The year at Moorfields

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

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

Although the trust leadership has remained stable this year with no departures or additions to the voting members of the board, we are pleased to have made a number of exciting new appointments, all

of whom will join us in 2018. However, we said goodbye to Sally Storey, director of HR who had been with the trust for five years.

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

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

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

In March, around 280 staff and volunteers attended Moorfields' Stars of 2017, the biggest staff recognition event of the year. We received a record number of nominations this year, including 170 nominations from patients for the new patient choice award.

Over 500 staff and supporters took part in Eye to Eye, Moorfields Eye Charity's flagship fundraising event which raised over £100,000 towards our pioneering research into eye disorders. In the four years since Eye to Eye began, donations raised have helped support vital research projects, including studies exploring the genetics of keratoconus and the impact of diabetic retinopathy on the structure and function of the eye.

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

Professor Adnan Tufail, consultant ophthalmologist

Keith Barton, consultant ophthalmologist

Professor David (Ted) Garway-Heath, consultant ophthalmologist

Alan Bird, consultant ophthalmologist

Dawn Sim, consultant ophthalmologist

Pearse Keane, consultant ophthalmologist

Professor Sir Peng Tee Khaw, director of research and development at Moorfields and director of the National Institute for Health Research Biomedical Research Centre at Moorfields and the UCL Institute of Ophthalmology

Professor Sobha Sivaprasad, consultant ophthalmologist

4.2 Performance analysis

4.2.1 Patient activity

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

	Activity number	
Point of delivery	**2016/17**	**2017/18**
A&E	102,558	96,947
Inpatient day case	36,078	37,718
Inpatient elective (planned)	1,130	1,184
Inpatient non-elective (unplanned)	2,737	2,780
Outpatient	587,283	601,986
Grand total	729, 786	740,615

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

4.2.2 Performance 2017/18

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

- operational measures such as A&E measures, attendance rates, theatres utilisation and waiting time
- workforce measures such as staff vacancy rate and safeguarding
- quality and safety measures such as rates of infection
- research and development measures such as number of studies closed
- finance measures such as distance from financial plan
- commercial and private patient measures

There are 86 KPIs in total, and each one is categorised into a Care Quality Commission (CQC) domain. These are safe, effective, caring, well led and use of resources. The report gives an overview and detailed performance for each individual metric, comparing this month's performance to previous months, quarters, years and the target. A red, amber or green rating method shows whether a target is achieved, with green indicating performance is on target. Importantly, the report also identifies additional information and remedial action plans for any metrics which are rated red or amber. Along with the monthly updates to the trust board, the report is shared with commissioners at the monthly clinical quality review group.

Over the past few months, the performance and information team have been working with the directors to improve the IPR for next year. This includes adding new KPIs and removing or adapting those which are no longer useful or relevant.

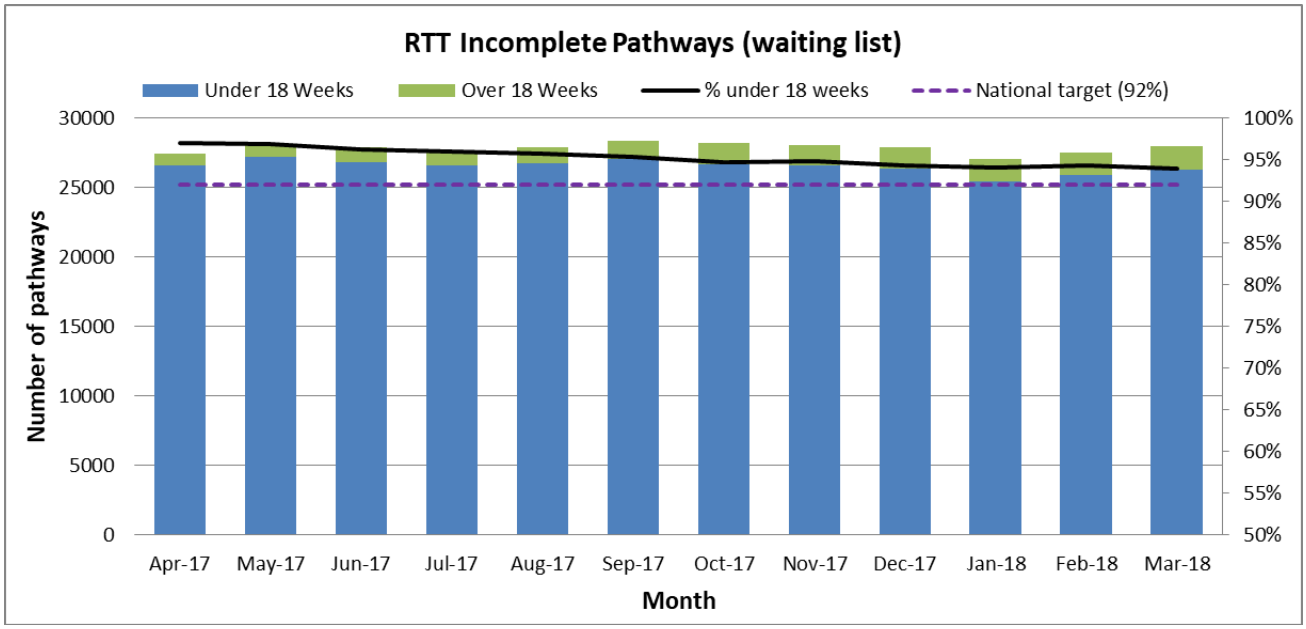
18-weeks referral to treatment (RTT) standard

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

** DTA is decision to admit.*

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

Performance for the measure retained as the primary key performance indicator (18-weeks referral to treatment incomplete) has continued to exceed the nationally set annual target of 92%. Although the trust's RTT performance appears to have decreased since 2016/17, the RTT position was being falsely inflated last year due to a long standing issue with the referral registration process at St George's. The issue has now been rectified with the St George's booking centre moving to City Road, however registering a number of long standing referrals impacted the trust's RTT position.



A&E

Indicator	Target	2016/17	2017/18
A&E four-hour performance	≥ 95% (97.6%)	98.1%	98.5%
Total number of arrivals in A&E	N/A	102,558	96,947
Time to treatment in department – median	≤ 60 mins	35	32

A national requirement is to report the proportion of attendances lasting fewer than four hours from arrival to admission, transfer or discharge in A&E. This has a minimum target of 95% which we have achieved this year, as well as achieving a stretch target of 97.6% as part of the Sustainability and Transformation Fund programme, and improving on last year's performance.

Compared to 2016/17, the number of A&E attendances has fallen slightly to show a year-on-year reduction of just over 4,000 attendances. Other A&E measures, particularly those measuring time spent with the department, show a slight improvement in performance compared to the previous year and we are achieving our operational targets.

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

Cancer waiting times

Indicator	Target	2016/17	2017/18
Cancer two week waits – first appointment urgent GP referral	≥ 93%	98.5%	96.9%
% cancer 14-day target – NHS England referrals (ocular oncology)	≥ 93%	89.8%	89.8%
Cancer 31-day waits – diagnosis to first appointment	≥ 96%	96.7%	95.7%

Cancer 31-day waits – subsequent treatment	≥ 94%	94.9%	98.1%
Cancer 62-days from urgent GP referral to first definitive treatment	≥ 85%	85.7%	100%

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

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

Cancer targets are challenging and the relatively low number of patients can see performance percentages fluctuate. Performance can be influenced by patient choice or the fitness of the patient to undergo surgery, much of which is outside of the control of the trust. We continually seek to improve our services and meet regularly with our commissioners to review performance levels and identify how to improve.

The trust has prepared for the introduction of the new version of the cancer outcomes and services dataset (COSD) and the cancer waiting times (CWT) dataset, which will be monitored in shadow form from April 2018. This new data collection process expands the range of information which we are required to submit and will support greater analysis and understanding of our performance and activity. It includes a new national 28 Day Faster Diagnosis Standard to ensure patients receive a diagnosis more quickly.

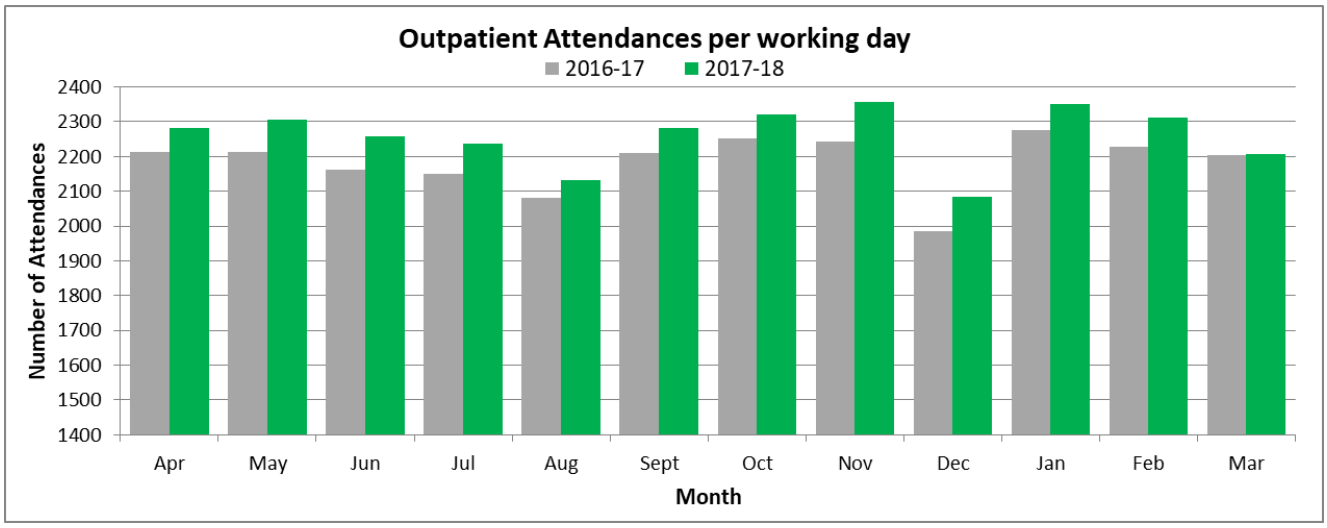
Access

Indicator	Target	2016/17	2017/18
Diagnostic waiting times – six weeks	≥ 99%/100%	100%	100%
Average Electronic Booking Slot Availability	90% by January; 100% by April 2018	N/A	98%

Diagnostic waiting times have again been better than our target, and we have met all diagnostic requirements within six weeks. We also achieved a stretch target of 100% as part of the Sustainability and Transformation Fund programme.

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

Outpatient activity



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

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

** DNA – did not attend.*

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

Last year, we took action to improve performance through text message reminders to patients. The results are shown in outpatient appointments for which the patient did not attend (DNA) decreasing for both first and follow up appointments

Safety

Indicator	Target	2016/17	2017/18
Number of MRSA cases	0	0	0
Number of Clostridium difficile cases	0	0	0
Venous thromboembolism (VTE) screening	≥ 95%	98.9%	98.6%
Mixed sex accommodation	0	23	2

Performance within the safety arena is historically good and remains so this year with the exception of a number of mixed-sex accommodation breaches. However, this has seen a huge reduction on last year as the issues have now been addressed.

Service delivery measures

Ward staffing levels are calculated for those wards with inpatient beds, which for Moorfields include the observation unit and Francis Cumberlege wing at City Road and Duke Elder Ward at St George's Hospital. The data included reflects the national methodology which requires trusts to publish fill rates for both registered nursing staff and care staff separated into day and night periods. This data for is shown in the table below.

Designation	Percentage fill rate
Registered nurses – day	95.3%
Registered nurses – night	103.6%
Care staff – day	89.5%
Care staff – night	109.0%
Total fill rate	**96.2%**

New Measures – Surgery

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

Indicator	Target	2017/18
Theatre Cancellation Rate	≤7.6%	7.0%
Safer Surgery Checklist: Percentage of audited "Team Briefing" stage elements compliant with requirements	≥90%	93.3%
Safer Surgery Checklist: Percentage of audited "Sign In" stage elements compliant with requirements	≥90%	99.7%
Safer Surgery Checklist: Percentage of audited "Time Out" stage elements compliant with requirements	≥90%	98.9%
Safer Surgery Checklist: Percentage of audited "Sign Out" stage elements compliant with requirements	≥90%	98.2%
Safer Surgery Checklist: Percentage of audited "Team Debrief" stage elements compliant with requirements	≥90%	96.7%

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

4.2.3 Commercial divisions and overseas developments

Moorfields Private

Moorfields Private is our private patient unit in London comprising the Moorfields Private Outpatient and Diagnostic Centre, providing consulting and diagnostic facilities for both general ophthalmology and refractive laser services, together also with a dedicated pharmacy service, minor procedures room and injection suite. In addition, the Francis Cumberlege Wing is a 12-bedded ward with en-suite facilities and a 7-bay Club Lounge for patients having routine day case procedures with mild sedation. There are three refractive laser rooms and access to the suite of eight theatres. Moorfields Private also has private consulting rooms at Upper Wimpole Street in London's West End and private patients are also seen at Moorfields Eye Hospital services in Bedford and Purley. Children are seen in the Richard Desmond Children's Eye Centre on the City Road site.

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

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

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

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

A comprehensive marketing strategy continues to focus on building brand awareness, primarily through social media and other digital campaigns, driving enquiries into its dedicated enquiry line service. This has contributed to a 10% increase in new patient enquiries and an 8% increase in conversions to outpatient appointments from those enquiries on the previous year. The delivery of the strategy will be supported by the newly appointed referrer engagement team who will work to drive increased referrals from UK referring practitioners and overseas embassies and corporate sponsors.

Moorfields Eye Hospital Dubai
The year saw the consolidation of our tenth year of operations in Dubai and the completion of one year of operations in Moorfields Eye Hospital Centre in Abu Dhabi, where 20% of the Dubai facility patient base resides. Despite this, Moorfields Eye Hospital Dubai has seen around 160,000 patients and performed over 13,000 surgeries in the last decade.

In November 2017, Moorfields Eye Hospital Dubai completed its first year of the provision of paediatric ophthalmology services at the Al Jalila Children's Specialty Hospital, the UAE's first dedicated paediatric hospital. We have seen over 8,000 paediatric patients in Al Jalila Children's. Moorfields Eye Hospital Dubai is working with the Dubai Medical College to provide undergraduate training in ophthalmology, with a General Medical Council accredited curriculum. We are developing our relationship with the Dubai Healthcare City Authority by working closely with the Mohammad Bin Rashid University of Medicine and Health Sciences to be part of the faculty body and develop specific postgraduate programmes in ophthalmology.

The healthcare market in the UAE continues to be dynamic. Throughout the year we focused on contracts beneficial to increasing the patient flow, developing our market share and increasing awareness of our services within the United Arab Emirates and Gulf Cooperation Council, and added mass media and advertising to maintain and further grow our name.

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

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

This facility is fully equipped with the most modern equipment and is clinically managed by Moorfields consultants. It is the first joint venture of Moorfields in the Middle East in partnership with United Eastern Medical Services – a local healthcare operator and investment group.

We have been very active in the media and in negotiations with insurance companies to facilitate access for Abu Dhabi residents to our facility. Since the commencement of operations in Abu Dhabi, we have seen over 22,000 patients and performed over 700 surgical procedures.

4.2.4 Research & development

Along with our academic partners at the UCL Institute of Ophthalmology, Moorfields Eye Hospital is recognised as one of the world's leading centres of excellence in eye and vision research. The joint site was ranked number one in the world in ophthalmology by the Centre for World University rankings in 2017. Together we form one of the largest ophthalmic research sites in the world, with the largest patient population in Europe and the USA. We publish more scientific papers than any other eye and vision research site in the world and have an extensive joint research portfolio. During 2017/18, Moorfields supported 135 active projects, recruiting over 3500 patients to clinical studies, and the UCL Institute of Ophthalmology had 311 active research grants. Together, Moorfields and the UCL Institute of Ophthalmology published over 600 research papers in 2017/18.

Our five-year joint strategy for research and development sets out a clear direction to allow us to continue as a world-leading organisation in eye disorder prevention and treatment, as well as enabling us to remain agile enough to respond to new developments and opportunities. We are implementing this strategy by:

- conducting fundamental research and rapidly translating it by focusing on high patient-impact research programmes, while strengthening our research base
- attracting, training and developing premier research talent to drive research output, discovery and innovation in treatments
- developing an integrated culture to foster an inspirational environment for collaborative research to boost innovation
- leading some of the largest world-leading partnerships with other institutions and with industry, to bring complementary skills to bear on some of the most challenging research questions.

The strategy identifies three main areas – glaucoma, diabetic retinopathy and age-related macular degeneration (AMD) on which to focus research activity, and highlights key areas of rarer diseases where we have world-leading expertise. There are essential scientific platforms such as stem cell and gene therapy, regenerative medicine, genomic medicine, devices and imaging that underpin this activity and require further development.

The UCL Institute of Ophthalmology departments are organised into three new themes (or clusters) that align more closely with Moorfields' clinical research activity. Each theme has both a clinical and preclinical lead to empower the integration initiative. Researchers can join one or more themes depending on their research interests:

- rescue, repair and regeneration
- visual function and integrative epidemiology
- development, ageing and disease.

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

Our BRC is a partnership award given to both Moorfields Eye Hospital and UCL Institute of Ophthalmology. This award provides the infrastructure support to major programmes of innovative research such as gene therapy, regenerative medicine and stem cell therapy including pharmaceutics and novel surgical devices, visual assessment and imaging, genotyping and inflammation.

On 1 April 2017, Moorfields BRC began a new five year, £19 million, award term. This substantial investment by the NIHR recognises our world-leading excellence in the translation of ground-breaking experimental medical research into sight saving treatments. Moorfields NIHR BRC supports:

- research from the point of conceptual proof to studies that assess safety and potential efficacy for patients
- activities and networks that involve patients in working with researchers to determine the drivers and priorities of specific research projects.

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

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

Moorfields Eye Hospital also hosts an NIHR Clinical Research Facility (CRF) which provides specialist support for clinical research studies and clinical trials being undertaken at Moorfields. On 1 April 2017, Moorfields CRF began a new five year, £5.3 million, award term. The CRF complements the

predominantly academic focus of CTUs and enables us to accelerate the transfer of breakthroughs in experimental medicine into treatment trials to benefit patients with eye diseases.

UCL Partners

We are a founding member of UCL Partners (UCLP), the largest academic health science centre (AHSC) partnership in Europe and one of 15 academic health science networks (AHSN) in England. The UCLP network brings together 40 organisations and spans a population of six million people across north east and north west London, as well as Hertfordshire, Bedfordshire and Essex. It aims to ensure that innovation and best practice are spread across the region, providing tangible patient and population health gains locally, nationally and globally through new models of care, enhanced multi-professional education and medical advances.

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

As part of the UCLP-led North Thames Genomic Medicine Centre, Moorfields is one of the top patient recruiting sites in the UK for the 100,000 Genome pilot and project – a national genome sequencing initiative which will deliver more personalised diagnoses to rare disease and cancer patients across the UK. The NIHR BRC at Moorfields was also awarded an NIHR Bioresource for rare diseases centre

Research activity in 2017/18

There were a number of significant and exciting research developments at Moorfields in 2017/18. Of particular note is the London Project to Cure Blindness, a joint project with UCL and charity partners, which saw patients receiving a new treatment derived from stem cells and regaining their sight. Our ongoing medical research partnership with DeepMind Health, one of the world's leading artificial intelligence companies, has made great progress with its research programme. The research outcomes could revolutionise the way professionals carry out eye tests and lead to earlier detection of common eye diseases. Our collaboration with DeepMind is investigating how artificial intelligence technology could help to rapidly analyse eye scans, giving clinicians a better understanding of eye disease progression and treatment outcomes. The project involves Moorfields and DeepMind analysing a set of over one million anonymised eye scans from Moorfields patients. DeepMind has invested in a significant infrastructure to support the research programme, underpinning their commitment to the partnership with Moorfields Eye Hospital.

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

Following on from the first retinal gene therapy in man, Moorfields has continued to support MeiraGTx gene therapy clinical trials throughout 2017. We have increased our support to five currently active gene therapy studies. These are three therapeutic trials for CNGB3, LCA2 and RGPR, and two long term follow-up studies for LCA2 and CNGB3. We are also moving the world's first ocular gene therapy in a human onto a much larger scale. The LCA2 trial is also helping identify patients for inclusion in the upcoming Athena Vision OPTI gene therapy trial. MeiraGTx is formerly Athena Vision; a UK-incorporated spinout company from Moorfields and the UCL Institute of Ophthalmology.

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

The Innovative Medicines Initiative (IMI) has approved the five-year project MACUSTAR focusing on the development of novel clinical endpoints for intermediate age related macular degeneration (iAMD)

for future clinical trials. MACUSTAR is the first exclusively ophthalmological project of IMI 2, it has a total research budget of 16 million euros and will be co-led by Moorfields consultant Adnan Tufail.

4.2.5 Education, training and teaching

Education strategy

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

The education strategy builds on themes including:

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

Medical Education

Junior doctors rotating through the North Thames education programme spend two to three years at Moorfields. We are the lead provider for the north London programme with approximately 57 trainees. We also have three trainees at Croydon and six at St George's from the South Thames programme.

We have fellowship programmes in all clinical sub-specialties for national and international fellows. Our fellowship programme has approximately 100 fellows, including clinical leadership fellows but excluding trainee fellows and honoraries. Many go on to positions at world-respected institutions.

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

Moorfields also runs the junior ophthalmologist simulation training programme for the whole of London and provides a number of simulation boot camps for London trainees in basic and advanced microsurgery and cataract surgery as well as a pan-London exam revision course. Funding has been allocated to restore the wet lab and microscopes that were lost 3 years ago and for improving video display and recording in theatres across the trust.

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

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

Nurse Education

In March 2018 the refreshed nursing strategy was launched and built on the original strategy from 2013 and the nursing workforce project from 2016. The strategy was implemented in consultation with

nurses through workshops, presentations and questionnaires. The five-year strategy has three key objectives:

Career: To develop a nursing and technical workforce to deliver world class ophthalmic care

Education: To develop the nursing and technical workforce to deliver the best clinical care and become the nationally recognised provider of ophthalmic nurse and technician education.

Culture: To develop the nursing and technical workforce to the Trust so it becomes integral to the success of the organisation.

In 2017/18, we have continued to support enhanced roles for our nursing staff, enabling them to develop their expertise. Five nurse practitioners have commenced their independent prescribing qualification which will enable them to manage patients autonomously, which allows medical staff to concentrate on more complex cases.

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

The postgraduate certificate in clinical ophthalmic practice, a Moorfields and UCL collaboration, is now in its fourth year with 40 learners working towards the qualification.

The City & Guilds accreditation for the ophthalmic care certificate is now in its second year and we have successfully recruited external students to the programme. It is designed to educate healthcare assistants and technicians in ophthalmic practice. The course will offer a formal qualification to this staff group.

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

The medical retina clinic continues to have a great demand for its nurse-delivered intravitreal injection service course. The course draws on our experience of implementing a nurse-delivered service of this kind, and on the expertise in clinical care, education and research of the consultants, senior nurses and management staff who were involved in establishing the facility, initially as a pilot project and subsequently as a fully-operational service. The one-day programme bridges the gap between theory and practical skills for experienced ophthalmic nursing professionals working in a medical retina setting, focusing on the treatment of AMD, retinal vein occlusion and diabetic oedema either in the UK or overseas.

The trust continued to provide a range of study days throughout the year. Designed for registered nurses, the sessions cover emergency eye care, glaucoma, medical retina, ophthalmic pharmacology, ocular plastics, biometry and the slit-lamp workshops. A clinical development day is also provided for healthcare assistants and technicians in addition to writing for publication and presentation skills sessions.

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

Optometry education

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

The team delivers morning teaching at City Road on a weekly basis, currently to 150 optometrists. This includes a one-hour lecture where attendance draws General Optical Council continuing education training points. We are developing formal training packages to prepare staff for new clinics, and looking into e-commerce to make aspects of this available to external optometrists and linked to continuing education training points.

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

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

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

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

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

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

Orthoptist Education

Undergraduate orthoptics students

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

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

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

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

Other ophthalmic professionals

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

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

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

Pharmacy Education

Postgraduate training to junior pharmacists is provided through the distance learning diploma in pharmacy practice (Queen's University Belfast). This provides underpinning clinical pharmacy training. In future, pharmacy will be reviewing the option to have this provided through the joint programme board. Furthermore, the junior pharmacist training programme is being reviewed. The revised training programme will be designed to provide ophthalmic pharmacy training to supplement the core training provided via the diploma and so support the creation of clinic based pharmacists. Clinic-based pharmacists can provide pharmacy support directly to the clinics to improve patient care and experience.

A pre-registration trainee pharmacist programme is delivered at Moorfields under the framework of Health Education England. We offer four placements. The programme lead hosts regular faculty group meetings and we have achieved a 100% pass rate for our trainees

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

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

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

The department strategy is to develop links with higher education institutes, particularly schools of pharmacy, to develop teacher and practitioner roles and to deliver ophthalmic pharmacy training (under and postgraduate). In October 2017, the #knowyourdrops (#KYD) team launched and delivered for the first time in the UK ophthalmic medicine compliance workshops to fourth year undergraduate students at UCL School of Pharmacy, training tomorrow's pharmacists. Currently, the #KYD team offers external training and together with learning and development (L&D), we are currently marketing day–release training courses which are available for external healthcare professionals to book and attend.

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

Graduate trainees

We have increased the numbers of graduate trainees from the NHS graduate scheme and the Civil Service Fast Stream this year and their involvement continues to bring new thinking and ways of working, resulting in increased confidence and job satisfaction for the graduates. A recent graduate has been involved in marketing our training programmes that we sell globally resulting in increased student numbers with an increase in profit which goes back into the NHS to benefit our patients.

