

Bundle Board of Directors - Part 1 26 March 2026

- 1 09:30 - Welcome and introductions
Tim Briggs, Interim Chair
For noting
2026-03-26 TB Part I Item 00 Agenda
- 2 Apologies for absence
Tim Briggs, Interim Chair
For noting
- 3 Declarations of interest
Tim Briggs, Interim Chair
For noting
2026-03-26 TB Part I Item 03 Register of interests BoDv2.0
- 4 Minutes of the previous meeting
Tim Briggs, Interim Chair
For approval
2026-03-26 TB Part I Item 04 Minutes of Meeting in Public 2260205 DRAFT
- 5 Matters arising and action log
Tim Briggs, Interim Chair
For noting
2026-03-26 TB Part I Item 05 Action log
- 6 09:35 - Chief Executive's Report
Peter Ridley, Chief Executive Officer
For noting
2026-03-26 TB Part I Item 06 CEO's report v0.3
- 7 09:45 - Quality & Safety Committee chair's report
Michael Marsh, Non-executive Director and Committee Chair
For assurance
2026-03-26 TB Part I Item 07 QSC Summary report
- 8 09:55 - Chief Nurse's report
Simmi Naidu, Chief Nurse and Director of AHPs
For assurance
2026-03-26 TB Part I Item 08 CN quality report final
- 9 10:00 - People and Culture Committee chair's report
XXXX of behalf of Aaron Rajan, Non-executive Director and Committee Chair
For assurance
2026-03-26 TB Part I Item 09 PCC AAA March report final
- 10 10:05 - Freedom to Speak Up report
Simmi Naidu, Chief Nurse and Director of AHPs
For assurance
2026-03-26 TB Part I Item 10 FTSU Report Q3 25-26 v3
- 11 10:15 - Safer Staffing report
Simmi Naidu, Chief Nurse and Director of AHPs
For assurance
2026-03-26 TB Part I Item 11(i) 2025 Annual Safe Staffing Report cover
2026-03-26 TB Part I Item 11(ii) 2025 Annual Safe staffing summary report for nursing
- 12 10:20 - Finance & Performance Committee chair's report
Elena Lokteva, Non-executive Director
For assurance
2026-03-26 TB Part I Item 12 FPC AAA March report
- 13 10:30 - Integrated performance report
Executive team
For assurance
2026-03-26 TB Part I Item 13(i) Integrated Performance Report - February 2026 (OPEN Report) cover
2026-03-26 TB Part I Item 13(ii) Integrated Performance Report - February 2026 (Open v3)

- 14 10:35 - Finance Report
Arthur Vaughan, Chief Finance Officer
For assurance
2026-03-26 TB Part I Item 14(i) Public Finance Board Report M11 Cover
2026-03-26 TB Part I Item 14(ii) Public Finance Board Report M11
- 15 Starred item: Governance Schedule
Ben Westmancott, Interim Company Secretary
For noting
2026-03-26 TB Part I Item 15(i) Governance schedule cover sheet
2026-03-26 TB Part I Item 15(ii) Governance Schedule March 2026
- 16 10:45 - Any other business
Tim Briggs, Interim Chair
For noting
- 17 10:50 - Close followed by questions from members of the public and governors

**MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
A MEETING OF THE BOARD OF DIRECTORS**

**To be held in public on Wednesday 26 March 2026 from 09:30 to 10:55
In the Boardroom, Bedford Hospital, South Wing, Kempston Road,
Bedford MK42 9DJ**

No.	Item	Action	Paper	Lead	Mins
1.	Welcome	Note	Oral	TB	5
2.	Apologies for absence	Note	Oral	TB	
3.	Declarations of interest	Note	Enclosed	TB	
4.	Minutes of the previous meeting	Approve	Enclosed	TB	
5.	Matters arising and action log	Note	Enclosed	TB	
6.	Chief executive's report	Note	Enclosed	PR	10
Quality					
7.	Quality & Safety Committee chair's report	Assurance	Enclosed	MM	10
8.	Chief Nurse's report	Assurance	Enclosed	SN	5
People and Culture					
9.	People and Culture Committee chair's report	Assurance	Enclosed		5
10.	Freedom to Speak Up report	Assurance	Enclosed	SN/SS	10
11.	Safer Staffing report	Assurance	Enclosed	SN/SS	5
Finance and Performance					
12.	Finance & Performance Committee chair's report	Assurance	Enclosed	EL	10
13.	Integrated performance report	Assurance	Enclosed	JS	5
14.	Finance report	Assurance	Enclosed	AV	10
Governance and compliance					
15.	Starred item: Governance Schedule	Note	Enclosed	BW	0
16.	Any other business	Note	Oral	TB	5
12:10 Meeting close followed by questions from members of the public and governors					
	Date of next meeting – 4 June 2026 09:00-13:00				

REGISTER OF INTERESTS MARCH 2026
(Board of Directors)

Name	Job Title	Interest declared	Last updated
Tim Briggs	Interim Chair	Son is Director and Founder of Naitive Technologies Limited National director for clinical improvement & elective recovery, NHSE GIRFT and GIRFT chair Chair, Getting It Right First Time (RNOH Projects) Chair and national lead, Veterans Covenant Healthcare Alliance (VCHA) Honorary Colonel, 202 (Midlands) Field Hospital RAMC	17 March 2026
Peter Ridley	Chief executive	Sister works for CHKS which provides services to the NHS around data, analytics and insight. She holds client relationships with a number of NHS trusts Trustee of the Healthcare Financial Management Association (HFMA) Wife works for HFMA Trustee for Moorfields Eye Charity Director of UCL Partners Director of Moorfields Private West End Ltd	11 March 2026
Aaron Rajan	Non-executive director	Chief Digital Officer & VP Consumer Experience, Unilever PLC	13 March 2026
Andrew Dick	Non-executive director	Director, Institute of Ophthalmology, UCL President, European Association of Vision and Eye Research Foundation Chair and Professor, Ophthalmology, University of Bristol Consultancy, 4DT (not active) Consultancy, Abbvie (not active) Consultancy, Novartis (not active) Consultancy, Roche Consultancy, Hubble Tx (not active) Consultancy, Affybody (not active) Co-founder, stock option, Cirrus Therapeutics	17 March 2026
David Hills	Non-executive director	Director of programme delivery, University of Cambridge	11 March 2026
Asif Bhatti	Non-executive director	Group Director of Risk and Audit, Compass Group PLC	17 March 2026
Michael Marsh	Non-executive director	Non-executive director and Vice Chair at University Hospitals Dorset, effective September 2025	17 March 2026
Adrian Morris	Non-executive director	General Counsel, Haleon PLC	11 March 2026

Elena Lokteva	Non-executive director	Owner and director of Strategic Initiatives LTD Non-executive director, Essex Partnership University NHS Foundation Trust Trustee, Herts Mind Network Fractional CFO, Tera Sky LTD Non-executive director, Technoenergy AG Non-executive director Ratnamani Finow Spooling Private Limited	10 March 2026
Arthur Vaughan	Chief financial officer	Nothing to declare	10 March 2026
Louisa Wickham	Chief medical officer	Private practice, Moorfields Private Trustee, Moorfields Eye Charity National Clinical Director for Eye Care, NHS England Talks remunerated at <£1.5k	10 March 2026
Simmi Naudi	Chief nurse and director of AHPs	Nothing to declare	11 March 2026
Sue Steen	Chief people officer	Trustee, St Margarets Hospice Trustee, Victim Support UK	10 March 2026
Jon Spencer	Chief operating officer	Trustee, Friends of Moorfields Director of Moorfields Private West End Ltd	17 March 2026
Non-voting directors			
Elena Bechberger	Director of Strategy & Partnerships	Trustee, The Brain Tumour Charity	10 March 2026
Ian Tombleson	Director of quality & safety	Nothing to declare	19 March 2026
Brendan Mahony	Chief information officer	Nothing to declare	10 March 2026
Kieran McDaid	Director of estates, capital and MP	Nothing to declare	20 March 2026
Michèle Russell	Joint director of education	Joint Director of Education UCL/Moorfields Eye Hospital Honorary Professor of Clinical Education New York University and Newcastle University (not active)	21 March 2026
Victoria Moore	Director of transformation & performance improvement	Nothing to declare	12 March 2026



Moorfields
Eye Hospital
NHS Foundation Trust



MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
Minutes of the meeting of the Board of Directors held in public on 5th February 2026
The Boardroom in Kemp House, and via MS Teams

Board members:	Professor Tim Briggs (TB)	Interim Chair
	Peter Ridley (PR)	Chief executive
	Andrew Dick (AD)	Non-executive director
	Aaron Rajan (AR)	Non-executive director
	Asif Bhatti (AB)	Non-executive director
	Michael Marsh (MM)	Non-executive director
	Elenor Lokteva (EL)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	David Hills (DH)	Non-executive director
	Kathy Adams (KA)	Acting chief nurse and director of AHPs
	Arthur Vaughan (AV)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer
	Louisa Wickham (LW)	Chief medical officer
In attendance:	Elena Bechberger (EB)	Director of strategy & partnerships
	Victoria Moore (VM)	Director of transformation & performance improvement
	Ian Tombleson (IT)	Director of quality & safety (item 2)

Several staff, governors and members of the public observed the meeting in-person and online.

1. Welcome

The chair opened the meeting and welcomed all those present and in attendance.

Introductions were completed.

2. Patient Story

The chief nurse introduced a member of the public and invited him to give his story. He explained that he was a patient and public contributor to research activities at Moorfields. In addition, he was a veteran. He explained that he had been diagnosed with Blepharospasm, involuntary twitching and closing of the eyelid. The condition was being managed successfully and he expressed his gratitude to the NHS for the support he had been given. He had begun supporting Moorfields after being asked to proof-read patient material and had gone on to support project Hercules by bringing an external and lay perspective to documentation and helping to improve services and patient experience. He had been contributing as a lay person for nearly five years.

There was a discussion during which board members asked questions. The following responses were given:

- There were some bottlenecks in care, in particular travel constraints and access to the unit at Brent Cross. Distance and travel times were a big factor for people who use public transport. In addition, the depth of information received when attending for an appointment varied depending on whether you saw an Ophthalmologist or a clinical specialist.
- The risk of group-think was raised and concluded that analysis of data and use of statistical processes, if done well, helped to combat this.
- When asked what he had found most surprising about his involvement with Moorfields, he said

The presentation detailed the range of lenses provided, including hard, soft, hybrid, and scleral lenses, tailored for conditions such as keratoconus, corneal grafts, and severe dry eye. The Board heard that the clinical rationale for lens selection, included the use of therapeutic lenses for corneal protection and cosmetic lenses for scarred eyes.

AL and YO outlined the exclusive UK partnership with Boston Site, a US-based nonprofit, enabling Moorfields to manufacture Boston Site's scleral lenses in-house. This collaboration reduced patient wait times from 6–8 weeks to two weeks, supported sustainability by reducing the carbon footprint, and generated income by marketing the lens to other trusts and private practices.

The team had implemented several improvements, including instructional videos for patients, an online payment system, and the Post Direct project, which allowed direct shipment of lenses to patients, reducing wait times and administrative workload. They had also launched a new patient telephone clinic to triage referrals, aiming to reduce unnecessary appointments and waiting lists.

The department participated in the Action Lab programme, fostering innovation and regular team meetings to generate and implement service improvement ideas. SL also highlighted ongoing research, including a vision project funded by Moorfields Eye Charity, which supported in-house lens design and technology enhancements.

The chair thanked SL and YO for their presentation, which the board noted.

3. Apologies for absence

Apologies were received from Sue Steen, Chief people officer.

4. Declaration of interest in relation to the agenda

There were no declarations made.

5. Minutes of the previous meeting

The minutes of the meeting held on 2 October 2025 were approved as an accurate record.

6. Matters arising and action log

The action log and updates were noted.

7. Chief executive's report

The Chief executive presented the report which covered:

- Performance, quality and activity review
- Financial performance
- Sector update
- Oriel update
- MoorConnect (EPR)
- 10-Point plan for resident doctors
- People
- Moorfields in the news

There was a discussion on high-cost drugs and injections and how the trust mitigated the risk of fluctuations in usage. It was reported that block contracts were in place with some cost and volume contracts. Where use was higher than block-contracted amounts, the trust negotiated with commissioners to mitigate losses. It was important to fully justify additional commissioner funding.

In discussion on resident doctors and potential industrial action, challenges with rostering at short notice were acknowledged and work was ongoing to mitigate challenges.

The Board noted the report.

8. Integrated performance report

The Chief operating officer presented the report. The key points highlighted and discussed were:

- The 18-week RTT incomplete performance had improved again to 84.5%. The RTT waiting list stood at 34,729, stable but above desired levels, and there were 13 patients breaching the 52-week standard. Targeted recovery plans were in place. At the end of December, there were 2 patients waiting over 65-weeks for treatment.
- A&E and Cancer performance remain in compliant positions with no concerns or risks.
- Theatre utilisation was at 65.9% and remained below the internal target of 85%, despite recent improvement. A new theatre scheduling tool was expected to go live shortly.
- In the call centre, the average call wait time had improved to 3 mins and 11 seconds, but the target was not met. The abandonment rate target was met.
- Outpatient did not attend (DNA) rates remained above our target but are showing sustained improvement for follow-up appointments.
- Elective activity was below plan and reduced in month, due to patients being unavailable for surgery over the Christmas period.
- Mandatory information governance training remained below the required standard at 88.8% and hotspots were being addressed.
- Staff sickness rates remained above Trust target at 5.1% and a deep-dive review was underway. Support was being provided to managers by the people team and occupational health. Policies were in place to support improvements.
- There was a discussion about evidencing duty of candour. The chief nurse gave assurances that it was taking place but there were some delays and backlogs in paperwork.

The Board noted the report.

9. Finance report

The Chief finance officer presented the report and stated that at month 9 the trust was on track to achieving its year-end financial targets including a positive cash position. A year-end surplus of £5mn was forecast.

The Board noted the report with no concerns identified.

10. Learning from deaths

The Chief medical officer presented the report which provided an update regarding on learning from deaths at the trust. There had been one patient death falling under the definition of the policy in Q2 and Q3 of 2025/26. The cause had been heart failure, and the trust was reemphasising with staff the importance of holistic care, ensuring staff were encouraged to identify and record early warning signs of poor health.

A recent child death case was discussed highlighting delays in updating trust records of deceased patients via the National Care Record Summary.

A death at Croydon outside the scope of the policy was discussed. A patient had died at home several days after an appointment. An internal review had been carried out, and the trust was working with the coroner's office.

The board noted the report.

11. Committee reports

a. Finance & Performance Committee

David Hills presented the report from the meeting held on 14 January 2026. The key message was that the trust was in a good financial position; however, finances were expected to get significantly tighter in the coming years.

b. Quality and Safety Committee

Michael Marsh presented the report from the meeting held on 27 January 2026. There had been a presentation from the Ophthalmology and Clinical Support Division that included a reflection on the impact of Oriol and MoorConnect programmes on activities. An issue identified was the importance of ensuring licences transferred as part of the move as they were often linked to specific sites as well as legal entities.

PSIRF priorities were being updated noting that more work was required to embed processes.

The committee reviewed progress with improvements at Bedford noting that IT improvements were critical and the Chief operating officer has controls in place to ensure these progressed in line with the MoorConnect programme.

There had been an incident in private imaging department. No harm occurred; however, a review was seeking to understand why it happened to learn and prevent similar incidents.

c. Major Projects and Digital Committee

Aaron Rajan presented the report from the meeting held on 21 January 2026. Oriol was progressing well with construction due to complete in Autumn 2026. The focus now was on transformation. Naming of the new building had been delayed. With digital integration, the committee felt more reassured following the appointment of the new permanent Chief information officer. It was noted that MoorConnect was a high-risk programme given interdependencies. The committee had also reviewed progress with the Single Point of Access model which was coming to fruition.

Committee assurances discussion

There was a wide-ranging discussion on transformation and improvement to enable efficient and high-quality ways of working in the new hospital. These included:

- Sickness absence rates needed to be reduced
- A plan was requested to address waiting times in clinical paediatrics. The issue was follow-ups with patients moving between hospitals and the point when children transfer to adult clinics. It was acknowledged that children at different stages of development had very different care needs and a more nuanced approach was required. Assurances were required that the trust was meeting patients' and carers' needs. There had been an improved clinical triage and pathway redesign, although challenges were noted.
- Safeguarding arrangements were discussed in the context of older teenagers/young adults in adult wards/clinics. The 'ready steady go' methodology was used to support transition from paediatric to adult care. Furthermore, there were research projects looking at pathway redesign.

- Loss of general anaesthetic capacity in some satellite units was discussed, and it was noted that procedures requiring such were transferring to City Road.

The board resolved to request the Quality and Safety Committee to consider the points raised in the discussion i.e.: impact on quality of sickness absence and methods to address it; waiting times in paediatrics; meeting diverse patient and carer's needs in paediatrics; application of ready, steady, go methodology; and impact of transferring patients from some satellite units to City Road for procedures requiring general anaesthetic.

12. Identifying any risks on the agenda

- There were no new risks identified other than those already recorded.

13. Any other business

The Chief executive apologised for the impact of technical difficulties, especially those with accessibility needs.

14. Date of next meeting

The next meeting of the Board would take place on 26 March 2026 in the Trust Boardroom at Bedford Hospital.

The meeting was closed and, due to the confidential nature of topics to be discussed in part 2, the board resolved to exclude members of the public, press, and governors.

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS ACTION LOG

26 March 2025

No.	Date	Minute item	Item title	Action	By	Update	Open/closed/due
06/01	05/06/25	14.	Board Assurance Framework	Board strategy session on the risk management process and BAF to discuss risk appetite and structure.	BW	The executive directors have thoroughly reviewed the BAF and set out the key risks to realising our strategic objectives. These will be discussed with the board, including risk appetite, at the 23 April Board strategy session	November 2025 Remains open
2026/01	05/02/2026	11.	Paediatrics	The board resolved to request the Quality and Safety Committee to consider the points raised in the discussion i.e.: impact on quality of sickness absence and methods to address it; waiting times in paediatrics; meeting diverse patient and carer's needs in paediatrics; application of ready, steady, go methodology; and impact of transferring patients from some satellite units to City Road for procedures requiring general anaesthetic.	KA/IT	An additional meeting of the Quality and Safety Committee meeting is being scheduled to carry out an assurance deep dive into paediatrics.	Opened: 5 Feb 2026 Remains open

Cover Sheet	
Report title	Chief Executive's report to the Trust Board
Meeting	Board of Directors
Date	26 March 2026
Report from	Peter Ridley, Chief Executive
Prepared by	Ben Westmancott, Interim Company Secretary
Previous forum consideration	N/A

Relevant strategic objectives	Working together	X	Discover	X	Develop	X	Deliver	X	Sustainability and Scale	X
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Purpose of report	Assurance		Decision		Discussion	X	For information	X
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Chief Executive's Report to the Board of Directors

Overview

The Trust continues to operate in a period of exceptional strategic change, balancing the delivery of safe, high-quality services with several major transformation programmes. The Executive remain focused on maintaining performance and quality while preparing the organisation for the move to our new centre for advancing eye health in Camden, the implementation of MoorConnect, our electronic patient record system, and the wider changes taking place across the NHS.

Performance

The quarter 3 segmentation and NHS league tables were published on the 18th March.

We are ranked 6th of the 134 Acute Trusts in England, down slightly from 3rd in quarter 2. We remain in the top segment – Segment 1 'High Performing'.

The top 10 is as follows:

1. Royal Marsden (average score 1.29)
2. Royal Papworth (1.32)
3. The Christie (1.36)
4. RNOH (1.40)
5. Liverpool Heart & Chest (1.48)
6. Moorfields (1.58)
7. Clatterbridge (1.62)
8. Northumbria (1.66)
9. Imperial (1.66)
10. Guy's & St Thomas' (1.67)

There are 5 domains measured. In three - Access to Services, Effectiveness and Patient Safety - we are rated in the top segment, 1 (high performing). In two domains we are rated as 2 (above average), these being Finance & Productivity and People & Workforce.

Our higher scores remain in the following metrics:

- 18 week Referral to Treatment (RTT) (ranked 1st)
- 52 week elective waits (ranked 6th)
- A&E 4 hours (ranked 1st)
- Planned surplus/deficit (ranked 12th)
- Staff Survey engagement theme (ranked 18th)

The metrics in which we have lower scores are in:

- RTT performance versus plan (we are below plan – though we rank as 1st of 131 trust in terms of absolute performance on this metric – demonstrating that this is under delivery against an ambitious plan rather than absolute performance)
- Implied Productivity
- The ‘raising concerns’ element of the Staff Survey

The publishing of this data is useful as it provides comparative data across all organisations and we will do further analysis to consider areas for additional improvement.

Middle East

As you know, we operate two hospitals in the United Arab Emirates. I have been in regular contact with staff in the UAE since the conflict in Iran began to seek assurances of their safety and that of their patients. Both units are operating well and continuing to provide services. We have made adjustments regarding staff working from home and have discussed with staff concerns and any requirements individual staff may have.

We have also been running drop-in sessions in the UK for staff affected by what is taking place in the Middle East and further afield and these have been welcomed by staff. We have offered bespoke advice to staff who have been overseas and unable to return home as planned.

New chief nurse and executive director of allied professionals

I am delighted to welcome Simmi Naidu to the trust as our new chief nurse and executive director of allied professionals. Simmi has a wealth of experience, having been a nurse for almost 30 years, working across different continents and health systems, she has joined us from the Royal London and Mile End Hospitals where she was deputy director of nursing. Simmi also led on quality, governance, patient experience, equity, and inclusion there when she stepped into the interim director of nursing role.. We are delighted to have her join the board. We are grateful to Kathy Adams and Kate Falkner for providing leadership in the interim period.

Oriel and Service Transformation

The Oriel programme remains the Trust’s most significant strategic investment and continues to progress through its next phase. Work is increasingly focused on operational readiness, benefits realisation and ensuring that clinical pathways, workforce planning and supporting infrastructure are aligned with the future model of care. Staff, patient and member engagement remains central to the programme, with growing emphasis on helping teams prepare for the practical implications of the move and the opportunities the new centre presents to transform services. We are grateful for the continued support of the Moorfields Eye Charity in helping this exciting collaboration to progress.

Digital Transformation, MoorConnect and Pathways

The implementation of MoorConnect (the Trust’s new electronic patient record) is a critical enabler for future service delivery, digital pathways and research integration. Preparations continue across clinical, operational and corporate teams, with a strong focus on training, change management and

patient safety. In parallel, the Trust is developing and expanding digital pathways to improve access, efficiency and patient experience, including greater use of digital triage, virtual consultations and remote monitoring where clinically appropriate. These developments are clinically led and designed to support demand management while maintaining personalised care and addressing issues of digital inclusion.

Culture, Leadership and Staff Experience

Sustained organisational change places significant demands on staff, and culture remains a core priority. Work continues to strengthen inclusive leadership, promote consistent behaviours aligned to Trust values and support staff wellbeing. Feedback from staff engagement activity is being used to inform improvement actions, with an emphasis on listening, learning and addressing concerns early, particularly during periods of transition.

This work will also be informed by the NHS staff survey which has recently been published. The key themes from the survey have been discussed at the People and Culture Committee. We will be engaging widely across the organisation to discuss the results and jointly develop plans for improvement.

We have also made a change to the way in which we recognise exceptional performance in the trust. We have moved to a monthly award for both employee of the month and team of the month (previously we awarded two employees of the month – one clinical and one non-clinical). We believe that this better emphasises the way in which our services are delivered by teams and will help us to celebrate innovation in the trust.

Governance, Partnerships and the National Context

We are continuing to review and strengthen our governance arrangements to ensure they remain effective during a period of complexity and change, including the role of the Board and committees. We have carried out an executive level well-led review, BAF review, and a committee effectiveness review is underway. These will provide core elements of our governance improvement plan.

Partnership working with UCL and wider academic partners remains central to the Trust's strategy, supporting excellence in research, education and innovation ahead of co-location at the new centre.

Nationally, the NHS continues to face significant financial and workforce challenges, and the Trust remains actively engaged with system and national partners to respond to emerging policy and regulatory developments.

External Reviews

The external governance reviews as commissioned by the Membership Council are in the later stages. A final completion date has not yet been confirmed by the external reviewers.

Wider NHS Context

There continues to be significant focus across the NHS on care delivered in inappropriate settings, often called 'corridor care'. Given the services we provide this is not of direct relevance to Moorfields, but we will continue to focus on improve the experience of our patients and with the move to the new hospital we will deliver a better and more appropriate environment for many of our patients.

Ophthalmology Power List

In the most prestigious awards for ophthalmologists, Moorfields has been honoured with five of the top ten in this year's list and eleven in the top 50.

Every year, The Ophthalmologist selects a theme for its awards. This year's was Drivers of Change, with a focus on achievements in the past 12 months, highlighting those making the most difference in the field today.

The recognition of the individuals reflects the huge amount of work put in by the teams of people who have contributed to our unequalled research portfolio.

The eleven Moorfields staff honoured are:

- Gus Gazzard, director of surgery and consultant ophthalmic surgeon at Moorfields Eye Hospital NHS; Professor of ophthalmology, UCL IoO (Institute of Ophthalmology). **(No 1 overall)**
- Adnan Tufail, Moorfields Eye Hospital NHS Trust; professor of ophthalmology, UCL IoO. (Top 10)
- Anthony Khawaja, Moorfields Eye Hospital honorary consultant ophthalmic surgeon and professor of ophthalmology, Moorfields Eye Hospital and UCL IoO. (Top 10)
- David Verity, consultant orbital and oculoplastic surgeon, Moorfields Eye Hospital, London; Hospitaller, the most venerable order of the Hospital of St John of Jerusalem; visiting professor, the Hebrew University of Jerusalem. (Top 10, new to Power List)
- Pearse Keane, consultant ophthalmologist at Moorfields Eye Hospital; professor of artificial medical intelligence (AI) at UCL IoO; director of the INSIGHT health data research hub. (Top 10)
- James Bainbridge, consultant ophthalmologist at Moorfields Eye Hospital; chair of retinal studies, UCL IoO.
- Keith Barton, consultant ophthalmic surgeon at Moorfields Eye Hospital, professor of ophthalmology at UCL IoO.
- Mandeep Sagoo, consultant ophthalmic surgeon and director of the ocular oncology service, Moorfields Eye Hospital; professor of ophthalmology and ocular oncology, UCL IoO; consultant ophthalmic surgeon, retinoblastoma service, Royal London Hospital. (New to Power List)
- Mariya Moosajee, consultant ophthalmologist and head of genetics service at Moorfields Eye Hospital, professor of molecular ophthalmology at UCL IoO and The Francis Crick Institute.
- Peter Thomas, consultant ophthalmologist and director of digital development, Moorfields Eye Hospital. (New to Power List)
- Sobha Sivaprasad, director of the NIHR Moorfields clinical research facility (CRF), consultant ophthalmologist at Moorfields Eye Hospital and professor at UCL IoO.

[Visit The Ophthalmologist website to read more](#) about the people recognised, including highlights from their submissions.

Moorfields in the news

Influential glaucoma study published

Over one million people are estimated to currently have glaucoma in the UK, almost 50% higher than the previous estimates of 700,000, [according to a new study](#). This is projected to rise to 1.6m by 2060, largely driven by people living longer.

Glaucoma is a common condition in which the optic nerve, which connects the eye to the brain, becomes damaged. As it often has no symptoms until a considerable amount of vision has been permanently lost, the team are calling for patients to get their eyes checked more frequently and eye health services expanded.

Lead author Paul Foster, consultant ophthalmologist at Moorfields and researcher at UCL Institute of Ophthalmology, added that “over 40% of glaucoma patients in the UK experience vision loss that could have been prevented with earlier diagnose and treatment such as eye drops and surgery.”

Expert voice on weight loss jabs side-effect

Moorfields consultant Sui Wong was quoted by ITV on a news story about a rare condition that can cause sight loss, NAION, being linked to weight loss treatments (semaglutides, brands including Ozempic and Wegovy). This was in response to a study published by a team in Toronto highlighting a higher incidence of NAION in people taking the medication.

She also advised the ITV team on other studies already published, ensuring a balanced report; while there is a higher incidence, more research is needed to see whether this has actually been caused by the treatment.

Awards success for Moorfields

Gary Powell, from our Medirest team, was named 'Domestic of the Year' at the 2026 My Cleaning awards.

He has been instrumental in transforming the cleaning standards at Moorfields by initiating a project to improve the appearance of an area at City Road.

His colleague, Todd Turner, was also shortlisted in the leadership category.

At the time of writing, two finalists are in with a chance of success at the prestigious HSJ Partnership awards. These are Sparc, our single point of access for ophthalmology referrals (in conjunction with CrossCover) and the Functional Skills and Digital Skills courses with South Bank Colleges developed to help staff overcome inequalities.

We are also hoping for success for our four entries in the new NHSE Excellence awards. Selected finalists will be invited to an awards ceremony on the evening of Wednesday 10 June at NHS ConfedExpo in Manchester.

Quality implications

Quality of care and safe services remain at the heart of what we do and our transformational priorities will help us in this endeavour.

Financial implications

The Trust is on track to deliver its financial obligations for the year.

Risk implications

None specifically identified in this report.

**QUALITY AND SAFETY COMMITTEE
SUMMARY REPORT**



17 March 2026

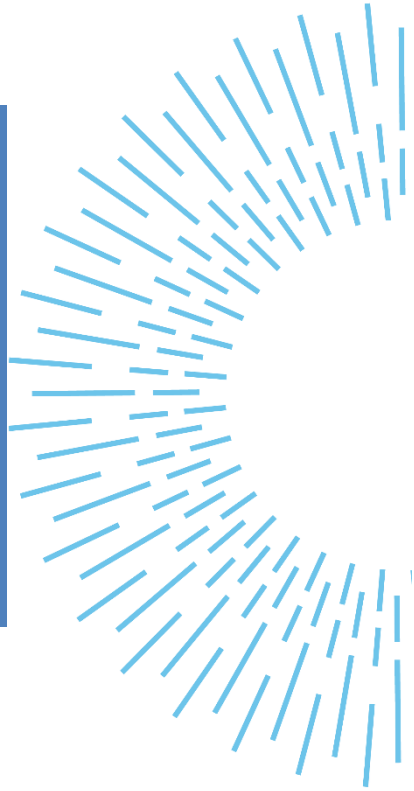
<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – yes • Attendance – 71% (5 of 7 members) • Action completion status (due items) – 100% • Agenda completed – yes
<p>Current activity and concerns</p>	<p>Presentation by Moorfields North</p> <p>QSC received a presentation by Moorfields North. The following points were highlighted:</p> <ul style="list-style-type: none"> • The division faces challenges around sickness rates and leadership training • There has been significant improvements made across the division, including GIRFT accreditation for Stratford theatres, and direct commissioning at Bedford. <p>Healthcare inequalities</p> <p>The committee received a presentation about Healthcare Inequalities. This report covered 2024-25 and was the second annual report. The following points were highlighted:</p> <ul style="list-style-type: none"> • The findings of the report remain positive and continues to challenge assumptions around inequalities. The report raises issues that would have been masked by using only other routine performance reporting. • Findings provide evidence of good quality of services delivered by Moorfields for the London population in relation to potential healthcare inequalities being minimised. • Recommendations have been made and further work is required to utilise the findings in a practical way. <p>Infection Control Update</p> <p>The regular infection control (IPC) update was presented. The following issues were highlighted:</p> <ul style="list-style-type: none"> • In January there were no trust reportable cases of endophthalmitis. In February there had been one case confirmed and two further cases are under investigation • There have been a number of unreported positive conjunctivitis swabs for Neisseria meningitidis from patients attending A&E. This is something the infection control team have just become aware of and an action plan (including process flowcharts) has been implemented. • Infection control audits and training remain green. <p>Research governance</p> <p>The committee received a presentation about Research governance. The following points were highlighted:</p> <ul style="list-style-type: none"> • As research and development is largely grant funded, it operates very leanly meaning that issues such as staff sickness can have significant implications. This is monitored closely • Meeting the 150-day target (from March 2026 the commercial clinical trial set-up times is 150 days or less) will be a challenge (it is currently being met) • Overall, the concerns that the committee had and which led to this deep dive have been addressed.

	<p>Patient Safety Incidents</p> <p>There were no patient safety incident investigation (PSII) reports. The regular duty of candour report was presented. The following was highlighted:</p> <ul style="list-style-type: none"> • Duty of candour is undertaken in three phases – there is general compliance with phase 1, with some outstanding at both phases 2 and 3. There is ongoing work and support for the medical leads and quality partners to improve performance. <p>Financial decisions and mitigation assurance</p> <p>The committee received an update about financial decisions and mitigation assurance. The following was highlighted:</p> <ul style="list-style-type: none"> • The process continues to work, although it was noted that the process is likely to change in 2026-27 with fewer but larger schemes being presented. <p>Proton beam therapy / Clatterbridge Cancer Centre</p> <p>The committee received an update about Proton beam therapy / Clatterbridge Cancer Centre. This demonstrated the improved waiting times performance. This will only come back to the committee should performance worsen.</p> <p>Quality and Safety</p> <p>The committee received the Q&S update. The following were highlighted:</p> <ul style="list-style-type: none"> • The complaints response rate in January 2026 was 77.8% (the target is 80%) and is on target for March. • Executive and divisional well-led reviews are underway; • The quality priorities for 2026-27 are being progressed through the Trust’s executive committee. <p>Reports from Other Committees</p> <p>Summary reports from the following committees were circulated:</p> <ul style="list-style-type: none"> • Clinical Governance Committee (9/02/2026) • Information Governance Committee (15/03/2026) • Research and Development Quality Review Group (12/01/2026) <p>The IGC report highlighted the need to achieve 90% training rate (the Trust is currently at 88.6%).</p> <p>Committee effectiveness review</p> <p>The committee received an update about the annual committee effectiveness review. Initial findings will be presented at the Board strategy day on 23/4/2026, and then to June Board.</p>
<p>Board awareness and escalations</p>	<p>Six items are highlighted for the Trust Board’s attention:</p> <ul style="list-style-type: none"> • There is good evidence of positive improvement, performance, and developments across the North Division, although there is still work to be done. • The healthcare inequalities report made four recommendations which will need to be applied in a practical way. • There was positive assurance around research governance, addressing the committee’s previous concerns. • Good assurance was provided at year end for CIP/productivity schemes. • Given the improvements to Clatterbridge waiting times, this will come back to the committee should performance worsen. • Complaints performance continues to improve.
<p>Next meeting</p>	<p>12 May 2026</p>



Moorfields
Eye Hospital
NHS Foundation Trust

Chief nurse report
Board of directors
26 March 2026



Report title	Chief nurse quality report		
Report from	Sumintra Naidu, Chief Nurse and Director of Allied Health Professionals		
Prepared by	Ian Tombleson, Director of Quality and Safety		
Previously considered at	Quality and Safety Committee	Date	NA
Link to strategic objectives	Underpins all strategic objectives		

Executive Summary

This report provides assurance on key quality, safety and governance arrangements across Moorfields Eye Hospital NHS Foundation Trust. Overall, appropriate systems and processes are in place to support safe, effective care, with ongoing work to strengthen leadership, learning and assurance.

