

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST  
MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS HELD ON  
25 JULY 2023 (EDUCATION HUB AND VIA TEAMS FOR OBSERVERS)**

Board members:	<p>Laura Wade-Gery (LWG) Martin Kuper (MK) Vineet Bhalla (VB) Asif Bhatti (AB) Andrew Dick (AD) Nick Hardie (NH) Richard Holmes (RH) Adrian Morris (AM) David Hills (DH) Peng Khaw (PK) Sheila Adam (SA) Louisa Wickham (LW) Jonathan Wilson (JW) Ian Tombleson (IT) Nick Roberts (NR) Kieran McDaid</p>	<p>Chair Chief executive Non-executive director Non-executive director Non-executive director Non-executive director Non-executive director Non-executive director Non-executive director Non-executive director Non-executive director Director of research &amp; development Chief nurse and director of AHPs Medical director Chief financial officer Director of quality and safety Chief information officer Director of Capital, Estates and Major Project</p>
In attendance:	<p>Jamie Henderson (JH) Robin Tall Chris Leak Mary Masih Viren Jeram (VJ) Jo Makin (JM) Chris Jarvis (CJ)</p>	<p>Interim General Counsel Clinical Director of R&amp;D (for Patient Story) Consultant (for Patient Story) HoN North (for patient Story) Interim Deputy Chief Operating Officer Interim Executive Assistant to Chair and CEO Corporate Support and Minute Taker</p>
Governors:	<p>Allan MacCarthy Rob Jones John Russell Robert Goldstein Emmanuel Zuridis Naga Subramanian Kimberley Jackson Paul Murphy Vijay Arora Anup Shah Richard Collins Vijay Tailor John Sloper</p>	<p>Vice Chair of Membership Council, Public governor, SEL Lead governor, Patient governor Public Governor, NEL &amp; Essex Public Governor, NWL Public Governor, SWL Public governor, SEL Public Governor, SWL Public Governor, NCL Public Governor, NWL Staff Governor, Network sites Public Governor, NEL and Essex Staff Governor, City Road Public Governor, B&amp;H</p>
Observer:	<p>Sam Armstrong</p>	<p>Incoming Company Secretary</p>

### **230725/01 Welcome and apologies for absence**

All those in attendance were welcomed to the meeting by the chair.

### **230725/02 Patient Story**

The patient, Mrs C, and her husband, Mr C, were warmly welcomed to the meeting.

IT introduced the story noting that it related to Mrs C's patient experience in recent years and the problems that she had encountered.

She started by saying that she was going to tell her story in three parts, (i) the operation on her eye, (ii) the short to medium term and then (iii) the complaint and subsequent appointments. She said that she would finish with some observations from herself and her husband.

Mrs C said that during the course of the operation, it became clear that it was going wrong. She said that she was not treated well after the operation and was told that she would need to travel home on the bus. She said that promises made by the doctor, were not kept in that he overpromised and underdelivered whilst conveying a false sense of hope and optimism. She said that she had subsequently endured a seven-hour clinic wait by which time her eye was inflamed and her notes had not been couriered to the clinic as she had been told would happen.

She said that in June 2018 she had a further appointment on her left eye since when she continued to attend numerous clinic appointments. She said that when her treatment first started she had trusted the doctors but that this trust had diminished over time.

Mrs C then turned to her complaint which she said had been dealt with in a totally unsatisfactory manner. She said that guidelines were not followed and it was necessary to continually chase for a response to her letters.

Mrs C then made some observations. She noted the importance of long-term continuity in receiving treatment. She said that there should be an automatic review process in terms of being able to ask for a second opinion. Finally, she said that complaints should be underpinned by conversations noting that making a complaint can cause awkwardness. She said that this process had been the worse bureaucracy that she had experienced.

Mr C then made some observations. He said that he had been to a number of appointments with his wife, which had been inefficient and that some complacency had been encountered when Mrs C was told that she might need further surgery. However, he also noted that the doctor who Mrs C had seen recently had been excellent in explaining the issues involved and the various options available to her.

