Bundle Board of Directors - Part 1 27 November 2025

1 09:00 - Welcome and introductions
Tim Briggs, interim Chair
For noting
251127 TB Part I Item 00 Agenda

2 09:05 - Staff story
Sue Steen, Chief People Officer
For noting

3 09:25 - Apologies for absence
Tim Briggs, interim Chair
For noting

4 Declarations of interest
Tim Briggs, interim Chair
For noting

5 Minutes of the previous meeting
Tim Briggs, interim Chair
For approval
251127 TB Part I Item 05 DRAFT Minutes of Meeting in Public 251002 SA

6 Matters arising and actions log
Tim Briggs, interim Chair
For noting
251127 TB Part I Item 06 Action log

07 Starred items
Starred items are for information; discussion is by exception.

07.a EPRR assurance confirmation 2025/26
Jon Spencer, Chief Operating Officer
Starred item
251127 TB Part I Item 07a(i) EPRR 2025 Assurance Report
251127 TB Part I Item 07a(ii) Moorfields Assurance confirmation 2025 v2.0

07.b Education annual report
Sheila Adam, Chief Nurse and Director of Allied Professionals
Starred item
251127 TB Part I Item 07b(i) Education Committee Annual Report cover
251127 TB Part I Item 07b(ii) Education Committee Annual Report 2024 25 final

8 09:30 - Chief Executive's Report
Peter Ridley, Chief Executive
For noting
251127 TB Part I Item 08 CEO report

9 09:40 - Integrated Performance Report
Executive Team
For assurance
251127 TB Part I Item 09 IPR M7 (OPEN Version) cover
251127 TB Part I Item 09 IPR M7 (OPEN Version)

10 09:50 - Finance Report
Arthur Vaughan, Chief Finance Officer
For assurance
251127 TB Part I Item 10(i) 2025-26 Public Finance Board Report - M7 Cover
251127 TB Part I Item 10(ii) 2025-26 Public Finance Board Report - M7

11.a 10:00 - FTSU guardian progress Q2 update
Sheila Adam, Chief Nurse & Director of AHP / Princess Cole, FTSU Lead Guardian
for assurance
251127 TB Part I Item 11a FTSU Report Q2 25-26 v1 (Public)

11.b FTSU annual report

Sheila Adam, Chief Nurse & Director of AHP / Princess Cole, FTSU Lead Guardian
for assurance

251127 TB Part I Item 11b FTSU Annual Report 204-25 (Public)

12 10:15 - Request for action on racism including antisemitism
Sue Steen, Chief People Officer
for approval

251127 TB Part I Item 12(i) Action on racism including antisemitism – NHSE Guidance
251127 TB Part I Item 12(ii) Letter to NHS on racism including antisemitism 251016

13 10:20 - Committee reports
for noting
a) Finance & Performance - Elena Lokteva, Non-executive Director
b) People & Culture Committee - Aaron Rajan, Non-executive Director
c) Quality & Safety Committee - Michael Marsh, Non-executive Director

251127 TB Part I Item 13a Report of FPC
251127 TB Part I Item 13c QSC Summary report
251127 TB Part I Item 13b Report of PCC

14 10:30 - Identify risks arising from the agenda
Tim Briggs, interim Chair
For noting

15 10:35 - AOB
Tim Briggs, interim Chair
For noting

16 10:40 - Date of the next meeting: 5 February 2026

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
A MEETING OF THE BOARD OF DIRECTORS
To be held in public on Thursday 27 November 2025 at 09.00
at The Boardroom, Kemp House and via MS Teams

No.	Item	Action	Paper	Lead	Mins
1.	Welcome	Note	Oral	TB	5
2.	Staff story	Note	Oral	SS	20
3.	Apologies for absence	Note	Oral	TB	5
4.	Declarations of interest	Note	Oral	TB	
5.	Minutes of the previous meeting 2 October 2025	Approve	Enclosed	TB	
6.	Matters arising and action log	Note	Enclosed	TB	
7.	Starred items a) EPRR assurance confirmation 2025/26 b) Education annual report	 Starred item Starred item	 Enclosed Enclosed	 JS SAd	
8.	Chief executive's report	Note	Enclosed	PR	10
9.	Integrated performance report	Assurance	Enclosed	Exec	10
10.	Finance report	Assurance	Enclosed	AV	10
11.	Freedom to speak up a) Q2 guardian update b) Annual report – open	 Assurance Assurance	 Enclosed Enclosed	PC	15
12.	Request for action on racism including antisemitism	Approve	Enclosed	SS	5
13.	Committee reports a) Finance & Performance b) People & Culture c) Quality & Safety	 Note Note Note	 Enclosed Enclosed Enclosed	 EL AR MM	10
14.	Identifying any risks from the agenda	Note	Oral	TB	5
15.	Any other business	Note	Oral	TB	5
	Date of next meeting – 5 February 2026				

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
DRAFT Minutes of the meeting of the Board of Directors held in public on 2nd October 2025
The Education Centre, Ebenezer Street, and via MS Teams

Board members:	Professor Tim Briggs (TB)	interim Chair
	Peter Ridley (PR)	interim Chief executive
	Andrew Dick (AD)	Non-executive director
	Aaron Rajan	Non-executive director
	Asif Bhatti	Non-executive director
	Michael Marsh (MM)	Non-executive director
	Elenor Lokteva (EL)	Non-executive director
	Adrian Morris (AM)	Non-executive director
	Sheila Adam (SAd)	Chief nurse and director of AHPs
	Arthur Vaughan (AV)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer
	Hilary Fanning (HF)	Director of discovery (via Teams)
	Sue Steen (SS)	Chief people officer
	Louisa Wickham (LW)	Medical director
In attendance:	Sam Armstrong (SAr)	Company secretary
	Elena Bechberger (EB)	Director of strategy & partnerships
	Victoria Moore (VM)	Director of excellence delivery and chief of staff
	Ian Tombleson (IT)	Director of health and safety (item 2)
	Robin Tall (RT)	Head of patient experience (item 2)

A number of staff and governors observed the meeting online, including: Allan MacCarthy, Kimberley Jackson, Yasir Khan, Emmanuel Zuridis, Ian Humphreys, Paul Murphy, Professor Naga Subramanian, John Shubhaker, Jennie Phillips (deputy company secretary) and Nic De Beer (committee secretary).

1. Welcome

The chair opened the meeting at 9.00am and welcomed all those present and in attendance.

Introductions were completed.

2. Patient Story

Nigel Skinner Simpson (NSS) shared his long-term patient experience at the trust, highlighting ongoing challenges with appointment scheduling, ineffective contact numbers, and the impact of virtual clinics.

He emphasized the importance of early detection and the challenges of relying on his right eye due to deterioration in his left eye.

NSS reported repeated issues with receiving inconvenient appointment times despite requests for later slots, and described unsuccessful attempts to reschedule via provided extension numbers, which consistently failed to connect. He noted that alternative contact methods, such as emails and calls to the outpatient centre, were also ineffective, often resulting in delayed or unresolved changes.

He contrasted his experience at Moorfields at Oxford, where appointment contact numbers worked reliably and queries were resolved promptly, with the less effective system at Warfield, highlighting inconsistencies in administrative processes between clinics.

NSS raised his concerns about the limitations of virtual clinics, noting that conditions not visible on scans could be missed and that face-to-face examinations by doctors now occur only annually. He provided examples where important changes in his vision were not acted upon promptly due to reliance on virtual monitoring.

In response, JS acknowledged the issues raised, outlining ongoing efforts to improve the reliability of appointment letters and contact numbers, and described system changes such as booking appointments closer to the clinical window to reduce cancellations. He also discussed the need for a unified booking model and recognised current limitations in logging patient preferences within the electronic system. The number of re-booking had fallen as a result of the new system to schedule appointments six weeks in advance. The trust was trying to offer more flexibility and would continue to work to make improvements for this.

LW pointed out that virtual clinics provided the ability for the trust to check up more regularly on patients, however the distance created as a result was regrettable. There were fail safe processes that used data appropriately and worked to keep people safe. There was a challenge to identify potential issues with the eye, which were not already being actively monitored. The chair added that more safety nets were needed.

JS would review and correct any incorrect extension number provided in glaucoma clinic appointment letters (action - JS). He would also engage with the PPEC Coordination Group to obtain further feedback on the quality and reliability of diagnostic letters and incorporate their suggestions into the letter improvement process (action - JS/IT).

The chair thanked Nigel for his presentation, which the board noted.

3. Apologies for absence

Apologies were received from David Hills, non-executive director.

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 24th July 2025 were approved as a correct record.

6. Matters arising and action log

The action log and updates were noted.

7. Chief executive's report

PR presented the report.

Progress on the new hospital build and MoorConnect programmes was on track, with ongoing design and decision work. These projects remained a major focus for the trust, and detailed updates would be provided in part two of the board meeting.

The Boards of North West London and North Central London Integrated Care Boards (ICBs) had individually approved moving to a full merger. In response to a question from EL, PR provided more details of the merger and advised further possible impacts of the merger would be revealed in due course.

The NICE approvals for treatment of rare disease and eye tests at diagnosis of dementia were noted.

PR welcomed John Middleton as the trust's new director of private practice. He would be leading the strategy for the private services as well as the operational delivery, and he had joined from Barts Health where he was Deputy Chief Executive at Newham University Hospital.

It was noted that the two governance reviews continued, with oversight from the governor review group. These were expected to be delivered in December 2025.

In concluding, PR highlighted the successful Stars event that had taken place recently. The event was kindly sponsored by Moorfields Eye Charity and supported by several trust partners. TB added that the staff nominated for awards were outstanding and there was a double celebration for the trust being named top of the new league table.

The Board noted the report.

8. Integrated performance report

JS presented the report.

It was reported that a slight drop in RTT performance had occurred, however, while the trust wanted to achieve improvements, the trust remained a national leader. Specific specialties at the City Road site faced capacity challenges, with worst-case scenarios expected for several months due to known incidents. The board noted that plans were being developed to recover performance through targeted efforts.

The number of patients waiting over 52 weeks for their treatment has increased to 31 at the end of August. This was due to error in the management of referrals via the electronic Referral Service (eRS). All patients had been offered an appointment, and no harm has been identified so far, however it may take two-to-three months to rectify the situation and the board was warned it may further decline before improving.

The trust had moved from a paper-based to a fully online appraisal system, condensing the annual window into three months. Engagement sessions were held with line managers to define good appraisal practices, and the trust achieved an appraisal rate of 82.7%.

Sickness absences had increased to 5.6%, which was above the ceiling. Line managers continued to be supported to reduce sickness absence, and the Trust was currently focusing on long-term sickness. In response to questions from AB, SS advised the Board that the model for appraisals was being further developed and that quality was ensured this year with a rollout of workshops and training for line managers, however this would increase next year. The trust was working with long-term sick staff to assist them in returning to work.

SAd reported that a never event had occurred and was being reviewed in October 2025. She detailed that it was a wrong implant (lens). It would be discussed further at the Quality and Safety Committee. The patient received an immediate replacement and was doing well.

In response to a question from AR, JS reported that it would be expected that the booking centre would be under pressure during winter and the Trust was aware and working to mitigate the related risks. In response to a question from TB on 52-week-waits, JS reported there was a recovery plan in specialist areas, however, while the effected patients were monitored, there was a priority to implement the RTT recovery plan first. In response to a question from EL, JS stated that the emergency metrics had climbed this month and further investigation on the figures would occur.

It was agreed to monitor the progress and achievement of the complaints recovery plan and report back to the board in six months' time (action – SAd).

The Board noted the report.

9. Finance report

AV presented the report. The following highlights were noted:

The trust was reporting a £2.9m deficit year-to-date, which was favourable to plan by £2m. There had been observed improvements in agency and bank spend, and a positive cash flow. The efficiency program was progressing, with £8.4 million identified against a target of £15.1m. Delivery in August was favourable to CIP plan, year-to-date, however there was more work to do to ensure the plan would be delivered by year-end. VM added that plans were in place to challenge underperforming areas on CIP.

The board discussed the need to balance financial resources with performance recovery, particularly in specialist areas, and the impact of external factors such as commissioner affordability and contract risks. Plans were in place to redistribute resources and maintain alignment with financial forecasts.

The Board noted the report.

10. Guardian of safe working

LW presented the report.

It was noted that there were no exception reports.

It was always a challenging period when change-over of residents occurred in August.

There were two less-than-fulltime-trainees incorrectly allocated on the rota, which had a challenging effect as changes were needed at late notice. The trust was to put in place plans to ensure these issues did not occur again in the future.

The board noted the report.

11. Appraisal and revalidation annual report

LW presented this report.

It was noted that results had improved from last year, particularly following up those who had not completed their appraisal and revalidation. In response to a question from AD, LW commented that there were a number of external sources colleagues needed to access, however this was sometime challenging for them to do so. She added that the policy had been altered to encourage clinicians to submit all information in advance of due date, which was hoped to reduce deferrals.

In response to a question from MM, LW advised the board that there had been a restructure in medical HR, and an additional deputy medical director role created, which would assist in the successful completion of the process. In response to a follow up question from MM, the Board decided that scrutiny of the appraisal and revalidation process would be conducted at People and Culture Committee, and this would be added to the committee workplan (action – SAr).

The Board approved the report for submission.

12. Infection prevention and control annual report

SAd presented the report, which had been thoroughly discussed at Quality and Safety Committee.

The achievements in antimicrobial stewardship, low infection rates, and vaccination trends were noted. Although staff had challenges they had overperformed throughout the year.

It was noted that sustainability initiatives had been particularly successful along with leadership in antimicrobial stewardship. These were scrutinised at Quality and Safety Committee.

The accepted infection rate for simple cataract surgery was set at 0.2%, with the trust achieving a lower rate of 0.16%. The board recognised the good outcome compared to national standards. Vaccinations at the trust were reported as the highest in London at 48%, however further improvements were expected in the future.

In response to a question, it was confirmed that surveillance data demonstrated no upward trends in infection rates, with rare occurrences of bloodstream infections or c.difficile due to the nature of care provided.

The Board noted the report.

13. Adult and young person safeguarding annual report

The Board received the report for noting.

SAd pointed out that this report brought together safeguarding for both children and adults. This was a key achievement and better ensured that safeguarding was seamless between children and adults. There was support for the combining of the report, and the board noted the very positive results. The vignettes were noted.

The Board noted the report.

14. Committee reports

a. Audit and Risk Committee

AB presented the report.

It was noted that the external auditor had noted weaknesses in governance related to board turnover, CIPs and transparency. The internal auditor had also provided highlighted weaknesses in controls, noting the, at times, poor responses to management actions from reviews.

There were no issues raised by counter fraud in their annual report.

b. Quality and Safety Committee

MM presented the reports for July and September meetings.

It was noted that quality and safety related annual reports had been discussed. The trust had successfully merged its children, young people, and vulnerable adult safeguarding teams to focus on family-centred care, with case studies illustrating the positive impact of this approach.

The complaints recovery plan was reviewed at committee, and it was expected to reach target performance by year-end, with ongoing monitoring. The committee identified opportunities to share good practice from the UAE part of the organization more widely, with LW tasked to facilitate this process.

Peer reviews had highlighted the need for improvement in the surgical debrief processes, and there were plans for increased scrutiny to enhance performance in this area.

15. Audit and Risk Committee terms of reference

The terms of reference were taken as read, and it was noted that no alterations had been proposed.

After due consideration, noting that the Audit and Risk Committee had reviewed the terms of reference at its last meeting, the Board approved the terms of reference.

16. Identifying any risks on the agenda

The following risks were identified from the meeting:

- concerns were raised about 52-week wait times and the need to improve efficiency and productivity, with these areas identified as critical risks for the organization
- the change management related to OWL, plans were being developed to improve this
- performance and structure of administration, while improving, needed further work.

17. Any other business

There was no other business.

18. Date of next meeting

It was noted that the next meeting of the Board would take place on 27 November 2025 at the Trust Boardroom at Kent House.

The meeting was closed 10:25am

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS ACTION LOG

27 November 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.	SAr	BAF was reviewed at BSD held 5 November 2025 and an action plan was agreed. BAF will be reviewed by exec and from January 2026 it will be monitored via committees and reported at board for oversight. **Suggest to closed.**	November 2025
	05/10/25	2.	Patient story	JS would review and correct any incorrect extension number provided in glaucoma clinic appointment letters	COO	The extension has amended to the Booking centre. The original extension has been removed as no longer in use. **Suggest to close.**	November 2025
	05/10/25	2.	Patient story	JS would engage with the PPEC Coordination Group to obtain further feedback on the quality and reliability of diagnostic letters and incorporate their suggestions into the letter improvement process	COO	Diagnostic letters have been incorporated into the broader letters project. Templates are taken through PPEC with several already reviewed. **Suggest to close.**	November 2025
	05/10/25	8.	IPR	It was agreed to monitor the progress and achievement of the complaints recovery plan and report back to the board in six months' time	Chief Nurse	**Not due.**	March 2026

Moorfields Eye Hospital NHS Foundation Trust

NHS

Cover Sheet	
Report title	Emergency Preparedness Resilience and Response Assurance Process Review Report 2025
Meeting	Board of Directors
Date	27 November 2025
Report from	Jon Spencer, Chief Operating Officer
Prepared by	Juliana Richardson, Emergency Planning Lead
Previous forum consideration	TEC - 4 November 2025 EPRR Steering Group – 2 October 2025

Relevant strategic objectives	Working together	**Y**	Discover		Develop		Deliver		Sustainability and Scale		

Purpose of report	Assurance		Decision		Discussion		For information	**Y**

Executive summary

The 2025 annual EPRR assurance process review for the trust took place on 27th October 2025. The aim of this process is to assure the ICB and NHS England (London) of EPRR processes and policies within individual Trusts.

Prior to the meeting the trust carried out and submitted a RAG rated self-assessment against the NHS Core Standards for EPRR.

This year the trust was awarded a green RAG rating with fully compliant.

Quality implications

N/A

Financial implications

N/A

Risk implications

N/A

Executive Summary

This paper provides a summary of the outcomes of Moorfields' emergency preparedness, resilience and response (EPRR) annual assurance survey submission to the ICB during 2025. It assures as far as reasonably practicable, cohesive coordination in all aspects of emergency preparedness, resilience and response, across all sites and services provided by the trust.

1. Introduction

The trust is required to prepare for and respond to a wide range of incidents or emergencies that could impact on health or patient care. These could be anything from extreme weather events, infectious disease outbreaks, terrorist attacks to major transport accidents. The trust must be internally resilient and be able to respond safely to such incidents, or other internal disruptions, whilst maintaining its services to patients.

The Trust is termed as 'a Category One Responder' under the Civil Contingencies Act (2004) due to its 24 hour A&E ophthalmic service; however Moorfields is not a designated receiving hospital. This being the case, the trust is still required to meet all EPRR core standards. The trust also has a duty to cooperate with the wider integrated healthcare and civil resilience systems to ensure there is a seamless and coordinated response for protecting both the health of local communities and the nation against the challenges of natural hazards, accidents, infectious disease outbreaks and the enduring threat of terrorism.

The NHS service-wide objective for emergency preparedness, resilience and response (EPRR) set by NHS England is to:

'ensure that the NHS is capable of responding to significant incidents or emergencies of any scale in a way that delivers optimum care and assistance to the victims, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enacting its capability to work across organisational boundaries'

2.0 EPRR assurance process

The EPRR Assurance process is an annual survey which is submitted to the ICB on behalf of the trust. The purpose of this process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR Core Standards. The compliance levels are Full (green), Substantial (green), Partial (amber) and Non-compliant (red). The core standards are listed as follows:

- Governance
- Duty to assess risk
- Duty to maintain plans
- Command and control
- Training and exercising
- Response
- Warning and informing (duty to communicate with the public, partners etc)
- Co-operation
- Business continuity framework
- Hazmat (hazardous material) & CBRN (chemical, biological, radiological and nuclear)

The organisation undertook a self-assessment, which entailed RAG rating the trust's compliance on each of the core standards i.e. green, amber, and red. This self- assessment was submitted during early September 2025 to the ICB, followed up with a review meeting in October 2025.The Emergency Planning Lead in consultation with the COO, RAG rated all core standards as green. Based on discussions in the Assurance meeting, all core standards were awarded green.

For London trusts there is an added standard around EDI, which is not counted for the overall assurance rating, which we self-assessed as amber. We plan to work closely with the EDI team and staff networks to ensure our plans are aligned to the work of the networks and EDI team.

North Central ICB awarded the trust a full level of compliance (green) RAG rating.

2.1 EPRR assurance process Moorfields 2025 Results

EPRR Core Standards	Moorfields RAG Rating 2025
Governance	
Duty to assess risk	
Duty to maintain plans	
Command and Control	
Training and exercising	
Response	
Warning and informing	
Co-operation	
Business continuity framework	
Hazmat & CBRN	

3. EPRR sustained improvement

Year on year improvements have been achieved in regard to the EPRR work streams, ultimately improving the trust's overall resilience when responding to incidents. The ICB stated that the trust had clearly demonstrated its commitment to EPRR. It was noted that the trust continues to maintain a high standard for EPRR arrangements and reference was made to continuous improvement.

4. Next steps

The EPRR function will continue to strive to maintain the high standards achieved this year, with the main objective of continuous improvement. One of the focuses of EPRR for the 2026/2027 action plan is liaising closely with the EPR and Oriel teams to ensure our processes are updated with new current working.

North Central London
Integrated Care Board

EPRR assurance confirmation 2025/26

Moorfields Eye Hospital NHS Foundation Trust

Dear Colleagues,

Thank you for your EPRR core standards self-assessment submitted 01 September 2025 and the work you have done in both preparedness and response over the last 12 months. The assessment was reviewed and discussed on 27 October 2025 with a panel consisting of North Central London Integrated Care Board and NHS England – London representatives.

North Central London ICB can confirm your submitted level of compliance, agreed by your Accountable Emergency Officer, was **Fully Compliant** and this will be reported to NHS England in line with the national process.

The level of self-assessed compliance must also be reported to your public board (or equivalent) at the next available opportunity.

Meeting attendees

Name	Organisation
Juliana Richardson – EPRR Lead	Moorfields NHS Foundation Trust
Jon Spencer –COO (AEO)	Moorfields NHS Foundation Trust
Robyn Miller – NHSE Relationship Manager	NHS England - London
Nathan Welch – Head of EPRR	North Central London ICB
Robyn Cassidy – EPRR Manager	North Central London ICB

Key Discussion points

High level points on areas of good practice or successes, areas where further clarification was asked, risks or issues identified by the organisation and any actions that will be taken:

1. **EPRR Assurance Core Standards Review**
    - All of Moorfields EPRR core standards were marked fully compliant which indicates strong performance.
    - The trust has strong governance through their steering group and Policy & Procedures Committee.
    - The London specific core standard for EDI is rated as amber but there are plans to strengthen links with internal EDI groups as well as involve the EDI team more in EPRR planning to include attending the EPRR group to increase integration.
2. **North Central London ICB Feedback**
    - There is active collaboration with other organisations and specialist trusts.

- There is consistent engagement by the EPRR Lead with the system and region.
- The EPRR Lead was praised for her professionalism and supporting the ICB.
- North Central London and North West London ICBs are merging, with the NWL EPRR team all leaving by the end of November.
- Leadership changes are in place with a new executive team, but no immediate operational EPRR changes are expected with the EPRR team continuing their role.

3. **NHSE Feedback**
    - There is high involvement in LHRP subgroups, including undertaking co-chairing and secretarial roles.
    - Commended for implementing a staff EPRR e-learning package which not all trusts have.
    - There is regional EPRR uncertainty as awaiting clarity on the future structure and responsibilities.
4. **Moorfields Feedback**
    - There is going to be transition to a new EPR system.
    - There is planning taking place to move to the new hospital, Oriel.
    - There is an anticipated 18 months of continuous change requiring adaptive planning.
    - Acknowledgement of the impact of strike action on planning and delivery.
5. **Closing Remarks**
    - NCL ICB confirmed the trust is fully compliant with EPRR standards.

If you have any questions regarding the above, please send them to nclicb.eprr@nhs.net. Thank you for taking the time to complete the process which helps provide a valuable benchmark for NHS preparedness across the capital.

Kind regards,

NCL ICB EPRR Team

Cover Sheet	
Report title	Education Committee Annual Report 2024-2025
Meeting	Board of Directors
Date	4 November 2025
Report from	Sheila Adam, Chief Nurse & Director of Allied Professionals
Prepared by	Rebecca Ellis, Associate Director for Education Kathy Adams, Deputy Chief Nurse Sheila Adam, Chief Nurse
Previous forum consideration	People & Culture Committee: 4 November 2025 Trust Executive Committee: 21 October 2025 Education Committee

Relevant strategic objectives	Working together	x	Discover		Develop	x	Deliver		Sustainability and Scale	x

Purpose of report	Assurance		Decision		Discussion		For information	x

Executive summary

The Education Committee Annual Report 2024-2025 provides an in-depth oversight of multi-professional education activity throughout 24/25. The report provides evidence that MEH has advanced its commitment to education by implementing and embedding its Education Strategy, enhancing governance through the Education Committee, and expanding equitable access via the Education Funding Review Group, which supported around 600 applications, a 111% increase from the previous year. The hospital strengthened its multi-professional education faculty and standardised its Education Hub operations, while commercial education generated significant revenue reinvested into staff development. Diverse funding sources supported innovations like virtual reality and hybrid learning, alongside growth in undergraduate and postgraduate training across multiple healthcare disciplines. International programmes and the ORIEL Education Workstream have further supported the future for Education at MEH.

Quality implications

The annual report provides assurance that the quality of education and training is consistently high, ensuring that our staff and the wider eyecare workforce are able to retain and develop new, relevant and varied skills and capabilities through pour education programmes and development offerings.

Financial implications

In 2024/25, the Trust received £6.4 million in education funding, up from £5.2 million the previous year, and accessed around £0.7 million in apprenticeship levy funds. Postgraduate Medical Education was allocated £3.07 million, covering half the salaries of 55 trainees, while undergraduate education received £0.81 million. The Education Funding Review Group managed £0.62 million for

non-medical staff from various sources, including NHSE CPD and internal surpluses. Non-medical NHSE funding of £0.59 million supported placements and salaries. Commercial education and optometry short courses generated £1.07 million, producing a surplus of £0.63 million.

Risk implications

1. Funding Stability: While funding increased in 2024/25, reliance on multiple funding streams (NHSE, apprenticeship levies, internal surpluses, commercial income) may pose risks if any source is reduced or withdrawn.
2. Equity and Access: Although the EFRG expanded support and transparency, there remains a risk that some groups or individuals are still underrepresented- work on this is ongoing, supported by the EDI steering group
3. Quality and Consistency: Expanding programs, including virtual reality, requires expert knowledge and quality control. Without consistent standards and governance, there could be variability in educational outcomes.
4. Commercial Dependence: The surplus from commercial education helps reinvest in staff development, but an overreliance on commercial income could be risky due to current NHS financial landscape and ability of external trusts to support external learners.

Moorfields Eye Hospital NHS Foundation Trust

NHS

Education Committee Annual Report

2024-2025

Version: 1
Status: Draft
For approval: September 2025
Ratified: 00 Month 0000

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Appendix

1.Education Strategy

Education Strategy Implementation.pptx

2.Education Finance Report

Microsoft Word Document

3.Education governance structure and purpose

Education governance structure

4. Education Funding Review Group Approval data 2024/25

MEH EFRG 2425 Activity.pptx

5. Education Hub SOP

Education Hub SOP V9.docx

6. ORIEL Education Workstream PPT

Oriel Education Workstream March 2(

7. Moorfields Academy Summary 2024/5

Academy summary 2 years funding (002) (2

8. Optometry Education annual report 2024/25

Optometry Education - Annual report subm

9. Postgraduate Medical annual report 2024/25

PGME Annual Education Committee

10. Nursing Education annual report 2024/25

Clinical Nurse Education Team Over

11. UCL and Institute of Ophthalmology annual report summary

20250305-Annual Report Education for I

Executive Summary

Education remains central to Moorfields Eye Hospital's mission. During 2024/25 we embedded our Education Strategy, strengthened governance via the Education Committee, and expanded equitable access through the Education Funding Review Group (EFRG).

The EFRG supported approximately 600 applications, which represents an increase of 111 percent on 2023/24, and reinforces equity and transparency.

We consolidated the multi-professional education faculty and implemented the Education Hub Standard Operating Procedure at Ebenezer Street, which enables co-designed programmes and consistent standards.

Commercial education generated £0.81 million of sales and a surplus of £0.63 million that we reinvested into staff development.

Funding streams broadened through NHSE allocations, Prevent and Protect funds, non-medical prescribing funds, and the apprenticeship levy, and we expanded innovation in virtual reality, hybrid delivery, and tailored pathways for bands 2 to 4.

Undergraduate and postgraduate training grew across medicine, nursing, orthoptics, optometry, imaging, pharmacy, and healthcare science, with more than 1,000 medical students, 163 nursing placements, and strengthened advanced practice routes.

International observerships, including a three-week programme for advanced and consultant ophthalmic nurses from Hong Kong, underscored our global profile.

The ORIEL Education Workstream is shaping future-ready spaces and curricula, and the Moorfields Academy provided high-impact, multi-professional forums that covered topics such as artificial intelligence, racial bias, and wellbeing.

Overall, 2024/25 was transformative and positions Moorfields to lead ophthalmic education nationally and globally.

Progress against education strategy implementation

Education is a central pillar to advancing excellence in eye care. It not only empowers our staff and fosters professional growth but also acts as a catalyst for driving innovation and service improvement across the organisation.

Following the introduction of our Education Strategy in early 2023 (appendix 1), we have built positive momentum and are beginning to see tangible benefits for both staff and patients.

During 2024/24, we met several key objectives, including:

- The delivery of transparent, equitable and accountable access to education funding for all non-medical staff through the education review group. The group has a multiprofessional membership and clear guidelines (more detail in EFRG section)
- Collaboration between multi-professional education teams to co-develop and co-deliver some educational programmes

- Through the delivery of a number of nonconventional educational programmes, the education leadership are ensuring the development of all staff, at all levels and across all roles, not just our registered clinical teams. Our approach ensures that every member of staff, regardless of background, grade, or profession, has access to meaningful educational and professional development opportunities.
- Increased Commercial Education offering providing significant education income to our clinical services

Multi-professional education faculty

We mapped the faculty and published it via the Learning and Development brochure, so colleagues across Moorfields and the Institute of Ophthalmology are formally recognised.

Joint design and delivery are now routine across programmes such as fundoscopy, optical coherence tomography, imaging, and clinical lunch-and-learn sessions, which has reduced duplication and improved quality assurance and use of resources.

Education Hub- New Ways of Working, Standard Operating Procedure (Phase 2)

Phase 1 completed in March 2024 with a ground-floor redesign, and Phase 2 began in Summer 2024 to create a unified three-floor hub aligned to the strategy.

We co-created an SOP that covers behaviours and etiquette, room bookings, hot-desking, shared resources, and an Education Hub Pledge, which aligns with the values of the Institute of Ophthalmology and Moorfields Eye Hospital.

This work has strengthened collaboration, reduced siloed working, and improved readiness for the transition to Oriel.

MAST Review and Update

Compliance rates across divisions and corporate areas exceeded the 80 percent target, with notable gains in Freedom to Speak Up and Fire Site Cover Nurse training.

The MaST review began in November 2024 to align with the Core Skills Training Framework, and it removed duplications between All-Staff Induction and Clinical e-learning requirements.

We are developing a Required Learning Grid to clarify induction, core, and essential-to-role training, and the national review is scheduled to conclude in October 2025.

MAST Compliance Rate %	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Overall Trust	86%	87%	87%	84%	86%	86%	85%	83%	85%	85%	85%	84%	85%	82%

Placement capacity and observerships

The undergraduate teams increased undergraduate placements by using subspecialties and network sites more effectively.

For the first time we received approval to host final-year nursing students from Higher Education Institution partners, which strengthens the recruitment pipeline.

The corporate nursing team hosted a three-week paid observership for ten advanced and consultant ophthalmic nurses from Hong Kong, and we plan to expand international opportunities.

Strengthening Higher Education Institute Partnerships

The Education Committee and wider faculty have strengthened ties with regional HEIs through the annual HEI Engagement Committee, which now includes non-clinical partners such as Lambeth College.

This broader engagement is creating new opportunities for curricula, placements, and collaborative workshops and is improving the student experience and workforce training.

Technology Enhanced Learning

This year, the education team rolled out META virtual reality headsets, part-funded by Friends of Moorfields, to support immersive patient-experience training and clinical simulation.

Virtual reality is used by the undergraduate medical education team through PupilApp and by nursing and allied health teams for simulation, and hybrid broadcasts from the Education Hub are extending our national and international reach.

Education Finances 2024/25

The Trust received £6.4 million in education funding in 2024/25, compared with £5.2 million in the prior year, and it had access to approximately £0.7 million of apprenticeship levy funds.

Postgraduate Medical Education received £3.07 million, which covers fifty percent of the salaries of fifty-five whole-time equivalent trainees, and the Trust fully funds a further two whole-time equivalent trainees.

Undergraduate Medical Education received £0.81 million.

The EFRG funding envelope included £0.23 million of NHSE CPD funds for nursing and allied health professionals, £0.17 million from the Trust, £0.1 million from the Prevent and Protect programme, £0.1 million for non-medical prescribing, and £0.1 million from internal education surpluses; the EFRG approved £0.62 million of spend for non-medical staff.

Non-medical NHSE funding of £0.59 million supported placements, salary support, and other bids.

Commercial sales generated £0.81 million, with a further £0.26 million from optometry degree short courses, which together produced a surplus of £0.63 million.

Further detail is available in the Education Finance Report in Appendix 2.

Commercial Education

- During 2024/25 the Commercial education team supported the Trust to deliver 38 short courses across in-person, hybrid, and live online formats, which represents a 46 percent increase on 2023/24, and we ran five on-demand courses that together served more than 2,800 learners.
- The optometry education team delivered one-day CPD courses on dry eye, myopia, therapeutics, and laser, and it offered single academic modules and free webinars on

angle-closure glaucoma, artificial intelligence, optical coherence tomography, and ocular emergency referrals.

- Our observerships ran at capacity, and we hosted 126 observers at City Road, St George's, and Bedford, and 124 optometry students from City University.
- Hybrid courses continued to grow, with our flagship macula course increasing attendance by 26 percent, and Cornea Focus attracting more than 600 online registrations and approximately 80 in-person attendees at the Royal Society of Medicine.
- We delivered our first three-day uveitis symposium since before the pandemic to more than 200 in-person attendees and sold the recording to a further 60 individuals.
- Ten microscopes were purchased that enabled in-house wet-lab training in DMEK, DALK, and PKP, and we introduced new courses in fundoscopy, paediatric glaucoma, comprehensive ophthalmology, and YAG laser training for nurses and allied health professionals.
- A series of Thyroid Eye Disease evening meetings attracted registrations from more than 800 individuals.

Key challenges include:

- staff capacity, limited clinical faculty time, space and venue costs that require sponsorship, the need for additional training equipment, unreliable IT in education rooms, issues with the LMS and Kallidus licences. Reluctance to invest when we are moving out in 2 years is understandable, but threatens our success.

ORIEL Education Workstream update

The Oriel education workstream launched in early 2025, with Professor Michele Russel and Kathy Adams as Senior Responsible Officers, and is focused on creating future-ready facilities for ophthalmology, optometry, nursing, orthoptics, and allied health professions.

The workstream aims to improve student interaction, clinical exposure, and digital integration to support both in-person and online learning, and it will convene a multi-professional away day to strengthen the shared vision and design input.

Please see Appendix 6

Undergraduate Education Updates by Profession

Undergraduate Medical Education

In medicine, 1,039 medical students and 44 Physician Associate students undertook placements, and three Patient-as-Teacher symposia held in November 2024, February 2025, and May 2025 achieved an average feedback score of 9.3 out of 10.

Three microsurgical skills courses held in October and December 2024 and January 2025 increased the likelihood of pursuing ophthalmology among 54 to 77 percent of participants, and a clinical skills course in November 2024 received an average feedback score of 10 out of 10.

The team attended a career fair at St George's, University of London in August 2024, and 18 students expressed interest in ophthalmology and joined our mailing list.

Undergraduate Nursing Education

In nursing, we supported 163 pre-registration placements between September 2024 and August 2025, and we supported 16 apprentices in training with nine nurses registering with the NMC during the year.

We also supported a T Level placement and maintained strong HEI partnerships that enabled final-year placements, weekly teaching, skills labs in cannulation and phlebotomy, and tailored one-to-one support.

Undergraduate Orthoptic Education

In orthoptics, we delivered placements across UCL, Sheffield, and Liverpool, including UCL day placements for seven students, six four-week block placements for fifteen students, and five pre-registration optometrists from August 2024 to April 2025.

As the primary clinical placement provider for UCL's MSc Orthoptics (pre-registration), we delivered the programme through a multidisciplinary model that has supported a growing cohort since 2020.

Undergraduate Optometry Education

In optometry, the core department supported early career development by employing four pre-registration trainees each year who rotated across core services under close supervision to support their transition to professional practice.

Undergraduate Pharmacy Education

In pharmacy, we hosted two NHSE-funded trainee pharmacists on a 12-month rotational programme with two external rotations and weekly teaching, and we supported four pre-registration pharmacy technicians in training, two of whom qualified and registered with the GPhC this year.