Apprenticeships

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

Leadership and management development

Over the last year, we have been strengthening our leadership with a new divisional leadership structure for operational teams and have provided a stretching leadership programme for those who have joined the teams to equip them with the resources needed to undertake their new roles. This has involved individual coaching for them all as well as group work and action based learning to give time to focus on the current, priority issues and concerns from the relevant teams. This work is ongoing and will continue with relevant development for the teams and their people.

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

We have been successful in our bid to run the local version of the Mary Seacole leadership programme, one of the suite of courses provided by the national Leadership Academy. We have now completed the first four cohorts and have another four planned for the next financial year. This has been an excellent addition to our suite of programmes available for our managers and leaders, resulting in requests from other organisations to join our local programme.

Supporting the patient experience

We continue to highlight the needs of patients with our leading and guiding video in which patients tell their stories to increase understanding of sight loss. Virgin Atlantic is using our video to train their cabin crew and so the messages are being circulated to a wider audience.

Training and ongoing development in using a coaching approach in a clinical setting for better patient outcomes is starting to get traction with patient facing staff from across the trust. The coaching community within the trust also continues to grow with opportunities to access coaching for self and team development or training and developing others increasing.

4.2.6 Financial report

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

Statement of comprehensive income

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

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

Income and expenditure

All figures in £'million	**2017/18**	**2016/17**
Income		
Income from activities		
NHS income	165.3	163.9
Private patient income	27.2	26.8
Total income from activities	**192.5**	**190.7**
NHS Improvement Sustainability and Transformation Fund	**6.4**	**6.7**
Other operating income	23.0	24.6
Total other operating income	**29.4**	**31.3**
Total income	**221.9**	**222.0**
Expenses		
Pay costs	116.7	113.0
Non-pay costs	86.4	85.2
Depreciation and amortisation	8.9	8.1
Total operating expenses	**212.0**	**206.3**
Operating surplus excluding impairments	**9.9**	**15.7**
Interest and dividends	(1.5)	(2.0)
Other one-off costs related to joint ventures and disposal of assets	(0.2)	(0.9)
Surplus for the year	**8.2**	**12.8**

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

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

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

Operating expenditure excluding impairments increased in year by £5.7 million (2.8%) to £212.0 million (2016/17: £206.3 million), following investments and growth in our core NHS clinical services, including a material increase in injection activity leading to further staff and drugs costs.

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

Statement of financial position

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

Current assets increased by £2.8 million to £70 million (2016/17: £67.2 million) driven by an increase in cash reserves.

Current liabilities decreased by £3.3 million to £42.2 million (2016/17: £45.6 million) due to reduction in the level of NHS and other payables. Non-current liabilities reduced by £1.0 million to £39.2 million (2016/17: £40.3 million) as a result of loan repayments made during the financial year.

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

Statement of cash flows

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

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

Counter-fraud arrangements

The trust has established a counter-fraud policy and response plan to minimise the risk of fraud or corruption. The trust's local counter-fraud specialist (LCFS) reports to the chief financial officer and performs a programme of work designed to provide assurance to the board in regard to fraud and corruption. The LCFS also gives regular fraud awareness sessions for Moorfields' staff and investigates concerns reported by staff. If these are substantiated, the trust takes appropriate criminal, civil or disciplinary measures.

Political donations

The trust made no political donations during 2017/18 (2016/17: nil).

Commissioning arrangements

The trust undertook £156.3 million of contracted clinical activity in 2017/18 for commissioners from across the UK. Of this, £133.2 million relates to our contracts with 80 clinical commissioning groups (CCGs), a further £17.9 million with NHS England, and the remaining income relates to referrals outside contract (non-contracted activity).

Further information on the trust's financial position can be found in the annual accounts.

4.2.7 Charitable Support

Moorfields Eye Charity

Philanthropy has played an important role throughout Moorfields' history since its foundation in 1805. Moorfields Eye Charity (charity number 1140679) is an independent charity affiliated to support Moorfields Eye Hospital Foundation Trust by providing financial support through grant-making for: new equipment, pioneering research, training of current and future healthcare professionals, development of Moorfields' staff to ensure the care they provide is outstanding, public education about eye health, and improving the experience for Moorfields patients and their families.

Moorfields Eye Charity's key strategic priority is to create a world class integrated care, teaching and research facility in partnership with Moorfields and its research partner, UCL. This is underpinned by the launch of the charity's first six year strategy 'people's sight matters' complementing Moorfields Eye Hospital's 'our vision of excellence' strategy.

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

Grant making activities by Moorfields Eye Charity in 2017-18

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

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

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

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

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

- annual medical alumni day
- nursing conference
- staff benevolent fund
- PhD studentships
- patient welfare support

- research travel grants
- equipment purchase

Friends of Moorfields

'Friends of Moorfields' is a smaller, but thriving and active member-led charity which has been supporting patients and staff at Moorfields Eye Hospital for 55 years. The charity is completely reliant on funding from public donations and membership income. It provides facilities for Moorfields that would not be available through normal NHS funding.

Volunteers play a vital role in the life of Moorfields, and Friends of Moorfields manage the trust's volunteer programme. During the year Friends of Moorfields provided approximately 620 volunteer hours each week. More than 150 volunteers gave their time and expertise:

- at the entrance of the main centre and the children's centre, answering questions at the Friends of Moorfields help and information desks
- accompanying patients around the hospital to their appointments
- befriending and supporting patients in the clinics while they wait to be seen
- on the wards and around clinics with trolleys for those who want to buy refreshments
- on the receptions in A&E and Medical Imaging
- staffing the shop at City Road
- on the phone helping patients who need moral support while they recover from a serious eye operation.

Friends of Moorfields also awarded a number of grants to Moorfields staff, and continue to fund the annual arts programme. In the year Friends of Moorfields purchased:

- a Corvis ST Pentacam for Richard Desmond Children's Eye Centre This will be used to measure and monitor cornea defects in Children and Young People seen at RDCEC, and help consultants make decisions about suitable treatment.
- a patient pager system at City Road and St Ann's which will allow patients waiting for long periods in clinics to leave their seats for a drink or comfort break, as they will be alerted by a buzzer when they are due to be called.
- two and a half full time play therapists based at Moorfields City Road and at Moorfields Eye Centre at St George's Tooting
- a part-time paediatric counsellor
- a public and patient engagement seminar program at the UCL Institute of Ophthalmology Bringing together patients and Scientists in a series of awareness raising events.

Most recently Friends of Moorfields have taken a more active role in patient information and signposting. The charity employs a full time health hub support officer who is based in the health hub at City Road assisting patients with information about their conditions, and about other help that might be available to them. To find out more about our work please visit www.friendsofmoorfields.org.uk or email friends@moorfields.nhs.uk or call 020 7251 1240.

4.2.8 Equality, diversity and inclusion

The trust's aspiration for equality, diversity and inclusion is a culture which supports staff in realising their own potential while supporting patients in realising the best possible health outcomes.

Our equality, diversity and human rights policy sets out how we ensure that neither patients nor staff are treated differently because of any protected characteristic they may have. For new recruits this is supported by a comprehensive recruitment policy as well as training for managers in managing equality, diversity and inclusion. Our harassment and bullying policy sets out our zero tolerance approach and we are firmly committed to eradicating this behaviour. A new pathway approach to challenging harassment and bullying has been developed and is being rolled out across the organisation. This provides staff with a greater level of support to challenge poor behaviour from colleagues.

We are also accredited with the 'two ticks' status which guarantees people with a disability an interview if they meet the minimum criteria for a role. We have continued the development of staff networks following on from the establishment of MoorAbility, our first network for staff with a disability. There are now networks for black and minority ethnic staff (BeMoor) and LGBT staff (MoorPride).

Our equality, diversity and inclusion working, steering committee and patient forum provide opportunities to share learning from a broad group of stakeholders. We are proud of the progress we have made this year. Being more inclusive has led to positive changes and helped us to innovate. Our 2017 Focus on Inclusion report looks at how we are embedding inclusion in everything we do and includes equality data about patients and staff. It is on our website www.moorfields.nhs.uk/news/focus-inclusion-2017. Information is also available on the website about our workforce race equality standards (WRES) and compliance with equality delivery system (EDS2).

Our equality objectives

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

- improving the experience of people identified by the protected characteristics when waiting for their appointment
- making information more accessible and specific to patients who have a clinical need.

To improve the equality outcomes for our staff we are committed to:

- increasing the diversity of people in leadership and management roles
- continuing to build a strong and positive culture of inclusion
- improving our collection of equality data.
- sharing our leadership of inclusion across our community
- broadening our reach to voluntary partners to gain different perspectives.

4.2.9 IT improvements

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

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

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

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

4.2.10 Improved facilities

We have undertaken a number of projects in 2017/18 to improve the environment in which we see and treat our patients. Following the successful completion of the Moorfields Private outpatients centre in

early 2017, a plan was approved to improve the facilities for in-patients within the Moorfields Private admissions suite. Part of this scheme included the provision of a new observation ward located on the second floor and two new theatres.

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

We created new space within the children's centre by filling in the atrium space, which had the added benefit of reducing noise across the floors.

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

As reported last year, Kemp House continues to help us address the space pressures resulting from increasing clinical activity and aids our commitment to meeting Lord Carter's recommendations. Key non-patient facing services have been transferred into here including finance and IT, further helping to minimise non-clinical space within our hospital at City Road.

Our ongoing commitment to improve patient and staff safety and the environment via our backlog maintenance schemes has included the following;

- roofing and external fabric repairs
- lift refurbishment works
- telephony, CCTV and security enhancements
- heating ventilation and cooling systems upgrades
- general and emergency lighting upgrades
- accessibility improvements including wayfinding and dementia friendly solutions.

4.2.11 Sustainability report

As an NHS organisation, and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of rising cost of natural resources. Demonstrating that we consider the social and environmental impacts ensures that the legal requirements in the Public Services (Social Value) Act (2012) are met.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

Policies

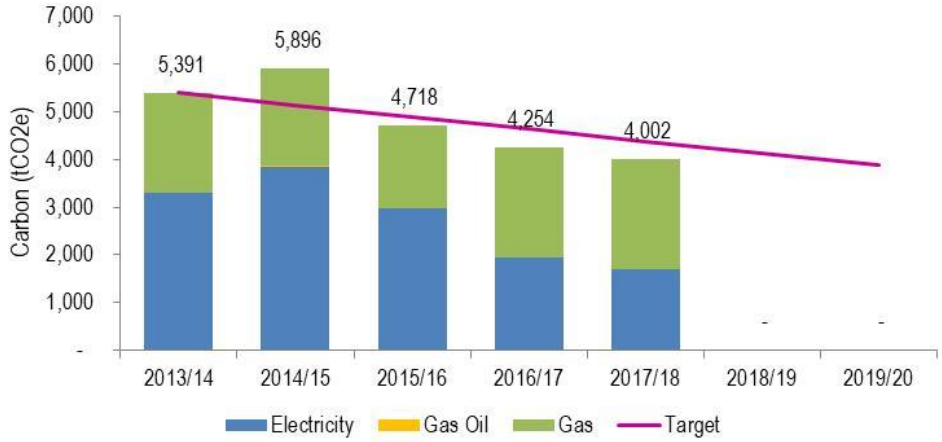
One of the ways in which an organisation can embed sustainability is through the use of a sustainable development management plan (SDMP). We have a board approved SDMP which we use as the basis for managing our sustainability obligations.

As recommended by the NHS Sustainable Development Unit, our SDMP identifies the Sustainable Development Assessment Tool (SDAT) as the framework that we will use to measure our impact on our sustainability obligations. This is aligned against the UN Sustainable Development Goals to help measure how well our activities support sustainability both inside and outside the organisation.

Performance

Carbon

In 2014, the NHS Sustainable Development Strategy outlined an ambition to reduce the carbon footprint of the NHS by 28% (from a 2013 baseline) by 2020. We have supported this ambition as follows:



The graph shows all energy supplies where Moorfields is responsible for its procurement. It demonstrates that our carbon footprint has reduced by 26% when comparing 2013/14 and 2016/17. This puts Moorfields Eye Hospital well on target to achieve the NHS carbon reduction objective.

Water

Details of our water consumption can be found below:

	2013/14	2014/15	2015/16	2016/17	2017/18
Mains	20,623	26,273	65,129	56,358	60,590
Water and sewage spend	£31,539	£47,026	£137,299	£117,596	£99,372

Data notes

1. In the absence of published 2018 figures, 2017 DEFRA carbon emissions factors have been used for 2018 energy consumption
2. 0.3% of total energy consumption based on estimates
3. 1% of 2016/17 and 53% of 2017/18 water consumption based on estimates

4.2.12 Emergency preparedness, resilience and response (EPRR)

Each year the trust undertakes an EPRR process review, the aim of which is to assure NHS England that the trust is prepared to respond to an emergency, and has the resilience in place to continue to provide safe patient care during a major incident or business continuity event. This year the trust was awarded a green rating with full compliance to all standards (66 in total).

4.3 Chief executive's statement on performance 2017/18

Moorfields has performed well both operationally and financially in 2017/18, despite continuing challenges faced by all NHS organisations.

Providing safe and effective services for our patients underpins everything we do and we strive to maintain our high levels of patient feedback so that we can continue to improve services according to the needs of our patients and carers. This year we had 85,121 responses in the 2017/18 national

friends and family test with 97% of respondents saying they would recommend us to their friends and family.

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

While the year saw unprecedented financial challenges across the NHS, we responded to this achieving an exceptional financial performance of a £8.1 million surplus before impairments. This included additional income from the NHS Improvement Sustainability and Transformation Fund of £5.5 million for delivering all financial and waiting time targets. After one-off impairment charges of £2.4 million, the net surplus for the year was £5.7 million.

The trust capital programme supported the continued investment across our activities. Our good financial discipline has allowed us to buy new equipment, invest in new clinical roles and training programmes, develop an electronic medical record, refurbish our eye centre at St George's and invest heavily in increased theatre capacity and our private practice offering at City Road. This programme was financed entirely through internally generated cash and reserves. Total capital expenditure for the year was £9.9 million. Together with prudent management of working capital, the surplus enabled us to increase our cash reserves by £3.5 million to £42.5 million and maintain the highest possible regulatory financial risk rating throughout the financial year.

David Probert
Chief Executive
22 May 2018

5. Accountability report

5.1 Directors' report

Moorfields Eye Hospital NHS Foundation Trust is authorised to operate as a public benefit corporation under the National Health Service Act 2006. The trust is led by the board of directors, which is accountable (via the chair and non-executive directors) to the membership council. The board of directors holds overall accountability for the organisation and is responsible for strategic direction and the high-level allocation of resources. It delegates decision making for the operational running of the trust to the chief executive.

The directors are additionally responsible for preparing the annual report and accounts. Taken as a whole, they consider these are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess Moorfields' performance, business model and strategy.

The board comprises 13 members, seven non-executive directors (six of whom are considered to be independent, the seventh being a representative of the UCL Institute of Ophthalmology as defined in the trust's constitution) and six executive directors. The board recognises that this represents a departure from the provision of the foundation trust code of governance in relation to at least half the board, excluding the chairperson, comprising independent non-executive directors. However the board recognises if a situation arises where the independence of the university representative might come into conflict with the matter being discussed then that potential conflict would be managed in line with Moorfields' constitution and good practice for addressing conflicts of interest.

Non-executive directors, including the chairman, are appointed by the membership council following recommendations from the remuneration and nomination committee for non-executive directors. Executive directors are appointed by the remuneration and nomination committee of the board.

All board meetings are held in public. The board also holds a confidential meeting as required. The board of directors believes it has the appropriate balance and completeness in its composition to meet the requirements of an NHS foundation trust.

As at 31 March 2018, the following individuals comprised the voting members of the board of directors (expiry of terms of office for non-executive directors are listed):

Tessa Green – chairman (F) (3 years – 31.08.19)
David Probert – chief executive (M)
Steve Williams – vice chairman and senior independent director (M) (1 year – 15.03.19)
Professor Andrew Dick – non-executive director (M) (3 years – 30.09.19)
Dr Rosalind Given-Wilson – independent non-executive director (F) (3 years – 30.04.21)
Nick Hardie – independent non-executive director (M) (3 years – 31.12.19)
David Hills – independent non-executive director (M) (3 years – 31.03.20)
Sumita Singha – independent non-executive director (F) (3 years – 21.04.19)
Steven Davies – chief financial officer and deputy chief executive (M)
Declan Flanagan – medical director (M)
Tracy Luckett – director of nursing and allied health professions (F)
Professor Sir Peng Tee Khaw – director of research & development (M)
John Quinn – chief operating officer (M)

The associate directors listed below attend board meetings, but do not have voting rights:
Johanna Moss – director of strategy & business development (F)
Elisa Steele – chief information officer (F) from 1 April 2017 – 31 October 2017
Adam Dunlop – acting chief information officer (M) from 3 November 2017*
Ian Tombleson – director of quality & patient safety (M)
Helen Rushworth – interim director of HR (F) **
Mariano Gonzalez – commercial director (M)***

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

2017/18 attendance record – board of directors

Name	May 17	June 17	July 17	Sep 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Tessa Green	√	√	√	√	√	√	√	√	√
David Probert	√	√	√	√	√	√	√	√	√
Steve Williams	√	√	√		√	√	√	√	
Andrew Dick	√	√	√	√	√	√	√	√	√
Ros Given-Wilson	√	√	√	√		√	√	√	
David Hills	√	√	√	√	√	√	√	√	√
Nick Hardie	√	√		√	√			√	√
Sumita Singha	√	√	√	√	√	√	√	√	
Steven Davies	√	√	√	√	√	√	√	√	√
Declan Flanagan	√	√	√	√	√	√	√	√	√
Tracy Luckett	√	√	√	√	√	√	√	√	√
Peng Tee Khaw			√	√	√	√	√	√	√
John Quinn	√	√	√	√	√	√	√	√	√

Full profiles of all board members can be found here: https://www.moorfields.nhs.uk/content/trust-board

5.1.1 Register of interests for the board of directors

The register of interests of individual directors is available to the public on request and also via the trust's website via https://www.moorfields.nhs.uk/content/trust-board. Please write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: foundation@moorfields.nhs.uk or phone: 020 7566 2490.

5.1.2 Statutory committees of the board

Audit and risk committee

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

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

The audit committee seeks to satisfy itself that the board is sufficiently informed to enable it to complete regular and robust reviews of the board assurance framework and evaluate the effectiveness with which critical business risks are addressed.

The audit committee provides assurance to the board about the adequacy and effectiveness of the trust's systems of internal control, its arrangements for governance processes, service quality and trust economy, efficiency and effectiveness (value for money). The committee also recommends to the board for approval the trust's annual accounts and financial statements, management letter of representation and annual governance statement. Together with the quality and safety committee, the audit and risk committee recommend to the board for approval of the trust's annual quality report.

In carrying out its duties, the audit and risk committee draws on, but is not limited to, the work of internal and external audit, the local counter-fraud specialist, financial and performance reports of management and other evidenced assurances from management.

The audit and risk committee provides written interim activity reports and an annual report to the board. These reports comply with the additional requirements from the foundation trust code of governance and increase the visibility of the audit process to stakeholders.

The audit and risk committee assists the board in fulfilling its oversight responsibilities in respect of the integrity of the trust's accounts, risk management and internal control arrangements, compliance with legal and regulatory requirements, the performance, qualifications and independence of the external auditors and the performance of the internal audit function.

Management supplies the audit and risk committee with the information necessary for the performance of its duties. The internal auditors, the local counter-fraud specialist and the external auditors have direct access to the committee chairman and members separately from management.

The audit and risk committee comprises three non-executive directors, including the quality and safety committee chair. The board has satisfied itself that all the members of the committee are competent in financial matters. The chair has recent and relevant financial experience. The committee's meetings are attended by the chief financial officer, director of quality and safety, the internal auditors, the local counter-fraud specialist, the external auditors and others as required. The chairman and the chief executive have a standing invitation to attend the committee annually.

During 2017/18, the audit committee met as follows:

Members/ dates	22 May 17	12 Oct 17	23 Jan 18	Totals
Nick Hardie (chair)	√	√	√	3

Ros Given-Wilson	√	√	√	3
David Hills	√	√		2
	3	3	2	

Significant issues considered by the audit and risk committee

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

Internal audit

The trust's internal audit function is performed by KPMG LLP. The role of internal audit is to focus on reviewing areas that either complement or underpin delivery of the trust's strategy, based on risk assessment. KPMG provide written updates on progress against an annual internal audit work plan and any recommendations made to management at audit committee meetings. This enables the committee to track both the timely completion of the work plan and the implementation of recommendations by management.

Where internal audit reviews indicate a material, significant or repeated theme of concern, the committee also makes appropriate, timely recommendations for the board to assess and seek adequate assurance from executive management as necessary.

External audit

Moorfields' external auditor is Deloitte LLP, whose type of services and costs are detailed below:

	2017/18	**2016/17**
	£000	**£000**
Statutory audit	94	90
Other non-audit services	57	13
Total	**151**	**103**

The increased figure relating to non-audit services reflects the cost of conducting the well – led framework review and theatre efficiency review.

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

The audit committee also reviews the statutory audit, tax and other services (as relevant) provided by Deloitte, and compliance with the trust's policy which describes in detail the types of services which the external auditors can and cannot provide. The services provided by Deloitte relate to:

- external audit
- other audit services, for example work that regulators require the auditors to undertake, such as on behalf of a regulator

- some tax services, for example value added tax consultancy

All engagements with the external auditors over a specified amount require the advance approval of the chair of the audit committee. The policy is regularly reviewed and where necessary is amended in the light of internal developments, external requirements and best practice.

So far as the directors are aware, there is no relevant audit information of which the auditors are unaware and the directors have taken all the steps they should in order to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

Recommendations from the audit committee to the membership council

Following completion of the work of the external auditors, the audit committee did not identify any matters where it considered that action or improvement needed to be reported to the membership council. The committee made a positive report to the governors which included that the external audit was of a sufficiently high standard and the fees were reasonable and in line with the agreed contract.

Remuneration and nomination committee

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

The newly-formed remuneration and nominations committee is responsible for two key areas:

- Setting the pay and terms of employment of executive directors and other board-level posts, as well as taking an overview of performance reward strategy in the trust. The committee is chaired by the trust's chairman and comprises all non-executive directors, with the exception of Andrew Dick. The chief executive and the director of human resources attend meetings of the remuneration and nominations committee in an advisory capacity. The committee's decisions are informed by benchmarking information from published reward research, such as the NHS boardroom pay report, and surveys of other trusts' remuneration for similar posts.
- Making recommendations to the board about the appointment of executive and other director positions. Rigorous selection processes took place during 2017/18 to recruit a new medical director, director of workforce & organisational development, joint director of education (with UCL), director of estates, capital and major projects and medical director for UAE.

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

Members / dates	29 June 17	07 Sept 17	29 Mar 18	Totals
Tessa Green	√	√	√	3
Steve Williams	√			1
Ros Given-Wilson	√	√		2
Nick Hardie		√	√	2
David Hills	√	√	√	3
Sumita Singha	√	√		2

Accounting policies for pensions and other retirement benefits are set out in note 1.15. Details of the board of directors' remuneration can be found in note 4.3, and details of employee costs can be found in note 5 in the annual accounts.

Performance evaluation

Executive directors undergo formal annual appraisals led by the chief executive which are considered further by the board's remuneration committee. During 2017/18 the chairman discussed individual performance with all non-executive directors. The vice-chairman of the board discussed the chairman's performance with non-executive directors. The outcomes of these discussions were taken to the remuneration and nominations committee of the membership council. As mentioned elsewhere in this annual report, we commissioned an externally conducted well-led governance review of the board, as required every three years by NHS Improvement.

The following non-statutory committees have also been established by the board of directors:

Strategy and investment committee

The purpose of the committee is to review, on behalf of the board, the following key areas;

- the development of strategic plans
- the development of the annual plan, which will include the translation of strategic plans into shorter term plans
- monitoring the implementation of strategic plans and the annual plan
- oversight of Project Oriel and other significant capital projects
- the development of business cases and investment proposals, including the approval of business cases within the limits set in standing financial instructions (SFIs)
- oversight of the research activity carried out by and for the trust

Quality and Safety committee

The purpose of the committee is to review, on behalf of the board, the following key areas;

- to provide oversight and board assurance about the quality and safety aspects of clinical services
- to provide assurance about legal compliance with health and safety and related legislation
- to steer the quality aspects of the trust's strategy and quality improvement plan
- to oversee the development and implementation of the quality account

People committee

The purpose of the committee is to review, on behalf of the board, the following key areas:

- the recruitment, retention, management and development of the trust's workforce
- the education strategy of the trust and its implementation
- the trust's obligations under the public sector equality duty

Finance committee

The purpose of the committee is to review, on behalf of the board, the following key areas;

- financial policies
- financial performance and delivery of the trusts budget

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

- the purpose of the committee is to provide advice and scrutiny to the trust board via the strategy and investment committee on all capital investment projects >£2m.
- the committee is led by a property professional able to advise and challenge the executives responsible for the trust's capital programme (currently the director of estates, capital and major projects and the director of strategy and business development).

All subcommittees of the board are chaired by non-executive directors and, with the exception of the audit and risk and remuneration and nominations committees, the membership and quorum is made up of non-executive and executive directors.

5.1.3 Membership report

Membership council

The membership council has a duty under the NHS Act 2006 to represent the interests of NHS foundation trust members and the public and trust staff in the governance of an NHS foundation trust. The membership council includes elected and nominated governors as shown in the table overleaf and has decision-making powers defined by statute. These powers are described in the constitution and are mainly concerned with holding to account the non-executive directors individually and collectively for the performance of the trust board; the appointment, removal and remuneration of the chairman and non-executive directors; the appointment and removal of our external auditors; the provision of views on strategic plans; and representing the views of members.