Care Quality Commission (CQC) compliance

The Trust continues to maintain oversight of CQC compliance through the clinical governance committee and the quality and safety committee. Preparatory work is underway to strengthen readiness for future inspection activity, including ensuring evidence against CQC quality statements and key lines of enquiry, is current, accessible and clearly owned. The Chief Nurse maintains regular engagement meetings with the CQC.

There are no CQC enforcement actions or regulatory escalations to report this period.

Well-led

A Trust-wide well-led review is underway to provide assurance on leadership, governance and organisational culture. We are identifying strengths as well as areas where assurance can be strengthened, including:

- clarity of leadership accountability.
- effectiveness of governance and committee arrangements; and
- evidencing compliance with Fit and Proper Persons requirements.

The findings will inform a prioritised programme of governance and leadership improvement. The initial findings of the executive led review will be brought to a forthcoming board strategy session for discussion.

Patient experience and feedback

Patient experience continues to be monitored through multiple sources, including Friends and Family Test (FFT) results, complaints, compliments, PALS and targeted engagement activity. Overall performance against our FFT remains solid with some focus required following a slight dip in our A&E response rate and numbers of negative responses. Complaints performance continues to be guided by our complaint's recovery plan. The 3-day complaints acknowledgement target (90% within 3-days) is consistently exceeding the target. Performance against the 80% final response target within 25 days has increased to 77.8% in January and we will continue to work to maintain this across all divisions, services and departments. We are on track to reach 80% KPI by the 31st March 2026. Our stage one apologies for our Duty of Candour response remain above the 80% target, however we acknowledge that we have work to

do overall in our DOC process and must maintain this performance whilst ensuring all the stages are met on time.

Overall feedback consistently reflects positive patient experiences of staff professionalism and compassion. Key improvement themes remain focused on communication, coordination of care and waiting times in some services. Actions arising from patient feedback are monitored through divisional and Trust-level governance processes.

Risk and incident management

The Trust maintains a structured approach to risk management, with risks identified and reviewed locally and escalated as appropriate through committees to the Board Assurance Framework. Work is supported by the Risk and Safety Committee

Current priorities include:

- embedding the recently reviewed risk management strategy and policy
- ensuring effective oversight and management of risks including regular updates to the risk register
- working with the new executive meeting structure to raise the profile of trust wide risks

Internal Audit (RSM) have just completed an audit of divisional/departmental risk management arrangements. The risk management team are working with the auditors to finalise the report and agree management actions which focus on effective controls and assurances, and that risk mitigating actions are clearly defined and resolved in a timely way.

A key focus is to ensure that our incidents are closed in a timely way, particularly those over 28 days.

Patient Safety Incident Response Framework (PSIRF)

The PSIRF policy and plan were updated through Clinical Governance Committee and Quality and Safety Committee in January and February 2026. The Trust continues to embed PSIRF through these as its standard approach to responding to patient safety incidents. This focuses on compassionate engagement, proportionate system-based learning, and strong oversight of themes and improvement actions.

Work continues to strengthen how learning from PSIRF responses is translated into sustained improvement in care and reductions in risk.

Conclusion

As new in post I am familiarising myself with existing systems and processes and have been impressed by what I have seen to date. I will be focusing on strengthening assurance, leadership and learning across the Trust and will work closely with the nursing team across the trust and with Michael Marsh, the Non-Executive chair of the Quality and safety Committee, to this effect.

The Board is asked to note this report.

Quality implications

This report is a high-level summary in support of the quality and safety committee chair's report.							
Financial implications							
None specified in this report							
Risk implications							
If the Trust does not achieve the required performance standards, then this is likely to have a significant impact on the risk that we pose to our patients by not offering timely care							
Action required/recommendation.							
The Board provided with this report for assurance.							
For assurance	X	For decision		For discussion		To note	

Meeting:	Board of Directors						
Date:	26 March 2026						
Report title:	Assurance report from the chair of the People and Culture Committee						
Lead executives	N/A						
Report Author	Aaron Rajan, chair of the People and Culture Committee						
Presented by	David Hills, non-executive director						
Status	For assurance						
Link to strategic objectives	All						
Brief summary of report							
<p>Attached is a summary of the findings from the People and Culture Committee held on 5 March 2026.</p> <p>It is set out in three sections of assure, advise, and alert.</p>							
Action Required/Recommendation.							
<p>The board is asked to:</p> <ul style="list-style-type: none"> Note and discuss the People and Culture Committee chair's report 							
For Assurance	✓	For decision		For discussion	✓	To note	✓

Key messages for the Board

Assure

1. **Trust induction** in-person (two sessions have been held now) is far more interactive than when it was online.
2. Over that past year there have been no incidents of unsafe workforce levels under the **Safer Staffing** requirements.
3. **Sexual safety**: 200 staff have completed the awareness course and there is a proposal to make this part of the mandatory training and/or a leadership requirement. The Committee were informed that this is an underreported issue and commended the training and efforts to make the issue more prominent.
4. **Freedom to Speak Up**: the committee received assurances that awareness is increasing among staff and the route is being increasingly used for staff wishing to raise matters of concern.

Advise

5. **Oriel workforce transition** is strategically critical and requires explicit risk tracking. The revised BAF risk will help keep focus on strategic risks and the Trust wide Risk Register will help with understanding staff transition risks. These will be reviewed at subsequent committee meetings.
6. **Culture and leadership** consistency are essential enablers across all programmes, and it is a prominent theme in Freedom to Speak Up cases. Training and awareness raising takes place and the committee asked for thought to be given to how we can know that things are improving.
7. The **Staff Survey** high-level results were scrutinised, and it was noted that improvements were apparent in some areas; other areas are trending in the wrong direction from previous surveys, e.g. IT systems and processes. The committee asked the team to analyse the data and identify hotspots and things that staff value about working at Moorfields. The committee will scrutinise the results at its next meeting once the executive have had an opportunity to analyse the results and develop a response.
8. It was noted that **staff overpayments** was an issue in some areas, and the committee has asked for more information to understand why some staff were not being marked as leavers in a timely manner.

Alert

9. **Staff sickness** is 5.8% against the trust target of 4%. The committee scrutinised the sickness absence reduction project. Return to work processes require strengthening and are tied into the sickness absence policy that was reapproved at the end of February 2026. Socialising this strengthened policy is underway. Training is important and rich conversations between managers and staff at early stages will help. We want to identify the 1-3 key interventions so the committee can track progress.
10. The **Croydon** site is somewhat 'isolated', and a site visit will take place soon to understand risks and issues more clearly, taking care to triangulate with other data sources.
11. There has been an increase in **patients experiencing falls** on their way to the hospital. This is hoped to be improved at Oriel with a new 'green line' and wider, more level, footpath from the station to Oriel.



Moorfields
Eye Hospital
NHS Foundation Trust

Freedom to Speak Up Report

Q3 25/26

Board of directors

26 March 2026

Report title	Trust Board Report - Freedom to Speak Up Report Q3 25/26 October – December 2026		
Report from	Sumintra Naidu, Chief Nurse and Director of Allied Health Professionals		
Prepared by	Princess Cole, Lead Freedom to Speak Up Guardian		
Previously considered at	People and Culture Committee	Date	05/03/2026
Link to strategic objectives	Freedom to speak up links to all the strategic objectives and underpins our core values of Excellence, Equity and Kindness		

Executive Summary

33 cases were raised to the FTSU team during Q3 25/26, three of which were reported anonymously. We continue to hear from teams who may not have usually spoken up through the FTSU route. To increase visibility and staff access to the service, the guardian team will continue to conduct site visits throughout 2026 targeting hot spot areas. Admin and clerical staff continue to raise the greatest number of FTSU concerns (58%) but also account for the largest MEH workforce population.

Inappropriate attitudes and behaviours and leadership & management remain outlying reported themes, accounting for 27% and 24% of cases respectively. The service launched its FTSU leadership and management training programme in October 2025 to help address these reoccurring themes and support leadership/management needs. There were no cases raised regarding detriment, health and safety, patient safety, sexual misconduct and worker safety.

Feedback from our FTSU questionnaire indicate that staff value the service provided and have an overall positive experience when raising concerns through the FTSU route. A FTSU poll ran in October 2025 highlights good Trust wide awareness of the FTSU service.

Several events were held during freedom to speak up month 2025 to promote the service to staff and raise awareness of speaking up, including site visits and guest speakers invited to present and support a range of speaking up agendas.

The FTSU team continues to work in partnership with People and OD. Key focuses of the MDT group is the creation of a FTSU detriment policy, strengthening exit interview feedback responses and standardising sexual misconduct reporting across the Trust.

Expansion of the champions network progresses positively, further empowering staff voices across the Trust.

The FTSU team have pledged to ensure all guardians and FTSU champions complete the Trusts sexual misconduct in workplace training module. Currently 7 out of 8 champions and 5 out of 6 guardians have completed this training. Focus in Q4 25/26 will be to ensure the entire FTSU team are compliant.

The National Guardian's Office (NGO) will be closing on 30th June 2026. Essential FTSU functions will transfer to NHSE, the Department of Health and Social Care (DHSC), the Care Quality Commission (CQC) and providers. Trust Board will be updated on progress and any recommendations which may impact the service.

Areas of focus have been set for Q4 2025/26. So far, good overall progress has been made to ensure that key deliverables outlined in the 2025/26 FTSU work plan are achieved.

Quality implications

The Trust's approach to developing and supporting the work of the FTSU Guardians is an important element of providing an open culture, and supporting improvements indicated by the staff survey. If staff feel they are able to raise concerns in a safe environment and that their concerns are acted on, then this will have a

<p>positive impact on patient safety and staff well-being and improve the Trust’s ability to learn lessons from incidents and support good practice. Trust Board and Management Executive provides leadership and support for effective FTSU service delivery, in order to foster an open and transparent speaking up culture.</p>							
<p>Financial implications</p> <p>No new financial implications.</p>							
<p>Risk implications</p> <p>Organisations should create a culture where staff feel able to voice their concerns safely. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact. Moorfields has successfully introduced a new FTSU model to mitigate these risks, which also helps to support organisational cultural improvements.</p>							
<p>Action required/recommendation.</p> <p>Trust Board is invited to:</p> <ul style="list-style-type: none"> Note and have oversight of FTSU proactive and reactive activities from October 2025- December 2025 (Q3 25/26) and the progress of this. 							
For assurance	X	For decision		For discussion		To note	X

1. Introduction and Purpose

This report provides Trust Board with detailed analysis of high level FTSU data for Q3 2025/26 (October-December 2025). The format of this report complies with the National Guardian’s Office (NGO) and NHS England and Improvement published guidelines, outlined in the NHS Freedom to Speak Up guide.

This report provides Trust Board with FTSU data as well as an update regarding proactive and reactive activities during Q3 2025/26 (October-December 2025). Work conducted during this period has been guided by a robust work plan for the financial year (Apr 2025-March 2026). Overall good progress is being made to ensure key deliverables detailed in the work plan are met.

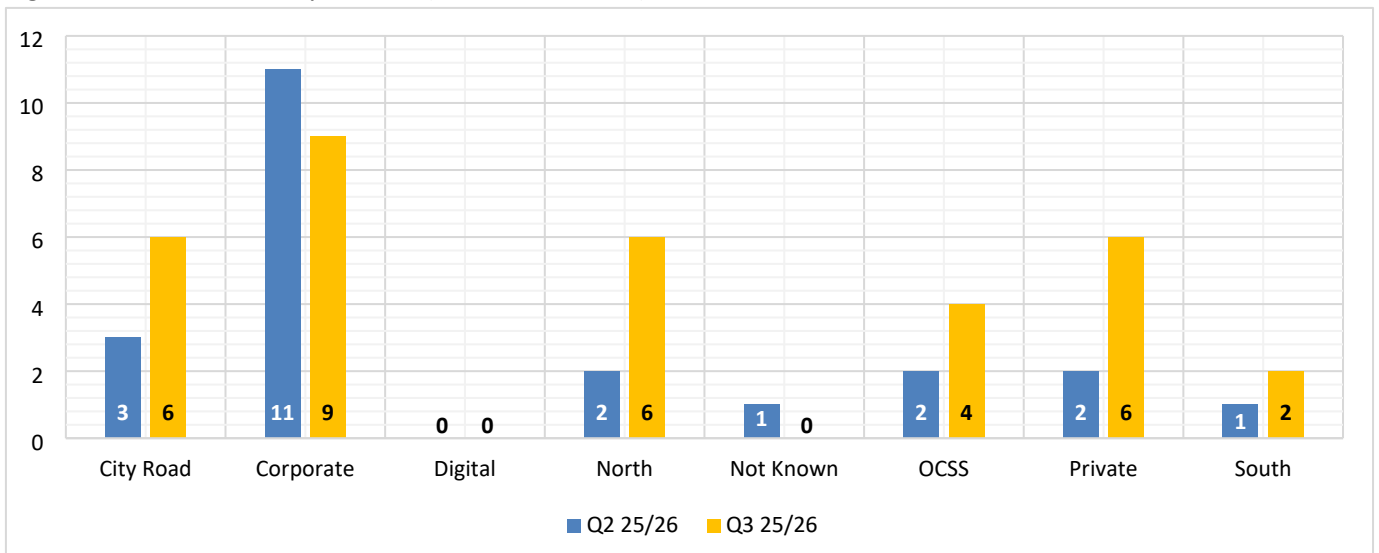
2. FTSU Data Analysis Q3 2025-26 (October – December 2025)

Concerns raised to the Freedom to Speak Up team during Q3 2025/26 (Oct-Dec 25)

33 cases were raised to the FTSU team during Q3 25/26, an increase of 11 cases from Q2 25/26, but remaining below previous levels of approximately 40 cases per quarter

Only 3 anonymous concerns were raised in Q3 25/26, indicating that majority of staff feel safe and confident to speak up confidentiality to the guardian team.

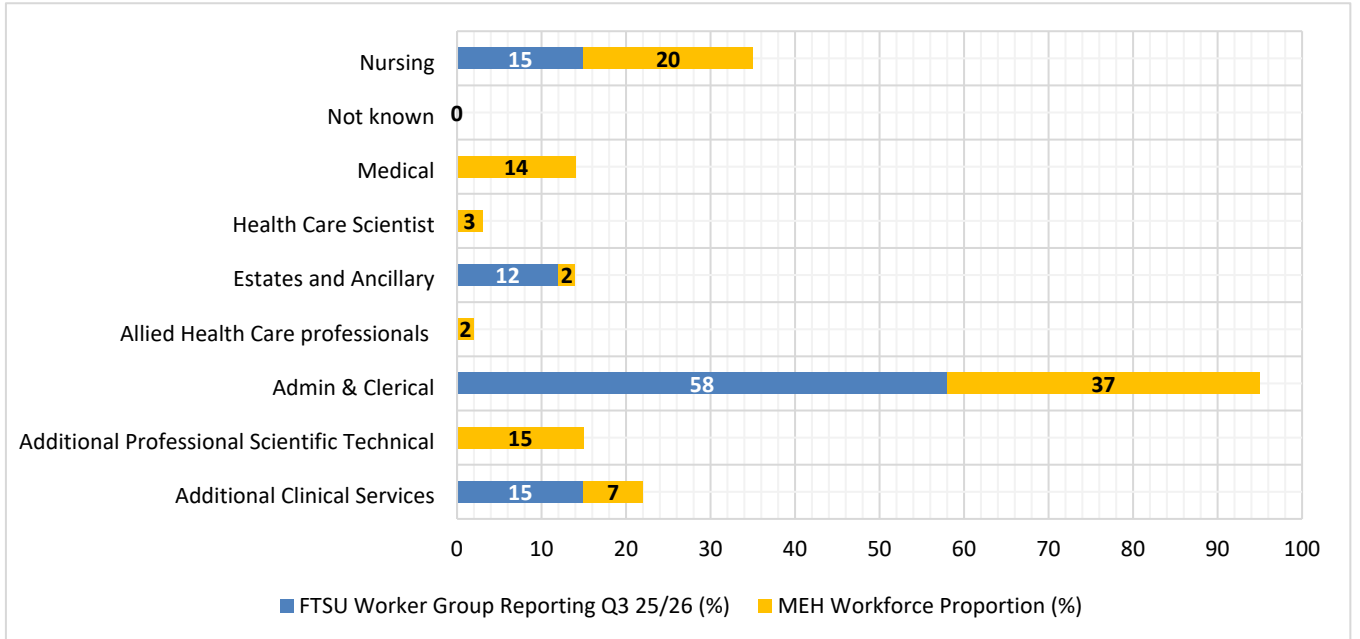
Fig 1. FTSU cases raised by division (Q2 and Q3 25/26)



*Please note figures may increase slightly as conversations with staff members may be converted to cases, if staff choose to use the FTSU route to speak up

We continue to hear from teams who may not have usually spoken up through the FTSU route, as corporate departments continue to raise the highest number of FTSU concerns during Q3 25/26. Case reporting also increased for City Road, North, OCSS, Private and South division in Q3 25/26. The guardian team will be revising its 2026 site visit planner to ensure onsite visits to all MEH locations across the Trust.

Fig 2. Percentage of FTSU cases raised by worker group against MEH workforce population Q3 25/26

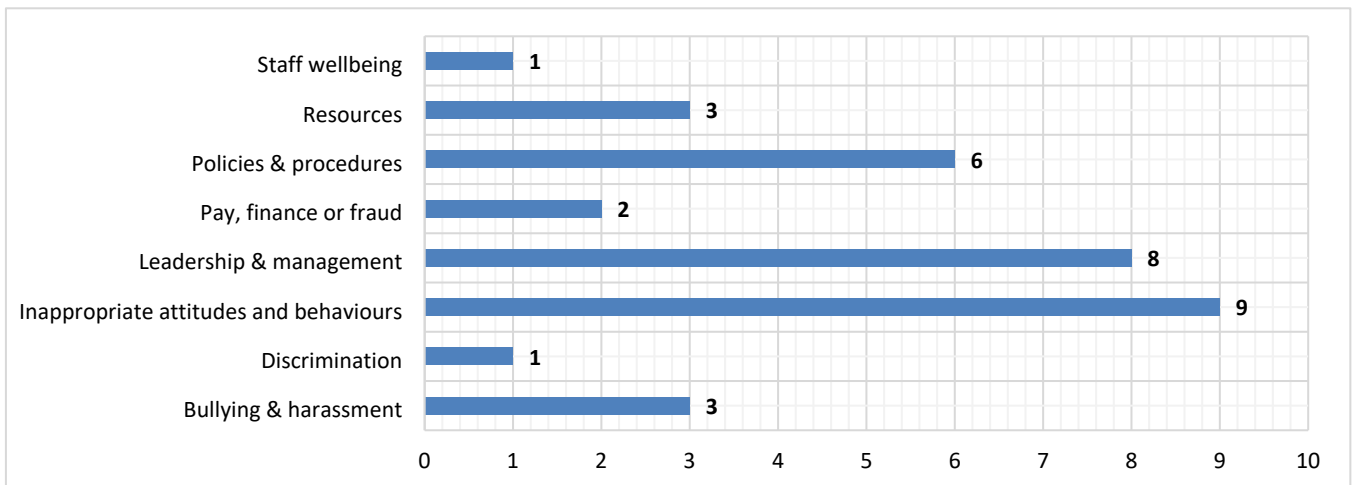


During Q3 25/26 4 worker groups used the FTSU service, with admin and clerical staff reporting 58% of FTSU cases but also accounting for the largest workforce population at Moorfields (37%). No cases were raised by medical doctors, AHP's, additional professional scientific technical staff and healthcare scientists. It is paramount that our workforce at MEH feel psychologically safe and are encouraged to raise potential patient safety and staff wellbeing concerns without the fear of suffering detriment. Further targeted work and promotion of the FTSU service will be conducted to ensure that worker groups who may not be speaking up or who are underrepresented, are supported fully to feel safe and confident to raise concerns.

Themes of concerns raised to Freedom to Speak Up

When staff speak up, their concerns are recorded through a set of defined categories/themes.

Fig 1.3 Themes of concern raised in Q3 25/26



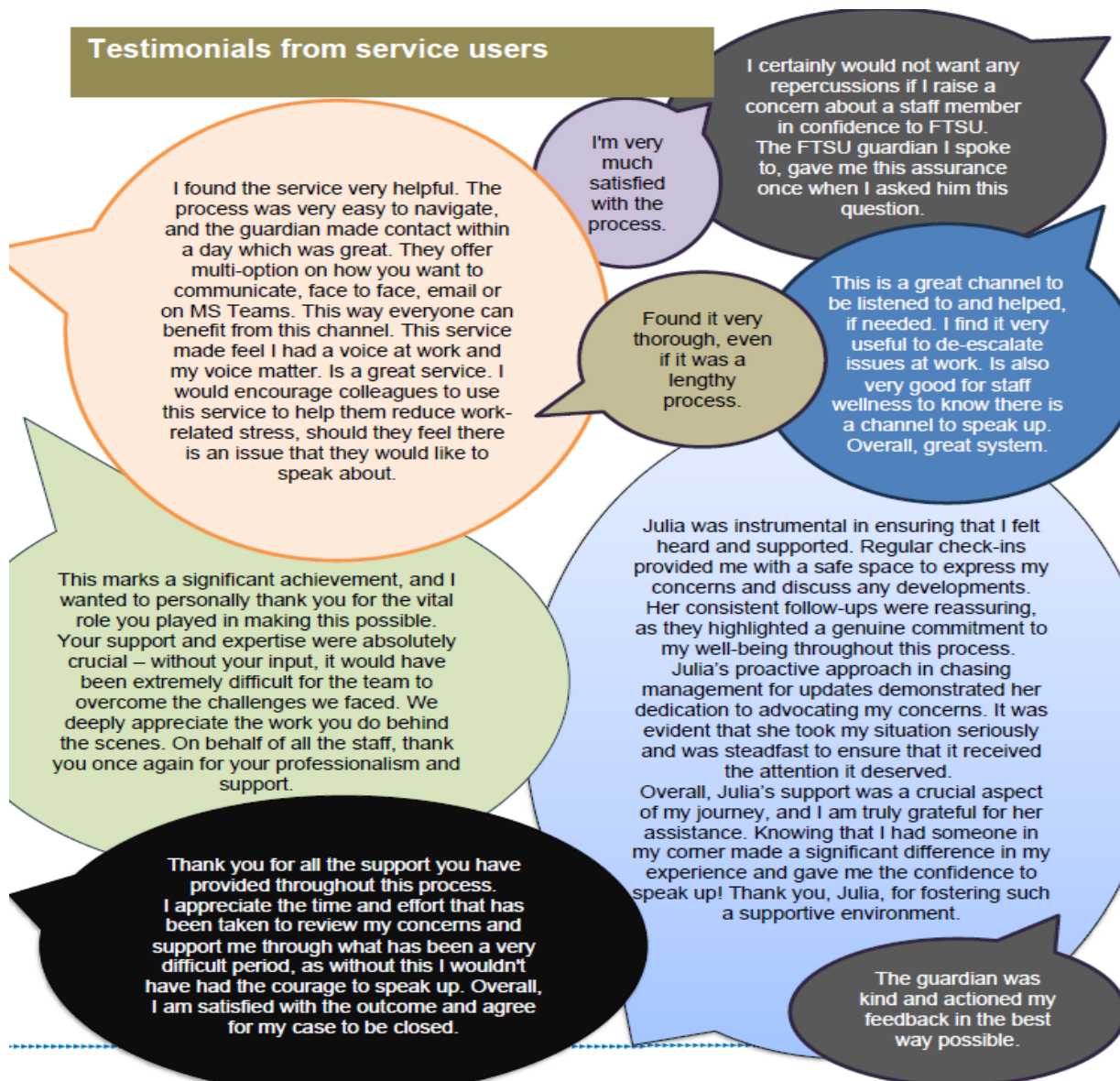
FTSU data consistently shows that leadership & management, and inappropriate attitudes and behaviours, remain outlying reported themes, followed closely by policies and procedures. FTSU leadership and management training was launched in October 2025, following a successful pilot in August 2024. By embedding speaking up training for managers, we anticipate that this will help to normalise, reinforce and contribute towards a healthy

culture where raising concerns is welcomed and valued as part of responsible and accountable leadership, that enables staff to speak up without fear.

There were no cases raised regarding detriment, health and safety, patient safety, sexual misconduct and worker safety.

Staff Feedback

Feedback is a vital part of the speaking up process and aids in strengthening learning, making tangible change and improving the service. To gauge the level of satisfaction of staff, a feedback questionnaire is sent following the closure of their case. Respondents provide free text feedback detailing their experiences following use of the FTSU service.



Overall, staff feedback indicates a generally positive view of the guardian's support, professionalism, and effectiveness in resolving concerns. Staff consistently described the guardian team as helpful and responsive, with several testimonials noting that individuals felt heard, safe, and able to speak up. Many staff also recognise the importance of having a safe mechanism to raise concerns and see it as vital for transparency and accountability.

However, there are concerns regarding outcome dissatisfaction, timeliness of investigations, and a hesitancy to trust the confidentiality of the Work In Confidence platform. A number of staff expressed uncertainty about whether they can fully trust the system to protect them or act effectively.

To address these themes and strengthen staff confidence in the service, action to be taken include:

- Revision of the Trust’s FTSU policy to include clear case closure timeframes. Completed in March 2026.
- Developing a FTSU detriment policy to safeguard staff who suffer adversely as a result of speaking up.
- Conducting a targeted comms campaign reinforcing and promoting the confidential and anonymous capabilities of the Work In Confidence platform.
- Establishing realistic expectations of the service with staff prior to proceeding with escalating a FTSU concern.

3. Freedom to Speak Up Proactive and Reactive Work – Q3 25/26 Update

‘Speak Up’ and ‘Listen Up’ training compliance:

Both training modules are classed as ‘essential to role’. FTSU training compliance target rates improved steadily during Q3 25/26. Our target rate for compliance is 80%. By the end of September 2025, this had been met for our ‘Speak Up’ module. The FTSU service is happy to announce that in December 2025, target compliance rate for our ‘listen up’ training module was met and increased to 83%. Average Trust wide compliance for both modules stands at 82%. Promotion of both training modules will continue as we focus on achieving 100% Trust wide compliance.

Freedom to Speak Up Training Compliance December 2025

Essential to role training

Average % **82**

E2R | Performance metrics and subjects that the HSE or our own experts mandate

Requirement	Compliant	Non-Compliant	Staff Total	Compliant %	Target %
Freedom to Listen Up	599	153	752	80	80
Freedom to Speak Up	2183	440	2623	83	80

FTSU Proactive Activity (Freedom to Speak Up Month October 2025)

A key focus for the guardian team is to be visible and accessible to all staff Trust wide. Proactive active work conducted by the team during Q3 25/26 focused heavily on Freedom to Speak Up month held in October 2025.

Several events took place to promote the service to staff and bring awareness to speaking up about patient safety and staff wellbeing concerns. In addition to site visits, the team invited guest speakers from the General Medical Council (GMC), Equality for Black Nurses (EQ4BN) and the Institute of Cancer Research to support with varying speaking up agendas.

Road Shows and Site Visits:

- ❖ City Road (7 Oct), Ealing (14 Oct), Stratford (15 Oct), St George’s (21 Oct), Croydon (27 Oct), Bedford (22 Oct)

Departmental Events:

- ❖ A&E, City Road department visit (1 Oct) – Engaging frontline staff and management.
- ❖ Theatre Huddle, City Road (8 Oct) – A focused session promoting psychological safety in high-pressure environments.
- ❖ Moorfields Private (9 Oct) – Informal conversations in canteen over coffee to welcome and encourage speaking up.

Special Events:

- ❖ Wear Green Wednesday (8 Oct) – A visual show of solidarity for speaking up
- ❖ Equality for Black Nurses Session (8 Oct) – Addressing equity and inclusion in healthcare.
- ❖ Lunch & Learn Sessions with GMC (16 & 24 Oct) – GMC professional standards and the importance for medical staff to raise concerns
- ❖ FTSU & Black History Month Listening Event (23 Oct) – A collaborative space for dialogue on race, equality, and voice in the workplace.
- ❖ Prostate Cancer Awareness Lunch & Learn (29 Oct) – Linking health awareness supplied by the Institute of cancer research with the importance of speaking up about health issues.
- ❖ FTSU & EDI Allyship Lunch and Learn: focus on the support allies can provide to create an inclusive and equitable environment to support speaking up
- ❖ Launch of FTSU leadership and management training – Delivered to Moorfields Private management team

FTSU Leadership and Management Training:

Prominent and consistent themes identified through the analysis of FTSU data is leadership and management and inappropriate attitudes and behaviours; with common issues including lack of visibility, poor communication, perceived favouritism, and behaviours not aligned with Trust values. These concerns highlight the critical role leaders play in shaping workplace culture and staff wellbeing.

To help address our leadership development needs, the guardian team launched its FTSU leadership and management training programme in October 2025. The programme focuses on the principles of ‘Speak Up, Listen Up, Follow Up’, equipping leaders with practical tools to:

- Welcome and encourage speaking up in their teams.
- Respond to concerns with compassion, transparency, and fairness.
- Strengthen a restorative approach to addressing concerns.
- Foster psychological safety, ensuring staff feel confident to raise issues without fear of detriment.
- Promote a learning culture, where feedback leads to improvement rather than blame.

Moorfields Private management team took part in the first cohort of training. Further training sessions are scheduled throughout the year to ensure all new, first line and middle managers can access and complete training.

FTSU People & OD MDT:

The FTSU/HR People MDT group meet bimonthly to identify emerging themes/trends through triangulated data, whilst taking a holistic approach, which focuses on early intervention and resolution to support a positive speaking up culture. Terms of reference for the group have been ratified and key tasks for the group include the creation of a FTSU detriment policy, strengthening exit interview feedback responses and standardising sexual misconduct reporting across the Trust. Since the creation of the group, three meetings have taken place, with the next meeting scheduled for 05/05/2026..

FTSU Champions Network:

There are currently 8 champions to support FTSU proactive and reactive activities across the Trust. In October 2025, the guardian team focused on the expansion and development of the FTSU champions network through a recruitment drive for cohort 2. There have been 9 expressions of interest, with interviews being conducted in

February 2026. Expansion of the FTSU champions network will further empower staff voices and provide greater support as a valued resource for promoting the FTSU service.

FTSU Poll (October 2025):

The FTSU team actively engages with staff across the Trust and raises awareness of the speaking up service through site visits, presentations, lunch & learn webinars, and collaborative working with staff networks, as well as leadership and management teams. To understand staff awareness of the FTSU service, a poll ran in October 2025 asking staff, “How much do you know about our Freedom to Speak Up service (FTSU) at Moorfields?”

Response options:

1. I have a really good understanding of the service
2. I have a vague understanding of the service
3. I know very little about the service
4. I don’t know anything about the service

FTSU Poll Results October 2025

Poll Date	Answer 1	Answer 2	Answer 3	Answer 4	Total Responses
6 Oct - 20 Oct 2025	51%	25%	15%	9%	85

Only a small proportion of the workforce responded (85 staff), but it is encouraging that 51% reported a really good understanding of the Speaking Up service. However, 49% still have only a vague or limited understanding. To improve this, the guardian team will review its communications plan to ensure more targeted messaging reaches a wider audience across the Trust, with a focus on moving ‘vague’ and ‘very little understanding’ responses into the ‘really good’ category when the poll is repeated in May 2026. Encouragingly, only 9% of staff said they knew nothing about the service, a decrease from 16% in March 2025. Overall, the results show progress in awareness while highlighting the continued need to promote the FTSU service.

Sexual Misconduct in the Workplace:

The Freedom to Speak Up service is one of four routes available to staff to report sexual misconduct incidents. ‘Sexual Misconduct’ has also been added as a theme for staff and guardians to report on through the Work In Confidence speaking up platform. There were no cases of sexual misconduct reported to the FTSU team during Q3 25/26.

To support Moorfields sexual safety charter and the work being undertaken, the FTSU team pledged to ensure all guardians and FTSU champions complete the Trusts sexual misconduct in workplace training module. Currently 7 out of 8 champions and 5 out of 6 guardians have completed this training. Focus in Q4 25/26 will be to ensure the entire FTSU team are compliant.

Both the lead and assistant to the lead FTSU guardian have completed NHSE ‘Handling and Supporting Disclosures of Sexual Misconduct’ further equipping the FTSU team with the skills to support staff reporting themes of sexual misconduct.

4. National Guardians Office (NGO) Update

The National Guardian’s Office (NGO) will be closing on 30th June 2026. Essential FTSU functions will transfer to NHSE, the Department of Health and Social Care (DHSC), the Care Quality Commission (CQC) and providers. NHSE have laid proposals for the future of ‘Freedom to Speak Up’ in the NHS and sought feedback from FTSU guardians

and other stakeholders. Feedback is being analysed and will be used to shape final implementation plans, which will be communicated in April 2026. Trust Board will be updated on progress and any recommendations which may impact the service.