All trainees were allocated educational supervisors who met at least fortnightly with them, and the pharmacy education and training team met monthly with supervisors and monitored feedback through local faculty group meetings.

Postgradute Education Updates by Profession

Postgraduate Medical Education

In medical education, we implemented the updated Ophthalmology Specialty Training curriculum in August 2024 and provided weekly subspecialty teaching and hands-on wet-lab skills training.

Thirty-eight resident doctors attended specialised labs on complex cataract and anterior vitrectomy that received excellent feedback and benefited from high tutor-to-trainee ratios, and sixty residents attended Royal College of Ophthalmologists wet-labs with strong feedback on corneal suturing and one-to-one instruction.

The GMC's annual training survey reported 92 percent overall trainee satisfaction and multiple green flags for supervision, teamwork, governance, and rota design, and we maintained continuous feedback through the Resident Doctors Forum and bi-annual surveys.

(Full PGME report in appendix 9)

Postgraduate Nursing Education

In nursing, we delivered a structured pathway that covered preceptorship, induction to ophthalmology, clinical skills training, virtual reality, supervision standards, moving and handling, and the Care Certificate, and we provided monthly outreach for personalised career guidance.

Commercial programmes were consistently fully booked, including fundoscopy, cataract assessment, and ophthalmic emergencies, and we launched new offerings in OCT and imaging interpretation, and we supported UCL's Postgraduate Certificate in Clinical Ophthalmic Practice with record enrolment in 2024/25.

International engagement expanded through observerships that included visitors from Hong Kong, China, and New Zealand.

(Full Nursing education report in appendix 10)

Postgraduate Orthoptic Education

In orthoptics, we delivered monthly hybrid CPD sessions from February 2025, weekly Squint Club case discussions, and Monday paediatrics and strabismus teaching, and we supported staff through programmes including Advanced Clinical Practice (Paediatrics), the Global Eye Health course at the London School of Hygiene and Tropical Medicine, and the medical exemptions course.

Postgraduate Optometry Education

In optometry, we shifted to a strategic model with four pillars covering staff learning and development, CPD short courses, single academic modules, and education audit and research, and we reinvested revenues to support staff and service innovation.

Constraints remain around teaching space, equipment, embedding education in clinical job plans, and the need for scalable digital platforms for delivery and learner tracking.

(Full Optometry Education report in appendix 8)

Postgraduate Ophthalmic Imaging and Ultrasound Education

In ophthalmic imaging and ultrasound, we delivered the OVS3 induction for assistant practitioners and the OVS4 advanced imaging course, we progressed a BSc apprenticeship with Gloucestershire University, we recruited the first direct-entry OVS STP student, and we supported ultrasound education for oncology.

We hosted the second OVS Technician Conference at Senate House on 22 March, and it was attended by more than 100 technicians.

Postgraduate Pharmacy Education

In postgraduate pharmacy, all band 6 pharmacists were enrolled on the Queen's University Belfast Postgraduate Diploma in Advanced Clinical Pharmacy Practice; three pharmacists enrolled this year and four completed it, and one completed the UCL Pharmacy Practice Diploma.

Following the diploma, five pharmacists enrolled on an Independent Prescribing course and two completed it, and one pharmacist began an MSc in Advanced Clinical Practice.

Clinical pharmacy technicians were encouraged to take the BTEC Level 4 Diploma in Clinical Pharmacy Services and Therapeutics, and two technicians enrolled this year.

The department held fortnightly Learning at Lunch sessions and developed an internal Education Workforce Development Matrix to support performance development reviews and one-to-ones.

Postgraduate Healthcare Science Education- Scientific Training Programme

In healthcare science, the electrophysiology department supported four trainee Healthcare Scientists and the imaging department supported one first-year trainee, and we hosted rotations across multiple specialties and supported HSST trainees with the OVS module.

Staff contributed to national curriculum reviews and assessments and led the annual clinical electrophysiology of vision course with global online lectures and optional on-site sessions, and weekly Monday online teaching attracted more than 50 global attendees.

Key risks include a lack of protected time and staffing shortages that limit training during patient care sessions.

Continuing Professional Development

We tracked CPD, trust funds, and apprenticeship spend through the EFRG with quarterly reporting to the Education Committee, and NHSE allocated £227,995, or £333 per registered nurse and allied health professional, which we fully spent on nursing and AHP education delivered internally and by external providers.

In the absence of a Workforce Development Fund for 2024/25, internal training that was funded via CPD was cross-charged to support education for other clinical and non-clinical staff with NHSE approval.

Apprenticeship levy spend rose to £311,619 with a remaining balance of £1,395,372, and we embedded structured information, advice, and guidance at every stage through pre-application discussions, EyeQ learning pathways, manager briefings, and functional skills and eligibility guidance.

We launched in-house Functional Skills training at Levels 1 and 2 in March 2024 with Lambeth South Bank College, and we focused our apprenticeship growth on digital, data, and business support standards, including targeted campaigns for data technicians and new programmes in project management, estates, and sustainability.

We reported 79 live apprentices, including 62 clinical and 17 non-clinical apprentices, and 15 completions, including 13 clinical and 2 non-clinical completions.

Apprenticeships 2023/24	Clinical	Non-Clinical
Live (79) Excluding Overdue	62	17
Completed	13	2

Non-clincial Education Updates

Corporate education opportunities

We expanded corporate education to all staff groups in response to the NHS Staff Survey and local feedback, and we supported Workforce, Administration, Finance, and IT teams with EFRG applications.

Leadership and Management Training

Leadership and management development included a bespoke Healthcare Operational Managers Programme, a multi-professional Bands 4 to 7 pilot programme, and an in-house clinical leadership programme for senior managers.

We continue to work in close collaboration with our Workforce colleagues to align and enhance the educational elements of future leadership and management offerings. This joint approach ensures that our leadership development provision remains robust, relevant, and responsive to the evolving needs of the Trust.

Digital Skills Training

To prepare for the 2026 Electronic Patient Record rollout, we piloted a Fundamental Digital Skills programme with South Bank based on the government framework, which delivered face-to-face cohort-based training over fourteen weeks and was supported by Moorfields IT experts.

Functional Skills

We also launched our first in-house Functional Skills programme in Level 1 and Level 2 maths and English, which blended hub-based classes with weekend online sessions that lead to Edexcel examinations and strong learner feedback.

Educational Opportunities for bands 2-4

We provided educational opportunities for bands 2 to 4 through the Higher Development Award over six to eight months across three levels that covered personal effectiveness, team leadership and coaching, and leadership and management including interviewing skills.

Education Funding Review Group (EFRG) activity 2024/25

The EFRG, established in May 2023 and co-chaired by Education and Finance, met monthly to review funding requests against strategic priorities, directorate business plans, and service need, and it ensured that the most suitable funding routes such as apprenticeships were considered.

The group provided consistent outcomes and clear rationales, monitored spending throughout the year, and reported quarterly to the Education Committee.

Key Updates:

- Significant increase in EFRG applications (increased from 282 in 23/24 to 597 in 24/25, an increase of 111%)
- In 24/25- approximately 20% of our workforce accessed further training and development via the EFRG
- Significant increase in applications across all professional groups, divisions and sites
- Total EFRG approvals: £893.15k

EFRG Income	£ k
CPD	228.00
Trust Funds	172.00
Prevent & Protect	71.40
NM Prescribing	74.25
Nursing Surplus Pot	50.00
A&E Surplus Pot	7.50
App Levy	272.00

(Full EFRG Report – Appendix 4)

Moorfields Academy Update

The Moorfields Academy provided an inclusive and multi-professional forum for networking, scholarship, and topical education.

We appointed two additional Chairs, the Associate Director for Education and the Senior Nurse Educator, who are the first non-medical chairs of the Academy.

In 2024 and early 2025, the Academy hosted three meetings with sixteen speakers on topics such as sexual misconduct in surgery, racial bias in ophthalmology, artificial intelligence, and art and wellbeing, and total attendance was 262 with feedback averaging above 9 out of 10.

(Full academy report in appendix 7)

UCL and Institute of Ophthalmology annual report summary

Student numbers increased following the reopening of the Bioscience Research and Development with Practice and MSc Ophthalmology programmes.

Key quality developments included an Office for Students audit of the apprenticeship end-point assessment module, NHSE accreditation, and ongoing curriculum reviews across clinical programmes under the PEP project.

We progressed the IoO and Moorfields Memorandum of Agreement and the Oriel workstream, which trialled new teaching methods at Ebenezer Street, and we implemented revised assessment feedback forms, guidance for multiple-choice questions, a new student engagement monitoring process, and a compulsory Academic Integrity Programme.

Moorfields secured the six-year TRIO-VI EU Teaming for Excellence grant that will enhance virtual clinics and education in eye health care.

Challenges include the need to finalise the Memorandum of Agreement, recruitment to clinical programmes following the suspension of the APOO(A) course, the rapid impact of artificial intelligence on higher education, and inadequate teaching space given rising student numbers.

Priorities for 2025/26 include finalising the Memorandum of Understanding and beginning phase one implementation, completing PEP phase two by 2027/28, strengthening operations, quality assurance, and staffing, advancing joint education efforts through the Oriel Education Workstream and the Joint Education Operations Group including phase one of the Ebenezer Street project, developing an education strategy aligned with Oriel and future AI developments, and resolving teaching space challenges.

Please find full report in appendix 11.

Education Strategy Work Plan 2025/26

- **Develop Moorfields Clinical Competency Framework**
  We will develop a clinical competency framework for optometry to define and standardise levels of clinical practice across subspecialties, which will support consistent assessment of competence and capabilities for development, supervision, and quality assurance.
- **Expand and Modernise Short Course and Study Day Offerings**
  We will expand and modernise short course and study day offerings by incorporating new delivery formats that reflect hybrid working models and evolving clinical practice, and we will emphasise high-impact and accessible content for internal and external audiences.
- **Transition to Oriel Education Faculty Model**
  We will transition to the Oriel education faculty model by applying insights from the Education Hub and by running a strategic away day in September 2025 to shape the vision, structure, and operational approach to multidisciplinary education delivery.
- **Advance Multiprofessional Education Programmes**
  We will advance multiprofessional education by developing cross-disciplinary modules in optical coherence tomography, diagnostic imaging, and other shared competencies to support collaborative practice and upskilling across professional groups.
- **Ensure Equitable Access to Education Across the Workforce**
  We will ensure equitable access to education across the workforce by monitoring access and participation across all staff groups, reporting via the EDI Steering Group, and prioritising accessibility across network sites to provide fair opportunity regardless of location.
- **Support Growth in Student Placements and Observerships**
  We will support growth in student placements and observerships by strengthening engagement with Higher Education Institutions and by exploring non-conventional placement opportunities, including non-medical observerships and placements at network sites, to increase capacity, widen access, and showcase the diversity of clinical roles within Moorfields

Report title	Chief executive's report
Report from	Peter Ridley, Chief executive
Prepared by	Chief executive and executive team
Link to strategic objectives	The chief executive's report links to all five strategic objectives

Brief summary of report

The report covers the following areas:

- Performance, quality and activity review
- Financial performance
- Sector update
- Oriel update
- MoorConnect (EPR)
- People
- Moorfields in the news

Action required/recommendation.

The board is asked to note the chief executive's report.

For assurance		**For decision**		**For discussion**		**To note**	✓

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
PUBLIC BOARD MEETING – 27 November 2025
Chief Executive's report

Performance, Quality and Activity Review

In October, the trust's performance against the 18-week improved in month to 81.6% of patients being treated within the required standard, and the percentage of patients waiting over 52 weeks for their treatment also improved to 0.05%. The trust has agreed a recovery plan with NHS England to improve our 18-week wait position by 5% through this financial year and we are currently on track to achieve this.

Both of the elective and outpatient activity levels were below plan in month due to a reduction in cataract referrals in some of our network sites and a number of operational challenges.

Financial Performance – Month 7

For October the trust reported a £4.7m surplus IM, £2.4m favourable to the planned surplus of £2.3m in month. Cumulatively the trust is reporting a £3.9m surplus YTD, £5.8m favourable to the £1.9m planned deficit YTD

Patient activity during October was 90% for Elective, 89% on Outpatient First, and 92% against Outpatient Follow Up activity respectively against the trust activity plan. The trust is reporting an over-performance in high-cost drug/injection income which remains a variable payable element under the new contracting arrangements.

The trust has a £15.1m internal efficiencies plan for the financial year. The CIP programme is forecasting £10.4m against the, a £(4.7)m gap to plan.

The cash balance as at the 31 October was £90.4m, an increase of £4.3m since the end of March 2025. The trust currently has 102 days of operating cash (prior month: 100 days).

Capital expenditure as of 31 October totalled £79.3m, predominantly Oriel related/EPR related.

Sector Update

NHS England have issued the Medium Term Planning Framework. This document provides further detail on the development of medium-term plans and builds on the 10-year health plan. This document sets out expectations for performance and productivity improvements, both next year and across the next three years, as well as changes to the financial framework. The framework also describes changes to the operating model, including the new foundation trust model and further details on the three shifts and quality improvements.

The requirements of this framework will be reflected in our own medium-term plans, the first draft of which will be submitted in December.

NHSE have also published more detail on the 'advanced foundation trust' model and integrated health organisations with a guide for applicants out to consultation. NHSE describe how "The 10 Year Health Plan aims to give power back to frontline NHS leaders through a reinvigorated rules-based foundation trust model that will re-empower provider boards. Advanced foundation trusts will be the new marker of excellence for providers that

drive the delivery of the three shifts, bring down waiting lists and work with partners to improve population health."

The first eight organisations to go through the authorisation process for advanced foundation trust status have been selected. The draft guidance lays out the requirements for this new status with assessment against the three priority areas of leadership, quality and financial sustainability.

Oriel

The known list of design issues which were generated when the 1:50 plans were approved have now been triaged and are being actively addressed. On site, the final crane has now been dismantled and the façade has been closed. Internally, ventilation systems have been turned on and the commissioning of the building has begun.

The external wayfinding company which has been engaged to advise on the centre have spoken to a significant number of staff and patients. They are now beginning to make recommendations on how the design of the centre should be altered to support patients to navigate around it. Discussions have also taken place with Transport for London, London Borough of Camden and Network Rail to explore how they can support patients being directed to the new centre.

A review of user requirements is being undertaken to support the optimal use of desk space within the Granary Street administration centre. A number of stakeholder events have taken place to determine how best to shape the centre's creative and heritage programme.

MoorConnect (Electronic Patient Record)

Although there a few matters that we continue to negotiate with external suppliers on, the design of the new system is complete. We are continuing to build the new system and following a delay caused by the finalisation of the design, we have now completed the third stage of this.

The delay in completing the design of the system has resulted in a delay to the planned completion of the programme. Although the end of this programme is being finalised to align the training of staff with the summer holiday and the other major programmes in the organisation, it is likely to now complete in late September 2026.

Discussions are continuing with NHS England to seek additional money to support the programme and we have now received the results of the fix forward review, which they undertook on our programme and we are factoring their recommendations into our programme.

10-Point plan for resident doctors

Moorfields has begun to make steady progress in delivering NHS England's 10-Point Plan for resident doctors. Over the next two quarters, key actions include a comprehensive review of rota mapping across all services, implementation of an enhanced exception-reporting pathway in line with recent national reforms, and a full review of rest and facilities standards to ensure alignment with the Fatigue & Facilities Charter. Engagement sessions with

resident doctors will be scheduled to inform the forthcoming rota redesign, planned for early 2026. The Trust remains on track to meet national milestones and will continue to provide regular updates to ensure full compliance and sustained improvement in resident doctor rotations and working lives. Governance and oversight of delivery against the action plan will have oversight through the People & Culture sub-Board committee.

People

Employee of the month

Each month, our Thrive at Moorfields health and wellbeing programme undertakes the important task of selecting one clinical and one non-clinical colleague for the employee of the month award. These nominations provide an opportunity for staff to celebrate peers who exemplify our core values of excellence, equity, and kindness. The most recent award recipients are:

August 2025:

- Non-clinical: Anna Kinnersley, Senior delivery project manager, XDU
- Clinical: Greg Penol, Theatre staff nurse, St George's

September 2025:

- Non-clinical: Marie Barone, Employee relations manager (interim), People and OD
- Clinical: Charlotte Martinez, Senior staff nurse, Medical Retina

Mutually agreed resignation scheme

Moorfields has introduced the mutually agreed resignation scheme (MARS), a nationally approved NHS framework that allows employees to voluntarily leave the organisation under a mutually agreed arrangement, supported by a one-off, non-redundancy payment. This initiative supports the trust's workforce flexibility needs as part of ongoing transformation programmes, where structures and roles are being redesigned. The scheme was developed in consultation with trade union colleagues and launched on 6 November, closing on 3 December 2025.

Medical directorate

Following the first stage in the implementation of the new medical directorate structure the following appointments have been made to the directorate's senior leadership team:

- Dilani Siriwardena – Director of Clinical Partnerships & Deputy Chief Medical Officer
- Robin Hamilton – Medical Director for Service Delivery & Transformation
- Gordon Hay – Medical Director for Workforce
- John Shubhaker – Medical Director for Quality & Safety

They bring a wealth of passion, experience and knowledge as we continue to build upon our commitment to strengthening our clinical voice in trust decision-making and strategy.
I would like to extend my thanks and gratitude to Will Tucker who stepped down from the Deputy Medical Director for Workforce role in November.

Flu vaccination programme

The flu vaccination programme has been underway for the past two months and uptake has been positive. Moorfields was reported as the top performing London trust at the beginning of November, with just over 36% of staff vaccinated.

Flu cases are rising and are higher this year than last year at this time, with increased A&E attendance due to influenza-like illness reported over the last two weeks. The campaign to improve vaccination uptake continues.

Moorfields in the News

Pioneering eye device restores reading vision to blind eyes

A pivotal clinical trial of a new electronic eye implant has seen remarkable results. Published in the New England Journal of Medicine, it showed that 84% of participants were able to read letters, numbers and words using prosthetic vision through an eye that had previously lost its sight due to the untreatable progressive eye condition, geographic atrophy with dry age-related macular degeneration (AMD). They could also read on average, five lines of a vision chart that some participants could not even see before their surgery. These findings pave the way for seeking approval to market this new device.

The trial, with 38 patients in 17 sites across five countries, involved the PRIMA device, Moorfields being the sole UK site. All participants in this trial had lost the central sight of the eye being tested, leaving only limited peripheral vision.

This revolutionary new implant is the first ever device to enable people to read letters, numbers and words through an eye that had lost its sight.

The procedure involves the surgeon inserting the ultra-thin microchip under the centre of the participant's retina. This is shaped like a SIM card and is just 2mm x 2mm. The patient uses augmented-reality glasses, containing a video camera that is connected to a small computer, with a zoom feature, attached to their waistband.

Artificial intelligence (AI) algorithms in the pocket computer process this information, which is then converted into an electrical signal. This signal passes through the retinal and optical nerve cells into the brain, where it is interpreted as vision. The patient uses their glasses to focus and scan across the main object in the projected image from the video camera, using the zoom feature to enlarge the text.

Mahi Muqit, senior vitreoretinal consultant at Moorfields Eye Hospital and the Institute of Ophthalmology at UCL, added: "In the history of artificial vision, this represents a new era. Blind patients are actually able to have meaningful central vision restoration, which has never been done before. Getting back the ability to read is a major improvement in their quality of life, lifts their mood and helps to restore their confidence and independence. The PRIMA chip operation can safely be performed by any trained vitreoretinal surgeon in under two hours - that is key for allowing all blind patients to have access to this new medical therapy for GA in dry AMD."

The story, which also included patient quotes, was widely published in radio and press and became a top story on the BBC online.

Moorfields web story: https://www.moorfields.nhs.uk/about-us/news-and-blogs/news/pioneering-eye-device-restores-reading-vision-to-blind-eyes

BBC coverage: https://www.bbc.co.uk/news/articles/c0qpz39jpj7o

INSIGHT Hub at Moorfields awarded £3.7 million to scale across the NHS

The INSIGHT Health Data Research Hub has been awarded £3.7 million in funding by UKRI Medical Research Council and the NIHR (National Institute for Health and Care Research) to expand from Moorfields Eye Hospital, London and link national health data resources, consolidating the UK as the global leader in ophthalmology and Oculomics research and innovation.

Led by Pearse Keane and delivered with Moorfields' strategic partner UCL Institute of Ophthalmology, the four-year project will include:

- on-boarding other NHS sites, including Sunderland Eye Infirmary at South Tyneside and Sunderland NHS Foundation Trust, and creating a comprehensive, interoperable research resource for ophthalmic data
- broadening national data linkages to integrate genetic data from the NIHR BioResource and UK Biobank to accelerate #oculomics research — using biomarkers in the eye to detect systemic conditions such as dementia and cardiovascular disease
- a major programme of public and patient involvement and engagement

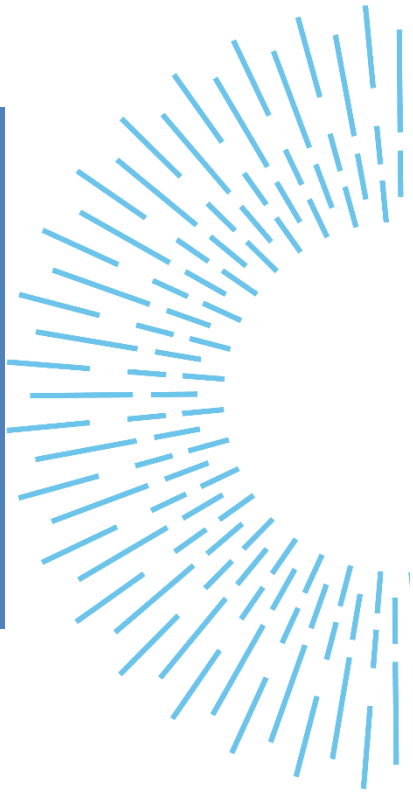
The project is one of five being funded by UKRI MRC to enhance biomedical and health-related data and digital platform resources in the UK.

Website story: New initiative to transform UK eye health research by linking national data resources

MSN news coverage: World's largest eye imaging and data resource expands across the UK

Moorfields Eye Hospital NHS Foundation Trust

Integrated Performance Report
Board of directors – Part I
2 October 2025



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

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**	

Moorfields Eye Hospital NHS Foundation Trust

NHS

Integrated Performance Report

Reporting Period - October 2025

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.

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.

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Performance & Information

Delivering quality data to empower the trust

Skills Development Network
Excellence in Informatics
Level 1

Introduction to 'SPC' and Making Data Count

Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in doing so, guides us to take the most appropriate action.

This report uses a modified version of SPC to identify common cause and special cause variations, and assurance against agreed thresholds and targets. The model has been developed by NHS improvement through the 'Making Data Count' team, which uses the icons as described to the right to provide an aggregated view of how each KPI is performing with statistical rigor.

Guide to Chart Icons

Variation					Assurance		
 Common Cause: No Significant Change or Variation	 Special cause of **concerning** nature or higher pressure due to (H)igher or (L)ower values	 Special cause of **improving** nature or higher pressure due to (H)igher or (L)ower values	 Special cause of showing an **increasing** trend	 Special cause of showing an **decreasing** trend	 Inconsistent passing and failing of the target ("**Hit-or-Miss**")	 Recent performance or variation indicates consistent **passing** of the target	 Recent performance or variation indicates the target is **not consistently met**

Common Cause Variation - No significant change or evidence of a change in direction, recent performance is within an expected variation

Special Cause Concern - This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. Low (L) special cause concern indicates that variation is downward in a KPI where performance is ideally above a target or threshold. High (H) is where the variance is upwards for a metric that requires performance to be below a target or threshold.

Special Cause Improvement - This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. Low (L) special cause concern indicates that variation is upward in a KPI where performance is ideally above a target or threshold. High (H) is where the variance is downwards for a metric that requires performance to be below a target or threshold.

Purple arrows - These are metrics with a change in variation which neither represents an improvement or concern

Inconsistent Process - This is where a metric will 'hit-or-miss' (pass or fail) the target during a given period due to variation in performance, so is neither deemed to be a 'Failing' or 'Capable' process.

Capable process (P) - Indicates the metric consistently passes the target, indicating a capable process. To be classified as a capable process, either the target has not been failed for a significant period, or the target falls outside the calculated process limits so would only fail in exceptional circumstances or due to a change in process.

Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process limits so would only be achieved in exceptional circumstances or due to a change in process.

Guide to Domain Summary Pages

Name of Metric / KPI

Most recent figure, and where available, the financial year (Since April to date) for this metric

Name of the lead (usually director) responsible for the metric

How often this metric is reported, any reporting lag, or when last updated

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance			82.0%	80.5%	≥84.0%	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			84.4%	80.0%	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days			98.6%	100.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
A&E Four Hour Performance			97.3%	98.2%	≥95%	Jon Spencer	NHS Oversight Framework	Monthly
% A&E Waits Over Twelve Hours			100.0%	100.0%	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly

EXAMPLE

These are the Variance and Assurance ratings for this metric (See Previous Page)

Metric Target (if available) - this can be a fixed or part of trajectory

Why is this metric being reported (National Requirement or locally measure)?

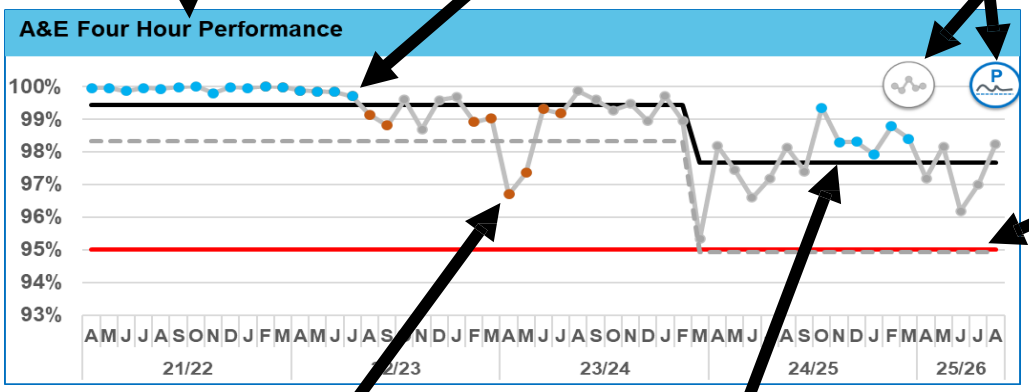
Guide to SPC Charts

Name of Metric / KPI

A data point in blue shows a trend or variation indicating 'Special Cause Improvement'

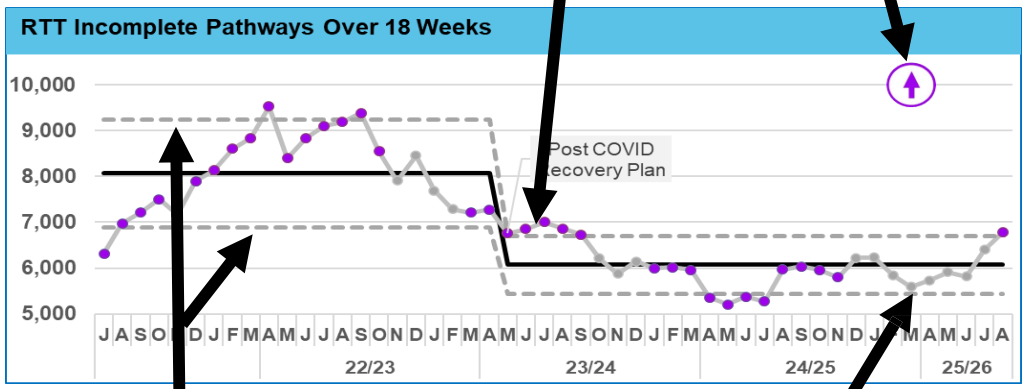
Metric Summary Icon showing variation, and then if applicable, assurance. See previous page for details

A data point in purple shows a trend or variation indicating 'Special Cause', but is neither improving or of concern.



If it has one, the red line represents the metric target

This show the metric is showing special cause variation (an increase), but there no assurance rating



A data point in orange shows a trend or variation indicating 'Special Cause Concern'

The black line shows the average performance for this period. This can be calculated from the start of data, or as is the case here, from the start of a process break

All SPC charts will also include a short narrative explaining its current variation and assurance score, whether this is a change from the previous month, and the latest performance figure. Additional narrative will be given for key metrics, highlighting the issues and actions associated with recent performance, including any improvement plans.

The dashed lines represent the Upper (top) and Lower (bottom) Control Limit for the period, or if no process breaks, from the start of the data

A data point in grey represents 'Common Case Variation', where no trends or significant data points have been identified

Upper/Lower Control Limits: These are control limits of where we would expect the performance to fall between. Where they fall outside these limits, special cause will be highlighted.

Recalculation Periods: Where there has been a known change in process or performance has been affected by external events (e.g. COVID), the control limits and average have been recalculated to provide a better comparison of data against that period.

Further Reading / other resources: The NHS Improvement website has a range of resources to support Boards using the Making Data Count methodology, this includes are number of videos explaining the approach and a series of case studies.
These can be accessed via the following link - https://www.england.nhs.uk/publication/making-data-count/

Highlights



Metrics With "Failing Process"

- Sickness Absence Rate (Monthly and Rolling Annual)
- 52 Week RTT Incomplete Breaches
- Theatre Utilisation (MEH Definition)
- Average Call Waiting Time
- Cataract Cases Per Four Hour
- Theatre List Theatre Cancellation Rate (Non-Medical Cancellations)
- DNA Rate (First and Follow Up Outpatients)
- Percentage of responses to written complaints responded within 25 days





Other Metrics showing "Special Cause Concern"

- % of RTT Patients Waiting For a First Appointment
- A&E Scores from Friends and Family Test - % Response Rate
- Basic Mandatory IG Training
- Total patient recruitment to NIHR portfolio adopted studies Proportion of patients participating in research studies (as a percentage of number of open pathways)







Celebrations

- In total, 27 Metrics are showing as a capable process, with 24 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
  - All FFT Performance Targets
- Seven metrics are also showing an improving position including proportion of Temporary Staffing



Other Areas To Note

- RTT 18 Week Performance is 0.38% below a revised RTT improvement trajectory at 82.0%
- Year-to-date Cancer FDS Performance remain above target
- Activity vs. Plan for all areas is below plan for October, with only injections above plan for the year to date.

Executive Summary

The 18-week RTT incomplete performance improved slightly to 82.0% but remains below the target of 85.2%, reflecting common cause variation and capacity challenges in paediatrics, adnexal, and external services. The RTT waiting list stands at 34,839 pathways, stable but above desired levels, and there are 16 patients breaching the 52-week standard, which is an improvement on last month. Targeted RTT recovery plans are in place, supported by additional outpatient sessions, triage backlog clearance, fixed-term posts to increase capacity, and patient transfers to network sites

A&E performance continues to be strong at 96.8%, consistently above the 95% standard, and cancer treatment within 62 days remains excellent at 98.0%. However, the cancer 28-day faster diagnosis standard fell to 50.0%, primarily due to one patient choice delays and one shared breach with a referring trust.

Theatre utilisation under the MEH definition improved slightly to 64.8% but remains below the 85% target, driven by late starts and early finishes due to suboptimal scheduling. Theatres Oversight Groups have been established to agree targeted action to improve utilisation and cases per session. A new trust wide theatre schedule module on the Federated Data Platform will be rolled out in January.

Call centre performance is under performing, with average wait times rising to 222 seconds against a 120-second target, largely due to staff shortages and recruitment delays. Capacity and demand analysis is being refreshed and digital enablers to reduce call volumes and automate manual processes will be considered as part of this.

Outpatient DNA rates remain high at 13.6% for first appointments and 9.7% for follow-ups, despite improvement in the latter. Improving written communication with patients and implementing AI reminder calls are the main areas of focus.

Diagnostic waiting times continue to perform strongly at 99.5% within six weeks, exceeding the 99% target.

October’s activity targets were the highest of the year, and performance was impacted by leave, vacancies, and service-specific challenges, including demand challenges. Refocusing efforts to fill available capacity, alongside targeted RTT recovery actions are anticipated to deliver an improving position.

Complaints response times are improving and on track to deliver full compliance by March 2026. Basic Mandatory IG training remains below the required standard at 89.4% and staff sickness rates remain above Trust target at 5.6%. Staff and managers continue to be supported to reduce sickness rates and the current sickness absence policy is under review.

Performance Overview

October 2025	Assurance			
	Capable Process	Hit and Miss	Failing Process	No Target
Variation	**Special Cause Improvement**			
	- FFT Inpatient Scores (% Positive) - FFT Outpatient Scores (% Positive) - FFT Outpatient Scores (% Negative) - NatPSAs breached - % Diagnostic WT less than 6w - Active Commercial Studies	-	- Theatre Utilisation (MEH) - DNA Rate (Follow Up Outpatients)	- % A&E Waits Over Twelve Hours - % Discharged on DRD - Average Days (DRD) - Proportion of Temporary Staff - Proportion of Agency Staff - Proportion of Bank Staff - Proportion of Permanent Staff
	Common Cause			
	- % 52 Week RTT Incomplete Breaches - % Cancer 62 Day Waits (All) - A&E Four Hour Performance - Summary Hospital Mortality Indicator - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - YTD Var. to Finanical Plan - Average Call Abandonment Rate - Mixed Sex Accommodation Breaches - FFT Inpatient Scores (% Response) - FFT Inpatient Scores (% Negative) - FFT Outpatient Scores (% Response) - FFT A&E Scores (% Positive) - FFT A&E Scores (% Negative) - MSSA Rate - cases - VTE Risk Assessment - Posterior Capsular Rupture rates	- 18 Week RTT Incomplete Performance - Cancer 28 Day FDS - % Cancer 31 Day Waits (All) - Duty of Candour - % Complaints Acknowledged in 3 days - % FoI Requests within 20 Days - Occurrence of any Never events - Recruitment Time To Hire (Days) - Elective Activity - % of Phased Plan - Injection Activity (% Plan)	- Average Call Waiting Time - Cataract Cases Per List - Theatre Cancellation Rate (NHM) - DNA Rate (First Outpatients)	- Planned surplus/deficit - RTT Waiting List - RTT Incomplete Over 18 Weeks - Non-Elective Overnight Stays - Non-Elective ALOS - OP Cancellation Rate (Hospital) - OP JT - Non-Diagnostic FtF - OP Journey Times - Diagnostic FtF - Recruitment to All Research Studies
	Special Cause Concern			
	- FFT A&E Scores (% Response) - Recruitment NIHR portfolio studies - % of patients in research studies	- HNM Cancelled 28 day breaches - Basic Mandatory IG Training - Total Outpatient Activity (% Plan) - Outpatient First Activity (% Plan) - Outpatient Flw Up Activity (% Plan)	- Sickness Absence Rate (Monthly) - Sickness Absence Rate (Annual) - 52 Week RTT Incomplete Breaches - % Complaints Responded in 25 days	- RTT Wait For First Appt
	Special Cause Increasing Trend	- Theatre Utilisation (MH)		
	Special Cause Decreasing Trend	- Outpatient Rebooking Rate (Hospital) - Under 18s Elective Waiting List		

NHS Oversight Framework - Latest Published Scores (Overview)

Adjusted Segment	Q1 2025/26	1		
Average metric score	Q1 2025/26	1.39	1 of 205	2.3
Unadjusted segment	Q1 2025/26	1		
Financial override	Q1 2025/26	No		
Is the organisation in the Recovery Support Programme?	Q1 2025/26	No		
Access to services domain segment	Q1 2025/26	1		
Access to services domain score	Q1 2025/26	1	=1 of 199	2.36
Effectiveness and experience of care domain segment	Q1 2025/26	1		
Effectiveness and experience of care domain score	Q1 2025/26	1	=1 of 203	2.16
Patient safety domain segment	Q1 2025/26	1		
Patient safety domain score	Q1 2025/26	1.58	13 of 205	2.55
People and workforce domain segment	Q1 2025/26	1		
People and workforce domain score	Q1 2025/26	1.77	36 of 205	2.50
Finance and productivity domain segment	Q1 2025/26	2		
Finance and productivity domain score	Q1 2025/26	2.03	81 of 205	2.19

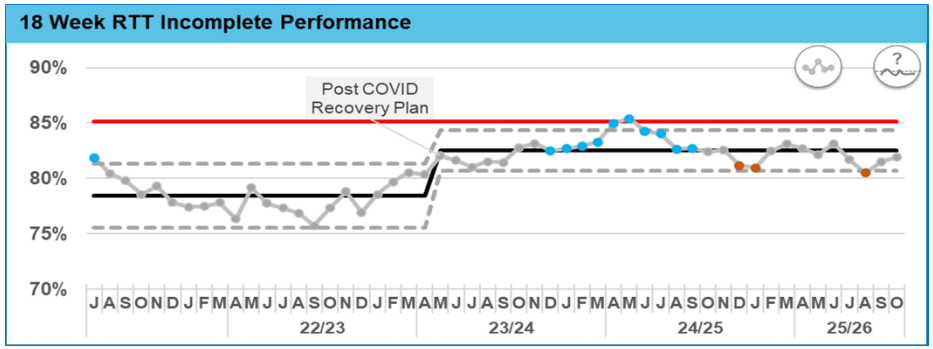
NHS Oversight Framework - Latest Published Scores (Metric Summary)

Domain	Sub-domain	Metric Description	Reporting Period	Reported Value	Metric score	Rank	National Average
Access to services	Elective care	Difference between planned and actual 18 week performance	Jun-25	0.41%	1	75 of 131	0.99%
		Percentage of cases where a patient is waiting 18 weeks or less for elective treatment	Jun-25	83.14%	1	1 of 131	60.72%
		Percentage of patients waiting over 52 weeks for elective treatment	Jun-25	0.06%	1	6 of 131	2.40%
	Urgent and emergency care	Percentage of emergency department attendances admitted, transferred or discharged within four hours	Q1 2025	97.1%	1	1 of 123	76.0%
		Percentage of emergency department attendances spending over 12 hours in the department	Q1 2025/26	0	1	1 of 123	8.36
Effectiveness and experience	Effective flow and discharge	Average number of days from discharge ready date to actual discharge date (including zero days)	Jun-25	0	1	1 of 126	0.7
Finance and productivity	Finance	Planned surplus/deficit	2025/26	0.00%	1	12 of 134	-1.62%
		Variance year-to-date to financial plan	Month 3 2025	1.20%	1	7 of 134	0.00%
	Productivity	Implied productivity level	To M12 2024/25 vs 2023/24	1.19%	3.05	92 of 134	2.91%
Patient safety	Patient safety	NHS Staff survey - raising concerns sub-score	2024	6.51	2.15	52 of 134	6.42
		Number of MRSA infections	Jul 24 - Jun 25	0	1	1 of 134	3
		Rate of C-Difficile infections	Jul 24 - Jun 25	0	1	1 of 134	1.22
		Rate of E-Coli infections	Jul 24 - Jun 25	0	1	1 of 134	1.16
People and workforce	Retention and culture	NHS staff survey engagement theme sub-score	2024	7.16	1.38	18 of 134	6.88
		Sickness absence rate	Q4 2024-25	5.07%	2.15	61 of 134	5.21%

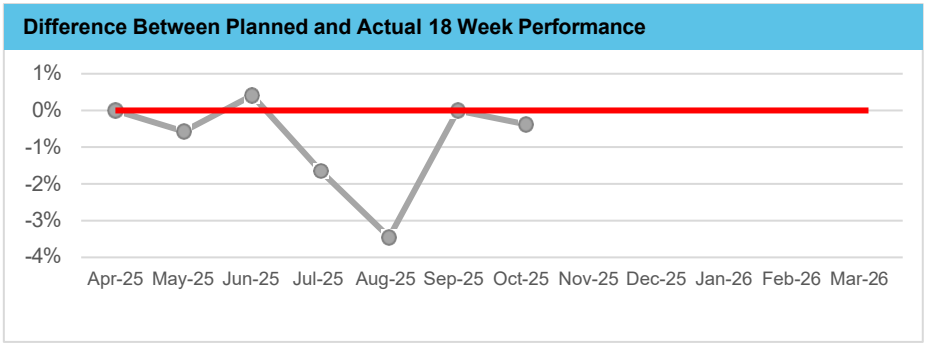
NHS Oversight Framework - Access Domain Summary

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance			81.9%	82.0%	≥85.2%	Jon Spencer	NHS Oversight Framework	Monthly
Difference Between Planned and Actual 18 week Performance			n/a	-0.38%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
% 52 Week RTT Incomplete Breaches			0.07%	0.05%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
Cancer 28 Day Faster Diagnosis Standard			82.4%	50.0%	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days			98.8%	98.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
A&E Four Hour Performance			97.3%	96.8%	≥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

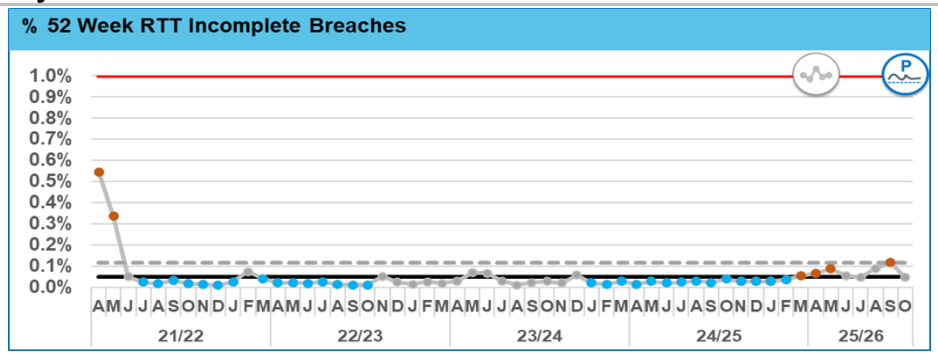
NHS Oversight Framework - Access Domain Graphs



'18 Week RTT Incomplete Performance' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 82.0%.