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

Executive and non-executive directors routinely attend membership council meetings. Governors receive a copy of the public board papers and are actively encouraged to attend the meetings. A summary of board meetings is included as a standing item on the council's agenda. Feedback from membership council meetings is provided at the next available board meeting. Governors are encouraged to provide as much feedback to membership council meetings as possible, and this includes reporting from their established subgroups and any site visits they undertake.

Governors also receive briefings from non-executive directors on the work of their committees and what is in their portfolio. These include briefings on the quality and safety committee, strategy and investment committee, annual accounts and annual report and the people committee. This provides governors with assurance that non-executive directors are effectively scrutinising the performance of the organisation in key areas.

The process for resolving any dispute between the membership council and the board of directors is described in the constitution (paragraph 17).

Membership Council composition and attendance report 2017/18

Name and constituency	Apr 17	May 17	July 17	Sep 17	Nov 17	Jan 18	Subgroup representation
Public governors							
Emily Brothers (SWL)	√	√	Extraordinary meeting	√	√	√	Chair, MDG
Jane Bush (NCL)	√	√		√	√	√	MDG
Jane Colebourn (Beds and Herts)	√	√		√	√	√	MDG, RNC
Harry Davies (Beds and Herts)	√	√		√			GDG
Bernard Dolan (SWL)		√		√		√	PEF
Brenda Faulkner (patient)	√	√		√	√		GDG RNC
Rob Jones (patient)	√	√		√	√	√	Vice-chair Chair, RNC Chair, GDG MDG
Allan MacCarthy (SEL)	√	√		√	√	√	GDG PEF
Simon Mansfield (NWL)				√			
Paul Murphy (NCL)	√	√		√	√	√	Lead governor GDG
Naga Subramanian (SEL)	√	√		√	√	√	RNC
Simon Tan (NEL and Essex)	√	√		√	√	√	
Jill Wakefield (patient)	√	√		√	√	√	RNC QSC observer
Brian Watkins (NWL)	√	√		√	√	√	

Staff Governors							
Colin Carter (staff: networked sites)	√	√	Extraordinary meeting	√	√	√	MDG
Alex Edwards (staff: City Road)	√	√		√	√	√	MDG
Feyitimilehin Onafowokan (staff: networked sites)		√		√	√	√	
Stacey Strong (staff: City Road)	√	√		*	*	*	
Nominated governors							
Matt Broom, Vision UK	*	*	Extraordinary meeting	*	√	√	
Rakhia Ismail, London Borough of Islington	*	*				√	
John Lawrenson, City University							
David Shanks, University College London	*	*		*			
Tricia Smikle, Royal National Institute for the Blind	*	*			√	√	

Key

√	Present
	Not present
*	Not in post
MDG	Membership development group
GDG	Governance development group
RNC	Remuneration & nominations committee of the membership council
PEF	Patient experience forum
QSC	Quality and safety committee

Elected governors usually hold their positions for three years. Nominated governors are proposed by their host organisation and hold the position until a new nomination is made, or they are otherwise notified.

Committees of the membership council

The council has one formal committee and two subgroups:

Remuneration and nominations committee

The remuneration committee and nominations committee for non-executive directors met once in 2017/18. This committee is established to ensure that the selection and appointment process for non-executive directors is robust, and to regularly review non-executive director remuneration levels to ensure an appropriate balance between value for money and attracting candidates of sufficient calibre.

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

The **governance development group** is established to propose and carry out initiatives that will improve the role of the membership council in the governance of the trust and the development of governors individually and collectively. In 2017/18 this group was particularly focused on improving governor induction and training, in order to better prepare governors in carrying out their duties, and developing the code of conduct.

The **membership development group** is established to propose initiatives to develop the membership of the foundation trust, improve communications with them and to ensure that the trust and its members benefit from that relationship. This group discusses and develops the membership engagement strategy and how to make best use of a wide range of engagement mechanisms and methods.

Register of interests for the membership council

The register of interests of individual governors on the membership council is available to the public on request. Please write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London EC1V 2PD, email: foundation@moorfields.nhs.uk or phone: 020 7566 2490.

Our membership

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

Membership numbers in each public constituency reflect to some degree the size of the service provision in the area. For example, north west London has the greatest number of members because it includes two of our largest locations. The patient constituency is the largest constituency with members from across all services and geographical locations.

A successful membership week was held in July 2017 during which governors spent time at our central London hospital in City Road gathering feedback from patients. Governors also visit sites throughout the year and feedback from the governors after these visits is passed to the patient experience committee as well as to the membership council so that learning and improvement can take place. A programme for similar membership drives is planned throughout 2018/19 with a view to making sure we collect feedback from all 31 sites.

All members are invited to our annual general meeting, which is also open to the public. Last year's meeting on 25 July 2017 attracted more than 300 attendees.

The breakdown of our membership between constituencies is as follows:

Constituency	Number of members
Patient constituency	13,024
Bedfordshire and Hertfordshire public constituency	414
North central London public constituency	1,172
North east London and Essex public constituency	1,661
North west London public constituency	1,965
South east London public constituency	408
South west London public constituency	601
Staff constituencies	2,120 (approx.)*
TOTAL	**21,445**

*See staff report section 5.3

Representing our membership

Members are represented by elected patient, public and staff governors on the membership council which meets at least four times a year. Governors participate in a range of activities, such as membership development and engagement, conducting site visits, reviewing quality initiatives and attending recruitment panels for senior appointments.

We draw our public membership from six geographic constituencies, set out in the table above. Any member of the public who lives in one of these areas and is aged 14 years or over can join as a public member. Any patient aged 14 years or over can join the wider patient constituency. Eligible staff will be automatically registered as members, and are able to opt out. A member of the trust may cease their membership at any time via the contact below.

Members who want to contact their representative governor or a member of the board should write to: company secretary, Moorfields Eye Hospital NHS Foundation Trust, 162 City Road, London, EC1V 2PD, email: foundation@moorfields.nhs.uk. This information is also available on the trust's website: www.moorfields.nhs.uk/membership.

Elections

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

Date	Constituency	Number of seats	Successful candidate(s)
March 2018	North East London and Essex	1	Manzur Ahmed
	North central London	1	Paul Murphy

	North west London	1	Brian Watkins
	South east London	1	Naga Subramanian
	Patient	2	Robert Jones Richard Collins
	Staff: City Road	1	Ella Preston

Full details of the composition of the membership council from 1 April 2018 and of election results are posted on our website at www.moorfields.nhs.uk/membership.

All elections are held in accordance with the election rules set out in the constitution. This has been confirmed by the returning officer for the elections held during 2017/18.

Compliance with the foundation trust code of governance

Moorfields Eye Hospital NHS Foundation Trust has applied the principles of the NHS foundation trust code of governance on a 'comply or explain' basis. The NHS foundation trust code of governance was revised in July 2014 and is based on the principles of the UK corporate governance code issued in 2012.

Inclusion of this sentence in the annual report from 2017/18, together with changes to the NHSI audit code for NHS foundation trusts, is likely to impact upon the trust's external audit opinion.

The Board of Directors support and agree with the principles set out in the NHS foundation trust code of governance. The following areas have been identified as non-compliant with the code, or are in the process of being implemented:

Areas of non-compliance:
The code refers to the appointment of executive directors that should be on fixed term arrangements and reviewed every five years. All executive directors have permanent contracts of employment which cannot be changed without agreement by both parties.

The code refers to at least half the board, excluding the chairperson, comprising independent non-executive directors. The trust has appointed a representative of the UCL Institute of Ophthalmology as a non-executive director, accepting that if the independence of this individual might come into conflict with the matter being discussed, that this would be managed in line with the Moorfields constitution, trust policy and good practice guidance for addressing conflicts of interest.

Signed

David Probert
Chief executive
22 May 2018

5.2 Remuneration report

The trust's remuneration committee makes decisions in relation to directors' pay in light of benchmarking information derived from published research on reward, such as the NHS Providers 2017 remuneration survey, and surveys of other trust's remuneration for similar posts. In 2017/18 existing directors received an increase made on the basis of distance from benchmarks and/or performance.

Performance is judged initially by the chief executive for the executive directors, and by the chairman for the chief executive, against objectives agreed for the year. The chief executive's recommendations are subsequently discussed by the remuneration committee, which agrees on the necessary action. Details of the remuneration committee can be found in section 5.1.3.2 above.

Remuneration is not split into different elements. The committee is always mindful of the national NHS pay uplift for staff and the system within which staff are remunerated, including restraints that apply to trusts and foundation trusts in special measures, when considering each individual. The final determination of the pay level for any individual is based on an assessment of performance.

All contracts are open ended. As at 31 March 2018, all trust directors are on three months' notice with the exception of the chief executive, who is on six months' notice. There is no termination payment built into the contract and there are no contractual provisions for early retirement beyond that required by the law. In certain circumstances an individual may benefit from the provisions of the NHS pension scheme. The trust does not provide any non-cash benefits within the remuneration package.

Accounting policies for pensions and other retirement benefits are set out in note 1.15. Details of the board of directors' remuneration can be found in note 4, and details of employee costs can be found in note 5 in the annual accounts. Information relating to off-payroll arrangements is included in section 5.3.

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

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

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

As required by section 156(1) of the Health and Social Care Act 2012, I declare that the total out-of-pocket expenses paid to governors of the trust in 2017/18 was £5,730 (2016/17: £5,613), and that total out-of-pocket expenses paid in 2016/17 to the directors was £5,910 (2016/17 £4,568). Further detail is shown in note 4.5 in the annual accounts.

David Probert
Chief executive
22 May 2018

Salary and pension entitlements of the board of directors

a) Remuneration

2017/18 Name and Title	Executive Salary (bands of £5,000) £'000s	Clinical / Research Salary (bands of £5,000) £'000s	Pension-Related Benefits (bands of £2,500) £'000s [4]	Total Entitlement (bands of £5,000) £'000s
Mr D Probert - Chief Executive	190 - 195	-	80 - 82.5	270 - 275
Mr S Davies - Chief Financial Officer	145 - 150	-	77.5 - 80	220 - 225
Prof P Khaw - Research Director	30 - 35	195 - 200	-	230 - 235
Ms T Luckett - Director of Nursing & Allied Health Professions	115 - 120	-	47.5 - 50	160 - 165
Mr J Quinn - Chief Operating Officer	120 - 125	-	47.5 - 50	165- 170
Mr D Flanagan - Medical Director	40 - 45	105 - 110	-	150 - 155
Ms T Green - Chairman	35 - 40	-	-	35 - 40
Mr S Williams - Non-Executive Director	15 - 20	-	-	15 - 20
Ms R Given-Wilson - Non-Executive Director	15 - 20	-	-	15 - 20
Ms S Singha - Non-Executive Director	15- 20	-	-	15- 20
Mr A Dick - Non-Executive Director	10 - 15	-	-	10 - 15
Mr N Hardie - Non-Executive Director	15 - 20	-	-	15 - 20
Mr D Hills - Non-Executive Director	15 - 20	-	-	15 - 20

2016/17 Name and Title	Executive Salary (bands of £5,000) £'000s	Clinical / Research Salary (bands of £5,000) £'000s	Pension-Related Benefits (bands of £2,500) £'000s	Total Entitlement (bands of £5,000) £'000s
Mr D Probert - Chief Executive	165 - 170	-	160 - 162.5	325 - 330
Mr J Pelly - Chief Executive [1]	25 - 30	-	-	25 - 30
Mr J Nettel - Interim Chief Executive [2]	5 - 10	-	-	5 - 10
Mr S Davies - Chief Financial Officer	130 - 135	-	105 - 107.5	235 - 240
Mr C Nall - Chief Financial Officer [3]	10 - 15	0	2.5 - 5	15 - 20
Prof P Khaw - Research Director	30 - 35	190 - 195	-	225 - 230
Ms T Luckett - Director of Nursing & Allied Health Professions	110 - 115	-	98 - 100.5	205 - 210
Mr J Quinn - Chief Operating Officer	115 - 120	-	65 - 67.5	180 - 185
Mr D Flanagan - Medical Director	40 - 45	100 - 105	-	145 - 150
Ms T Green - Chairman [5]	20 - 25	-	-	20 - 25
Mr A Nebel - Non-Executive Director	20 - 25	-	-	20 - 25
Mr S Williams - Non-Executive Director	20 - 25	-	-	20 - 25
Ms R Given-Wilson - Non-Executive Director	15 - 20	-	-	15 - 20
Ms D Harris-Ugbomah - Non-Executive Director	10 - 15	-	-	10 - 15
Ms S Singha - Non-Executive Director	10 - 15	-	-	10 - 15
Mr A Dick - Non-Executive Director	5 - 10	-	-	5 - 10
Prof P Luthert - Non-Executive Director	5 - 10	-	-	5 - 10
Mr N Hardie - Non-Executive Director	0 - 5	-	-	0 - 5

[1] Mr J Pelly retired as Chief Executive with effect from 30 November 2015 and retired from the Trust in May 2016.
[2] Mr J Nettel was appointed as Interim Chief Executive with effect from 1 December 2015. Mr Nettel has been replaced by David Probert as Chief Executive from 18 April 2016.
[3] Mr C Nall resigned as Chief Financial Officer with effect from 29 February 2016. Mr Nall was replaced by Mr S Davies from 1 March 2016.
[4] Pension-related benefits are intended to show the notional increase or decrease in the value of directors' pensions assuming the pension is drawn for 20 years after retirement. It is calcualted as 20 x annual pension increase + lump sum increase, adjusted for inflation, less employees' pension contributions paid in the year.
[5] Ms T Green was appointed as Chairman on 1 September 2016

The Chief Executive Officer was paid more than the threshold of £142,500 per annum used in the Civil Service for approval by the Chief Secretary of the Treasury, which equates to the Prime Minister's ministerial and parliamentary salary. The trust appreciates the constraints that have been placed on NHS Trusts, and FTs in special measures or in receipt of central support, in relation to executive pay. We are also mindful of our responsibility for ensuring value for money. Nevertheless we have an obligation to secure a suitable CEO, and therefore the trust's Remuneration Committee agreed the salary in excess of the threshold following benchmarking and market testing.

b) Pension benefits

Name and title	Value of accrued pension at 31 March 2017 (bands of £5,000) £'000s	Value of accrued pension at 31 March 2018 (bands of £5,000) £'000s	Real increase in year in the value of accrued pension (bands of £2,500) £'000s
Mr D Probert - Chief Executive	35 - 40	40 - 45	5 - 7.5
Mr S Davies - Chief Financial Officer	15 - 20	25 - 30	10 - 12.5
Mr J Quinn - Chief Operating Officer	30 - 35	35 - 40	2.5 - 5
Ms T Luckett - Director of Nursing & Allied Health Professions	40 - 45	40 - 45	2.5 - 5

Name and title	Value of automatic lump sums at 31 March 2017 (bands of £5,000) £'000s	Value of automatic lump sums at 31 March 2018 (bands of £5,000) £'000s	Real increase in year in the value of automatic lump sums (bands of £2,500) £'000s
Mr D Probert - Chief Executive	95 - 100	105 - 110	2.5 - 5
Mr S Davies - Chief Financial Officer	40 - 45	60 - 65	20 - 22.5
Mr J Quinn - Chief Operating Officer	80 - 85	85 - 90	2.5 - 5
Ms T Luckett - Director of Nursing & Allied Health Professions	120 - 125	130 - 135	7.5 - 10

Name and title	Cash equivalent transfer value at 31 March 2017 (bands of £1,000) £'000s	Cash equivalent transfer value at 31 March 2018 (bands of £1,000) £'000s	Real increase in cash equivalent transfer value in 2015/16 (bands of £1,000) £'000s
Mr D Probert - Chief Executive	515 - 516	589 - 590	40 - 41
Mr S Davies - Chief Financial Officer	221 - 222	369 - 370	126 - 127
Mr J Quinn - Chief Operating Officer	509 - 510	636 - 637	104 - 105
Ms T Luckett - Director of Nursing & Allied Health Professions	735 - 736	842 - 843	82 - 83

Prof P Khaw is not a member of the NHS Pension Scheme.
Mr D Flanagan ceased to be a member of the NHS Pension Scheme during 2011/12.

Non-executive directors do not receive pensionable remuneration.

5.3 Staff report

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

The average number of sick days taken over the past year was 9.0 days per full time equivalent. This figure has been calculated in accordance with Cabinet Office standards, as per Department of Health and NHS Improvement guidelines and equates to an annual sickness rate of 4.0%.

Average full time equivalent (FTE)	FTE days lost	Average sick days per FTE
1,881	**17,002**	**9.0**

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

Staffing FTE			
2015	**2016**	**2017**	**2018**
1,803	1,817	1,832	1,883

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

Workforce by staff group			
Clinical support 8%	Scientific and technical 14%	Admin and clerical 35%	Allied health professions 2%
Estates 2%	Medical and dental 16%	Nursing (registered) 22%	
Workforce by ethnicity			
Black 17%	Mixed 4%	Asian 23%	White 41%
Other ethnic group 8%	Not stated 7%		
Workforce by sexual orientation			
Lesbian Gay Bisexual Transexual 1%	Heterosexual 54%	Do not wish to disclose 8%	Not recorded 37%
Workforce by disability status			
No 94%	Do not wish to disclose 1%	Yes 1%	Not stated 4%
Workforce by gender			
Female 68%	Male 32%		
Workforce by age			
16 to 24: 95	25 to 34: 490	35 to 44: 600	45 to 54: 539
55 to 64: 332	65 and over: 70		

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

In common with much of the NHS, our workforce is predominantly female. 1450 female staff make up two thirds (68%) and 676 male staff make up one third (32%) of our workforce. Our trust board in 2017/18 consists of 13 voting members, of which nine are male and four are female.

Staff survey

In 2017 we surveyed all our staff and achieved an excellent response rate of 1153, 57%, our highest to date, and above average for acute specialist trusts in England for whom the average is 53%. The overall national response rate was 45%.

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

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

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

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

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

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

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

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

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

- Staff experiencing work related stress

- Staff satisfaction with resourcing and support (this is about numbers of staff but also time and the tools for individuals to do their job)
- Staff feeling recognised and valued by managers and the organisation
- Staff satisfaction with the quality of work and care they are able to deliver

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

Staff friends and family test (FFT)

We conduct our staff friends and family test each quarter. We ask staff to tell us if they would recommend Moorfields as a place to be treated and also if they would recommend it as a place to work. The table below shows that many staff are proud to recommend Moorfields as a place for treatment and likewise as a place to work, keeping us in the upper quartile of all NHS organisations.

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

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

Managing conflicts of interest

All staff and volunteers, non-executive directors and governors and anyone else who is doing business on behalf of Moorfields are expected to comply with our 'Declaration of interests, gifts and hospitality policy'. This policy sets out requirements for staff to preserve the integrity of the NHS and comply with the requirements of the Bribery Act 2010. All board members, consultants and senior managers at a Band 8d or above are considered to be people with influence and are required to submit an annual declaration of interest. All other staff are expected to register any gifts or hospitality they are offered in their line of work.

Rewarding and supporting our staff

Our annual Moorfields' Stars ceremony took place in March 2018. This is a high-profile event to recognise staff and volunteers, supported by Moorfields Eye Charity. Around 280 staff and volunteers attended, and we received a record number of nominations in 2017, including over 170 nominations from patients.

Our Freedom to Speak Up and whistleblowing procedures provide a straightforward and simple process that encourages staff to raise concerns. We have four freedom to speak up (FTSU) guardians and a non-executive director responsible for 'speaking up', and are looking to enhance the function even further to include staff at all levels and from all specialties.

The trust understands that staff may feel worried about raising a concern. In accordance with the trust's duty of candour, the board and senior managers are committed to an open and honest culture. There is a commitment to look into what staff report and to make sure staff have access to the support they need. Our volunteer staff contact colleagues also provide a confidential conduit and source of staff support, and this programme has developed into a new harassment and bullying pathway.

Our obligations under The Trade Union (Facility Time Publication Requirements) Regulations 2017, requires us to collect and publish the following information in respect of trade union officials:

1. the number of employees who were relevant union officials during the relevant period, and the number of full time equivalent employees
2. the percentage of time spent on facility time for each relevant union official
3. the percentage of pay bill spent on facility time
4. the number of hours spent by relevant union officials on paid trade union activities as a percentage of total paid facility time hours.

Data for the period April 2017 – March 2018

Table 1

Relevant union officials

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
18	17.5

Table 2

Percentage of time spent on facility time

Percentage of time	Number of employees
0%	7
1-50%	11

Table 3

Percentage of pay bill spent on facility time

	£
Provide the total cost of facility time	10
Provide the total pay bill	116,672
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.01%

Table 4

Paid trade union activities

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: (total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	100%

Staff exit packages2017/18

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	-	-	-
£10,001 – £25,000	-	1	1
£25,001 – £50,000	1	1	2
Total number of exit packages by type	1	2	3
Total resource cost £000s	32	46	78

Exit packages - non-compulsory departure payments	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	2	46
Exit payments following employment tribunals or court orders	-	-
Non-contractual payments requiring HMT approval (special severence payments)*	-	-
Total	2	46
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-

Staff exit packages 2016/17

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000	1	3	4
£10,001 – £25,000	1	1	2
£25,001 – £50,000	3	-	3
Total number of exit packages by type	5	4	9
Total resource cost £000s	120	31	151

Exit packages - non-compulsory departure payments	Agreements Number	Total Value of Agreements £000s
Voluntary redundancies including early retirement contractual costs	-	-

Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	4	31
Exit payments following employment tribunals or court orders	-	-
Non-contractual payments requiring HMT approval (special severence payments)*	-	-
Total	4	31
Of which: non-contractual payments requiring HMT approval made to individuals where the payment value was more than 12 months' of their annual salary	-	-

Off payroll engagements

For all off-payroll engagements as of 31 March 2018, for more than £245 per day and that last for longer than six months	**2017/18 Number**
Number of existing engagements as of 31 Mar 2018	15
Of which:	
Number that have existed for less than one year at the time of reporting	10
Number that have existed for between one and two years at the time of reporting	3
Number that have existed for between two and three years at the time of reporting	0
Number that have existed for between three and four years at the time of reporting	2
Number that have existed for four or more years at the time of reporting	0
For all new off-payroll engagements, or those that reached six months in duration, between 01 Apr 2017 and 31 Mar 2018, for more than £245 per day and that last for longer than six months	**2017/18 Number**
Of which:	

Number assessed as within the scope of IR35	10
Number assessed as not within the scope of IR35	0
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	N/A
For any off-payroll engagements of board members, and/or senior officials with significant financial responsibility, between 1 Apr 2017 and 31 Mar 2018	**2017/18 Number**
Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
Number of individuals who have been deemed "board members and/or senior officials with significant financial responsibility". This figure should include both off-payroll and on-payroll engagements.	20

5.4 Single oversight framework

The NHS Improvement single oversight framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability (well-led).

Based on information from these themes, providers are segmented from one to four, where four reflects providers receiving the most support, and one reflects providers with maximum autonomy. As of 3 April 2018, the trust is in segment one.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 1 to 4, where 1 reflects the strongest performance. These scores are then weighted to give an overall score.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial sustainability	Capital service capacity	1	1	1	1	1	1
	Liquidity	1	1	1	1	1	1
Financial efficiency	I&E margin	1	1	2	2	1	1
Financial controls	Distance from financial plan	1	1	2	2	1	1
	Agency spend	1	1	1	1	2	2
Overall scoring		**1**	**1**	**1**	**1**	**1**	**1**

5.5 Statement of the chief executive's responsibilities as the accounting officer of Moorfields Eye Hospital NHS Foundation Trust

The National Health Service Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of the public finances for which he is answerable and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Moorfields Eye Hospital NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Moorfields Eye Hospital NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the accounting officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- observe the accounts direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state if applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- prepare the financial statements on a going concern basis

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The accounting officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps to prevent and detect fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

David Probert
Chief executive
22 May 2018

5.6 Annual governance statement

Scope of responsibility

As accounting officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, while safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on a process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Moorfields Eye Hospital NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Moorfields Eye Hospital NHS Foundation Trust for the year ended 31 March 2018 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The board of directors is responsible for ensuring that a system of internal control is in place. As accounting officer I have overall accountability for risk management in the trust and chair the management executive, through which executive responsibility for risk management is exercised. The control of risk is embedded in the roles of executive directors through to the managerial staff within the organisation.

The risk management strategy of the organisation is to maintain systematic and effective arrangements for identifying and managing risks to an acceptable level which fits within the trust's risk appetite. The strategy provides a framework for managing risks across the organisation which is consistent with best practice and Department of Health guidance. The director of quality & safety has responsibility for the design, development and maintenance of operational risk systems, policies and process. Divisional and directorate governance arrangements implement and maintain risk management processes, including the maintenance of risk registers. The day-to-day working of risk systems is therefore managed through the trust's operational and departmental teams. The risk strategy provides a clear, systematic approach to the identification and assessment of risks to ensure that risk management is an integral part of clinical, managerial and financial processes across the organisation. The audit and risk committee, comprising non-executive directors, oversees the system of internal control and overall assurance processes associated with managing risk.

The director of quality & safety chairs the risk and safety committee, which provides additional support to ensure that risk management processes are working effectively. The committee reviews themes and trends in risk and incident management and shares and encourages best practice across the trust's network. As well as having individual and team responsibilities for policies, the risk and safety committee also supports divisions and directorates in ensuring policies are kept up to date and compliance is maintained.

The board of directors routinely receives updates from board committees. The board receives assurance from the medical director and director of nursing and allied health professions, through comprehensive quality and safety reports, about the management of "never events", serious incidents, complaints, claims, revalidation and incidents. The trust has mechanisms to receive and act upon alerts and recommendations made by all relevant central bodies.