The Chair said the lived experience as described by Mrs C and Mr C was really powerful. She said that she wanted to apologise on behalf of the Trust for the circumstances that had occurred as this was clearly not a good experience and that this was a matter of deep regret to her and her colleagues. She said that the issues raised would be followed up and that Mrs C and Mr C should be put in a position to come to the right decision about her future treatment.

Comments noted by Members of the Board were as follows:

- LW said she found the circumstances described very moving.
- MK apologised if emails sent to his office had not been handled appropriately

- NH said that he was sorry about the laborious complaints system in place and Julia asked why complaints were not regularly followed up.
- DH asked if there was an absence of kindness in the treatment that Mrs C had received. Mrs C said that she felt this was the case when she was told to get the bus home but that kindness had been shown in other instances.
- PK also apologised for the treatment that Mrs C had received and said it was important that lessons were learned from this.

In summary, the Chair said that she would ensure that Mrs C received a co-ordinated response from the Trust and she thanked Mrs C and Mr C for giving up their time to provide such a comprehensive account of the unsatisfactory treatment that she had received during many years.

Mr and Mrs C left the meeting at this point.

There was further discussion with particular regard to how data regarding complaints could be captured and used more effectively. The Chair asked the Medical Director and Chief Nurse to follow up on how data regarding complaints could be captured and used more effectively, to review PALs data to establish whether there were other patients whose issues were not being appropriately addressed with reasonable pace, and to ensure better communications with patients was achieved.

#### **Action LW and SAD**

#### **230725/03 Apologies for absence**

Apologies for absence had been received from.

- Jon Spencer
- Michelle Russell
- Ros Given-Wilson
- Anne Robson

The Chair noted that the Governors had not received their Board papers and apologised for this.

She advised Board Members that Oyetona Raheem, interim company secretary, had left the Trust.

#### **230725/04 Declarations of interest**

There were no declarations of interest not already recorded in the register or in conflict with the agenda.

#### **230725/05 Minutes of the last meeting**

The minutes of the meeting held on 25<sup>th</sup> May were approved without any amendment.

#### **230725/06 Matters arising and action points**

It was noted that no new actions had arisen from the previous minutes.

#### **230725/07 Chief executive's report**

MK highlighted the key areas of his report as follows:

- **Performance and activity review.** MK said that despite the impact of rail and staff strikes, the Trust remains ahead of the year-to-date plan which it has set itself for both outpatient and elective activity.

- **Urgent care update.** Following the success of pilots to introduce Attend Anywhere in the St Georges and Ealing Units, we are now exploring how best to expand this service to Croydon and Northwick Park.
- **Sector update.** It was noted that the Trust has been successful in obtaining funding from NHS England to expand the Telemedicine Support Unit pilot which we have been running in NCL for the last 12 months
- **Freedom to Speak up.** Following the peer review of Freedom to Speak up (FTSU) shared with the Board in January 2023, work is progressing in three central areas: (i) Refining an alternative FTSU model. (ii) Developing key data for triangulation with FTSU cases (iii) Developing an effective training package for managers in responding to and supporting staff who raise concerns.
- **Employment Tribunal.** It was noted that On 24 May 2023, the Trust received the outcome of an Employment Tribunal (ET), brought by Samiriah Shaikh, a previous employee. The ET found that Ms Shaikh had been discriminated against on the grounds of race, harassment and victimisation, and that she had been constructively dismissed as a result. MK said that he was very disappointed and sorry for the experience that Ms. Shaikh had in the Trust's employment. There are clear lessons for us a trust, and we need to review the work that is already underway and augment our existing plans with additional interventions as required, to address these lessons . AB said that there were underlying issues that went beyond the issues of law discussed at the ET and the Chair noted that there were significant cultural changes taking place that were evident within the Trust.
- **Staff survey.** MK commented that since the May Board, the trust wide Staff Survey action plan continues to be progressed against the three focus themes as follows: (i) we are recognised and rewarded (ii) we are always learning and (iii) we are safe and healthy.
- **Industrial Action.** MK said that the Trust continues to be affected by industrial action from transport and trade union membership ballots, affecting patient attendance and staff availability. He added however that Moorfields had not been affected to the same extent as some other NHS Trusts.
- **Excellence Programme Update.** It was noted that following the launch of the 23/24 Excellence Portfolio, work has been undertaken to assess the support and scrutiny offer for type 1 projects initially, with type 2/3 to follow.