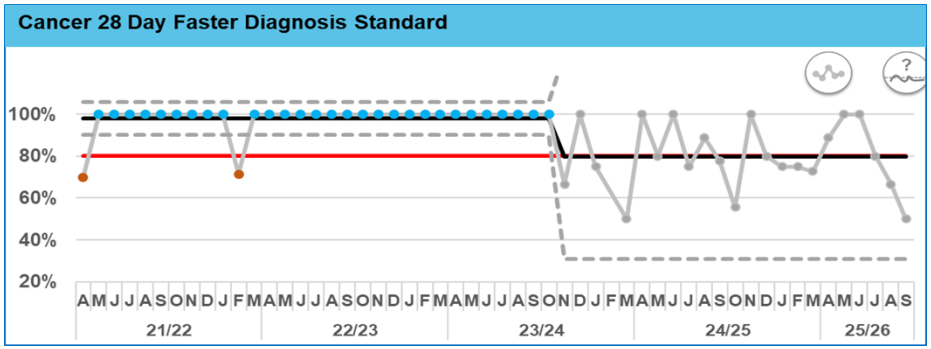


'Difference Between Planned and Actual 18 week Performance' is showing that the current process is not consistently achieving the target. The figure is currently at -0.38%.

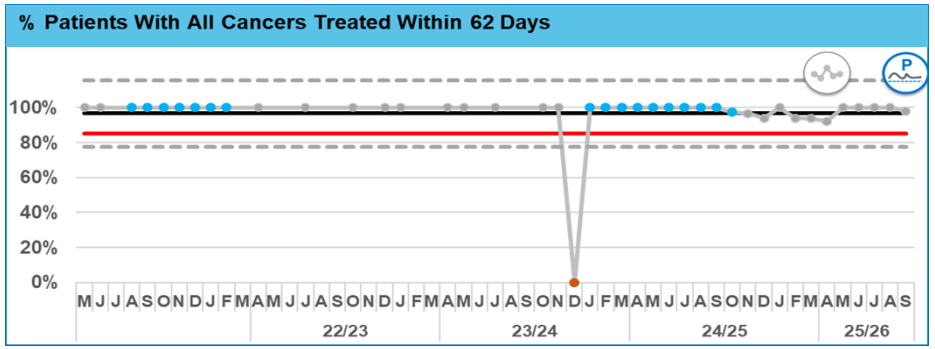


'% 52 Week RTT Incomplete Breaches' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.05%.

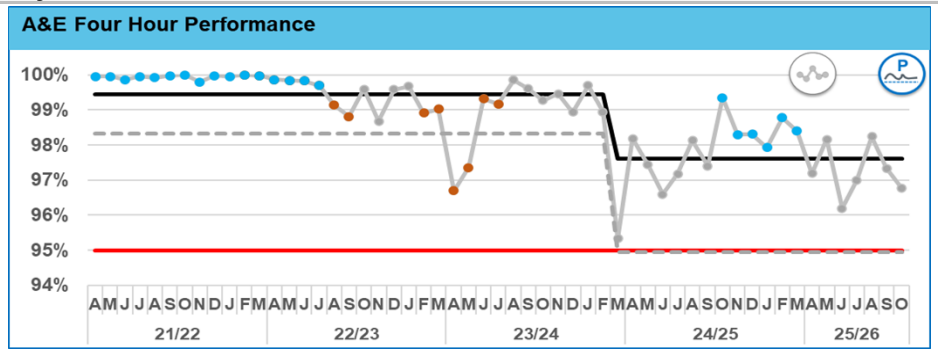
NHS Oversight Framework - Access Domain Graphs



'Cancer 28 Day Faster Diagnosis Standard' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 50.0%.



'% Patients With All Cancers Treated Within 62 Days' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 98.0%.



'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 96.8%.

No Graph Generated, No cases reported since April 2021

'% A&E Waits Over Twelve Hours' is showing 'special cause improvement' (decreasing rate). The figure is currently at 0.0%.

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		P	0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
MRSA Bacteraemias Cases		P	0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
Clostridium Difficile Cases		P	0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases		P	0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
% Discharged on Discharge Ready Date (DRD)	H		100.0%	100.0%	No Target Set	Sheila Adam	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date	L		n/a	0.0	No Target Set	Sheila Adam	NHS Oversight Framework	Monthly
Sickness Absence Rate (Monthly)	H	F	n/a	5.6%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Sickness Absence Rate (Rolling Annual)	H	F	n/a	5.0%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Planned surplus/deficit			-1.9	2.3	No Target Set	Arthur Vaughan	NHS Oversight Framework	Monthly
Variance year-to-date to financial plan		P	5.85	2.35	≥0	Arthur Vaughan	NHS Oversight Framework	Monthly

NHS Oversight Framework - Other Domains Graphs

'Summary Hospital Mortality Indicator' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0. No graph generated as no cases reported since at least April 17

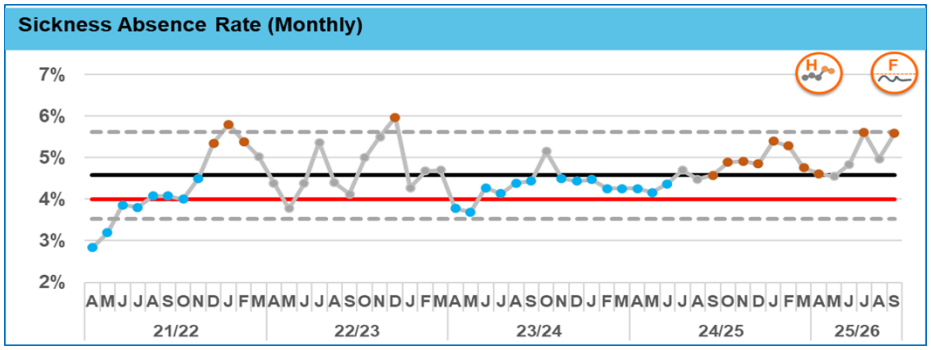
'MRSA Bacteraemias Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0. No graph generated as no cases reported since at least April 17

'Clostridium Difficile Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0. No graph generated as no cases reported since at least April 17

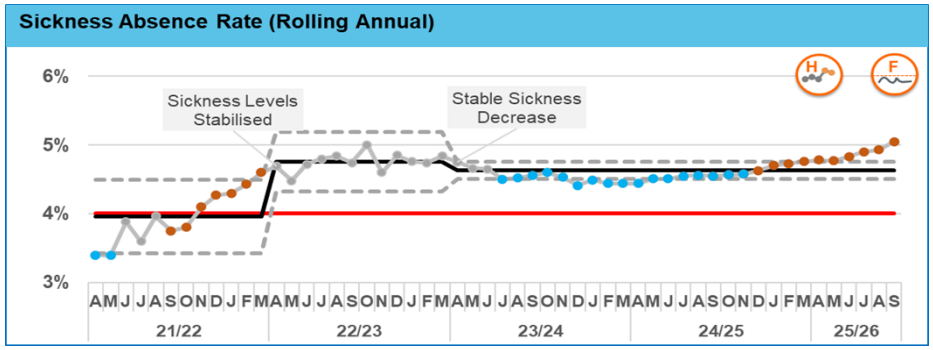
'Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0. No graph generated as no cases

'% Discharged on Discharge Ready Date (DRD)' is showing 'special cause improvement' (increasing rate). The figure is currently at 100.0%. No graph generated all months since August 2024 at 100% DRD

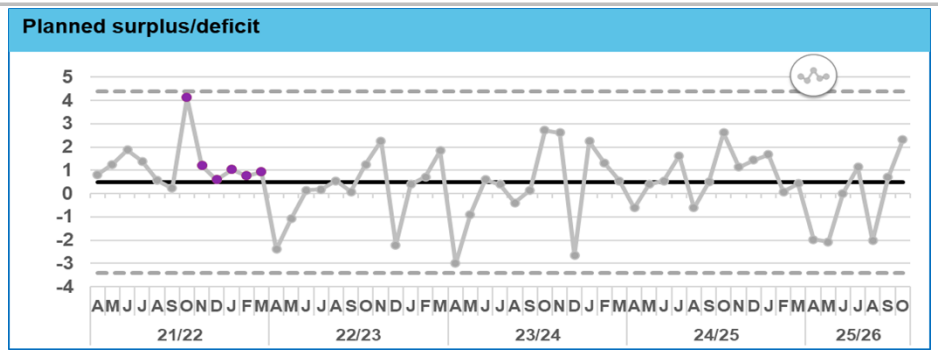
'Average Days Between DRD and Discharge Date' is showing 'special cause improvement' (decreasing rate). The figure is currently at 0. No graph generated as all months since August 2024 at 0 days



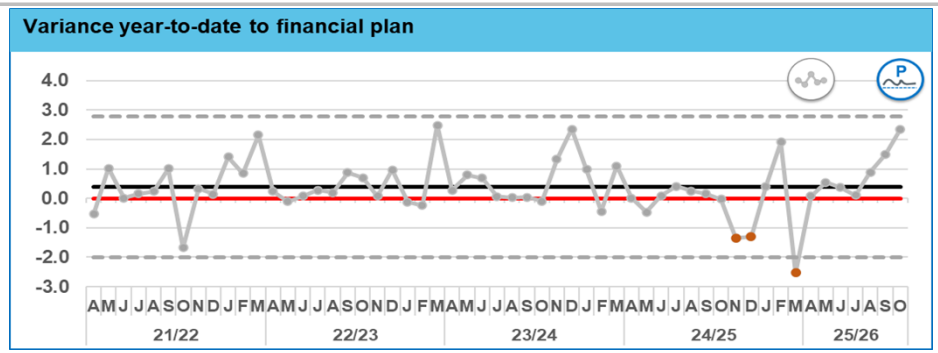
'Sickness Absence Rate (Monthly)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 5.6%.



'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 5.1%.



'Planned surplus/deficit' is showing 'common cause variation'. The figure is currently at 2.

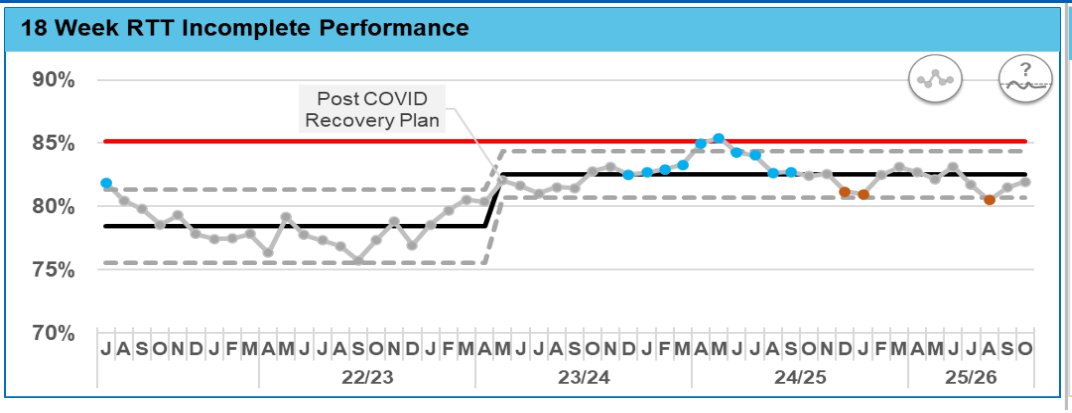


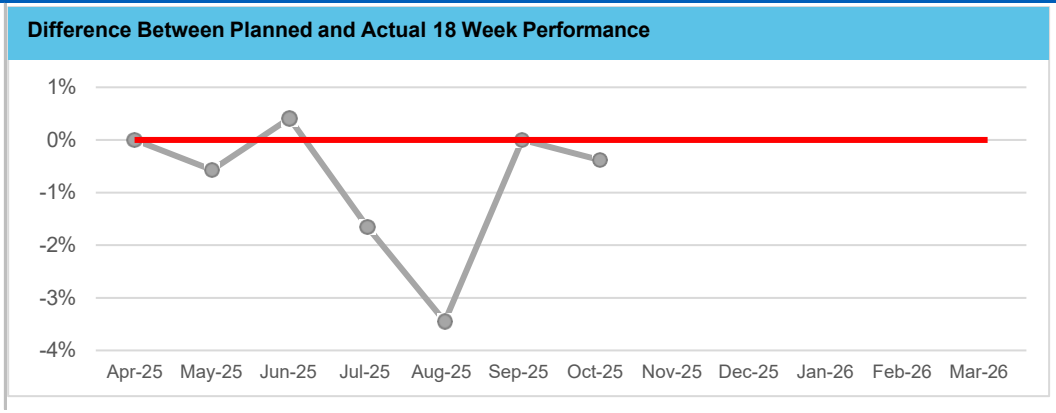
'Variance year-to-date to financial plan' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 2.35.

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		?	81.9%	82.0%	≥85.2%	Jon Spencer	NHS Oversight Framework	Monthly
Difference Between Planned and Actual 18 week Performance		?	n/a	-0.38%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
RTT Incomplete Pathways (RTT Waiting List)			n/a	34839	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
Estimated Time To Clear Current RTT Waiting List			In Dev.	In Dev.	In Dev.	Jon Spencer	NHS PAF	Monthly
RTT Incomplete Pathways Over 18 Weeks			n/a	6286	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
% 52 Week RTT Incomplete Breaches		P	0.07%	0.05%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
52 Week RTT Incomplete Breaches	H	F	173	16	Zero Breaches	Jon Spencer	NHS Operational Planning	Monthly
% of RTT Patients Waiting For a First Appointment	L		83.3%	84.3%	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
A&E Four Hour Performance		P	97.3%	96.8%	≥95%	Jon Spencer	NHS Oversight Framework	Monthly
% A&E Waits Over Twelve Hours	L		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 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 82.0%.

'Difference Between Planned and Actual 18 week Performance' is showing that the current process is not consistently achieving the target. The figure is currently at -0.38%.

18-week RTT incomplete performance has improved to 82.0% for October. This is -0.3% against our revised RTT improvement trajectory. Following the request for a revised improvement trajectory, recovery plans have been developed for the three services with the most challenged RTT position. Targeted intervention supported by non-recurrent funding in paediatrics, adnexal and external services at City Road has been agreed to reduce the number of patients waiting over 18 weeks.

The action plans for RTT recovery for paediatrics, adnexal and external can be summarised as follows:

- Additional sessions to increase outpatient activity (nursing, allied professional & medical)
- Additional sessions to clear the backlog of patients waiting for triage
- Review and stratification of waiting lists to signpost patients to appropriate clinics, community services or discharge back to referrer
- Fixed term fellow & consultant posts to increase capacity available
- Transfer of patients from City Road waiting list to network site where it is closer to the patients' home

Divisions are also focusing on improving the RTT position in other areas, focusing on sites and services with a deteriorating position or those with over 100 patients waiting over 18 weeks.

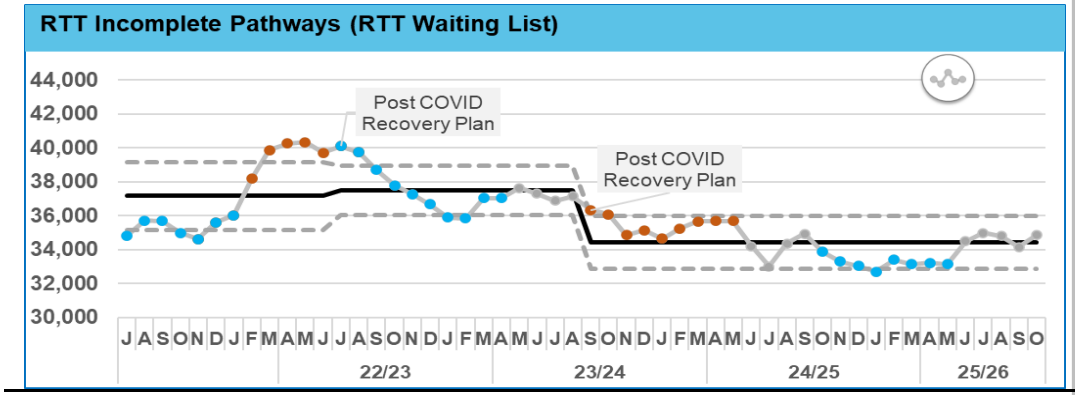
RTT performance continues to be in special cause improvement for North & South division, with many sites and services in a compliant RTT position.

A key line of enquiry in this year's business planning round, is to agree which elements of the recovery plan will require longer term investment and the extent to which demand management (such as advice and guidance) and productivity improvements (such as the standardisation of clinic templates) will address performance challenges.

RTT improvement plans are monitored at monthly executive performance review and Plan Delivery Group.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon

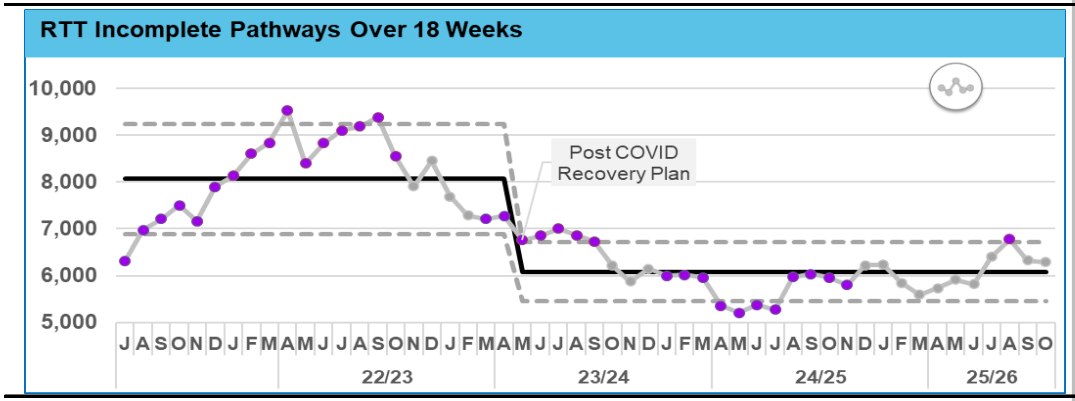
Access to Services (Referral to Treatment) Graphs 2



Metric In Development

'RTT Incomplete Pathways (RTT Waiting List)' is showing 'common cause variation'. The figure is currently at 34,839.

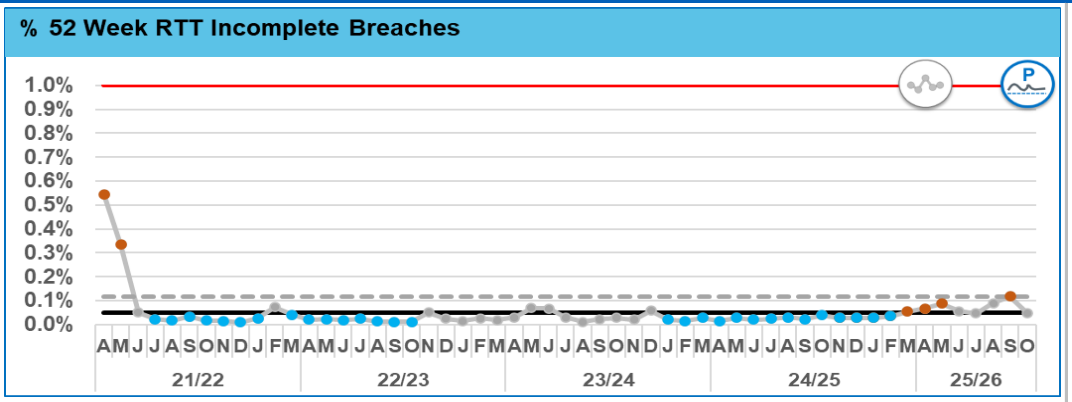
'Estimated Time To Clear Current RTT Waiting List' for this reporting period not available.



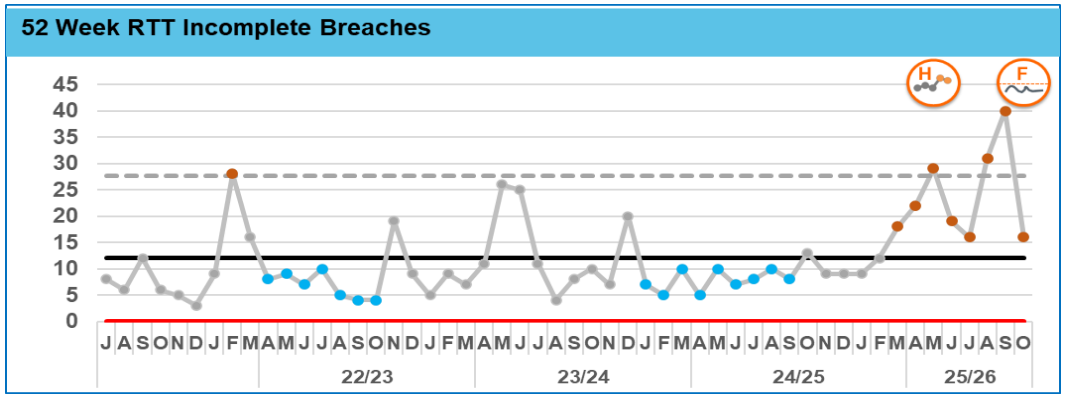
'RTT Incomplete Pathways Over 18 Weeks' is showing 'common cause variation'. The figure is currently at 6,286.

There has been a small increase in the number of RTT incomplete pathways to 34,839 but the figure remains in common cause variation. We anticipate this number to remain stable with the potential for reduction, as we plan to increase capacity and therefore RTT clock stops to bring the total waiting list down.

Access to Services (Referral to Treatment) Graphs 3



'% 52 Week RTT Incomplete Breaches' 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 0.05%.



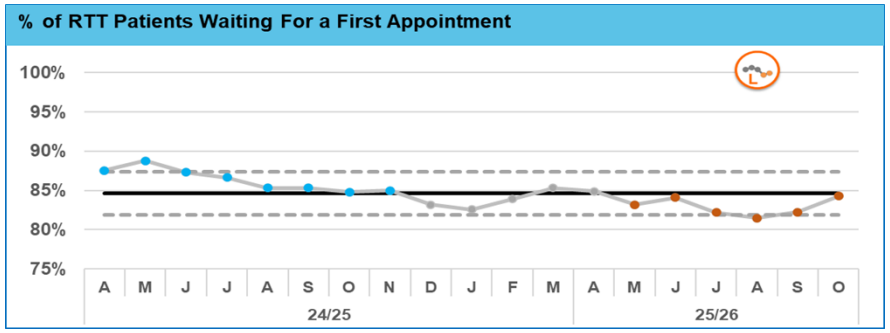
'52 Week RTT Incomplete Breaches' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 16.

The number of patients over 52 weeks reduced to 16 (0.05%) at the end of October. 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.

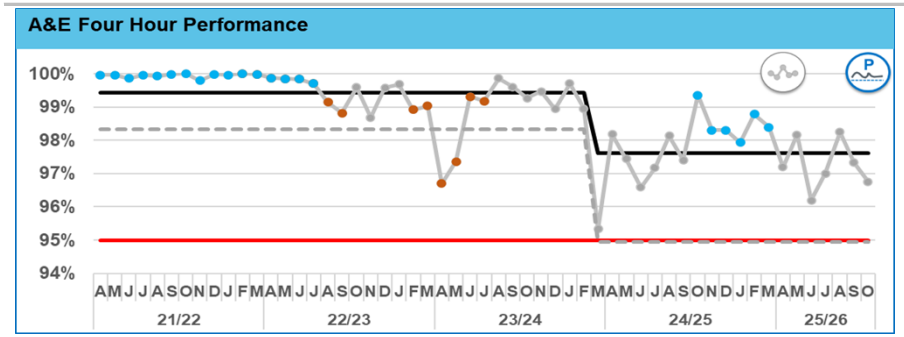
We are required to eliminate over 65 week waits by the end of December 2025 and are completing a weekly return to NCL projecting our over 65 week and over 78-week position. There are currently reporting no risk patients in these cohorts, based on the information submitted on next events and anticipated clock stops.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon

Access to Services (Referral to Treatment & A&E) Graphs 4



'% of RTT Patients Waiting For a First Appointment' for this reporting period not available.. The figure is currently at 82.2%.



'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 96.8%.

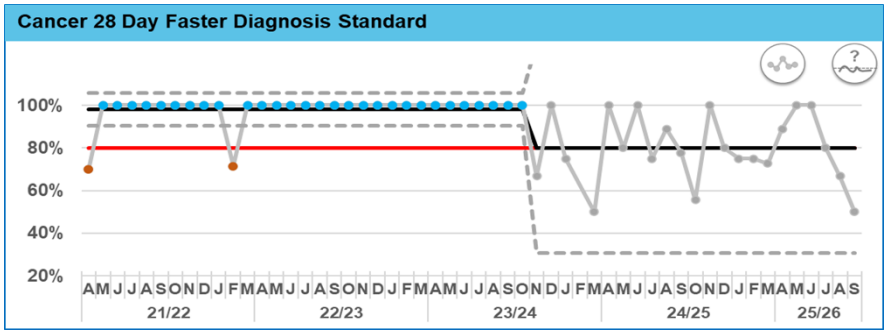
No Graph Generated, No cases reported since April 2021

'% A&E Waits Over Twelve Hours' is showing 'special cause improvement' (decreasing rate).. The figure is currently at 0.0%.

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			82.4%	50.0%	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat			99.4%	100.0%	≥96%	Jon Spencer	Statutory Submission	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days			98.8%	98.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Appointments Available to View and Manage Via the NHS App			In Dev.	In Dev.	In Dev.	Jon Spencer	NHS Operational Planning	Monthly
Theatre Utilisation (Model Hospital)			92.3%	92.8%	No Target Set	Jon Spencer	Insightful Board	Monthly
Theatre Utilisation (MEH Definition)			64.4%	64.8%	≥85%	Jon Spencer	Insightful Board	Monthly
Average Call Waiting Time			n/a	222	≤ 2 Mins (120 Sec)	Jon Spencer	Internal Measure	Monthly
Average Call Abandonment Rate			12.1%	14.4%	≤15%	Jon Spencer	Internal Measure	Monthly

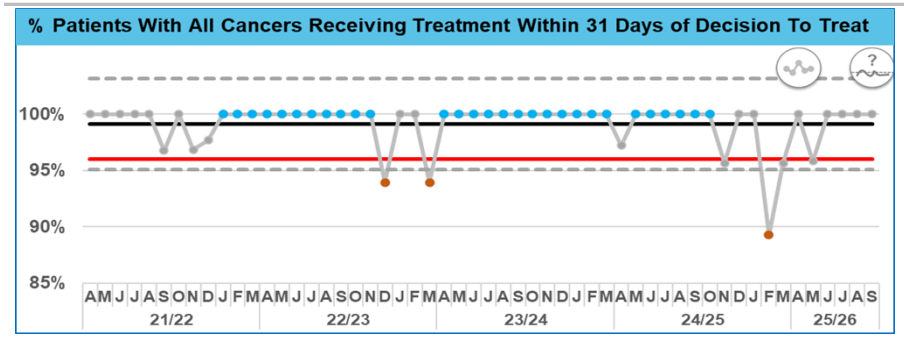
Access to Services (Cancer) Graphs



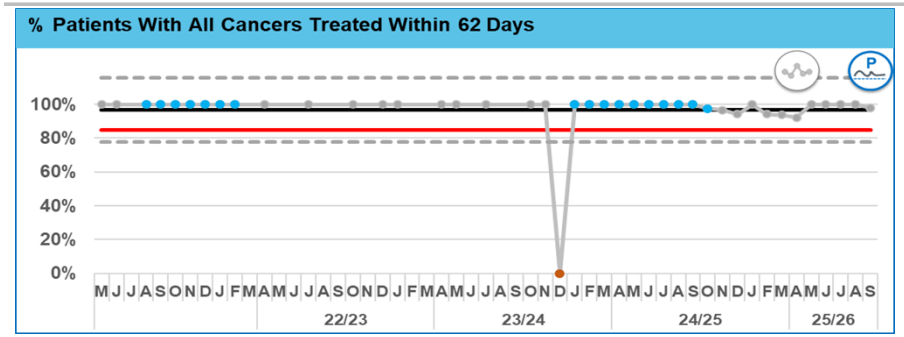
'Cancer 28 Day Faster Diagnosis Standard' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 50.0%.

We did not meet the cancer 28-day faster diagnosis standard in September (reported in arrears), due to one patient delaying their first outpatient appointment which in turn delayed their diagnostic test. We also incurred a shared breach with another trust, where there were delays for the patients first outpatient appointment.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon



'% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 100.0%.

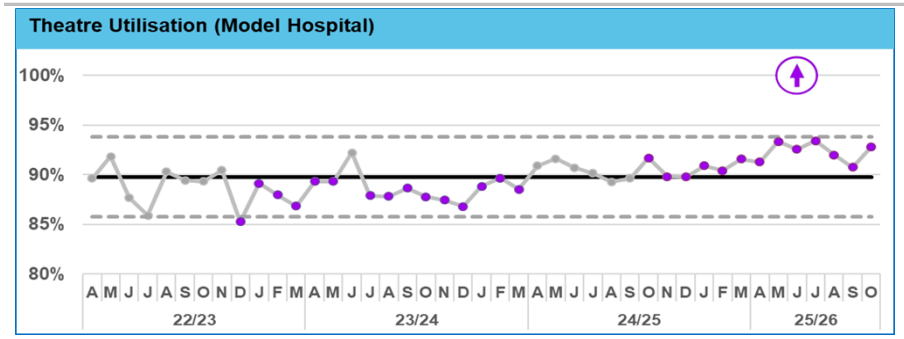


'% Patients With All Cancers Treated Within 62 Days' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 98.0%.

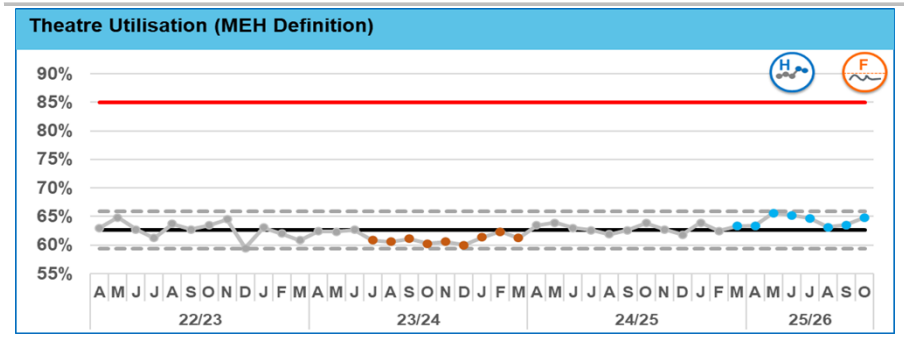
Access to Services (Digital and Theatres) Graphs

Metric In Development

'% Appointments Available to View and Manage Via the NHS App' for this reporting period not available..



'Theatre Utilisation (Model Hospital)' is showing an 'special cause variation' (increasing rate).. The figure is currently at 92.8%.

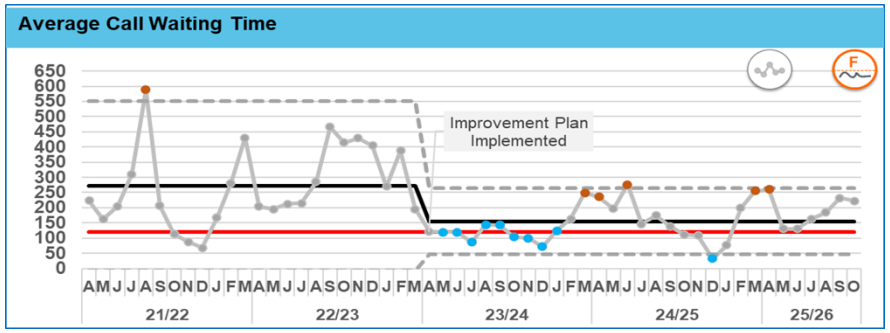


'Theatre Utilisation (MEH Definition)' is showing 'special cause improvement' however the current process is unlikely to achieve the target. - This is a change from the previous month. The figure is currently at 64.8%.

Theatre utilisation remains below the target of 85% across all divisions. Following the publication of the dashboard, divisional management and theatre teams are working to address data quality issues which centre around the use of the Galaxy theatre system. Theatre Oversight Groups have now recommenced to review the data, address data quality issues and importantly focus on actions for improvement. These groups will report to the clinical & operational productivity improvement group and feedback to the surgical transformation board where additional service improvement support is required. Common areas of focus are start times (‘the perfect theatre day’) and optimising theatre scheduling process to increase the number of cases per session.

Review Date:	Dec 2025	***Action Lead:***	Kathryn Lennon

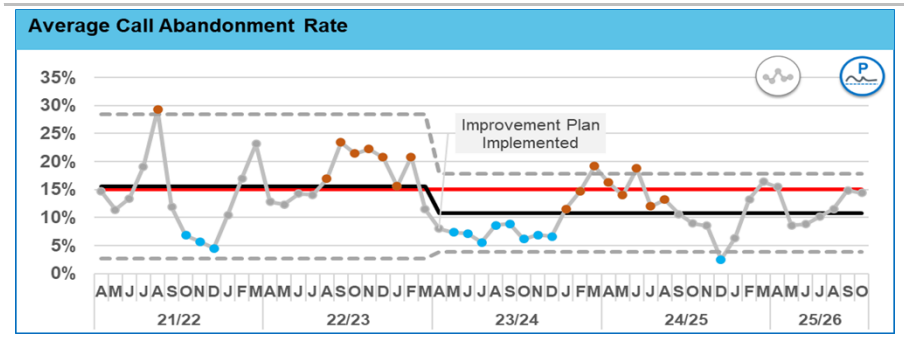
Access to Services (Call Centre) Graph



'Average Call Waiting Time' is showing 'common cause variation' with the current process unlikely to achieve the target.. The figure is currently at 222.