Risk management training is provided through the induction programme for new staff and this is supplemented by local induction organised by managers. This includes the induction of junior doctors in relation to key policies, standards and practices in clinical areas. Staff are required to undertake and maintain mandatory training in a number of areas relating to risk management. Examples of this are

safeguarding of children and adults, fire, general health and safety, infection control and risk and safety management. Different roles and responsibilities have associated training requirements; for example, those staff who work most closely with children are required to have a higher level of safeguarding, whilst all staff are required to have a minimum of level one training.

The trust holds quarterly clinical governance events in order to share learning across the organisation.

The risk and control framework

The trust has a risk management strategy and policy that has been updated to ensure that it remains relevant and fit for purpose. Levels of accountability and responsibility for risk are set out within this document. The trust has risk management systems in place for identifying, evaluating, monitoring, controlling and recording risks. The management of risks is embedded in management roles at all staff levels, and primary control for risk management takes place through divisions, departments and frontline teams. The trust is aware that although risk systems are in place they are not always applied consistently across the organisation and this was reinforced through an internal audit concerning the effectiveness of risk systems. The trust is continuing to learn and improve from the findings of this audit.

The principles of risk management are core to the organisation's business, but further work is required to embed risk management in all activities. The first stage of the risk process is the systematic identification of risks via structured risk assessments. Risks that are identified are documented on risk registers. These risks are analysed in order to determine their relative importance using a risk scoring matrix. Where they can be, risks are managed and mitigated locally. However where they cannot be resolved, systems exist to progressively escalate risks to higher level risk registers. Achieving control of the higher scoring risks is given priority over lower scoring risks.

Incident reporting is openly encouraged through the trust's policies on incident reporting, being open and duty of candour, and staff training. The trust has an open culture which is demonstrated through staff survey results and reporting rates which increase year-on-year.

Divisional dashboards are available for monitoring many types of performance activity, both clinical and non-clinical. The trust continues to clarify and strengthen use of the Board Assurance Framework (BAF). The BAF has been developed using the trust's corporate risk register and is linked to monitoring the trust's annual corporate priorities. The BAF and corporate risk register together detail the principal risks to the organisation including the risks of not achieving the trust's strategy (through the corporate priorities) and how those risks are being mitigated. The BAF and corporate risk register were reviewed during the year by the management executive, audit and risk committee and the board of directors.

The organisation continues to have a low appetite for risk in relation to patient safety and aims to minimise avoidable risk – this approach is built into all our risks systems although it recognises that healthcare is not without risk. The trust has a higher risk appetite in respect of developing its commercial divisions of which it has two, Moorfields Private and Moorfields United Arab Emirates.

The trust has a range of quality governance systems in place which have been proactively developed over the previous three years and include systems for collecting, assessing and presenting quality and safety information from operational to trust board level. Oversight and scrutiny of these governance arrangements is provided by the quality and safety committee which is a committee of the board.

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

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

The review also raised some learning points, such as enhancing senior leadership visibility, better promotion of reporting concerns and 'speaking up', strengthening divisional governance arrangements, governor training and development and formalised stakeholder mapping and engagement. An action

plan to address the recommendations included in the report has been developed and is subject to monthly monitoring by the executive team with a bi-annual progress review to the Board.

A programme of annual health and safety assessments is in place led by the risk and safety department. In areas where this process has matured sufficiently, self-assessments take place. These reviews are complemented by a programme of patient safety data reviews which consider data and information about patient safety including trends and the need for any remedial action. In addition patient safety walkabouts involve the quality and safety team visiting the trust's network of sites to review data and information about frontline activity and where staff have an opportunity to discuss any issues with the team.

The trust is registered and is fully compliant with the Care Quality Commission's (CQC) registration requirements. Systems exist to ensure compliance with the CQC's fundamental standards. There is a programme of Executive Director led site and service walkabouts involving a wide range of clinical and non-clinical staff. These reviews focus on ensuring that quality and safety standards are in place and where there are gaps improvement actions are introduced. These walkabouts also provide a corporate level view of the trust's compliance with CQC's requirements. A programme of annual health and safety assessments is also in place led by the risk and safety department. In addition, a process of detailed divisional self-assessments against CQC's standards is under way to gauge performance and also to understand progress with the quality strategy.

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

The trust's board assurance framework includes the high level risks to the organisation. These are rated dependent on the level and potential impact of risk with red being the highest. A summary following a review in February 2018 is included below.

Six risks were rated as red:

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

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

- A deterioration in the patient and carer experience
- The inability to engage and retain high quality research staff
- A failure to provide sustainable innovation or lead the way nationally in transforming services
- A failure to recruit and retain staff
- A failure to ensure that mandatory appraisal and training standards are met
- Ineffective and inconsistent engagement with staff
- Failure to defend the organisation from a cyber-security attack
- Provision of services from poor standard accommodation
- Failure to comply with information governance procedures (including GDPR)

The board has oversight of the board assurance framework and receives an update each quarter. This is supported by reviews by the relevant board committee, for example quality risks are reviewed by the quality and safety committee. The level of board assurance in relation to individual risks forms part of the corporate risk register. Day-to-day management of corporate risks is the responsibility of directors with review by the management executive and trust management board. Each risk has a linked

mitigation plan led by the respective director, and the corporate risk register contains an assessment of how mitigations aim to reduce overall risk scores.

Moorfields has excellent engagement with its host commissioner, NHS Islington Clinical Commissioning Group. The commissioner-led, joint clinical quality review meeting provides a regular forum to raise risks and issues and the corporate risk register is also reviewed at these meetings with a focus on quality.

The Moorfields board has entered a period of stability with all voting executive directors being in place for the full year. The chairman and five of the non-executive directors have also been in place for the full year. One non-executive director is a new appointment in 2017/18.

As an employer with staff entitled to membership of the NHS pension scheme, control measures are in place to ensure compliance with all employer obligations contained within the scheme. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the rules, and that member records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure compliance with all the organisation's obligations under equality, diversity and human rights legislation.

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

Review of economy, efficiency and effectiveness of the use of resources

The trust's annual plan, which contains the financial plan, is approved by the board and submitted to NHS Improvement. The board receives monthly financial reports. The trust's resources are managed via financial controls set out in the standing financial instructions, and on a day-to-day basis local financial and performance controls are in place in divisions and departments. Financial governance arrangements are supported by internal and external audit to ensure economic, efficient and effective use of resources.

Information governance (IG)

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

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

The annual IG toolkit assessment reported a score of 74% for 2017/18 and was graded green, as the trust is compliant with all level two requirements. During 2017/18, the trust had 1 reportable IG serious incident which related to an unintended release of data to a group of internal consultants.

Annual quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare quality accounts (reports) for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality

reports which incorporate the above legal requirements in the "NHS Foundation Trust Annual Reporting Manual".

The development of the trust's quality report has been led by the director of quality and safety in close liaison with the director of nursing and allied health professions, the medical director and the chief operating officer. The trust's quality priorities are structured under the three nationally recognised areas of patient safety, patient experience and clinical effectiveness. The quality report was reviewed by the management executive, the trust management board and the quality and safety committee. Views were provided by the membership council, many of whom are patients, as well as a separate group of patients. The quality report was finalised as a balanced representation of the trust's priorities areas across patient safety, patient experience and clinical effectiveness.

The quality priorities for 2017/18, as set out in the quality report, are consistent with the trust's corporate priorities. A wide range of stakeholders have been consulted during the development of the quality priorities, including patients, clinicians, governors, commissioners, Healthwatch Islington and Islington's health and care scrutiny committee.

The trust has a data quality assurance framework which includes the trust's key indicators and those that are included in the quality report.

Review of effectiveness

As accounting officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit and risk committee and the quality and safety committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

My review of the effectiveness of the systems of internal controls has been informed by the outputs and the outcomes of the systems themselves and also by the executive directors and managers within the organisation. Internal audit provides me with an opinion about the effectiveness of the assurance framework and the internal audit plan. Work undertaken by internal audit is reviewed by the audit and risk committee.

The process that has been applied in maintaining and reviewing the effectiveness of the system of internal controls has involved:

- the trust board's work programme which includes ensuring that the key compliance and regulatory requirements are reported and reviewed, and that the key risks are considered which are collated through the board assurance framework
- the audit and risk committee providing the board with independent review of financial controls. There has been a programme of internal audit to review the systems, controls and processes and the outcomes of these reports have been reviewed by the audit and risk committee.
- review of progress in meeting the Care Quality Commission's standards by divisional teams and the trust management board
- review of serious untoward and other incidents by the board and the quality and safety committee

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

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

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

The design and operation of the Assurance Framework and associated processes

The Trust's Board Assurance Framework does reflect the Trust's key objectives and risks and is regularly reviewed by the Board. The Executive reviews the Board Assurance Framework on a quarterly basis and the Audit Committee provides reviews on whether the Trust's risk management procedures are operating effectively.

The range of individual opinions arising from risk-based audit assignments, contained within our risk-based plan that have been reported throughout the year

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

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

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

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

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

Conclusion

The board has a wide range of governance assurance systems in place. These include an effective incident reporting system and systems for the identification and control of risk through the board assurance framework. Internal and external audit reviews, audits and inspections and walkabouts provide sufficient evidence that no significant internal control issues have been identified during 2017/18 and that control systems are fit for purpose with potential areas for improvement set out.

David Probert
Chief executive
22 May 2018

6 Glossary of terms

AHP
Allied health professional

AIS
Accessible information standard

AMD
Age-related macular degeneration

BAF
Board assurance framework

BRC
Biomedical research centre

CCG
Clinical commissioning group

CIP
Cost improvement programme

CQUIN
Commissioning for quality innovation

CQC
Care quality commission

CRN
Comprehensive research network

EDI
Equality diversity and inclusivity

EMR
Electronic medical record

FFT
Friends and family test

FRR
Financial risk rating

FTSU
Freedom to speak up

GDPR
General data protection regulation

IOL
Inter-ocular lens

IPR
Integrated performance report

KPI
Key performance indicators

LCFS
Local counter fraud service

MEC
Moorfields eye charity

MEH
Moorfields eye hospital

MR
Medical retina

NIHR
National institute of health research

QSC
Quality & safety committee

R&D
Research and development

RDCEC
Richard Desmond Children's Eye Centre

RTT
Referral to treatment

SI
Serious incident

SIS
Service improvement and sustainability

SLA
Service level agreement

STP
Sustainability and transformation plan

UAE
United Arab Emirates

UCL
University College London

UKOA
UK Ophthalmology Alliance

VFM
Value for money

VR
Vitreo retinal

WHO
World health organisation

WRES
Workforce race equality standards

Project Oriel
A project that involves the 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 St Pancras area by 2023.

7 INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Moorfields Eye Hospital Foundation Trust (the 'foundation trust'):

- **give a true and fair view of the state of the foundation trust's affairs as at 31 March 2018 and of its income and expenditure for the year then ended;**
- **have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and**
- **have been prepared in accordance with the requirements of the National Health Service Act 2006.**

We have audited the financial statements which comprise:

- the statement of comprehensive income;
- the statement of financial position;
- the statement of changes in taxpayers' equity;
- the statement of cash flows; and
- the related notes 1 to 26.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summary of our audit approach

Key audit matters	The key audit matters that we identified in the current year were: • NHS revenue and provisions; • Property valuations; and • Management override of controls. Within this report, any key audit matters which are the same as the prior year identified with ».
Materiality	The materiality that we used for the current year was £4,400,000 which was determined on the basis of 2% of revenue.
Scoping	Audit work was performed at the Trust's head offices in City Road directly by the audit engagement team, led by the audit partner.
Significant changes in our approach	There have been no significant changes to our audit approach during the year.

Conclusions relating to going concern

We are required by ISAs (UK) to report in respect of the following matters where:

- the accounting officer's use of the going concern basis of

We have nothing to report in respect of these matters.

accounting in preparation of the financial statements is not appropriate; or

- the accounting officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

NHS revenue and provisions	
Key audit matter description 	As described in note 1.2 and note 1.23, there are significant judgements in recognition of revenue from care of NHS patients and in provisioning for disputes with commissioners due to: • the complexity of the Payment by Results regime, in particular in determining the level of over performance and Commissioning for Quality and Innovation revenue to recognise; • the judgemental nature of provisions for disputes, including in respect of outstanding over performance income for quarters 3 and 4; and • the risk of revenue not being recognised at fair value due to adjustments agreed in settling current year disputes and agreement of future year contracts. Details of the foundation trust's income, including £167.3m of Commissioner Requested Services, are shown in note 3.1 to the financial statements. NHS debtors are shown in note 12 to the financial statements. The foundation trust earns revenue from a wide range of commissioners, increasing the complexity of agreeing a final year-end position. The settlement of income with Clinical Commissioning Groups continues to present challenges, leading to disputes and delays in the agreement of year end positions.
How the scope of our audit responded to the key audit matter 	We evaluated the design and implementation of controls over recognition of Payment by Results income. We performed detailed substantive testing on a sample basis of the recoverability of over performance income and adequacy of provision for underperformance through the year, and evaluated the results of the agreement of balances exercise. We challenged key judgements around specific areas of dispute and actual or potential challenge from commissioners and the rationale for the accounting treatments adopted. In doing so, we considered the historical accuracy of provisions for disputes and reviewed correspondence with commissioners.
Key observations 	The evidence we obtained from our audit procedures supported the valuation of NHS revenue and the associated debtor, albeit the Trust continues to be prudent with the level of debt it provides for.
Property valuation	
Key audit matter description 	The foundation trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £68.0m. The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.
How the scope of our audit responded to the key audit matter 	We evaluated the design and implementation of controls over property valuations, and tested the accuracy and completeness of data provided by the foundation trust to the valuer. We used Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the foundation trust's properties. We have reviewed the disclosures in notes 1.5 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation. We assessed whether the valuation and the accounting treatment of the impairment were compliant with the relevant accounting standards, and in

	particular whether impairments should be recognised in the Income Statement or in Other Comprehensive Income.
Key observations 	The evidence we obtained from our audit procedures supported the valuation of the property assets held by the Trust and the appropriateness of the assumptions used in its calculation.

Management override of controls

Key audit matter description 	We consider that in the current year there is a heightened risk across the NHS that management may override controls to fraudulently manipulate the financial statements or accounting judgements or estimates. This is due to the increasingly tight financial circumstances of the NHS and close scrutiny of the reported financial performance of individual organisations. The foundation trust has been allocated £6.4m of the Sustainability and Transformation Fund, contingent on achieving financial and operational targets each year, equivalent to a "control total" for the year of a deficit (adjusted for certain items) of £0.2m. NHS Improvement has allocated funding for a "bonus" to organisations that exceed their control total, including offering foundation trusts £1 of additional funding for each £1 above the control total. This creates an incentive for reporting financial results that exceed the control total of a deficit of £0.2m. The foundation trust's reported results show a surplus of £2.2m, equivalent to £2.4m above the control total. All NHS Trusts and Foundation Trusts were requested by NHS Improvement in 2016 to consider a series of "technical" accounting areas and assess both whether their current accounting approach meets the requirements of International Financial Reporting Standards, and to remove "excess prudence" to support the overall NHS reported financial position. The areas of accounting estimate highlighted included accruals, deferred income, partially completed patient spells, bad debt provisions, property valuations, and useful economic lives of assets. Details of critical accounting judgements and key sources of estimation uncertainty are included in note 1.23.
How the scope of our audit responded to the key audit matter 	**Manipulation of accounting estimates** Our work on accounting estimates included considering each of the areas of judgement identified by NHS Improvement. We have considered both the individual judgements and their impact individually and in aggregate upon the financial statements. In testing each of the relevant accounting estimates, we considered their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS. We tested accounting estimates (including in respect of NHS revenue and provisions and property valuations), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources. We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the foundation trust. **Manipulation of journal entries** We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting focusing in particular upon manual journals. We traced the journals to supporting documentation, considered whether they had been appropriately approved, and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

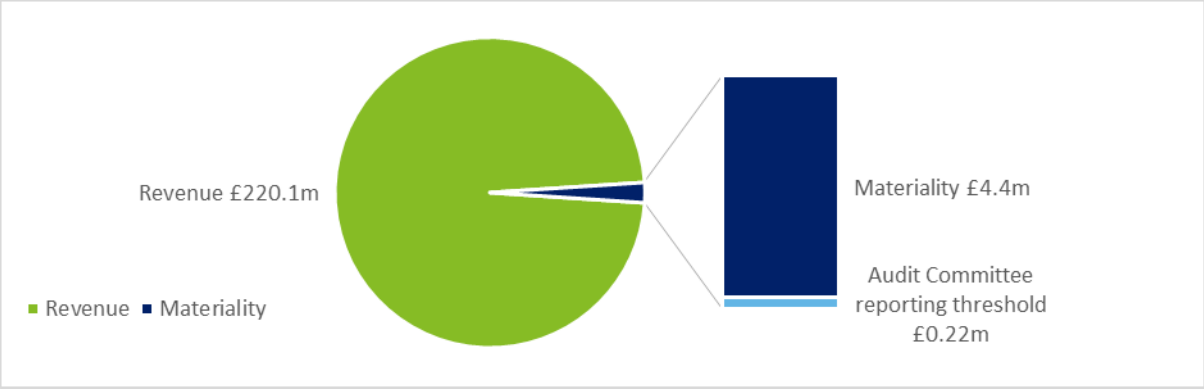
	We tested the year-end adjustments made outside of the accounting system between the general ledger and the financial statements. **Accounting for significant or unusual transactions** We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.
Key observations	We did not identify any significant concerns involving management override of control or the use of overly aggressive or conservative accounting estimates.

Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

Materiality	£4.4m (2017: £4.4m)
Basis for determining materiality	2% of revenue (2017: 2% of revenue)
Rationale for the benchmark applied	Revenue was chosen as a benchmark as the foundation trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.



We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £220k (2017: £220k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

An overview of the scope of our audit

Our audit was scoped by obtaining an understanding of the Trust and its environment, including internal controls, and assessing the risks of material misstatement. Audit work was performed at the Trust's head offices in City Road directly by the audit engagement team, led by the audit partner.

The team included integrated Deloitte specialists bringing specific skills and experience in property valuations and information technology systems.

Other information

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

We have nothing to report in respect of these matters.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

Responsibilities of accounting officer

As explained more fully in the accounting officer's responsibilities statement, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the Board of Governors and Board of Directors ("the Boards") of Moorfields Eye Hospital NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or

assume responsibility to anyone other than the foundation trust and the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Directors' Remuneration Report and Staff Report to be audited have been properly prepared in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Annual Governance Statement, use of resources, and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the NHS Foundation Trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

We have nothing to report in respect of these matters.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Craig Wisdom, FCA (Senior statutory auditor)
For and on behalf of Deloitte LLP
Statutory Auditor
St Albans, United Kingdom
25 May 2018

Moorfields Eye Hospital NHS Foundation Trust Quality Report 2017/18

Contents

1 Chief executive's statement on quality

I am incredibly proud of all Moorfields' achievements and of the dedication and professionalism of our people. We strive to provide the best quality care and we are recognised nationally and internationally for the quality, safety and effectiveness of our services. We are committed to do more to continually reflect and improve.

In the 2016/17 quality report I shared that the trust had received a 'Good' rating from the Care Quality Commission. In January 2017, immediately after our reports were published, we introduced a plan to address the areas which we needed to improve. With the support of colleagues, this has been expanded to have a trust-wide impact. I am pleased to say that our plan remains on track and is more than 80% complete. I have also received independent feedback that staff have felt very engaged in the action planning process which is a credit to everyone involved.

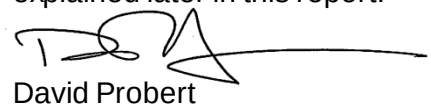
This quality report sets out our approach to improve quality and safety. It reflects on what we did and how we performed in 2017/18, and sets out our ambitions and aspirations for 2018/19. 2017/18 has been an important year for us. In July 2017 we launched our refreshed five-year strategy 'Our Vision of Excellence' and, in quick succession, launched our five year quality strategy 2017-2022: our journey to excellence. The launch of this quality strategy marks the start of a longer journey for Moorfields and for all of our staff. A journey during which we will continually challenge ourselves and each other to think differently. Our quality strategy calls everyone to action to make a difference and to be part of Moorfields' journey from 'Good' to 'Outstanding'.

Our quality account reflects on our quality performance in 2017/18. Overall we have made good progress with most of our indicators particularly performance against national targets. Where we have set ourselves internal stretch targets, in some areas we still need to make more progress. We have made good progress with improving use of the WHO surgical safety checklist and our team culture supporting this, although we still have never events which we will continue to work to eliminate in 2018/19. We have focussed on improving the legibility of record keeping and the introduction of individual names stamps although we also still have more work to do here. Also we continue to work on improving patients' experiences in clinics, both shortening waiting times and improving waiting experiences. A key area of progress has been introducing the accessible information standard, helping provide information in a timely, easy to obtain way that is in the best format for our patients. A key challenge in this area remains to make this information available on all our systems.

Although I believe we have achieved a lot we aspire to do much more. As a learning organisation we have set even more challenging quality priorities for 2018/19 and we will focus on developing a culture of continuous improvement. Again we focus on use of the WHO surgical safety checklist. Also there are new areas such as improving our customer care through team training and improving the use of technology to help our processes work more efficiently for patients and staff.

Throughout 2018/19 we will be implementing our quality strategy which is linked closely to our service improvement programme. Our quality account forms a key part of that implementation. With the launch in December 2017 of our patient participation strategy, we have a great opportunity to genuinely involve patients more in quality, which spans all of our work at Moorfields. As we begin this in earnest, it is already pleasing to see the contribution our patient and carer forum has made to the development of our quality priorities for 2018/19.

To the best of my knowledge the information in the document is accurate subject to the limitations explained later in this report.



David Probert
Chief executive
22 May 2018

Introduction
At Moorfields quality underpins everything we do. We have a quality strategy, launched in November 2017, which marks a point in a longer journey for quality improvement for our patients and staff. A journey in which we continually challenge ourselves and each other to think in different ways. Our quality strategy is also a call to action for everyone to make a difference and be part of the Moorfields journey from Good to Outstanding.

Producing a quality account is a legal requirement where we set out our quality performance in 2017/18 and our quality priorities for 2018/19. These priorities are consistent with the objectives set out in our quality strategy and form an important part of its implementation. It is both ambitious and aspirational by design. Throughout the document, Moorfields sets out its priorities under the three well established headings of Patient Safety, Patient Experience and Clinical Effectiveness.

2 Progress with quality improvement priorities during 2017/18

Moorfields identified eleven priority areas for 2017/18. We developed these with patients, staff, governors and commissioners and they are supported by the membership council and were approved by the trust board. Overall progress has been good although we aspire to achieve even more in 2018/19. Our progress is set out below.

Patient safety – making care safer
Objective: ensure fully effective use of the surgical safety checklist and improved safety culture.
Progress: Moorfields requires use of the surgical safety checklist in a disciplined and systematic way and fundamental to this is strengthening the culture and communication within the theatre environment. Promotion at clinical governance half days and service, central and management meetings as well as constructive feedback to the theatre staff has resulted in a continued improvement in checklist compliance. Monthly observational and documentation audits have demonstrated that since May 2017, the trust has consistently achieved the target of 90% compliance in each of the 5 stages of checking. Monthly audits will continue in 2018/19. There will be a further focus on theatre culture and a new quality priority will be set for 2018/19.

Patient safety – making care safer
Objective: improve the legibility and completeness of medical records across the organisation.
Progress: to help improve legibility and completeness of health records, Moorfields purchased and distributed individual name stamps for all clinical staff to supplement the use of written signatures and other information which is a legal requirement. Stamps included name, designation, and if relevant, a professional registration number. Supporting guidelines were published for managers and staff and included usage details and how to purchase or renew stamps. Moorfields continues to promote the use of electronic patient records, and completed its annual record keeping audit assessing the completion of specific data within both paper and electronic records. The trust improved compliance in many areas audited.

Patient safety – making care safer
Objective: improve systems and processes for providing holistic care for patients with ocular disease and co-morbidities.

Rationale: eye patients may have related conditions such as diabetes or cancer, or require drugs with possible serious side effects; the services Moorfields provides must fully consider the care needs for those patients.
Progress: this year has focused on ophthalmic patients who have diabetes. A high number of patients who attend medical retina clinics have diabetes. An aim of the ophthalmology team is to reduce the risk of progression of diabetic retinopathy (a diabetes complication that affects the eyes caused by damage to the blood vessels of the retina at the back of the eye) and improve patient outcomes. To achieve this, patients require support to manage certain risk factors, primarily blood glucose, blood pressure, and also cholesterol which is important to reduce the risk of cardiovascular disease. Poor blood sugar control is associated with increased ocular and systemic complications.

Helping patients to manage their diabetes requires a truly holistic approach. The barriers preventing them from achieving control of their diabetes may be due to a variety of physical, psychological or social factors rather than a lack of knowledge and understanding of their diabetes. A patient's medical

retina clinic visit is an opportunity to address blood sugar level control and offer help to those who find this challenging. Previous methods have included advice in clinics, communication with GPs and referral to hospital specialists. These have varying degrees of success. A suggestion was made that direct access to a diabetes specialist nurse in clinic could potentially be very helpful, providing targeted, up-to-date advice and follow-up without taking up ophthalmologist time.

A diabetes specialist was recruited and medical retina clinics in City Road, Northwick Park and Ealing have had support during the year from a diabetes advanced nurse practitioner. This role provides patients an opportunity to access education and support to enhance their diabetes management while they attend their eye clinic appointments. This service is provided in addition to their usual diabetes care. It also allows for opportunistic diabetes care as some patients who attend medical retina clinics have been lost to diabetes follow-up and some may not be in any system of health care. This may represent an opportunity to reconnect patients with their local diabetes team and establish the important link between primary and secondary care. Moorfields has undertaken a study which suggests that having a diabetes specialist nurse supporting patients does lead to long term better control of blood sugar levels. We are using learning from this study to potentially train other nurses and expand the diabetic retinal clinics at Moorfields community network sites.