5. Next Steps

To ensure objectives set in the revised FTSU 2025/26 work plan are achieved, key focuses for Q4 25/26 and beyond will include:

- Selection of applicants for the FTSU champion role-cohort 2.
- Targeted plan for the delivery of leadership and management training
- Continued collaborative working through the development of the FTSU-HR/OD MDT group, with a key focus on triangulation of information, cultural change, learning and addressing reoccurring themes holistically.
- Revision of the FTSU site visit planner for 2026. Guardian team will promote the service across the Trust, with a focus on targeting worker groups who face challenges speaking up or are underrepresented.
- Developing a detriment policy/procedure
- Continued proactive and reactive service delivery.

Cover Sheet	
Report title	2025 Annual Safe Staffing Report – nursing
Meeting	Board of directors - Public
Date	26 March 2026
Report from	Simmi Naidu, Chief Nurse and Director of Allied Professionals
Prepared by	Kate Falkner Acting Deputy Chief Nurse
Previous forum consideration	People & Culture Committee – 5 March 2026 Clinical Governance Committee - 09 February 2026

Relevant strategic objectives	Working together	x	Discover		Develop		Deliver	x	Sustainability and Scale	x
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Purpose of report	Assurance	x	Decision		Discussion		For information	
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Executive summary
<ul style="list-style-type: none"> • Situation: The trust is required to provide a report to board regarding safe staffing in line with the Developing Workforce Safeguards (2018) This paper is intended to provide assurance that arrangements are in place to ensure our patients are provided safe and effective care by staff with the right skills, in the right place and the right time, specifically for inpatient areas. • Background: This report is to provide the Board with an overview of the registered and unregistered nursing safe staffing data for the trust between January and December 2025. • Assessment: The trust is compliant with the monthly safe staffing reporting; data has been triangulated with patient safety and staff experience demonstrating safe and effective staffing for inpatient areas. • Recommendations: Local teams should consider a review of the workforce plan and the impact on staff experience in the areas where staffing level concerns are being reported. (Purley OP. A review of the compliance with Developing Workforce Safeguards (2018) will be presented in a subsequent paper.

Quality implications
<ul style="list-style-type: none"> • There are established and evidenced links between patient outcomes and whether organisations have the right staff, with the right skills, in the right place at the right time. • Ensuring we have safe and effective staffing levels ensures that we prioritise the safety and experience of our patients and staff. • This report has been reviewed by the clinical governance committee on the 09 February 2026

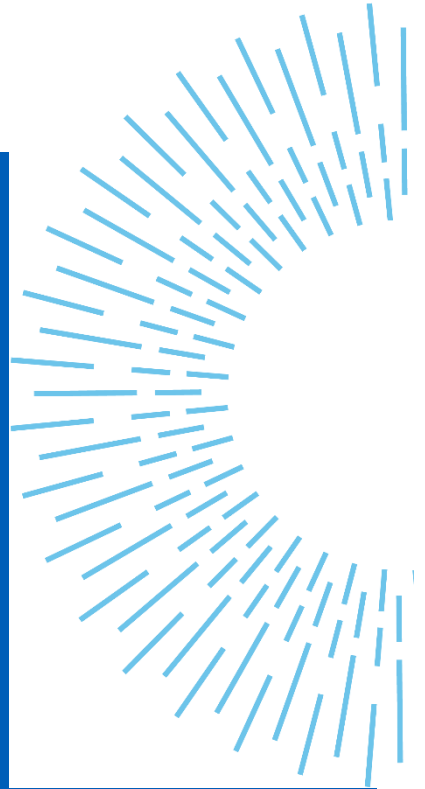
Financial implications
Nil

Risk implications

- The Trust must be able to demonstrate safe staffing in order to comply with the Care Quality Commission's (CQC) regulatory framework and standards and the fundamental standards on staffing for example in the "well led" framework.



**Moorfields
Eye Hospital**
NHS Foundation Trust



Safer Staffing Report Summary (Nursing)

January - December 2025

Prepared by Kate Falkner Associate to the Chief nurse and director of allied professionals
Presented by Kathy Adams Acting Chief nurse and director of allied professionals.

Full report available on request.

Version: 1.0
Status: For Board



Introduction

This paper provides assurance that the Trust has arrangements in place to deliver safe, effective patient care through staff with the right skills, in the right place, at the right time. It meets the CQC and NHSE requirement for 6–12-monthly Board assurance on safe staffing.

The National Quality Board’s *Developing Workforce Safeguards* (2018) outlines best practice for workforce planning, role redesign, and responding to unplanned staffing changes, ensuring organisations maintain sustainable, high-quality care.

This report summarises registered and unregistered nursing safe-staffing data for January–December 2025, in line with the NQB’s 2018 safeguards and the 2016 *Standards and Expectations for Safe Staffing* and sets out next steps for continued reporting.

Background

There is strong evidence that patient outcomes improve when organisations have the right staff, with the right skills, in the right place at the right time. National inquiries (Francis, Keogh, Berwick and Hard Truths, 2013) show that appropriate staffing levels directly support better clinical outcomes and patient experience.

Registered Nurses (RNs) and Health Care Support Workers (HCSW) are central to delivering safe, high-quality care, and maintaining safe staffing is a regulatory requirement under the CQC’s *well-led* framework. The NMC (2015) also makes Registered Nurses professionally accountable for ensuring safe practice and managing risk.

The National Quality Board’s 2016 guidance supports providers to make evidence-based staffing decisions within available resources. This was reinforced by the NQB’s *Developing Workforce Safeguards* (2018), which introduced a triangulated, multi-professional approach to determining safe staffing and set fourteen expectations aligned with learning from major patient safety reports.

The 2018 guidance requires providers to:

- deploy sufficient, competent and appropriately skilled staff;
- use a systematic method to determine staffing numbers and skill mix;
- follow current legislation and guidance;



- apply all three elements of the triangulated framework, using evidence-based tools where available.

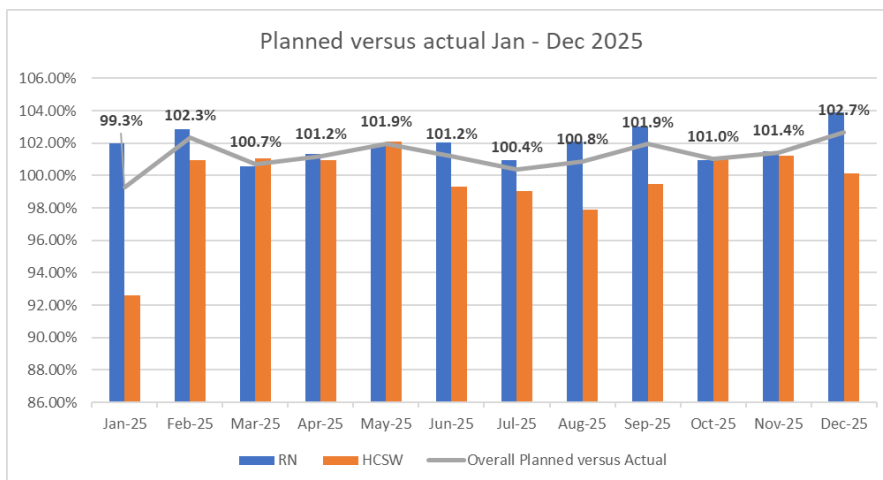
The NQB emphasises that Boards must closely oversee workforce risks and ensure the organisation has the right culture, leadership and capability for safe, sustainable staffing. Accordingly, this paper provides assurance that the Trust has arrangements in place to ensure patients receive safe, effective care delivered by staff with the right skills, in the right place, at the right time.

Safe Staffing Report- Nursing January to December 2025

The Trust submits monthly safe-staffing data to NHSE, detailing planned versus actual staffing for inpatient wards. Data comes from the e-Roster system and is validated by matrons and ward leaders.

We report on three overnight wards—Observation, Cumberledge, and Duke Elder—each staffed by at least two people. Minimum staffing is **two RNs** on Observation and Cumberledge, and **one RN plus one HCSW** on Duke Elder, with support available from St George’s.

Actual vs Planned (AvP) hours show the Trust consistently meets the **90–110%** NQB benchmark. Even with low overnight occupancy, a minimum of two staff is required to maintain safe care and support staff wellbeing.





The Trust maintained staffing within NQB parameters throughout the year. Previous reductions in HCSW care hours improved due to revised skill mix on Cumberledge Ward and better fill rates on Duke Elder Ward.

Daytime fill rates for both Registered Nurses and HCSWs consistently exceeded 100%. The introduction of the OOKP elective pathway on Duke Elder Ward led to a roster review to ensure staffing levels accurately reflected service requirements and explained the higher-than-planned fill rates.

Table 1

Month	Registered midwives/nurses Day	Care staff Day	Registered midwives/nurses Night	Care staff Night	Compliance	RN	HCSW	Overall Planned versus Actual
Jan-25	102.7%	92.9%	99.9%	91.4%	100.0%	92.62%	99.3%	99.3%
Feb-25	103.9%	101.1%	100.0%	100.0%	100.0%	100.94%	102.3%	102.3%
Mar-25	100.7%	101.2%	100.1%	100.4%	100.0%	101.05%	100.7%	100.7%
Apr-25	101.8%	101.1%	100.2%	100.0%	100.0%	100.95%	101.2%	101.2%
May-25	101.9%	101.9%	101.9%	103.2%	100.0%	102.10%	101.9%	101.9%
Jun-25	103.2%	98.5%	99.2%	103.5%	100.0%	99.29%	101.2%	101.2%
Jul-25	101.3%	98.8%	100.2%	100.0%	100.0%	99.02%	100.4%	100.4%
Aug-25	103.3%	97.5%	99.2%	100.0%	100.0%	97.90%	100.8%	100.8%
Sep-25	104.3%	99.4%	100.0%	100.0%	100.0%	99.48%	101.9%	101.9%
Oct-25	101.4%	100.8%	100.0%	103.3%	100.0%	101.15%	101.0%	101.0%
Nov-25	101.8%	100.8%	100.8%	103.7%	100.0%	101.19%	101.4%	101.4%
Dec-25	105.8%	99.5%	99.6%	103.3%	100.0%	103.90%	100.11%	102.7%

All areas also support day-case surgical activity, meaning beds may turn over multiple times in 24 hours and nursing staff care for more patients than bed numbers alone suggest.

CHPPD is not currently monitored because low midnight occupancy makes benchmarking unreliable and does not affect the requirement for a minimum of two staff overnight.

Implementation of the new EPR will enable accurate digital occupancy reporting, and CHPPD will be included in the next annual report.

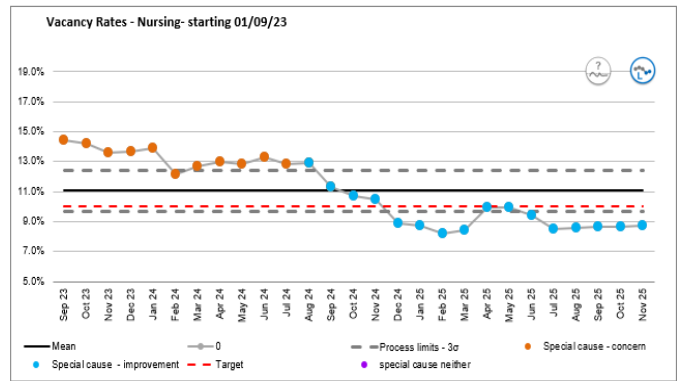
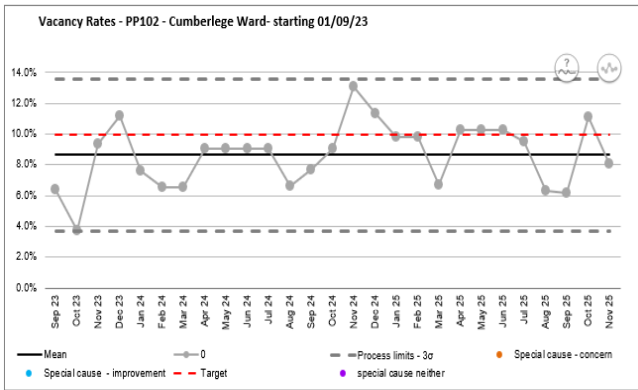
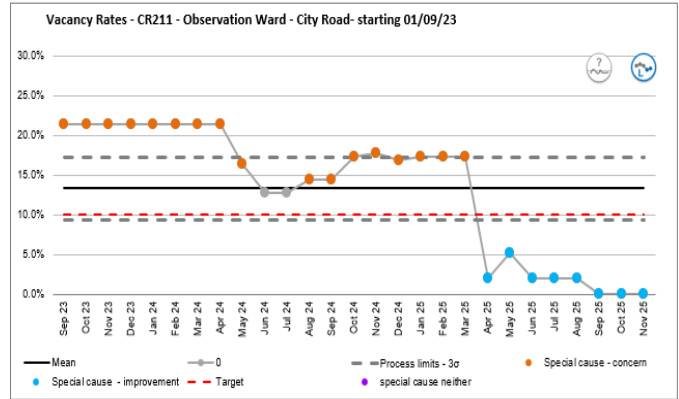
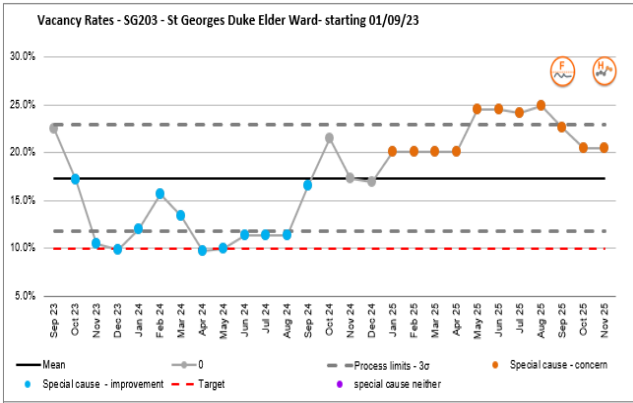
Nursing Vacancies

Vacancy levels in the reporting areas affect fill rates, particularly on Duke Elder Ward, which continues to experience higher vacancies and turnover. In contrast, Observation Ward shows good workforce stability. These trends will be monitored monthly by matrons and Heads of Nursing through the nursing workforce group to inform divisional performance. The overall Trust Nursing

Safer Staffing Report (Nursing)

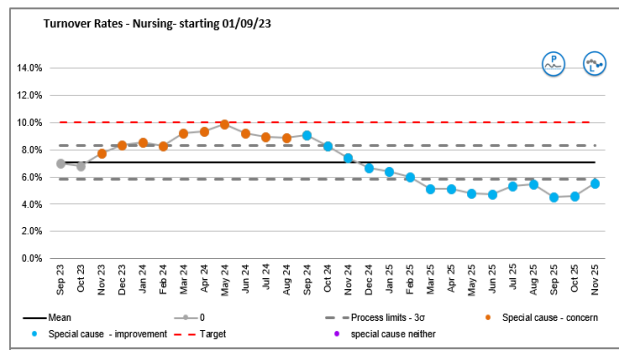
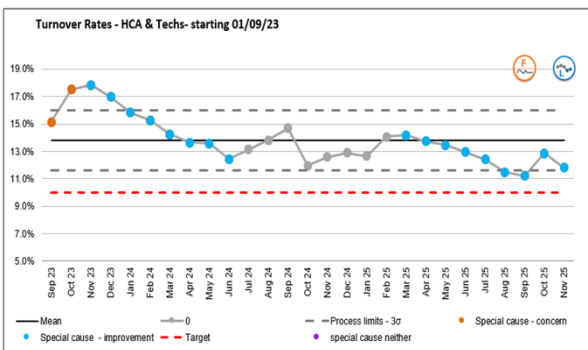


Vacancy rate has remained stable throughout 2025 at around 8.5% which is within the KPI of 10% vacancy rate.



Healthcare Assistants and Ophthalmic Technician vacancies have also reduced overall for the trust however with a short period of time when this was below the KPI of 10% there is no evidence currently of any sustained improvement.

Retention



Registered Nurse turnover remains well below the Trust's <10% target at ~5.6%, reflecting successful recruitment, development, and support for internationally educated nurses, while



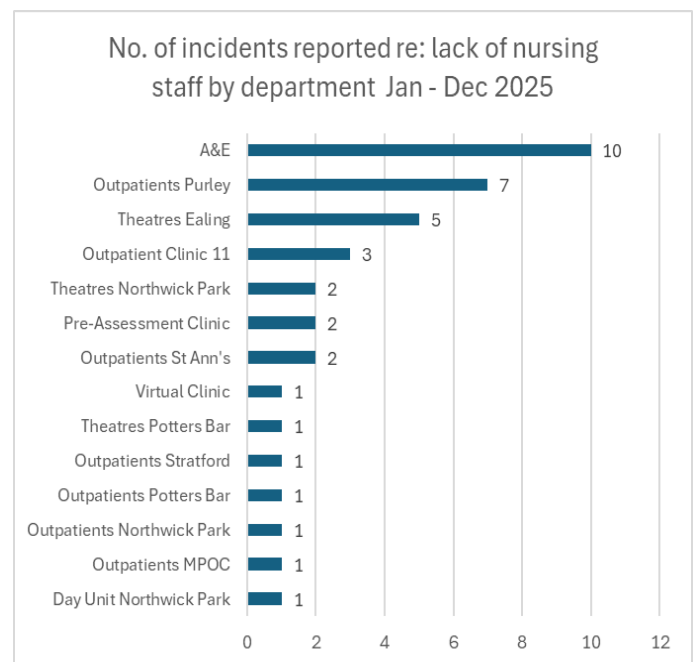
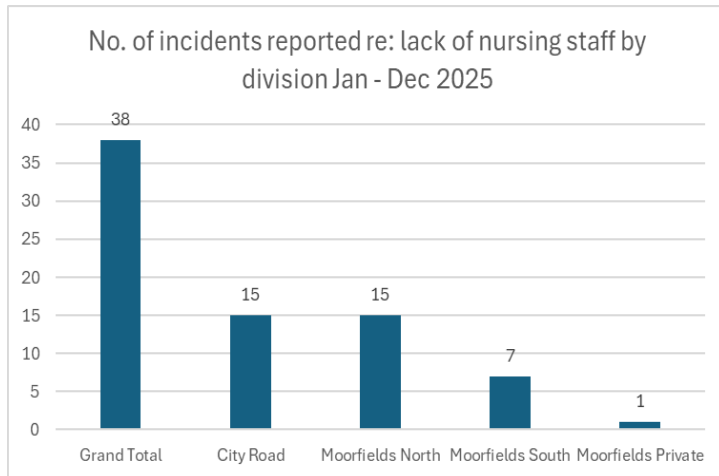
Technician and HCA turnover has improved but remains slightly above target at 11.8%. Ongoing retention work—through a dedicated nursing retention programme and learning from system-wide networks—aims to further strengthen workforce stability and support HCAs progressing toward registration.

Impact on Quality

In line with NQB (2018) workforce safeguards, staffing levels must be triangulated with patient safety and staff experience.

From January–December 2025, 121 staffing-related incidents were reported, a reduction from 159 the previous year. These included 50 medical, 33 administrative, and 38 nursing incidents (including technicians), with two nursing incidents duplicated by different reporters.

Incident reporting decreased in A&E and Purley Outpatients but increased in Clinic 11 (Ocular Oncology and VR). The Emergency Department recorded 10 incidents, significantly fewer than last year’s 39. Importantly, no inpatient areas reported any unsafe-staffing incidents.



Level of Harm

All 121 staffing-related incidents were assessed as **no harm or minor harm**, with **no moderate, major, or catastrophic harm** identified. Of the four minor-harm nursing incidents, two occurred in **Purley OP** due to reduced technician allocation, and one each in **Clinic 11** and **Pre-assessment**, both linked to unplanned staff absence where cover was unavailable. Although no patient harm

Safer Staffing Report (Nursing)

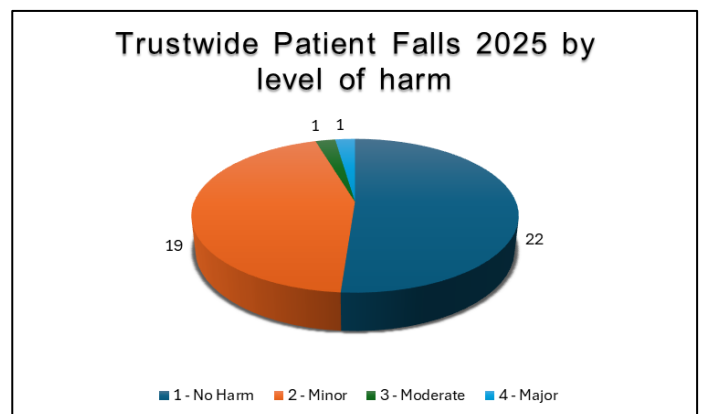
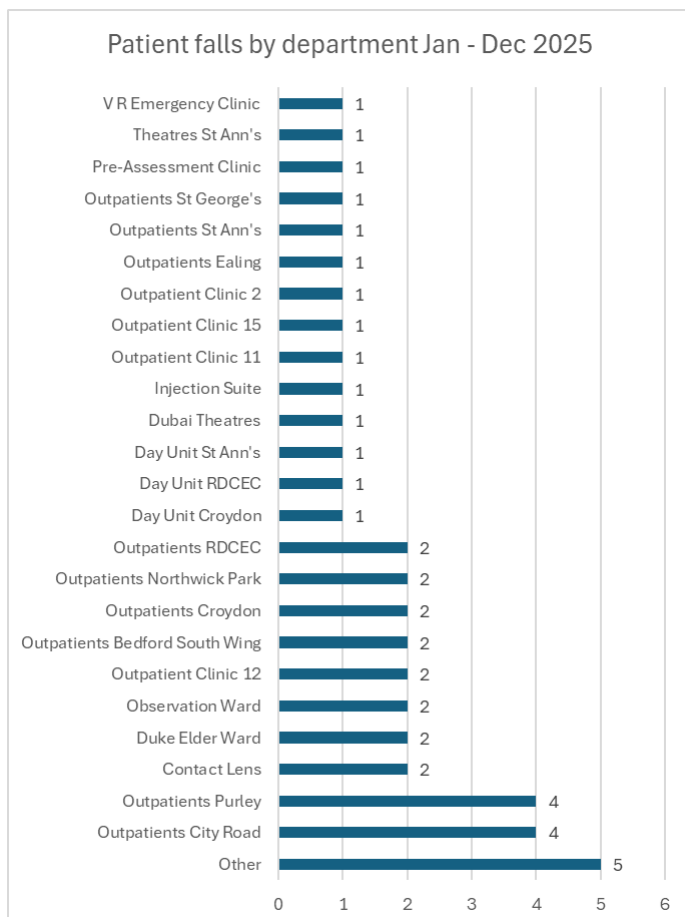


was identified, the potential impact on **staff wellbeing** and **patient experience** cannot be excluded.



Patient Safety (Patient Falls as a proxy measure of harm related to nursing staffing levels)

There were 58 patient falls, including 15 off-site and therefore unrelated to Trust staffing. Purley OP—which had higher staffing-related incidents—recorded four falls, but triangulation showed no link between these falls and staffing levels. Patient-fall incidents at Outpatients City Road occurred across multiple areas with **no identifiable theme or trend**, and **two falls resulted in moderate and major harm**





A fall causing **moderate harm** occurred at **Croydon OP** and a **major-harm** fall at **Bedford**. Both were fully investigated; Croydon identified the need for greater supervision of new starters, while the Bedford review found **no staffing-related issues**.

Staff Experience

Tenable® audits ask whether staffing is sufficient to care for patients safely, assessed through self-review, peer review or expert visits. Of 967 audits completed in 2025, 941 reported sufficient staffing, 25 were not applicable, and 25 reported insufficient staffing – mostly at Purley War Memorial Clinic, aligning with higher staffing-incident reports (n=7) and a higher number of patient falls (n=4) in that area.



Conclusion

The Trust met all requirements for safe-staffing reporting across inpatient areas, with data triangulated against vacancy, retention, and incident trends and **no unsafe-staffing incidents** identified. Overall vacancy and retention performance continued to improve, and of the staffing-related incidents reported Trust-wide, **four resulted in minor harm**, with limited alignment to staff-experience feedback and **no correlation** with patient-fall dates or harm-event investigations.

A recurring trend at **Purley OP** indicates the need for continued workforce review to assess any impact on patient safety and staff wellbeing. While no broader links to patient harm were identified, potential effects on staff experience cannot be excluded. Matrons and Heads of Nursing will continue monitoring through local committees and performance reviews. The annual nursing establishment review is underway, and nursing leaders will implement further support, feedback mechanisms, and access to wellbeing resources in response to these findings.



Progress on actions from 2024 report

Establish an oversight group for delivery of safe staffing across the organisation	Complete
Develop a delivery plan and roadmap based on priority areas requiring assurance of staffing levels	Ongoing
Present reports for each area based against “As Is” and principles for CN for sign off	Ongoing
Develop reporting tool and agree reporting and governance	Pending
Develop a set of principles for each care area for nursing	In development
Begin to scope how this can be further developed across the wider multiprofessional workforce	Discussion in progress
Develop KPIs for effective monitoring for each care area	Complete Included in the report
Develop a safe staffing policy for the trust for nursing	In development
Develop a future workforce plan for Moorfields aligned to safer staffing policy	Discussion in progress
Review vacancy rates at St Georges within the next review	In discussion

References

Robert Francis QC (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: executive summary HC 947, Session 2012-2013 [last accessed 06/12/2024]

Sir Bruce Keogh (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

Don Berwick (2013) A promise to learn– a commitment to act Improving the Safety of Patients in England National Advisory Group on the Safety of Patients in England A promise to learn – a commitment to act – Improving the Safety of Patients in England [last accessed 06/12/24]

Secretary of State for Health (2014) Hard Truths The Journey to Putting Patients First

Hard Truths: The Journey to Putting Patients First: Volume One [last accessed 27/07/26]

National Quality Board (NQB) (2016) How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability Microsoft Word - how to ensure the right people right skills right place right time FINAL [last accessed 06/12/24]



National Quality Board (NQB) (2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing. [Developing-workforce-safeguards.pdf](#) [last accessed 27/01/26]

Meeting:	Board of Directors						
Date:	26 March 2026						
Report title:	Assurance report from the chair of the Finance & Performance Committee						
Lead executives	N/A						
Report Author	Elena Lokteva, chair of the Finance & Performance Committee						
Presented by	Elena Lokteva, non-executive director						
Status	For assurance						
Link to strategic objectives	All						
Brief summary of report							
Attached is a summary of the findings from the Finance & Performance Committee meeting held on 18 March 2026.							
It is set out in three sections of assure, advise, and alert.							
Action Required/Recommendation.							
The board is asked to:							
<ul style="list-style-type: none"> Note and discuss the Audit and Risk Committee chair's report. 							
For Assurance	✓	For decision		For discussion	✓	To note	

Chair's report to the Board from the

Finance and Performance Committee meeting held on 18 March 2026

Assure

1. We are on track to delivering our year-end financial obligations. The financial position is stable due to a good CIP process and productivity improvements.
2. We reviewed, and have submitted, a balanced plan to NHSE for 2026/27.
3. The committee commended the team for effectively managing the capital budget.

Advise

4. There are a number of priorities and the Gateway 3 process for major projects is really important to help us manage competing priorities.
5. There will be an immediate improvement to call handling over the coming months then, as improved digital systems start taking effect, the patient experience will be enhanced.
6. In the coming year the committee will focus more on accountability for operational performance to help with continuous improvement against standards and targets.
7. Operational productivity recovery is not yet delivered but improvements have been noted and we look forward to further improvements.
8. The committee reviewed the finance risk register. We noted that a reviewed set of strategic risks will be considered by the board and from this, we will be in a better position to test controls for finance and operational performance risks via the newly framed Board Assurance Framework.

Alert

9. Some cancer patients had been logged as urgent when they weren't. No clinical risk is associated with this but there has been an impact on our performance against the 28 day treatment target for urgent cancers.
10. There will be a circa 2% shortfall in achieving the RTT target. This relates to satellite sites and staffing issues and inability to schedule additional clinics. The NHSE regional team are fully aware of the situation.

A note on the committee's use of delegated authority

11. At the Board meeting on 5 February the board delegated authority to approve the operating plan for submission to NHSE on 18 March. In the meeting we gave delegated authority to improve the position £ for £ for any external funding.
12. Subsequent to the original submission NHSE have confirmed that the £5m of additional capital funding that would be provided in 26/27 as a result of the forecast £5m 25/26 surplus will be being switched to revenue funding in 26/27. This would improve the 26/27 plan by £5m, leaving only a £2.6m deficit. The Trust is

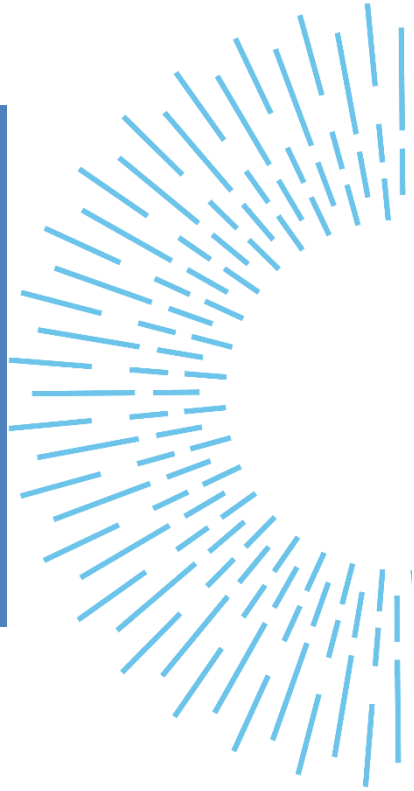
looking to deliver an additional £2.6m improvement through reviewing the accounting of Oriel costs (moving planned costs from revenue to capital).

13. FPC have approved the submission of a 26/27 breakeven plan on the basis that the above changes to the plan fits within the delegated authority. We are asking the board to understand and ratify the decision.



Moorfields
Eye Hospital
NHS Foundation Trust

Integrated Performance Report
(open version)
Board of directors
26 March 2026



Report title	Integrated Performance Report		
Report from	Executive team		
Prepared by	Stephen Chinn, Performance Reporting Manager		
Previously considered at	NA	Date	NA
Link to strategic objectives	Working Together, Discover, Develop, Deliver, Sustainability and Scale		

Executive Summary

The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance and covers a variety of organisational activities within several directorates including Operations, Quality and Safety, Workforce, Finance and Research.

The report uses a number of mechanisms to put performance into context, showing achievement against target, in comparison to previous periods, and as a trend. The report also identifies additional information and narrative for KPIs, including those showing concern, falling short of target, or highlighting success where targets and improvement have been achieved.

The data within this report represents the submitted performance position, or a provisional position as of the time of report production, which would be subject to change pending validation and submission.

The 18-week RTT incomplete performance reduced at 84.3%. The RTT waiting list stands at 34,802 pathways, stable but above desired levels, and there are 30 patients breaching the 52-week standard. Targeted RTT recovery plans are in place, supported by additional outpatient sessions, triage backlog clearance and fixed-term posts to increase capacity. We are providing mutual aid to King's College Hospital and anticipated that the number of over 52 week and 65 week patients would increase in the short term, as these patients are assessed and treated.

A&E, cancer and diagnostic performance remain in compliant positions with no concerns or risks to this.

Theatre utilisation under the MEH definition is 66.7% but remains below the internal stretch target, despite recent improvement. We are reviewing theatre utilisation in increasing detail and engaging with services to focus on issues at sub-specialty and operating list level. We are now live with our new theatre scheduling tool, which supports a more efficient and standardised approach to booking and reviewing theatre lists. The cataract service have now published a theatre list booking SOP, which has enabled most lists to be booked to 8 cases per 4 hour session. We continue to focus on supporting all lists to be booked to 8 cases.

In our call centre, the average call wait time reduced to 212 seconds. There continue to be significant staffing issues which require on-going support and vacancies are not being reliably filled by temporary staff, when requested. Digital enablers continue to be targeted to reduce call volumes and further opportunities to digitise the process are being explored.

Outpatient did not attend (DNA) rates remain above our target but are showing sustained improvement for follow-up appointments. We are prioritising actions to reduce our DNA rates by improving patient communication, with a focus on letter content and our approach to issuing reminders.

Activity was below plan for elective, outpatient and injection activity in February. Demand issues in North division resulted in the closure of some theatre sessions. Staff were diverted to outpatients, to increase first outpatient attendances and support increasing the size of the waiting list.

There has been significant improvement in our response times to complaints, with 77.8% of complaints responded to within 25 days. Basic Mandatory IG training compliance remains below the required standard at 88.6% and line managers have been asked to prioritise improving this as a priority. Staff sickness rates have

fallen but remain above Trust target at 5.0%. Our sickness absence policy has been reviewed and managers are being supported, with a focus on early intervention and consistent management.

Quality implications

If the Trust does not achieve the required performance standards, then this is likely to have a significant impact on the quality of care that we are able to provide for our patients.

Financial implications

If the Trust does not achieve the required performance, activity and efficiency standards then this is likely to have a significant impact on the income that we receive and the level of expenditure that we incur to deliver care to our patients.

Risk implications

If the Trust does not achieve the required performance standards, then this is likely to have a significant impact on the risk that we pose to our patients by not offering timely care

Action required/recommendation.

The Board provided with this report for assurance.

For assurance	X	For decision		For discussion		To note	
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Integrated Performance Report

Reporting Period - February 2026

Brief Summary of Report

The Integrated Performance Report highlights a series of metrics regarded as Key Indicators of Trust Performance, and covers a variety of organisational activities within several directorates including Operations, Quality and Safety, Workforce, Finance and Research.