The contact centre average call wait time target was not met in October and staff absence continues to challenge the delivery of this key performance indicator. OCSS divisional management team are supporting the department in refreshing the capacity and demand exercise to evidence the requirement for additional recruitment to vacancies and the potential for any further review of the establishment. Digital enablers remain critical to reduce call volumes, and the opportunities will be considered alongside the demand and capacity review.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon



'Average Call Abandonment 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 14.4%.

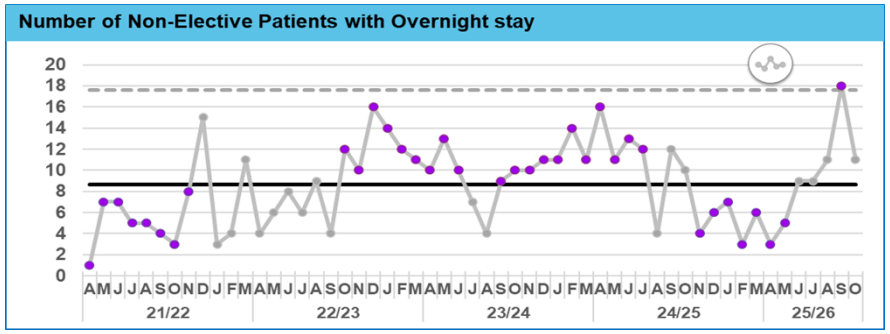
The contact centre abandonment rate is similarly impacted by the number of staff available to answer calls. This metric is in common cause variation but increased in October to 14.4%.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon

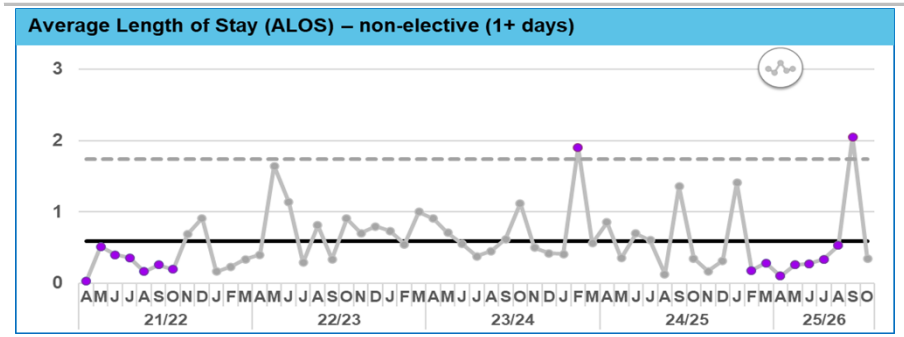
Effectiveness and Experience of Care (Admissions)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Number of Non-Elective Patients with Overnight stay			66	11	No Target Set	Jon Spencer	Insightful Board (Context)	Monthly
Average Length of Stay (ALOS) – non-elective (1+ days)			n/a	0.3	No Target Set	Jon Spencer	Insightful Board	Monthly
% Day Case Admissions			In Dev.	In Dev.	In Dev.	Jon Spencer	Insightful Board	Monthly
Cataract Cases Per Four Hour Theatre List			5.7	5.9	≥ 8 Cases	Jon Spencer	GIRFT Guidance	Monthly
Theatre Cancellation Rate (Non-Medical Cancellations)			1.27%	0.85%	≤0.8%	Jon Spencer	Statutory Submission	Monthly
Number of non-medical cancelled operations not treated within 28 days			15	8	Zero Breaches	Jon Spencer	Statutory Submission	Monthly

Effectiveness and Experience of Care (Admissions) Graphs 1



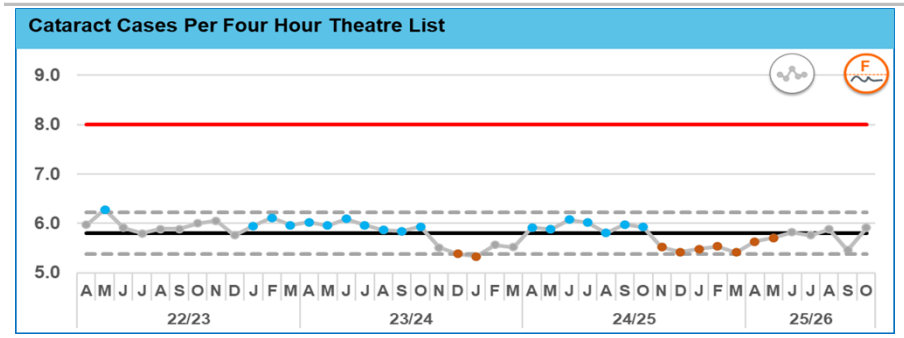
'Number of Non-Elective Patients with Overnight stay' is showing 'common cause variation'.. The figure is currently at 11.



'Average Length of Stay (ALOS) – non-elective (1+ days)' is showing 'common cause variation'. - This is a change from the previous month. The figure is currently at 0.

Metric In Development

'% Day Case Admissions' for this reporting period not available..



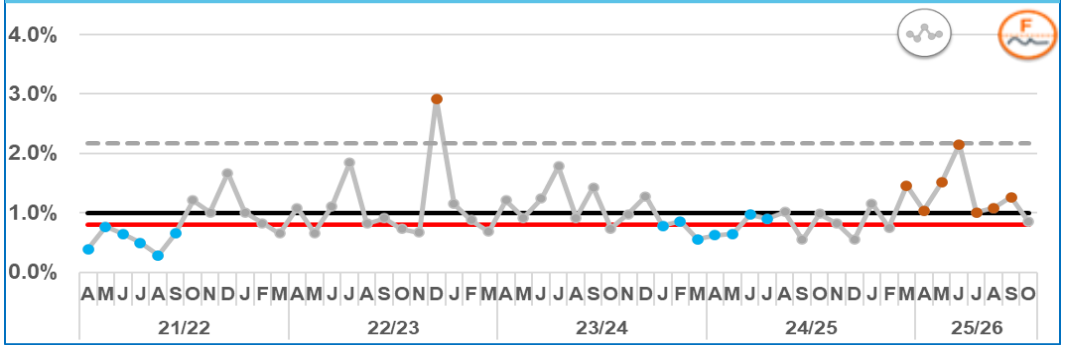
'Cataract Cases Per Four Hour Theatre List' is showing 'common cause variation' with the current process unlikely to achieve the target. - This is a change from the previous month.

All divisions are reporting an increasing number of consultant delivered lists being booked to 8 cases. Theatre teams are in the process of correcting the Galaxy theatre system to ensure cataract lists are correctly labelled. A time in motion study was carried out at Stratford to better understand the patient flow and the difficulty in achieving the standard. This will be repeated at St George's where there are also challenges with delivery. To support operational teams in appropriate scheduling, the cataract service is producing a booking SOP. These actions will support more targeted intervention to increase the average number of cases.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon

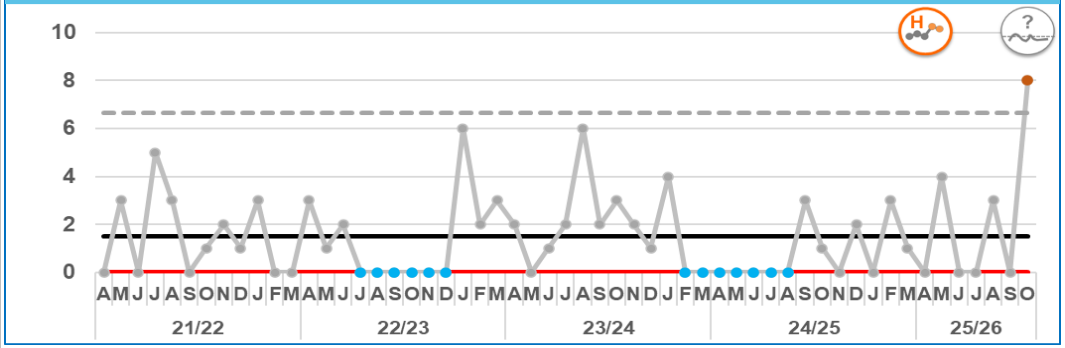
Effectiveness and Experience of Care (Admissions) Graphs 2

Theatre Cancellation Rate (Non-Medical Cancellations)



'Theatre Cancellation Rate (Non-Medical Cancellations)' 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 0.85%.

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



'Number of non-medical cancelled operations not treated within 28 days' 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 8.

Non-medical cancellations

The non-medical cancellation rate reduced to 0.85% which is just above the target of 0.8%. Cancellation reasons will be reviewed in the Theatre Oversight Groups to monitor themes and agree required actions.

Non-medical cancellations rebooked within 28 days

There were 8 on the day cancellations which were not rebooked within 28 days. The reasons reported were equipment failure not being rectified in time and capacity unavailable. Operational teams have been reminded of the importance of rebooking within the required period and prioritising available capacity accordingly and exploring alternative sites for capacity to ensure rebooking is expedited.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon

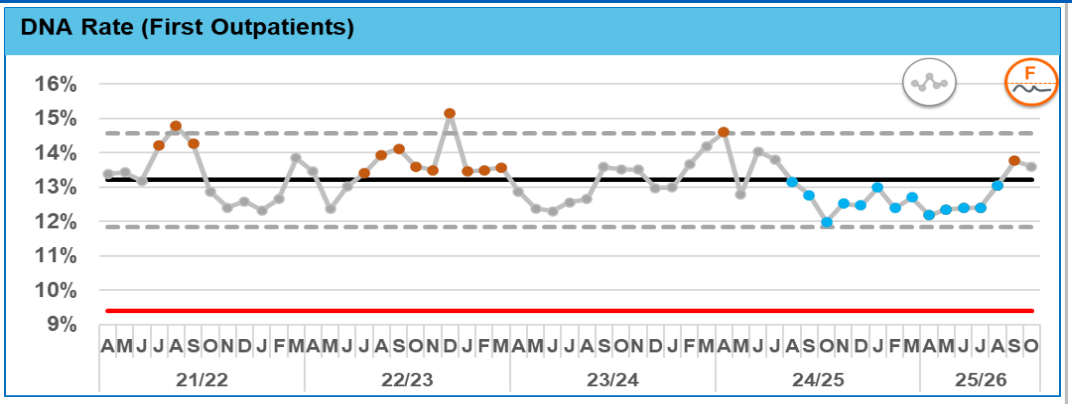
Effectiveness and Experience of Care (Outpatients)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
% Outpatient attendances that were performed remotely			In Dev.	In Dev.	In Dev.	Jon Spencer	Model Hospital	Monthly
% PIFU of Total Outpatient Attendances			In Dev.	In Dev.	In Dev.	Jon Spencer	NHS Operational Planning	Monthly
DNA Rate (First Outpatients)			12.8%	13.6%	≤9.4%	Jon Spencer	Model Hospital	Monthly
DNA Rate (Follow Up Outpatients)			9.6%	9.7%	≤8.1%	Jon Spencer	Model Hospital	Monthly
Outpatient Cancellation Rate (Hospital cancellations)			6.06%	3.78%	No Target Set	Jon Spencer	Internal Measure	Monthly
Outpatient Rebooking Rate (Hospital cancellations)			6.2%	6.1%	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments			n/a	101	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Diagnostic Face to Face Appointments			n/a	36	No Target Set	Jon Spencer	Internal Measure	Monthly

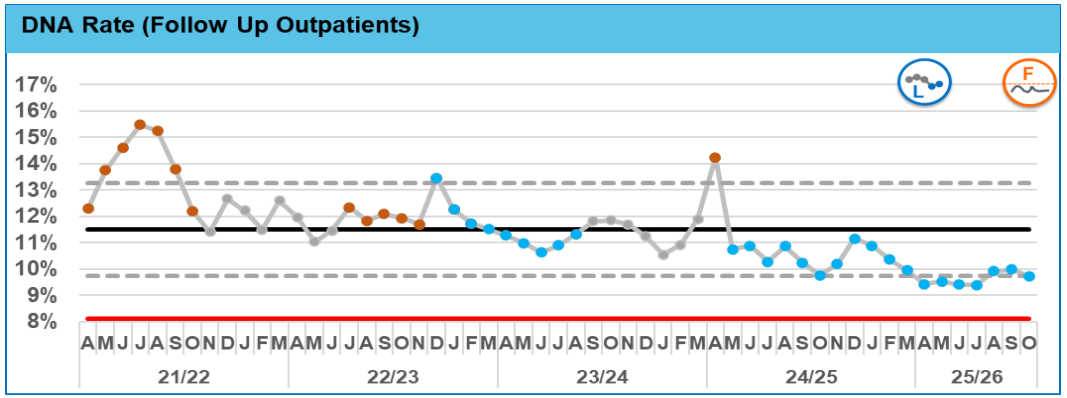
Effectiveness and Experience of Care (Outpatients) Graphs 1

Metric In Development	**'% Outpatient attendances that were performed remotely' for this reporting period not available..**
Metric In Development	**'% PIFU of Total Outpatient Attendances' for this reporting period not available..**

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. - This is a change from the previous month The figure is currently at 13.6%.



'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 9.7%.

First outpatient DNA rate

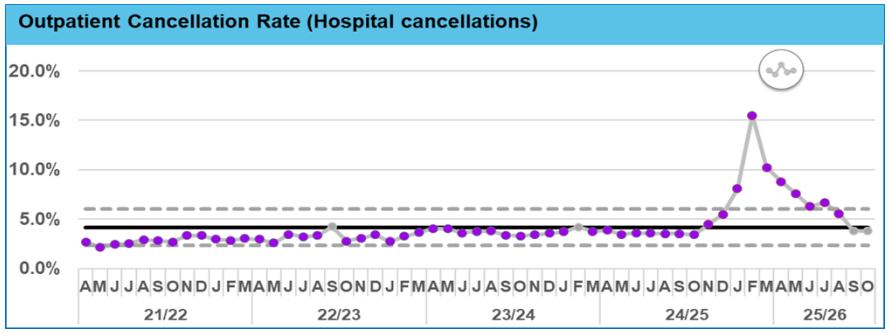
The DNA rate for first outpatient appointments increased to 13.6% in October. DNA rates are higher in services with high volume asynchronous pathways (medical retina and glaucoma), diagnostic hub sites (Brent Cross, Hoxton) and smaller sites (Nelson, Sanderstead and Parkway). Ealing site is also an outlier. 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 is being undertaken.

Follow-up outpatient DNA rate

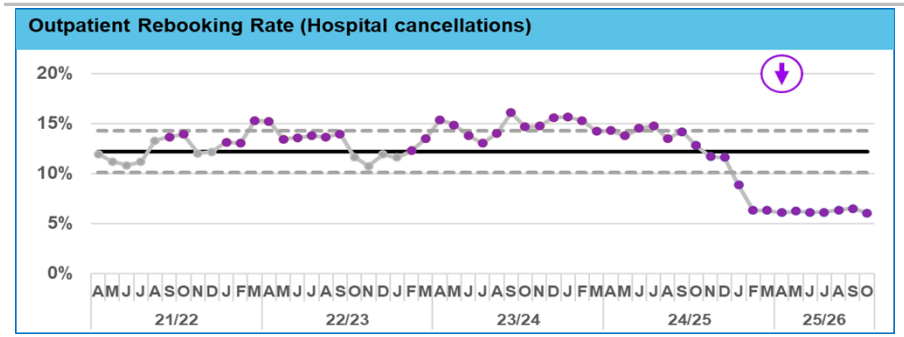
The DNA rate for follow-up outpatient appointments is showing improvement following the implementation of the follow-up outpatient waiting list. The figure remains above the target and divisions are focusing on outlier sites and services, in addition to the trust wide actions as explained for the first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

Review Date:	Dec 2025	***Action Lead:***	Kathryn Lennon

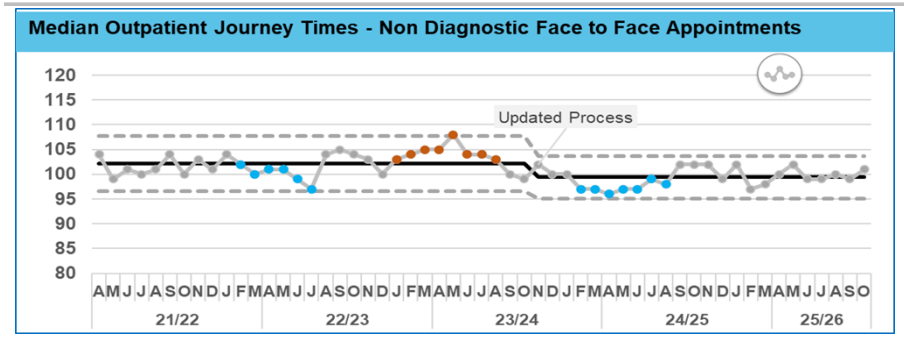
Effectiveness and Experience of Care (Outpatients) Graphs 3



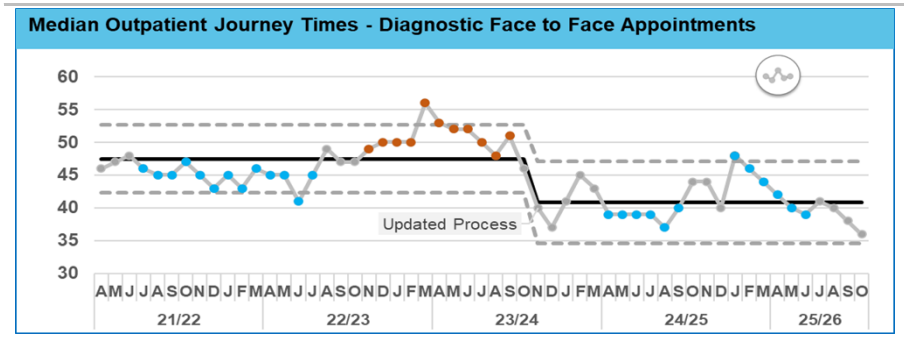
'Outpatient Cancellation Rate (Hospital cancellations)' is showing 'common cause variation'.. The figure is currently at 3.78%.



'Outpatient Rebooking Rate (Hospital cancellations)' is showing an 'special cause variation' (decreasing rate).. The figure is currently at 6.1%.



'Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments' is showing 'common cause variation'.. The figure is currently at 101.

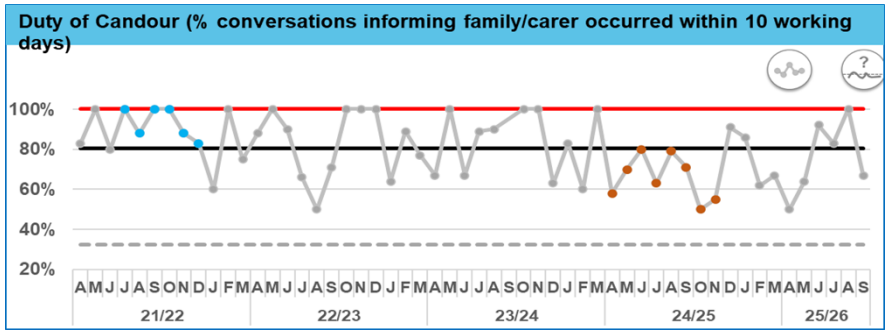


'Median Outpatient Journey Times - Diagnostic Face to Face Appointments' is showing 'common cause variation'.. The figure is currently at 36.

Effectiveness and Experience of Care (Quality & Safety and Patient Experience)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Summary Hospital Mortality Indicator		P	0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
Mixed Sex Accommodation Breaches		P	0	0	Zero Breaches	Sheila Adam	Statutory Submission	Monthly
% Discharged on Discharge Ready Date (DRD)	H		100.0%	100.0%	No Target Set	Sheila Adam	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date	L		n/a	0.0	No Target Set	Sheila Adam	NHS Oversight Framework	Monthly
Duty of Candour (% conversations informing family/carer occurred within 10 working days)		?	76.0%	67.0%	Zero Breaches	Sheila Adam	Statutory Submission	Monthly
% Emergency re-admissions within 30 days following an elective or emergency spell			In Dev.	In Dev.	In Dev.	Louisa Wickham	NHS Oversight Framework	Monthly
Unexpected Moorfields Admission Following Surgery			In Dev.	In Dev.	In Dev.	Louisa Wickham	Internal Measure	Monthly
Percentage of responses to written complaints acknowledged within 3 days		?	67.5%	90.0%	≥80%	Ian Tombleson	Statutory Submission	Monthly
Percentage of responses to written complaints responded within 25 days	L	F	27.1%	52.9%	≥80%	Ian Tombleson	Internal Measure	Monthly (Month in Arrears)
Freedom of Information Requests Responded to Within 20 Days		?	89.0%	86.5%	≥90%	Ian Tombleson	Statutory Submission	Monthly (Month in Arrears)

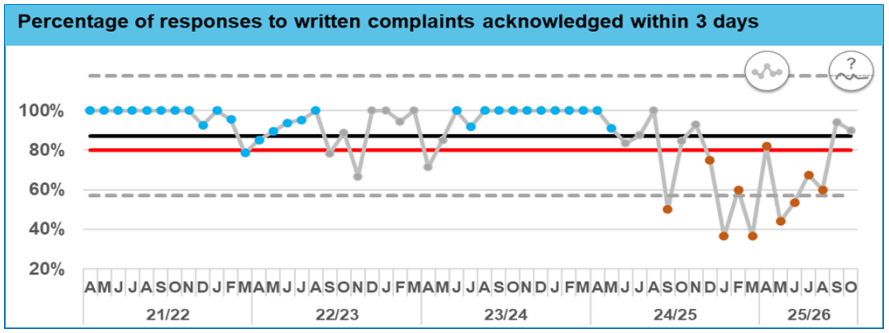
Effectiveness and Experience of Care (Quality and Safety) Graphs 1

No Graph Generated, No cases reported since at least April 17	**'Summary Hospital Mortality Indicator' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.**
No Graph Generated, No cases reported since at least April 17	**'Mixed Sex Accommodation Breaches' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.**
No graph generated as all months since August 2024 at 100%	**'% Discharged on Discharge Ready Date (DRD)' is showing 'special cause improvement' (increasing rate).. The figure is currently at 100.0%.**
No graph generated as all months since August 2024 at 0 days	**'Average Days Between DRD and Discharge Date' is showing 'special cause improvement' (decreasing rate).. The figure is currently at 0.**
	**'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.. The figure is currently at 67.0%.**
	Focused work with divisions continues, with some improvement to common cause variation. The compliance status will increase as Duty of Candour (DoC) actions are completed. A key priority of the Patient Safety Incident Response Plan (PSIRP) working group is to improve the guidance and processes with the aim of creating a collaborative, consistent and timely outcome.
	Review Date: Dec 2025 ***Action Lead:*** Kylie Smith / Juile Nott

Effectiveness and Experience of Care (Quality and Safety) Graphs 2

Metric In Development	**'% Emergency re-admissions within 30 days following an elective or emergency spell' for this reporting period not available..**
Metric In Development	**'Unexpected Moorfields Admission Following Surgery' for this reporting period not available..**

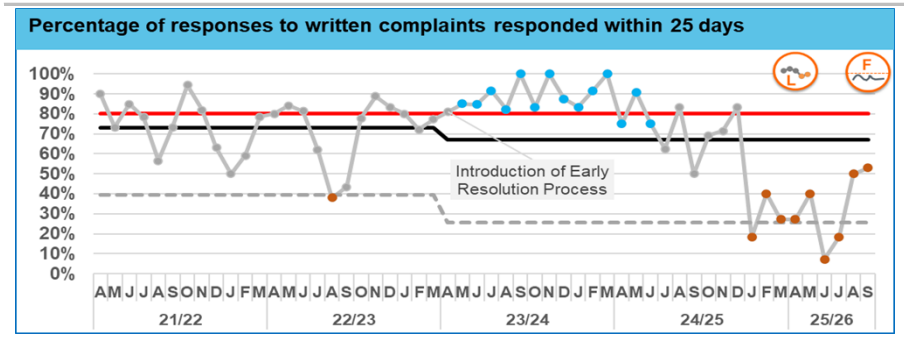
Effectiveness and Experience of Care (Patient Experience) Graphs 3



'Percentage of responses to written complaints acknowledged within 3 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 90.0%.

As part of the six month complaints recovery plan (completes 31 March 2026), tighter monitoring processes have been introduced, resulting in the target being achieved. This is expected to be consistently achieved going forwards.

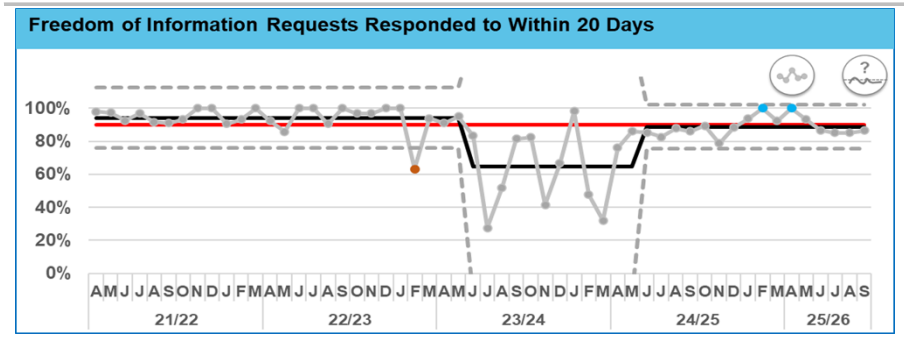
Review Date: Dec 2025 ***Action Lead:*** Robin Tall



'Percentage of responses to written complaints responded within 25 days' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 52.9%.

A key objective of the six month complaints recovery plan (completes 31 March 2026) is to restore full compliance with the 25 days response target. This is improving each month as it approaches the 80% target and beyond

Review Date: Dec 2025 ***Action Lead:*** Robin Tall



'Freedom of Information Requests Responded to Within 20 Days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 86.5%.

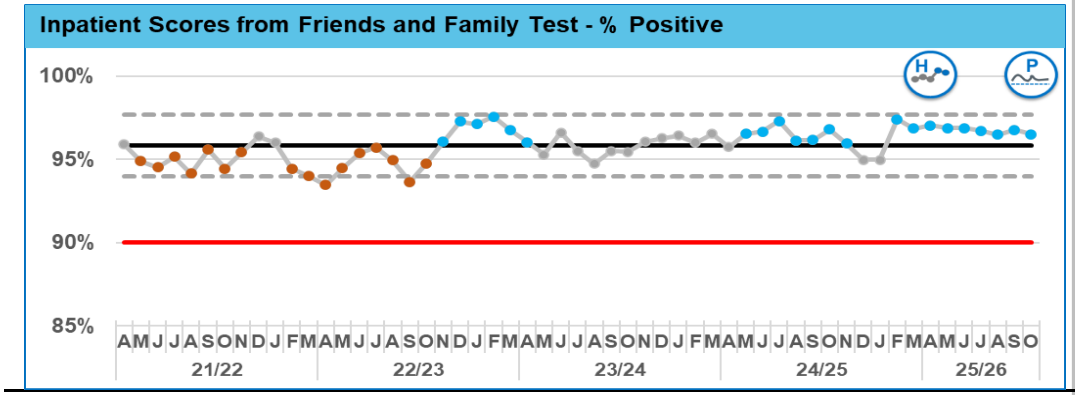
Competing organisational priorities continue to mean this target is challenging to achieve. Escalation process are in place and used, and will continue to be deployed as early as possible.

Review Date: Dec 2025 ***Action Lead:*** Ian Tombleson

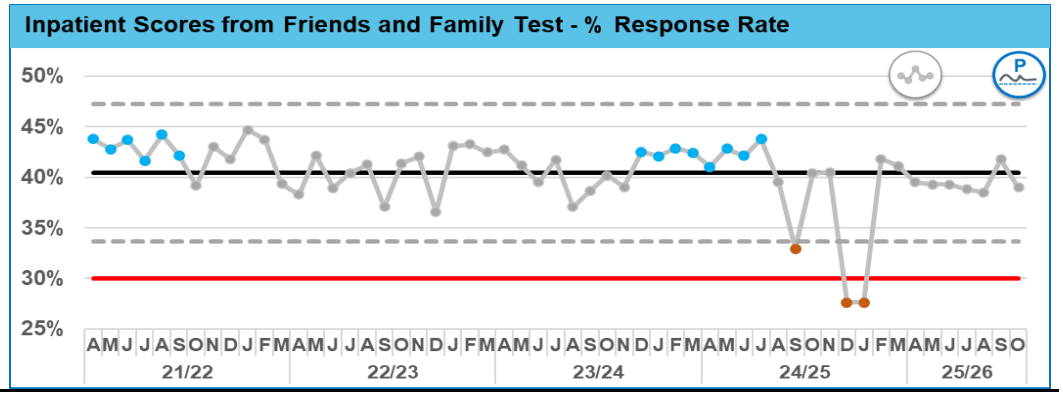
Effectiveness and Experience of Care (Friends and Family Test)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Inpatient Scores from Friends and Family Test - % Positive	H	P	96.7%	96.5%	≥90%	Ian Tombleson	Statutory Submission	Monthly
Inpatient Scores from Friends and Family Test - % Response Rate		P	39.5%	39.0%	≥30%	Ian Tombleson	Statutory Submission	Monthly
Inpatient Scores from Friends and Family Test - % Negative		P	1.1%	1.4%	≤5%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Positive	H	P	95.4%	95.1%	≥90%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Response Rate		P	33.7%	34.8%	≥15%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Negative	L	P	1.8%	1.6%	≤5%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Positive		P	92.7%	92.6%	≥90%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Response Rate	L	P	34.0%	35.0%	≥20%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Negative		P	3.9%	4.0%	≤5%	Ian Tombleson	Statutory Submission	Monthly

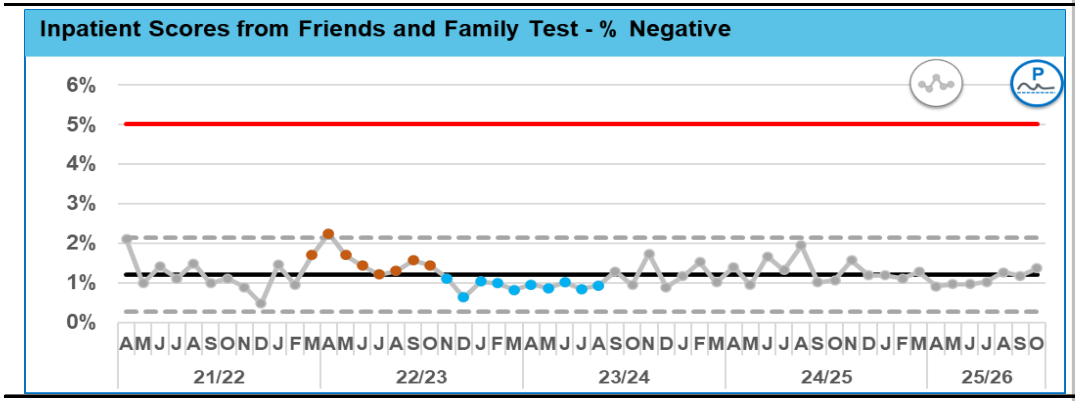
Effectiveness and Experience of Care (Friends and Family Test) Graphs 1



'Inpatient Scores from Friends and Family Test - % Positive' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 96.5%.



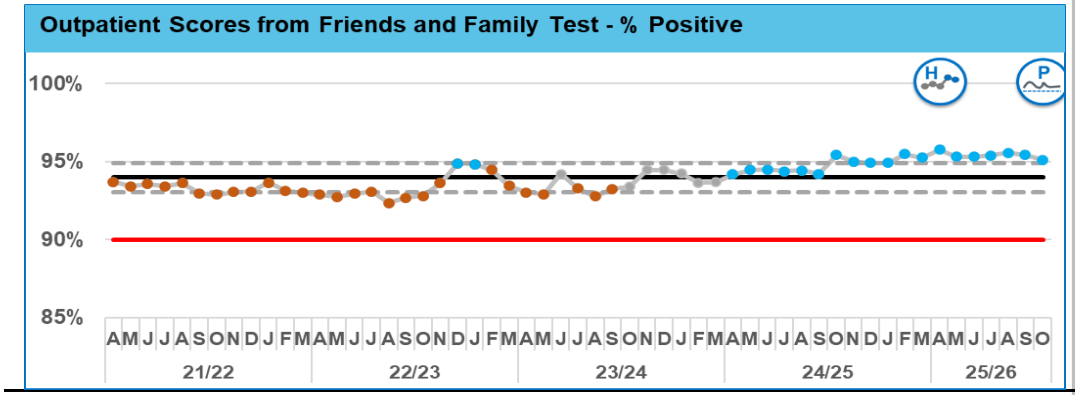
'Inpatient Scores from Friends and Family Test - % Response Rate' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 39.0%.



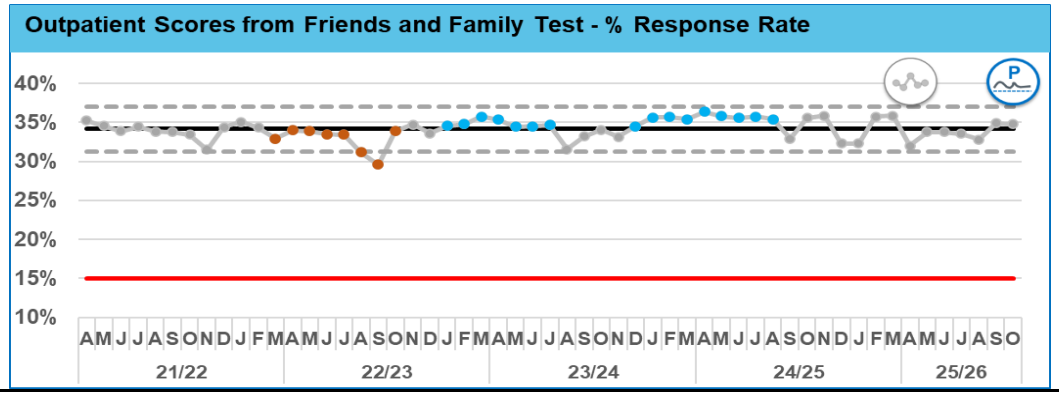
'Inpatient Scores from Friends and Family Test - % Negative' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 1.4%.

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

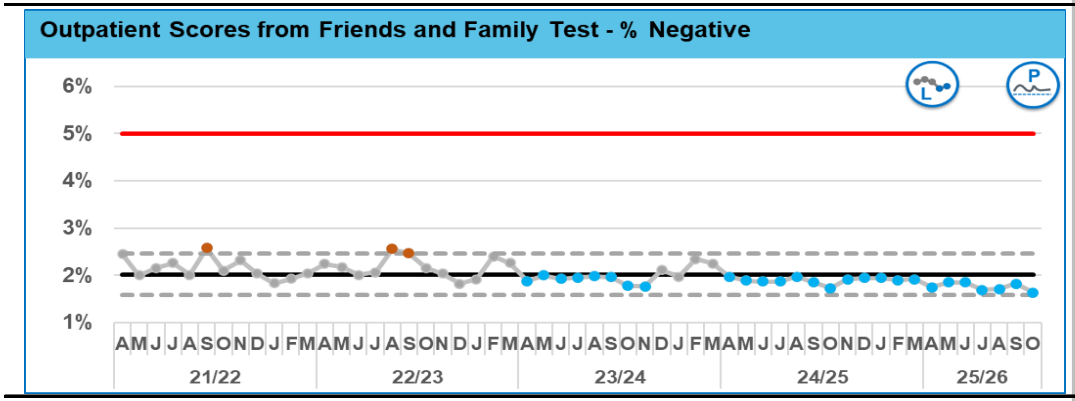
Effectiveness and Experience of Care (Friends and Family Test) Graphs 2



'Outpatient Scores from Friends and Family Test - % Positive' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 95.1%.



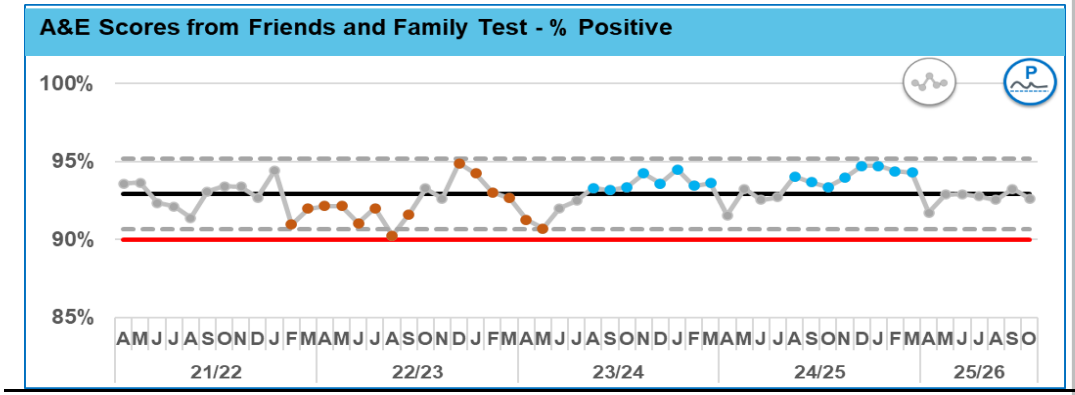
'Outpatient Scores from Friends and Family Test - % Response Rate' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 34.8%.