Patient experience – improve the experience of patients in outpatients at City Road (CR)
Objective: reduce patient journey times in outpatients clinics at CR, improve the experiences of patients and improve the feedback from patients about the way they feel while they are waiting.

Progress: the service improvement and sustainability (SIS) programme aims to optimise patient and staff experience whilst delivering financial efficiencies and developing future care models. It is expected to deliver this by standardising processes and systems, embedding changes in day-to-day operations and creating a culture that supports ongoing changes. In its first year, while there have been a number of achievements, the pace of change has been slower than expected. During the year a number of changes have been made to the programme including more focus on glaucoma over medical retina.

Glaucoma
The aim of this project is to improve patient and staff experiences by reducing outpatient patient journey times. The specific KPI was to cut journey times by 6 minutes for new patients and 7 minutes for follow-up patients by the end of March 2018. The project started in glaucoma clinics in City Road. We also aimed to deliver a 30% improvement in patient experience by the end of Q2 (measured via a detailed questionnaire). In the project's first phase several improvements were tested in a small number of clinics. These included standardising patient pathways (which were also agreed as a trust-wide standard) and improving the flow of patients by better planning of diagnostic tests. In Q2 these improvements were tested in the specified clinics, with initial results showing a positive impact, reducing patient journey times by at least 5% and up to 48%, with an improvement in patient experience of 38% (again measured via a detailed questionnaire).

Our Cayton Street clinic opened in November 2017 expanding provision of optometrist delivered glaucoma clinics, glaucoma screening and monitoring services at City Road. This contributed to an overall reduction in the outpatient glaucoma journey times. A 5% reduction in patient journey times was sustained from January to March 2018 in specific clinics, however the overall journey time reduction KPI has not yet been met. The reasons for this include the need to consolidate changes as business as usual and a shortage of key ophthalmic technician staff in the City Road clinics.

Options were reviewed in Q4 and whilst continuing the project in City Road, learning has been rolled out to the North and South divisions. The impact of this will be reported at the end of Q1 2018-2019 and on a continuing basis as part of the ongoing outpatient journey times project.

It is pleasing that negative patient clinic feedback via the Friends and Family Test (FFT) reduced by 5.3% between Q4 and Q1 and during the specific short term trial this reduced by 27.3%. However this was not as great a reduction as was initially hoped. A detailed follow up patient questionnaire to collect patient feedback remains to be undertaken. At the same time patient satisfaction scores increased.

Medical Retina - Uveitis

In partnership with clinical and operational teams the service improvement and sustainability team (SIS) established a uveitis steering group. The aim of the group is to provide a more effective, efficient service to this patient group, reduce outpatient journey times, and rethink how care is provided. This group developed two successful business cases in 2017-2018. The first provides specialist pharmacist support to patients on systemic immune-suppression at City Road. The second establis

ophthalmic practitioner delivered care at City Road and St George's. We will be the first t
care to this patient group in this way in the UK and we are now recruiting to these posts. When trained the specialist ophthalmic practitioners are expected to reduce patient numbers by 20% from medically delivered clinics, reducing the overbookings of the service and reducing outpatient journey times. We will monitor this as post holders take up their roles.

Patient experience – improve how we communicate with our patients
Objective: embed the accessible information standard (AIS) to provide improved patient information, particularly for those who are very sight impaired.

Progress: the accessible information standard (AIS) has been introduced nationally to provide patients with sensory loss information that is easy to understand. Generally good progress has been made, but more work is required to make this systematically delivered across the whole organisation. Key achievements are:

- All working areas are aware of the accessible information standard.
- Patients can choose the format with which they wish to be communicated and this can be met on an individual basis. This includes email, braille, audio, large print or easy read. This has yet to be systematically introduced across the Moorfields and this is now a target for 2018/19.
- Choice of format can be recorded on the electronic medical records system. Recording by staff needs to be achieved more systematically in 2018/19.
- Plans are in place to introduce technology so services can email patients their letters, which is a key request from those with assistive screen technology.

Patient experience – improve how we communicate with our patients
Objective: establish clear standards for customer care and how we communicate with patients, the public and colleagues.

Progress: building on the Moorfields Way, which is the organisation's cultural development programme, Moorfields' code of behaviour has been updated to establish seven customer care standards. These are very clear about the behaviours we should see from staff relating to patients and colleagues. The commitments we expect from staff are that:

- I will be friendly and polite to everyone.
- I will treat everyone with respect and dignity.
- I will be aware of how I appear to others.
- I will be helpful.
- I will keep patients informed.
- I will take responsibility for the person in front of me.
- I will challenge poor behaviour and be supported in doing so.

These commitments are fundamental to a new customer care training programme for managers and frontline staff which forms a quality priority for 2018/19.

Clinical effectiveness – improve patient outcomes
Objective: all core clinical outcome standards will be reviewed against national/international best practice and updated as necessary to ensure that the best standards are in place.

Progress: performance against the core outcome standards demonstrates excellent clinical care, with every standard being met and many being exceeded. The complete core outcome data is in a table below. One indicator for external diseases (PK corneal graft failure rate) has been removed because the data is not sufficiently robust. Of particular note is the majority of outcomes are for all relevant patients over a full year. This increases the robustness of the data compared to sample audits. It also demonstrates the accuracy of the previous sample audits. All services with modules for collecting electronic patient records (EPR) should be commended for their increasing use of EPR which facilitates

analysis of larger amounts of data than is possible manually. This culture change is allowing more comprehensive data analysis.

The EPR system for the three largest services (cataract, glaucoma and medical retina) is being upgraded to facilitate data entry for a larger percentage of patients. Particular attention is being paid to ensure that all the required data for core outcome audits in each service is collectable, with the aim of making audit possible at the 'touch of a button'.

It has become standard practice when introducing novel therapies or surgical techniques, to incorporate continuous prospective audit from the outset through the mandatory use of EPR. The success of collagen cross-linking for keratoconus was a new core outcome metric for the external diseases service last year. This year, the safety of collagen cross-linking for keratoconus has been added as a further metric. This new core clinical outcome, like the others, shows our ambition to be at the forefront of clinical innovation both technically and in terms of measuring effectiveness. In all the core outcomes, we are actively engaged in both setting and assessing whether we achieve the highest possible standards of clinical care for our patients.

The external diseases service has also worked round delays in receiving corneal graft failure rates from a national body by generating this data internally. This has been possible through the appointment of a new consultant who has established a specific post-graft follow-up clinic and has worked collaboratively to set up a database for measuring outcomes on these patients. Now, Moorfields provides the national organisation with the graft survival data prospectively rather than waiting for retrospective analysis from them.

3 Core clinical outcomes

Specialty	Outcome metric	Standard	2015/6	2016/7	2017/8
Cataract	Posterior capsule rupture (PCR) in cataract surgery*	<1.95%	1.02%	1.14%	1.06%
Cataract	Endophthalmitis after cataract surgery*	<0.08%	0.015%	0.02%	0.02%
Cataract	Biometry accuracy in cataract surgery	>85%	88%	90%	91%
Cataract	Good vision after cataract surgery*	>90%	91%	90.4%	91%
Glaucoma	Trabeculectomy (glaucoma drainage surgery) failure	≤15%	8.6%	6.9%	3.0%
Glaucoma	PCR in glaucoma pts*	<1.95%	1.4%	1.01%	1.00%
MR	Endophthalmitis after intravitreal anti-VEGF injections*	<0.05%	0.035%	0.03%	0.01%
MR	Visual improvement after injections for macular degeneration*	>20%	22%	23.5%	22.2%
MR	Visual stability after injections for macular degeneration*	>80%	96.4%	92.4%	96.2%
MR	PCR in Medical retina pts*	<4%	N/A	N/A	2.5%
MR	Time from referral to assessment	80%	89%	88%	90%

	of proliferative diabetic retinopathy*				
VR	Success of primary retinal detachment surgery	>75%	88%	88%	78%*
VR	Success of macular hole surgery	>80%	94%	84%	85%
VR	PCR in cataract surgery in vitrectomised eyes**	<NOD	2.0%	3.3%	3.3%
NSP	Serious complications strabismus surgery**	<2.2%	0.23%	0.15%	0.14%
NSP	Premature baby eye (ROP) screening compliance**	99%	99%	99%	99.7%
A&E	Patients seen within 4 hours**	>95%	97.6%	98.1%	98.5%
Ext Dis	Success of corneal cross-linking at 12 months***	>90%	N/A	94.6%	98.1%
Ext Dis	Corneal cross linking safety: Same or better corrected vision at 12 months**	>97%	N/A	N/A	99.3%
Ext Dis	DALK corneal graft failure rate	UKTS	5%	1%	0%
Ext Dis	DMEK corneal graft failure rate	UKTS	N/A	14%	9.3%
Refractive	Accuracy LASIK (laser for refractive error) in short sight**	>85%	94.4%	93.8%	93.4%
Refractive	Loss of vision after LASIK**	<1%	0.83%	0.2%	0.3%
Refractive	Good vision without lenses after LASIK**	≥80%	89.5%	93.7%	91.9%
Adnexal	Ptosis surgery success	>85%	95%	95%	94%
Adnexal	Entropion surgery success	>95%	100%	96%	93%****
Adnexal	Ectropion surgery success	>80%	93%	95%	96%
Serious incidents and never events					
Incident	Wrong pt**	0	0	0	0
Incident	Wrong side**	0	0	0	0
Incident	Wrong IOL**	0	1	2	3

*Whilst noting this performance remains above standard the relative performance drop between years is being investigated by the service.

**Indicators marked with an asterisk are based on a whole year's data for all relevant cases. All other indicators are based on a sample of cases collected over at least a 3 month period during 2017/18.

***National ophthalmology database.

****This performance is slightly below the high standard set and given the low number of patients involved is not considered a material change in performance and will continue to be monitored.

Clinical effectiveness – improve patient outcomes
Objective: update the OpenEyes (electronic patient record system – EPR) module for the cataract service.

Progress: following a reconsideration of delivery priorities for OpenEyes, these have been rescheduled to deliver the new cataract module in 2018/2019. This remains an exciting opportunity for Moorfields to use data to improve cataract service outcomes.

Clinical effectiveness – improve patient outcomes
Objective: expand the use of the general ophthalmology and cataract patient reported outcome measures (PROMs) across the organisation.

Rationale: PROMs are used to obtain patient feedback about the outcomes of treatment to help improve services and are used at a number of sites.

Progress: good progress has been made and the plan has been successfully completed with the general ophthalmology PROM now in routine use at 7 sites expanded from 5 previously. In addition the cataract PROM is in use at 6 sites, expanded from 4 previously. The results of these PROMs are being used to drive improvements in patient care and this forms a further quality priority in 2018/19.

Patient safety, patient experience and clinical effectiveness
Objective: develop a trust-wide quality improvement (QI) programme.

Progress: Moorfields five year Quality Strategy 2017-2022 was launched at the November 2017 trust-wide clinical governance half-day and delivery commenced immediately with the launch of the patient participation strategy in December 2017. The strategy has an overarching ambition to drive and improve quality across the whole of Moorfields. Key areas of focus in the strategy include patient participation, culture, customer care and organisational learning which contribute to our 2018/19 quality priorities. The service improvement and sustainability (SIS) programme is being further developed in 2018/19 to form part of a broader quality improvement programme.

Patient safety, patient experience and clinical effectiveness
Objective: learn from the findings of the first phase of the vanguard programme (Moorfields was successful in bidding to become part of this national service improvement programme along with 12 other trusts).

Progress: learning from the vanguard programme for Moorfields has focused on two areas, developing a toolkit for sharing findings from our research into best practice for single specialty network care and how best to involve patients and service users to improve care.

In April 2017 the vanguard team published a unique e-toolkit to share best practice. Moorfields is applying this learning to improve its quality governance. A quality governance framework, providing an overall structure and best practice for our divisions, is under development and will be launched in Q1 of 2018/19. Learning from the research into best practice for patient participation supported the development and successful launch of the patient participation strategy in December 2017. A key feature of this is the use of the Experience Based Co-Design methodology to involve patients in prioritising service improvements. In March 2018 the vanguard team published a report, which is being used to apply best practice in patient involvement.

4 Performance against key indicators for 2017/18

Overall, Moorfields achieves very good performance against its suite of quality indicators. Each of the indicators listed below was selected to provide comparable data over time. Some indicators were new for 2017/18 and the rationale for changing or selecting new indicators was set out in the 2016/17 quality report.

Achievement against each indicator has been assessed using a RAG (red, amber, green) rating; a green rating indicates fully achieved, an amber rating indicates partially achieved (within 5% of standard/threshold) and a red rating indicates little or no progress (>5% less than the standard/threshold).

Indicator	Source	2015/16 result	2016/17 result	2017/18 target	2017/18 result
Patient Experience					
Reduce patient journey (transition) times in City Road glaucoma patient pathways by an average of 30 minutes against baseline	Outpatient Improvement Programme	Indicator not in use	Indicator not in use	Reduce patient journey (transition) times in City Road glaucoma patient pathways by an average of 30 minutes against baseline (5 clinics measured in Q2)	Reduction of 7.5 minutes against baseline (best result in Q3 = reduction of 44.4 minutes)
Achieve 60% improvement in the patient experience related to waiting times in City Road glaucoma clinics	Outpatient Improvement Programme	Indicator not in use	Indicator not in use	Achieve 60% improvement in the patient experience related to waiting times in City Road glaucoma clinics (baseline = 19.6% of patients felt there were unnecessary delays)	Achieved 60% improvement (11.8% of patients now feel there were unnecessary delays down from 19.6%)
Achieve 50% reduction in % of adverse friends and family test (FFT) comments (of all comments made) about waiting times arising from City Road glaucoma outpatient appointments	Outpatient Improvement Programme	Indicator not in use	Indicator not in use	Currently about 20% of comments in clinics are about wait, this needs to reduce to 10%	5.3% reduction between Q4 and Q1 for all City Road glaucoma clinics (best one off result 27.3%)
% of patients whose journey time through A&E was three hours or less	Internal performance monitoring	78.1%	80%	80%	78.4%
Overall theatre utilisation in City Road theatres	Internal performance monitoring	92%	90.1%	90%	91.5%
% of all City	Internal	64.7%	62.5%	75%	67.3%

Road theatre lists starting on time	performance monitoring				
Turnaround time between theatre cases at City Road	Internal performance monitoring	Indicator not in use	14 mins 49 seconds	75% <15mins	Not measured in 2017/18 (see indicators for 2018/19)
Number of temporary records compiled as a % of the number of records used	Internal performance monitoring	0.8%	4.1%	3%	10.8%*
Transformation: number of outpatient appointments subject to hospital initiated cancellations (medical and non-medical)	Internal performance monitoring	5.5%	2.9%	≤2.85%	2.9%

Indicator	Source	2015/16	2016/17	2017/18 target	2017/18
Patient Safety					
% overall compliance with equipment hygiene standards (cleaning of slit lamp)	Internal performance monitoring	93%	92%	90%	99%
% overall compliance with hand hygiene standards	Internal performance monitoring	97.4%	98%	≥95%	98.7%
Reduce the % of patients that do not attend (DNA) their first appointment	Internal performance monitoring	Indicator not in use	14%	Reduce DNAs from 14% to 12.7% for first appt**	12.3%
Number of reportable MRSA bacteraemia cases	Internal performance monitoring	0	0	0	0
Number of reportable Clostridium difficile cases	Internal performance monitoring	0	0	0	0
Incidence of presumed endophthalmitis per 1,000 cataract cases	Internal performance monitoring	0.35	0.05	≤0.83	0.22

Incidence of presumed endophthalmitis per 1,000 intravitreal injections for AMD	Internal performance monitoring	0.16	0.24	≤0.5	0.18
Site and service safety review: patient safety walkabouts and use of mGTT – a tool to measure adverse events when things go wrong	Internal performance monitoring	Staff received CQC handbooks and self-assessment tools; actions plans have been implemented; walkabouts have occurred across most major sites	28 mGTT reports completed covering 10 sites and 11 services. Executive led walkabouts undertaken across 11 departments and sites; results used to drive improvements.	Complete one mGTT audit per site. For city road every service will complete at least 1 mGTT audit. Walkabouts will continue across the network on a needs/risk basis	12 mGTT reports completed covering 9 sites and 10 services. Executive led walkabout undertaken at Moorfields Private. Plans in place for more sites in 2018/19

Indicator	Source	2015/16	2016/17	2017/18 target	2017/18
Clinical Effectiveness					
% implementation of NICE guidance	Internal performance monitoring	90%	91.8% (5 remain partially compliant)	100%	98.7%
Posterior capsule rupture rate for cataract surgery (cataract service)	Internal performance monitoring	1.02%	1.14%	<1.3%***	0.96%
Posterior capsule rupture rate for cataract surgery (all sub-specialties)	Internal monitoring	1.29%	1.27%	<1.95%	0.99%
Developing PROMs	Internal performance monitoring	General PROM in use at Bedford and Barking. Plans to introduce a cataract PROM at City Road and St Ann's in place	General PROM in use at Bedford, Barking, St George's Croydon and City Road. Cataract PROM in use at City Road, Ealing, Potter's Bar and St Ann's. All results drive service improvement	Expand the use of general and cataract PROMs by 2 for each area	General ophthalmology PROM in routine use at 7 sites, expanded from 5. Cataract PROM in use at 6 sites, expanded from 4. The results of these PROMs are

					improving patient care

* Temporary records: the method for measuring this indicator was based on absolute numbers from Qliksense for the whole of 2017/2018. This cannot be compared to the audit method used the previous year and therefore this indicator has not been RAG rated.
**The target published in the 2016/17 quality account was an overall DNA reduction from 14% to 8% which was modified to 12.7% for first appointments in the first integrated performance report of 2017/18 published in May 2017.
***The recognised national standard is 1.95%, Moorfields set itself a stretch target of <1.3% for the cataract service.

In terms of overall performance against the 21 metrics, 12 (57%) are rated green, 3 (14%) are rated amber, 4 (19%) are red and 2 (10%) is unrated. Remedial plans and actions are in place to improve poor performance. Where needed indicators and metrics have been adjusted or changed and a later section of this report sets out the rationale for the indicator/metric focus for 2018/19.

5 Performance against national performance measures

Moorfields reports compliance with NHS Improvement's requirements, the NHS Constitution and NHS outcomes framework to the trust board as part of monthly operational performance reports. Moorfields Eye Hospital NHS Foundation Trust considers that this data is as described in the sections and tables below because of our internal and external data checking and validation processes, including audits, but is subject to the caveats raised in the statement of directors' responsibilities. Further to the data analysis later in the report Moorfields Eye Hospital NHS Foundation Trust intends to take a number of actions to improve the data quality relating to RTT18 and A&E and so the quality of its services, by reducing the potential for data error.

National performance data

Overall Moorfields achieves a very good performance against national performance indicators as set out in the table below. Each indicator has been assessed using a RAG (red, amber, green) rating; a green rating indicates fully achieved, an amber rating indicates partially achieved (within 5% of standard/threshold) and a red rating indicates little or no progress (>5% less than the standard/threshold).

National performance measures

Description of target	Performance 2016/17	Target 2017/18	Performance 2017/18	Average for applicable trusts 2017/18	Highest performing trust 2017/18	Lowest performing trust 2017/18
Infection control						
MRSA – meeting the objective	0	0	0	N/A	N/A	N/A
Clostridium difficile year on year reduction	0	0	0	N/A	N/A	N/A
Screening all elective inpatients for MRSA	100%	100%	100%	N/A	N/A	N/A
Risk assessment of hospital-related venous thromboembolism (VTE)	98.9%	95%	98.6%	95.2% (Apr-Dec)	100% (Apr-Dec)	77.5% (Apr-Dec)

Description of target	Performance 2016/17	Target 2017/18	Performance 2017/18	Average for applicable trusts 2017/18	Highest performing trust 2017/18	Lowest performing trust 2017/18
Waiting times						
Two-week wait from urgent GP referral for suspected cancer to first outpatient appointment	98.5%	93%	96.9%	94.8% (Apr-Dec)	100% (Apr-Dec)	73.4% (Apr-Dec)
Cancer 31-day waits – diagnosis to first treatment	96.7%	96%	95.7%	97.6% (Apr-Dec)	100% (Apr-Dec)	91.5% (Apr-Dec)
Cancer 62 days from urgent GP referral to first definitive treatment	85.7%	85%	100%	82.3% (Apr-Dec)	100% (Apr-Dec)	60.0% (Apr-Dec)
Four-hour maximum wait in A&E from arrival admission, transfer or discharge	98.1%	95% national	98.5%	92.1% (Apr – Mar)	100% (Apr – Mar)	70.9% (Apr – Mar)
Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks	97.8%	92% national	95.3%	88.9% (Apr-Feb)	100% (Apr-Feb)	73.3% (Apr-Feb)
Six-week diagnostic test waiting period	100%	99% national	100%	98.1% (Apr-Feb)	100% (Apr-Feb)	65.2% (Apr-Feb)
Cancelled operations						
*Patients who have operations cancelled for non-clinical reasons to be offered another date within 28 days	3	0	10	26 (Apr-Dec)	0 (Apr-Dec)	209 (Apr-Dec)

Description of target	Performance 2016/17	Target 2016/17	Performance 2017/18	Average for applicable trusts 2017/18	Highest performing trust 2017/18	Lowest performing trust 2017/18
Other						
Mixed sex accommodation breaches	23	0	2	50.8 (Apr – Mar)	0 (Apr – Mar)	2225 (Apr – Mar)
30-day Emergency readmission rate (over 16 years old) – *excluding retinal detachment*	3.77%	No target	4.10%	Not available	Not available	Not available
30-day Emergency readmission rate (over 16 years old) –*retinal detachment only***	6.38%	No target **	7.10%	Not available	Not available	Not available
30-day readmission rate (0-15 years old)	2.6%	No target	0%	Not available	Not available	Not available
Certification against compliance regarding access to health care for people with learning disabilities	Full compliance	Full compliance	Full compliance	Not applicable	Not applicable	Not applicable

*The full description of this indicator is that patients who have operations cancelled for non-clinical reasons should be offered another binding date within 28 days, or treatment should be funded at the time and hospital of the patient's choice (this is reported as breaches of the 28 standard for cancelled operations).
** The readmission rate for retinal detachment is recognised to be higher than overall surgical re-admission rates; therefore this is shown separately in the table above. The NOD reported benchmark UK-NOD Jackson et al. Eye 2013 is 13%.

6 Referral to treatment time (RTT18) performance

The ways the trust is required to report RTT18 are:

- The incomplete standard is the sole measure of patients' constitutional right to start treatment within 18 weeks
- The Number of New Clock Starts
- The admitted and non-admitted operational standards were abolished in 2015/16, but the trust continues to report this information.

The table below identifies the performance of our full suite of RTT waiting time measures for the financial year and with a quarterly breakdown.

Measure	Target	Q 1	Q 2	Q 3	Q 4	Year end 2017/18
18-weeks referral to treatment incomplete*	≥92.0%	96.7%	95.6%	94.6%	94.1%	95.3%
18-weeks referral to treatment incomplete with DTA **	**	**	**	**	**	**
18-weeks referral to treatment admitted*	≥ 90%	84.1%	83.3%	83.7%	81.4%	83.1%
18-weeks referral to treatment non-admitted*	≥ 95%	95.8%	94.8%	94.2%	93.6%	94.6%
New RTT periods (clock starts) all patients ***	n/a	31238	33328	33531	33883	131980

*As reported in the Boards Integrated Performance Report (IPR) for March
**No longer a reportable KPI and removed from the IPR this year
***Taken from RTT weekly submission

Performance of the measure of the RTT18 incomplete pathway (the key RTT18 performance indicator) has exceeded the annual target but has decreased when compared to the previous year's figure of 97.8%. Also performance has decreased for the admitted (which was 88.7% for 2016/17) and for the non-admitted (which was 96.3%) pathways. The decrease in performance since the last financial year was due to reporting and operational issues on the St George's site. St George's is currently implementing a recovery plan, and has been on an upward trajectory in performance.

The measurement and reporting of performance against these targets is subject to a complex series of rules and guidance published nationally, but the complexity and range of the services offered at Moorfields means that local policies and interpretations are required, including those set out in our access policy.

As a tertiary provider receiving onward referrals from other trusts, a key issue is reporting pathways for patients who were initially referred to other providers. We are required to report performance against the 18-week target for patients under our care, including those referred from other providers.

Depending on the nature of the referral and whether the patient has received their first treatment, this can either 'start the clock' on a new 18-week treatment pathway, or represent a continuation of their waiting time, which began when their GP made an initial referral. To report waiting times accurately, we need other providers to share information on when each patient's treatment pathway began.

Although providing this information is required under the national RTT rules, and there is a defined inter-provider administrative data transfer minimum data set to facilitate sharing the required information, we do not always receive this information from referring providers despite extensive chasing. This means that for some patients we cannot know definitively when their treatment pathway began. The national guidance assumes that the clock start can be identified for each patient pathway and does not provide guidance on how to treat patients with unknown clock starts in the incomplete pathway metric.

Our approach for reporting the indicators is as follows:

Incomplete: we include these patients in the calculation with some form of assumption about the start date.*
Admitted: we exclude from the calculation and report as unknown clock starts in national data submission.
Non-admitted: we exclude from the calculation and report as unknown clock starts in national data submissions.

*For incomplete pathways, the trust makes the performance calculation on the assumption the pathway is started on the date the referral is received by the trust. These referrals are then investigated to see whether an earlier 'clock start' date is required to measure the whole pathway. If we cannot ascertain an accurate clock start, the pathways are counted as unknown.