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Performance & Information

Delivering quality data to empower the trust

Highlights



Metrics With "Failing Process"

- Sickness Absence Rate (Monthly & Rolling Annual)
- 52 Week RTT Incomplete Breaches
- Theatre Utilisation (MEH Definition)
- Average Call Waiting Time
- Cataract Cases Per Four Hour Theatre List
- DNA Rate (First & Follow Up Outpatients)
- Written complaints responded within 25 days
- Freedom of Information Requests Responded to Within 20 Days
- Basic Mandatory IG Training
- Recruitment Time To Hire (Days)



Other Metrics showing "Special Cause Concern"



- Average Call Abandonment Rate
- Outpatient Scores from Friends and Family Test - % Positive & % Negative
- A&E Scores from Friends and Family Test - All Metrics
- Total patient recruitment to NIHR portfolio adopted studies
- Total patient recruitment to All Research Studies (Moorfields Sites only)
- Proportion of patients participating in research studies



Celebrations

- In total, 25 Metrics are showing as a capable process, with 20 showing either an improving or stable performance, this includes:
 - Infection Control Metrics
 - % 52 Week RTT Incomplete Breaches
 - A&E Performance
 - 62 Day Cancer Performance
 - All Research Metrics
 - Posterior Capsular Rupture rates
- Ten metrics are also showing an improving position including RTT Performance and proportion of Temporary Staffing

Other Areas To Note



- RTT 18 Week Performance is below the originally submitted trajectory for February
- All YTD Cancer Performance remain above target
- Activity vs. Plan for all areas is below plan for February apart from injection, only injections above plan for the year to date.

Executive Summary

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Performance Overview

February 2026		Assurance			
		Capable Process 	Hit and Miss 	Failing Process 	No Target
Variation	Special Cause Improvement  <ul style="list-style-type: none"> - % Cancer 62 Day Waits (All) - % Complaints Acknowledged in 3 days - Posterior Capsular Rupture rates - Occurrence of any Never events - NatPSAs breached - Active Commercial Studies 	<ul style="list-style-type: none"> - 18 Week RTT Incomplete Performance 	<ul style="list-style-type: none"> - Theatre Utilisation (MEH) - DNA Rate (Follow Up Outpatients) 	<ul style="list-style-type: none"> - % Discharged on DRD - Average Days (DRD) - RTT Wait For First Appt - OP Journey Times - Diagnostic FtF - Proportion of Temporary Staff - Proportion of Agency Staff - Proportion of Bank Staff - Proportion of Permanent Staff 	
	Common Cause  <ul style="list-style-type: none"> - % 52 Week RTT Incomplete Breaches - A&E Four Hour Performance - Summary Hospital Mortality Indicator - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - % Cancer 31 Day Waits (All) - Mixed Sex Accommodation Breaches - FFT Inpatient Scores (% Positive) - FFT Inpatient Scores (% Response) - FFT Inpatient Scores (% Negative) - FFT Outpatient Scores (% Response) - MSSA Rate - cases - VTE Risk Assessment 	<ul style="list-style-type: none"> - Theatre Cancellation Rate (NHM) - HNM Cancelled 28 day breaches - Duty of Candour - Elective Activity - % of Phased Plan - Total Outpatient Activity (% Plan) - Outpatient First Activity (% Plan) - Outpatient Flw Up Activity (% Plan) - Injection Activity (% Plan) - % Diagnostic WT less than 6w 	<ul style="list-style-type: none"> - Cataract Cases Per List - DNA Rate (First Outpatients) - % Complaints Responded in 25 days - % FoI Requests within 20 Days 	<ul style="list-style-type: none"> - % A&E Waits Over Twelve Hours - RTT Waiting List - Non-Elective Overnight Stays - Non-Elective ALOS - OP JT - Non-Diagnostic FtF 	
	Special Cause Concern  <ul style="list-style-type: none"> - FFT Outpatient Scores (% Positive) - FFT Outpatient Scores (% Negative) - FFT A&E Scores (% Positive) - FFT A&E Scores (% Response) - % of patients in research studies 	<ul style="list-style-type: none"> - Average Call Abandonment Rate - FFT A&E Scores (% Negative) - Recruitment NIHR portfolio studies 	<ul style="list-style-type: none"> - Sickness Absence Rate (Monthly) - Sickness Absence Rate (Annual) - 52 Week RTT Incomplete Breaches - Average Call Waiting Time - Basic Mandatory IG Training - Recruitment Time To Hire (Days) 	<ul style="list-style-type: none"> - Recruitment to All Research Studies 	
	Special Cause Increasing Trend	<ul style="list-style-type: none"> - Theatre Utilisation (MH) 			
	Special Cause Decreasing Trend	<ul style="list-style-type: none"> - RTT Incomplete Over 18 Weeks - OP Cancellation Rate (Hospital) - Outpatient Rebooking Rate (Hospital) - Under 18s Elective Waiting List 			










NHS Oversight Framework - Latest Published Scores (Overview)

Metric Description	Reporting Period	Latest Published Figures (Q2)			Change from Q1		
		Provider Value	Rank	National Average	Provider Value	Rank	National Average
Adjusted Segment	Q2 2025/26	1			0		
Average metric score	Q2 2025/26	1.55	4 of 205	2.3	0.16	-3	0
Unadjusted segment	Q2 2025/26	1			0		
Financial override	Q2 2025/26	No			No Change		
Is the organisation in the Recovery Support Programme?	Q2 2025/26	No			No Change		
Domain Scores	Reporting Period	Provider Value	Rank	National Average	Provider Value	Rank	National Average
Access to services domain segment	Q2 2025/26	1			0		
Access to services domain score	Q2 2025/26	1.47	24 of 199	2.33	0.47	-23	-0.03
Effectiveness and experience of care domain segment	Q2 2025/26	1			0		
Effectiveness and experience of care domain score	Q2 2025/26	1	=1 of 203	2.16	0	0	0
Patient safety domain segment	Q2 2025/26	1			0		
Patient safety domain score	Q2 2025/26	1.58	13 of 205	2.55	0	0	0
People and workforce domain segment	Q2 2025/26	1			0		
People and workforce domain score	Q2 2025/26	1.76	35 of 205	2.53	-0.01	1	0.03
Finance and productivity domain segment	Q2 2025/26	2			0		
Finance and productivity domain score	Q2 2025/26	1.82	64 of 205	2.17	-0.21	17	-0.02

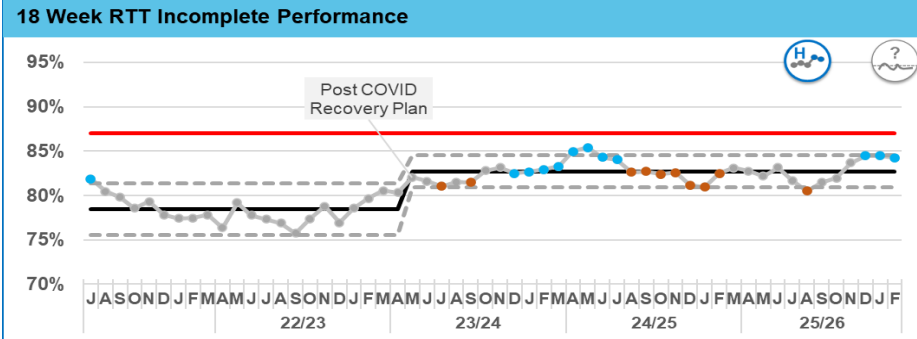
NHS Oversight Framework - Latest Published Scores (Metric Summary)

NHS Oversight Framework - Latest Published Scores (Metric Summary)										
	Latest Published Figures (Q2)							Change from Q1		
Domain	Sub-domain	Metric Description	Reporting Period	Reported Value	Metric score	Rank	National Average	Reported Value	Metric score	Rank
Access to services	Elective care	Difference between planned and actual 18 week performance	Sep-25	3.08%	3.32	109 of 131	-0.04%	2.67%	2.32	-34
		Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	Sep-25	81.47%	1.02	2 of 131	61.18%	-1.67%	0.02	-1
		Percentage of patients waiting over 52 weeks for elective treatment	Sep-25	0.12%	1	10 of 131	2.07%	0.06%	0.00	-4
	Urgent and emergency care	Percentage of emergency department attendances admitted, transferred or discharged within four hours	Q2 2025/26	97.4%	1	1 of 123	75.7%	0.3%	0.00	0
		Percentage of emergency department attendances spending over 12 hours in the department	Q2 2025/26	0	1	1 of 119	8.61	0	0.00	0
Effectiveness and experience	Effective flow and discharge	Average number of days from discharge ready date to actual discharge date (including zero days)	Sep-25	0	1	1 of 125	0.78	0	0.00	0
Finance and productivity	Finance	Planned surplus/deficit	2025/26	0.00%	1	12 of 134	-1.54%	0.00%	0.00	0
		Variance year-to-date to financial plan	Month 6 2025	2.05%	1	2 of 134	0.00%	0.85%	0.00	5
	Productivity	Implied productivity level	Q1 2025/26 vs Q1 2024/25	1.25%	2.65	74 of 134	1.77%	0.06%	-0.40	18
Patient safety	Patient safety	NHS Staff survey - raising concerns sub-score	2024	6.51	2.15	52 of 134	6.42	0	0.00	0
		Number of MRSA infections	Oct 24 - Sep 25	0	1	1 of 134	3	0	0.00	0
		Rate of C-Difficile infections	Oct 24 - Sep 25	0	1	1 of 134	1.18	0	0.00	0
		Rate of E-Coli infections	Oct 24 - Sep 25	0	1	1 of 134	1.18	0	0.00	0
People and workforce	Retention and culture	NHS staff survey engagement theme sub-score	2024	7.16	1.38	18 of 134	6.88	0	0.00	0
		Sickness absence rate	Q1 2025/26	4.65%	2.13	62 of 134	4.72%	-0.42%	-0.02	-1

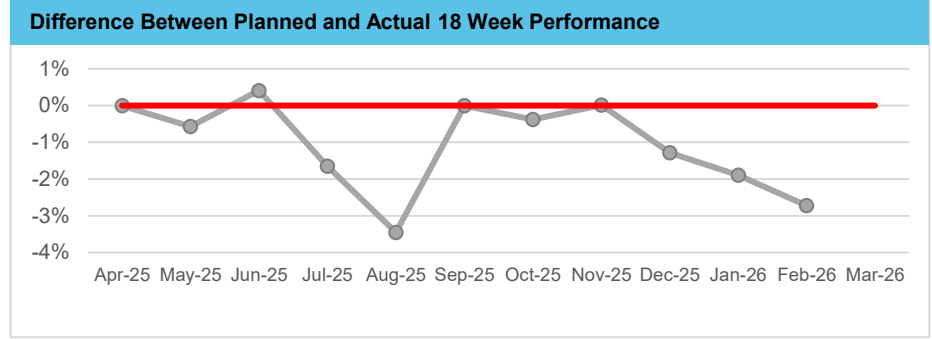
NHS Oversight Framework - Access Domain Summary

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance			82.8%	84.3%	≥87.0%	Jon Spencer	NHS Oversight Framework	Monthly
Difference Between Planned and Actual 18 week Performance			n/a	-2.72%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
% 52 Week RTT Incomplete Breaches			0.07%	0.09%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
Cancer 28 Day Faster Diagnosis Standard			84.6%	n/a	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days			99.0%	100.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
A&E Four Hour Performance			97.2%	98.9%	≥95%	Jon Spencer	NHS Oversight Framework	Monthly
% A&E Waits Over Twelve Hours			0.0%	0.0%	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly

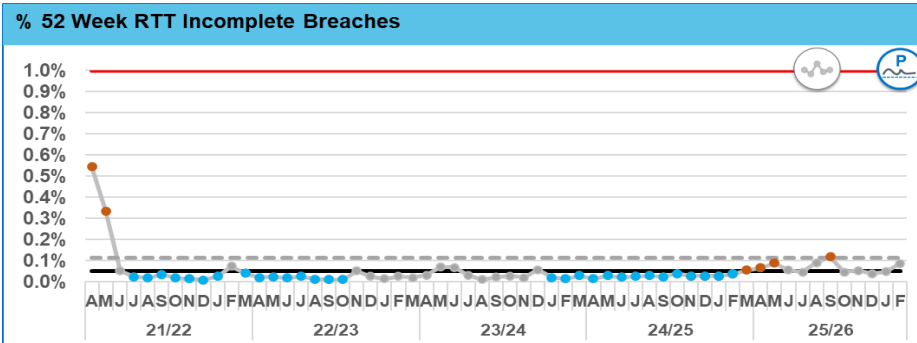
NHS Oversight Framework - Access Domain Graphs



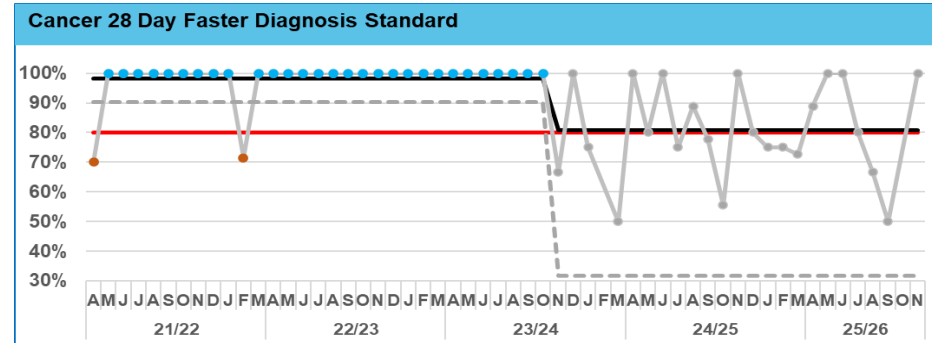
'18 Week RTT Incomplete Performance' is showing 'special cause improvement' and that the current process is not consistently achieving the target. The figure is currently at 84.3%.



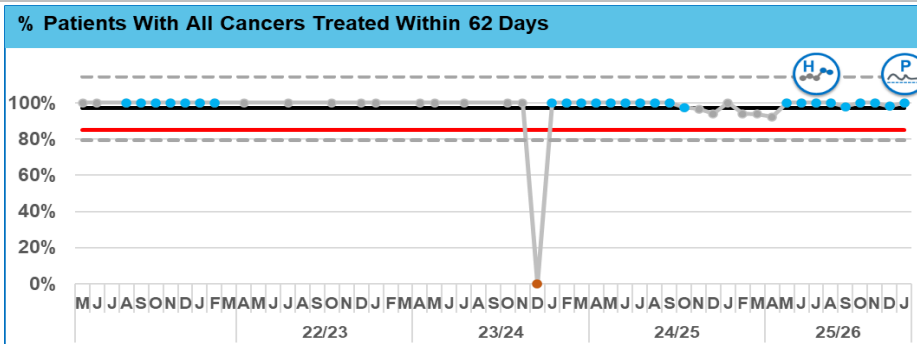
'Difference Between Planned and Actual 18 week Performance' for this reporting period not available. The figure is currently at -2.72%.



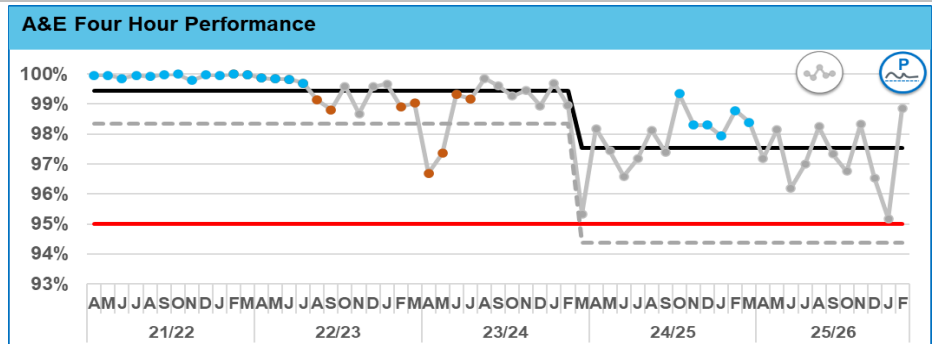
'% 52 Week RTT Incomplete Breaches' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.09%.



'Cancer 28 Day Faster Diagnosis Standard' for this reporting period not available.



'% Patients With All Cancers Treated Within 62 Days' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 100.0%.

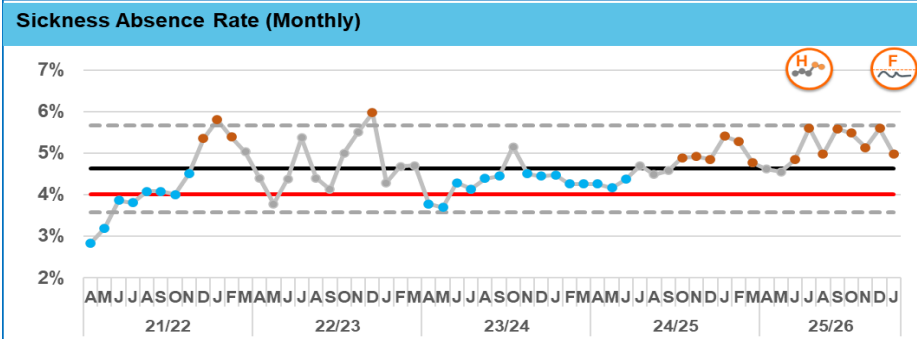


'A&E Four Hour Performance' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 98.9%.

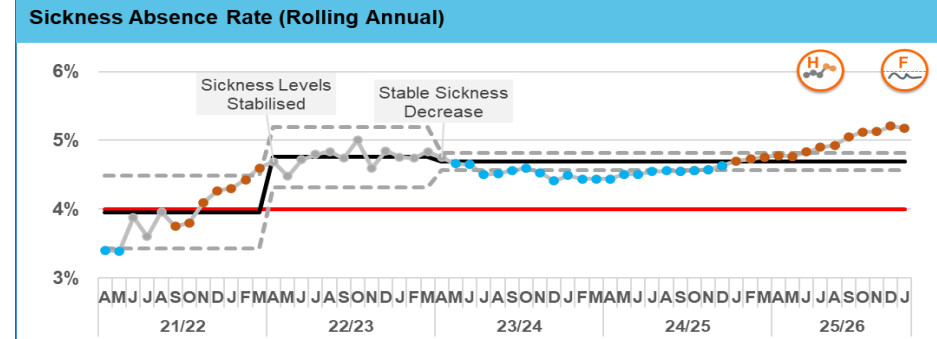
NHS Oversight Framework - Other Domains Summary

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Summary Hospital Mortality Indicator			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
MRSA Bacteraemias Cases			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Clostridium Difficile Cases			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
% Discharged on Discharge Ready Date (DRD)			100.0%	100.0%	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date			n/a	0.0	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Sickness Absence Rate (Monthly)			n/a	5.0%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Sickness Absence Rate (Rolling Annual)			n/a	5.2%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Planned surplus/deficit			-1.5	1.0	No Target Set	Arthur Vaughan	NHS Oversight Framework	Monthly
Variance year-to-date to financial plan			6.62	0.84	≥0	Arthur Vaughan	NHS Oversight Framework	Monthly

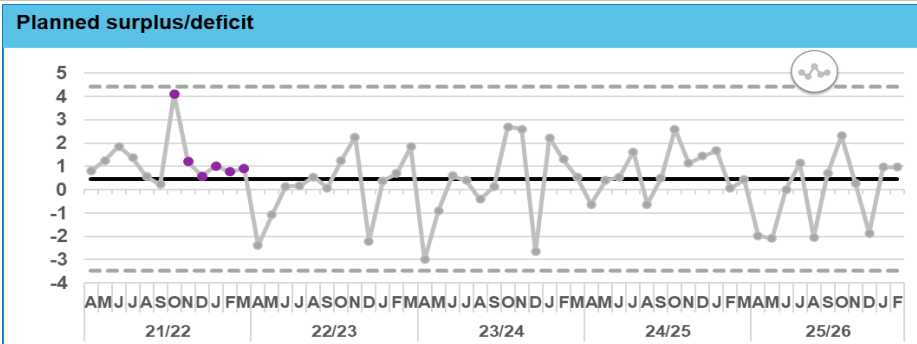
NHS Oversight Framework - Other Domains Graphs



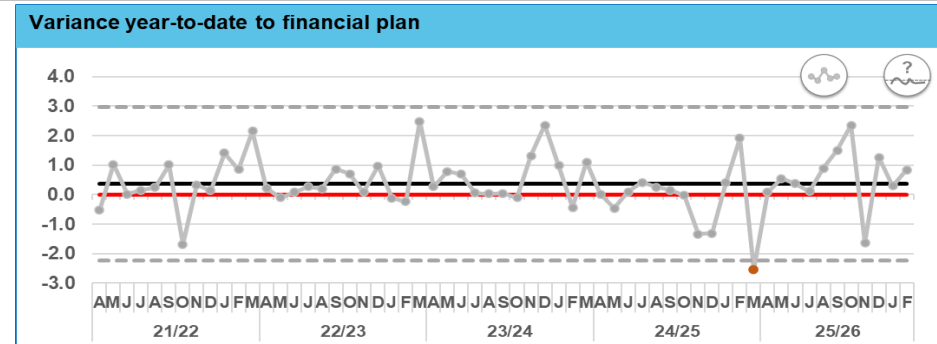
'Sickness Absence Rate (Monthly)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 5.0%.



'Sickness Absence Rate (Rolling Annual)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 5.2%.















'Planned surplus/deficit' is showing 'common cause variation'. The figure is currently at 1.

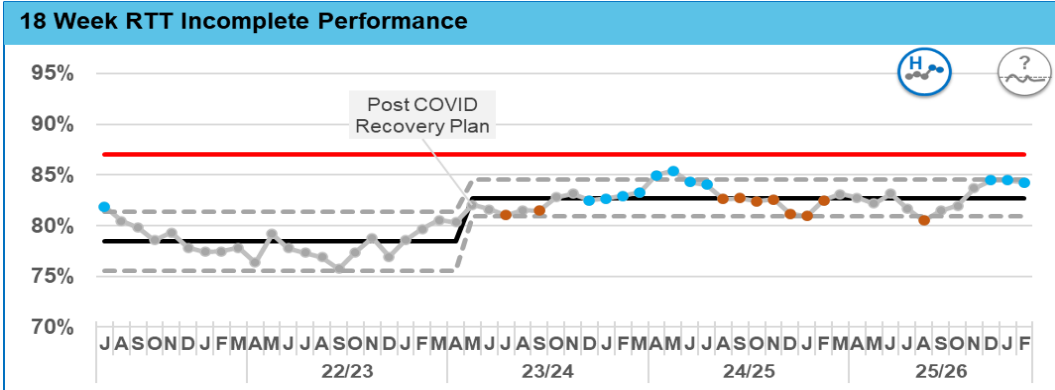


'Variance year-to-date to financial plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.84.

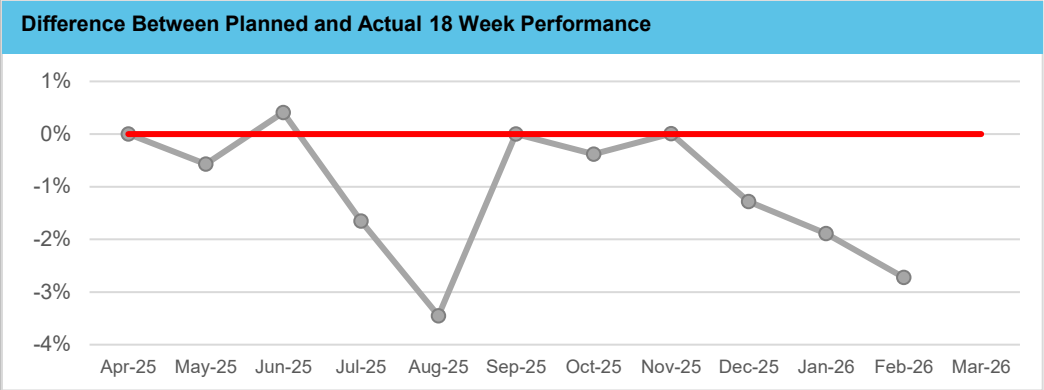
Access to Services (Referral to Treatment & A&E)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance			82.8%	84.3%	≥87.0%	Jon Spencer	NHS Oversight Framework	Monthly
Difference Between Planned and Actual 18 week Performance			n/a	-2.72%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
RTT Incomplete Pathways (RTT Waiting List)			n/a	34802	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
Estimated Time To Clear Current RTT Waiting List			n/a	n/a	No Target Set	Jon Spencer	NHS PAF	Monthly
RTT Incomplete Pathways Over 18 Weeks			n/a	5475	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
% 52 Week RTT Incomplete Breaches			0.07%	0.09%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
52 Week RTT Incomplete Breaches			250	30	Zero Breaches	Jon Spencer	NHS Operational Planning	Monthly
% of RTT Patients Waiting For a First Appointment			85.0%	89.2%	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
A&E Four Hour Performance			97.2%	98.9%	≥95%	Jon Spencer	NHS Oversight Framework	Monthly
% A&E Waits Over Twelve Hours			0.0%	0.0%	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly

Access to Services (Referral to Treatment) Graphs 1



'18 Week RTT Incomplete Performance' is showing 'special cause improvement' and that the current process is not consistently achieving the target. The figure is currently at 84.3%.



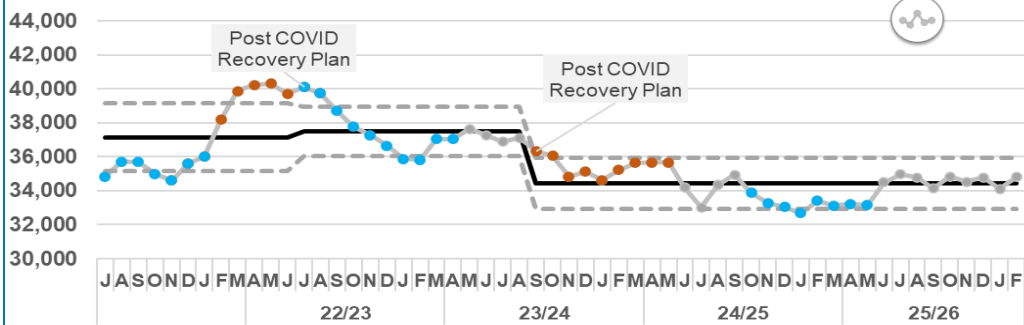
'Difference Between Planned and Actual 18 week Performance' for this reporting period not available. The figure is currently at -2.72%.

18-week RTT incomplete performance reduced slightly to 84.3% for February. Additional activity continues to be delivered in paediatrics, adnexal and external services at City Road and cataract, adnexal and external services at St George's, to reduce waiting times. However, the number of patients over 18 weeks in the external service is not reducing and increasing activity is challenging due to staffing constraints. Staffing issues in South division, has led to a deteriorating in performance; however, there are plans in place to recover this in March. Additional patient tracking list (PTL) validation is taking place to ensure accuracy of reporting and to expedite the patient pathway. Requests for investment have been submitted as part of the annual business planning round, to reduce the reliance on additional sessions and to support continued performance improvement.

Review Date: Apr 2026 **Action Lead:** Kathryn Lennon

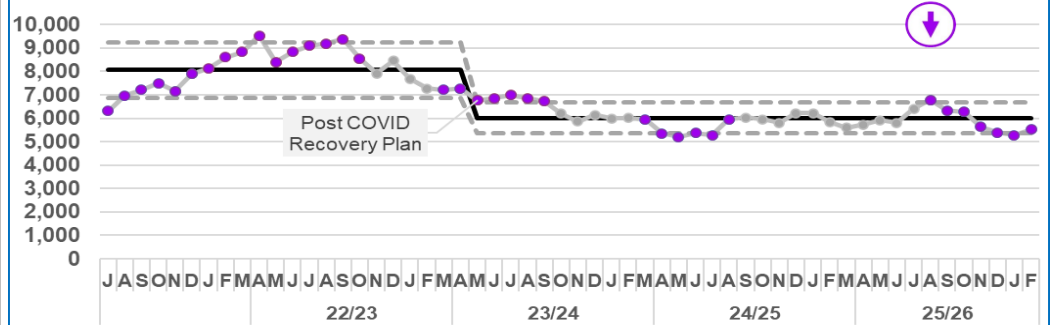
Access to Services (Referral to Treatment) Graphs 2

RTT Incomplete Pathways (RTT Waiting List)



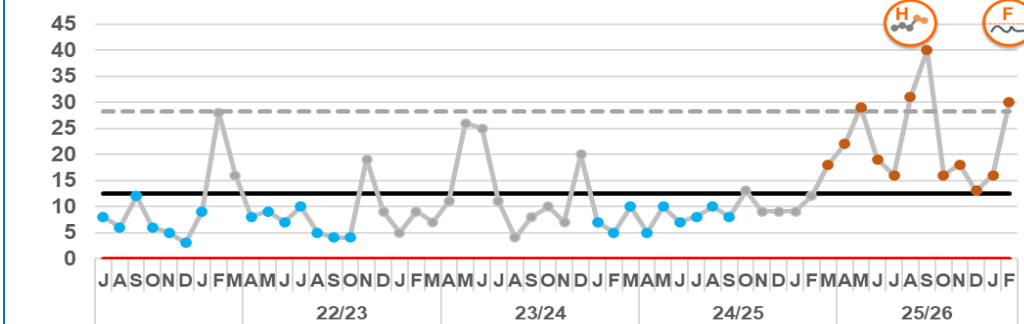
'RTT Incomplete Pathways (RTT Waiting List)' is showing 'common cause variation'. The figure is currently at 34,802.

RTT Incomplete Pathways Over 18 Weeks



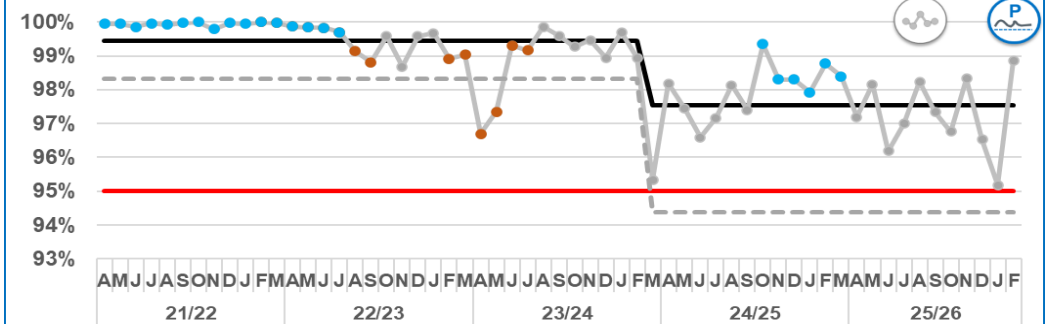
'RTT Incomplete Pathways Over 18 Weeks' is showing an 'special cause variation' (decreasing rate). The figure is currently at 5,475.

52 Week RTT Incomplete Breaches



'52 Week RTT Incomplete Breaches' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 30.

A&E Four Hour Performance



'A&E Four Hour Performance' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 98.9%.

RTT Incomplete Pathways

The number of RTT incomplete pathways increased to 34,802. We aim to reduce this number, through improve activity and productivity levels and reducing the number of patients waiting over 18 weeks for treatment.

52 Week Breaches

The number of patients over 52 weeks increased to 30 (0.09%) at the end of January. We have accepted a number of long waiting patients from King's College Hospital and therefore expected this number to increase in the short term, whilst we assess and treat this cohort of patients. We continue to monitor all patients over 48 weeks on a weekly basis and forecast the month end position, reviewing and expediting each patient's next event to provide assurance on performance levels.












Review Date:

Apr 2026

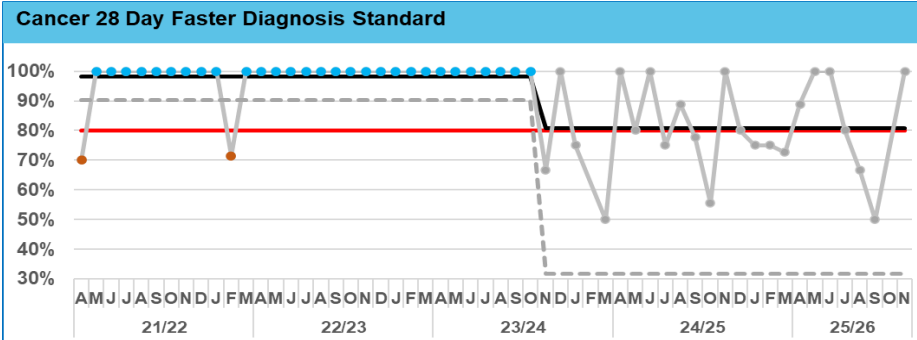
Action Lead:

Kathryn Lennon

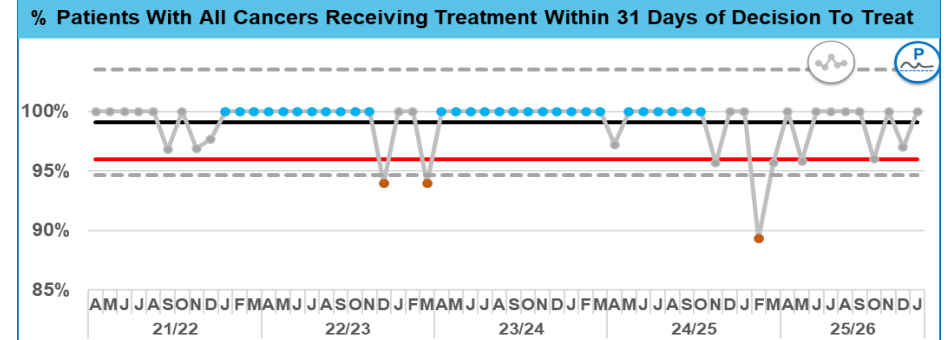
Access to Services (Cancer, Digital, Theatres and Call Centre)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Cancer 28 Day Faster Diagnosis Standard			84.6%	n/a	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat			98.9%	100.0%	≥96%	Jon Spencer	Statutory Submission	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days			99.0%	100.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Appointments Available to View and Manage Via the NHS App			n/a	n/a	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
Theatre Utilisation (Model Hospital)			92.8%	94.5%	No Target Set	Jon Spencer	Insightful Board	Monthly
Theatre Utilisation (MEH Definition)			65.0%	66.7%	≥85%	Jon Spencer	Insightful Board	Monthly
Average Call Waiting Time			n/a	212	≤ 2 Mins (120 Sec)	Jon Spencer	Internal Measure	Monthly
Average Call Abandonment Rate			13.3%	14.3%	≤15%	Jon Spencer	Internal Measure	Monthly

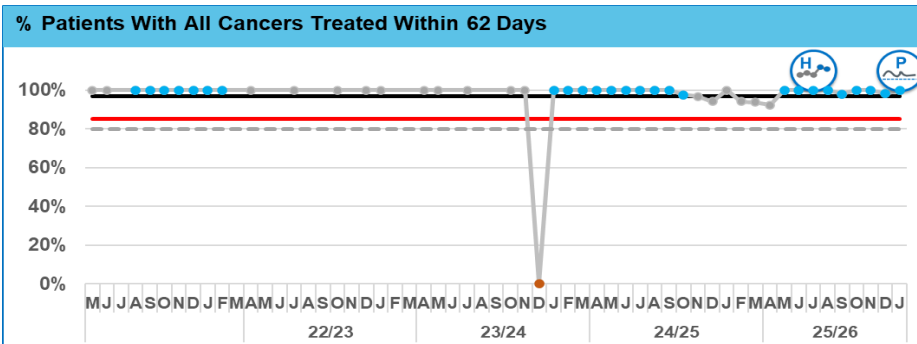
NHS Oversight Framework - Other Domains Graphs



Cancer 28 Day Faster Diagnosis Standard' - No 28 FDS Cases Reported for January 2026, YTD is 86.4%

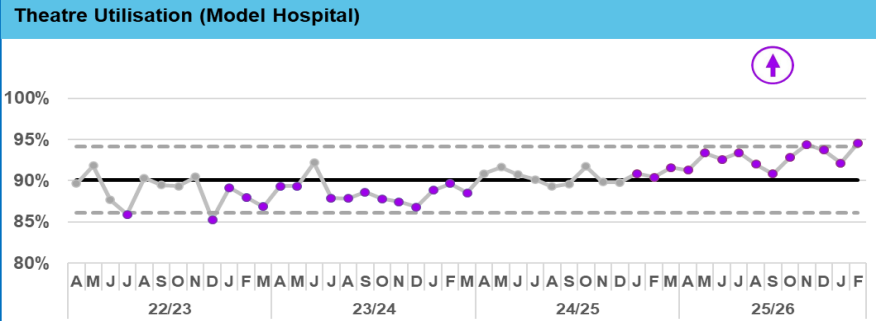


'% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 100.0%.