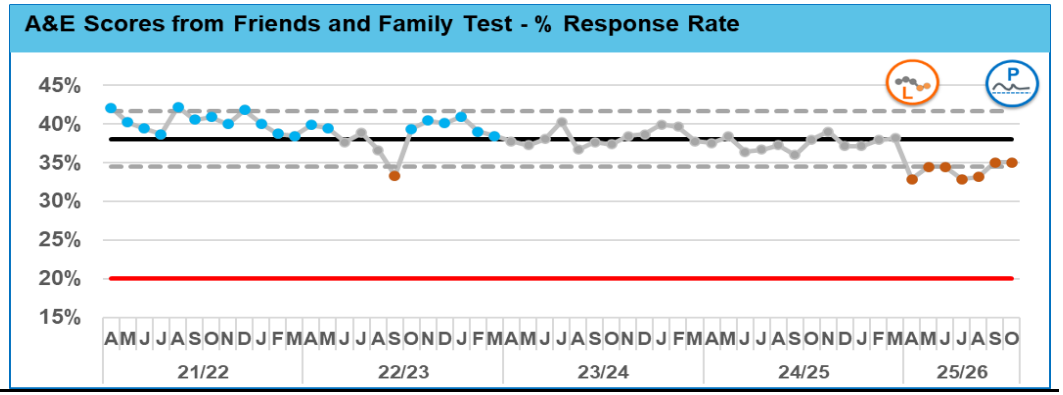
'Outpatient Scores from Friends and Family Test - % Negative' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 1.6%.

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

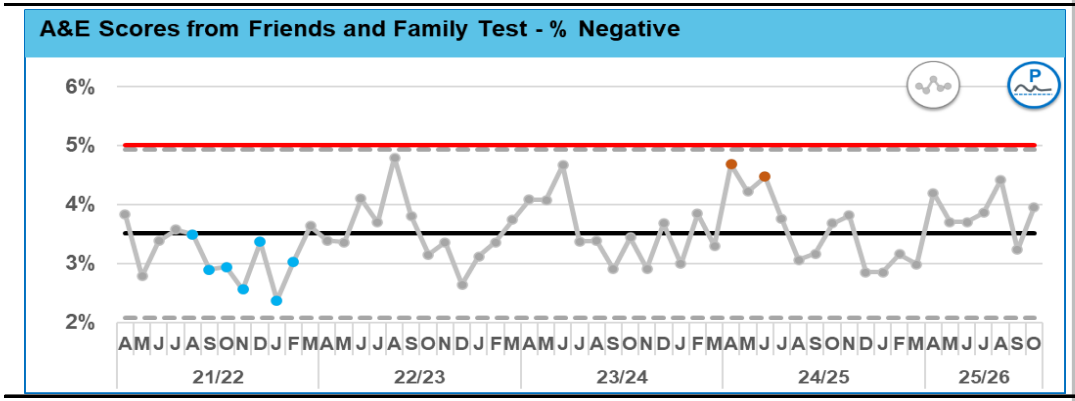
Effectiveness and Experience of Care (Friends and Family Test) Graphs 3



'A&E Scores from Friends and Family Test - % Positive' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 92.6%.



'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 35.0%.



'A&E 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 4.0%.

Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.

Regarding the A&E response rate, the A&E team have found no reason yet to explain the feedback variation and will continue to monitor.

Review Date: Dec 2025 ***Action Lead:*** Robin Tall

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	Sheila Adam	NHS Oversight Framework	Monthly
Clostridium Difficile Cases			0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - Cases			0	0	Zero Cases	Sheila Adam	NHS Oversight Framework	Monthly
MSSA Rate - Cases			0	0	Zero Cases	Sheila Adam	Internal Measure	Monthly

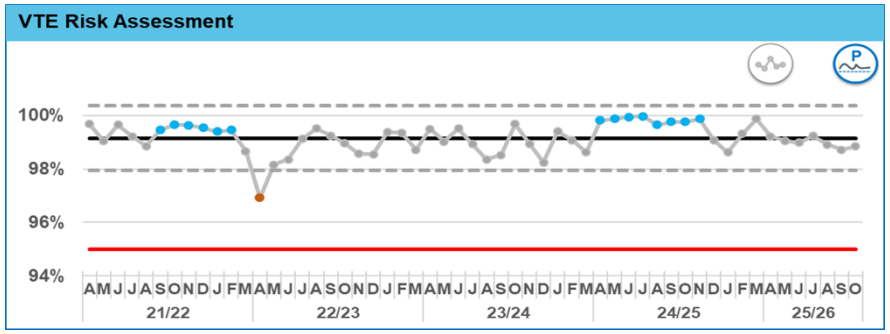
Patient Safety (Infection Control) Graphs 1

No Graph Generated, No cases reported since at least April 17	**'MRSA Bacteraemias Cases' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.**
No Graph Generated, No cases reported since at least April 17	**'Clostridium Difficile Cases' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.**
No Graph Generated, No cases reported since at least April 17	**'Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - Cases' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.**
No Graph Generated, No cases reported since at least April 17	**'MSSA Rate - Cases' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.**

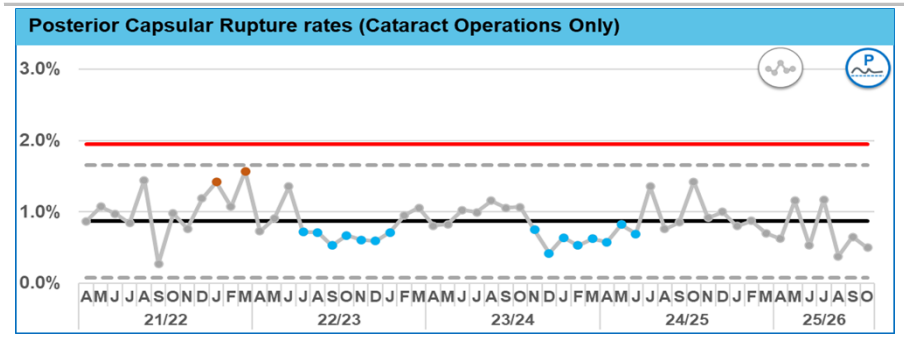
Patient Safety (Clinical, Staffing and Incident Reporting)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
VTE Risk Assessment		P	99.0%	98.8%	≥95%	Sheila Adam	Statutory Submission	Monthly
Posterior Capsular Rupture rates (Cataract Operations Only)		P	0.73%	0.50%	≤1.95%	Louisa Wickham	Internal Measure	Monthly
Safer Staffing - Inpatient (Overnight) Ward Fill Rate			In Dev.	In Dev.	In Dev.	Sheila Adam	Statutory Submission	Monthly
Occurrence of any Never events		?	1	0	Zero Events	Sheila Adam	Statutory Submission	Monthly
Frequency of any Never events (Days)			In Dev.	In Dev.	In Dev.	Sheila Adam	Internal Measure	Monthly
National Patient Safety Alerts (NatPSAs) breached	L	P	n/a	0	Zero Alerts	Sheila Adam	Statutory Submission	Monthly
Patient Safety Incidents Investigation (PSII) Open Over Six Months			In Dev.	In Dev.	In Dev.	Sheila Adam	Statutory Submission	Monthly
Safeguarding Training Compliance			In Dev.	In Dev.	In Dev.	Sheila Adam	Internal Measure	Monthly

Patient Safety (Clinical and Staffing) Graphs



'VTE Risk Assessment' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 98.8%.



'Posterior Capsular Rupture rates (Cataract Operations Only)' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.50%.

Metric In Development

'Safer Staffing - Inpatient (Overnight) Ward Fill Rate ' for this reporting period not available..

No Graph, Last Never Event in August 2025

'Occurrence of any Never events' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 0.

No Graph, Last NatPSA breached in July 2024

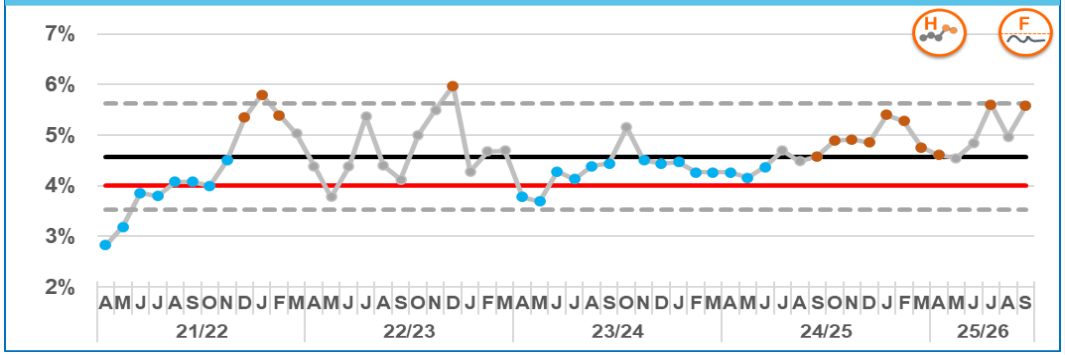
'National Patient Safety Alerts (NatPSAs) breached' is showing 'special cause improvement' and that the current process will consistently pass the target.. The figure is currently at 0.

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	5.6%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Sickness Absence Rate (Rolling Annual)			n/a	5.0%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Staff Turnover Rate (All Staff)			In Dev.	In Dev.	In Dev.	Sue Steen	Insightful Board	Monthly
Recruitment Time To Hire (Days)			n/a	46	≤ 40 Days	Sue Steen	Internal Measure	Monthly
Proportion of Temporary Staff			7.9%	7.3%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Agency Staff			1.4%	1.1%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Bank Staff			6.6%	6.2%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Permanent Staff			92.1%	92.7%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Basic Mandatory IG Training			n/a	89.4%	≥90%	Sue Steen	Internal Measure	Monthly

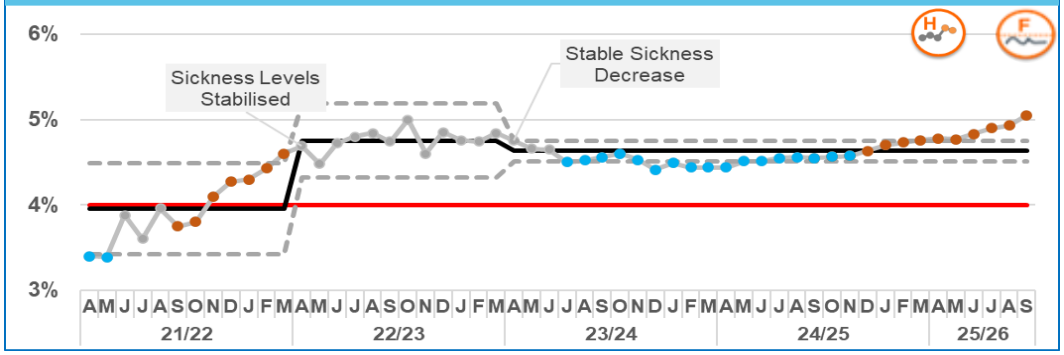
People and Workforce Graphs 1

Sickness Absence Rate (Monthly)



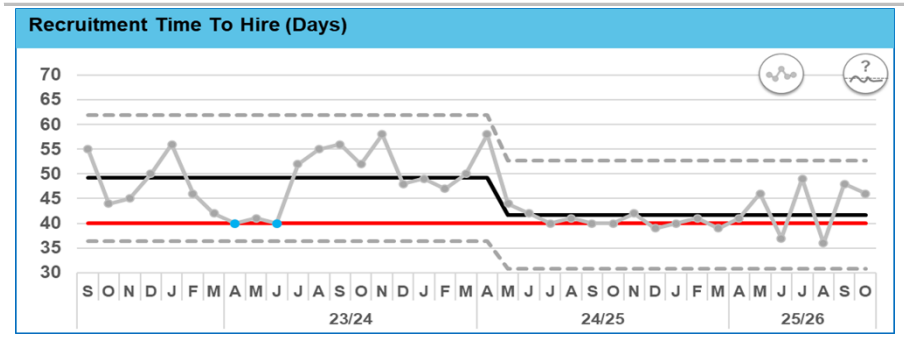
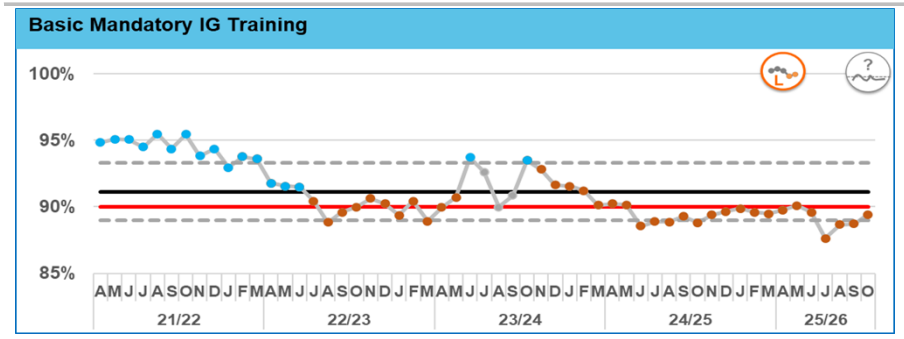
'Sickness Absence Rate (Monthly)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. - This is a change from the previous month The figure is currently at 5.6%.

Sickness Absence Rate (Rolling Annual)



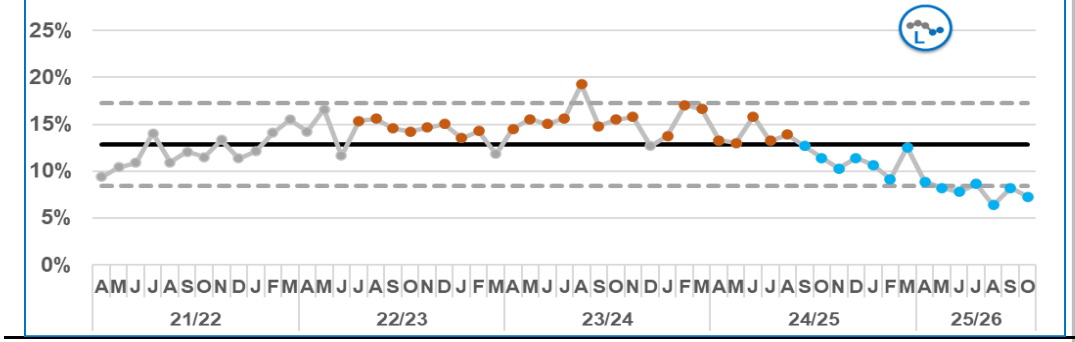
'Sickness Absence Rate (Rolling Annual)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 5.1%.

People and Workforce Graphs 2

Metric In Development	**'Staff Turnover Rate (All Staff)' for this reporting period not available..**
	**'Recruitment Time To Hire (Days)' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 46.**
	**'Basic Mandatory IG Training' is showing 'special cause concern' and that the current process is not consistently achieving the target.. The figure is currently at 89.4%.**

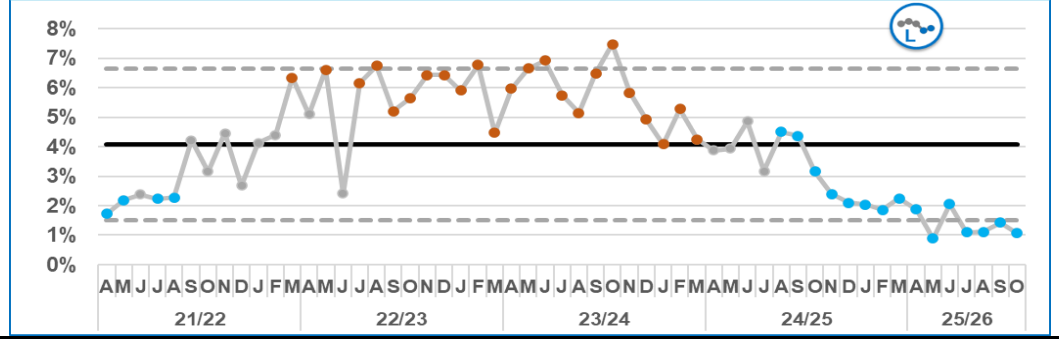
People and Workforce Graphs 3

Proportion of Temporary Staff



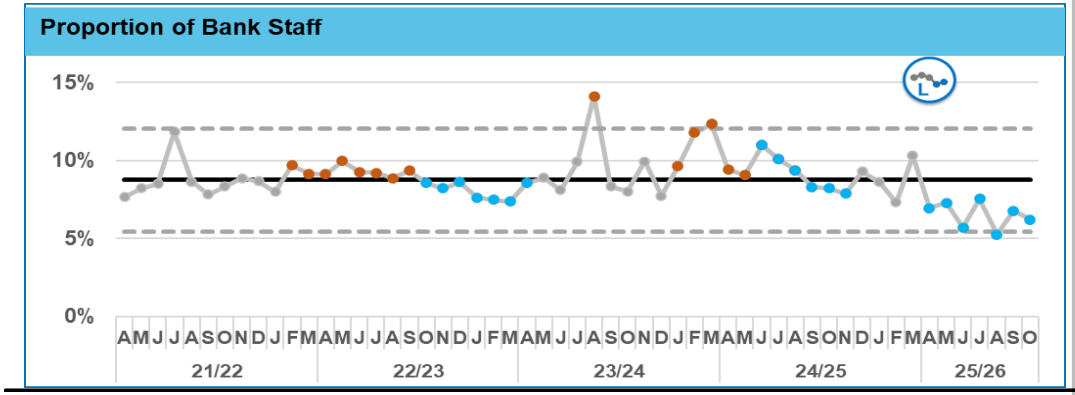
'Proportion of Temporary Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 7.3%.

Proportion of Agency Staff



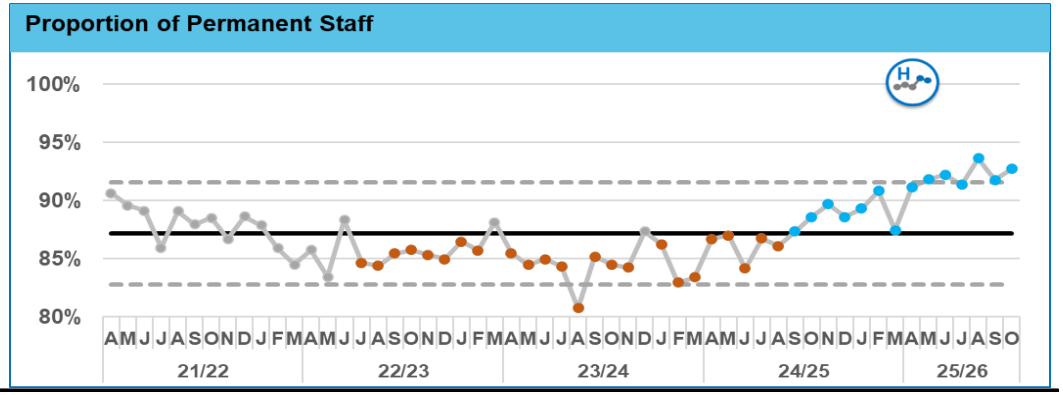
'Proportion of Agency Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 1.1%.

Proportion of Bank Staff



'Proportion of Bank Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 6.2%.

Proportion of Permanent Staff



'Proportion of Permanent Staff' is showing 'special cause improvement' (increasing rate). The figure is currently at 92.7%.

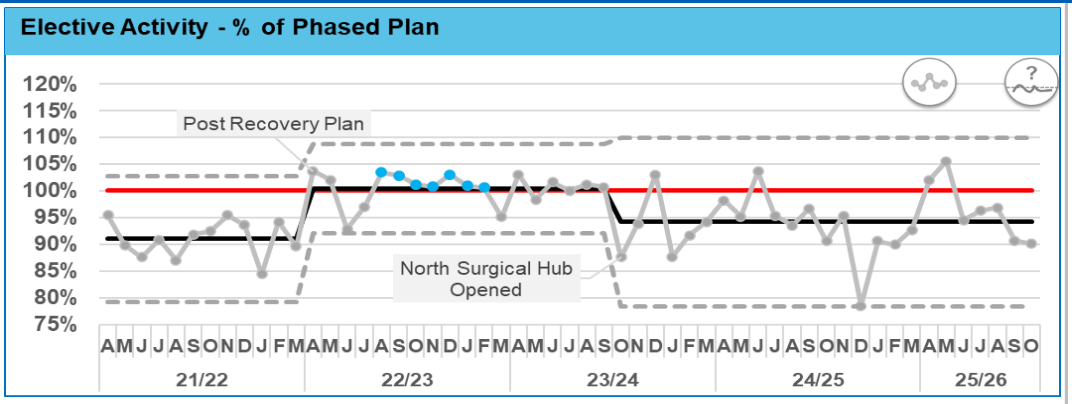
- Temporary staffing usage continues to reduce because of increased governance, reporting, and monitoring.
- Year to date, Agency Spend is 35% ahead of target.
- The Truist continues to perform well against its NCL targets and is one of the only Trusts to see a reduction in Bank spend.
- The reasons for temporary staffing utilisation remain the same: Vacancy and long term sickness absence.

Finance and Productivity

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Planned surplus/deficit			-1.9	2.3	No Target Set	Arthur Vaughan	NHS Oversight Framework	Monthly
Variance year-to-date to financial plan		P	5.85	2.35	≥0	Arthur Vaughan	NHS Oversight Framework	Monthly
Elective Activity - % of Phased Plan		?	96.1%	90.1%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Total Outpatient Activity - % of Phased Plan	L	?	95.5%	91.3%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient First Appointment Activity - % of Phased Plan	L	?	95.8%	89.0%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient Follow Up Appointment Activity - % of Phased Plan	L	?	95.5%	91.9%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Injections Activity - % of Phased Plan		?	101.3%	96.5%	≥100%	Jon Spencer	NHS Operational Planning	Monthly

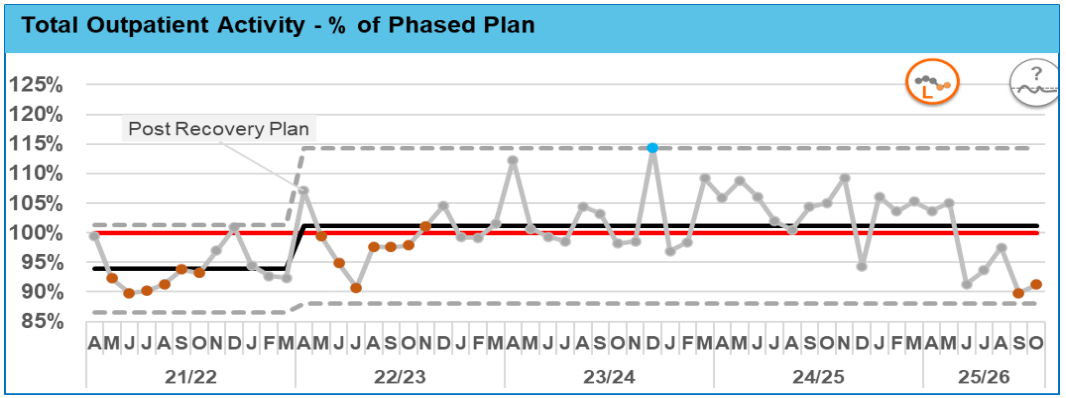
Finance and Productivity (Activity vs. Plan) Graphs 1

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 90.1%.

Total Outpatient Activity - % of Phased Plan



'Total Outpatient Activity - % of Phased Plan' 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 91.3%.

Elective activity

The number of day case admissions increased in October; however, the plan was not met. The October target was the highest of the year so far and none of the divisions were able to meet this.

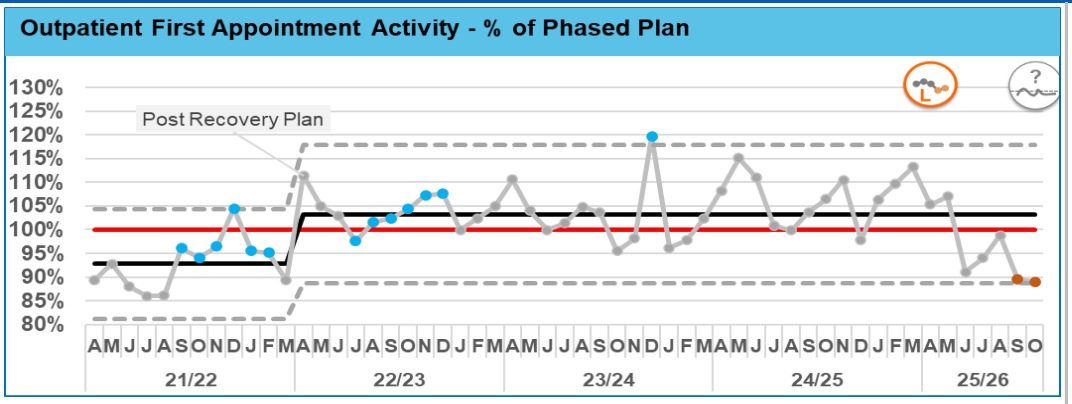
At City Road, in glaucoma the increasing complexity of patients is subsequently increasing the procedure time and reducing the number of cases being booked per session. This complexity has been picked up in coding, but the price increase does not fully off-set the volume reduction. The City Road management team have identified a duplication in the activity plan under the refractive surgery service, limiting the ability for the external activity plan to deliver in full. The number of additional sessions in VR reduced, as they were not clinically required (assumed to be temporary) and therefore the activity plan was not met in October. In mitigation, there will be improving utilisation of adnexal minor ops lists as additional outpatient activity generates additional cases for theatres.

In the North, a small waiting list at St Ann's continues to create difficulty in booking lists optimally. The staff consultation to reduce the number of lists running has now concluded, to support an improved booking process. Lists are now being booked to 7-8 cases and the booking window is 2 weeks. The under performance is anticipated to continue and the ability to mitigate this is limited due to demand challenges in other sites. The activity plan for St Ann's in 26/27 is a key discussion in this year's business planning round.

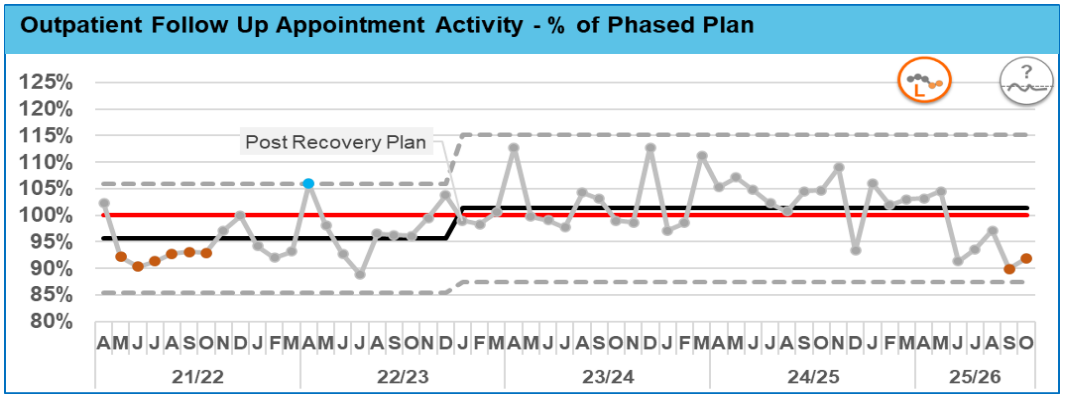
In the South, the impact of the QMR closure and the cessation of weekend operating lists at Croydon were not offset by additional cases per session in the remaining lists. There was also underperformance in adnexal (annual leave not backfilled) and medical retina (lists converted to VR due to clinical urgency). The division has proposed running additional sessions to mitigate this underperformance and support RTT improvement, which will be discussed with executive colleagues at Plan Delivery Group in November.

Review Date:	Dec 2025	***Action Lead:***	Kathryn Lennon

Finance and Productivity (Activity vs. Plan) Graphs 2



'Outpatient First Appointment Activity - % of Phased Plan' 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 89.0%.



'Outpatient Follow Up Appointment Activity - % of Phased Plan' 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 91.9%.

First outpatient activity

The number of first outpatient attendances increased in October; however, the plan was not met. The October target was the highest plan of the year so far and none of the divisions were able to meet this.

At City Road, there was under performance in a number of services. In A&E, General Ophthalmology (Attend Anywhere) MR and VRE this was demand driven. In neuro, there is a consultant vacancy following a recent unsuccessful round of recruitment. The service do not anticipate recruiting until next summer and so an interim plan is required. A paediatric service development has not yet been submitted for approval and given recruitment timelines this element of performance is anticipated to continue. There was also underutilisation of Hoxton capacity in VR. There are a number of additional sessions running in November to support RTT improvement and therefore the division is projecting delivery of the plan for next month.

In the North, demand and staffing issues contributed to the under performance in October. The division is redirecting available capacity to other services however this is not always possible, for example asynchronous capacity cannot be used to meet demands in consultant led clinics. The division is reporting an improving position in November but do not anticipate delivery to plan.

In the South, there was annual leave which could not be covered in general ophthalmology leading to underperformance. There have also been clinical timetable changes in glaucoma, medical retina and cataract impacting plan delivery. This requires review through business planning. The division are anticipating recovery next month and delivery to plan.

Follow-up outpatient activity

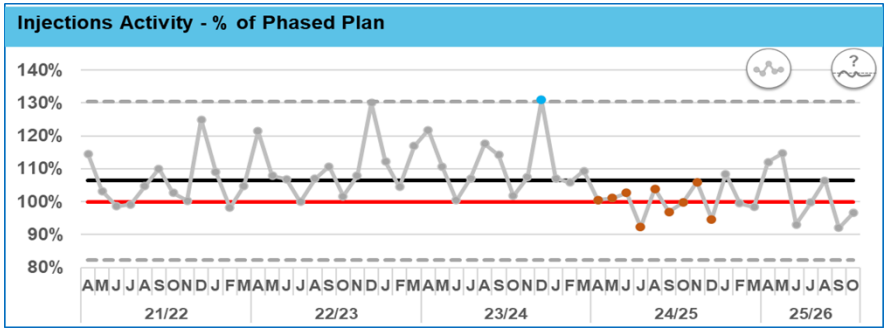
Follow-up activity was below plan in October in all divisions. At City Road, the reasons mirror those for first outpatient attendances, there was also the impact of five fellow vacancies across external and glaucoma. The division is forecasting an improved position in November.

In the north, activity was impacted by demand and staffing issues, the division are working to improve the position in November focusing on those sites and services with follow-up outpatient waiting list pressures.

In the South, activity was impacted by leave, sickness, vacancies and technician staffing levels limiting full clinic utilisation. The division is forecasting an improvement to this position in November but are not anticipating the plan will be met. Further mitigating actions under review.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon

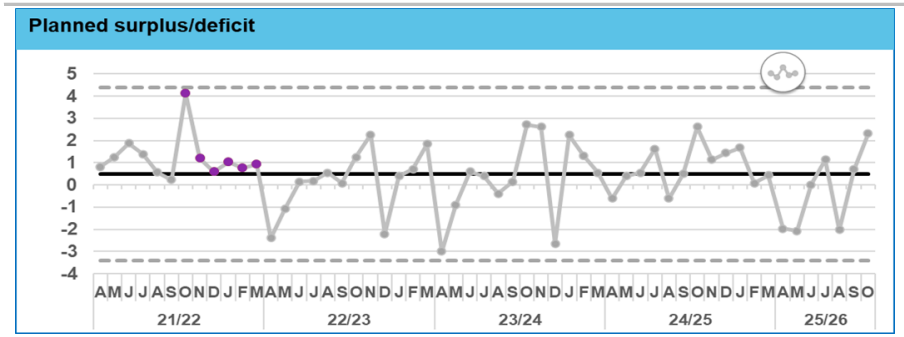
Finance and Productivity (Injection & Financial) Graphs 1



'Injections 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 96.5%.

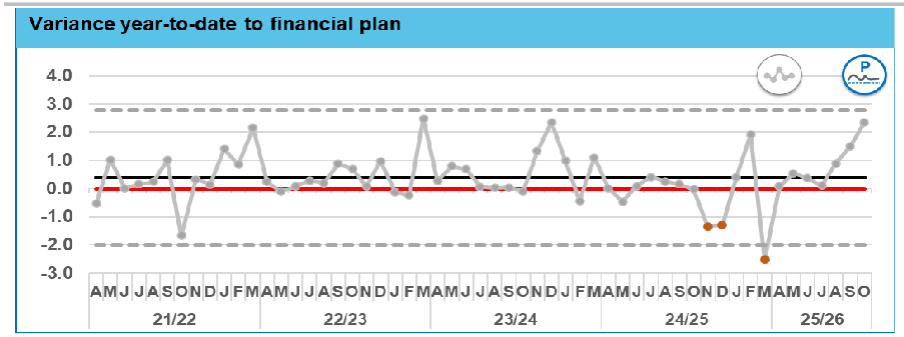
Injection activity was below plan in October. There is an investigation into a potential coding issue in the South and there is also an understanding that new medicines with new treatment intervals could be influencing overall delivering of the plan. This is under review.

Review Date: Dec 2025 ***Action Lead:*** Kathryn Lennon



'Planned surplus/deficit' is showing 'common cause variation'. - This is a change from the previous month. The figure is currently at 2.

For further narrative, see finance report



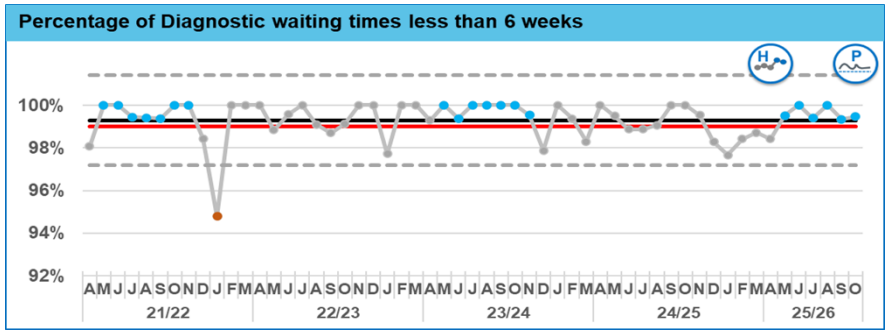
'Variance year-to-date to financial plan' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 2.35.

For further narrative, see finance report

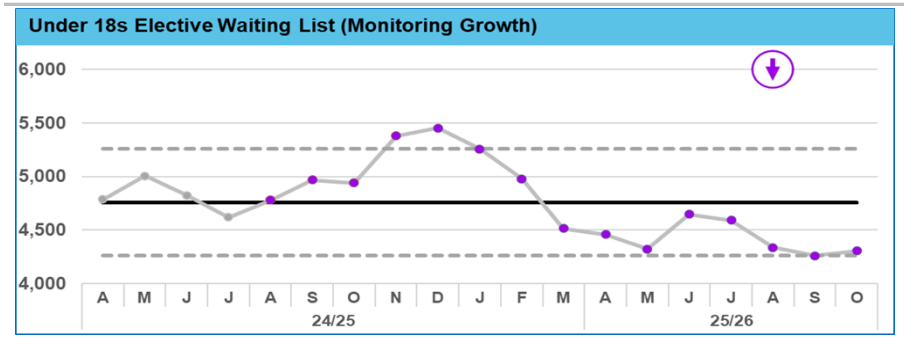
Improving Health and Reducing Inequality (Diagnostics and Demographics)

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			99.4%	99.5%	≥99%	Jon Spencer	NHS Oversight Framework	Monthly
Under 18s Elective Waiting List (Monitoring Growth)			30927	4306	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly
% of Patients 65 Years Old Or Over Admitted via A&E			In Dev.	In Dev.	In Dev.	Jon Spencer	NHS PAF	Monthly
% of Patients Under 18 Years Old Admitted via A&E			In Dev.	In Dev.	In Dev.	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 '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 99.5%.



'Under 18s Elective Waiting List (Monitoring Growth)' is showing an 'special cause variation' (decreasing rate).. The figure is currently at 4,306.

Metric In Development

'% of Patients 65 Years Old Or Over Admitted via A&E' for this reporting period not available..

Metric In Development

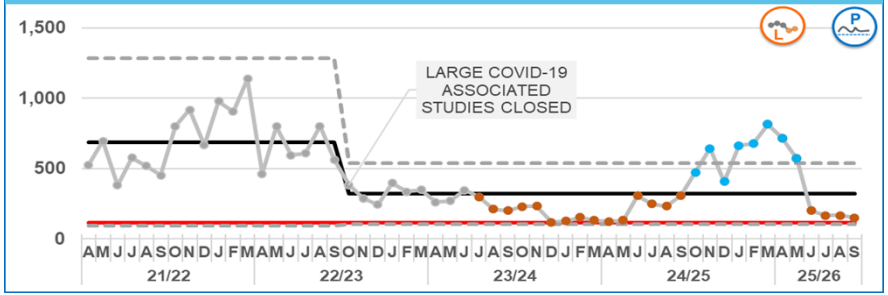
'% of Patients Under 18 Years Old Admitted via A&E' for this reporting period not available..