7 Performance indicator data quality

This year work progressed to improve and address previously raised issues in data. In addition a newly installed (Q1 2018) A&E system, ECDS, will allow and facilitate the required captured times, 4 hour waits and discharges. An internal audit review of RTT18 processes that took place during 2016/17 reported a status of "significant assurance with minor improvement opportunities", an improvement from the report issued in 2015/16 of "partial assurance with improvements required".

We expect a continued positive response on the 2017/18 external audit highlighting our continued developments in training, implementation of RTT team and quality checks alongside implementation and installation of new IT systems and KPI's to support our daily administrative and clinical roles.

In 2018/19 the trust will continue to strengthen RTT18 and other data recording processes through continuing:

- to increase the speed and accuracy of recording RTT outcomes following outpatient clinics and surgery
- the work of the RTT validation team and validation process
- the in-depth review of the management of long term follow-up patients to ensure they are clinically reviewed appropriately
- to improve standard operating procedures for all administration areas across all sites
- scrutinising patient level data
- to ensure standard operating procedures are up to date and in use
- training established for clerical staff, training being expanded to clinical staff.

We will continue to work on Hospital Initiated Cancellations in the following areas:

- raising awareness to divisional leads at monthly divisional meetings
- ongoing reviews by P&I Team (discussed and reviewed monthly in divisional meetings)
- development in KPI's to monitor and track trends both locally and at divisional level
- continued emphasis on best practice and data capture within PAS system (Silverlink)
- on a 12 month review we sustain a 3% Hospital lead cancellation rate

Further development and work continues into 2018/19 on Accident & Emergency 4 hour waits:

- new roll out of IT systems to support accurate reporting on discharge times
- random audit checks on patient arrival and discharge times to ensure accuracy
- any identified 4 hour breaches are to be reviewed and validated by A&E clinical teams within 12 hours of patient discharge.

8 Patient safety incidents (PSIs), serious incidents and never events

Patient safety incident data

Patient safety incident data												
Indicator	Moorfields data									National comparisons – 20 acute specialist trusts[1]		
	2015/16			2016/17			2017/18					
Period	1/2	3/4	Year	1/2	3/4	Year	½	¾	Year	Best result 16/17	Worst result 16/17	Aver-age 16/17
PSI number sent to NRLS (published NRLS data)	2089	2666	4755[1]	2527	3872	6399[1]	2814[2]	3366[3]	6180[4]	6399	707	2721

PSI number sent to NRLS (actual, based on incident date)	2628	3196	5824	4067	3983	8050	2923	3507	6430			
Rate per 1000 contacts[5]	8.5[6]	10.3[6]	9.4[7]	12.3[6]	12.1[6]	12.2[7]	8.8[6]	11.2[6]	10[7]			
Number of severe harm or death PSIs (published NRLS data)	0	7	7	2	11	13	5	5[3]	10[4]	0	18	5
Severe harm or death as a % of total PSIs (published NRLS data)	0	0.3	0.15	0.1	0.3	0.2	0.2[2]	0.1[3]	0.15[4]	0	0.63	0.22
Number of severe harm or death PSIs (correct at 24 April)[8]	4	10	14	4	9	13	4	5	9			
Severe harm or death as a % of total PSIs (correct at 24 April)	0.2	0.3	0.25	0.1	0.2	0.16	0.1	0.1	0.14			

[1] Data taken from two six-month NRLS organisational patient safety reports/workbooks and combined to provide an annual total.
[2] Data taken from the NRLS organisational patient safety report for reported patient safety incidents between 1 April 2017 and 30 September 2017.
[3] Published NRLS data for quarters 3 and 4 of 2017/18 is not yet available, therefore this data has been extracted from the trust incident reporting database.
[4] Data from one organisational patient safety report (six months) and the trust incident reporting database (6 months) has been combined to provide an annual total.
[5] Because Moorfields primarily provides ambulatory care, the organisation calculates a reporting rate based on incidents per 1000 contacts. The reporting rates shown have been extracted from the Moorfields quality & safety dashboard. These rates are not comparable against the published NRLS reporting rates.
[6] Trust-wide average reporting rate over two quarters.
[7] Trust-wide average reporting rate over 12 months.
[8] NRLS permits the resubmission and modification of previously submitted incident data, as well as imposing deadlines for the submission of data to be included within published reports. For this reason it will always be possible that there will be discrepancies between NRLS published data and the data held by the trust.

Serious incidents and never events

In 2017/18, we declared 10 serious incidents, 3 of which were classified as never events (which are wholly preventable untoward events, which have the potential to cause serious patient harm or death, that are deemed to be serious enough that they should never occur – for example, surgery on the wrong eye).

Never event title	Brief details
Three instances of insertion of an incorrect strength intraocular lens (IOL)	Three separate incidents of patients receiving IOLs different to the one selected by the surgeon prior to commencement of surgery

The other serious incidents occurred across a range of areas:

Serious incident title	Brief details
Internal referral delay	A patient should have been referred from one Moorfields site to another for a specialist opinion regarding an ophthalmic condition. An investigation identified that a historic process for the management of internal processes between these two sites was inadequate. The referral process has been reviewed and improved and a failsafe now exists
Glaucoma lost to follow-up	A patient was not provided with a follow-up appointment, as requested by clinicians. The error was identified when the patient was urgently re-referred to the service over 2 years later. Administrative processes have been reviewed and new processes have been implemented to reduce the risk of future recurrence.
Information governance breach	A trust's business financial intelligence system inadvertently sent an internal business statement e-mail containing the date of treatment, patient's name, hospital number and billing information for 6,100 patients to 162 responsible clinicians working for Moorfields Eye Hospital. There was no risk of harm to patients identified. The Information Commissioner was notified in accordance with national requirement.
Delayed treatment of 'macula on' retinal detachment	It was not possible for a patient to undergo surgery to treat a retinal detachment on the day of diagnosis. Treatment should have been provided within 24 hours, but the patient was not instructed to attend for surgery the next day and the delay resulted in a worse outcome for the patient.
Delay in diagnosis	A delay in the diagnosis of raised intracranial pressure resulted in a patient experiencing sustained pressure on the optic nerves, culminating in visual loss bilaterally.
Draft OpenEyes letters	It was identified that a number of letters on OpenEyes, the trust electronic medical record, had been saved in draft format. The incident remains under investigation and a comprehensive review of all affected letters is being undertaken.
Patient fall	A patient who had been transferred from a hospital transport ambulance to a wheelchair by the transport provider, fell and sustained a head injury. The incident has been investigated by both the trust and the transport provider.

Completed serious incident investigations contain action plans, which are approved by an executive panel as part of report sign-off. Implementation of action plans is then monitored. Periodic thematic reviews of serious incidents are completed and learning is shared via various mechanisms, including clinical governance half days.

Patient safety incidents

The trust has a well-established electronic incident reporting system. Throughout the year the risk and safety team has continued to initiate improvements to the system and reporting. Examples include the introduction of customised report forms and questionnaires for specific types of incidents. Customised report forms make reporting forms shorter and questionnaires prompt the reporter to record specific information to improve data quality and which informs the investigation. These enhancements should drive service improvement as the information available for analysis will be higher quality.

National reporting and learning system (NRLS) data published in September 2016 (covering the reporting period 1 October 2015 to 31 March 2016) and March 2017 (covering the period 1 April 2016 to 30 September 2016) identified that the median number of days between incidents occurring and being reported to the NRLS were 49 and 91, respectively. Over the last year there has been a change to internal processes which means that for the period 1 April 2017 to 30 September 2017 this figure has reduced considerably to 6 days. The figure is consistent with the risk & safety team's internal target that all patient safety incidents will be uploaded to NRLS within 7 days. This improvement now puts Moorfields in joint second place for this metric across our acute specialist cluster. Of particular note is that for the same time period the trust was the highest reporter of patient safety incidents across the same cluster. Organisations are encouraged to report incidents regularly, and at least once per month, so that the NRLS contains up-to-date and complete information to allow the best national learning possible.

Work with managers to support the timely closure of incidents has been ongoing throughout the year. To tackle a backlog of open incidents, in October 2017 the central quality team set incident closure trajectories for each clinical division. This was supported by a regular central quality team review of progress at weekly/bi-weekly meetings, the on-going provision of specific information and local support from the quality partners. Good progress has been made by each division, however further work is required to reach the target for incidents to be investigated and closed within 28 days. An important part of this work has been the identification and recognition of the factors that have contributed to this backlog, which include incident reporting system/process weaknesses as well as staff turnover. The closure of incidents relating to the availability of health records has been especially challenging for a number of reasons, including the number of open incidents and the physical location of the original health record with which the temporary health record needs to be merged.

It is disappointing that in 2017/18 we continued to experience never events, given the significant amount of work that has been undertaken over the last few years to understand why and how incorrect intra-ocular lenses (IOLs) are inserted and to improve the whole process from lens selection to insertion. This includes on-going observational reviews of compliance with the different elements of the surgical safety checklist, of which verification that the correct lens has been taken to theatre is part. In November 2017 the trust engaged with the Healthcare Safety Investigation Branch (HSIB) to participate in a national review of wrong IOL incidents. The outcome of this review is not yet available, however in February 2017 HSIB published an interim bulletin citing 4 safety issues that have been identified to date and which will form the basis of their on-going investigation. The trust remains committed to supporting this very important piece of work and looks forward to considering recommendations made by HSIB. In addition the CQC commenced a never event review in May 2018 which remains on-going.

9 Learning from deaths

During 2017/18 Moorfields complied with the requirements set by NHS Improvement in relation to learning from deaths. This included the publication of our learning from deaths policy which details how we respond to the deaths of patients and provide reports to the trust board.

As a trust we recognise that deaths of patients in our care are an extremely rare event. None of the deaths referenced below occurred at a Moorfields site. Two patients were transferred to another provider following a fall/episode of ill-health at a Moorfields site and one patient passed away a number of days after a surgical procedure. The scope of our policy is broad making provision for learning opportunities; it includes not only the mandatory inclusion requirements (e.g. an inpatient death, the death of an individual with a learning disability or mental health needs, the death of an infant or child) but also, for example, deaths within 48 hours of surgery and deaths about which the trust becomes aware of following notification, and a request for information, by HM Coroner. The following statements meet the requirement set by NHS Improvement.

During the period 1 April 2017 to 31 March 2018, three of Moorfields Eye Hospital NHS Foundation Trust patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 0 in the first quarter
- 1 in the second quarter

- 2 in the third quarter
- 0 in the fourth quarter.

By 31 March 2018, three case record reviews and three investigations have been carried out in relation to all three deaths set out above. In all three cases deaths were subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:

- 0 in the first quarter
- 1 in the second quarter
- 2 in the third quarter
- 0 in the fourth quarter.

Three deaths, representing 100% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of:

- 0 representing 100% for the first quarter
- 1 representing 100% for the second quarter
- 2 representing 100% for the third quarter
- 0 representing 100% for the fourth quarter.

These numbers have been estimated using the Royal College of Physicians Structured Judgement Review methodology. Two of the three deaths reviewed during this period highlighted an issue in relation to the recording of next of kin/emergency contact details for all patients, including those attending outpatient appointments. Best practice, which the trust should strive to achieve, should be to record in the health record an emergency contact number for all patients who attend for an appointment of any kind. No care issues were identified, both patients sustained head injuries following a fall/collapse.

In response to an issue identified regarding emergency contact details a number of actions were taken to reinforce the requirement to accurately and legibly record this information for all patients. This included targeted communications by the Director of Nursing and Allied Health Professions and presentation of the requirement at the clinical governance half days that took place at the end of Q2/start of Q3 2017/18.

The effectiveness of the instruction given to staff regarding the need to record an emergency contact number for all patients has not yet been reviewed. This has not been highlighted on the e-reporting system as an issue for patients who have been taken ill on trust premises.

Zero case record reviews took place and one investigation was completed after 1 April 2017 which related to deaths which took place before the start of the reporting period.

Zero deaths representing 0% of the patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the internal Serious Incident investigation process and the outcome of an Inquest undertaken by HM Coroner.

Taking into consideration the information above, zero deaths representing 0% of the patient deaths during 1 April 2017 to 31 March 2018 are judged to be more likely than not to have been due to problems in the care provided to the patient.

10 Being open with our patients

In line with the statutory duty of candour, Moorfields has continued to strengthen and promote systems to support an open and transparent culture when things go wrong and shows a continuous ambition to report and learn from incidents. Adherence with the individual elements of the process continues to be captured within the electronic incident reporting system and the risk & safety team and quality partners

continue to monitor compliance on an on-going basis and to challenge clinicians regarding adherence with the requirements when information has not been recorded. A comprehensive audit has been completed during Q4 2017/18 and this identifies non-compliance with specific parts of the process and areas in which further improvement can be achieved. Awareness will be enhanced further with the introduction of a bespoke, in-house e-learning package in early 2018/19, which specifically addresses these improvement opportunities. Completion of the e-learning package will be a mandatory requirement for all clinical staff, as a minimum. A re-audit will be planned for Q4 2018/19, which will evaluate the effectiveness of the e-learning package.

11 Safeguarding

Safeguarding is one of our top priorities. We have a clinical lead for children and young people and are committed to fulfilling our responsibilities in Section 11 of the Children's Act (1989). This year we have reflected and focused on recognising that no one, adult or child, exists in isolation. We have developed projects looking at the 'child behind the adult', domestic abuse and recognising child carers. We have a 'four steps to safeguarding' tool to support staff to identify concerns, and a multi-agency in-house level 3 safeguarding training package. The leads for safeguarding adults, and children and young people have worked together on initiatives looking at learning disabilities, mental capacity and Prevent, an anti-radicalisation strategy.

To further support the extensive safeguarding adults agenda, a safeguarding adults advisor was recruited to assist in progressing and meeting the trust's responsibilities as defined in the Care Act 2014 and the Mental Capacity Act 2005. Key achievements include:

- Continuing to deliver a comprehensive Mental Capacity Act (MCA) training programme, and undertaking a MCA Audit which evidences good practice.
- Reviewing the consent policy and consent forms ensuring they are fully MCA compliant and support staff with implementation of the Act.
- Implementing a robust Prevent training programme to ensure the trust meets the national compliance target regarding WRAP (Workshop to Raise Awareness of Prevent) training and meets the statutory Prevent duty.
- Establishing a safeguarding champions model to support excellent safeguarding practice.
- Developing a new hospital passport and easy read material to support patients with a learning disability.

12 Friends and family test (FFT) for patients

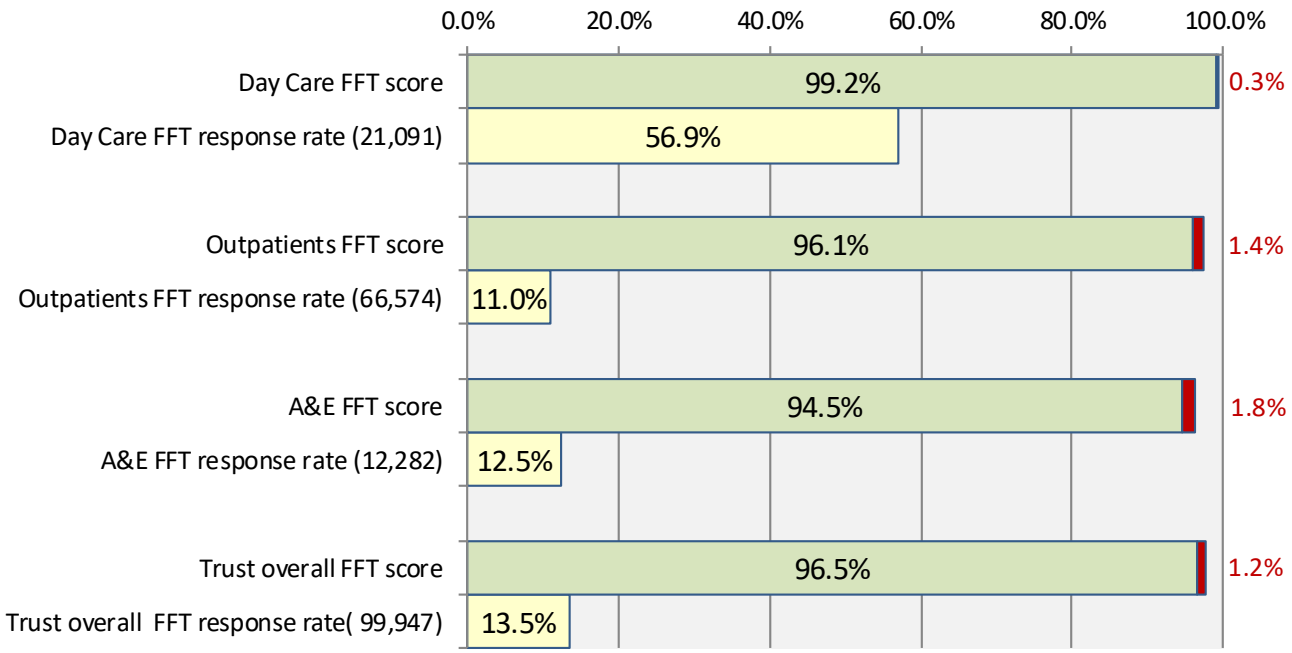
Since April 2015 all patients seen in 53 clinical areas have been asked to take part in the NHS England FFT, with the results being passed on to NHS England. During 2017/18, 99,947 patients have rated their care and been asked to comment on what they felt would have improved their experience.

As with previous years, most patients are happy with their care, citing the friendliness, helpfulness, clinical outcomes, professionalism and organisation they find when attending. Overall there is a sense that care is individualised and effective. Almost 3,000 patients named specific members of staff as giving exceptional care.

The vast majority of patients, regardless of which network site they attend, would recommend Moorfields, however, almost 16% of those who left a comment raise better waiting times as the main improvement, with the remainder wanting to see improvements associated with waiting, for example information about how long it will take, what will happen, hearing, availability of refreshments and something to occupy them whilst waiting (television, reading material) and to a lesser extent parking at network sites.

The service improvement and sustainability (SIS) team have supported a project in the Glaucoma service, which has demonstrated through a combination of improvements that waiting times can be reduced. This has been further supported by the opening of the Cayton Street Clinic at the City Road site. There has been a difficulty in sustaining the full improvement seen without the direct intervention of the SIS Team and without full ophthalmic technician staffing. However, the project is now rolling out across the trust.

2017/18 FFT performance
Working with our commissioners we have established response rate benchmarks of:
15% OPD / 20% A&E / 30% Day care, and a satisfaction score of 90% or above.



13 CQC National Surveys

Two CQC surveys were conducted in 2016 and were published in the latter part of 2017.

Accident and emergency survey 2016
Overall, the results of the survey were positive, with a good performance compared to other trusts and scoring particularly high on questions relating to personal interaction, information giving and overall waiting time in the department. When compared to the 137 other trusts, Mo orfields scored better in 11 of the 33 questions and worse for only two. Moorfields was seventh highest scoring of all trusts in response to the question “Overall how long did your visit to the emergency department last?”

Actions being taken in response include reviewing the patient pathway to reduce delays for an initial examination and keeping patients better informed of waiting times.

CQC Children and Young People’s Inpatient and Day Case Survey
Again, the results of the survey were very positive, with a good performance compared to other trusts and scoring particularly high on questions relating to providing information, shared decision making and the support offered to children and their parents. When compared to the 132 other trusts:

- for the care for 8-15 year olds, Moorfields ranked with only five other trusts as being classified as ‘much better than expected’ and received the highest number of positive responses for this age group.
- for 26 (out of 55) questions Moorfields was found to be better when compared to the other 132 trusts and for none of the questions was Moorfields worse
- Moorfields was the highest scoring of all 132 trusts in response to the question, to parents, “Did a member of staff agree a plan for your child’s care with you?”

Actions are focused on providing more age appropriate information for young persons, including them in discussions and ensuring privacy.

Patient Participation

Patient Participation Strategy

At the end of 2017, Moorfield's patient participation strategy was launched, having been created in consultation with patients and staff over the previous six months. The main theme of the strategy is to provide tools and support so that participation can take place locally. This includes:

- building a database of patients interested in participation and making this easy to use.
- including patients in business cases and service change proposals from the start
- creating an online 'library' of patient engagement and participation methods and tools.
- promoting success across the trust and delivering participation activities such as in-your-shoes events, experience based co-design, 'mystery' patients and supporting teams in the creation and use of surveys and questionnaires.

In light of this renewed focus, the patient experience committee which has oversight of these activities has been retitled the patent participation and experience committee.

Moorfields Patient and Care Forum
In March 2018, the first Patient and Carer Forum was held at Moorfields. Chaired jointly by two of the trust's governors, the forum is a patient member group where trust wide issues, for example catering, communication, service improvement work, patient participation activities and project oriel will be discussed. The Patient Carer Forum reports its activities to Moorfields Membership Council.

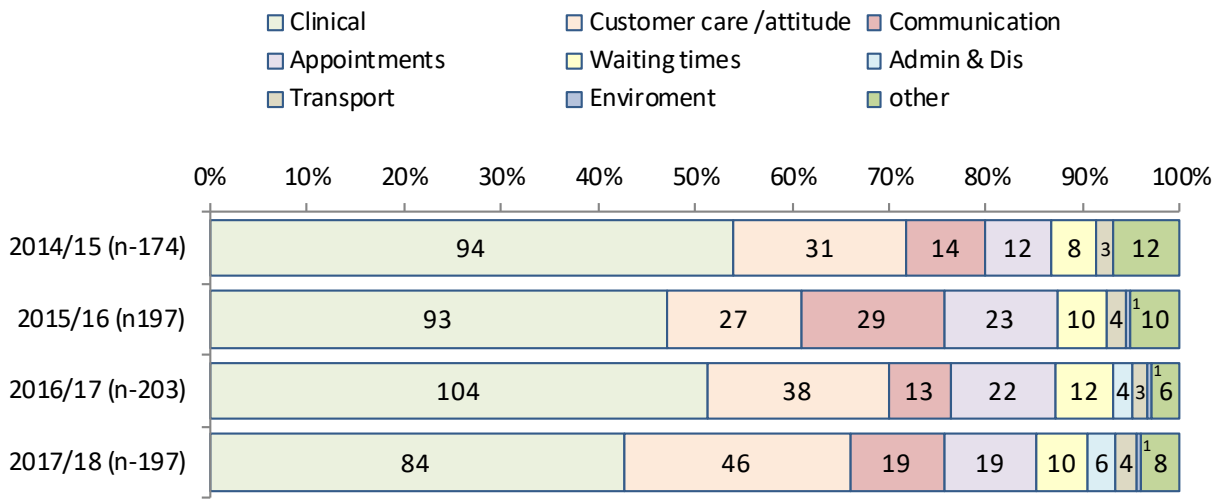
Accessible Information Standard (AIS) patient forum
The AIS patient forum has been running for 18 months advising and giving the patient perspective on the implementation of the AIS and has been particularly informative as several of its members are severely visually impaired. The patient forum has joined with the staff implementation group and is working together on the practical implementation of the AIS. Progress with AIS implementation is reported in section 2.

14 Complaints

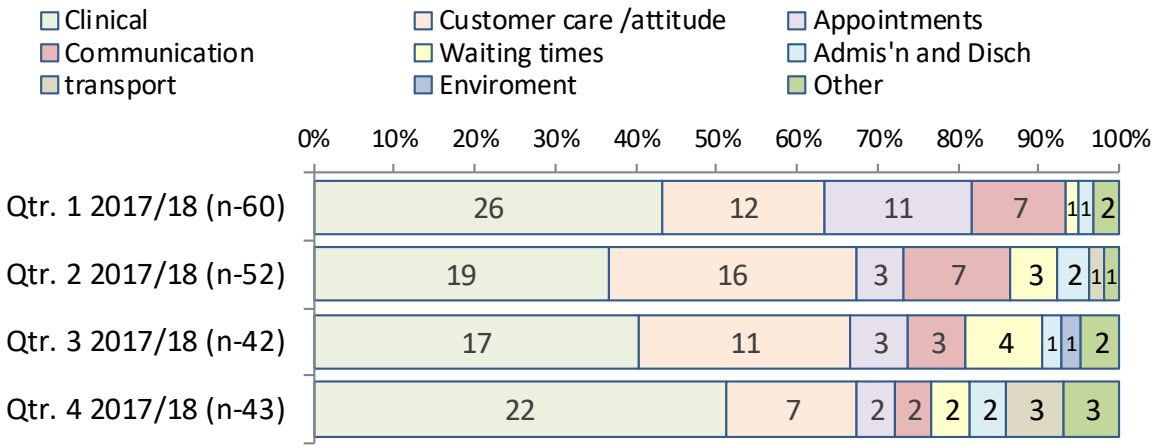
In 2017/18 the trust received 197 complaints, slightly fewer than the 203 received in 2016/17. The chart below illustrates the complaints received by number and theme for the past four years and by quarter for 2017/18.

Although relatively few in number, clinical issues continue to be the largest cause of complaints. Complaints question treatment, treatments outcomes, alleged misdiagnosis and lack of information. Other complainants focus on staff attitude, administrative issues, communication and appointments management. All clinical complaints are reviewed by the medical director to ensure that each point has been addressed accurately and honestly. The nature of these complaints are specific to the individual and there does not appear to be any correlation between specialty, site, clinician, type or date that indicates inherent problems. Where people who submit complaints are unhappy with their written response, we offer a meeting, often with Moorfields' medical director. Where we are unable to resolve complaints fully, it remains open to complainants to complain to the Ombudsman, although this occurs very infrequently.