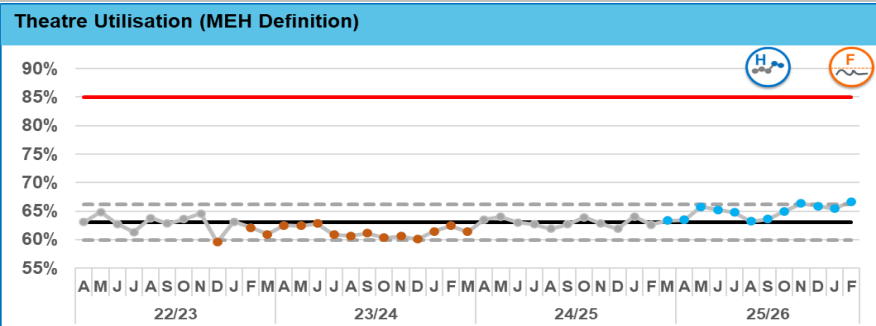


'% Patients With All Cancers Treated Within 62 Days' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 100.0%.

Access to Services (Digital and Theatres) Graphs



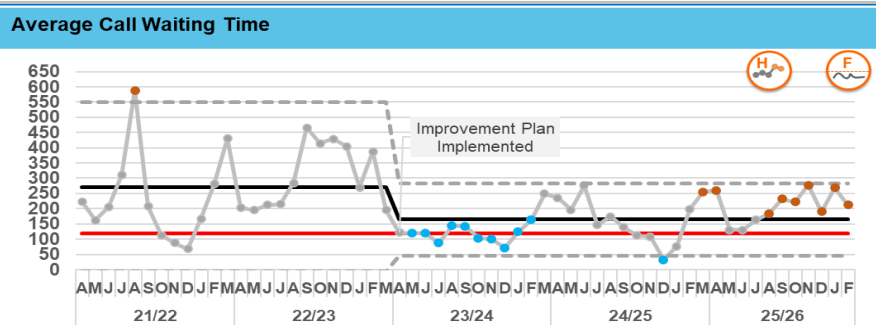
'Theatre Utilisation (Model Hospital)' is showing an 'special cause variation' (increasing rate).. The figure is currently at 94.5%.



'Theatre Utilisation (MEH Definition)' is showing 'special cause improvement' however the current process is unlikely to achieve the target.. The figure is currently at 66.7%.

Theatre utilisation is showing common cause improvement at 66.7%, with further improvement required to meet our internal target. All sites are prioritising optimal scheduling of cataract lists and focusing on reducing late starts, by aligning shift patterns and reviewing patient arrival times. Reducing cancellations on the day of surgery is a priority, with site specific actions in place. Service specific action plans have been developed, and all sites are now using a new theatre scheduling model, to optimise booking and forward planning.

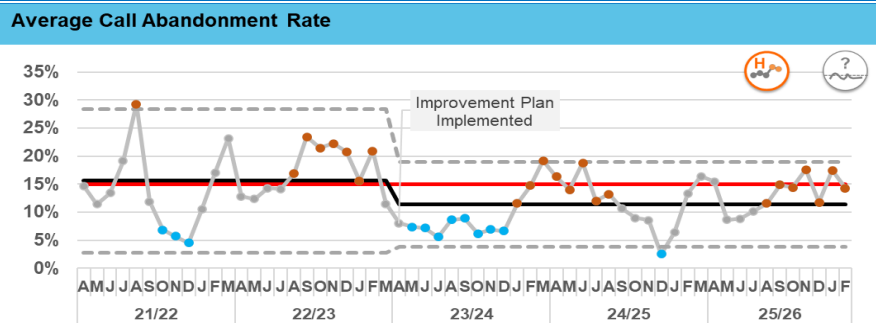
Review Date: Apr 2026 **Action Lead:** Kathryn Lennon



'Average Call Waiting Time' is showing 'special cause concern' and that the current process is unlikely to achieve the target.. The figure is currently at 212.









The average call wait time reduced to 212 seconds but remains above target. There continue to be significant staffing issues which require on-going support. The department is attempting to fill vacancies with temporary members of staff; however, the number of telephony agents required to meet the metric is not in place. A new web-assist functionality is currently being tested, with the aim of reducing call volumes. Further targeted support is being planned to improve access and experience for our patients, calling our administrative teams.

Review Date: Apr 2026 **Action Lead:** Kathryn Lennon



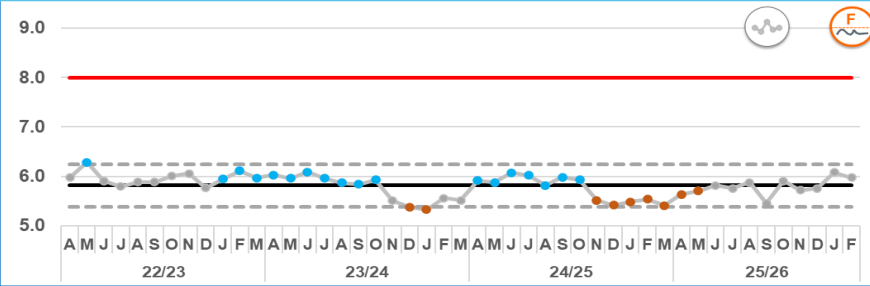
'Average Call Abandonment Rate' is showing 'special cause concern' and that the current process is not consistently achieving the target.. The figure is currently at 14.3%.

Effectiveness and Experience of Care (Admissions)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Number of Non-Elective Patients with Overnight stay			97	10	No Target Set	Jon Spencer	Insightful Board (Context)	Monthly
Average Length of Stay (ALOS) – non-elective (1+ days)			n/a	0.4	No Target Set	Jon Spencer	Insightful Board	Monthly
% Day Case Admissions			n/a	n/a	No Target Set	Jon Spencer	Insightful Board	Monthly
Cataract Cases Per Four Hour Theatre List			5.8	6.0	≥ 8 Per 4hr List	Jon Spencer	GIRFT Guidance	Monthly
Theatre Cancellation Rate (Non-Medical Cancellations)			1.25%	1.20%	≤0.8%	Jon Spencer	Statutory Submission	Monthly
Number of non-medical cancelled operations not treated within 28 days			27	0	Zero Breaches	Jon Spencer	Statutory Submission	Monthly

Effectiveness and Experience of Care (Admissions) Graphs

Cataract Cases Per Four Hour Theatre List

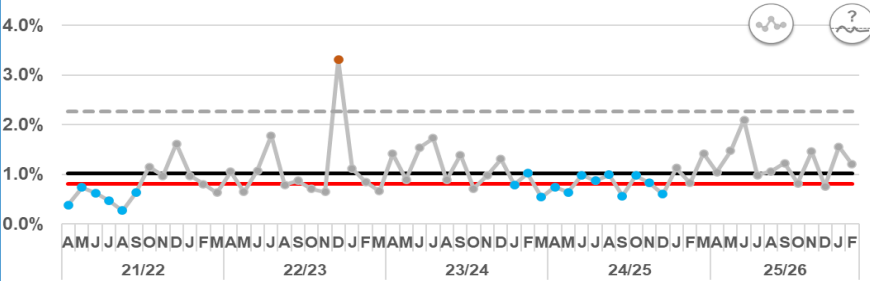


'Cataract Cases Per Four Hour Theatre List' is showing 'common cause variation' with the current process unlikely to achieve the target.. The figure is currently at 6.00.

The average number of cases per 4-hour session increased to 6.0 in February. Most consultant lists are now booked to 8 cases and in line with the new standard operating procedure (SOP) published by the cataract service to support clinical and operational teams in selecting patients and booking theatre lists optimally. Operational teams will be using theatre scheduling meetings to support booking to the required level, as set out in the SOP and escalating appropriately if any support is required.

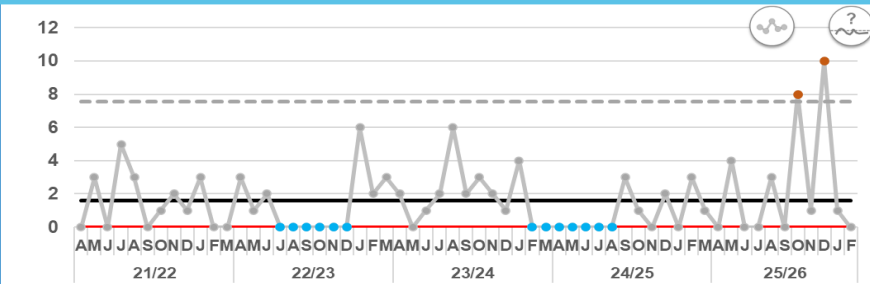
Review Date: Apr 2026 **Action Lead:** Kathryn Lennon

Theatre Cancellation Rate (Non-Medical Cancellations)











'Theatre Cancellation Rate (Non-Medical Cancellations)' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 1.20%.

Number of non-medical cancelled operations not treated within 28 days

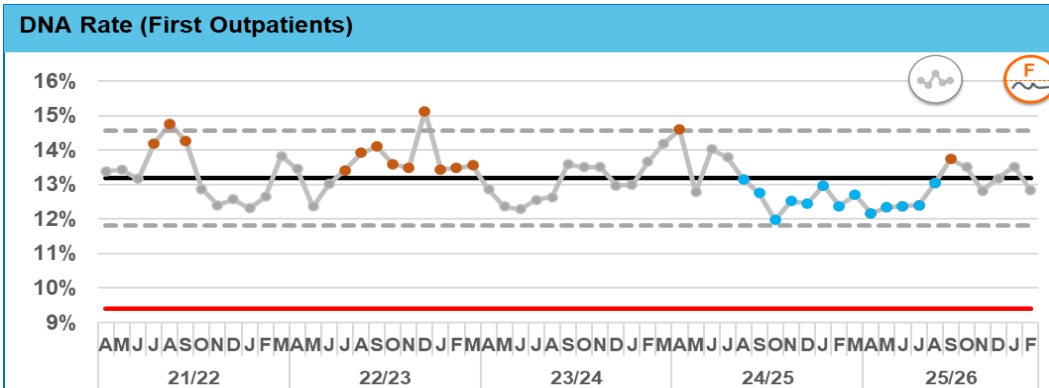


'Number of non-medical cancelled operations not treated within 28 days' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 0.

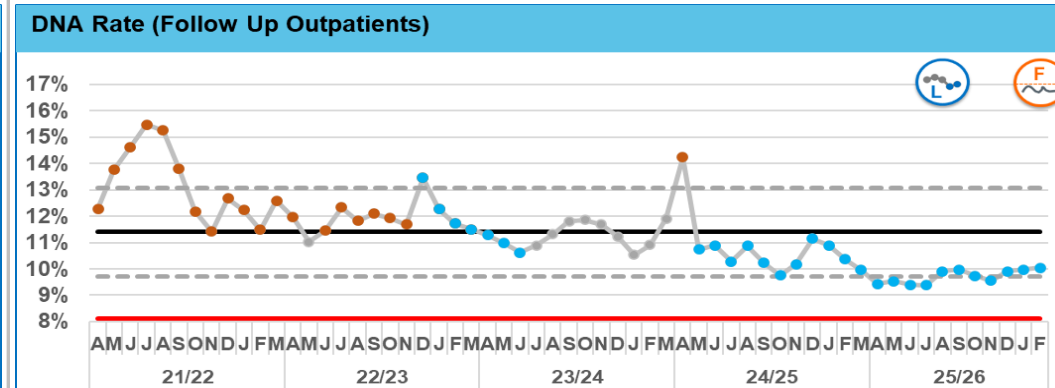
Effectiveness and Experience of Care (Outpatients)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
% Outpatient attendances that were performed remotely			n/a	n/a	No Target Set	Jon Spencer	Model Hospital	Monthly
% PIFU of Total Outpatient Attendances			n/a	n/a	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
DNA Rate (First Outpatients)			12.9%	12.8%	≤9.4%	Jon Spencer	Model Hospital	Monthly
DNA Rate (Follow Up Outpatients)			9.7%	10.0%	≤8.1%	Jon Spencer	Model Hospital	Monthly
Outpatient Cancellation Rate (Hospital cancellations)			5.32%	4.08%	No Target Set	Jon Spencer	Internal Measure	Monthly
Outpatient Rebooking Rate (Hospital cancellations)			6.1%	6.2%	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments			n/a	105	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Diagnostic Face to Face Appointments			n/a	35	No Target Set	Jon Spencer	Internal Measure	Monthly

Effectiveness and Experience of Care (Outpatients) Graphs 2



'DNA Rate (First Outpatients)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 12.8%.



'DNA Rate (Follow Up Outpatients)' is showing 'special cause improvement' however the current process is unlikely to achieve the target. The figure is currently at 10.0%.

The DNA rate for first outpatient appointments remains high at 12.8% for February. DNA rates are higher in services with high volume asynchronous, diagnostic hub sites and smaller sites. Divisions are also reporting short notice cancellations and DNAs associated with seasonal illness.

Current actions to reduce DNA rates include: manual reminder calls, to be replaced by AI reminder calls (in pilot phase); improving patient letter content to improve communication and reviewing booking windows to ensure appropriate notice to patients. Further analysis of the DNA rates, linked to patient demographics, booking windows and route of referral has been presented and will be taken to a further level of detail, at site and service level.

The DNA rate for follow-up outpatient appointments is showing improvement but remains at 10.0%. The improvement in trend was following the implementation of the follow-up outpatient waiting list. The figure remains above the target of 8.1% and divisions are focusing on outlier sites and services, in addition to the trust wide actions as explained for the first DNA rate.

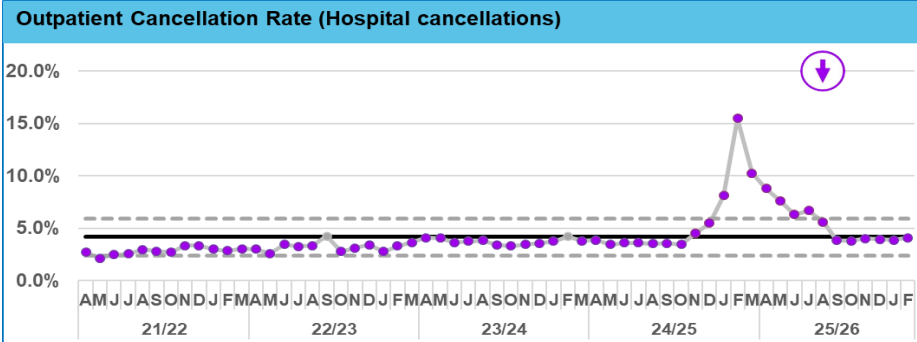
Review Date:

Apr 2026

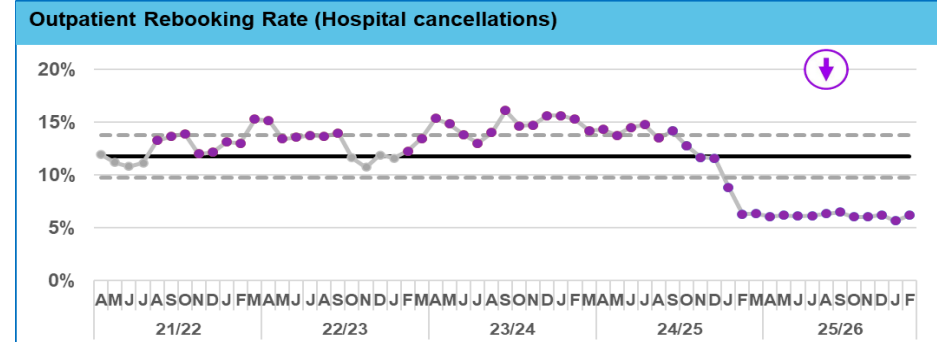
Action Lead:

Kathryn Lennon

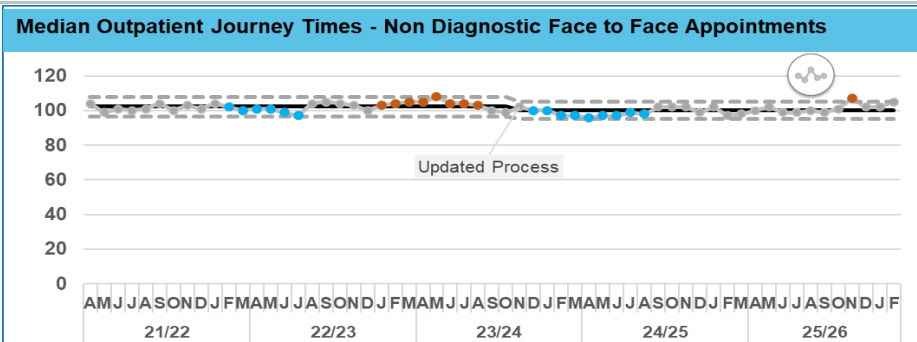
NHS Oversight Framework - Other Domains Graphs



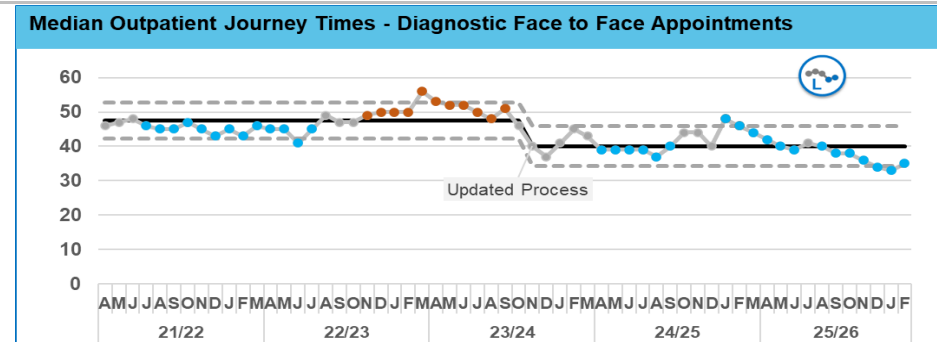
'Outpatient Cancellation Rate (Hospital cancellations)' is showing an 'special cause variation' (decreasing rate). The figure is currently at 4.08%.



'Outpatient Rebooking Rate (Hospital cancellations)' is showing an 'special cause variation' (decreasing rate). The figure is currently at 6.2%.



'Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments' is showing 'common cause variation'. The figure is currently at 105.

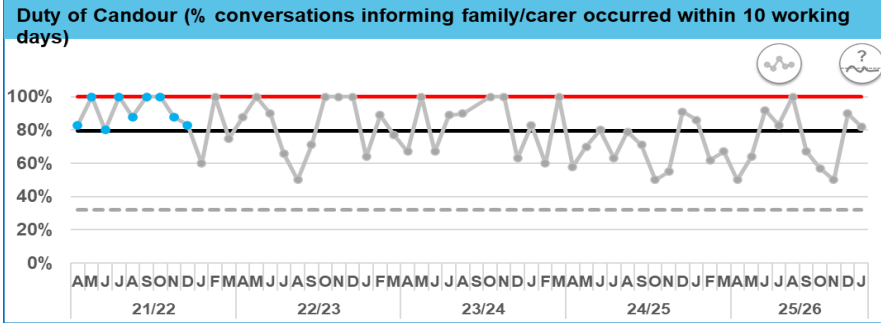


'Median Outpatient Journey Times - Diagnostic Face to Face Appointments' is showing 'special cause improvement' (decreasing rate). The figure is currently at 35.

Effectiveness and Experience of Care (Quality & Safety)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Summary Hospital Mortality Indicator			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Mixed Sex Accommodation Breaches			0	0	Zero Breaches	Kathy Adams	Statutory Submission	Monthly
% Discharged on Discharge Ready Date (DRD)			100.0%	100.0%	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date			n/a	0.0	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Duty of Candour (% conversations informing family/carer occurred within 10 working days)			75.0%	82.0%	Zero Breaches	Kathy Adams	Statutory Submission	Monthly (Month in Arrears)
% Emergency re-admissions within 30 days following an elective or emergency spell			n/a	n/a	No Target Set	Louisa Wickham	NHS Oversight Framework	Monthly
Unexpected Moorfields Admission Following Surgery			n/a	n/a	No Target Set	Louisa Wickham	Internal Measure	Monthly

Effectiveness and Experience of Care (Quality and Safety) Graphs 1



'Duty of Candour (% conversations informing family/carer occurred within 10 working days)' is showing 'common cause variation' and that the current process is not consistently achieving the target..

We continue to work with division, services and teams to consistently meet this target. Medical Directors and medical sites leads are being utilised to support this process.









Review Date:

Apr 2026

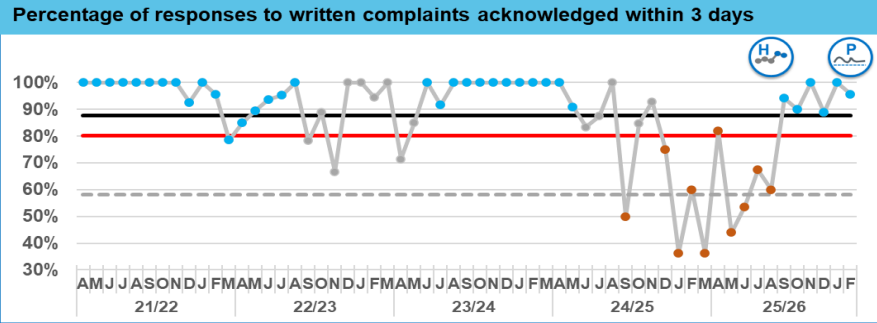
Action Lead:

Kylie Smith

Effectiveness and Experience of Care (Patient Experience)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Percentage of responses to written complaints acknowledged within 3 days			76.8%	95.7%	≥80%	Ian Tombleson	Statutory Submission	Monthly
Percentage of responses to written complaints responded within 25 days			34.6%	77.8%	≥80%	Ian Tombleson	Internal Measure	Monthly (Month in Arrears)
Freedom of Information Requests Responded to Within 20 Days			83.1%	78.6%	≥90%	Ian Tombleson	Statutory Submission	Monthly (Month in Arrears)
Basic Mandatory IG Training			n/a	88.6%	≥90%	Ian Tombleson	Internal Measure	Monthly

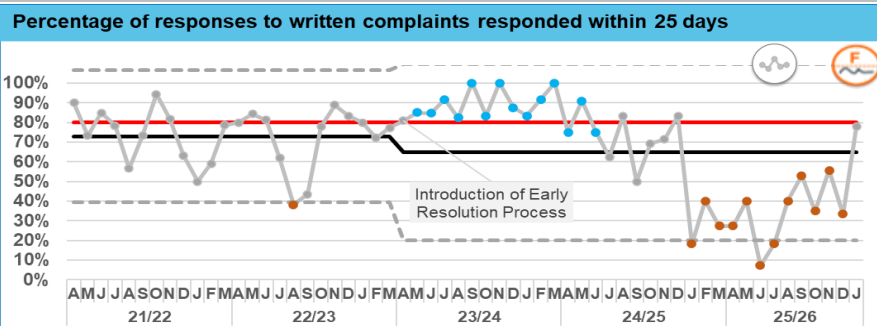
Effectiveness and Experience of Care (Patient Experience) Graphs 3



'Percentage of responses to written complaints acknowledged within 3 days' is showing 'special cause improvement' and that the current process will consistently pass the target. This is a change from the previous month. The figure is currently at 95.7%.

Moorfield is consistently meeting this target

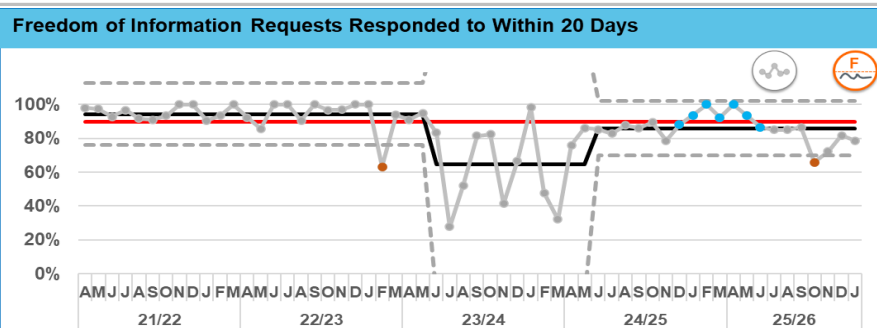
Review Date: Apr 2026 **Action Lead:** Ian Tombleson



'Percentage of responses to written complaints responded within 25 days' is showing 'common cause variation' with the current process unlikely to achieve the target. This is a change from the previous month. The figure is currently at 77.8%.

We continue to make progress with the complaints recovery plan with January's performance close to the target. Work continues to ensure the complaints process is applied consistently and efficiently across all divisions. Performance has improved in three divisions. North Division is receiving additional support.

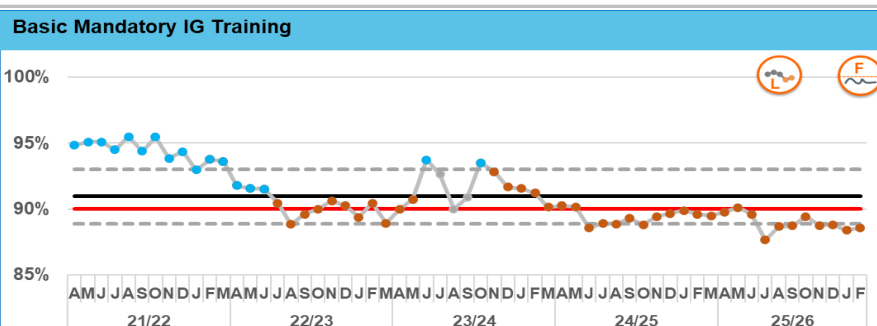
Review Date: Apr 2026 **Action Lead:** Ian Tombleson



'Freedom of Information Requests Responded to Within 20 Days' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 78.6%.

The FOI process has been amended to ensure that all key areas have a single point of contact to direct FOI concerns. The escalation process now includes the CEO should Executive Directors not be responsive

Review Date: Apr 2026 **Action Lead:** Ian Tombleson



'Basic Mandatory IG Training' is showing 'special cause concern' and that the current process is unlikely to achieve the target.. The figure is currently at 88.6%.

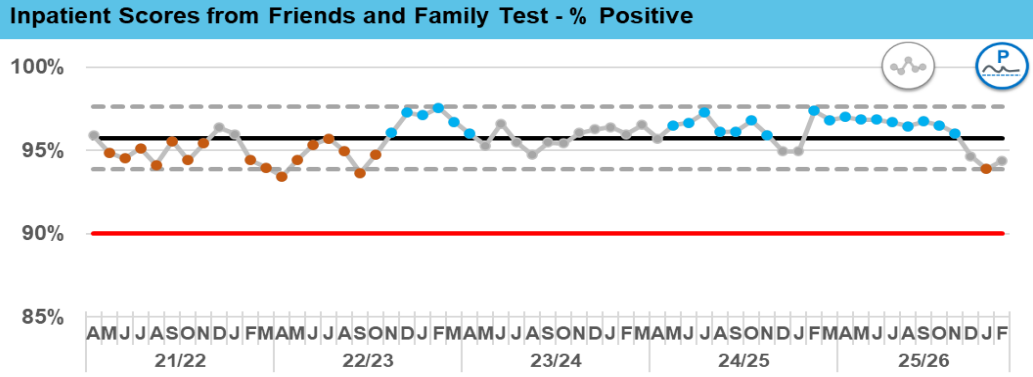
Escalation continues to take place through SMT. A full set of non-compliance data has been obtained. Teams, departments, professional areas etc are being communicated with directly to ensure performance improves to >90%.

Review Date: Apr 2026 **Action Lead:** Ian Tombleson

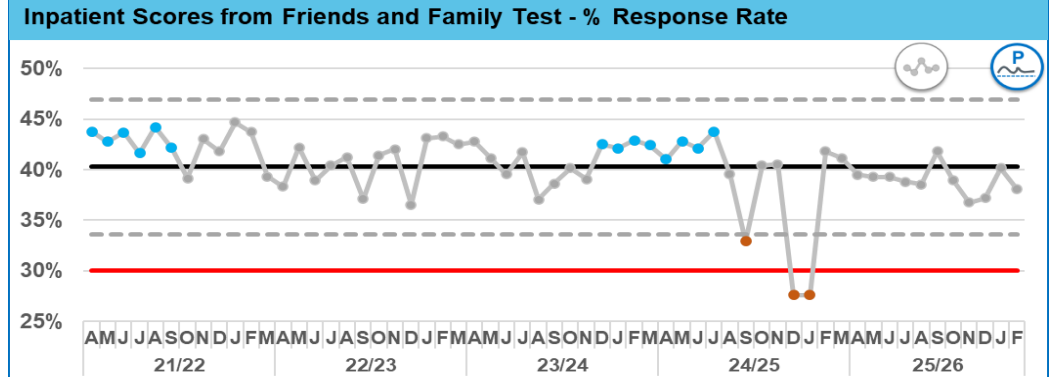
Effectiveness and Experience of Care (Friends and Family Test)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Inpatient Scores from Friends and Family Test - % Positive			96.1%	94.4%	≥90%	Ian Tombleson	Statutory Submission	Monthly
Inpatient Scores from Friends and Family Test - % Response Rate			39.0%	38.1%	≥30%	Ian Tombleson	Statutory Submission	Monthly
Inpatient Scores from Friends and Family Test - % Negative			1.3%	1.1%	≤5%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Positive			94.5%	91.7%	≥90%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Response Rate			32.8%	31.1%	≥15%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Negative			2.1%	3.0%	≤5%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Positive			91.9%	89.5%	≥90%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Response Rate			32.3%	27.9%	≥20%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Negative			4.2%	5.2%	≤5%	Ian Tombleson	Statutory Submission	Monthly

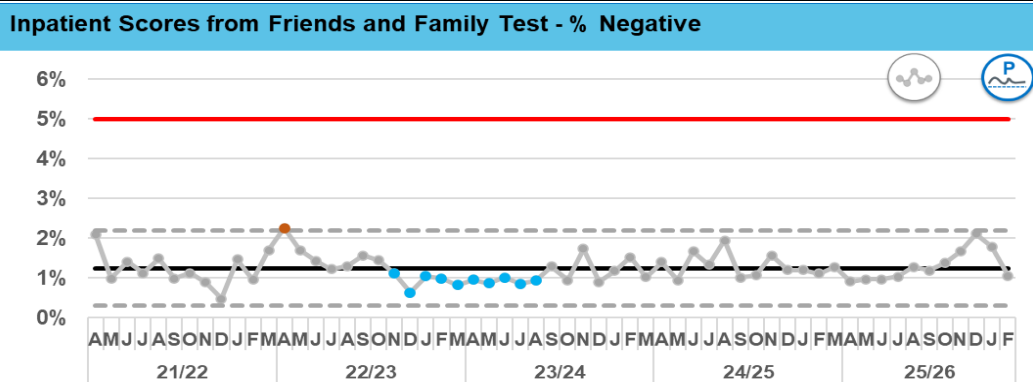
Effectiveness and Experience of Care (Friends and Family Test) Graphs 1



'Inpatient Scores from Friends and Family Test - % Positive' is showing 'common cause variation' and that the current process will consistently pass the target. - This is a change from the previous month The figure is currently at 94.4%.

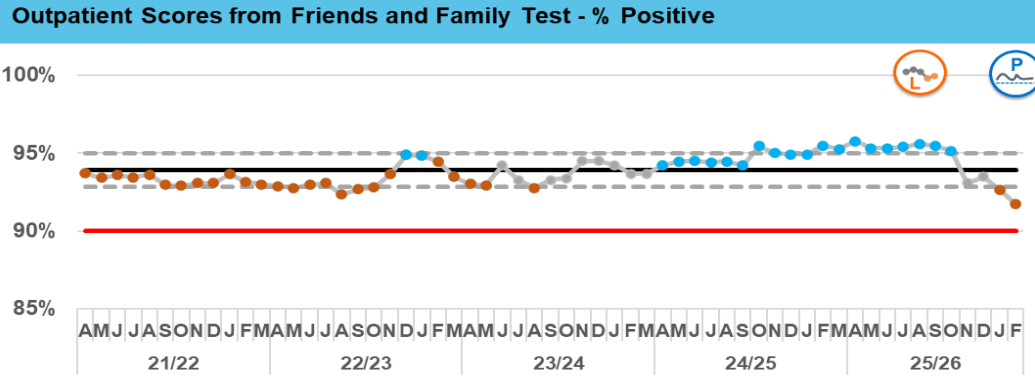


'Inpatient Scores from Friends and Family Test - % Response Rate' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 38.1%.