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	L	P	1966	150	≥115 (per month)	Research Lead	Internal Measure	Monthly (Month in Arrears)
Total patient recruitment to All Research Studies (Moorfields Sites only)			2171	178	No Target Set	Research Lead	Internal Measure	Monthly (Month in Arrears)
Active Commercial Studies (open + Closed to Recruitment in follow up)	H	P	n/a	61	≥44	Research Lead	Internal Measure	Monthly (Month in Arrears)
Proportion of patients participating in research studies (as a percentage of number of open pathways)	L	P	n/a	3.3%	≥2%	Research Lead	Internal Measure	Monthly (Month in Arrears)

Improving Health and Reducing Inequality (Discovery) Graphs

Total patient recruitment to NIHR portfolio adopted studies

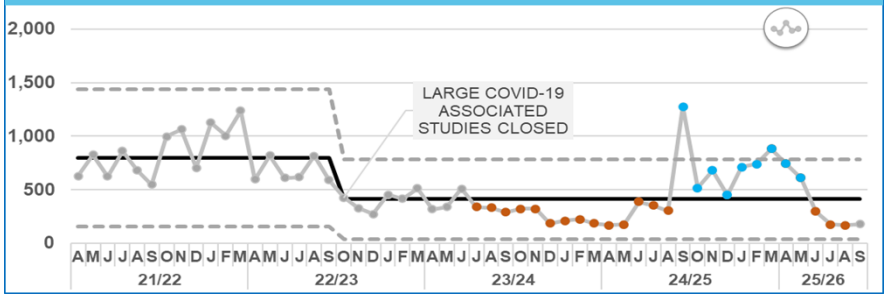


'Total patient recruitment to NIHR portfolio adopted studies' is showing 'special cause concern' however the current process will consistently pass the target.. The figure is currently at 150.

Currently monthly recuitment appears to have settled in a range between 150 and 200. In order to maintain and increase our recruitment levels, it is important that we continue to attract more grants and awards to replace studies such as the recently closed SIBA study. The majority of Moorfield's studies are NIHR Portfolio adopted.

Review Date:	Dec 2025	***Action Lead:***	Viren Jeram

Total patient recruitment to All Research Studies (Moorfields Sites only)



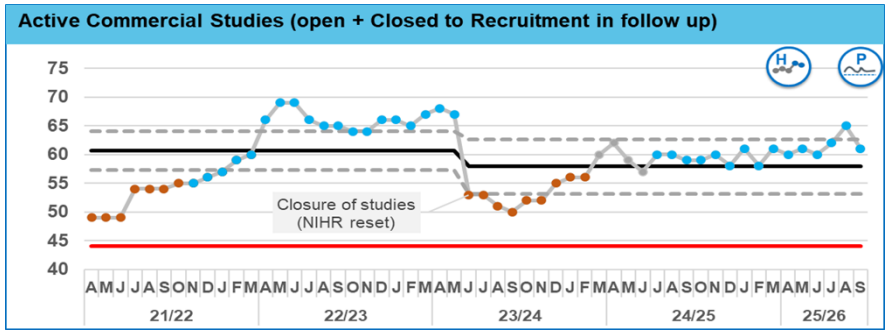
'Total patient recruitment to All Research Studies (Moorfields Sites only)' is showing 'common cause variation'.. The figure is currently at 178.

The total patient recruitment in September 2025 across both NIHR portfolio and non NIHR portfolio studies was 178 recruits. Non portfolio recruitment increased to 28 patients. .

This metric includes commercial and non-commercial studies, whose study recruitment varies from month to month, with September having zz recruits, which is over 13% of the monthly total, thanks to the continued recruitment of the UKIDS and PULSAR studies. Our medium-term goal is to increase the percentage of patients recruited to commercial studies, to the NIHR recommended level of 25% of all patient's recruited going into commercial studies

Review Date:	Dec 2025	***Action Lead:***	Viren Jeram

Improving Health and Reducing Inequality (Discovery) Graphs

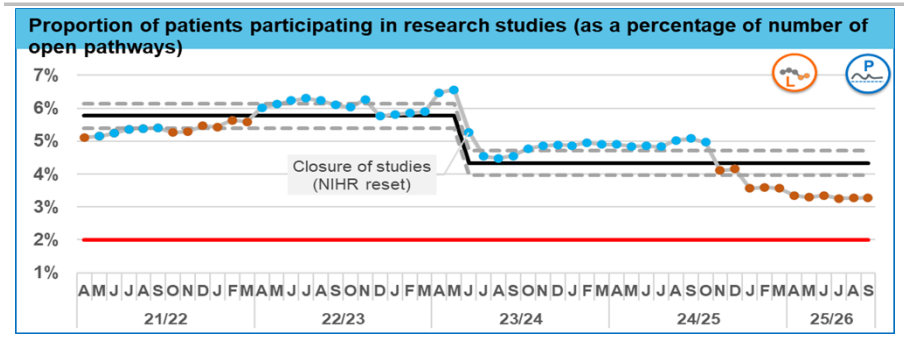


'Active Commercial Studies (open + Closed to Recruitment in follow up)' is showing 'special cause improvement' and that the current process will consistently pass the target.. The figure is currently at 61.

There are currently 61 commercial studies recruiting and in follow up . This metric displays a good level of consistency. This is keeping in line with 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 22 hosted studies in "set up" should ensure that we continue to increase recruitment to commercial studies. 15 out of 20 (75%) 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 decrease to 18 days median set up time in September 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: Dec 2025 ***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 3.3%.

Even taking into account the recent closure of several studies, we continue to exceed the 2.0% target . 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.

Review Date: Dec 2025 ***Action Lead:*** Viren Jeram

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar-25	Apr 25	May-25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
NHS Oversight Framework Core Metrics (Access)																						
18 Week RTT Incomplete Performance	Oct-25	82.0%	≥85.2%	Monthly	Common Cause	Hit or Miss	82.5%	80.7%	84.3%	82.4%	82.6%	81.2%	80.9%	82.5%	83.1%	82.7%	82.2%	83.1%	81.7%	80.5%	81.5%	82.0%
Difference Between Planned and Actual 18 week Performance	Oct-25	-0.38%	≥0%	Monthly	Not Available	Hit or Miss	-0.80%	-4.89%	3.28%	n/a	n/a	n/a	n/a	n/a	n/a	0.00%	-0.57%	0.41%	-1.65%	-3.45%	0.00%	-0.38%
% 52 Week RTT Incomplete Breaches	Oct-25	0.05%	≤1%	Monthly	Common Cause	Capable	0.05%	-0.02%	0.12%	0.04%	0.03%	0.03%	0.03%	0.04%	0.05%	0.07%	0.09%	0.06%	0.05%	0.09%	0.12%	0.05%
Cancer 28 Day Faster Diagnosis Standard	Sep-25	50.0%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	79.9%	30.7%	129.0%	55.6%	100.0%	80.0%	75.0%	75.0%	72.7%	88.9%	100.0%	100.0%	80.0%	66.7%	50.0%	n/a
% Patients With All Cancers Treated Within 62 Days	Sep-25	98.0%	≥85%	Monthly (Month in Arrears)	Common Cause	Capable	96.7%	77.7%	115.8%	97.5%	96.7%	94.1%	100.0%	94.1%	93.8%	92.3%	100.0%	100.0%	100.0%	100.0%	98.0%	n/a
A&E Four Hour Performance	Oct-25	96.8%	≥95%	Monthly	Common Cause	Capable	97.6%	95.0%	100.3%	99.4%	98.3%	98.3%	97.9%	98.8%	98.4%	97.2%	98.2%	96.2%	97.0%	98.2%	97.3%	96.8%
% A&E Waits Over Twelve Hours	Oct-25	0.0%	No Target Set	Monthly	Improvement	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	Oct-25	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA Bacteraemias Cases	Oct-25	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	Oct-25	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	Oct-25	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Discharged on Discharge Ready Date (DRD)	Oct-25	100.0%	No Target Set	Monthly	Improvement	Not Applicable	100.0%	99.8%	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	Oct-25	0	No Target Set	Monthly	Improvement	Not Applicable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sickness Absence Rate (Monthly)	Sep-25	5.6%	≤4%	Monthly (Month in Arrears)	Concern	Failing	4.6%	3.5%	5.6%	4.9%	4.9%	4.8%	5.4%	5.3%	4.8%	4.6%	4.5%	4.8%	5.6%	5.0%	5.6%	n/a
Sickness Absence Rate (Rolling Annual)	Sep-25	5.1%	≤4%	Monthly (Month in Arrears)	Concern	Failing	4.6%	4.5%	4.8%	4.6%	4.6%	4.6%	4.7%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	5.1%	n/a
Planned surplus/deficit	Oct-25	2	No Target Set	Monthly	Common Cause	Not Applicable	0	-3	4	3	1	1	2	0	0	-2	-2	0	1	-2	1	2
Variance year-to-date to financial plan	Oct-25	2.35	No Target Set	Monthly	Common Cause	Capable	0.38	-2.01	2.78	-0.03	-1.34	-1.31	0.41	1.91	-2.53	0.08	0.54	0.37	0.11	0.89	1.50	2.35

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar-25	Apr 25	May-25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Access to Services (RTT and A&E)																						
18 Week RTT Incomplete Performance	Oct-25	82.0%	≥85.2%	Monthly	Common Cause	Hit or Miss	82.5%	80.7%	84.3%	82.4%	82.6%	81.2%	80.9%	82.5%	83.1%	82.7%	82.2%	83.1%	81.7%	80.5%	81.5%	82.0%
Difference Between Planned and Actual 18 week Performance	Oct-25	-0.38%	≥0%	Monthly	Not Available	Hit or Miss	-0.80%	-4.89%	3.28%	n/a	n/a	n/a	n/a	n/a	n/a	0.00%	-0.57%	0.41%	-1.65%	-3.45%	0.00%	-0.38%
RTT Incomplete Pathways (RTT Waiting List)	Oct-25	34,839	≤ Previous Mth.	Monthly	Common Cause	Not Applicable	34,416	32,853	35,979	33,872	33,281	33,039	32,691	33,406	33,136	33,228	33,142	34,491	34,982	34,788	34,148	34,839
Estimated Time To Clear Current RTT Waiting List	Oct-25	n/a	In Dev.	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	Oct-25	6,286	≤ Previous Mth.	Monthly	Common Cause	Not Applicable	6,085	5,458	6,712	5,963	5,801	6,222	6,229	5,849	5,594	5,737	5,910	5,814	6,403	6,782	6,326	6,286
% 52 Week RTT Incomplete Breaches	Oct-25	0.05%	≤1%	Monthly	Common Cause	Capable	0.05%	-0.02%	0.12%	0.04%	0.03%	0.03%	0.03%	0.04%	0.05%	0.07%	0.09%	0.06%	0.05%	0.09%	0.12%	0.05%
52 Week RTT Incomplete Breaches	Oct-25	16	Zero Breaches	Monthly	Concern	Failing	12	-4	28	13	9	9	9	12	18	22	29	19	16	31	40	16
% of RTT Patients Waiting For a First Appointment	Oct-25	84.3%	No Target Set	Monthly	Concern	Not Applicable	84.6%	81.8%	87.4%	84.8%	85.0%	83.2%	82.6%	83.9%	85.3%	84.9%	83.2%	84.1%	82.2%	81.5%	82.2%	84.3%
A&E Four Hour Performance	Oct-25	96.8%	≥95%	Monthly	Common Cause	Capable	97.6%	95.0%	100.3%	99.4%	98.3%	98.3%	97.9%	98.8%	98.4%	97.2%	98.2%	96.2%	97.0%	98.2%	97.3%	96.8%
% A&E Waits Over Twelve Hours	Oct-25	0.0%	No Target Set	Monthly	Improvement	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	Sep-25	50.0%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	79.9%	30.7%	129.0%	55.6%	100.0%	80.0%	75.0%	75.0%	72.7%	88.9%	100.0%	100.0%	80.0%	66.7%	50.0%	n/a
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat	Sep-25	100.0%	≥96%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	99.1%	95.1%	103.2%	100.0%	95.7%	100.0%	100.0%	89.3%	95.7%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	n/a
% Patients With All Cancers Treated Within 62 Days	Sep-25	98.0%	≥85%	Monthly (Month in Arrears)	Common Cause	Capable	96.7%	77.7%	115.8%	97.5%	96.7%	94.1%	100.0%	94.1%	93.8%	92.3%	100.0%	100.0%	100.0%	100.0%	98.0%	n/a
% Appointments Available to View and Manage Via the NHS App	Oct-25	n/a	In Dev.	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)	Oct-25	92.8%	No Target Set	Monthly	Increasing	Not Applicable	89.8%	85.7%	93.8%	91.7%	89.8%	89.8%	90.9%	90.4%	91.6%	91.3%	93.3%	92.6%	93.4%	92.0%	90.8%	92.8%
Theatre Utilisation (MEH Definition)	Oct-25	64.8%	≥85%	Monthly	Improvement	Failing	62.6%	59.4%	65.9%	63.9%	62.7%	61.9%	63.9%	62.5%	63.3%	63.4%	65.6%	65.2%	64.7%	63.1%	63.5%	64.8%
Average Call Waiting Time	Oct-25	222	≤ 2 Mins (120 Sec)	Monthly	Common Cause	Failing	156	46	266	112	109	32	77	199	255	260	131	131	163	184	232	222
Average Call Abandonment Rate	Oct-25	14.4%	≤15%	Monthly	Common Cause	Capable	10.8%	3.8%	17.8%	9.0%	8.5%	2.5%	6.4%	13.3%	16.4%	15.5%	8.7%	8.8%	10.2%	11.5%	14.8%	14.4%
Effectiveness and Experience of Care (Inpatients and Theatre Cancellations)																						
Number of Non-Elective Patients with Overnight stay	Oct-25	11	No Target Set	Monthly	Common Cause	Not Applicable	9	0	18	10	4	6	7	3	6	3	5	9	9	11	18	11
Average Length of Stay (ALOS) – non-elective (1+ days)	Oct-25	0	No Target Set	Monthly	Common Cause	Not Applicable	1	-1	2	0	0	0	1	0	0	0	0	0	0	1	2	0
% Day Case Admissions	Oct-25	n/a	In Dev.	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 Cancellation Rate (Non-Medical Cancellations)	Oct-25	0.85%	≤0.8%	Monthly	Common Cause	Failing	1.00%	-0.17%	2.17%	0.99%	0.82%	0.55%	1.16%	0.75%	1.46%	1.04%	1.51%	2.15%	1.01%	1.08%	1.26%	0.85%
Number of non-medical cancelled operations not treated within 28 days	Oct-25	8	Zero Breaches	Monthly	Concern	Hit or Miss	2	-4	7	1	0	2	0	3	1	0	4	0	0	3	0	8

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar-25	Apr 25	May-25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Effectiveness and Experience of Care (Outpatients)																						
% Outpatient attendances that were performed remotely	Oct-25	n/a	In Dev.	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	Oct-25	n/a	In Dev.	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)	Oct-25	13.6%	≤9.4%	Monthly	Common Cause	Failing	13.2%	11.8%	14.6%	12.0%	12.5%	12.5%	13.0%	12.4%	12.7%	12.2%	12.3%	12.4%	12.4%	13.0%	13.8%	13.6%
DNA Rate (Follow Up Outpatients)	Oct-25	9.7%	≤8.1%	Monthly	Improvement	Failing	11.5%	9.7%	13.3%	9.8%	10.2%	11.2%	10.9%	10.4%	10.0%	9.4%	9.5%	9.4%	9.4%	9.9%	10.0%	9.7%
Outpatient Cancellation Rate (Hospital cancellations)	Oct-25	3.78%	No Target Set	Monthly	Common Cause	Not Applicable	4.16%	2.32%	6.01%	3.43%	4.49%	5.48%	8.10%	15.50%	10.24%	8.80%	7.60%	6.30%	6.69%	5.59%	3.84%	3.78%
Outpatient Rebooking Rate (Hospital cancellations)	Oct-25	6.1%	No Target Set	Monthly	Decreasing	Not Applicable	12.2%	10.1%	14.3%	12.8%	11.7%	11.6%	8.8%	6.3%	6.3%	6.1%	6.2%	6.1%	6.1%	6.3%	6.5%	6.1%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Oct-25	101	No Target Set	Monthly	Common Cause	Not Applicable	99	95	104	102	102	99	102	97	98	100	102	99	99	100	99	101
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Oct-25	36	No Target Set	Monthly	Common Cause	Not Applicable	41	35	47	44	44	40	48	46	44	42	40	39	41	40	38	36
Effectiveness and Experience of Care (Clinical, Quality, Complaints & FoI)																						
Summary Hospital Mortality Indicator	Oct-25	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	Oct-25	0	Zero Breaches	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
% Discharged on Discharge Ready Date (DRD)	Oct-25	100.0%	No Target Set	Monthly	Improvement	Not Applicable	100.0%	99.8%	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	Oct-25	0	No Target Set	Monthly	Improvement	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)	Sep-25	67.0%	Zero Breaches	Monthly (Month in Arrears)	Common Cause	Hit or Miss	80.4%	32.3%	128.4%	50.0%	55.0%	91.0%	86.0%	62.0%	67.0%	50.0%	64.0%	92.0%	83.0%	100.0%	67.0%	n/a
% Emergency re-admissions within 30 days following an elective or emergency spell	Oct-25	n/a	In Dev.	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	Oct-25	n/a	In Dev.	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
Percentage of responses to written complaints acknowledged within 3 days	Oct-25	90.0%	≥80%	Monthly	Common Cause	Hit or Miss	87.2%	57.0%	117.3%	84.6%	92.9%	75.0%	36.4%	60.0%	36.4%	81.8%	44.0%	53.6%	67.3%	60.0%	94.1%	90.0%
Percentage of responses to written complaints responded within 25 days	Sep-25	52.9%	≥80%	Monthly (Month in Arrears)	Concern	Failing	67.1%	25.5%	108.6%	69.2%	71.4%	83.3%	18.2%	40.0%	27.3%	27.3%	40.0%	7.1%	18.4%	50.0%	52.9%	n/a
Freedom of Information Requests Responded to Within 20 Days	Sep-25	86.5%	≥90%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	88.8%	75.3%	102.3%	89.4%	78.7%	88.2%	93.8%	100.0%	92.3%	100.0%	93.3%	86.7%	85.1%	85.1%	86.5%	n/a

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar-25	Apr 25	May-25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Effectiveness and Experience of Care (Friends and Family Test)																						
Inpatient Scores from Friends and Family Test - % Positive	Oct-25	96.5%	≥90%	Monthly	Improvement	Capable	95.8%	94.0%	97.7%	96.8%	95.9%	95.0%	95.0%	97.4%	96.8%	97.0%	96.9%	96.9%	96.7%	96.5%	96.8%	96.5%
Inpatient Scores from Friends and Family Test - % Response Rate	Oct-25	39.0%	≥30%	Monthly	Common Cause	Capable	40.4%	33.7%	47.2%	40.4%	40.5%	27.6%	27.6%	41.8%	41.1%	39.5%	39.3%	39.3%	38.8%	38.5%	41.8%	39.0%
Inpatient Scores from Friends and Family Test - % Negative	Oct-25	1.4%	≤5%	Monthly	Common Cause	Capable	1.2%	0.3%	2.1%	1.1%	1.6%	1.2%	1.2%	1.1%	1.3%	0.9%	1.0%	1.0%	1.0%	1.3%	1.2%	1.4%
Outpatient Scores from Friends and Family Test - % Positive	Oct-25	95.1%	≥90%	Monthly	Improvement	Capable	94.0%	93.0%	94.9%	95.4%	95.0%	94.9%	94.9%	95.5%	95.3%	95.8%	95.3%	95.3%	95.4%	95.6%	95.4%	95.1%
Outpatient Scores from Friends and Family Test - % Response Rate	Oct-25	34.8%	≥15%	Monthly	Common Cause	Capable	34.1%	31.2%	37.0%	35.6%	35.9%	32.3%	32.3%	35.8%	35.9%	32.0%	33.7%	33.7%	33.5%	32.8%	34.9%	34.8%
Outpatient Scores from Friends and Family Test - % Negative	Oct-25	1.6%	≤5%	Monthly	Improvement	Capable	2.0%	1.6%	2.5%	1.7%	1.9%	1.9%	1.9%	1.9%	1.9%	1.7%	1.8%	1.8%	1.7%	1.7%	1.8%	1.6%
A&E Scores from Friends and Family Test - % Positive	Oct-25	92.6%	≥90%	Monthly	Common Cause	Capable	92.9%	90.7%	95.2%	93.4%	93.9%	94.7%	94.7%	94.4%	94.3%	91.7%	92.9%	92.9%	92.7%	92.5%	93.2%	92.6%
A&E Scores from Friends and Family Test - % Response Rate	Oct-25	35.0%	≥20%	Monthly	Concern	Capable	38.1%	34.5%	41.6%	38.0%	39.0%	37.1%	37.1%	37.9%	38.2%	32.9%	34.5%	34.5%	32.9%	33.1%	35.1%	35.0%
A&E Scores from Friends and Family Test - % Negative	Oct-25	4.0%	≤5%	Monthly	Common Cause	Capable	3.5%	2.1%	4.9%	3.7%	3.8%	2.9%	2.9%	3.2%	3.0%	4.2%	3.7%	3.7%	3.9%	4.4%	3.2%	4.0%
Patient Safety (Infection Control)																						
MRSA Bacteraemias Cases	Oct-25	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	Oct-25	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	Oct-25	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	Oct-25	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Safety (Clinical and Incidents)																						
VTE Risk Assessment	Oct-25	98.8%	≥95%	Monthly	Common Cause	Capable	99.2%	98.0%	100.4%	99.8%	99.9%	99.1%	98.6%	99.3%	99.9%	99.2%	99.1%	99.0%	99.2%	98.9%	98.7%	98.8%
Posterior Capsular Rupture rates (Cataract Operations Only)	Oct-25	0.50%	≤1.95%	Monthly	Common Cause	Capable	0.87%	0.08%	1.65%	1.42%	0.92%	1.00%	0.80%	0.87%	0.70%	0.62%	1.16%	0.53%	1.17%	0.38%	0.65%	0.50%
Safer Staffing - Inpatient (Overnight) Ward Fill Rate	Oct-25	n/a	In Dev.	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	Oct-25	0	Zero Events	Monthly	Common Cause	Hit or Miss	0	-1	1	0	0	0	0	0	0	0	0	0	0	1	0	0
Frequency of any Never events (Days)	Oct-25	n/a	In Dev.	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	Oct-25	0	Zero Alerts	Monthly	Improvement	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	Oct-25	n/a	In Dev.	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	Oct-25	n/a	In Dev.	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	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar-25	Apr 25	May-25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
People and Workforce																						
Sickness Absence Rate (Monthly)	Sep-25	5.6%	≤4%	Monthly (Month in Arrears)	Concern	Failing	4.6%	3.5%	5.6%	4.9%	4.9%	4.8%	5.4%	5.3%	4.8%	4.6%	4.5%	4.8%	5.6%	5.0%	5.6%	n/a
Sickness Absence Rate (Rolling Annual)	Sep-25	5.1%	≤4%	Monthly (Month in Arrears)	Concern	Failing	4.6%	4.5%	4.8%	4.6%	4.6%	4.6%	4.7%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	5.1%	n/a
Staff Turnover Rate (All Staff)	Oct-25	n/a	In Dev.	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)	Oct-25	46	≤ 40 Days	Monthly	Common Cause	Hit or Miss	42	31	53	40	42	39	40	41	39	41	46	37	49	36	48	46
Proportion of Temporary Staff	Oct-25	7.3%	No Target Set	Monthly	Improvement	Not Applicable	12.8%	8.4%	17.2%	11.4%	10.3%	11.4%	10.7%	9.2%	12.6%	8.8%	8.2%	7.8%	8.6%	6.4%	8.2%	7.3%
Proportion of Agency Staff	Oct-25	1.1%	No Target Set	Monthly	Improvement	Not Applicable	4.1%	1.5%	6.7%	3.2%	2.4%	2.1%	2.0%	1.9%	2.2%	1.9%	0.9%	2.1%	1.1%	1.1%	1.4%	1.1%
Proportion of Bank Staff	Oct-25	6.2%	No Target Set	Monthly	Improvement	Not Applicable	8.8%	5.5%	12.0%	8.2%	7.9%	9.3%	8.6%	7.3%	10.3%	7.0%	7.3%	5.7%	7.5%	5.3%	6.8%	6.2%
Proportion of Permanent Staff	Oct-25	92.7%	No Target Set	Monthly	Improvement	Not Applicable	87.2%	82.8%	91.6%	88.6%	89.7%	88.6%	89.3%	90.8%	87.5%	91.2%	91.8%	92.2%	91.4%	93.6%	91.8%	92.7%
Basic Mandatory IG Training	Oct-25	89.4%	≥90%	Monthly	Concern	Hit or Miss	91.1%	89.0%	93.3%	88.8%	89.4%	89.6%	89.9%	89.6%	89.5%	89.8%	90.1%	89.6%	87.6%	88.7%	88.7%	89.4%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar-25	Apr 25	May-25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Finance and Productivity																						
Planned surplus/deficit	Oct-25	2	No Target Set	Monthly	Common Cause	Not Applicable	0	-3	4	3	1	1	2	0	0	-2	-2	0	1	-2	1	2
Variance year-to-date to financial plan	Oct-25	2.35	No Target Set	Monthly	Common Cause	Capable	0.38	-2.01	2.78	-0.03	-1.34	-1.31	0.41	1.91	-2.53	0.08	0.54	0.37	0.11	0.89	1.50	2.35
Elective Activity - % of Phased Plan	Oct-25	90.1%	≥100%	Monthly	Common Cause	Hit or Miss	94.2%	78.4%	109.9%	90.6%	95.3%	78.5%	90.6%	89.9%	92.7%	102.0%	105.6%	94.5%	96.3%	96.8%	90.6%	90.1%
Total Outpatient Activity - % of Phased Plan	Oct-25	91.3%	≥100%	Monthly	Concern	Hit or Miss	101.1%	88.0%	114.2%	105.0%	109.3%	94.3%	106.1%	103.6%	105.3%	103.7%	105.0%	91.3%	93.7%	97.5%	89.8%	91.3%
Outpatient First Appointment Activity - % of Phased Plan	Oct-25	89.0%	≥100%	Monthly	Concern	Hit or Miss	103.2%	88.6%	117.8%	106.4%	110.5%	97.7%	106.3%	109.7%	113.2%	105.3%	107.0%	91.1%	94.0%	98.8%	89.5%	89.0%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Oct-25	91.9%	≥100%	Monthly	Concern	Hit or Miss	101.3%	87.5%	115.2%	104.7%	108.9%	93.4%	106.1%	101.9%	103.0%	103.2%	104.5%	91.3%	93.6%	97.1%	89.9%	91.9%
Injections Activity - % of Phased Plan	Oct-25	96.5%	≥100%	Monthly	Common Cause	Hit or Miss	106.4%	82.2%	130.5%	99.8%	106.0%	94.7%	108.4%	99.5%	98.4%	112.0%	114.7%	93.1%	99.7%	106.4%	92.1%	96.5%
Improving Health and Reducing Inequality (Diagnostics and Inequality Metrics)																						
Percentage of Diagnostic waiting times less than 6 weeks	Oct-25	99.5%	≥99%	Monthly	Improvement	Capable	99.3%	97.2%	101.4%	100.0%	99.5%	98.3%	97.7%	98.4%	98.7%	98.4%	99.5%	100.0%	99.4%	100.0%	99.3%	99.5%
Under 18s Elective Waiting List (Monitoring Growth)	Oct-25	4,306	No Target Set	Monthly	Decreasing	Not Applicable	4,760	4,261	5,260	4,942	5,379	5,454	5,259	4,979	4,516	4,458	4,324	4,647	4,593	4,339	4,260	4,306
% of Patients 65 Years Old Or Over Admitted via A&E	Oct-25	n/a	In Dev.	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	Oct-25	n/a	In Dev.	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	Sep-25	150	≥115 (per month)	Monthly (Month in Arrears)	Concern	Capable	321	103	539	472	641	406	663	676	815	715	571	199	166	165	150	n/a
Total patient recruitment to All Research Studies (Moorfields Sites only)	Sep-25	178	No Target Set	Monthly (Month in Arrears)	Common Cause	Not Applicable	411	37	785	516	681	450	712	741	883	744	610	296	174	169	178	n/a
Active Commercial Studies (open + Closed to Recruitment in follow up)	Sep-25	61	≥44	Monthly (Month in Arrears)	Improvement	Capable	58	53	63	59	60	58	61	58	61	60	61	60	62	65	61	n/a
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Sep-25	3.3%	≥2%	Monthly (Month in Arrears)	Concern	Capable	4.3%	4.0%	4.7%	5.0%	4.1%	4.2%	3.6%	3.6%	3.6%	3.4%	3.3%	3.3%	3.3%	3.3%	3.3%	n/a

Report title	Monthly Finance Performance Report Month 07 – October 2025
Report from	Arthur Vaughan, Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

For October, the trust is reporting:-

Financial Performance £m		In Month			Year to Date		
	Annual Plan	Plan	Actual	Variance	Plan	Actual	Variance
Income	£371.9m	£32.2m	£33.8m	£1.6m	£218.4m	£219.7m	£1.2m
Pay	(£195.2m)	(£16.2m)	(£16.4m)	(£0.2m)	(£116.3m)	(£115.9m)	£0.4m
Non Pay	(£132.5m)	(£12.2m)	(£11.3m)	£0.8m	(£79.1m)	(£75.3m)	£3.8m
Financing & Adjustments	(£44.2m)	(£1.6m)	(£1.4m)	£0.2m	(£24.9m)	(£24.5m)	£0.4m
CONTROL TOTAL	**£0.0m**	**£2.3m**	**£4.7m**	**£2.4m**	**(£1.9m)**	**£3.9m**	**£5.8m**

Income and Expenditure

- A £3.9m surplus year to date compared to a planned deficit of £1.9m; £5.8m favourable to plan.

Efficiency and Productivity

- The Trust is forecasting £10.5m of the £15.1m target required to achieve a break-even financial plan.
- Delivery in October reported £1.43m, with £4.4m delivered cumulatively, highlighting the plan is profiled more towards half two, to allow half one for efficiency scheme identification, implementation and delivery.

Capital Expenditure

- Capital expenditure as of 31st October totalled £79.3m, predominantly linked to Oriel and EPR schemes.
- Business as usual capital £10.2m plan; £10.6m (103%) committed including provisional sums for Ealing and ICT migration for which FBCs are pending. Expected slippage in planned schemes have allowed approval of further EBME purchases.

Cash

- The cash balance as at the 31st October was £90.4m, an increase of £4.3m since the end of March 2025.

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.

Action Required/Recommendation
The board is asked to consider and discus the attached report.

For Assurance		**For decision**		**For discussion**	✓	**To note**	✓

Moorfields Eye Hospital NHS Foundation Trust

NHS

2025/26 Monthly Finance Performance Report

Operational Financial Performance

Trust Board
27 November 2025

Updated 11 November 2025

Report Period	M07 | October 2025
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 30th October 2025 (Month 07)

Key Messages

Statement of Comprehensive Income

Financial Position £4.66m surplus in month	For October, the trust is reporting:- • A £4.66m surplus in-month against a planned £2.31m surplus, a £2.35m favourable variance to plan • A £3.93m surplus cumulatively against a planned deficit of £1.92m, £3.93m favourable to plan.

Key Drivers of the Financial Variance	The trusts financial position is being supported by £2.09m of slippage in major projects expenditure, £2.0 non-pay benefits linked to activity below trust plan, demonstrable reductions in bank, agency, whilst income levels are maintained due to fixed contractual income.
	
	Key Drivers of the core operational performance include:-
	• NHS Clinical income is assumed in line with fixed contracts for ERF activity.
	  • Income levels would be approximately £4.0m below plan cumulatively if based on cost and volume contracts as a result of activity levels below plan.
	• Clinical divisions are reporting operational activity performance below planned levels.
	  • Elective activity is 90% in October, 96% cumulatively of the activity plans;
	  • Outpatients Firsts and Procedures are 95% and 89% respectively cumulatively.
	  • St Ann's elective activity is 76% of plans cumulatively.
	  • Cataract activity is 96% of plans cumulatively.
	  • As a result clinical divisions are reporting £4.07m adverse to plan cumulatively, with clinical income being £4.15m adverse, Clinical consumables £0.9m favourable, offset by efficiency under delivery of £1.66m.
	• Corporate departments are reporting £1.87m favourable to plans cumulatively including £2.09m linked to slippage on major strategic projects Moorconnect (EPR) (£0.9m), Oriel (£1.0m), and IT projects (£0.2m). and further underspends (£1.1m) offset by CIP underachievement (£1.33m)
	• Research is reporting a £(0.45)m adverse variance to plans cumulatively comprised of research costs in excess of study activity and income adverse to plan within the Insight project.
	• Trading areas are £0.57m favourable to plan cumulatively across all commercial units.

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 31st October was £90.4m, an increase of £4.3m since the end of March 2025. This equates to approximately 102 days operating cash. The Better Payment Practice Code (BPPC) performance in October was 96% (volume) and 96% (value) against a target of 95% across both metrics.
Capital (both gross capital expenditure and CDEL)	Capital expenditure as of 31st October totalled £79.3m. • Business as usual capital £10.2m plan; £10.6m (103%) committed including Ealing and ICT migration for which FBCs are awaiting finalisation. • Externally funded schemes £149.1m plan; £77.7m cumulative expenditure including £73.9m of Oriel expenditure and £3.6m for EPR. • IFRS16 £5.1m capital plan; £0.01 expenditure cumulatively.

Other Key Information

Efficiencies £15.1m Trust Target £4.3m YTD actual £10.7m of un-identified and non recurrently identified schemes	The trust has a planned efficiency programme of £15.1m for 2025/26 to deliver the control total. The trust has identified £12.63m of schemes, of which the programme is forecasting £10.4m of delivery, £4.7m adverse to plan. Of the total identified:- • £2.3m is identified central schemes; • £1.5m is identified high risks to delivery; • £5.1m identified as non-pay schemes; • £4.4m is forecast recurrently; 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 2025/26.
Agency Spend £1.51m spend YTD 1.3% total pay	Trust wide agency spend totals £1.51m cumulatively, approximately 1.3% of total employee expenses spend, below the system allocated target of 2.5%. Workforce have instigated temporary staffing committees for oversight in relation to managing and reporting temporary staffing agency usage and reasons.