Complaints year on year 2014/15 to 2017/18



Complaints by quarter 2017/18



Complaints response time / Reopened complaints/PHSO referrals 2017/18

	Quarter1	Quarter 2	Quarter 3	Quarter 4
Complaints acknowledged <3 days	97%	98%	95%	100%
Complaints answered within <25days KPI 80%	78%	83%	72%	77%
Re-opened cases	4 (7%)	2 (4%)	11 (27%)	2 (5%)
Complaints discussed at SI panel None were declared as an SI	7		5	
PHSO referrals * not upheld ^ongoing	2*	2*	1^	1^

The < 25 day rate was poor due to complaint investigations not being returned within an appropriate time frame by divisions and the time taken for medical director review.

15 Compliments

Traditional ways of complimenting members of staff, by letter or card, have been replaced in recent years by patients expressing their gratitude through the friends and family cards or social media such as NHS Choices, Facebook or twitter. Patients who leave a compliment are sent a response and the comment shared with the department or individual and often reflects the care and professionalism of staff. Examples are:

- *"NOT looking forward to another visit, but then if it has to be, then I am happy that it should be in your clinic and Moorfields. You all gave me respect and good treatment, with reciprocal humour and I respect the work you do and appreciate it.Thank you all".* (NHS Choices)

- *"All staff were courteous, informative, caring and very pleasant.. Thank you Moorfields for the caring treatment I received I was feeling anxious when I went into Theatre but the lovely surgeons, doctors, nurse, and anaesthetist were all so lovely and pleasant they put my mind at ease. I've now recovered from my surgery and my eyesight is ok again so I can't thank Moorfields and their staff enough for taking such good care of me. THANK YOU ALL SO VERY MUCH."* (FFT comment).

Staff recommending the trust to friends and family

For the fourth year we have conducted our staff friends and family test (FFT) every quarter, sending the survey to all staff, not just a sample. We ask staff to tell us whether they would recommend Moorfields as a place to be treated and also whether they would recommend it as a place to work.

The table below shows that the vast majority of staff are proud to recommend Moorfields as a place for treatment and likewise as a place to work, keeping us in a good position compared to all NHS organisations.

We also asked two questions about our programme of cultural change, The Moorfields Way. We asked staff if they were aware of the programme, and whether it was beginning to make a difference in their part of the trust. The table below includes these responses, showing the positive impact of this programme whilst noting the final quarter results are relatively lower. We continue to be committed to ensuring the Moorfields Way values and behaviours are fully embedded across the whole organisation.

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

16 Quality improvement priorities for 2018/19

The development of this quality report was led by the director of quality and safety in close liaison with the trust's executive quality and safety leads, who are the director of nursing and allied health professions and the medical director, in consultation with the chief operating officer. This quality report and our quality priorities have been developed from a wide range of information about quality from all parts and levels within the organisation.

The quality priorities are directly linked to the objectives within our Quality Strategy (the quality account forms a key part of its implementation) and continue to be influenced by CQC's inspection report findings. There is therefore a continuing focus on the WHO surgical checklist which falls in the CQC safe domain and learning from incidents. Other priorities include improving our frontline customer focus and introducing a new audit module for cataract linked to OpenEyes (our EPR - electronic patient record system).

The quality priorities are supported by Moorfields' host commissioners, NHS Islington Clinical Commissioning Group and are consistent with the commissioning for quality and innovation (CQUIN) framework. The trust's management board (TMB) has oversight of the trust's quality and safety performance against the three internationally recognised areas of patient safety, patient experience and clinical effectiveness. This quality account has been reviewed by the management executive, trust management board and the quality and safety committee and has been finalised as a balanced representation of the trust's priorities across the three areas of patient safety, patient experience and clinical effectiveness.

The trust's governors have also considered the contents of the quality report and were supportive of the quality priorities for 2018/19. A new Patient and Carer Forum met in March 2018 and contributed their views to shaping the quality priorities and a staff survey provided more than 120 returns which were very supportive of the priorities. The quality report was agreed by the trust board on 22 May 2018.

Summary of priorities for 2018/19

This table summarises our eight quality objectives for 2018/19 which are explained in detail in the sections below.

Area of quality	Priority	Objective
Patient safety	Raise safety standards of surgery and reduce never events	Make surgery safer by ensuring that the surgical safety checklist continues to be consistently achieved >90% in all five stages, rising to 95% in Q4. Improve team working culture and resilience to support checklist completion and day to day working in theatres. Overall, reduce the occurrence of never events and serious incidents during surgery
	Make care and treatment safer through learning	Achieve a culture of continuous improvement by ensuring that learning from patient safety incidents and other safety events is clearly defined and is embedded in systems and processes. Ensure that staff are involved in learning and receive feedback
	Ensure outpatient follow up appointments are well organised	Organise our outpatient clinics better by improving our processes to ensure that patient follow up is robust, clinically prioritised and systematic and that clinical and no are aware of their responsibilities
Patient experience	Improve patients' experiences through better use of technology	Improve our patients' experiences by introducing new technology to collect Friends and Family Test data and information more efficiently from patients. Use the new system to feed data and information to our divisions to learn from to

		improve services, particular patients' experiences
	Improve frontline customer focus and patient experience	Run a programme of customer care training for managers and teams. Managers will work with frontline teams to develop their customer care skills to improve team culture and patients' experiences
Clinical effectiveness	Improve patient care by using the results of patient reported outcome measures (PROMs)	Evaluate the impact of the use of PROMs over the past five years and focus the outcomes to support organisational, divisional and service learning and improve clinical care
	Improve cataract data collection in OpenEyes (our electronic patient record system – EPR)	Introduce a new electronic module in OpenEyes to routinely collect data about cataract complications and outcomes to improve patient care. The aim is to record data electronically, and provide better data sets and clearer information about clinical outcome performance. This data will then be used for other purposes such as clinical audit
Patient safety, patient experience, clinical effectiveness	Use technology to improve the use of data and information about quality to help improve patient care	Implement the next phase of the quality dashboard (an improvement tool making quality data more accessible and easy to compare) making it fully usable for divisional teams

Patient safety

Make care and treatment safer through learning
Objective: make surgery safer by ensuring that the surgical safety checklist continues to be consistently achieved >90% in all five stages increasing to 95% in Q4. Improve team working culture and resilience to support checklist completion and day to day working in theatres. Overall, reduce the occurrence of never events and serious incidents during surgery.

Rationale: the surgical safety checklist is used to ensure surgery is carried out safely and as planned. In 2017/18 observational audits indicated Moorfields achieved >90% compliance with all five sections of the checklist. However there were three never events due to insertion of an incorrect strength intraocular lens (IOL). By continued focus, improvements to processes and team working we aim to eliminate these never events.

What success will look like by the end of March 2019:

- improved use of the surgical safety checklist, achieving >95% in Q4
- reduced to a minimum level never events or serious incidents caused by a failure to use the surgical safety checklist
- team development programme for theatres teams completed
- applied learning from external reviews by Healthcare Safety Investigation Branch (HSIB) and CQC.

What we will measure and when

Quarter 1: introduction of WHO safer surgery checklist and team brief/debrief on Galaxy theatre system will record every WHO check list that takes place helping to embed a culture of using it. Introduction of WHO check list theatre team brief/debrief standard operating procedure (SOP) and audit processes to the new Moorfields Private theatres and staff.

Quarter 2, 3 and 4: theatre staff at City Road to take the lead on monthly auditing of WHO safer surgery check lists within the department empowering staff to challenge non-compliance with peers. This will be supported by a quality partner. Theatre coordinators will observe WHO safer surgery checklists and team brief/debrief being performed. Ensure these processes are also undertaken at all surgical sites. Team development programme developed and implemented with evaluation to follow.

Quarter 1, 2, 3 and 4: monthly observational and documentation audits will continue to take place across all surgical sites with target standards increasing during the year. By April 2018 the trust aims to be consistently at 95% compliant across all surgical sites. This is a CQUIN in 2018/19.

Patient safety

Make care and treatment safer through learning
Objective: achieve a culture of continuous improvement by ensuring that learning from patient safety incidents and other safety events is clearly defined and is embedded in systems and processes. Ensure that staff are involved and receive feedback.

Rationale: Moorfields has a number of ways it learns from patient safety events such as clinical governance half days. We will ensure that ways to learn from patient safety incidents and other safety events are clearly defined and are embedded in systems and processes, and staff are clear about how to achieve this.
What success will look like by the end of March 2019: ways to learn from patient safety incidents will be more clearly defined and embedded in systems and process and staff will receive better feedback and will be involved in learning. This will be supported by observational studies.

What we will measure and when

Quarter 1: scope study. Perform observational audits of learning practice
Quarter 2: continue observational studies and analysis of learning practice
Quarter 3: summarise outcomes. Disseminate and standardise practice, including appropriate measure and indicators across Moorfields
Quarter 4: test whether standardised practice is in place and effective.

Patient safety

Ensure outpatient follow up appointments are well organised
Objective: organise our outpatients clinics better by improving our processes to ensure that all follow up is robust, clinically prioritised and systematic and that clinical and non-clinical staff are aware of their responsibilities.

Rationale: Moorfields had two serious incidents in 2017/18 due to patients not receiving timely follow up appointments and historically we have had issues indicating that processes are not systematic and robust.

What success will look like by the end of March 2019:

- processes will have been reviewed and improved
- staff will be informed
- new training will be in place if required
- learning will be disseminated across the whole organisation.

What we will measure and when

Quarter 1: identify key issues, processes and procedures and staff groups involved
Quarter 2: systematically review all processes and identify improvements including KPIs
Quarter 3: work with teams to make improvements
Quarter 4: continue to make improvements and ensure these are communicated to all staff, that appropriate training is in place and that processes are systematically applied across all of Moorfields.

Patient experience

Improve patients' experiences through better use of technology
Objective: improve our patients' experiences by introducing new technology to collect Friends and Family Test (FFT) data and information more efficiently from patients. Use the new system to feed data and information to our divisions to learn from.

Rationale: currently Moorfields relies on manual systems to collect FFT data and information which is time consuming and less efficient. New technology will make collection quicker, more efficient and should increase response rates. It should also be easier for divisional management teams to monitor responses and identify themes for service improvement.

What success will look like by the end of March 2019:

- new FFT technology will be in place
- data and information will be regularly provided to divisions
- performance monitoring in place
- data and information used for continuous improvement of services and patients' experiences.

What we will measure and when

Quarter 1: develop scope for technology requirements for FFT collection tool

Quarter 2: procure and commence implementing new technology

Quarter 3: complete implementation and start disseminating data to divisions

Quarter 4: monitor performance and improvement activities in the patient participation and experience committee.

Patient experience

Improve frontline customer focus and patient experience
Objective: run a programme of customer care training for managers and teams. Managers will work with frontline teams to develop their customer care skills to improve team culture and patients' experiences.

Rationale: Moorfields' staff should provide excellent customer care and communicate to a high standard with patients, the public and each other to support the best patient experience and service delivery.

What success will look like by the end of March 2019: a manager's customer care training programme will have been completed, including evaluation, and a programme of team customer care training will have been delivered with evaluation expected in the next business year.

What we will measure and when

Quarter 1: develop customer care training programme for managers

Quarter 2: deliver training programme

Quarter 3: evaluate programme and develop customer care training programme for teams

Quarter 4: deliver training programme for teams.

Clinical effectiveness

Improve cataract data collection in OpenEyes (our electronic patient record system – EPR)
Objective: introduce a new electronic module in OpenEyes (electronic patient record system – EPR) to routinely collect data about cataract complications and outcomes to improve patient care. The aim is to record data electronically, and provide better data sets and clearer information about clinical outcome performance. This data will then be used for other purposes such as clinical audit.

Rationale: data about cataract complications and outcomes to improve patient care is collected from some services electronically in OpenEyes. Recording data electronically from more services will provide better data sets and clearer information about clinical outcome performance.

What success will look like: OpenEyes will be modified to ensure that required cataract outcome data is collected in key services. Combined with culture changes to encourage paperless record keeping, we are aiming to generate more complete core outcome data. Data will also be used to drive improvements through clinical audit.

What we will measure and when

Quarter 1: detailed objectives will be produced in quarter 1 once clarification has been received from the EPR team.

Clinical effectiveness

Improve patient care by using the results of patient reported outcome measures (PROMs)
Objective: evaluate the impact of the use of PROMs over the past five years and focus the outcomes to support organisational, divisional and service learning and improve clinical care.

Rationale: PROMs are used to obtain patient feedback about the outcomes of treatment to help improve services and are used at a number of sites. It is important that we understand how PROMs are contributing to improving patient care and to make that systematic.

What success will look like by the end of March 2019: we will have completed an evaluation of the use of PROMs over the previous 5 years. We will ensure that learning from PROMs is driving improvements in patient care.

What we will measure and when

Quarter 1: scope review

Quarter 2: commence review

Quarter 3: complete review

Quarter 4: ensure PROMs form part of continuous learning and improvements to patient care.

Patient safety, patient experience and clinical effectiveness

Use technology to improve the use of data and information about quality to help improve patient care
Objective: use technology to make data about quality more accessible and easy to monitor by implementing the next phase of the quality dashboard (an improvement tool making quality data more accessible and easy to compare) making it fully usable for divisional teams.

Rationale: a quality dashboard was successfully implemented in 2017/18. Further work is required to expand the number of indicators and the functionality of the dashboard to be able to compare data.

What success will look like: by end of March 2019 the next phase of the dashboard will have been introduced and divisions will be using it on a day to day basis.

What we will measure and when

Quarter 1 and 2: work with divisions to develop scope for next phase of quality dashboard

Quarter 3: implement next phase

Quarter 4: fully operationalise and evaluate success.

17 Key indicators for 2018/19

Moorfields monitors quality through a wide range of standards and indicators many of which support delivery of the quality priorities set out above. This year our stretch indicators focus on reducing waiting in outpatients, using technology to improve patient check-in, patient DNAs (did not attend) rates,

theatre efficiency and cancellation rates. These are all areas where we seek quality improvement and increasing the benefit for our patients, either by improving experiences directly or by making processes more efficient and less onerous for staff and patients. These are a more focused and relevant set of indicators than last year based on the learning of the service improvement and sustainability team. There are also a number of indicators in the areas of safety that we have been tracking over a number of years and believe they should continue to be tracked as key indicators of our performance, for example equipment and hand hygiene standards. In terms of clinical effectiveness we continue to measure posterior capsule rupture rates, an important measure of the quality of our surgery, which we continue to perform well against. Year on year we have been expanding the use of PROMs (patient reported outcome measures), this year we want to be clearer about how PROMs are leading to improvements in patient care and services.

2018/19

Indicator	Source	2015/16 result	2016/17 result	2017/18 result	2018/19 target
Patient experience					
Reduce patient journey times in glaucoma and medical retina	Internal (QSIS programme)	Indicator not in use	Indicator not in use	Indicator not in use	Median outpatient journey times to reduce to 99 mins for new; 89 mins for follow-up by 31 March 2019
Improve patient experience through digital patient check-in	Internal (QSIS programme)	Indicator not in use	Indicator not in use	Indicator not in use	≥60% of patients using kiosks or alternative technology on sites where they are embedded (on site for >3 months), by 31 March 2019
Reduce the % of patients that do not attend (DNA) their first appointment	Internal performance monitoring	Indicator not in use	14%	12.3%	≤12.3%
Reduce the % of patients that do not attend (DNA) their follow up appointment	Internal performance monitoring	Indicator not in use	Indicator not in use	Indicator not in use	≤10.8%
% of patients whose journey time through the A&E department was three hours or less	Internal performance monitoring	78.1%	80%	78.4%	≥80%
Theatre sessions starting late	Internal performance monitoring	Indicator not in use	Indicator not in use	67.3% (theatre sessions starting on time)	≤32.7%

Theatre cancellation rate (overall)	Internal performance monitoring	Indicator not in use	Indicator not in use	Indicator not in use	≤7.0%
Theatre cancellation rate (non-medical cancellations)	Internal performance monitoring	Indicator not in use	Indicator not in use	Indicator not in use	≤0.8%
Number of outpatient appointments subject to hospital initiated cancellations (medical and non-medical)	Internal performance monitoring	5.5%	2.9%	2.9%	≤2.85%

Indicator	Source	2015/16 result	2016/17 result	2017/18 result	2018/19 target
Patient safety					
% overall compliance with equipment hygiene standards (cleaning of slit lamp)	Internal performance monitoring	93%	92%	99%	≥90%
% overall compliance with hand hygiene standards	Internal performance monitoring	97.4%	98%	98.7%	≥95%
Number of reportable MRSA bacteraemia cases	Internal performance monitoring	0	0	0	0
Number of reportable clostridium difficile cases	Internal performance monitoring	0	0	0	0
Incidence of presumed endophthalmitis per 1,000 cataract cases	Internal performance monitoring	0.35	0.05	0.22	≤0.4
Incidence of presumed endophthalmitis per 1,000 intravitreal injections for AMD	Internal performance monitoring	0.16	0.24	0.18	≤0.5
Site and service safety review: patient safety walkabouts and use of mGTT – a	Internal performance monitoring	Staff received CQC handbooks and self-assessment	28 mGTT reports completed covering 10 sites and 11	12 mGTT reports completed covering 9 sites and 10	5 mGTT reports completed from services at City Road and 5 that include other

tool to measure adverse events when things go wrong		tools; actions plans have been implemented; walkabouts have occurred across most major sites	services. Executive led walkabouts undertaken across 11 departments and sites; results used to drive improvements	services. Executive led walkabout undertaken at the Moorfields private. Plans in place for more sites in 2018/19	sites

Indicator	Source	2015/16 result	2016/17 result	2017/18 result	2018/19 target
Clinical effectiveness					
% implementation of NICE guidance	Internal performance monitoring	100%	91.8%	98.7%	100%
Posterior capsule rupture rate for cataract surgery (cataract service)	Internal performance monitoring	1.02%	1.14%	0.96%	<1.3%
Posterior capsule rupture rate for cataract surgery (all sub-specialties)	Internal performance monitoring	1.29%	1.27%	0.99%	<1.95%
Developing patient reported outcome measures (PROMs)	Internal performance monitoring	Use of general PROM at Bedford and Barking completed. Plans to introduce a cataract PROM at City Road and St Ann's in place	General PROM in use at Bedford, Barking, St George's Croydon and City Road. Cataract PROM in use at City Road, Ealing, Potter's Bar and St Ann's. All results drive service improvement	General ophthalmology PROM in routine use at 7 sites, expanded from 5. Cataract PROM in use at 6 sites, expanded from 4. The results of these PROMs are improving patient care	Expand to 9 sites for general ophthalmology PROM; continue at 6 sites for cataract PROMs

*Subspecialties include: A&E, adnexal, anaesthetics, cataract, cornea and external disease, glaucoma, medical retina, neuro-ophthalmology, optometry, orthoptics, paediatrics, strabismus and vitreo-retinal.

**Sites include Bedford, Croydon, Ealing, Northwick Park and St George's.

Statements of assurance from the board
The board receives assurance about quality and safety from the quality and safety committee which provides assurance about quality and safety activities across the trust. The quality and safety committee receives a number of annual quality and safety reports including a twice yearly thorough review of quality and safety covering the three domains of patient safety, patient experience and clinical effectiveness led by the medical director and director of nursing and allied health professions. The board receives briefings from the chair of the quality and safety committee after each of its meetings. The board also receives reports about quality and safety as per its statutory responsibilities.

Review of service
During 2017/18 Moorfields Eye Hospital NHS Foundation Trust provided ophthalmic NHS services covering a range of ophthalmic sub-specialties (A&E, adnexal, anaesthetics, cataract, cornea and external disease, glaucoma, medical retina, neuro-ophthalmology, optometry, orthoptics, paediatrics, strabismus and vitreo-retinal). We regularly review all healthcare services that we provide. During 2018/19, we will continue with our programme of reviewing the quality of care and delivery of services through our quality and service improvement and sustainability programme (QSIS). The income generated by the NHS services under review represents the total income generated from the provision of NHS services by Moorfields for 2017/18.

Provision of seven day hospital services
Moorfields continues to develop its role, working with our commissioners, in the provision of seven day hospital services. The two relevant standards are about emergency patients having access to their first consultant review and timely access of our diagnostics services, which we will continue to progress in 2018/19.

18 Participation in clinical audits and national confidential enquiries

During the period 1 April 2017 to 31 March 2018, Moorfields proposed 23 audits assessing national clinical standards/guidelines* (many of which have been completed or were re-audits) and participated in one confidential enquiry (only a few were relevant to ophthalmology) covering relevant health services that we provide. The trust has participated into the national confidential enquiry into 'Perioperative Diabetes', for which the study remains open into 2018/19.

*National audits are those that are registered by all trusts where benchmarking and comparisons can be made between organisations. Due to the single specialty nature of Moorfields, many national audits are not relevant. Moorfields therefore also audits against standards and guidelines set by relevant national bodies such as the Royal College of Ophthalmologists, National Institute for Health and Care Excellence (NICE) and national service frameworks. These are referred to as 'nationally derived' audits whereby all trusts must undertake them but there is no benchmarking as these are done individually by trusts.

The 23 clinical audits derived from national standards and guidelines that Moorfields participated in from 1 April 2017 to 31 March 2018 were:

Audit project title	Sites	Service	Reason
GIRFT Getting It Right First Time Surgical Site Infection National Audit (CA17/TW/08)	Trust wide	Trust wide	National Audit – Ophthalmology section
Routine preoperative tests for elective surgery (CA17/ANA/11)	City Road	Theatres	NICE (NG45)
Preventing unintentional injury among children and young people under 15 (CA17/NU/25)	City Road	Safeguarding Children	NICE (QS107)
Health and wellbeing of looked after children and young people (CA17/NU/26B)	City Road Bedford South Croydon Ealing Northwick Park St George's Darent Valley	Safeguarding Children	NICE (QS31)

	Purley Eye clinic		
National Ophthalmology Audit 2017-18 (CA17/PC/05)	Croydon St George's	Primary Care / General Ophthalmology	National Audit (NCAPOP)
Controlled drugs: safe use and management (CA17/PH/05)	Trust wide	Pharmacy	NICE (NG46)
Antimicrobial stewardship – to be advised by Islington CCG (CA17/PH/06)	City Road	Pharmacy	NICE (QS121)
Transition from children to adult services for young people using health and social care services (CA17/PA/06)	City Road Croydon Ealing Northwick Park St George's Darent Valley Potters Bar Stratford	Paediatrics	NICE (NG33)
Review of Paediatric Imaging & Perimetry Service FFT Re-audit (CA17/OR/02)	City Road	Orthoptics	Royal College of Ophthalmology
Patient Group Directives (PGDs) 2017 (CA17/NU/23)	City Road	Nursing	NICE (MPG2)
Falls Audit 2017 (CA17/NU/27)	City Road	Nursing	NICE (CG161)
Neuropathic pain – pharmacological management (CA17/NO/02)	City Road	Neuro-ophthalmology	NICE (CG173)
Diabetic Macula Oedema (DMO) compliance re-audit: referrals for Lucentis 2017 (CA17/MR/12)	City Road Ealing Northwick Park St Ann's St George's	Medical Retina	NICE (TA346)
Re-audit: Real world clinical audit of aflibercept use in the management of macular oedema secondary to central retinal vein occlusion (12 months results) 2017 (CA17/MR/13)	City Road	Medical Retina	NICE (TA409)
Visual impairment due to myopic choroidal neovascularisation: aflibercept (CA17/MR/14)	City Road	Medical Retina	NICE (ESNM76)
Ranibizumab for treating Diabetic Macula Oedema (CA17/MR/22)	Bedford	Medical Retina	NICE (TA274)
Outcomes of Ranibizumab (Lucentis) therapy for nAMD, DMO, RVO and myopic CNV (CA17/MR/24)	Bedford	Medical Retina	NICE (TA274)

Surgical Site Infection Audit 2017-18 (CA17/NU/29)	Trust wide	Infection Control	NICE (CG74 & QS49)
Workplace policy and management practices to improve the health and wellbeing of employees (CA17/HR/01)	City Road	Human Resources	NICE (NG13)
Diabetes in Adults (CA17/NU/26)	City Road	Diabetes Lead	NICE (QS6)
UK Ocular Transplant Audit 2017-18 (CA17/CED/10)	City Road Croydon Ealing Northwick Park St George's	Corneal & External Disease	National Audit (not part of NCAPOP)
Pre-operative pregnancy testing (CA17/ANA/18)	City Road	Anaesthetics	NICE (NG45)
Compliance with DVT prophylaxis guidelines peri-operatively at Moorfields re-audit (CA17/ANA/20)	City Road	Anaesthetics	NICE (QS3)

Moorfields continues to improve recording and collection of audit data. In 2017 Moorfields purchased a new safeguard audit database module to improve data capture and analysis. A pilot was commenced and full implementation will take place in 2018/19.