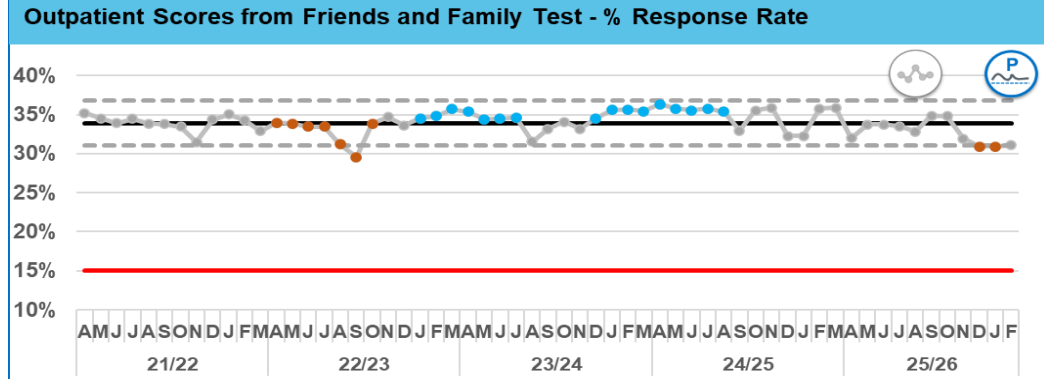


'Inpatient Scores from Friends and Family Test - % Negative' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 1.1%.

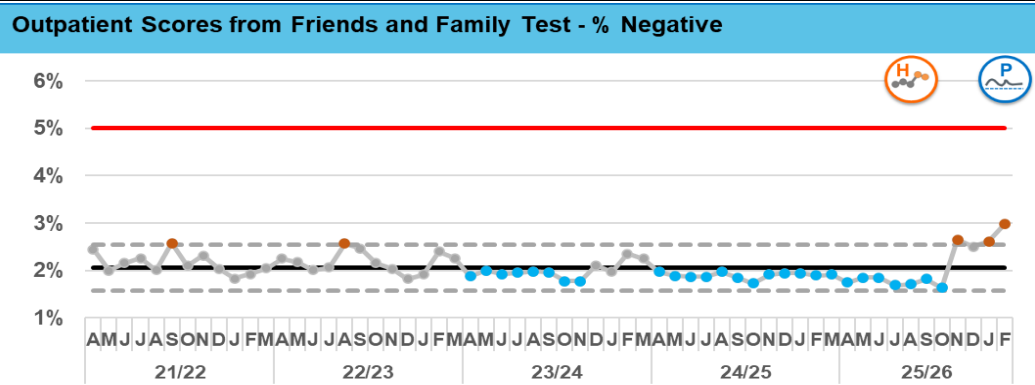
Effectiveness and Experience of Care (Friends and Family Test) Graphs 2



'Outpatient Scores from Friends and Family Test - % Positive' is showing 'special cause concern' however the current process will consistently pass the target. The figure is currently at 91.7%.



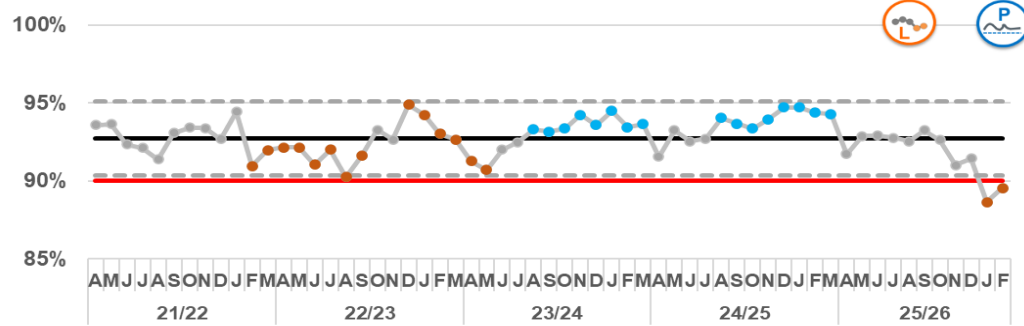
'Outpatient Scores from Friends and Family Test - % Response Rate' is showing 'common cause variation' and that the current process will consistently pass the target. - This is a change from the previous month The figure is currently at 31.1%.



'Outpatient Scores from Friends and Family Test - % Negative' is showing 'special cause concern' however the current process will consistently pass the target. The figure is currently at 3.0%.

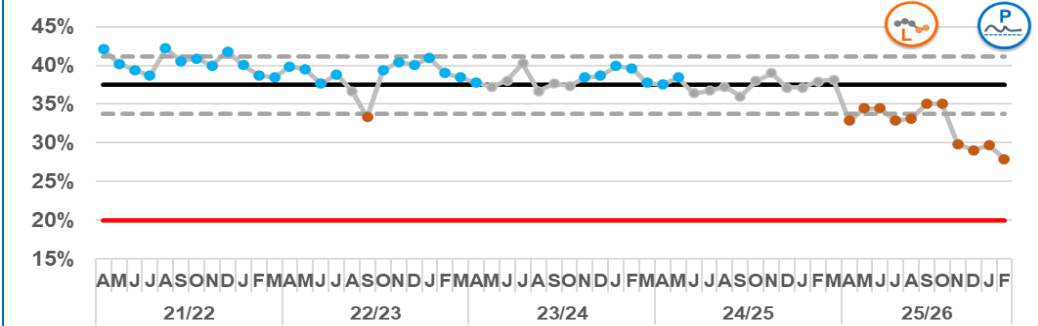
Effectiveness and Experience of Care (Friends and Family Test) Graphs 3

A&E Scores from Friends and Family Test - % Positive



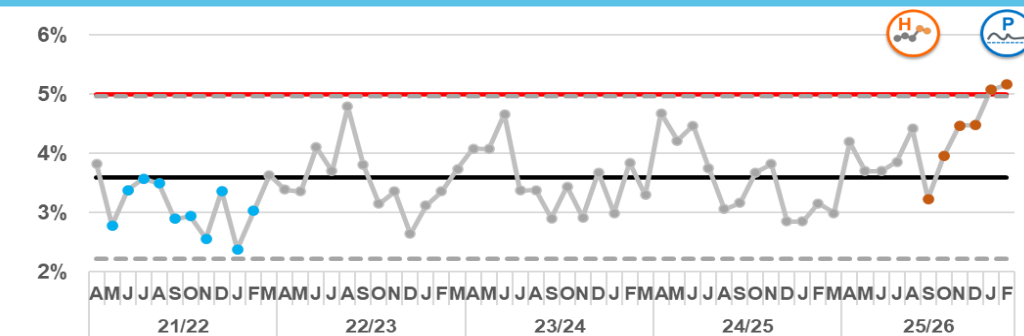
'A&E Scores from Friends and Family Test - % Positive' is showing 'special cause concern' however the current process will consistently pass the target. The figure is currently at 89.5%.

A&E Scores from Friends and Family Test - % Response Rate



'A&E Scores from Friends and Family Test - % Response Rate' is showing 'special cause concern' however the current process will consistently pass the target. The figure is currently at 27.9%.









A&E Scores from Friends and Family Test - % Negative











'A&E Scores from Friends and Family Test - % Negative' is showing 'special cause concern' and that the current process is not consistently achieving the target. - This is a change from the previous month The figure is currently at 5.2%.

The patient experience team are working with the A&E team to understand why responses are dropping. Other data, for example complaints and PALS will used to support

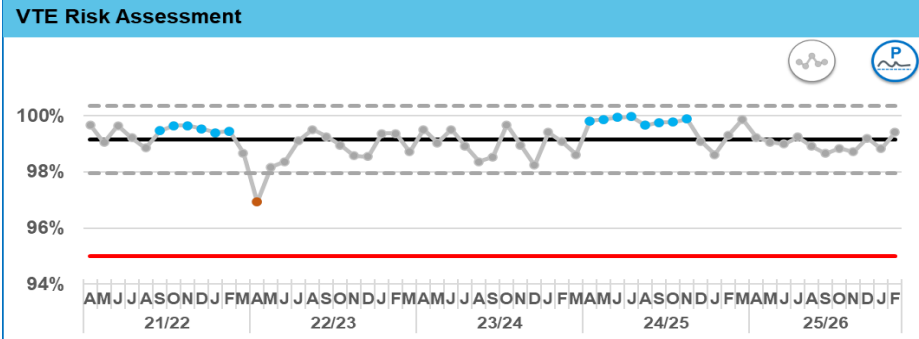
Patient Safety (Infection Control)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
MRSA Bacteraemias Cases			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Clostridium Difficile Cases			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - Cases			0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
MSSA Rate - Cases			0	0	Zero Cases	Kathy Adams	Internal Measure	Monthly

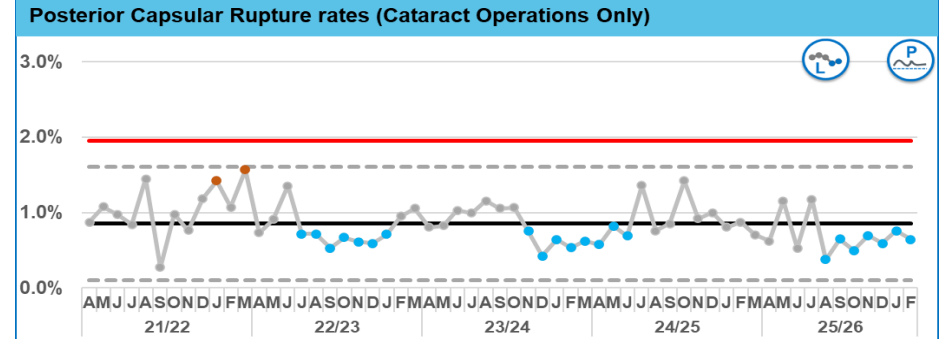
Patient Safety (Clinical, Staffing and Incident Reporting)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
VTE Risk Assessment			99.0%	99.4%	≥95%	Kathy Adams	Statutory Submission	Monthly
Posterior Capsular Rupture rates (Cataract Operations Only)			0.71%	0.64%	≤1.95%	Louisa Wickham	Internal Measure	Monthly
Safer Staffing - Inpatient (Overnight) Ward Fill Rate			n/a	n/a	No Target Set	Kathy Adams	Statutory Submission	Monthly
Occurrence of any Never events			1	0	Zero Events	Kathy Adams	Statutory Submission	Monthly
Frequency of any Never events (Days)			n/a	n/a	No Target Set	Kathy Adams	Internal Measure	Monthly
National Patient Safety Alerts (NatPSAs) breached			n/a	0	Zero Alerts	Kathy Adams	Statutory Submission	Monthly
Patient Safety Incidents Investigation (PSII) Open Over Six Months			n/a	n/a	No Target Set	Kathy Adams	Statutory Submission	Monthly
Safeguarding Training Compliance			n/a	n/a	No Target Set	Kathy Adams	Internal Measure	Monthly

NHS Oversight Framework - Other Domains Graphs













'VTE Risk Assessment' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 99.4%.



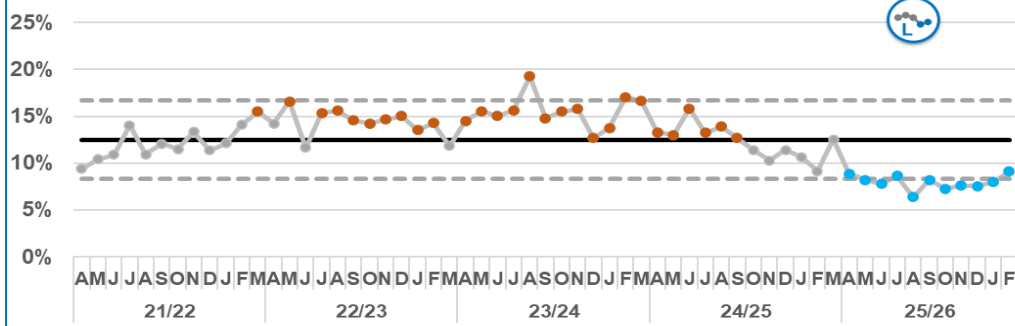
'Posterior Capsular Rupture rates (Cataract Operations Only)' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 0.64%.

People and Workforce

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Sickness Absence Rate (Monthly)			n/a	5.0%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Sickness Absence Rate (Rolling Annual)			n/a	5.2%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Staff Turnover Rate (All Staff)			n/a	n/a	No Target Set	Sue Steen	Insightful Board	Monthly
Recruitment Time To Hire (Days)			n/a	49	≤ 40 Days	Sue Steen	Internal Measure	Monthly
Proportion of Temporary Staff			8.0%	9.1%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Agency Staff			1.4%	1.2%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Bank Staff			6.6%	7.9%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Permanent Staff			92.0%	90.9%	No Target Set	Sue Steen	NHS Operational Planning	Monthly

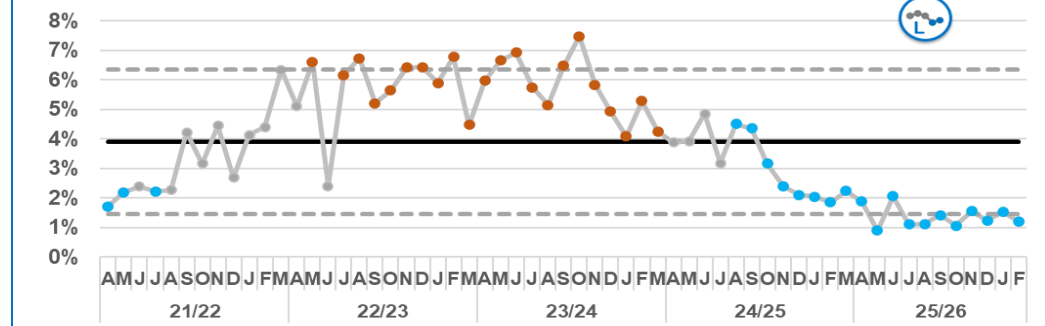
People and Workforce Graphs 3

Proportion of Temporary Staff



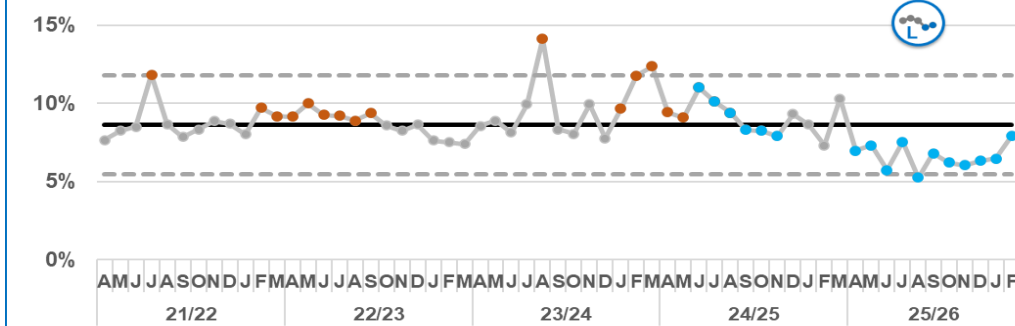
'Proportion of Temporary Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 9.1%.

Proportion of Agency Staff



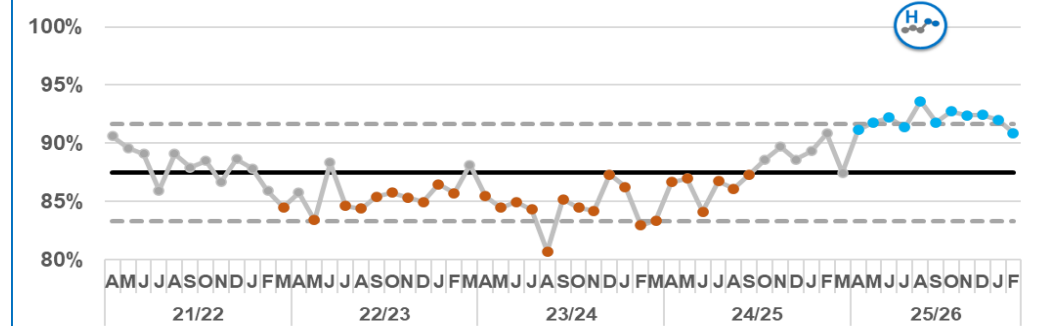
'Proportion of Agency Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 1.2%.

Proportion of Bank Staff



'Proportion of Bank Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 7.9%.

Proportion of Permanent Staff



'Proportion of Permanent Staff' is showing 'special cause improvement' (increasing rate). The figure is currently at 90.9%.

The level of Nursing shift fill rate reported in month was 97% (All Bank) AHP shift fill rate reported for the month is 83% (77% Bank 6% Agency) Admin & Clerical shift fill rate reported for the month is 91% (Bank 84% Agency 7%).

The Temporary staffing reduction and roster optimisation group has refreshed its governance, reporting, and monitoring approach to ensure better; (i) Exec oversight, grip and control pertaining to the utilisation and spend of temporary staff which will also enable delivery of reduction targets for 2025/26.

The Trust has seen a decline in temporary staffing spend since the start of the financial year, the proportion of agency spend against our total pay bill is higher than our NCL target and is addressed as part of the temporary staffing reduction and roster optimisation group.

The top three reasons for temporary staffing utilisation and spend continues to be undertaking of additional shifts, short term and long-term sickness absences. The temporary staffing team and our supplier, Bank Partners, continue to work with hiring managers in the utilisation and spend with focus on governance, monitoring, and delivery of required reduction.

Review Date:

Apr 2026

Action Lead:

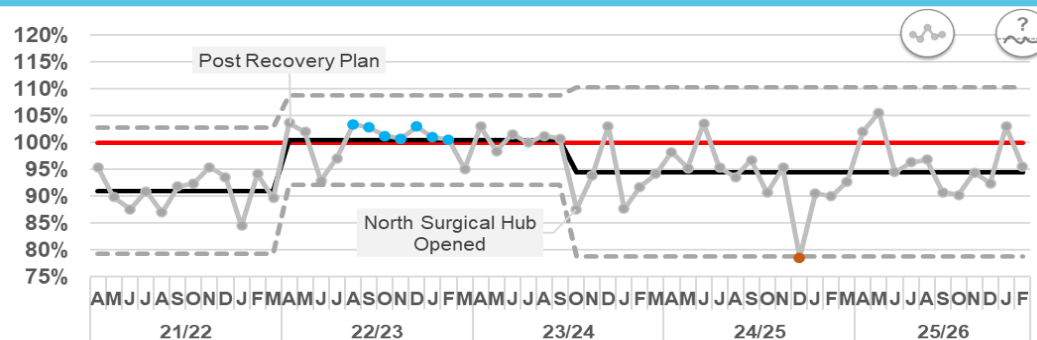
Helen Dove

Finance and Productivity

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Planned surplus/deficit			-1.5	1.0	No Target Set	Arthur Vaughan	NHS Oversight Framework	Monthly
Variance year-to-date to financial plan			6.62	0.84	≥0	Arthur Vaughan	NHS Oversight Framework	Monthly
Elective Activity - % of Phased Plan			96.2%	95.5%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Total Outpatient Activity - % of Phased Plan			96.2%	91.7%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient First Appointment Activity - % of Phased Plan			96.3%	89.7%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient Follow Up Appointment Activity - % of Phased Plan			96.2%	92.3%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Injections Activity - % of Phased Plan			101.7%	95.8%	≥100%	Jon Spencer	NHS Operational Planning	Monthly

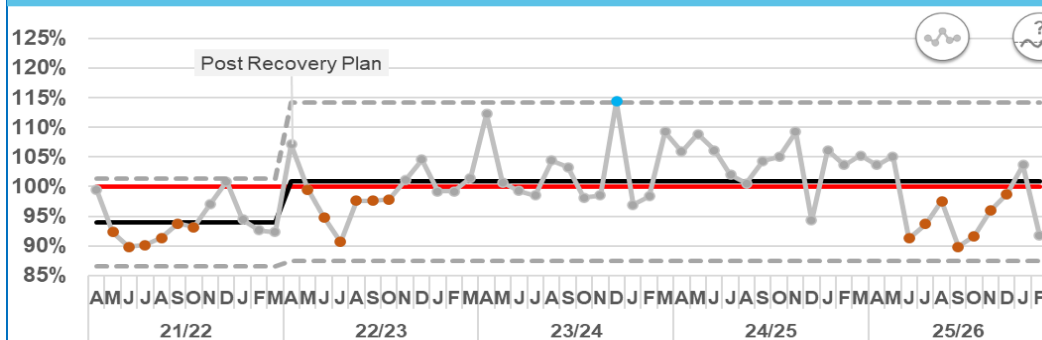
Finance and Productivity (Activity vs. Plan) Graphs

Elective Activity - % of Phased Plan



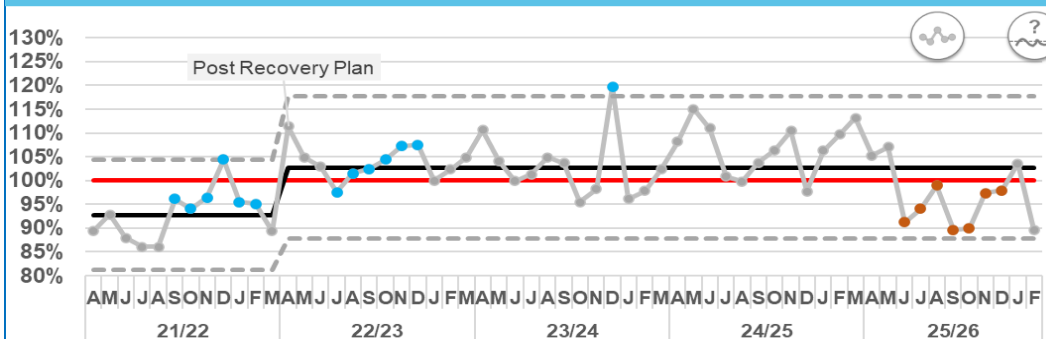
'Elective Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 95.5%.

Total Outpatient Activity - % of Phased Plan



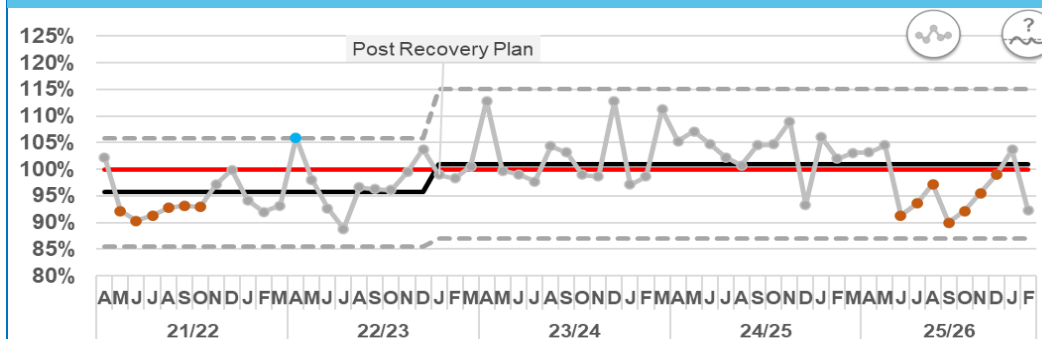
'Total Outpatient Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 91.7%.

Outpatient First Appointment Activity - % of Phased Plan



'Outpatient First Appointment Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. - This is a change from the previous month The figure is currently at 89.7%.

Outpatient Follow Up Appointment Activity - % of Phased Plan



'Outpatient Follow Up Appointment Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 92.3%.

Elective Activity

The number of day case admissions decreased to 95.5% of plan in February. In North division, a number of theatre lists were closed, due to there being no patients to fully booked these lists. St Ann's was most impacted. There is on-going concern about demand levels for some of our sites and this is being reviewed as part of the business planning round. City Road reported higher levels of annual leave and some lists not covered. South division were able to exceed their elective activity target in month.

First Appointment

The number of first outpatient attendances also fell significantly below plan at 89.7%, with challenges for the cataract service and City Road and South divisions. Many of the issues are known from previous months, but this was added to by higher levels of annual leave.

Additional clinics are being run in services with long waiting lists to support and improved position next month.

Follow Up Appointment

Follow-up activity also fell below plan at 92.3%. The trends and themes mirror those for first outpatient attendances.




Review Date:

Apr 2026

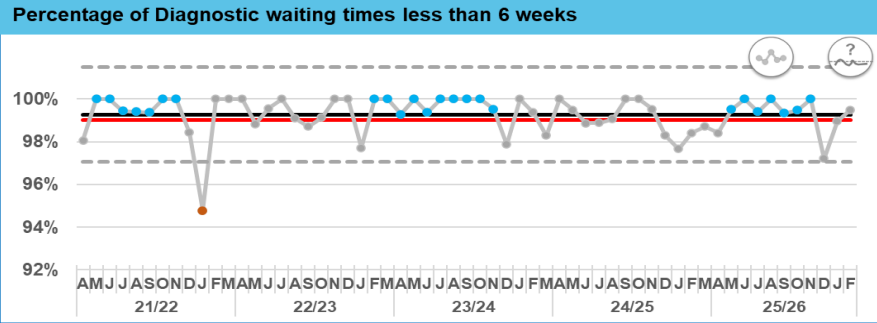
Action Lead:

Kathryn Lennon

Improving Health and Reducing Inequality (Diagnostics and Demographics)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Percentage of Diagnostic waiting times less than 6 weeks			99.3%	99.5%	≥99%	Jon Spencer	NHS Oversight Framework	Monthly
Under 18s Elective Waiting List (Monitoring Growth)			46664	3709	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly
% of Patients 65 Years Old Or Over Admitted via A&E			n/a	n/a	No Target Set	Jon Spencer	NHS PAF	Monthly
% of Patients Under 18 Years Old Admitted via A&E			n/a	n/a	No Target Set	Jon Spencer	NHS PAF	Monthly

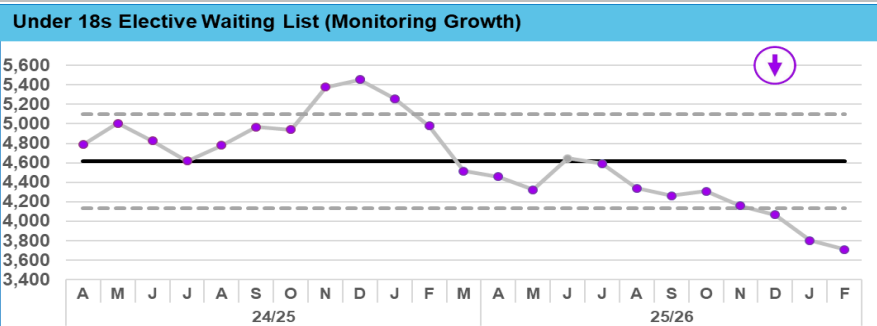
Improving Health and Reducing Inequality (Diagnostics and Demographics) Graphs



'Percentage of Diagnostic waiting times less than 6 weeks' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 99.5%.








We maintained a compliant position in month, with 99.5% of patients waiting less then 6 weeks for treatment. There was one patient waiting over 6 weeks at the end of the month, who chose to delay their appointment.

Review Date: Apr 2026 **Action Lead:** Kathryn Lennon

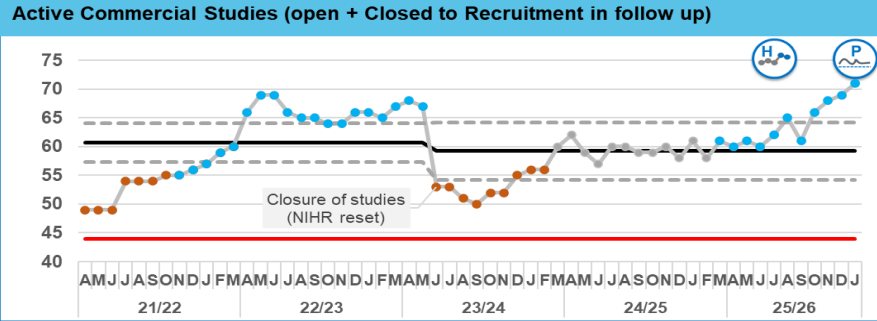


'Under 18s Elective Waiting List (Monitoring Growth)' is showing an 'special cause variation' (decreasing rate).. The figure is currently at 3,709.

Improving Health and Reducing Inequality (Discovery)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Total patient recruitment to NIHR portfolio adopted studies			2604	169	≥115 (per month)	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
Total patient recruitment to All Research Studies (Moorfields Sites only)			2952	190	No Target Set	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
Active Commercial Studies (open + Closed to Recruitment in follow up)			n/a	71	≥44	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
Proportion of patients participating in research studies (as a percentage of number of open pathways)			n/a	3.2%	≥2%	Viren Jeram	Internal Measure	Monthly (Month in Arrears)

Improving Health and Reducing Inequality (Discovery) Graphs

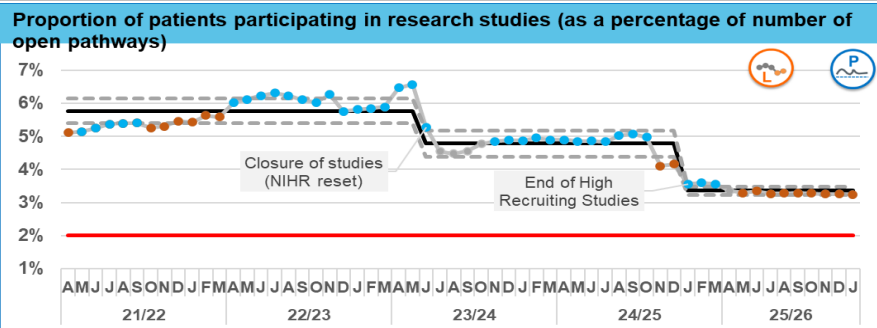


'Active Commercial Studies (open + Closed to Recruitment in follow up)' is showing 'special cause improvement' and that the current process will consistently pass the target.. The figure is currently at 71.

There are currently 71 commercial studies recruiting and in follow up, boosted by the recent opening of several more studies. This metric displays a good level of consistency. This is higher our average across 2024/25 which was 58. Commercial studies are frequently interventional, requiring intensive investigations by skilled multidisciplinary staff and close monitoring. They give our patients access to new Investigational Medicinal Products (IMP) and devices. The current pipeline of 19 hosted studies in "set up" should ensure that we continue to increase recruitment to commercial studies. 15 out of 19 (79%) of commercial studies recruited fully within the target time.

Set-up times for commercial and non-commercial studies continue to improve, some anomalies are still present, mainly due to the complexity of contracting for certain types of studies, which can delay things. There was a slight increase to 53 days median set up time in January and this is still well below the figure of 99 days at the end of December 2024. We continue to look for new innovative methods of shortening the set up time to ensure that studies start recruiting as soon they open.

Review Date: Apr 2026 **Action Lead:** Viren Jeram



'Proportion of patients participating in research studies (as a percentage of number of open pathways)' is showing 'special cause concern' however the current process will consistently pass the target.. The figure is currently at 3.2%.

We continue to place emphasis on, and investment in patient and public involvement and engagement (PPIE), delivered through the work of our NIHR Biomedical Research Centre (BRC) and Clinical Research Facility (CRF). Our Equity, Diversity, and Inclusion strategy for both the BRC and CRF seeks to increase the diversity of our patients recruited to clinical trials, as well as provide increased opportunities for patients to contribute to research. A process break has been added following the closure of the KAP, HERCULES and NIHR Tissue Bank Bioresource studies. This recognises that the new mean proportion of patients in research is now 3.2%, from the previous level of 4.8%. This is still shown as a concern due to the recent reduction in recruitment level, however we continue to exceed the 2.0% target.