Trust Financial Performance - Financial Dashboard Summary

FINANCIAL PERFORMANCE

Financial Performance £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG
Income	£371.9m	£32.2m	£33.8m	£1.6m	£218.4m	£219.7m	£1.2m	1%	
Pay	(£195.2m)	(£16.2m)	(£16.4m)	(£0.2m)	(£116.3m)	(£115.9m)	£0.4m	0%	
Non Pay	(£132.5m)	(£12.2m)	(£11.3m)	£0.8m	(£79.1m)	(£75.3m)	£3.8m	5%	
Financing & Adjustments	(£44.2m)	(£1.6m)	(£1.4m)	£0.2m	(£24.9m)	(£24.5m)	£0.4m	2%	
CONTROL TOTAL	**£0.0m**	**£2.3m**	**£4.7m**	**£2.4m**	**(£1.92m)**	**£3.93m**	**(£5.84m)**		
Income includes Elective Recovery Funding (ERF) which for presentation purposes is seperated on the Statement of Comprehensive Income									
Memorandum Items									
Research & Development	£0.40m	£0.01m	(£0.05m)	(£0.06m)	(£0.14m)	(£0.59m)	(£0.45m)	(334)%	
Commercial Trading Units	£5.35m	£0.61m	£0.85m	£0.25m	£3.04m	£3.61m	£0.57m	19%	
ORIEL Revenue	(£3.96m)	(£0.34m)	(£0.22m)	£0.12m	(£2.28m)	(£1.32m)	£0.96m	42%	
Efficiency Schemes	£18.00m	£1.43m	£0.89m	(£0.57m)	£2.35m	£2.90m	£0.56m	24%	

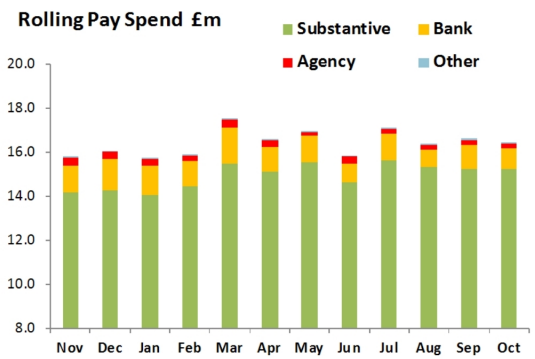
INCOME BREAKDOWN RELATED TO ACTIVITY

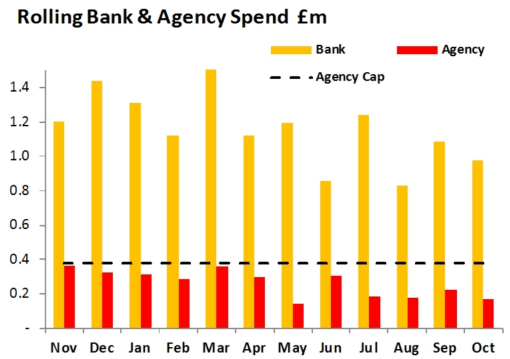
Income Breakdown £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£212.5m	£125.6m	£126.6m	£0.9m				
Pass Through	£40.2m	£23.8m	£23.8m	£0.0m				
Other NHS Clinical Income	£12.2m	£7.2m	£7.2m	£0.0m				
Commercial Trading Units	£48.4m	£27.9m	£28.4m	£0.5m				
Research & Development	£15.6m	£8.8m	£9.1m	£0.3m				
Other	£43.0m	£25.2m	£24.6m	(£0.6m)				
INCOME INCL ERF	**£371.9m**	**£218.4m**	**£219.7m**	**£1.2m**				

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

PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	% Total
Employed	(£193.6m)	(£16.1m)	(£15.2m)	£0.9m	(£115.4m)	(£106.7m)	£8.7m	92%
Bank	(£0.5m)	(£0.0m)	(£1.0m)	(£0.9m)	(£0.3m)	(£7.3m)	(£7.0m)	6%
Agency	(£0.5m)	(£0.0m)	(£0.2m)	(£0.1m)	(£0.3m)	(£1.5m)	(£1.2m)	1%
Other	(£0.6m)	(£0.1m)	(£0.1m)	(£0.0m)	(£0.4m)	(£0.4m)	(£0.0m)	0%
TOTAL PAY	**(£195.2m)**	**(£16.2m)**	**(£16.4m)**	**(£0.2m)**	**(£116.3m)**	**(£115.9m)**	**£0.4m**	





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

*Agency cap levels set by NHSIE

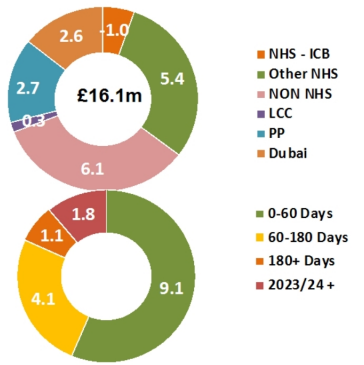
CASH, CAPITAL AND OTHER KPI'S

Capital Programme £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
Trust Funded	(£5.6m)	(£1.7m)	(£1.4m)	(£0.3m)				
Donated/Externally funded	(£158.8m)	(£97.4m)	(£77.9m)	(£19.5m)				
TOTAL	**£164.4m**	**£99.1m**	**£79.3m**	**(£19.8m)**				

Key Metrics	Plan	Actual	RAG
Cash	62.2	90.4	
Debtor Days	45	16	
Creditor Days	45	44	
PP Debtor Days	65	40	

Better Payment Practice	Plan	Actual
BPPC - NHS (YTD) by number	95%	92%
BPPC - NHS (YTD) by value	95%	93%
BPPC - Non-NHS (YTD) by number	95%	96%
BPPC - Non-NHS (YTD) by value	95%	96%

Net Receivables/Ageing £m



Trust Income and Expenditure Performance

FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	%	RAG
Income									
NHS Commissioned Clinical Income	252.93	23.92	25.45	1.52	149.41	150.41	1.00	1%	
Other NHS Clinical Income	12.17	1.16	1.10	(0.07)	7.20	7.24	0.04	1%	
Commercial Trading Units	48.42	4.24	4.54	0.30	27.85	28.37	0.52	2%	
Research & Development	15.32	1.36	1.41	0.04	8.80	9.06	0.26	3%	
Other Income	43.03	1.54	1.31	(0.23)	25.18	24.59	(0.59)	(2%)	
Total Income	**371.87**	**32.24**	**33.81**	**1.57**	**218.44**	**219.66**	**1.21**	1%	
Operating Expenses									
Pay	(195.16)	(16.20)	(16.42)	(0.22)	(116.33)	(115.91)	0.42	0%	
Of which: Undelivered CIP	5.21	0.61		(0.61)	3.79		(3.79)		
Drugs	(43.59)	(4.41)	(4.22)	0.19	(26.24)	(27.14)	(0.90)	(3%)	
Clinical Supplies	(25.53)	(2.46)	(2.13)	0.33	(16.35)	(14.37)	1.98	12%	
Other Non Pay	(62.25)	(5.29)	(4.98)	0.31	(36.49)	(33.77)	2.72	7%	
Of which: Undelivered CIP	(2.44)	(0.27)	-	0.27	(0.27)	-	0.27		
Total Operating Expenditure	**(327.66)**	**(28.35)**	**(27.74)**	**0.62**	**(195.42)**	**(191.20)**	**4.23**	2%	
EBITDA	44.22	3.88	6.07	2.19	23.02	28.46	5.44	24%	
Financing & Depreciation	(18.33)	(1.62)	(1.47)	0.15	(10.27)	(9.72)	0.54	5%	
Donated assets/impairment adjustments	(25.29)	0.05	0.06	0.02	(14.67)	(14.81)	(0.14)	(1%)	
Control Total Surplus/(Deficit)	**0.00**	**2.31**	**4.66**	**2.35**	**(1.92)**	**3.93**	**5.84**	305%	

Commentary

Operating Income

£1.57m favourable to plan in month

Total operating income is reporting £33.81m in-month, £1.57m favourable to plan, and £1.21m favourable cumulatively. Key points of note are:-

- Directly commissioned clinical income was £25.45m, £1.52m favourable to plan.
- Underlying elective activity was at 90% (96% cumulatively). Elective activity was below plan in the north-east locality with Stratford activity at 107% and St Anns activity at 53% during October. St Georges were above plan at 101%.
- Commercial trading income was £4.54m, £0.30m favourable to plan.
- Research and Development income at £1.41m, £0.04m favourable to plan
- Other income was on £0.23m adverse to plan.

Employee Expenses

£0.22m adverse to plan in month

October pay is reporting £16.42m (2,793wte); £0.22m adverse to plan. Key points of note are:-

- Substantive pay costs (2,610wte) were £15.21m, higher than the prior 12 month average of £15.10m, and includes the national pay award and employers NI increases
- Temporary staffing costs were £1.15m in October.
  - Agency costs (16wte) are £0.17m in month, lower than the 12-month trend of £0.30m. Use continues mainly on medical staff & administration in both clinical and corporate areas.
  - Bank costs (167wte) are £0.98m in month, lower than the rolling trend of £1.21m. Bank use continues to be mainly in clinical areas and within the medical and clinical admin staffing group.
  - £0.31m unachieved pay CIP (£3.79m cumulatively)

Non-Pay Expenses

£1.00m favourable to plan in month

(non-pay and financing)

Non-Pay (exc. financing) costs in October were £11.32m, £0.84m favourable to plan. Key points of note are:-

- Drugs were £0.19m favourable to plan in month with £4.22m expenditure against a 12-month trend of £3.73m. Injections were at 97% of planned activity in month.
- Clinical supplies were £0.33m favourable to plan in month predominantly linked to lower elective activity than planned. Costs were £2.13m in month against a 12-month trend of £2.01m.
- Other non-pay was £0.31m favourable in month with £4.98m expenditure against a 12-month trend of £5.02m.
- £0.21m overachieved non-pay CIP (£0.27m cumulatively overachieved)

Trust Patient Clinical Activity/Income Performance

PATIENT ACTIVITY AND CLINICAL INCOME

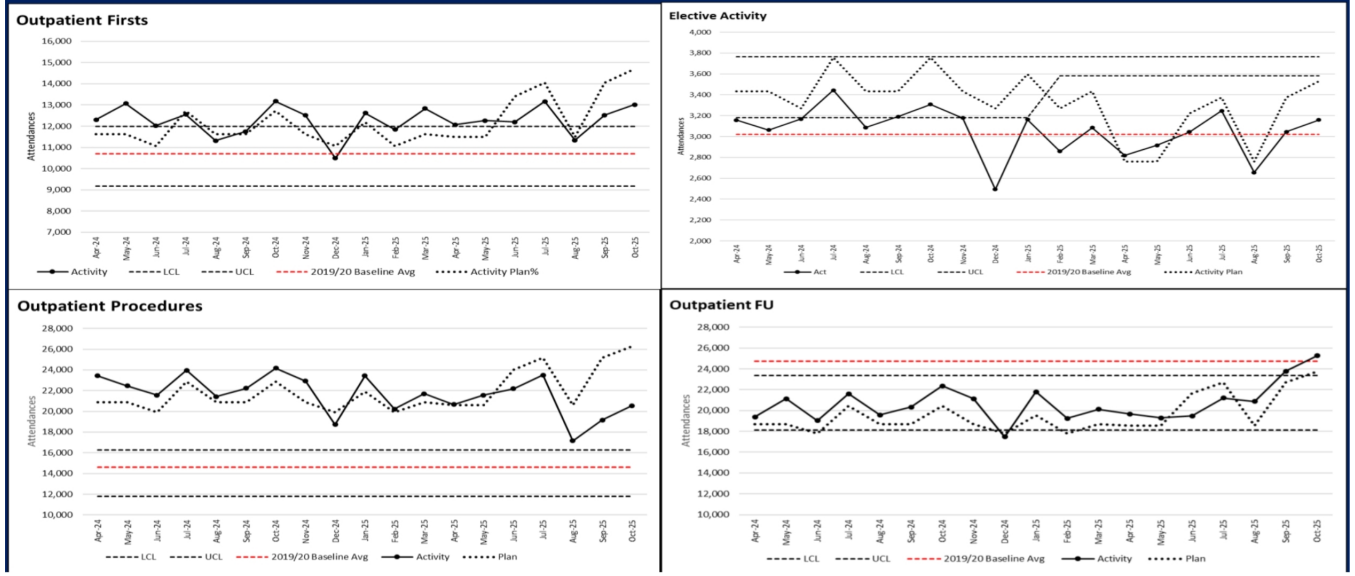
ER	Point of Delivery	Activity In Month				Activity YTD			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%
ERF Activity	Daycase / Inpatients	3,528	3,160	(368)	90%	21,785	20,883	(902)	96%
	OP Firsts	14,694	13,013	(1,681)	89%	90,717	86,573	(4,144)	95%
	OP Procedures	26,303	20,556	(5,747)	78%	162,390	144,788	(17,602)	89%
	ERF Activity Total								
Non ERF Acti	OP Follow Ups	23,725	25,276	1,551	107%	146,479	149,557	3,078	102%
	High Cost Drugs Injections	5,471	5,281	(190)	97%	33,780	34,214	434	101%
	Non Elective	226	234	8	104%	1,562	1,747	185	112%
	AandE	6,217	6,457	240	104%	42,915	44,340	1,425	103%
	Total	80,164	73,977	(6,187)	92%	499,628	482,102	(17,526)	96%

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 October. 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 90% in month and 96% year to date of the revised demand plan.
- **Outpatient Firsts Activity** achieved 89% of the revised demand plan in month; 95% year to date
- **Outpatient Procedures Activity** achieved 78% of revised demand plans in month; 89% cumulatively. Once fully coded this will return to planned levels

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 97% of activity plans in month; 101% year to date.
- **A&E** achieved 104% of activity plans in month; 103% year to date

ERF Achievement

Final 2024/25 ERF performance to March 2025 has now been published and full year performance is expected to be finalised in October 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 in October 2025.
- 2025/26 ERF reporting from NHSE will be the same as 2024/25. IAPs are being agreed with commissioners regarding the funded levels of activity for this year.

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

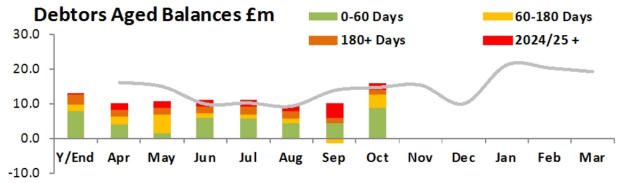
CAPITAL EXPENDITURE

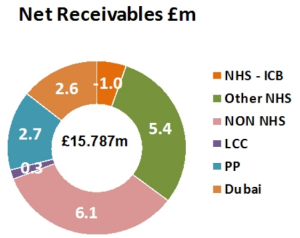
Capital Expenditure £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Medical Equipment	0.7	0.2	0.2	(0.0)
Estates	2.2	1.1	1.1	(0.0)
IMT	2.5	0.0	0.1	0.0
Commercial	0.5	0.3	0.0	(0.2)
Network Strategy	-	-	-	-
Other - Trust funded	(0.4)	0.1	-	(0.1)
Oriel Programme	145.2	94.0	74.1	(19.8)
EPR Project	7.9	3.2	3.6	0.4
NiHR Capital Grant	-	-	-	-
Other & Charity	0.7	0.3	0.2	(0.1)
IFRS16	5.1	-	0.1	0.1
TOTAL INCLUDING DONATED	**164.4**	**99.1**	**79.3**	**(19.8)**

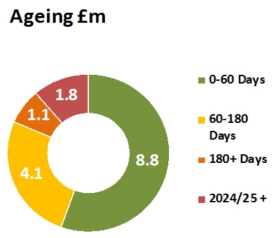
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Depreciation	11.9	11.9	-	100%
Cash Reserves - Oriel	-	-	-	-
Cash Reserves - B/Fwd	0.1	0.1	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - ICS Allocation	**10.2**	**10.2**	**-**	**100%**
IFRS 16 Leases	5.1	5.1	-	100%
Externally funded	123.0	123.0	-	100%
Donated/Charity	26.2	26.2	-	100%
TOTAL INCLUDING DONATED	**164.4**	**164.4**	**-**	**100%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2024/25 +*	*Total*
CCG Debt	0.0	-	(1.0)	0.0	(1.0)
Other NHS Debt	4.6	0.4	0.2	0.2	5.4
Non NHS Debt	1.7	2.4	0.9	1.1	6.1
Commercial Unit Debt	2.3	1.3	1.1	0.5	5.2
TOTAL RECEIVABLES	**8.8**	**4.1**	**1.1**	**1.8**	**15.8**







STATEMENT OF FINANCIAL POSITION

Statement of Financial Position £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Non-current assets	597.3	517.4	522.2	4.8
Current assets (excl Cash)	29.8	29.8	27.6	(2.2)
Cash and cash equivalents	62.7	62.2	90.4	28.3
Current liabilities	(45.9)	(46.0)	(56.6)	(10.6)
Non-current liabilities	(288.0)	(238.6)	(266.5)	(27.9)

OTHER METRICS

Use of Resources	Plan	Current Month	Prior Month
BPPC - NHS (YTD) by number	95%	92%	92%
BPPC - NHS (YTD) by value	95%	93%	93%
BPPC - Non-NHS (YTD) by number	95%	96%	96%
BPPC - Non-NHS (YTD) by value	95%	96%	96%

Commentary

Cash and Working Capital

The cash balance as at the 31st October was £90.4m, an increase of £4.3m since the end of March 2025.

Capital Expenditure/ Non-current assets

Capital expenditure as of 31st October totalled £79.3m, predominantly Oriel related/EPR related.

Business as usual capital £10.2m

- £10.6m (103%) has been committed, including provisional sums for Ealing and ICT migration for which FBCs are being finalised. Expected slippage in planned schemes have allowed approval of further EBME purchases.
- Critical infrastructure, fire remediation, and high priority EBME equipment have been prioritised along with previously committed expenditure. Initial costs for the Ealing site have been committed in advance of the final approval of the FBC.
- Remaining capital commitments are held in abeyance awaiting finalisation of key projects including, EPR budget programme finalisation, Ealing site options, Oriel adjacent costs and ICT BAU and ICT migration to Oriel cost implications; including potential external funding options thereof for the above.
- IFRS16 expenditure is planned from October 2025 subject to pending leases, rent reviews and negotiations. Both the Ealing and ICT migration cases include a lease element.

Receivables

Receivables have reduced by £3.2m to £16.1m since the end of the 2024/25 financial year due to NHS provider SLA billing for quarter two. Debt in excess of 60 days increased by £2.8m in October and current increased by £4.8m.

Payables

Payables totalled £15.5m at the end of October, a reduction of £5.2m since the end of March 2025.

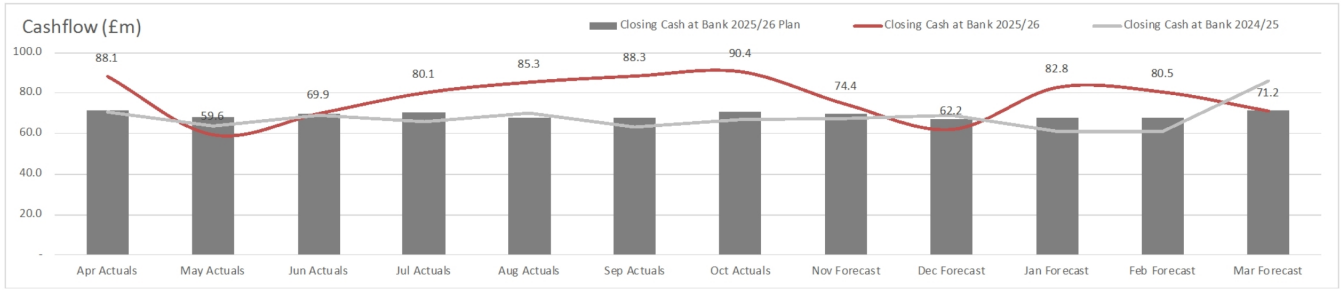
The trust's performance against the 95% Better Payment Practice Code (BPPC) is shown to the left. In aggregate it was:-

- 96% volume of invoices (prior month 96%) and
- 96% value of invoices (prior month 96%).

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 Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Oct Forecast	Oct Var
Opening Cash at Bank	**86.1**	**88.1**	**59.6**	**69.9**	**80.1**	**85.3**	**88.3**	**90.4**	**74.4**	**62.2**	**82.8**	**80.5**	**86.1**		
Cash Inflows															
Healthcare Contracts	22.0	20.9	22.5	23.0	25.1	23.7	20.4	20.8	19.1	21.0	21.7	22.8	263.0	23.6	(3.2)
Other NHS	4.3	1.6	0.6	3.2	3.6	1.6	2.0	1.4	1.2	1.4	1.3	1.3	23.5	1.4	0.5
Moorfields Private/Dubai/NCS	4.4	3.8	4.0	4.5	4.1	3.8	4.6	4.4	3.4	4.6	4.1	4.1	49.7	4.2	0.4
Research	0.9	0.9	1.9	0.8	1.0	1.0	1.0	1.3	1.3	1.3	1.3	1.3	13.8	1.3	(0.3)
VAT	2.2	0.0	2.3	-	1.6	2.4	1.5	1.4	1.4	1.4	1.4	1.4	17.0	1.4	0.1
PDC / Loan	-	-	19.6	14.0	14.5	3.7	12.9	-	-	32.8	8.7	3.4	109.7	12.9	-
Charity Donation	-	-	5.0	-		10.0	-	-	5.0	-	-	5.9	25.9	-	-
Other Inflows	0.3	0.3	0.2	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	2.9	**0.2**	0.0
Total Cash Inflows	**34.1**	**27.5**	**56.1**	**45.7**	**50.1**	**46.4**	**42.6**	**29.5**	**31.6**	**62.7**	**38.8**	**40.3**	**505.5**	**45.1**	**(2.5)**
Cash Outflows															
Salaries, Wages, Tax & NI	(14.1)	(14.6)	(14.8)	(14.8)	(15.7)	(16.1)	(15.1)	(15.2)	(15.2)	(15.2)	(15.2)	(15.2)	(181.3)	(15.2)	0.1
Non Pay Expenditure	(15.5)	(12.0)	(11.6)	(12.8)	(10.2)	(12.9)	(12.3)	(13.8)	(13.0)	(13.0)	(13.0)	(15.4)	(155.3)	(13.8)	1.4
Capital Expenditure	(0.8)	(0.7)	(0.6)	(0.7)	(0.1)	(0.7)	(0.2)	(2.4)	(1.5)	(1.0)	(1.3)	(6.1)	(16.1)	(1.0)	0.9
Oriel	(0.2)	(27.6)	(17.3)	(5.9)	(16.8)	(10.9)	(11.7)	(12.8)	(12.9)	(11.7)	(9.7)	(10.1)	(147.8)	(12.9)	1.3
Moorfields Private/Dubai/NCS	(1.4)	(1.1)	(1.4)	(1.3)	(1.5)	(1.2)	(1.2)	(1.3)	(1.3)	(1.3)	(1.3)	(1.3)	(15.7)	(1.3)	0.1
Financing - Loan repayments	-	-	-		(0.6)	(1.6)		-	-	-	(0.6)	(1.6)	(4.3)	-	-
Dividend Payable	-	-	-		-	-		-	-	-	-	-	-	-	-
Total Cash Outflows	(32.0)	(56.1)	(45.8)	(35.6)	(44.9)	(43.4)	(40.5)	(45.5)	(43.9)	(42.1)	(41.1)	(49.6)	**(520.4)**	**(44.2)**	**3.7**
Net Cash inflows /(Outflows)	2.1	(28.6)	10.4	10.2	5.2	3.0	2.1	(16.0)	(12.3)	20.6	(2.3)	(9.3)	(14.9)	0.9	1.2
Closing Cash at Bank 2025/26	**88.1**	**59.6**	**69.9**	**80.1**	**85.3**	**88.3**	**90.4**	**74.4**	**62.2**	**82.8**	**80.5**	**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 31st October was £90.4m, an increase of £4.3m since the end of March 2025.

The trust currently has 102 days of operating cash (prior month: 100 days).

October cashflow saw a £2.1m inflow against a forecast of £0.9m due to ICB recovery of prior year ERF income and timing of Oriel payments slipping to future months.

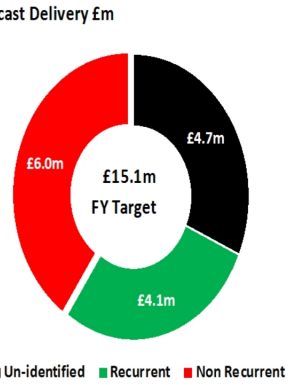
The current forecast cash balance to the end of the financial year is £71.2m in line with plan.

Efficiency Scheme Performance Reporting

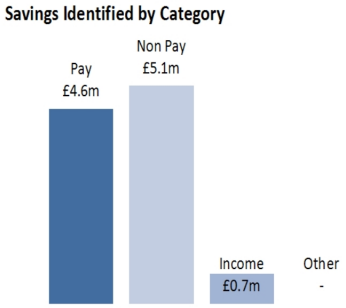
EFFICIENCY SCHEMES PERFORMANCE

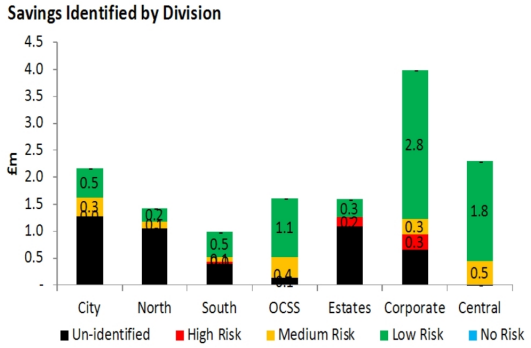
Efficiency Schemes £m	Annual Plan	In Month Plan	In Month Actual	In Month Variance	Year to Date Plan	Year to Date Actual	Year to Date Variance	Forecast Plan	Forecast Actual	Forecast Variance
City Road	£2.17m	£0.18m	£0.11m	(£0.07m)	£1.27m	£0.62m	(£0.64m)	£2.17m	£0.90m	(£1.27m)
North	£1.43m	£0.12m	£0.04m	(£0.08m)	£0.83m	£0.19m	(£0.65m)	£1.43m	£0.36m	(£1.06m)
South	£0.98m	£0.08m	£0.07m	(£0.01m)	£0.57m	£0.28m	(£0.30m)	£0.98m	£0.58m	(£0.41m)
Ophth. & Clinical Serv.	£1.62m	£0.13m	£0.16m	£0.02m	£0.94m	£0.92m	(£0.02m)	£1.62m	£1.48m	(£0.13m)
Research & Development	£0.49m	£0.04m	-	(£0.04m)	£0.29m	-	(£0.29m)	£0.49m	£0.50m	£0.01m
Trading	£0.83m	£0.07m	-	(£0.07m)	£0.48m	-	(£0.48m)	£0.83m	£0.48m	(£0.35m)
Corporate	£5.59m	£0.47m	£0.78m	£0.31m	£3.26m	£2.06m	(£1.20m)	£5.59m	£3.84m	(£1.75m)
DIVISIONAL EFFICIENCIES	**£13.10m**	**£1.09m**	**£1.16m**	**£0.06m**	**£7.64m**	**£4.06m**	**(£3.58m)**	**£13.10m**	**£8.14m**	**(£4.96m)**
Central	**£2.00m**	**£0.17m**	**£0.24m**	**(£0.19m)**	**£1.34m**	**£0.24m**	**(£1.34m)**	**£2.00m**	**£2.29m**	**£0.29m**
INTERNAL EFFICIENCIES	**£15.10m**	**£1.26m**	**£1.40m**	**(£0.13m)**	**£8.98m**	**£4.30m**	**(£4.92m)**	**£15.10m**	**£10.43m**	**(£4.67m)**
Adjustment to external plan	£2.90m	£0.17m	-	(£0.17m)	(£5.35m)	-	£5.35m	£2.90m	-	(£2.90m)
TRUST EFFICIENCIES	**£18.00m**	**£1.43m**	**£1.40m**	**(£0.30m)**	**£3.63m**	**£4.30m**	**£0.43m**	**£18.00m**	**£10.43m**	**(£7.57m)**

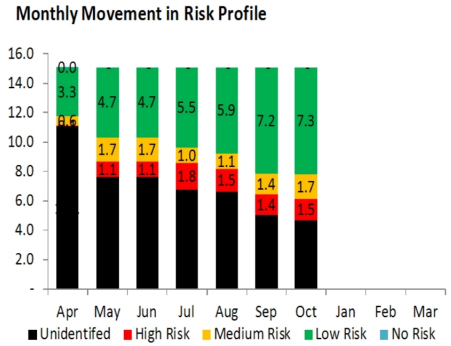
TRUST WIDE FORECAST



DIVISIONAL REPORTING & OTHER METRICS







* charts may include rounding differences

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:-

- £1.40m in month, compared to a plan of £1.43m, £0.30m adverse to plan; and
- £4.30m year to date, compared to a plan of £3.63m, £0.43m 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 £0.14m adverse in month & £4.50m adverse YTD.

Identified Savings

The trust is forecasting £10.4m, £4.7m adverse to plan.

Of the total identified:-

- £2.2m is identified central schemes
- £0.7m is identified as income generation schemes;
- £4.4m 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.

£10.7m 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.

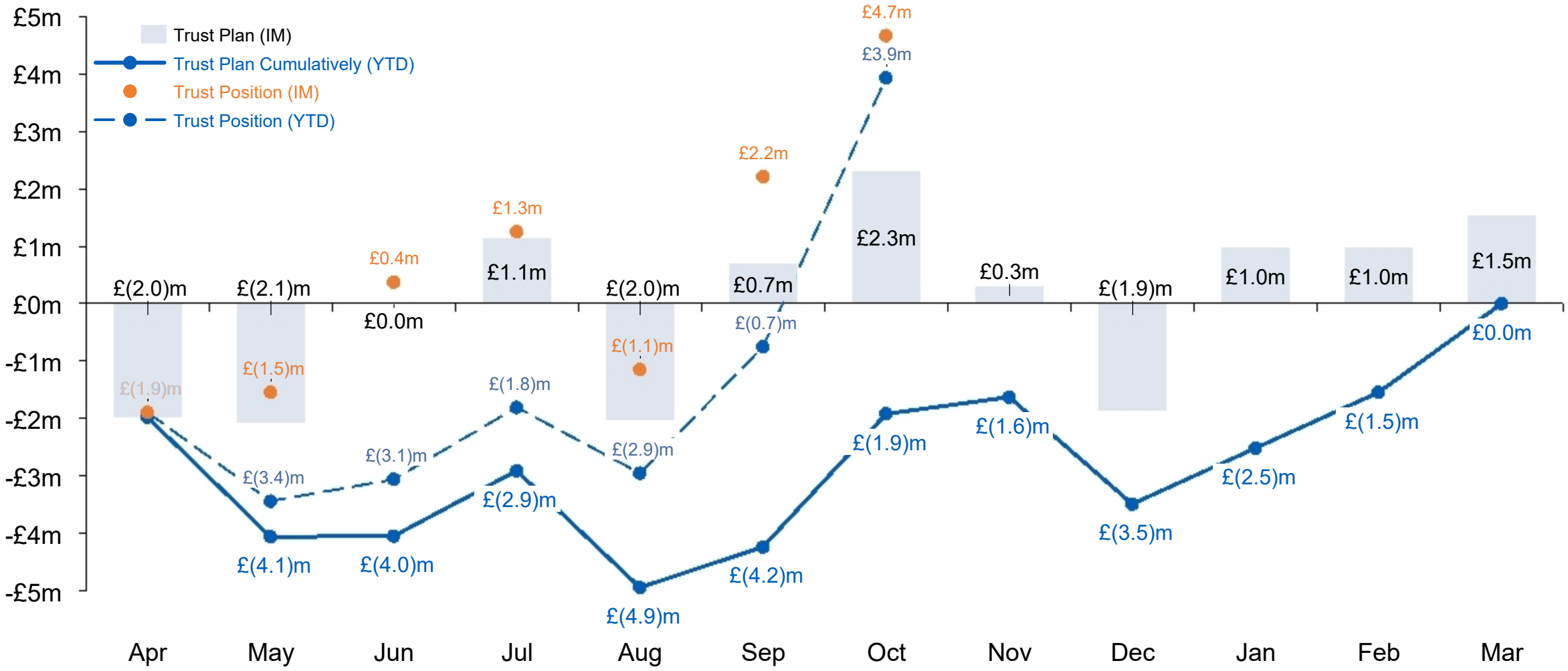
Supplementary Information

Moorfields Eye Hospital NHS Foundation Trust

NHS

The Trust financial performance is £4.7m surplus in month, £3.9m surplus YTD

For October the trust reported a **£4.7m surplus IM**, £2.4m favourable to the planned surplus of £2.3m in month.
Cumulatively the trust is reporting **a £3.9m surplus YTD**, £5.8m favourable to the £1.9m 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.



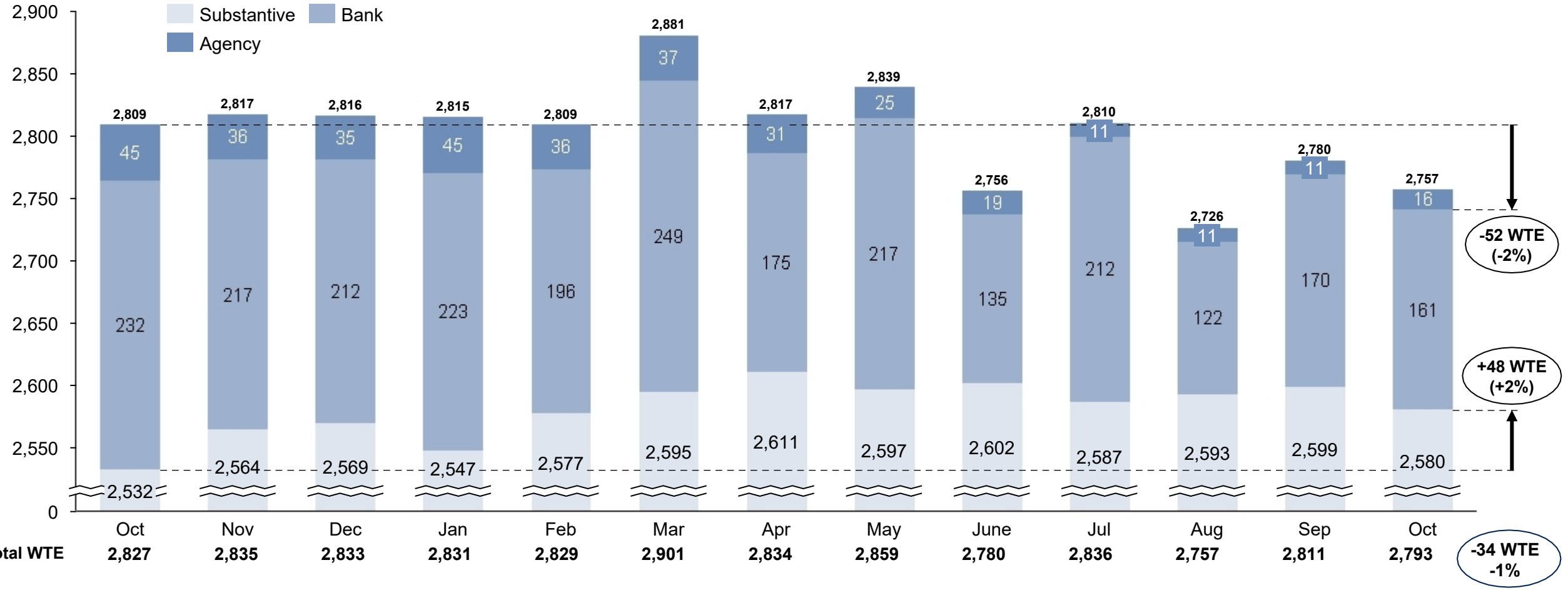
The Trusts financial plan is predicated on typical assumptions for income and expenditure categories as laid out below, including efficiencies which due to its size (£15.1m) has a material impact on in month and cumulative financial plans. Planning assumptions have included:-

- 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.

Workforce WTE Trend reporting

The below chart reports the worked Whole Time Equivalent (WTE)*# for a rolling 12 months, excluding EPR, Oriel, and IT Projects. Total trust WTE is shown below the chart. National planning guidance includes the requirement to reduce spend on temporary staffing& and support functions.

- WTE Trends are reported by pay type, staff type, staff group, division and department further in this pack.
- Total WTE **excluding EPR/Oriel and IT** projects have changed by-52 WTE from the same period last year. Substantive staff have changed by +48 WTE.



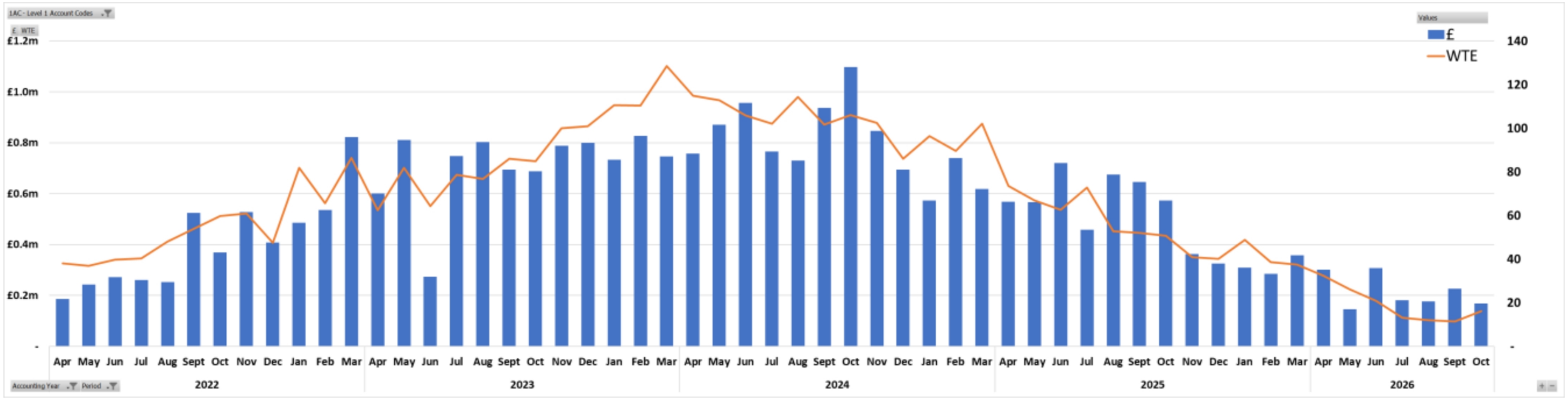
&National planning expectations are agency reductions of 30%, bank reductions of 10%, and corporate support functions to reduce growth since 2018/19 by 50% by quarter 3 of 2025/26

*WTE during March is often impacted by annual leave and backfill and can't be used as a baseline WTE for reductions in year.

#Financial ledger WTE reporting has known and legitimate differences to Workforce WTE reporting. Workforce reporting should be used for formal analysis and narrative.

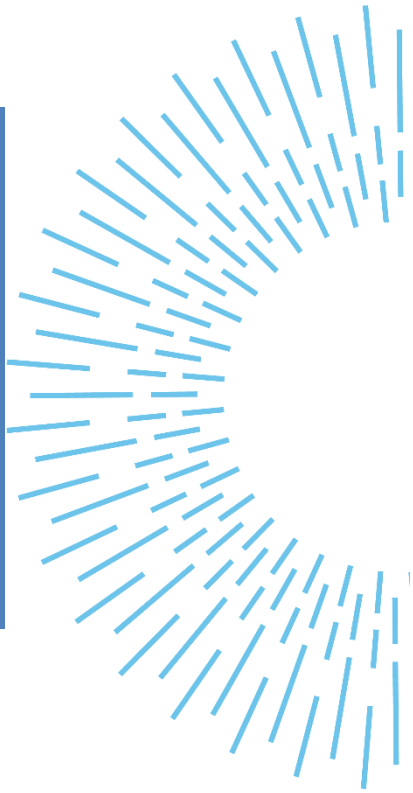
Bank and agency WTE are derived from Healthroster and are subject to staff adding, correcting and finalising rotas in a timely manner, and can including retrospective corrections.

Workforce – Agency Reporting in Board Report



Moorfields Eye Hospital NHS Foundation Trust

Freedom to Speak Up Report
Q2 25/26
Board of directors
27 November 2025



Report title	Freedom to Speak Up Report (Public) Q2 2025/26		
Report from	Sheila Adam, 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**	04/11/2025
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

This report provides Trust Board with an overview of concerns raised through the Freedom to Speak Up route, as well as an update regarding proactive and reactive activities for the period of Q2 2024/25 (July-September 2025).