Having noted the comment of the Chair in relation to the significant number of developments and activities being undertaken within the Trust, the report of the Chief Executive was **NOTED**.

#### **230725/08 Integrated Performance Report**

The Integrated Performance report was presented, with a number of key issues noted;

- During the month of June the level of elective activity remained ahead of plan at 100.8% (100.4% year to date). It is anticipated that this level of activity should increase further over the coming months as the North and South Division are planning on putting on more weekend theatre lists than they have been able to during the year to date.
- The number of patients waiting over 52 weeks for their treatment remained high for a second month at 25 patients. This is still predominately due to a limited gap in capacity within the Paediatric Service in the South Division. Additional capacity is still being sought to address this issue, however this has proved to be more difficult to obtain than first thought.

- Both of the metrics which measure the median outpatient journey times for face to face appointments are showing decline in performance. The reason for this decline is not fully understood and this is being further investigated
- Performance against the 14-day cancer target had been met for the previous three months. However performance deteriorated in June due to insufficient escalation of the patients who were due to breach. Work is ongoing, both to prevent this particular issue and to encourage patients to take up an appointment within their target date
- The Trust continues to achieve the 95% A&E four hour standard and saw a significant improvement in performance in June. The previous actions which have been highlighted remain in place, with a particular focus on a review of pay rate for ad hoc sessions which are offered in the service
- AD raised the issue of staff appraisals, noting that targets are not being achieved. He commented on the issues why people do not engage and LW noted the challenge presented in relation to appraisals for medical staff
- The Chair made reference to the new format that was being used for the Integrated Performance Report with which Board Members were now familiarising themselves. She noted the importance of ensuring that the Governors were also given the opportunity to become familiar with it.

Following discussion, the Integrated Performance report was **NOTED** for **ASSURANCE**.

#### **230725/09 Guardian of Safe Working**

LW presented a report summarising progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report covers the period from 13/03 /2023 – 17/07/2023.

It was noted that during this period, there have only been 4 Exception Reports by 1 ST3 and 2 ST6. In addition, there have been no reported instances of breach of the minimum 8 hours rest requirement between shifts; no instances of a breach of the 48-hour average working week (across the reference period agreed); no instances of a breach of the maximum 72-hour limit in any seven days.

LW said that this should be considered in the context of the junior doctors strike and she was grateful to colleagues for their co-operation during this time. She also noted that the latest GMC report from the trainees was very positive.

Following discussion, the Guardian of Safe Working report was **NOTED** for **ASSURANCE**.

#### **230725/10 Learning from deaths report – Q4**

A report was presented, providing an update regarding how the trust learns from deaths that occur within Moorfields defined by criteria as set out in trust policy. It is a requirement for all trusts to have a similar policy. The trust has identified zero patient deaths in Q1 2023/24 that fell within the scope of the learning from deaths policy.

The circumstances of two deaths were reported:

1. The death of a patient following cataract surgery at City Road. In relation to the death of this patient, an Inquest date is yet to be confirmed, and the Trust remains in the process of submitting evidence to the coroner. The SI investigation report is complete, has been shared with the patient's family and has been reviewed and closed by the ICB. A LIFEline bulletin, or equivalent, will be drafted to help share the learning throughout the organisation. In addition, targeted messages will be shared with specific staff groups.

2. The death of a child at St George's Hospital. The SI panel has twice reviewed the death of a child who died following discharge from the SGH main A&E department. The child underwent ophthalmic review in the Urgent Care Clinic (UCC) prior to being transferred back to the SGH Accident and Emergency department, but subsequently died at home within 12 hours of discharge. It was noted that the trust has now proactively engaged with the child death review process and learning, including those elements relating to communication, will be identified and shared.