Review Date: Apr 2026 **Action Lead:** Viren Jeram

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	
NHS Oversight Framework Core Metrics (Access)																							
18 Week RTT Incomplete Performance	Feb-26	84.3%	≥87.0%	Monthly	Improvement (Higher Than Expected)	Hit or Miss	82.7%	80.9%	84.5%	82.5%	83.1%	82.7%	82.2%	83.1%	81.7%	80.5%	81.5%	82.0%	83.7%	84.5%	84.5%	84.3%	
Difference Between Planned and Actual 18 week Performance	Feb-26	-2.72%	≥0%	Monthly	Not Available	Not Applicable	-1.05%	-4.33%	2.24%	n/a	n/a	0.00%	-0.57%	0.41%	-1.65%	-3.45%	0.00%	-0.38%	0.01%	-1.28%	-1.89%	-2.72%	
% 52 Week RTT Incomplete Breaches	Feb-26	0.09%	≤1%	Monthly	Common Cause	Capable	0.05%	-0.02%	0.11%	0.04%	0.05%	0.07%	0.09%	0.06%	0.05%	0.09%	0.12%	0.05%	0.05%	0.04%	0.05%	0.09%	
Cancer 28 Day Faster Diagnosis Standard	Jan-26	n/a	≥80%	Monthly (Month in Arrears)	Not Available	Not Applicable	80.7%	31.6%	129.9%	75.0%	72.7%	88.9%	100.0%	100.0%	80.0%	66.7%	50.0%	n/a	100.0%	n/a	n/a	n/a	
% Patients With All Cancers Treated Within 62 Days	Jan-26	100.0%	≥85%	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	97.0%	79.6%	114.4%	94.1%	93.8%	92.3%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	98.1%	100.0%	n/a	
A&E Four Hour Performance	Feb-26	98.9%	≥95%	Monthly	Common Cause	Capable	97.5%	94.4%	100.7%	98.8%	98.4%	97.2%	98.2%	96.2%	97.0%	98.2%	97.3%	96.8%	98.3%	96.5%	95.2%	98.9%	
% A&E Waits Over Twelve Hours	Feb-26	0.0%	No Target Set	Monthly	Common Cause	Not Applicable	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
NHS Oversight Framework Other Domains Summary																							
Summary Hospital Mortality Indicator	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Bacteraemias Cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile Cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Discharged on Discharge Ready Date (DRD)	Feb-26	100.0%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	100.0%	99.9%	100.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Average Days Between DRD and Discharge Date	Feb-26	0	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sickness Absence Rate (Monthly)	Jan-26	5.0%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.6%	3.6%	5.7%	5.3%	4.8%	4.6%	4.5%	4.8%	5.6%	5.0%	5.6%	5.5%	5.1%	5.6%	5.0%	n/a	
Sickness Absence Rate (Rolling Annual)	Jan-26	5.2%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.7%	4.6%	4.8%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	5.0%	5.1%	5.1%	5.2%	5.2%	n/a	
Planned surplus/deficit	Feb-26	1	No Target Set	Monthly	Common Cause	Not Applicable	0	-3	4	0	0	-2	-2	0	1	-2	1	2	0	-2	1	1	
Variance year-to-date to financial plan	Feb-26	0.84	No Target Set	Monthly	Common Cause	Hit or Miss	0.37	-2.24	2.98	1.91	-2.53	0.08	0.54	0.37	0.11	0.89	1.50	2.35	-1.63	1.26	0.30	0.84	

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Access to Services (RTT and A&E)																						
18 Week RTT Incomplete Performance	Feb-26	84.3%	≥87.0%	Monthly	Improvement (Higher Than Expected)	Hit or Miss	82.7%	80.9%	84.5%	82.5%	83.1%	82.7%	82.2%	83.1%	81.7%	80.5%	81.5%	82.0%	83.7%	84.5%	84.5%	84.3%
Difference Between Planned and Actual 18 week Performance	Feb-26	-2.72%	≥0%	Monthly	Not Available	Not Applicable	-1.05%	-4.33%	2.24%	n/a	n/a	0.00%	-0.57%	0.41%	-1.65%	-3.45%	0.00%	-0.38%	0.01%	-1.28%	-1.89%	-2.72%
RTT Incomplete Pathways (RTT Waiting List)	Feb-26	34,802	≤ Previous Mth.	Monthly	Common Cause	Not Applicable	34,435	32,909	35,961	33,406	33,136	33,228	33,142	34,491	34,982	34,788	34,148	34,839	34,528	34,792	34,110	34,802
Estimated Time To Clear Current RTT Waiting List	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RTT Incomplete Pathways Over 18 Weeks	Feb-26	5,475	≤ Previous Mth.	Monthly	Decreasing (Lower Than Expected)	Not Applicable	6,010	5,363	6,656	5,849	5,594	5,737	5,910	5,814	6,403	6,782	6,326	6,286	5,628	5,394	5,289	5,475
% 52 Week RTT Incomplete Breaches	Feb-26	0.09%	≤1%	Monthly	Common Cause	Capable	0.05%	-0.02%	0.11%	0.04%	0.05%	0.07%	0.09%	0.06%	0.05%	0.09%	0.12%	0.05%	0.05%	0.04%	0.05%	0.09%
52 Week RTT Incomplete Breaches	Feb-26	30	Zero Breaches	Monthly	Concern (Higher Than Expected)	Failing	13	-3	28	12	18	22	29	19	16	31	40	16	18	13	16	30
% of RTT Patients Waiting For a First Appointment	Feb-26	89.2%	No Target Set	Monthly	Improvement (Increasing Trend)	Not Applicable	85.3%	82.4%	88.1%	83.9%	85.3%	84.9%	83.2%	84.1%	82.2%	81.5%	82.2%	84.1%	87.2%	87.8%	89.0%	89.2%
A&E Four Hour Performance	Feb-26	98.9%	≥95%	Monthly	Common Cause	Capable	97.5%	94.4%	100.7%	98.8%	98.4%	97.2%	98.2%	96.2%	97.0%	98.2%	97.3%	96.8%	98.3%	96.5%	95.2%	98.9%
% A&E Waits Over Twelve Hours	Feb-26	0.0%	No Target Set	Monthly	Common Cause	Not Applicable	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Access to Services (Cancer, Theatres, Call Centre)																						
Cancer 28 Day Faster Diagnosis Standard	Jan-26	n/a	≥80%	Monthly (Month in Arrears)	Not Available	Not Applicable	80.7%	31.6%	129.9%	75.0%	72.7%	88.9%	100.0%	100.0%	80.0%	66.7%	50.0%	n/a	100.0%	n/a	n/a	n/a
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat	Jan-26	100.0%	≥96%	Monthly (Month in Arrears)	Common Cause	Capable	99.1%	94.6%	103.5%	89.3%	95.7%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	97.0%	100.0%	n/a
% Patients With All Cancers Treated Within 62 Days	Jan-26	100.0%	≥85%	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	97.0%	79.6%	114.4%	94.1%	93.8%	92.3%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	98.1%	100.0%	n/a
% Appointments Available to View and Manage Via the NHS App	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Theatre Utilisation (Model Hospital)	Feb-26	94.5%	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	90.1%	86.1%	94.1%	90.4%	91.6%	91.3%	93.3%	92.6%	93.4%	92.0%	90.8%	92.8%	94.4%	93.7%	92.1%	94.5%
Theatre Utilisation (MEH Definition)	Feb-26	66.7%	≥85%	Monthly	Improvement (Run Above Average)	Failing	63.0%	59.9%	66.2%	62.6%	63.4%	63.5%	65.7%	65.3%	64.8%	63.2%	63.6%	65.0%	66.4%	65.9%	65.4%	66.7%
Average Call Waiting Time	Feb-26	212	≤ 2 Mins (120 Sec)	Monthly	Concern (Run Above Average)	Failing	165	46	284	199	255	260	131	131	163	184	232	222	277	191	269	212
Average Call Abandonment Rate	Feb-26	14.3%	≤15%	Monthly	Concern (Run Above Average)	Hit or Miss	11.3%	3.8%	18.9%	13.3%	16.4%	15.5%	8.7%	8.8%	10.2%	11.5%	14.8%	14.4%	17.6%	11.7%	17.4%	14.3%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Effectiveness and Experience of Care (Inpatients and Theatre Cancellations)																						
Number of Non-Elective Patients with Overnight stay	Feb-26	10	No Target Set	Monthly	Common Cause	Not Applicable	9	0	17	3	6	3	5	9	9	11	17	9	9	9	6	10
Average Length of Stay (ALOS) – non-elective (1+ days)	Feb-26	0	No Target Set	Monthly	Common Cause	Not Applicable	1	-1	2	0	0	0	0	0	0	1	2	0	0	0	0	0
% Day Case Admissions	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cataract Cases Per Four Hour Theatre List	Feb-26	6.00	≥ 8 Per 4hr List	Monthly	Common Cause	Failing	5.81	5.39	6.24	5.50	5.40	5.60	5.70	5.80	5.80	5.90	5.50	5.90	5.70	5.80	6.10	6.00
Theatre Cancellation Rate (Non-Medical Cancellations)	Feb-26	1.20%	≤0.8%	Monthly	Common Cause	Hit or Miss	1.02%	-0.23%	2.27%	0.82%	1.42%	1.04%	1.47%	2.09%	0.98%	1.06%	1.22%	0.82%	1.46%	0.76%	1.56%	1.20%
Number of non-medical cancelled operations not treated within 28 days	Feb-26	0	Zero Breaches	Monthly	Common Cause	Hit or Miss	2	-4	8	3	1	0	4	0	0	3	0	8	1	10	1	0
Effectiveness and Experience of Care (Outpatients)																						
% Outpatient attendances that were performed remotely	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% PIFU of Total Outpatient Attendances	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DNA Rate (First Outpatients)	Feb-26	12.8%	≤9.4%	Monthly	Common Cause	Failing	13.2%	11.8%	14.6%	12.4%	12.7%	12.2%	12.3%	12.4%	12.4%	13.0%	13.7%	13.5%	12.8%	13.2%	13.5%	12.8%
DNA Rate (Follow Up Outpatients)	Feb-26	10.0%	≤8.1%	Monthly	Improvement (Run Below Average)	Failing	11.4%	9.7%	13.1%	10.4%	10.0%	9.4%	9.5%	9.4%	9.4%	9.9%	10.0%	9.7%	9.5%	9.9%	10.0%	10.0%
Outpatient Cancellation Rate (Hospital cancellations)	Feb-26	4.08%	No Target Set	Monthly	Decreasing (Run Below Average)	Not Applicable	4.15%	2.40%	5.89%	15.50%	10.24%	8.78%	7.60%	6.29%	6.69%	5.58%	3.84%	3.78%	4.00%	3.93%	3.86%	4.08%
Outpatient Rebooking Rate (Hospital cancellations)	Feb-26	6.2%	No Target Set	Monthly	Decreasing (Run Below Average)	Not Applicable	11.8%	9.7%	13.8%	6.3%	6.3%	6.1%	6.2%	6.1%	6.1%	6.3%	6.5%	6.0%	6.1%	6.2%	5.7%	6.2%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Feb-26	105	No Target Set	Monthly	Common Cause	Not Applicable	100	95	105	97	98	100	102	99	99	100	99	101	107	102	102	105
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Feb-26	35	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	40	34	46	46	44	42	40	39	41	40	38	38	36	34	33	35
Effectiveness and Experience of Care (Quality & Safety)																						
Summary Hospital Mortality Indicator	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Sex Accommodation Breaches	Feb-26	n/a	Zero Breaches	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a
% Discharged on Discharge Ready Date (DRD)	Feb-26	100.0%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	100.0%	99.9%	100.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Average Days Between DRD and Discharge Date	Feb-26	0	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Duty of Candour (% conversations informing family/carer occurred within 10 working days)	Feb-26	n/a	Zero Breaches	Monthly	Common Cause	Hit or Miss	79.6%	31.9%	127.3%	62.0%	67.0%	50.0%	64.0%	92.0%	83.0%	100.0%	67.0%	57.0%	50.0%	90.0%	82.0%	n/a
% Emergency re-admissions within 30 days following an elective or emergency spell	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unexpected Moorfields Admission Following Surgery	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Effectiveness and Experience of Care (Patient Experience)																						
Percentage of responses to written complaints acknowledged within 3 days	Feb-26	95.7%	≥80%	Monthly	Improvement (Run Above Average)	Capable	87.8%	58.0%	117.6%	60.0%	36.4%	81.8%	44.0%	53.6%	67.3%	60.0%	94.1%	90.0%	100.0%	88.9%	100.0%	95.7%
Percentage of responses to written complaints responded within 25 days	Jan-26	77.8%	≥80%	Monthly (Month in Arrears)	Common Cause	Failing	64.8%	19.8%	109.8%	40.0%	27.3%	27.3%	40.0%	7.1%	18.4%	40.0%	52.9%	35.0%	55.6%	33.3%	77.8%	n/a
Freedom of Information Requests Responded to Within 20 Days	Jan-26	78.6%	≥90%	Monthly (Month in Arrears)	Common Cause	Failing	86.0%	69.8%	102.2%	100.0%	92.3%	100.0%	93.3%	86.7%	85.1%	85.1%	86.5%	66.0%	72.2%	81.8%	78.6%	n/a
Basic Mandatory IG Training	Feb-26	88.6%	≥90%	Monthly	Concern (Run Below Average)	Failing	91.0%	88.9%	93.0%	89.6%	89.5%	89.8%	90.1%	89.6%	87.6%	88.7%	88.7%	89.4%	88.7%	88.8%	88.4%	88.6%
Effectiveness and Experience of Care (Friends and Family Test)																						
Inpatient Scores from Friends and Family Test - % Positive	Feb-26	94.4%	≥90%	Monthly	Common Cause	Capable	95.8%	93.9%	97.6%	97.4%	96.8%	97.0%	96.9%	96.9%	96.7%	96.5%	96.8%	96.5%	96.0%	94.7%	93.9%	94.4%
Inpatient Scores from Friends and Family Test - % Response Rate	Feb-26	38.1%	≥30%	Monthly	Common Cause	Capable	40.3%	33.6%	47.0%	41.8%	41.1%	39.5%	39.3%	39.3%	38.8%	38.5%	41.8%	39.0%	36.7%	37.2%	40.1%	38.1%
Inpatient Scores from Friends and Family Test - % Negative	Feb-26	1.1%	≤5%	Monthly	Common Cause	Capable	1.2%	0.3%	2.2%	1.1%	1.3%	0.9%	1.0%	1.0%	1.0%	1.3%	1.2%	1.4%	1.7%	2.1%	1.8%	1.1%
Outpatient Scores from Friends and Family Test - % Positive	Feb-26	91.7%	≥90%	Monthly	Concern (Lower Than Expected)	Capable	93.9%	92.8%	95.0%	95.5%	95.3%	95.8%	95.3%	95.3%	95.4%	95.6%	95.4%	95.1%	93.1%	93.5%	92.6%	91.7%
Outpatient Scores from Friends and Family Test - % Response Rate	Feb-26	31.1%	≥15%	Monthly	Common Cause	Capable	33.9%	31.1%	36.8%	35.8%	35.9%	32.0%	33.7%	33.7%	33.5%	32.8%	34.9%	34.8%	31.9%	30.9%	30.9%	31.1%
Outpatient Scores from Friends and Family Test - % Negative	Feb-26	3.0%	≤5%	Monthly	Concern (Higher Than Expected)	Capable	2.1%	1.6%	2.5%	1.9%	1.9%	1.7%	1.8%	1.8%	1.7%	1.7%	1.8%	1.6%	2.7%	2.5%	2.6%	3.0%
A&E Scores from Friends and Family Test - % Positive	Feb-26	89.5%	≥90%	Monthly	Concern (Lower Than Expected)	Capable	92.7%	90.4%	95.1%	94.4%	94.3%	91.7%	92.9%	92.9%	92.7%	92.5%	93.2%	92.6%	91.0%	91.4%	88.6%	89.5%
A&E Scores from Friends and Family Test - % Response Rate	Feb-26	27.9%	≥20%	Monthly	Concern (Run Below Average)	Capable	37.5%	33.8%	41.1%	37.9%	38.2%	32.9%	34.5%	34.5%	32.9%	33.1%	35.1%	35.0%	29.8%	29.1%	29.7%	27.9%
A&E Scores from Friends and Family Test - % Negative	Feb-26	5.2%	≤5%	Monthly	Concern (Higher Than Expected)	Hit or Miss	3.6%	2.2%	5.0%	3.2%	3.0%	4.2%	3.7%	3.7%	3.9%	4.4%	3.2%	4.0%	4.5%	4.5%	5.1%	5.2%
Patient Safety (Infection Control)																						
MRSA Bacteraemias Cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile Cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Rate - Cases	Feb-26	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Patient Safety (Clinical and Incidents)																						
VTE Risk Assessment	Feb-26	99.4%	≥95%	Monthly	Common Cause	Capable	99.1%	97.9%	100.3%	99.3%	99.9%	99.2%	99.1%	99.0%	99.2%	98.9%	98.7%	98.8%	98.7%	99.2%	98.8%	99.4%
Posterior Capsular Rupture rates (Cataract Operations Only)	Feb-26	0.64%	≤1.95%	Monthly	Improvement (Run Below Average)	Capable	0.85%	0.10%	1.61%	0.87%	0.70%	0.62%	1.16%	0.53%	1.17%	0.38%	0.65%	0.50%	0.70%	0.59%	0.76%	0.64%
Safer Staffing - Inpatient (Overnight) Ward Fill Rate	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Occurrence of any Never events	Feb-26	0	Zero Events	Monthly	Improvement (Run Below Average)	Capable	0	-1	1	0	0	0	0	0	0	1	0	0	0	0	0	0
Frequency of any Never events (Days)	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
National Patient Safety Alerts (NatPSAs) breached	Feb-26	0	Zero Alerts	Monthly	Improvement (Run Below Average)	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Safety Incidents Investigation (PSII) Open Over Six Months	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Safeguarding Training Compliance	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
People and Workforce																						
Sickness Absence Rate (Monthly)	Jan-26	5.0%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.6%	3.6%	5.7%	5.3%	4.8%	4.6%	4.5%	4.8%	5.6%	5.0%	5.6%	5.5%	5.1%	5.6%	5.0%	n/a
Sickness Absence Rate (Rolling Annual)	Jan-26	5.2%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.7%	4.6%	4.8%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	5.0%	5.1%	5.1%	5.2%	5.2%	n/a
Staff Turnover Rate (All Staff)	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Recruitment Time To Hire (Days)	Feb-26	49	≤ 40 Days	Monthly	Concern (Run Above Average)	Failing	44	31	57	41	39	41	46	37	49	36	48	46	51	63	58	49
Proportion of Temporary Staff	Feb-26	9.1%	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	12.5%	8.3%	16.7%	9.2%	12.6%	8.8%	8.2%	7.8%	8.6%	6.4%	8.2%	7.3%	7.6%	7.6%	8.0%	9.1%
Proportion of Agency Staff	Feb-26	1.2%	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	3.9%	1.5%	6.4%	1.9%	2.2%	1.9%	0.9%	2.1%	1.1%	1.1%	1.4%	1.1%	1.5%	1.2%	1.5%	1.2%
Proportion of Bank Staff	Feb-26	7.9%	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	8.6%	5.5%	11.8%	7.3%	10.3%	7.0%	7.3%	5.7%	7.5%	5.3%	6.8%	6.2%	6.0%	6.3%	6.5%	7.9%
Proportion of Permanent Staff	Feb-26	90.9%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	87.5%	83.3%	91.7%	90.8%	87.5%	91.2%	91.8%	92.2%	91.4%	93.6%	91.8%	92.7%	92.4%	92.4%	92.0%	90.9%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Finance and Productivity																						
Planned surplus/deficit	Feb-26	1	No Target Set	Monthly	Common Cause	Not Applicable	0	-3	4	0	0	-2	-2	0	1	-2	1	2	0	-2	1	1
Variance year-to-date to financial plan	Feb-26	0.84	No Target Set	Monthly	Common Cause	Hit or Miss	0.37	-2.24	2.98	1.91	-2.53	0.08	0.54	0.37	0.11	0.89	1.50	2.35	-1.63	1.26	0.30	0.84
Elective Activity - % of Phased Plan	Feb-26	95.5%	≥100%	Monthly	Common Cause	Hit or Miss	94.5%	78.7%	110.2%	89.9%	92.7%	102.1%	105.6%	94.5%	96.3%	96.8%	90.7%	90.2%	94.4%	92.4%	102.9%	95.5%
Total Outpatient Activity - % of Phased Plan	Feb-26	91.7%	≥100%	Monthly	Common Cause	Hit or Miss	100.8%	87.5%	114.2%	103.7%	105.3%	103.7%	105.0%	91.3%	93.7%	97.6%	89.9%	91.6%	95.9%	98.7%	103.7%	91.7%
Outpatient First Appointment Activity - % of Phased Plan	Feb-26	89.7%	≥100%	Monthly	Common Cause	Hit or Miss	102.7%	87.8%	117.7%	109.7%	113.2%	105.3%	107.0%	91.2%	94.0%	98.9%	89.6%	89.9%	97.4%	97.9%	103.6%	89.7%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Feb-26	92.3%	≥100%	Monthly	Common Cause	Hit or Miss	101.0%	87.0%	115.0%	102.0%	103.0%	103.2%	104.5%	91.3%	93.6%	97.2%	89.9%	92.1%	95.5%	98.9%	103.7%	92.3%
Injections Activity - % of Phased Plan	Feb-26	95.8%	≥100%	Monthly	Common Cause	Hit or Miss	106.1%	82.3%	129.9%	99.5%	98.4%	112.0%	114.7%	93.1%	99.7%	106.4%	92.1%	96.6%	96.4%	107.7%	110.4%	95.8%
Improving Health and Reducing Inequality (Diagnostics and Inequality Metrics)																						
Percentage of Diagnostic waiting times less than 6 weeks	Feb-26	99.5%	≥99%	Monthly	Common Cause	Hit or Miss	99.3%	97.0%	101.5%	98.4%	98.7%	98.4%	99.5%	100.0%	99.4%	100.0%	99.3%	99.5%	100.0%	97.2%	99.0%	99.5%
Under 18s Elective Waiting List (Monitoring Growth)	Feb-26	3,709	No Target Set	Monthly	Decreasing (Run Below Average)	Not Applicable	4,616	4,136	5,097	4,979	4,516	4,458	4,324	4,647	4,593	4,339	4,260	4,306	4,160	4,068	3,800	3,709
% of Patients 65 Years Old Or Over Admitted via A&E	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% of Patients Under 18 Years Old Admitted via A&E	Feb-26	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Improving Health and Reducing Inequality (Research)																						
Total patient recruitment to NIHR portfolio adopted studies	Jan-26	169	≥115 (per month)	Monthly (Month in Arrears)	Concern (Run Below Average)	Hit or Miss	305	94	517	684	824	714	569	200	168	170	147	207	148	112	169	n/a
Total patient recruitment to All Research Studies (Moorfields Sites only)	Jan-26	190	No Target Set	Monthly (Month in Arrears)	Concern (Run Below Average)	Not Applicable	390	40	740	751	889	769	628	297	178	176	180	237	162	135	190	n/a
Active Commercial Studies (open + Closed to Recruitment in follow up)	Jan-26	71	≥44	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	59	54	64	58	61	60	61	60	62	65	61	66	68	69	71	n/a
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Jan-26	3.2%	≥2%	Monthly (Month in Arrears)	Concern (Run Below Average)	Capable	3.4%	3.2%	3.5%	3.6%	3.6%	3.4%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.2%	n/a



Cover Sheet

Report title	Monthly Finance Performance Report Month 11 – February 2026
Meeting	Trust Private Board
Date	26 March 2026
Report from	Arthur Vaughan, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Previous forum consideration	Trust Executive Committee

Relevant strategic objectives	Working together	<input type="checkbox"/>	Discover	<input type="checkbox"/>	Develop	<input type="checkbox"/>	Deliver	<input type="checkbox"/>	Sustainability and Scale	<input checked="" type="checkbox"/>
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Purpose of report	Assurance	<input type="checkbox"/>	Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	For information	<input checked="" type="checkbox"/>
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Executive summary
For February, the trust is reporting:-

Income and Expenditure

- A £5.1m surplus year to date compared to a planned deficit of £1.5m; £6.6m favourable to plan.

Efficiency and Productivity

- The Trust is forecasting £14.4m of the £15.1m target.
- Delivery in February reported £1.3m, with £13.0m delivered cumulatively.

Capital Expenditure

- Capital expenditure as of 28th February totalled £117.5m, predominantly linked to Oriel and EPR schemes.
- Business as usual capital plans have increased to £16.2m following further slippage in NCL
- In agreement with the ICB the Trust is maximising the use of these resources to bring forward capital plans from 2026/27 into quarter four.
- Following a review of Oriel construction timelines, the Trust and NHP have agreed to defer £23.1 of Oriel funding. Overall external funding, including donations, is £121.2m
- IFRS 16 budget now £13.8m including bringing forward the Granary Steet lease to this year. Leases have yet to be finalised and this represents a key risk.

Cash

- The cash balance as at the 28th February was £68.8m, a reduction of £17.3m since the end of March 2025. This equates to approximately 77 days operating cash

Action Required/Recommendation

- The board is asked to consider and discuss the attached report.

Quality implications
Patient safety has been considered in the allocation of budgets.

Financial implications

Delivery of the financial control total will result in the Trust being eligible for additional benefits that will support its future development.

Risk implications

Potential risks have been considered within the reported financial position and the financial risk register is discussed at the Audit Committee.



**Moorfields
Eye Hospital**
NHS Foundation Trust



2025/26 Monthly Finance Performance Report

Operational Financial Performance

Trust Board
26 March 2026

Updated 13 March 2026

Report Period	M11 February 2026
Presented by	Arthur Vaughan Chief Financial Officer
Written by	Justin Betts Deputy Chief Financial Officer Amit Patel Head of Financial Management Lubna Dharssi Head of Financial Control Richard Allen Head of Income and Contracts



Monthly Finance Performance Report

For the period ended 28th February 2026 (Month 11)

Key Messages

Statement of Comprehensive Income

Financial Position	For February, the trust is reporting:- <ul style="list-style-type: none">A £1.81m surplus in-month against a planned £0.97m surplus, a £0.84m favourable variance to planA £5.08m surplus cumulatively against a planned deficit of £1.54m, £6.62m favourable to plan.
Key Drivers of the Financial Variance	<p>The trusts financial position is being supported by £3.18m of slippage in major projects expenditure, £2.07m clinical supplies non-pay benefits linked to activity below trust plan, and demonstrable reductions in bank, agency, whilst income levels are maintained due to fixed contractual income.</p> <p>Key Drivers of the core operational performance include:-</p> <ul style="list-style-type: none">NHS Clinical income is assumed in line with fixed contracts for ERF activity.<ul style="list-style-type: none">Income levels would be approximately £4.3m adverse to plan cumulatively as a result of activity levels below plan if based on cost and volume contracts.Clinical divisions are reporting operational activity performance below planned levels.<ul style="list-style-type: none">Elective activity is 96% in February, 96% cumulatively;Outpatients Firsts and Procedures are 96% and 94% respectively cumulatively;St Ann's elective activity is 72% of plans cumulatively.Cataract activity is 94% of plans cumulatively.As a result, clinical divisions are reporting £4.43m adverse to plan cumulatively, with clinical income being £4.36m adverse (other income £0.39m favourable), pay £1.39m favourable and non-pay including clinical consumables £0.67m favourable. This has been off-set by efficiency under delivery of £2.52m.Corporate departments are reporting £3.26m favourable to plans cumulatively including £3.18m linked to slippage on major strategic projects Moorconnect (EPR) (£1.15m), Oriol (£1.27m), and IT projects (£0.77m) and further underspends (£1.20m) offset by CIP underachievement (£1.29m)Research is reporting a £0.58m adverse variance to plans cumulatively comprised of central research management costs and RCF costs in excess of income.Trading areas are £1.15m favourable to plan cumulatively across all commercial units.



Statement of Financial Position

Cash and Working Capital Position	<p>The cash balance as at the 28th February was £68.8m, a reduction of £17.3m since the end of March 2025. This equates to approximately 77 days operating cash.</p> <p>The Better Payment Practice Code (BPPC) performance in February was 95% (volume) and 94% (value) against a target of 95% across both metrics.</p>
Capital	<p>Capital expenditure as of 28th February totalled £117.5m.</p> <ul style="list-style-type: none">Internal capital plans are £16.2m including £5.9m for Oriol and £5.2m for EPR. Cumulative spend is £10.5m. Including £5.9m for Oriol and £1.0 for EPR. During February budget for medical equipment and IT was issued to cover delays in ICT migration.Externally funded £121.2m plans; £106.9m cumulative expenditure including £102.2m of Oriol expenditure and £4.3m for EPR.IFRS16 £13.8m plan Expected slippage in the ICT migration project is being managed together with the additional BAU budget.

Other Key Information

Efficiencies	<p>The trust has a planned efficiency programme of £15.1m for 2025/26 to deliver the control total. The trust has identified £17.8m of schemes, of which the programme is forecasting £14.4m of delivery, £0.7m adverse to plan.</p>
£15.1m Trust Target	
£13.0m YTD actual	<p>Of the total identified:-</p> <ul style="list-style-type: none">£6.3m is identified central schemes;£0.5m is identified high risks to delivery;£6.9m identified as non-pay schemes;£8.3m is forecast recurrently;
£6.8m of un-identified and non recurrently identified schemes	<p>The CIP programme delivery group are progressing further proposed efficiency scheme documentation for additional opportunities to be fully financial validated towards increasing the level of identified and forecast delivery in 2026/27.</p>
Agency Spend	<p>Trust wide agency spend totals £2.38m cumulatively, approximately 1.3% of total employee expenses spend, below the system allocated target of 2.5%.</p>
£2.38m spend YTD 1.3% total pay	<p>Workforce have instigated temporary staffing committees for oversight in relation to managing and reporting temporary staffing agency usage and reasons.</p>

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	In Month				Year to Date				RAG
	Annual Plan	Plan	Actual	Variance	Plan	Actual	Variance	%	
Income	£372.9m	£28.9m	£29.5m	£0.6m	£337.2m	£338.0m	£0.8m	0%	●
Pay	(£195.4m)	(£15.6m)	(£16.6m)	(£1.0m)	(£179.9m)	(£182.3m)	(£2.4m)	(1)%	●
Non Pay	(£133.2m)	(£10.6m)	(£9.6m)	£1.0m	(£122.2m)	(£115.0m)	£7.3m	6%	●
Financing & Adjustments	(£44.2m)	(£1.7m)	(£1.5m)	£0.2m	(£36.6m)	(£35.7m)	£0.9m	3%	●
CONTROL TOTAL	-	£1.0m	£1.8m	£0.8m	(£1.5m)	£5.1m	£6.6m		●

Income includes Elective Recovery Funding (ERF) which for presentation purposes is separated on the Statement of Comprehensive Income

Memorandum Items	Annual Plan	Plan	Actual	Variance	Year to Date	%	RAG		
Research & Development	(£0.38m)	(£0.31m)	(£0.01m)	£0.30m	(£0.40m)	(£0.99m)	(£0.58m)	(145)%	●
Commercial Trading Units	£5.35m	£0.44m	£0.65m	£0.21m	£4.89m	£6.05m	£1.15m	24%	●
ORIEL Revenue	(£3.96m)	(£0.33m)	(£0.29m)	£0.05m	(£3.63m)	(£2.36m)	£1.27m	35%	●
Efficiency Schemes	£18.00m	£2.73m	£1.33m	(£1.40m)	£12.04m	£12.96m	£0.92m	8%	●

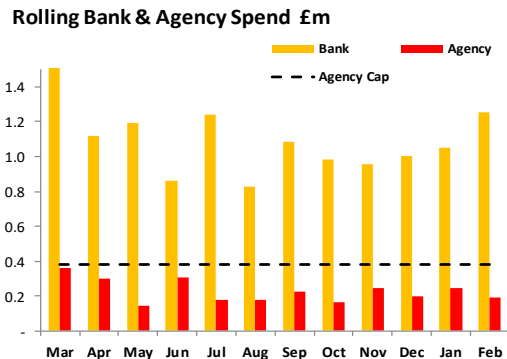
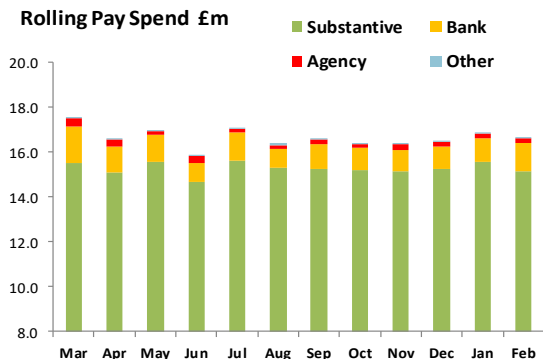
INCOME BREAKDOWN RELATED TO ACTIVITY

Income Breakdown £m	Year to Date					Forecast		
	Annual Plan	Plan	Actual	Variance	RAG	Plan	Actual	Variance
NHS Clinical Income	£212.8m	£194.4m	£193.2m	(£1.2m)	●			
Pass Through	£40.2m	£36.6m	£36.5m	(£0.2m)	●			
Other NHS Clinical Income	£12.2m	£11.1m	£11.5m	£0.4m	●			
Commercial Trading Units	£48.4m	£44.3m	£44.9m	£0.6m	●			
Research & Development	£15.7m	£14.3m	£14.9m	£0.5m	●			
Other	£43.6m	£36.4m	£37.2m	£0.8m	●			
INCOME INCL ERF	£372.9m	£337.2m	£338.0m	£0.8m				

RAG Ratings Red > 3% Adverse Variance, Amber < 3% Adverse Variance, Green Favourable Variance, Grey Not applicable

PAY AND WORKFORCE

Pay & Workforce £m	In Month				Year to Date				Total %
	Annual Plan	Plan	Actual	Variance	Plan	Actual	Variance		
Employed	(£193.8m)	(£15.5m)	(£15.1m)	£0.4m	(£178.4m)	(£167.7m)	£10.7m	92%	
Bank	(£0.5m)	(£0.0m)	(£1.2m)	(£1.2m)	(£0.5m)	(£11.6m)	(£11.1m)	6%	
Agency	(£0.5m)	(£0.0m)	(£0.2m)	(£0.2m)	(£0.4m)	(£2.4m)	(£1.9m)	1%	
Other	(£0.6m)	(£0.1m)	(£0.1m)	(£0.0m)	(£0.6m)	(£0.6m)	(£0.0m)	0%	
TOTAL PAY	(£195.4m)	(£15.6m)	(£16.6m)	(£1.0m)	(£179.9m)	(£182.3m)	(£2.4m)		



Pay spend chart adjusted for £5.8m pension cost contributions received in March 2024.