Moorfields has maintained a high profile of clinical audit. The central audit team reviewed the reports of 214 audits between 1 April 2017 and 31 March 2018 (there were 230 audits in 2016/17), although not all of these started in 2017/18. This demonstrates good staff awareness to submit reports to a central location as well as enhanced communication and delivery by the central team. Included below is a sample of completed actions following review of audit reports received in 2017/18:

Audit title	**Actions taken**
General ophthalmology: understanding the outcomes of consultation cases seen at City Road	Improved coding to avoid ambiguity, which is now regularly monitored
Patterns of ophthalmology complaints presenting to A&E department	The implementation of urgent care clinics to help divert patients with non-sight threatening complaints away from A&E. The service is running effectively
Review of adult patients seen at Ealing clinic	An individual adult clinic established as the previous joint adult and child clinics were affecting the flow
Compliance with the A&E optometrist protocol	Improvements in record keeping and prescribing in A&E and an update of protocols
Audit of head injuries presented to Moorfields casualty	National coding guidelines commenced on Moorfields patient administration system (PAS). Moorfields A&E proforma amended to include baseline neurological information and triage and transfer decisions
Theatre team brief	Development of a new team brief tool that is easily visible for staff to ensure that no steps are missed
Appropriateness of patients attending paediatric A&E in and out of hours	Development and approval of information leaflets for parents/guardians. Implementation of a review clinic to accommodate extra referrals from main casualty. Protocol written to allow active triage of paediatric patients out of hours
Effectiveness of superior rectus transposition for sixth nerve palsy	Results presented and discussed at the British Isles paediatric and strabismus association meeting in Hull
Resuscitation trolley audit	Shared findings with resuscitation committee and improved training at resuscitation champions committee

Valproate use at Moorfields	Statement to all relevant staff issued via the drugs and therapeutic medicines management committee. OpenEyes letters and ascribe data warehouse confirmed no valproate medication usage
Re-audit of immunotherapy monitoring at Moorfields	Recruitment of a specialist pharmacist, and presented findings at the medical ophthalmology society annual meeting
Audit to investigate the compliance of the clinical services to the protocol for use of Apraclonidine (Iopidine) 1% (preservative free) Eye Drops	Flowchart displayed in dispensary as a quick reference guide to the protocol for Iopidine 1% dispensing. Ascribe flag established for when Iopidine 1% is being dispensed, referring the pharmacists to the flowchart.

Participation in clinical research
The numbers of patients receiving relevant health services provided or sub-contracted by Moorfields Eye Hospital NHS Foundation Trust during 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was 3,377.

Use of the commissioning for quality and innovation (CQUIN) framework
The CQUIN payment framework enables commissioners to reward providers by linking a proportion of the provider's income to the achievement of local quality improvement goals. Some CQUINS are national requirements but others are developed locally in discussion with commissioners. For 2017/18, the trust had eight CQUIN requirements and £1.6 million of Moorfields' income was conditional on achieving quality improvement and innovation goals agreed between Moorfields and NHS Islington Clinical Commissioning Group through the CQUIN framework (for 2016/17 we received £2.2 million in CQUIN payments). Many of the CQUINs link to our quality priorities as set out in the section above. Further details of the agreed goals for 2018/19 (the following 12-month period) are available electronically at https://www.moorfields.nhs.uk/CQUIN.

19 Registration with the Care Quality Commission

Moorfields Eye Hospital NHS Foundation Trust is required to be registered with the Care Quality Commission (CQC) and is currently registered without conditions. The CQC has not taken any enforcement action against Moorfields Eye Hospital NHS Foundation Trust in 2017/18, nor at any time. Moorfields Eye Hospital NHS Foundation Trust is currently participating in a CQC never event review thematic review which is expected to be completed in 2018/19.
Moorfields Eye Hospital NHS Foundation Trust was inspected by the CQC from 9 to 13 May 2016. As the organisation functions as a network of sites, the CQC has presented its findings using six reports as follows:

- an overarching provider report (summary report of all sites and services inspected)
- Moorfields at Bedford
- Moorfields at City Road
- Moorfields at St George's
- outpatient and diagnostic imaging services across all sites except City Road, St George's and Bedford
- surgical services across all surgical services except City Road, St George's and Bedford.

As a learning organisation we value the insight external regulation can give. The overall rating for the trust is 'Good', and ratings by domain are:

- Safe – 'Requires improvement'
- Effective – 'Good'
- Caring – 'Good'
- Responsive – 'Requires improvement'
- Well-led – 'Good'.

Ratings for satellite services:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery – satellite sites	Requires improvement	Good	Good	Good	Good	Good
Outpatient and diagnostic imaging services – satellite sites	Good	N/A	Good	Good	Good	Good

Ratings for City Road:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	☆ Outstanding	Good	Good	Good

Ratings for St George's:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Ratings for Bedford:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

The CQC found several areas of outstanding practice including:

- The trust has a pivotal role in the development of ophthalmic services as a lead in one of the hospital vanguard systems selected by NHS England to develop new models of care.
- The development of staff skills, competence and knowledge and development of extended nursing and allied health professional roles. Staff reported that they felt well supported and received good training opportunities.

- There was an extensive research portfolio that was recognised at a UK and global level, directly benefiting patients.
- There was a clear proactive approach to seeking out and embedding new and more sustainable models of care from all staff levels within the services, and across the Moorfields network.
- The CQC noted the trust had made significant investments in leadership and quality improvement.
- Services for children and young people were rated 'Outstanding' for Caring at City Road.

The main challenges raised by the reports are:

- further improvement work is required to fully embed the World Health Organisation (WHO) safer surgery checklist, both in documentation and staff engagement. Also ensuring that adequate monitoring and audit takes place
- improving the legibility and completeness of patient records
- fixing environmental issues at the St George's site, both in outpatients and theatres
- reducing long in-clinic waiting times within outpatients and improving the experiences of our patients while waiting
- governance of the management of service level agreements (SLAs) across multiple partners.

The CQC made 78 recommendations which were condensed into a 50 point trust-wide improvement plan. The improvement plan is progressing well with more than 82% of the actions completed by 31 March 2018 and these continue to be embedded.

Data quality

Moorfields submitted records during 2017/18 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data (April to December 2017). The percentages of records in the published data, which included the patient's valid NHS number, were:

- 99.5% for admitted patient case
- 99.6% for outpatient care
- 96.6% for accident and emergency care.

The percentages of valid data which included the patient's valid general practitioner registration code were:

- 100% for admitted patient care
- 100% for outpatient care
- 100% for accident and emergency care.

Moorfields Eye Hospital NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the period 1 April 2017 to 31 March 2018. Moorfields was subject to the Information Governance Clinical Coding audit during October 2017, which this year was carried out by Maxwell Stanley Consulting. The aim of these audits is to improve the data quality of clinical record coding, which underpins hospital management and planning, commissioning of services for the population, clinical research and financial flows. The audit's objectives are to evaluate the accuracy and completeness of coded clinical data against patient case notes, or electronic patient records (EPR) and the impact of data collection procedures which underpin the coding process. This helps sustain high standards of reliable clinical information and target improvements where required.

The final report indicated there was an excellent standard of primary and secondary diagnosis and procedure coding.

The accuracy rates published in the audit report were:

Audit Year	Diagnosis		Procedure	
	Primary	Secondary	Primary	Secondary
IG Audit 17/18	100%	98.85%	100%	100%
IG Audit 16/17	98.50%	99.14%	99.47%	99.83%

Three of four areas have shown improvement on the results from last year. The audit highlighted a number of areas of good practice including the keen interest across the organisation to improve coding data quality, sound commitment from the coding team, easy access to clinical information in the case notes, the comprehensive audit plan and effective clinician engagement. A small number of recommendations were included in the report (see points below) and action will be taken as a result:

- Improve engagement with clinicians for them to provide timely documentation.
- Provide additional training to coders to extract all relevant information within the case notes and ensure coders are following the four step coding process, for correct code assignment.
- Continue to provide a regular internal audit programme.

This year we have been subject to the usual Data Quality and Assurance audit carried out by KPMG. This audit has shown improvement from the previous audit, moving from partial assurance with improvements required to significant assurance with minor improvement opportunities.

Below are the recommendations made from this audit, work is ongoing to complete these actions.

- Refresher training should be set to a minimum frequency for all staff to complete if they are undertaking regular data entry. Completion of refresher training should be monitored and reported to all divisions.
- Long term data quality objectives should be set across the trust to support the already defined structure and governance in place.
- A periodic audit plan should be established to provide assurance of processes undertaken which underpin the data quality within the trust.
- The data quality and assurance policy should include a section to remind managers to review data quality as part of appraisal objectives.
- The data quality strategy was reviewed and should be amended to clearly indicate which policies and procedural documents are relevant to data quality and were these can be located.
- The data quality framework should be utilised to provide further visibility of data quality to the board. The trust will be developing this alongside the integrated performance report to ensure board visibility of core data quality areas.
- We continue to maintain and improve NHS number and other data quality areas for admitted care, outpatient care and A&E in line with the local and national set targets, as shown in the tables below. This is monitored through monthly data quality audits. The 2017/18 data shown is up to February 2018.

Inpatients indicator	16/17	17/18
NHS number	99.50%	99.50%
GP	100.00%	100.00%
Postcode	99.90%	99.90%
Ethnicity	100.00%	100.00%
Patient pathway	99.90%	99.90%
Site of treatment	100.00%	100.00%

Outpatients indicator	16/17	17/18
NHS number	99.50%	99.60%
GP	100.00%	100.00%
Postcode	99.90%	99.90%
Ethnicity	100.00%	100.00%
Patient pathway	95.20%	96.40%
Site of treatment	100.00%	100.00%

A&E indicator	16/17	17/18
NHS number	96.50%	96.60%
GP	100.00%	100.00%
Postcode	100.00%	99.90%
Ethnicity	100.00%	100.00%
Investigation	100.00%	100.00%
Treatment	100.00%	100.00%

The data quality working group continues to meet and discuss core data quality areas including the data quality action plan and audit results. Terms of reference are in place and regularly reviewed.

We have developed, a new data quality dashboard which is being produced as part of our electronic management information system, Qliksense. This dashboard will replicate the metrics produced within the secondary uses service (SUS) data submission and be available across the whole trust. This is due for rollout across the trust during 2018/19.

All data quality areas covered in the Information Governance Toolkit have been evidenced and are at level 3.

Information governance assessment
The information governance assessment report overall score for 2017/18 was 74% and was graded green, a similar performance to the 78% the previous year.

20 Statement of support from partner organisations

The health and care scrutiny committee commented as follows:
The Health and Care Scrutiny Committee invites Moorfields to attend at the Committee on an annual basis to present and review performance relating to quality. This year the meeting was delayed from February due to bad weather, and will now take place in June. And so the committee has not yet had the opportunity to put questions to the Trust.

From the quality account overall quality performance appears fairly solid. We note that good progress has been made with completing the action planning following CQC's report of January 2017. Particularly that there has been a marked improvement with the use of the WHO surgical safety checklist and Moorfields continues to challenge itself with increased targets in 2018/19. The committee has commented in the past about improving patient journeys and whilst noting some progress has been made, this appears to be an on-going challenge for Moorfields, as it has been for some years, and we gather there is intended to be an even greater focus on this in 2018/19. The committee looks forward to receiving an update from the trust in June.

Councillor Martin Klute
Chair, Health and Care Scrutiny Committee

Heathwatch Islington commented as follows:
Healthwatch Islington has not worked closely with Moorfields in 2017/18 and notes that it does not receive concerns about care provision. However, we have met with members of the Quality and Safety team to understand progress with the trust's CQC action plan and consider how service and quality improvement are progressing. In 2018/19 we are looking forward to working with Moorfields as a follow up and to provide support further to their CQC visit in May 2016. We will also focus on Moorfields' progress with the implementation of the Accessible Information Standard.

Emma Whitby
Chief Executive, Healthwatch Islington

NHS Islington CCG commented as follows

NHS
Islington
Clinical Commissioning Group

2nd Floor
Laycock Professional Development Centre (PDC)
Laycock Street
London
N1 1TH

Tel: 020 3688 2900
www.islingtonccg.nhs.uk

NHS Islington Clinical Commissioning Group (CCG) is responsible for the commissioning of Health services from Moorfields Eye Hospital NHS Foundation Trust (Moorfields) on behalf of the population of Islington and all associate CCGs. In its capacity as lead co-ordinating commissioner, Islington CCG welcomes the opportunity to provide a statement for the Moorfields Trust Quality Account. The 2017/18 Quality Account has been reviewed within NHS Islington and by colleagues in NHS North East London Commissioning Support Unit.

Moorfields has engaged with Islington CCG to ensure that commissioner's views, including associate commissioners, were considered and incorporated within the final Quality Account. Commissioners reviewed the content of the Account and can confirm that it complies with the prescribed information, form and content as set out by the Department of Health. The CCG can confirm that it has reviewed the information provided within the Account and has checked this against data sources, made available as part of existing contract/performance and monitoring discussions. The CCG considers the data presented is accurate in relation to the services commissioned and provided.

Over 2017/18 Islington CCG has further built upon the good working relationship that exists with the Trust and as a result the Trust continue to make progress in providing assurance on the quality and performance of satellite sites and all their services.

Moorfields Eye Hospital NHS Foundation Trust was last inspected by the CQC from the 9th to 13th May 2016. As the organisation functions as a network of sites, the Care Quality Commission presented its findings using six reports and the overall rating for the trust is 'Good'.

Commissioners fully support the eight priorities identified by the trust for 2018/19 which focus on:

1. Raise safety standards of surgery and reduce never events
2. Make care and treatment safer through learning
3. Ensure outpatient follow up appointments are well organised
4. Improve patients' experiences through better use of technology
5. Improve frontline customer focus and patient experience
6. Improve patient care by using the results of patient reported outcome measures (PROMs)
7. Improve cataract data collection in 'OpenEyes' (our electronic patient record system – EPR)
8. Use technology to improve the use of data and information about quality to help improve patient care

In addition to these eight priorities commissioners will:

1. Support the trust in implementing its improvement action plan as a result of the CQC Inspection

2. Continue to work with the Trust's patient safety team to ensure services maintain the improvements in managing; serious incidents and the learning from 'Never Events' and complaints and other identified and agreed key focus areas.
3. Continue to prioritise and focus upon workforce support and health and well being

Islington CCG look forward to working with the Trust during 2018/19 to continually improve the quality and safety of health services for the population they serve and to support the delivery of the Quality Account priorities.

Chief Operating Officer
NHS Islington Clinical Commissioning Group

21 Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare quality accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

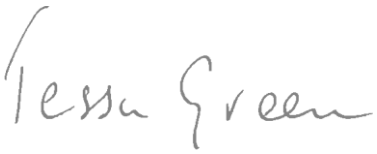
- the content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance.
- the content of the quality report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period April 2017 to May 2018
    - papers relating to quality reported to the board over the period April 2017 to May 2018
    - feedback from governors received in May 2018
    - feedback from commissioners dated May 2018
    - feedback from local Healthwatch dated 10 May 2018
    - feedback from the Health and Care Scrutiny Committee dated 17 May 2018
    - the trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated June 2017
    - the 2017 national staff survey
    - the head of internal audit's annual opinion over the trust's control environment dated 31 March 2018
    - CQC inspection reports dated 6 January 2017.
- the quality report represents a balanced picture of the NHS foundation trust's performance over the period covered.
- there are a number of limitations in the preparation of quality reports which may impact on the reliability and/or accuracy of the data reported. These include:
    - data is derived from a large number of different systems and processes. Only some of these are included in internal audit programme work each year and even fewer are subject to rigorous external assurance checks.
    - data is collected by a large number of teams across the trust alongside their main responsibilities which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might have reasonably have classified as case differently.
    - national data definitions do not necessarily cover all circumstances and local interpretations may differ.

- data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data. The trust has sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported, but recognises that it is nonetheless subject to the limitations noted above. Following these steps, to our knowledge, the information in the document is accurate with exception of the matters identified in respect of 18 week referral to treatment pathways, A&E and hospital initiated cancellations as described earlier in this report.

- the quality report has been prepared in accordance with NHS improvement's annual reporting guidance (which incorporates the Quality Accounts Regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the board,



Tessa Green, chairman
22 May 2018

David Probert, chief executive
22 May 2018

22 Independent auditor's report to the council of governors of Moorfields Eye Hospital NHS Foundation Trust on the quality report

We have been engaged by the council of governors of Moorfields Eye Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Moorfields Eye Hospital NHS Foundation Trust's quality report for the year ended 31 March 2018 (the 'quality report') and certain performance indicators contained therein.

This report, including the conclusion, has been prepared solely for the council of governors of Moorfields Eye Hospital NHS Foundation Trust as a body, to assist the council of governors in reporting Moorfields Eye Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the council of governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the council of governors as a body and Moorfields Eye Hospital NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Scope and subject matter
The indicators for the year ended 31 March 2018 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

- referral to treatment within 18 weeks for patients on incomplete pathways; and
- 4 hour A&E waiting times.

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors
The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual' issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual' and supporting guidance;
- the quality report is not consistent in all material respects with the sources specified in the guidance; and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports'.

We read the quality report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with the specified documents in the detailed guidance.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- testing key management controls;
- analytical procedures on monthly and departmental data;
- limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual' to the categories reported in the quality report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual'.

The scope of our assurance work has not included testing of indicators other than the two selected mandated indicators, or consideration of quality governance.

Basis for qualified conclusion

Percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge

The "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator requires that the NHS Foundation Trust accurately record the start and end times of each patient's wait in A&E, in accordance with detailed requirements set out in the national guidance. This is calculated as a percentage of the total number of unplanned attendances at A&E for which patients' total time in A&E from arrival is four hours or less until admission, transfer or discharge as an inpatient.

Our procedures included testing a risk based sample of 16 items, so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In 4 cases of our sample of patients' records tested, the start or end time of treatment was not accurately recorded affecting the calculation of the published indicator;

- In 4 cases of our sample of patients' records tested, we were unable to obtain sufficient supporting evidence to confirm the details necessary to test the calculation of the published indicator; and
- In 2 cases of our sample of patients' records tested, the validated time handwritten on breach reports had not been updated in the system and hence was incorrectly being report as a breach.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "percentage of patients with total time in A&E of four hours or less from arrival to admission, transfer or discharge" indicator for the year ended 31 March 2018. We are unable to quantify the effect of these errors on the reported indicator.

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

The "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator requires that the NHS Foundation Trust accurately record the start and end dates of each patient's treatment pathway, in accordance with detailed requirements set out in the national guidance. This is calculated as an average based on the percentage of incomplete pathways which are incomplete at each month end, where the patient has been waiting less than the 18 week target.

Our procedures included testing a risk based sample of 20 items, and so the error rates identified from that sample should not be directly extrapolated to the population as a whole.

We identified the following errors:

- In 3 cases of our sample of patients' records tested, the start or end date of treatment was not accurately recorded affecting the calculation of the published indicator;
- In 1 case of our sample of patients' records tested, the pathway fell outside the indicator definition and should not have been included in the calculation of the published indicator;
- In 4 cases of our sample of patients' records tested, the pathway was incorrectly recorded (including start or end date of treatment not accurately recorded), but did not affect the calculation of the published indicator; and
- In 7 cases of our sample of patients' records tested, we were unable to obtain sufficient supporting evidence to confirm the details necessary to test the calculation of the published indicator.

As a result of the issues identified, we have concluded that there are errors in the calculation of the "percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period" indicator for the year ended 31 March 2018. We are unable to quantify the effect of these errors on the reported indicator.

The "Performance indicator data quality" section of the NHS Foundation Trust's Quality Report details the actions that the NHS Foundation Trust is taking to resolve the issues identified in its processes.

Qualified Conclusion

Based on the results of our procedures, except for the effect of the matters described in the 'Basis for qualified conclusion' section above, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the quality report is not prepared in all material respects in line with the criteria set out in the 'NHS foundation trust annual reporting manual';
- the quality report is not consistent in all material respects with the sources specified in the detailed guidance; and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual' and supporting guidance.

Deloitte LLP

Deloitte LLP
St Albans
25 May 2018

Moorfields Eye Hospital NHS Foundation Trust Annual Accounts 2017/18 (Summary)

Statement of Comprehensive Income

For the year ended

	Notes	31 March 2018 £000	31 March 2017 £000
Income from activities	2, 3.1-3.2	**192,515**	190,662
Other operating income	2, 3.3	**29,357**	31,296
Total operating income from continuing operations		**221,872**	221,958
Operating expenses	4, 8.2	**(214,340)**	(216,520)
OPERATING SURPLUS		**7,532**	5,439
Finance income	6.1	**112**	65
Finance expense - financial liabilities	6.2	**(1,185)**	(1,281)
Finance expense - unwinding of discount on provisions	15	**-**	(1)
Public Dividend Capital dividends paid	21.1	**(471)**	(734)
Net finance costs		**(1,545)**	(1,950)
Losses on disposal of assets	7, 8	**(5)**	(207)
Share of deficit of joint venture	10	**(417)**	(1,483)
Movement in fair value of investment property	9	**174**	88
Surplus from continuing operations		**5,740**	1,887
Surplus of discontinued operations and the gain on disposal of discontinued operations	2	**-**	684
SURPLUS FOR THE YEAR		**5,740**	2,571
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluation gains / losses on property, plant and equipment	8.2	**2,230**	(1,922)
May be reclassified to income and expenditure:			
Exchange losses / gains	16	**(485)**	1,147
Total other comprehensive income		**1,745**	(775)
TOTAL COMPREHENSIVE INCOME FOR THE YEAR		**7,484**	1,796

The Trust received £5.5m funding as part of Sustainability and Transformation Fund Incentive during 2017/18 (2016/17: £5.6m), in addition to core allocation of £0.9m (2016/17: £1.1m).

Notes 1 to 26 form part of these accounts.

Statement of Financial Position

	Notes	31 March 2018 £000	31 March 2017 £000
NON-CURRENT ASSETS			
Intangible assets	7	**4,617**	3,856
Property, plant and equipment	8	**80,588**	80,543
Investment property	9	**3,403**	3,229
Investment in associates and joint arrangements	10	**304**	789
TOTAL NON-CURRENT ASSETS		**88,912**	88,417
CURRENT ASSETS			
Inventories	11	**2,349**	2,506
Trade and other receivables	12	**25,197**	25,734
Cash and cash equivalents	13	**42,491**	38,994
TOTAL CURRENT ASSETS		**70,037**	67,233
CURRENT LIABILITIES			
Trade and other Payables	14	**(35,883)**	(38,685)
Borrowings	14	**(1,823)**	(1,823)
Provisions for liabilities	15	**(101)**	(299)
Other liabilities	14	**(4,422)**	(4,771)
TOTAL CURRENT LIABILITIES		**(42,230)**	(45,579)
TOTAL ASSETS LESS CURRENT LIABILITIES		**116,719**	110,071
NON-CURRENT LIABILITIES			
Trade and other liabilities	14	**(561)**	(581)
Borrowings	14	**(37,377)**	(39,200)
Provisions for liabilities	15	**(1,301)**	(497)
TOTAL NON-CURRENT LIABILITIES		**(39,240)**	(40,279)
TOTAL ASSETS EMPLOYED		**77,479**	69,793
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital	19	**27,190**	26,988
Revaluation reserve	16	**6,066**	4,043
Other Reserves	16	**662**	1,147
Income and expenditure reserve	16	**43,562**	37,615
TOTAL TAXPAYERS' EQUITY		**77,479**	69,793

The financial statements and notes 1-26 were approved by the Board and signed on its behalf by:

David Probert, Chief Executive
22 May 2018

Statement of Changes in Taxpayers' Equity

	Notes	Public dividend capital £000	Revaluation reserve £000	Other reserve £000	Income and expenditure reserve £000	Total £000
At 1 April 2017		**26,988**	**4,043**	**1,147**	**37,615**	**69,792**
Surplus for year	SOCI	-	-	-	5,740	**5,740**
Impairments charged to the revaluation reserve	8.2	-	(895)	-	-	**(895)**
Revaluation gains on property, plant and equipment	8.2	-	3,126	-	-	**3,126**
Cumulative exchange losses on translation	16	-	-	(485)	-	**(485)**
Public dividend capital received	19	202	-	-	-	**202**
Other transfers between reserves	16	-	(207)	-	207	**-**
At 31 March 2018		**27,190**	**6,066**	**662**	**43,562**	**77,479**

	Notes	Public dividend capital £000	Revaluation reserve £000	Other reserve £000	Income and expenditure reserve £000	Total £000
At 1 April 2016		**26,938**	**6,422**	**-**	**34,587**	**67,947**
Surplus for year	SOCI	-	-	-	2,571	**2,571**
Impairments charged to the revaluation reserve	8.2	-	(2,616)	-	-	**(2,616)**
Revaluation gains on property, plant and equipment	8.2	-	694	-	-	**694**
Cumulative exchange gains on translation	16	-	-	1,147	-	**1,147**
Public dividend capital received	19	50	-	-	-	**50**
Other transfers between reserves	16	-	(458)	-	458	**-**
At 31 March 2017		**26,988**	**4,043**	**1,147**	**37,615**	**69,793**

Statement of Cash Flows
For the year ended

	Notes	31 March 2018 £000	31 March 2017 £000
Operating surplus from continuing operations	SOCI	**7,532**	5,439
Operating surplus of discontinuing operations	SOCI	**-**	186
Operating Surplus		**7,532**	5,625
Non-cash income and expense			
Depreciation and amortisation	7, 8.1	**8,859**	8,119
Impairments	8.2	**2,372**	10,188
Decrease in inventories	11	**157**	654
Decrease/(Increase) in trade and other receivables	12	**352**	(7,238)
(Decrease)/Increase in trade and other payables	14	**(4,009)**	6,068
(Decrease)/Increase in other liabilities	14	**(349)**	352
Increase/(Decrease) in provisions	15	**606**	(139)
Net cash generated from operations		**15,521**	23,630
Cash flows from investing activities			
Interest received		**112**	65
Purchase of intangible assets		**(2,885)**	(1,428)
Purchase of property, plant and equipment		**(5,810)**	(9,868)
Sale of intangible assets and property, plant and equipment		18	736
Gain on disposal of business unit	2	-	498
Investment in Joint Venture	10	**-**	(1,317)
Net cash used in investing activities		**(8,565)**	**(11,314)**
Cash flows from financing activities			
Public dividend capital received		**202**	50
Loans repaid		**(1,824)**	(1,823)
Interest paid		**(1,185)**	(1,250)
PDC dividend paid		**(287)**	(810)
Net cash used in financing activities		**(3,094)**	**(3,833)**
INCREASE IN CASH AND CASH EQUIVALENTS		**3,863**	8,483
Cash and cash equivalents at 1 April		**38,994**	29,576
Unrealised (losses)/gains on foreign exchange		**(365)**	935
Cash and cash equivalents at 31 March		**42,491**	38,994