LW emphasised the importance of communication between different parts of the organisation.

The Chair asked how collective learning can be embedded and proposed that this be picked up through the Quality and Safety Committee so that theory could be put into practice.

Reference was also made to the new national Patient Safety Strategy that is being introduced in September with the emphasis on learning from events that have occurred.

The Learning from Deaths report was **NOTED** for **ASSURANCE**

### **230725/11 Finance report**

The Finance Report for June was presented by JW, with key issues noted as follows:

#### **1. Income and Expenditure**

- A £1.55m deficit year to date compared to a planned deficit of £3.30m; £1.75m ahead of plan.
- The Trust is reporting a full year forecast of a £3.40m surplus in line with the plan, in accordance with current forecast change protocols, and with agreement within NCL ICB.

#### **2. Capital Expenditure**

- Capital expenditure as at 30th June 2023 totalled £9.4m predominantly due to Oriel and prior year committed expenditure against trust funded allocations.
- Trust funded capital plans are being progressed with a total of £7.1m committed expenditure against the £10.5m notified allocation. Remaining capital submissions are being reviewed and prioritised via the Capital Planning and Oversight Committee whilst major capital projects forecast expenditure is finalised (Stratford, Brent Cross and IMT).

JW noted that from an activity point of view, the Trust is a fraction more than the 118% more than the organisation target that has been set. He said that one of the consequences of the Industrial Action is the potential reduction in activity targets for the year.

JW emphasised that two main areas of focus were (i) Agency costs and (ii) Efficiencies

VB asked a question about the extent of restrictions on agency costs and the definitions that apply. In response, JW described the distinction and external consultancy costs.

NH asked a question about the relative importance of activity levels and agency spend and JW noted the tensions inherent within these different elements. NH acknowledged this particularly in terms of the possible impact on ERF funding. JW emphasised that the Trust is heading for a period that will be financially challenging requiring additional spending controls.

JW emphasised the importance of a continued focus on efficiencies and MK said that the Trust is still on plan to achieve its efficiency targets.



Following discussion, the report was **NOTED** for **ASSURANCE**.

### **230725/13 Committee Reports**

#### **230725/13/1 Report of the Quality & Safety Committee**

Key issues noted from the report of the Quality and Safety Committee were:

- The Terms of Reference for 2023/24 were approved
- The Infection Control update noting the continued roll back of Covid-19 requirements
- The annual update from the South Division
- Patient experience and engagement with a presentation in two sections (i) patient experience and customer care team and (ii) development of the patient experience framework
- Four Annual Reports received, i.e. (i) Clinical Governance and Clinical Audit (ii) complaints (iii) resuscitation and (iv) safeguarding adults
- Current progress with two current Sis
- Quality and Safety, including PSIRF and patient experience update.

Following discussion the report was **NOTED** for **ASSURANCE**.

#### **230725/13/2 Report of the Audit & risk committee**

Key issues noted from the report of the Audit and Risk Committee were as follows:

- The Committee received two reports from the External Auditor which have been discussed previously
- The Committee reviewed the Counter Fraud and Progress report and approved plans for the year going forward
- The Board Assurance Framework noting particularly (i) the decline in the Covid risk and (ii) the Oriel Risk which remains high
- Consideration of standing items (i) financial waivers and (ii) losses and special payments, with nothing significant identified within these.

#### **230725/14 Identify risks from the Agenda**

Risks identified from the Meeting were as follows:

- VB noted that there were two specific references to racist behaviour in reports within the meeting and the Chair said that it was important that the Trust focuses on the behaviours that cause this.

#### **230525/15 Any other business**

There was no other business.

#### **230525/16 Date of the next meeting**

The next public board will take place on 28<sup>th</sup> September 2023

The chair thanked everyone for their attendance and input and closed the meeting.