*Agency cap levels set by NHSIE

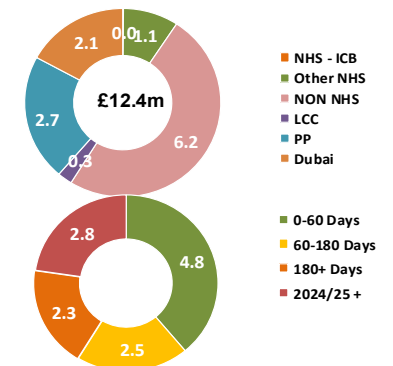
CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Year to Date					Forecast		
	Annual Plan	Plan	Actual	Variance	RAG	Plan	Actual	Variance
TOTAL	£151.2m	£132.1m	£117.5m	(£14.6m)	●			

Key Metrics	Plan	Actual	RAG
Cash	59.0	68.8	●
Debtor Days	45	12	●
Creditor Days	45	47	●
PP Debtor Days	65	40	●

Better Payment Practice	Plan	Actual
BPPC - NHS (YTD) by number	95%	92%
BPPC - NHS (YTD) by value	95%	91%
BPPC - Non-NHS (YTD) by number	95%	95%
BPPC - Non-NHS (YTD) by value	95%	94%

Net Receivables/Ageing £m



Trust Income and Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date				RAG
		Plan	Actual	Variance	Plan	Actual	Variance	%	
Income									
NHS Commissioned Clinical Income	252.95	20.87	21.24	0.37	231.05	229.62	(1.43)	(1)%	●
Other NHS Clinical Income	12.17	1.01	1.01	(0.00)	11.11	11.46	0.35	3%	●
Commercial Trading Units	48.42	4.12	4.14	0.01	44.31	44.86	0.55	1%	●
Research & Development	15.72	1.37	1.63	0.26	14.35	14.88	0.53	4%	●
Other Income	43.60	1.50	1.47	(0.03)	36.38	37.21	0.83	2%	●
Total Income	372.86	28.88	29.50	0.62	337.20	338.03	0.83	0%	●
Operating Expenses									
Pay	(195.45)	(15.64)	(16.64)	(1.01)	(179.94)	(182.32)	(2.38)	(1)%	●
<i>Of which: Unidentified CIP</i>	5.91	0.47	-	(0.47)	5.44	-	(5.44)		
Drugs	(44.00)	(3.55)	(3.05)	0.49	(40.37)	(40.82)	(0.45)	(1)%	●
Clinical Supplies	(26.56)	(2.05)	(2.02)	0.03	(24.63)	(22.55)	2.07	8%	●
Other Non Pay	(62.64)	(5.00)	(4.51)	0.48	(57.21)	(51.58)	5.63	10%	●
<i>Of which: Unidentified CIP</i>	(0.76)	(0.06)	-	0.06	(0.71)	-	0.71		
Total Operating Expenditure	(328.65)	(26.23)	(26.23)	(0.00)	(302.15)	(297.27)	4.87	2%	●
EBITDA	44.22	2.65	3.26	0.62	35.06	40.76	5.70	16%	●
Financing & Depreciation	(18.93)	(1.73)	(1.50)	0.22	(17.12)	(15.92)	1.20	7%	●
Donated assets/impairment adjustment:	(25.29)	0.05	0.05	0.01	(19.48)	(19.76)	(0.28)	(1)%	●
Control Total Surplus/(Deficit)	-	0.97	1.81	0.84	(1.54)	5.08	6.62	429%	●

Commentary

Operating Income Total operating income is reporting £29.50m in-month, £0.62m favourable to plan, and £0.83m favourable cumulatively. Key points of note are:-

- £0.62m favourable to plan in month
- Directly commissioned clinical income was £21.24m, £0.37m favourable to plan.
- Cumulative activity deliver is below plans shown on slide five.
- The Trusts cumulative NHS Clinical income includes agreed ICB brokerage as a result of activity delivery.
- Commercial trading income was £4.14m, break-even to plan.
- Research and Development income at £1.63m, £0.26m favourable to plan
- Other income was on £1.47m, break-even to plan.

Employee Expenses February pay is reporting £16.64m (2,852wte); £1.01m adverse to plan. Key points of note are:-

- £1.24m favourable to plan in month
- Substantive pay costs (2,643wte) were £15.15m, higher than the prior 12 month average of £15.26m, and includes the national pay award and employers NI increases
- Temporary staffing costs were £1.44m in February.
 - Agency costs (16wte) are £0.19m in month, lower than the 12-month trend of £0.24m. Use continues mainly on medical staff & administration in both clinical and corporate areas.
 - Bank costs (193wte) are £1.25m in month, lower than the rolling trend of £1.09m. Bank use continues to be mainly in clinical areas and within the medical and clinical admin staffing group.
 - £0.47m unachieved pay CIP (£5.44m cumulatively)

Non-Pay Expenses Non-Pay (exc. financing) costs in February were £9.58m, £1.00m favourable to plan. Key points of note are:-

- £0.91m favourable to plan in month
- Drugs were £0.49m favourable to plan in month with £3.05m expenditure against a 12-month trend of £3.74m. The reduction in expenditure has been driven by the change to a lower priced AMD injection drug (income also reduced).
- Clinical supplies were break-even to plan in month elective activity on plan. Costs were £2.02m in month against a 12-month trend of £2.00m.
- Other non-pay was £0.48m favourable in month with £4.51m expenditure against a 12-month trend of £4.86m. This was driven by underspends on projects.
- £0.06m overachieved non-pay CIP (£0.71m cumulatively overachieved)

PATIENT ACTIVITY AND CLINICAL INCOME

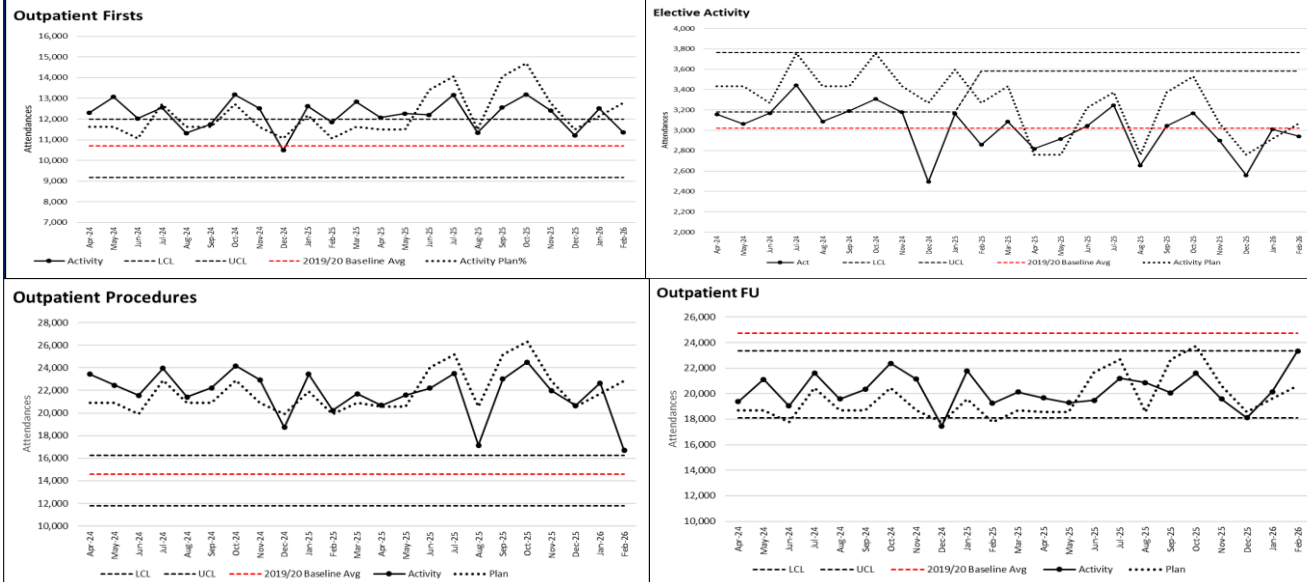
ER	Point of Delivery	Activity In Month				Activity YTD			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%
ERF Activity	Daycase / Inpatients	3,068	2,942	(126)	96%	33,597	32,299	(1,298)	96%
	OP Firsts	12,777	11,349	(1,428)	89%	139,908	134,272	(5,636)	96%
	OP Procedures	22,872	16,689	(6,183)	73%	250,447	234,563	(15,884)	94%
ERF Activity Total									
Non ERF Activity	OP Follow Ups	20,631	23,336	2,705	113%	225,907	223,335	(2,572)	99%
	High Cost Drugs Injections	4,758	4,554	(204)	96%	52,097	52,951	854	102%
	Non Elective	204	222	18	109%	2,438	2,688	250	110%
	AandE	5,615	5,755	140	102%	66,979	67,528	549	101%
Total		69,925	64,847	(5,078)	93%	771,373	747,636	(23,737)	97%

Income Figures Excludes CQUIN, Bedford, and Trust to Trust test income.

RAG Ratings Red to Green colour gradient determined by where each percentage falls within the range

Performance % figures above, represent the Trust performance against the external activity target. Financial values shown are for ERF activity only.

ACTIVITY TREND - ERF COMPONENTS



Commentary

NHS Income

Contractual Status

The Trust has finalised contracts from ICB's and signed the documentation on the 17th December. As contracts are finalised, income has been assumed based on the 2025/26 activity delivery to date.

2025/26 Activity performance achievement

- **Inpatient activity** achieved 96% in month and 96% year to date of the revised demand plan.
- **Outpatient Firsts Activity** achieved 89% of the revised demand plan in month; 96% year to date
- **Outpatient Procedures Activity** achieved 73% of revised demand plans in month; 94% cumulatively. Once fully coded this will return to planned levels.

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 96% of activity plans in month; 102% year to date.
- **A&E** achieved 102% of activity plans in month; 101% year to date

ERF Achievement

Final 2024/25 ERF performance to March 2025 has now been published and full year performance has been finalised in December 2025. Final ERF performance is in line with planning expectations.

Activity plans and ERF

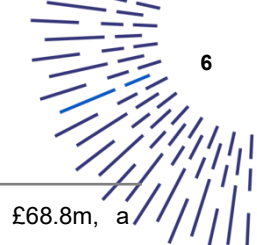
Activity plans are based on operational services demand based view of patients waiting for treatment.

- 2024/25 performance for ERF is now confirmed to month 12 but with the year end performance finalised.
- 2025/26 ERF reporting from NHSE will be the same as 2024/25. IAPs are agreed with commissioners regarding the funded levels of activity for this year. Current performance is on plan at M11.

Activity Plans

The charts to the left demonstrate the in-year activity levels compared to the previous year. The red line represents average 2019/20 activity levels.

Trust Statement of Financial Position – Cash, Capital, Receivables and Other Metrics



CAPITAL EXPENDITURE

Capital Expenditure £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Medical Equipment	2.3	0.5	0.8	0.3
Estates	2.5	2.2	1.3	(0.8)
IMT	3.4	0.2	0.1	(0.0)
Commercial	0.5	0.5	0.1	(0.4)
Network Strategy	-	-	-	-
Other - Trust funded	(3.7)	0.1	-	(0.1)
Oriel Programme	122.1	116.0	108.1	(7.9)
EPR Project	9.5	6.5	6.4	(0.1)
NiHR Capital Grant	-	-	-	-
Other & Charity	0.8	0.5	0.5	(0.0)
IFRS16	13.8	5.6	0.1	(5.5)
TOTAL INCLUDING DONATED	151.2	132.1	117.5	(14.6)

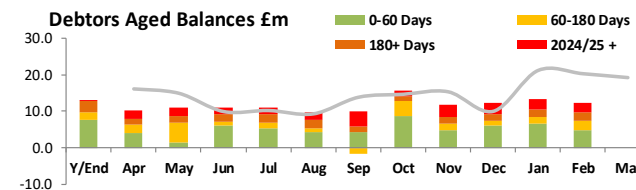
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Cash Reserves - Oriel	-	-	-	-
Cash Reserves - B/Fwd	6.0	6.0	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - ICS Allocation	16.2	16.2	-	100%
IFRS 16 Leases	13.8	13.8	-	100%
Externally funded	100.0	100.0	-	100%
Donated/Charity	21.3	21.3	-	100%
TOTAL INCLUDING DONATED	151.2	151.2	-	100%

STATEMENT OF FINANCIAL POSITION

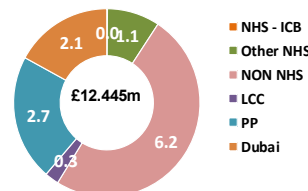
Statement of Financial Position £m	Annual Plan	Year to Date		
		Plan	Actual	Variance
Non-current assets	597.3	582.6	566.5	(16.1)
Current assets (excl Cash)	29.8	29.8	26.4	(3.4)
Cash and cash equivalents	62.7	59.0	68.8	9.8
Current liabilities	(45.9)	(46.1)	(58.0)	(11.9)
Non-current liabilities	(288.0)	(278.9)	(276.0)	2.8

RECEIVABLES

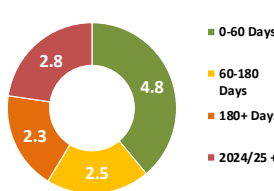
Net Receivables £m	0-60 Days	60-180 Days	180+ Days	2024/25 +	Total
CCG Debt	0.0	-	(0.0)	0.0	(0.0)
Other NHS Debt	0.4	0.3	0.2	0.2	1.1
Non NHS Debt	2.2	1.2	1.6	1.3	6.2
Commercial Unit Debt	2.3	0.9	0.6	1.3	5.1
TOTAL RECEIVABLES	4.8	2.5	2.3	2.8	12.4



Net Receivables £m



Ageing £m



OTHER METRICS

Use of Resources	Plan	Current Month	Prior Month
BPPC - NHS (YTD) by number	95%	92%	92%
BPPC - NHS (YTD) by value	95%	91%	91%
BPPC - Non-NHS (YTD) by number	95%	95%	95%
BPPC - Non-NHS (YTD) by value	95%	94%	94%

Commentary

Cash and Working Capital

The cash balance as at the 28th February was £68.8m, a reduction of £17.3m since the end of March 2025.

Capital Expenditure/ Non-current assets

Capital expenditure as of 28th February totalled £117.5m, predominantly Oriel related/EPR related.

Against a total full year capital plan of £151.2m :-
Business as usual capital £16.2m

- The internally funded plan has increased due to slippage in other NCL organisations. In agreement with the ICB the Trust is maximising the use of these resources to bring forward capital plans from 2026/27 into quarter 4.
- Remaining capital commitments were considered subject to finalisation of key projects including, EPR budget programme finalisation, Oriel adjacent costs and ICT BAU and ICT migration to Oriel cost implications. Slippage in the latter project led to approval of additional budget for medical equipment brought forward from 2026/27.

Leases (IFRS16) £13.8m

- now including the Granary Street lease with planned execution in February/March 2026.

Externally funded capital £121.1m

- Following a review of Oriel construction timelines, the Trust and NHP have agreed to defer £23.1m of NHP funding. The total Oriel budget including Trust and MEC funding is reduced to £122.1m

Receivables

Receivables have reduced by £0.5m to £12.4m since the end of the 2024/25 financial. Debt in excess of 60 days shows an increase of £0.9m in February and current debt reduced by £1.9m.

Payables

Payables totalled £16.1m at the end of February, a reduction of £4.6m since the end of March 2025.

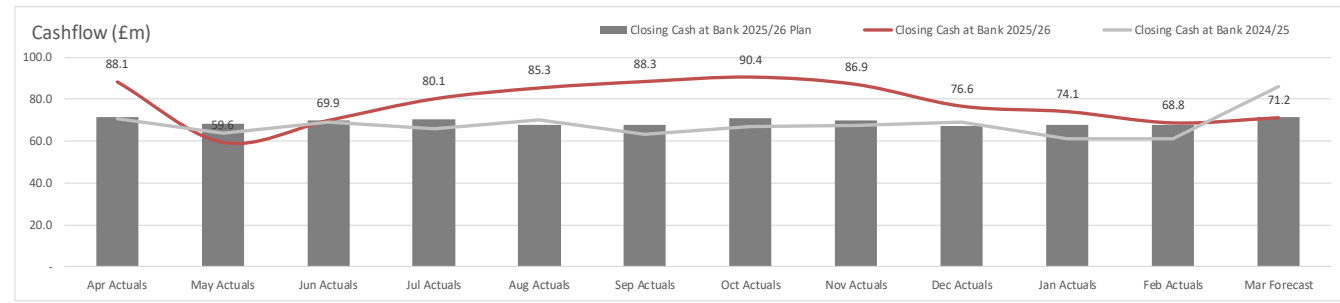
The trust's performance against the 95% Better Payment Practice Code (BPPC) is shown to the left. In aggregate it was:-

- 95% volume of invoices (prior month 95%) and
- 94% value of invoices (prior month 94%).

Trust Statement of Financial Position – Cashflow

Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Actuals	Dec Actuals	Jan Actuals	Feb Actuals	Mar Forecast	Outturn Total	Feb Forecast	Feb Var
Opening Cash at Bank	86.1	88.1	59.6	69.9	80.1	85.3	88.3	90.4	86.9	76.6	74.1	68.8	86.1		
Cash Inflows															
Healthcare Contracts	22.0	20.9	22.5	23.0	25.1	23.7	20.4	21.4	21.6	20.5	20.8	22.8	264.8	21.7	(0.9)
Other NHS	4.3	1.6	0.6	3.2	3.6	1.6	2.0	6.0	1.0	1.7	1.9	1.3	28.8	1.3	0.6
Moorfields Private/Dubai/NCS	4.4	3.8	4.0	4.5	4.1	3.8	4.6	3.9	3.8	3.9	4.0	4.1	48.9	4.1	(0.1)
Research	0.9	0.9	1.9	0.8	1.0	1.0	1.0	1.0	1.4	1.2	0.8	1.3	13.1	1.3	(0.5)
VAT	2.2	0.0	2.3	-	1.6	2.4	1.5	1.4	1.2	1.4	1.3	1.4	16.6	1.4	(0.1)
PDC / Loan	-	-	19.6	14.0	14.5	3.7	12.9	-	-	4.3	0.3	9.7	79.0	9.7	(9.4)
Charity Donation	-	-	5.0	-	-	10.0	-	-	5.0	-	-	0.9	20.9	-	-
Other Inflows	0.3	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.2	0.2	3.0	0.2	(0.0)
Total Cash Inflows	34.1	27.5	56.1	45.7	50.1	46.4	42.6	33.9	34.3	33.1	29.3	41.6	474.9	39.7	(10.4)
Cash Outflows															
Salaries, Wages, Tax & NI	(14.1)	(14.6)	(14.8)	(14.8)	(15.7)	(16.1)	(15.1)	(15.0)	(15.1)	(15.2)	(15.8)	(15.2)	(181.5)	(15.2)	(0.6)
Non Pay Expenditure	(15.5)	(12.0)	(11.6)	(12.8)	(10.2)	(12.9)	(12.3)	(9.8)	(12.5)	(12.4)	(10.0)	(10.2)	(142.2)	(12.0)	1.9
Capital Expenditure	(0.8)	(0.7)	(0.6)	(0.7)	(0.1)	(0.7)	(0.2)	(0.1)	(2.8)	(0.9)	(0.8)	(4.9)	(13.3)	(3.1)	2.3
Oriel	(0.2)	(27.6)	(17.3)	(5.9)	(16.8)	(10.9)	(11.7)	(11.3)	(12.6)	(6.1)	(5.9)	(6.1)	(132.5)	(6.1)	0.2
Moorfields Private/Dubai/NCS	(1.4)	(1.1)	(1.4)	(1.3)	(1.5)	(1.2)	(1.2)	(1.1)	(1.6)	(1.2)	(1.6)	(1.3)	(16.0)	(1.3)	(0.3)
Financing - Loan repayments	-	-	-	-	(0.6)	(1.6)	-	-	-	-	(0.6)	(1.6)	(4.3)	(0.6)	0.0
Dividend Payable	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Cash Outflows	(32.0)	(56.1)	(45.8)	(35.6)	(44.9)	(43.4)	(40.5)	(37.4)	(44.6)	(35.7)	(34.6)	(39.2)	(489.8)	(38.2)	3.6
Net Cash inflows /(Outflows)	2.1	(28.6)	10.4	10.2	5.2	3.0	2.1	(3.5)	(10.3)	(2.6)	(5.3)	2.4	(14.9)	1.5	(6.8)
Closing Cash at Bank 2025/26	88.1	59.6	69.9	80.1	85.3	88.3	90.4	86.9	76.6	74.1	68.8	71.2	71.2		
Closing Cash at Bank 2025/26 Plan	71.4	68.0	69.6	70.5	67.9	67.5	70.7	69.7	67.2	67.6	67.5	71.2	71.2		
Closing Cash at Bank 2024/25	70.4	63.9	69.2	65.9	70.1	63.4	67.1	67.5	68.8	61.4	61.0	86.1	86.1		



Commentary

Cash flow The cash balance as at the 28th February was £68.8m, a reduction of £17.3m since the end of March 2025.

The trust currently has 77 days of operating cash (prior month: 83 days).

February cashflow saw a £5.3m outflow against a forecast inflow of £1.5m due to timing of Oriel capital and Oriel loan receipts slipping to March.

The current forecast cash balance to the end of the financial year is £71.2m in line with plan.

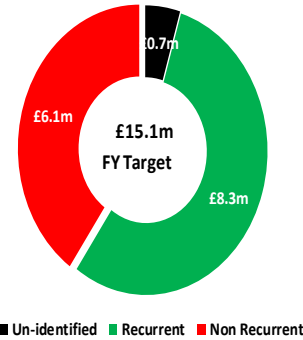
Efficiency Scheme Performance Reporting

EFFICIENCY SCHEMES PERFORMANCE

Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£2.17m	£0.18m	£0.05m	(£0.13m)	£1.99m	£0.87m	(£1.12m)	£2.17m	£0.92m	(£1.25m)
North	£1.43m	£0.12m	£0.03m	(£0.08m)	£1.31m	£0.63m	(£0.67m)	£1.43m	£0.73m	(£0.70m)
South	£0.98m	£0.08m	£0.01m	(£0.08m)	£0.90m	£0.54m	(£0.36m)	£0.98m	£0.61m	(£0.38m)
Ophth. & Clinical Serv.	£1.62m	£0.13m	£0.11m	(£0.03m)	£1.48m	£1.37m	(£0.12m)	£1.62m	£1.48m	(£0.14m)
Research & Development	£0.49m	£0.04m	-	(£0.04m)	£0.45m	-	(£0.45m)	£0.49m	-	(£0.49m)
Trading	£0.83m	£0.07m	-	(£0.07m)	£0.76m	-	(£0.76m)	£0.83m	-	(£0.83m)
Corporate	£5.59m	£0.47m	£0.41m	(£0.06m)	£5.12m	£3.98m	(£1.14m)	£5.59m	£4.37m	(£1.21m)
DIVISIONAL EFFICIENCIES	£13.10m	£1.09m	£0.60m	(£0.49m)	£12.01m	£7.39m	(£4.62m)	£13.10m	£8.11m	(£4.99m)
Central	£2.00m	£0.17m	£0.72m	£0.56m	£2.11m	£5.57m	£3.46m	£2.00m	£6.29m	£4.29m
INTERNAL EFFICIENCIES	£15.10m	£1.26m	£1.33m	£0.07m	£14.12m	£12.96m	(£1.16m)	£15.10m	£14.40m	(£0.70m)
Adjustment to external plan	£2.90m	£1.47m	-	(£1.47m)	(£2.08m)	-	£2.08m	£2.90m	-	(£2.90m)
TRUST EFFICIENCIES	£18.00m	£2.73m	£1.33m	(£1.40m)	£12.04m	£12.96m	£0.92m	£18.00m	£14.40m	(£3.60m)

TRUST WIDE FORECAST

Forecast Delivery £m



Commentary

Governance & Reporting

The trust had a planned efficiency programme of £15.1m for 2025/26 to deliver the Trust control total.

- Trust efficiencies are managed and reported via the Cost Improvement Programme (CIP) Delivery Group.

In Year Delivery

The trust is reporting efficiency savings achieved of:-

- £1.33m in month, compared to a plan of £2.73m, £1.40m adverse to plan; and
- £12.96m year to date, compared to a plan of £12.04m, £0.92m favourable to plan.

The Trust has an efficiency plan with delivery more towards half two of the financial year.

- Compared to a straight-line savings plan which would assume delivery evenly across the year, the Trust would be reporting £0.7m favourable in month & £0.8m adverse YTD.

Identified Savings

The trust is forecasting £14.4m, £0.7m adverse to plan.

Of the total identified:-

- £6.3m is identified central schemes;
- £0.5m is identified high risks to delivery;
- £6.9m identified as non-pay schemes;
- £8.3m is forecast recurrently;

The CIP programme board are working through further efficiency scheme delivery for full financial validation towards increasing the level of identified and forecast delivery in 2025/26.

£6.8m represents the value of un-identified and non-recurrently identified savings.

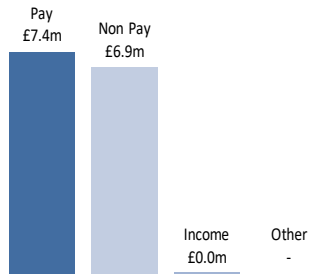
Risk Profiles

The charts to the left demonstrates the

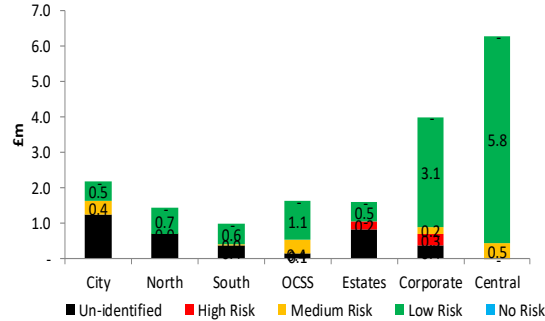
- identified saving by category,
- divisional identification status including risk profiles, and
- the trust wide monthly risk profile changes for identified schemes as the year progresses.

DIVISIONAL REPORTING & OTHER METRICS

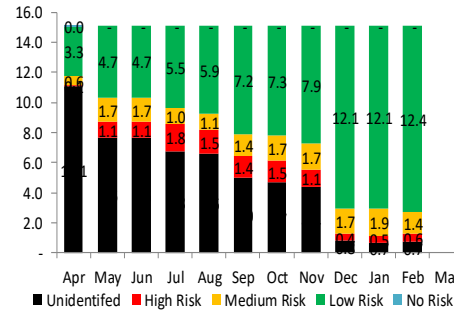
Savings Identified by Category



Savings Identified by Division



Monthly Movement in Risk Profile



* charts may include rounding differences

Supplementary Information



Moorfields
Eye Hospital
NHS Foundation Trust

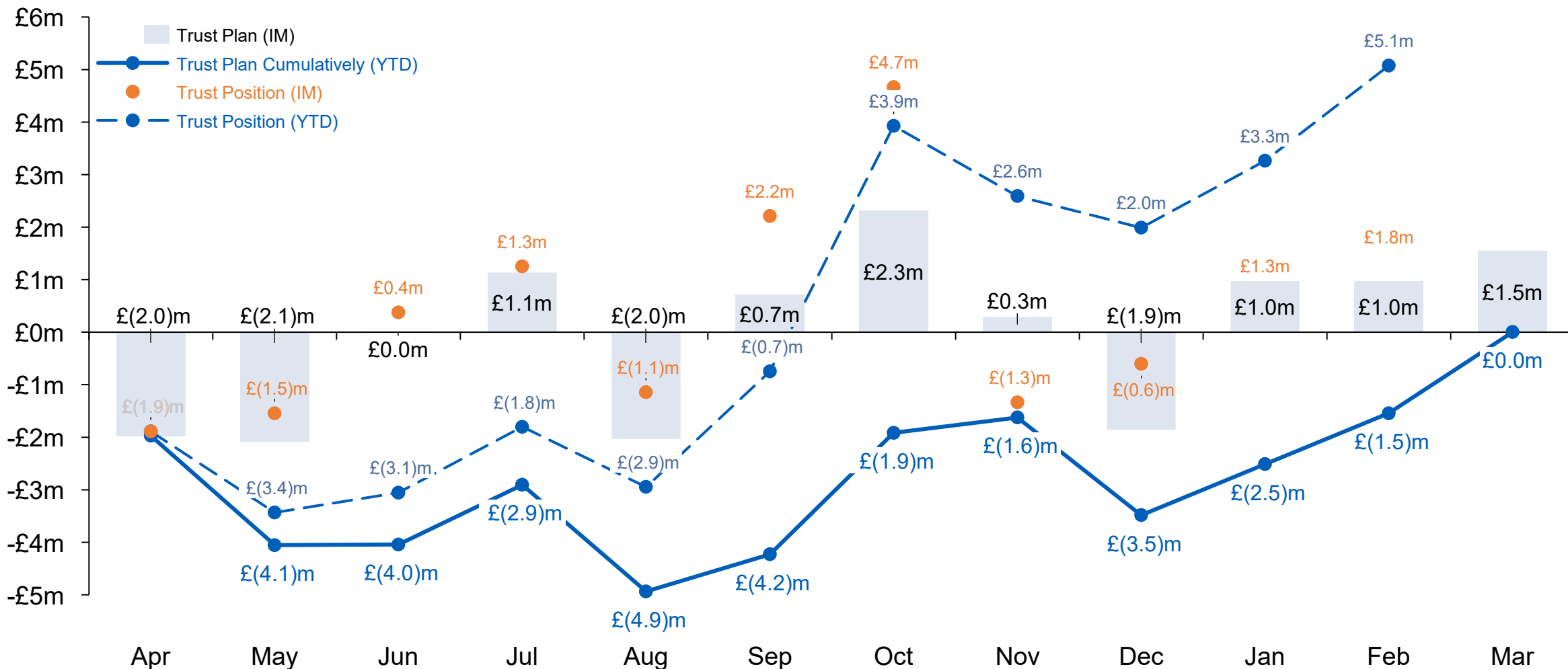


The Trust financial performance is £1.8m surplus in month, £5.1m surplus YTD

For February the trust reported a **£1.8m surplus IM**, **£0.8m favourable to the planned surplus of £1.0m** in month.

Cumulatively the trust is reporting a **£5.1m surplus YTD**, **£6.6m favourable to the £1.5m planned deficit YTD**.

The Trusts financial plan is predicated on the delivery of efficiency savings of £15.1m which has a material impact on in month and cumulative financial plans.



The Trusts financial plan is predicated on typical assumptions for income and expenditure categories as laid out below, including efficiencies which due to its size (£15.1m) has a material impact on in month and cumulative financial plans. Planning assumptions have included:-

- NHS Income based activity plans point of delivery and working days/calendar days adjusted for bank holidays, and leave periods. Pay based on generalised twelfths unless where specifically planned. Non pay clinical supplies matched to NHS clinical activity. Efficiencies profiled on a quarterly phased basis using indicative statuses of scheme identification at the beginning of the year.

Meeting:	Board of Directors					
Date:	26 March 2026					
Report title:	Governance schedule					
Lead executives	N/A					
Report Author	Ben Westmancott, Interim Company Secretary					
Presented by	N/A					
Status	For noting					
Link to strategic objectives	N/A					
Brief summary of report						
<p>The purpose of the governance schedule is to ensure the board notes the register of directors and that there is clarity on committee membership. Similarly, it sets out the governors who make up the Membership Council by constituency.</p>						
Action Required/Recommendation.						
The board is asked to note the governance schedule						
For Assurance	<input type="checkbox"/>	For decision	<input type="checkbox"/>	For discussion	<input type="checkbox"/>	To note ✓

GOVERNANCE SCHEDULE

Board Membership

Name	Title	Designation	Current Term of Office ending:
Tim Briggs	Interim Chair	Non-Executive	10 April 2026
Adrian Morris	Senior Independent Director	Non-Executive	31 March 2027
Asif Bhatti		Non-Executive	22 May 2028
Andrew Dick		Non-Executive	30 September 2026
David Hills		Non-Executive	31 March 2026
Elena Lokteva		Non-Executive	31 December 2028
Michael Marsh		Non-Executive	3 November 2028
Aaron Rajan		Non-Executive	28 February 2027
<i>Vacant NED position</i>		<i>Non-Executive</i>	
<i>Vacant associate NED position</i>		<i>Associate Non-Executive</i>	
Peter Ridley	Chief Executive Officer & AO	Executive - voting	N/A
Jon Spencer	Chief Operating Officer	Executive - voting	N/A
Louisa Wickham	Chief Medical Officer	Executive - voting	N/A
Simmi Naidu	Chief Nurse & Director of AHPs	Executive - voting	N/A
Sue Steen	Chief People Officer	Executive - voting	N/A
Arthur Vaughan	Chief Finance Officer	Executive - voting	N/A
<i>Vacant position</i>	<i>Director of Research & Discovery</i>	Executive	N/A
Elena Bechberger	Director of Strategy & Partnerships	In attendance	N/A
Victoria Moore	Director of Transformation & Performance Improvement	In attendance	N/A

Committee Membership

Quality & Safety

Michael Marsh (Chair)

Asif Bhatti
Andrew Dick
Chief Nurse & Director of AHPs
Chief Medical Officer
Chief Exec
Chief Operating Officer

Audit & Risk

Asif Bhatti (Chair)

David Hills
Elena Lokteva
Michael Marsh

Discovery & Commercial

Vacant NED position (Chair)

Elena Lokteva (Interim Chair)
Andrew Dick
Adrian Morris
Director of Research & Discovery
Chief Medical Officer
Chief Executive

Finance & Performance

Elena Lokteva (Chair)

Asif Bhatti
David Hills
Vacant NED position
Chief Finance Officer
Chief Operating Officer

People & Culture

Aaron Rajan (Chair)

Michael Marsh
Chief People Officer
Chief Nurse & Director of AHPs
Chief Medical Officer
Chief Operating Officer

Major Projects & Digital

David Hills & Aaron Rajan (Co-chairs)

Elena Lokteva
Adrian Morris
Asif Bhatti
Chief Finance Officer
Chief Operating Officer

Remuneration & Nominations

Tim Briggs (Chair)

Adrian Morris
Asif Bhatti
David Hills
Elena Lokteva
Michael Marsh

Council of Governors

Nominated Class	Constituency	Name	Start of term
Partnership	Royal National Institute for the Blind	Tricia Smikle	14 November 2017
Partnership	Royal College of Optometrists	Ian Humpherys	5 December 2019
Local authority	London Borough of Islington	Santiago Bell-Bradford	September 2022

Public Constituency (11/12 seats filled)	Names	Term End Date
Bedfordshire & Hertfordshire	<i>Vacant position</i>	
Bedfordshire & Hertfordshire	Margaret Connor	31 March 2028
North Central London	Robert Goldstein	31 March 2027
North Central London	Paul Murphy	31 March 2027
North East London & Essex	John Russell	31 March 2028
North East London & Essex	Sean Cooke	31 March 2027
North West London	Vijay Arora	31 March 2027
North West London	Dinesh Solanki	31 March 2027
South East London	Allan MacCarthy	31 March 2028
South East London	Naga Subramanian	31 March 2027
South West London	Emmanuel Zurdis	31 March 2028
South West London	Kimberley Jackson	31 March 2028
Patient Constituency (3/3 seats filled)	Names	Term End Date
Patient	Emily Brothers	31 March 2026
Patient	Robert Jones	31 March 2027
Patient	Ursula Smartt	31 March 2027
Staff Constituency (4/4 seats filled)	Names	Term End Date
City Road	John Shubhaker	31 March 2028 (standing down 31.03.26)
City Road	Amit Arora	31 March 2027
Network sites	Sade Bakare	31 March 2028



Moorfields
Eye Hospital
NHS Foundation Trust

Network sites



Yasir Khan

31 March 2027