The service saw a reduction in case reporting with 22 cases raised through the FTSU route during Q2 25/26. The guardian team used this opportunity to focus on closing several historical cases, where 46 open cases were closed. There were four anonymous cases raised during Q2 25/26.

The FTSU service has begun to hear from teams/divisions who may not have usually spoken up through the FTSU route. Our admin and clerical staff raised most concerns but also account for the largest workforce population at Moorfields. There were low speaking up rates for AHP's, medical doctors, estates and ancillary and additional & professional scientific technical staff. Further targeted work and promotion of the FTSU service will also be conducted to ensure that worker groups who may not be speaking up, are supported fully to feel safe and confident to raise concerns.

Leading themes for Q2 25/26 were inappropriate attitudes and behaviours (eight cases) and leadership and management (six cases).

The Freedom to Speak Up service participated in an internal audit to assess the effectiveness of FTSU processes. Findings have been positive. The Board can take reasonable assurance that controls are in place to manage risks, and the service is managed adequately. FTSU training is a solid performance for 'speak up' and 'listen up' modules at 81% and 77% respectively against the 80% target.

During Q2 25/26, the guardian team undertook considerable preparation and planning for Freedom to Speak Up month.

A key focus for the guardian team is to be visible and accessible to all staff Trust wide. To support this service objective, varying proactive activity was conducted during Q2 25/26, which included site visits, listening sessions, and presentations.

The FTSU work plan has been revised for 2025/26 and new objectives have been set. The FTSU guardian team continues to be guided by this work plan to ensure key deliverables are met

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 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.

Financial implications

No new financial implications.

Risk implications

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.

Action required/recommendation.

Trust Board is invited to:

- Note and have oversight of FTSU proactive and reactive activities from July 2025-September 2025 (Q2 25/26) and their progress.
- Note the number of concerns raised over the specified period (Q2 25/26) and the themes and trends emerging from these cases.

For assurance	**X**	**For decision**		**For discussion**		**To note**	**X**

1. Introduction and Purpose

This report provides Trust Board with an overview of concerns raised through the Freedom to Speak Up route during Q2 2025/26 (July-September 2025) and gives an update on the progress of business-as-usual Freedom to Speak Up proactive and reactive activities. The information in this report demonstrates that speaking up is valued and championed by Trust Board, Trust Executive Committee and other key stakeholders and has led to the development of a positive speaking up culture of learning, quality and safety.

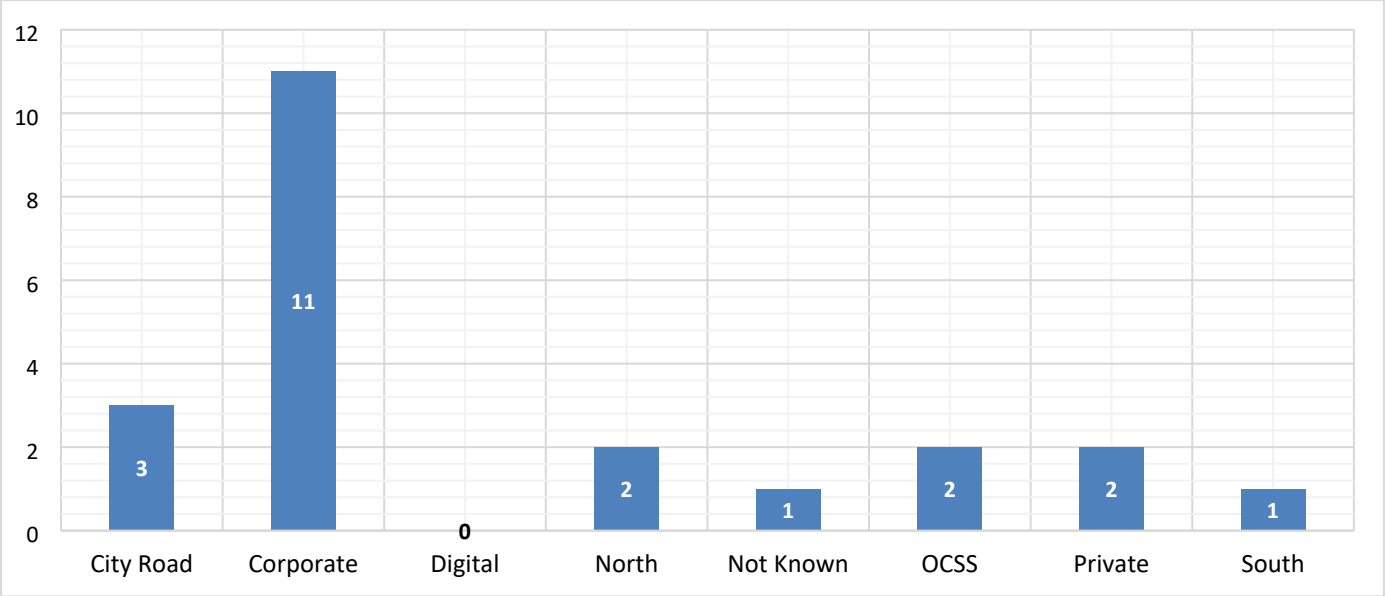
The format of this report complies with the National Guardian's Office (NGO) and NHS England and Improvement published guidelines, outlined in the NHS Freedom to Speak Up guide.

2. FTSU Data Analysis Q2 2025-26 (July – September 2025)

Concerns raised to the Freedom to Speak Up team during Q2 2025/26 (Jul-Sep 25)

There were 22 cases raised through the Freedom to Speak Up guardian route during Q2 25/26. This is a reduction from previous quarters, where cases averaged 47. Even though we see a decrease in case reporting, the team have focused on closing several historical cases. Q2 25/26 saw 46 open cases closed.

Fig 1.1 Q2 25/26 concerns raised by division



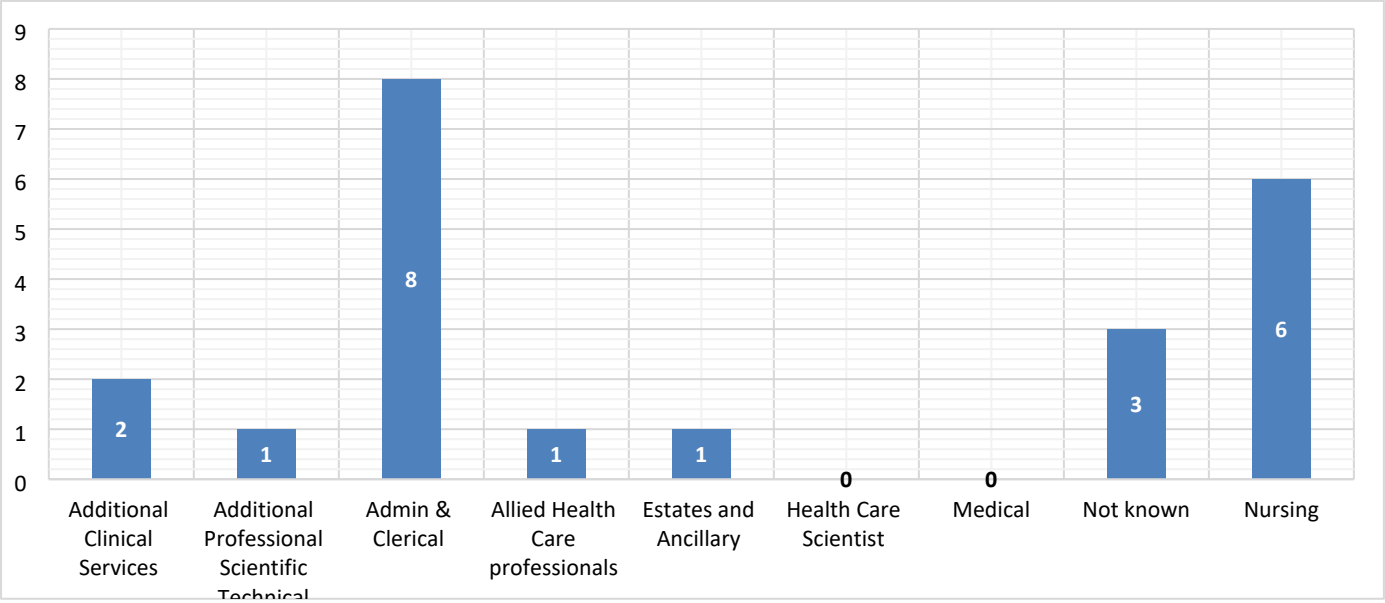
*Please note: Figures may increase slightly as conversations with staff members may be converted to cases, if staff choose to use the FTSU route to formally speak up.

There has been an increase in case reporting from corporate divisions as we hear from teams who may have not usually spoken up through the FTSU service. Four anonymous cases were raised to the guardian team during Q2 25/26. This is a considerable reduction from Q1 25/26, when 14 anonymous cases were reported.

Who is speaking up?

During Q2 25/26 admin and clerical staff used the FTSU route the most to speak up but also account for the largest worker group at Moorfields. There were low speaking up rates for AHP's, estates and ancillary and additional & professional scientific technical staff. No cases were raised by medical doctors and healthcare scientists.

Fig 1.2 FTSU cases raised by professional worker groups Q2 25/26

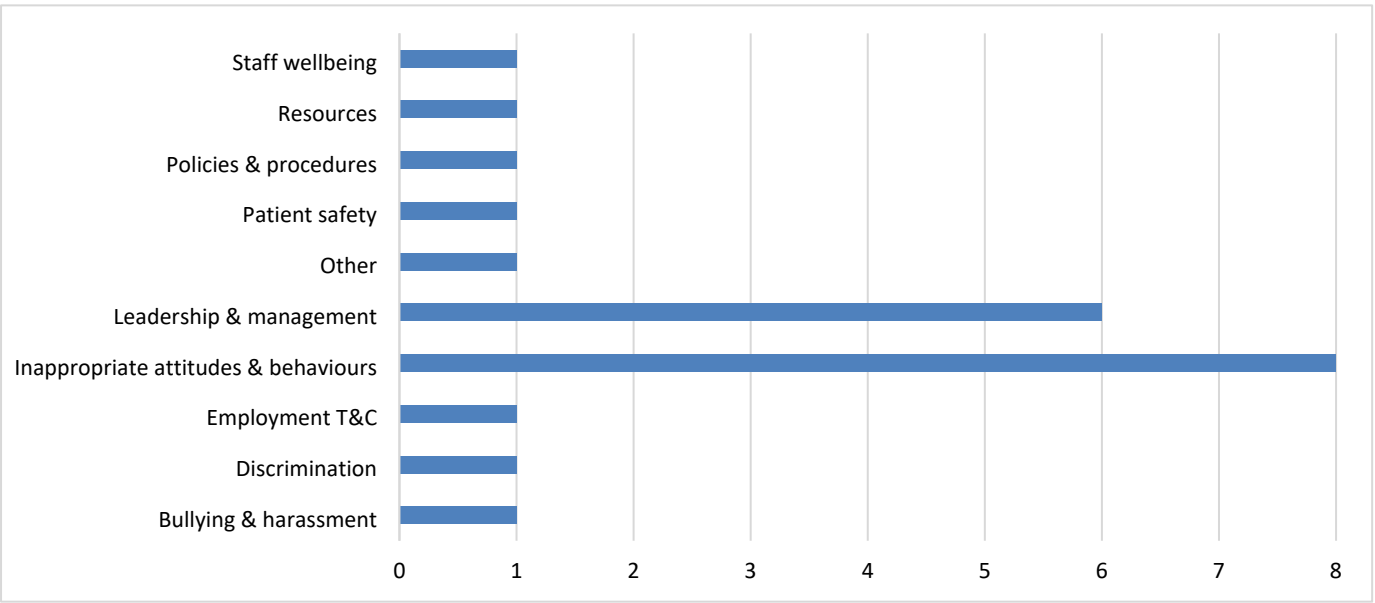


To improve the levels of reporting from medical staff at Moorfields, the FTSU team invited the General Medical Council (GMC) to present 'lunch and learn' webinars promoting speaking up during October Freedom to Speak Up month. It is paramount that our medical workforce feel psychologically safe and are 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 also be conducted to ensure that worker groups who may not be speaking up, 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 concerns raised by themes Q2 25/26



During Q2 25/26 the most common theme raised involved inappropriate attitudes and behaviours (eight cases). Following this, leadership and management themes accounted for six cases raised. There were no cases raised regarding detriment, sexual misconduct, worker safety and pay, finance or fraud.

3. Freedom to Speak Up Proactive and Reactive Work – Q2 25/26

FTSU RSM Internal Audit 2025: The Freedom to Speak Up service participated in an audit as part of the internal auditor programme, to assess the effectiveness of FTSU processes, including handling concerns, staff feedback, training, cultural improvements, and patient safety monitoring. Findings have been positive, with confirmation given by auditors that Board can take reasonable assurance that the controls in place to manage risks are suitably designed, consistently applied and effective.

'Speak Up' and 'Listen Up' training compliance: FTSU training compliance target rates are monitored and shared with divisions. Compliance rates continue to improve Trust wide for both training modules. Our target rate for compliance is 80%. By the end of September 2025, this had been met for our 'Speak Up' module with compliance at 81%. The compliance rate for our 'Listen Up' module was 77% in September 2025. The guardian team will continue to work with divisional teams to ensure more managers complete our 'Listen Up' training module.

October Freedom to Speak Up Month 2025: In preparation for Freedom to Speak Up Month, the guardian team planned several events throughout October 2025 to promote the service to staff and bring awareness for 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. A summary of activity for FTSU month 2025 will be provided to Board in the Q3 25/26 report.

Freedom to Speak Up Annual Report: The Freedom to Speak Up annual report 2024/25 will be presented to Board on 27/11/2025.

Freedom to Speak Up Proactive Activity (Q2 25/26 July -September 2025)

A key focus for the guardian team is to be visible and accessible to all staff Trust wide. The team was proactive during Q2 25/26 including the following activities:

- Formation of FTSU, Aurora, health and wellbeing working group (31/07/25)
- Medirest Site Visit (AM and PM) (31/07/25)
- City Road People and Culture Meeting-Presentation (12/08/25)
- Corporate Induction Presentation (11/08/25)
- Reading Centre Listening Session (26/08/25)
- Community of Practice for IEN Presentation (03/09/25)
- Corporate Induction Presentation (08/09/25)
- EDI and Staff Network Meetings – Attendance and Participation.

Freedom to Speak Up Work Plan 2025/26

The FTSU work plan has been revised for 2025/26 and new objectives have been set which include:

- Finalisation and introduction of the FTSU strategy 2025-2028
- FTSU policy review
- Expansion of the FTSU champion's network
- Delivery of FTSU leadership and management training Trust wide
- 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.
- Supporting groups facing additional barriers to speaking up (Internationally Educated Nurses, medics, Black, Asian and Minority Ethnic staff and those who fall under a protected characteristic)
- Strengthening demographic data reporting through the development of the Work in Confidence platform and *Qliksense* dashboard

- Evaluation of service delivery through internal audit and Board reflection toolkit
- Developing a detriment policy/procedure
- Continued proactive and reactive service delivery.

The FTSU guardian team will continue to be guided by this work plan to ensure key deliverables are met.

Moorfields Eye Hospital NHS Foundation Trust

Freedom to Speak Up
Annual Report Q1-Q4 2024/2025
Board of directors
2 October 2025

Report title	Freedom to Speak Up Annual Report April 2024 - March 2025 (Q1-Q4 2024/2025)		
Report from	Sheila Adam, Chief Nurse and Director of Allied Health Professionals		
Prepared by	Princess Cole, Lead Freedom to Speak Up Guardian		
Previously considered at	Trust Executive Committee FTSU Steering Group	**Date**	23/09/2025
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

This annual report provides Trust Board with an overview of proactive and reactive FTSU activity from 1st April 2024 to 31st March 2025 (Q1-Q4 24/25).

A new FTSU model was introduced in March 2024. All project objectives have been met, and the service has moved to business as usual. The service has been guided by a robust workplan for the financial year (April 24-Mar 25) which sets out five strategic objectives (empowering voices, robust data analysis, collaborative working, training and visibility) centring around making speaking up business as usual.

Since the launch of the Work In Confidence (WIC) speaking up platform, user registration has increased steadily. The team continues to promote the platform to offer staff the option of anonymous and confidential reporting.

There are currently eight FTSU champions following a successful recruitment drive. The network will expand with recruitment for cohort 2 beginning in October 2025.

Data recording has matured since the introduction of WIC and data analysis through the creation of divisional data packs. In July 2024, the service launched its Qliksense FTSU dashboard, allowing divisional teams and HRBP's greater accessibility to view and monitor cases, aiding in early intervention and resolution of FTSU cases and hotspot identification.

The guardian team continues to work collaboratively with key stakeholders across the Trust to foster an open and honest speaking up culture and are also involved in various projects which embed the Trust values of kindness, excellence and equity.

The FTSU service offers two e-learning training modules which have been classed as 'essential to role'. At the end of Q4 24/25 FTSU 'speak up' and 'listen up' training compliance was 75% and 68% respectively. Both guardians and champions have completed required training for their roles and have pledged to support sexual safety awareness through the completion of the Trusts sexual safety in the workplace e-learning module.

A key focus for the guardian team has been visibility and accessibility of the service. This has been successfully executed through site visits, roadshows, listening events, conference presentations, Trust inductions, newsletters, WIC platform; as well as the support from the champions network, offering a wider reach to all staff across the organisation.

A total of 189 cases were raised during Q1-Q4 24/25. Of these, 45 cases were anonymously reported. There has been an increase of 57 cases annually since reporting during Q1-Q4 23/24. The

data suggests that the introduction of the new FTSU model and positive promotion of the Work In Confidence speaking up platform are likely to have contributed to this. A number of staff spoke up collectively from corporate and OCSS divisions following site visits from the guardian team. Admin and clerical staff raised most cases, but this group also accounts for the largest workforce population at Moorfields. There were low reporting rates for medical staff, AHP's and healthcare scientists. The guardian team will continue to promote the service to underrepresented groups and those facing barriers to speaking up. A prominent theme throughout Q1-Q4 24/25 was leadership and management, accounting for 38% of these cases. Inappropriate attitudes and behaviours and bullying and harassment themes accounted for 26% of cases.

To help address these themes, the Trust has rolled out clinical leadership training and developed a leadership development course for band 4-7 staff. FTSU leadership and management training will also be delivered from October 2025. 3% of cases pertained to patient safety, all of which have been resolved and closed.

The FTSU workplan has been revised for 2025/26 and new objectives have been set, which include:

- Finalisation and introduction of the FTSU strategy 2025-2028
- Annual FTSU policy review
- Expansion of the FTSU champion's network
- Delivery of FTSU leadership and management training Trust wide
- 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.
- Supporting groups facing additional barriers to speaking up (IEN's, medics, BAME staff and those who fall under a protected characteristic).
- Strengthening demographic data reporting through the development of the WIC platform and Qliksense dashboard.
- Evaluation of service delivery through FTSU risk audit and Board reflection toolkit
- Developing a detriment policy/procedure
- Continued proactive and reactive service delivery

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 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.

Financial implications

No new financial implications.

Risk implications

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.

Action required/recommendation.

Trust Board is invited to:

- Note and have oversight of FTSU proactive and reactive activities from April 2024-March 2025, since the introduction of the new Freedom to Speak Up model. Activities during this period were guided by a robust work plan for the financial year (Apr 2024-March 2025). Overall good progress has been made to ensure key deliverables detailed in the work plan were met.
- Note the number of concerns raised over the specified period and the themes and trends emerging from them.

For assurance	**X**	**For decision**		**For discussion**		**To note**	**X**

1. Introduction and Purpose

This Freedom to Speak Up (FTSU) annual report provides Board with an overview of proactive and reactive work undertaken by the Freedom to Speak Up service and provides assurance of the effectiveness of the service in supporting staff to safely raise concerns. The report also provides data and details of concerns raised during the period of April 2024 - March 2025 (Q1-Q4 24/25) and highlights the progress made to business-as-usual Freedom to Speak Up activities, having successfully introduced the new FTSU model.

The information in the Freedom to Speak Up annual report (April 2024-March 2025) demonstrates that speaking up is valued and championed by Trust Board, Trust Executive Committee and other key stakeholders and has led to the development of a positive speaking up culture of learning, quality and safety.

2. Background

The origins of Freedom to Speak Up (FTSU) began due to numerous incidences of poor patient care and avoidable deaths at Mid Staffordshire NHS Trust. Following the public inquiry into the Mid Staffordshire report, Sir Robert Francis published the freedom to speak up review in 2015; where he provided independent advice and made numerous recommendations that would foster a safe, open and honest reporting culture in the NHS.

As a result of the findings, the National Guardians Office (NGO) was formed, and the mandatory role of the Freedom to Speak Up Guardian was introduced for all NHS Trust to support staff who speak up. Key elements to foster Sir Robert Francis' safe open and honest reporting culture focuses on:

- Improving and safeguarding patient safety
- Improving and supporting staff experience
- Leading and promoting a learning culture that embraces continual improvement.

Moorfields has embedded these three key elements through a detailed service improvement benefits realisation project, which led to the formation a new FTSU model for the organisation in March 2024. The new guardian model includes a full-time lead Freedom to Speak up guardian, an assistant to the lead guardian, an online anonymous/confidential speaking up platform (Work In Confidence), FTSU champions and a number of voluntary guardians who have a diverse and mixed professional background. All project objectives have been met, and the service has moved to business as usual.

3. FTSU Strategic Objectives April 2024-March 2025

Since moving to BAU activities, the Freedom to Speak Up service has been guided by a robust workplan for the financial year (April 24-Mar 25). The plan sets out five strategic objectives for the service centring around 'making speaking up business as usual' and details development actions to ensure these objectives are met.



Benefit realisation from our five key objectives which have been met during Q1-Q4 2024/25 include:

Empowering Voices: Launch of the Work In Confidence (WIC) speaking up platform. In addition to other routes used to contact the Guardian team (face to face, FTSU shared mailbox, phone call etc.), the WIC speaking up platform is an alternative option which allows staff to contact a guardian of their choice anonymously or confidentially. There were 131 new user accounts registered to WIC at the end of Q4 24/25. Current (September 2025) staff uptake to the platform stands at 178. Further targeted work will be conducted to promote and significantly increase the use of the WIC platform as the team continues to promote the platform at Trust induction, listening events and during site visits.

To further empower staff voices, the Freedom to Speak Up service encourages voluntary staff engagement through the Freedom to Speak Up champion's network. A successful pilot for FTSU champions launched in March 2023 recruited two theatre staff based at City Road. During Q1-Q4 2024/25 (April 2024-March 2025) the guardian team focused on the expansion and development of the FTSU champions network through a recruitment drive for cohort 1 and the introduction of a training development programme directed by the National Guardians Office guidance.

There are currently eight champions to support FTSU proactive and reactive activities who have been recruited from Estates and Facilities, MEH City Road, Medical Illustration City Road, Clinical Education, Theatres City Road and Bedford. Staff now have access to a network of champions Trust wide who can be approached as a listening ear or for signposting to the guardian team or health and wellbeing services provided by the Trust. As well as champions being accessible to all staff, they also reflect the diverse staff population at MEH, not only in demographic characteristics, but also in banding grades. The Freedom to Speak Up service has been strategic in its recruitment of champions in this unique voluntary role, by actively ensuring that underrepresented groups have a voice and can help to shape the speaking up culture at Moorfields. Recruitment for cohort 2 to expand the champions network further begins in October 2025.

Robust Data Analysis: Robust assurance systems and processes have been put in place to strengthen data reporting and provide ongoing oversight, monitoring and reporting around FTSU reactive work (case reporting/case management). Since the introduction of the Work In Confidence platform, FTSU case data recording has matured to allow for further data analysis through the creation of divisional data packs

shared with respective divisional teams monthly. To further build on the capabilities of the WIC platform, in July 2024, the service launched its Qliksense Freedom to Speak Up dashboard using WIC sourced FTSU data. Divisional teams and HR Business Partners now have greater accessibility and can view and monitor their respective FTSU case data online, aiding to early intervention, so that appropriate investigation and resolution can take place. Teams can also easily identify hot spot areas and provide appropriate targeted support where needed.

Collaborative Working: Fostering a safe open and honest reporting culture requires support from all stakeholders and cannot be achieved by the Freedom to Speak Up service in isolation. The FTSU team works in partnership with various groups who are advocates and allies for speaking up.

The guardian team meets monthly with divisional leads to discuss open cases and best steps to take for investigation and resolution. As a result of this close working relationship with the guardian team, several outstanding historical cases have been resolved and closed, and we are beginning to see a reduction in the number of FTSU cases raised within divisions. Many cases raised through the FTSU route have HR themes/issues and a need for HR business partner representation has been identified. As a result of this, HR business partners now attend their respective FTSU divisional monthly meeting, where they provide expertise and HR guidance to support in the early intervention and de-escalation of FTSU cases.

Freedom to Speak Up actively encourages a culture of positive change, Trust wide learning and organisational improvement, through collaborative working with EDI, staff networks, workforce & organisational development, and other key stakeholders. The work undertaken by the FTSU team closely aligns with several EDI strategic priorities. Currently, FTSU provides EDI with anonymised data and soft intelligence relating to culture, workforce, inclusion and diversity. The service has been actively involved and supports the EDI project team for their:

- ‘Share not Declare’ campaign
- Shared values behavioural framework
- Data driven change work stream
- Fair opportunities for all work stream
- Anti racism and unconscious bias training.

Work is also underway with the formation of the FTSU/HR workforce multi-disciplinary group. The group consists of the guardian team, members from workforce & organisational development and EDI teams and focuses on identifying and addressing HR/workforce themes. A holistic approach is taken to deep dive into all data sources (FTSU themes, NHS staff survey results, Moorfields pulse survey results, sickness levels, staff turnover, PSIRF themes, soft intelligence etc.) used to monitor and measure patient safety and staff wellbeing concerns for triangulation, learning and cultural improvement.

Training: The Guardian team provide training to staff and managers throughout the year to foster a culture were speaking up is welcomed, staff are listened to, and appropriate action taken when concerns are raised. FTSU guardian’s encourage staff to initially raise matters with managers, if possible, but also escalate to senior leaders/managers on behalf of those speaking up or signpost to other routes for investigation and monitoring (HR, Unions, safeguarding, quality and safety teams).
The Freedom to Speak Up service offers two e-learning training modules which have been classed as ‘essential to role’. ‘Speak Up’ training is aimed at all staff and ‘Listen Up’ training for managers after having completed the ‘Speak Up’ module. There is a strong expectation for all staff to complete relevant FTSU training modules.

Throughout April 2024-March 2025, the team focused heavily on improving Trust wide training compliance rates through:

- Promotion of FTSU training at Trust induction, site visits and listening events
- Quarterly communication articles published on EyeQ to increase staff awareness of training modules and encouragement for completion
- FTSU screensavers alerting staff to training modules
- Inclusion of FTSU training compliance rates in monthly FTSU data packs for divisional teams
- Proactive support from divisional leads to frequently monitor FTSU training compliance rates and encourage staff to complete required training modules and where possible allocate protected time for this.
- Inclusion and discussion of FTSU training compliance data for divisional performance reviews.

During Q1-Q4 24/25, compliance rates increased month to month for both 'Speak Up' and 'Listen Up' training modules. Our target rate for compliance is 80% for both modules. At the end of Q4 24/25, average Trust wide compliance was 72%. Currently (September 2025), this stands at 79%.

Freedom to Speak Up Training Compliance March 2025

Essential to role training

Average % 72

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	484	231	715	68	80
Freedom to Speak Up	1968	639	2607	75	80

As well as training being offered to staff and managers across the Trust, the guardian team are committed in ensuring that FTSU champions are competent and confident to carry out their role in supporting colleagues to speak up through the FTSU route or other appropriate channels. All appointed champions have completed in-house guardian delivered training and have also completed the required 'speak up' training module on Insight. Further support is provided through monthly champions meeting with the guardian team, with attendance and presentation from guest speakers in other teams across the Trust e.g. safeguarding, shared decision making, theatre management, divisional management).

The guardian team also participate in training to evidence capability and competence. All FTSU guardians have completed the NGO foundation training and are also listed in the NGO guardian's directory. The team also complete annual refresher training to maintain registration with the NGO.

Visibility: A key focus for the guardian team is to be visible and accessible to all staff Trust wide. This has been successfully executed through site visits, roadshows, listening events, conference presentations and Trust inductions. Promotion of the service has been amplified through the launch the Freedom to Speak Up quarterly newsletter (please see Appendix A: FTSU Newsletter_Issue 1_October 2024) which staff can access through our FTSU eyeQ page.

As well as the work undertaken by the guardian team to ensure visibility and accessibility of the service, the FTSU champions network offers wider reach to speaking up for staff. Our eight champions are based in various locations across the organisation and not only support colleagues in their respective teams/areas but also offer support to any member of staff in the organisation. Guardians and champions details are

also listed on our FTSU eyeQ page, if staff wish to contact the team. Our Work In Confidence speaking up platform also enhances service provision, by offering the option for staff to speak to a guardian of their choice anonymously or confidentially.

4. FTSU Data Analysis Q1-Q4 2024/25 (1st April 2024- 31st March 2025)

Concerns raised to the Freedom to Speak Up team during Q1-Q4 2024/25

There were 189 cases raised through the Freedom to Speak Up Guardian route from Q1-Q4 24/25. Q2 24/25 saw the highest number of cases raised (54). A drop in FTSU case reporting was seen during Q3 24/25 which can be attributed to several historical cases with large groups of staff speaking up collectively being closed. A total of 45 anonymous cases were raised to the guardian team during the Q1-Q4 24/25 reporting period. For a number of concerns raised, a group of individuals have raised a common concern, in this situation, each individual involved is counted as a case.

Table 1.1 Number of FTSU concerns raised by division Q1, Q2, Q3, Q4 2024/25

Division	Q1 (Apr-Jun 24)	Q2 (Jul-Sep 24)	Q3 (Oct-Dec 24)	Q4 (Jan-Mar 25)	Total
City Road	9	9	9	7	34
Corporate	20	8	2	9	39
Digital	0	0	0	1	1
North	14	9	14	9	46
Not Known	3	5	7	3	18
OCSS	4	19	3	6	32
Private	2	1	1	5	9
South	1	3	4	2	10
Total	53	54	40	42	189

Table 1.2 No. of FTSU Cases raised for Q1-Q4 23/24 and Q1-Q4 24/25

Quarter	No. of Cases (Q1-Q4 23/24)	No. of Cases (Q1-Q4 24/25)
Q1 (Apr-Jun)	13	53
Q2 (Jul-Sep)	31	54
Q3 (Oct-Dec)	38	40
Q4 (Jan-Mar)	50	42
Total	**132**	**189**

The data shown in table 1.2 highlights the increase in cases (57) raised through the FTSU route from Q1-Q4 23/24 to Q1-Q4 24/25. Since the implementation of the new FTSU model and the team's heavy promotion of the WIC platform, cases numbers have increased.

Where are staff speaking up from?

Fig 1.1 No. of FTSU cases raised by division Q1-Q4 24/25

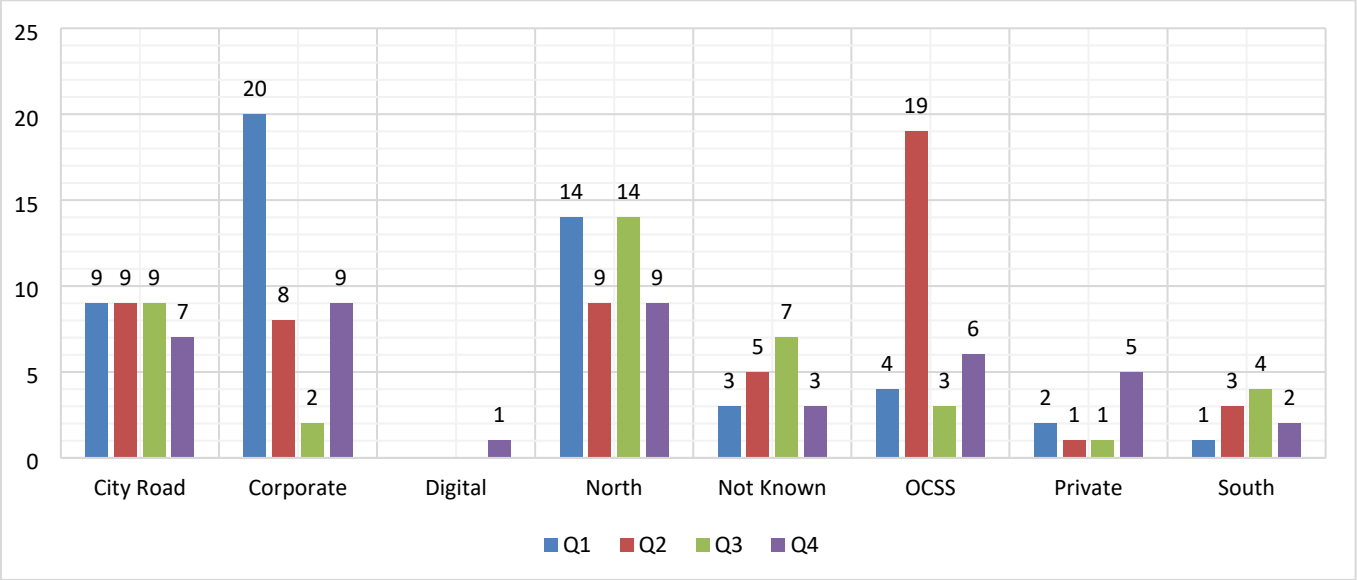


Fig 1.1 shows a fluctuation of case reporting for all divisions. Case numbers were considerably high for corporate division during Q1 24/25 due to two large groups of staff speaking up. The FTSU team have worked closely with management to resolve these concerns, which is reflected in the corporate data for Q2 24/25 figures.

High reporting rates for OCSS division can also be attributed to several staff speaking up collectively. This was following a listening event held by the guardian team in August 2024. The concerns were raised to the management team, resulting in several changes being made; including team building activities for restorative work, increased recruitment to support service delivery, introduction of robust training plans and also improved communication with staff. Feedback from staff following a further visit from the guardian team was highly positive and evidenced that management actions were successful. Subsequently, these cases were closed and is reflected in Q3 24/25 reporting.

A significant proportion of cases from North division were historical cases carried over prior to the introduction of WIC in January 2024. Both the divisional management team and FTSU guardians have worked collaboratively to close these cases.

Who is speaking up?

FTSU professional/worker group data is recorded in line with the National Guardian's Office Professional worker group categories.

Fig 1.2 Percentage of FTSU concerns raised by NGO professional worker group categories Q1-Q4 2024/25

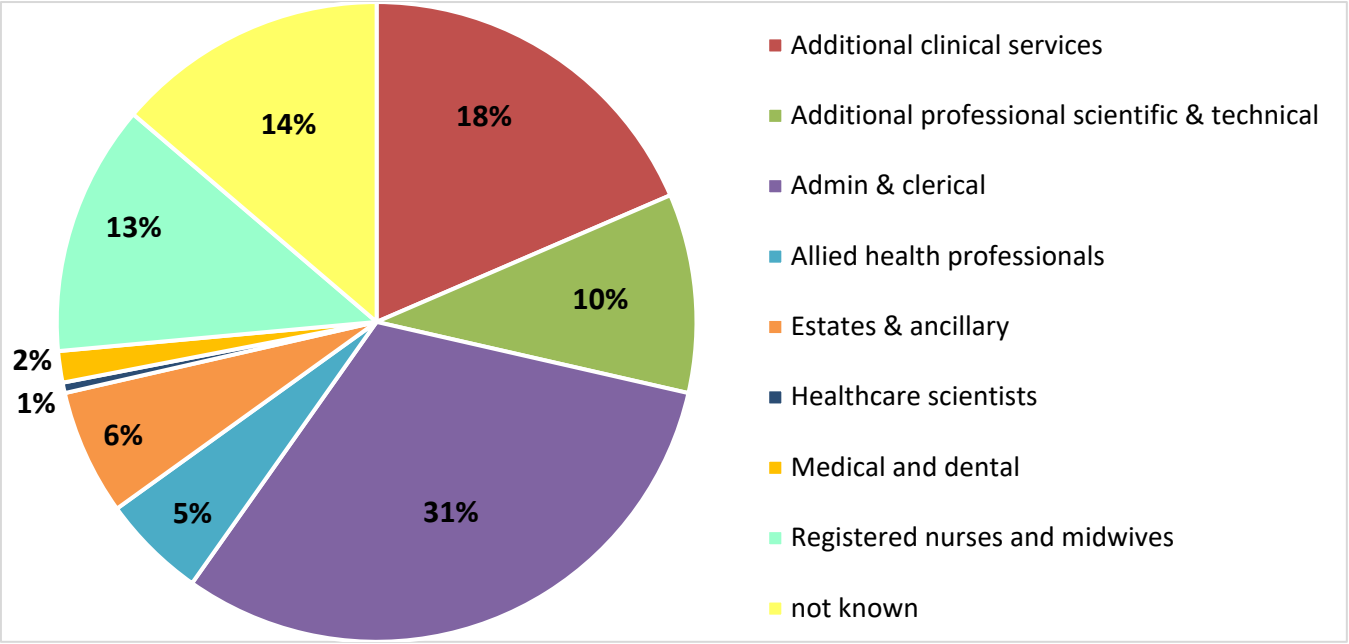
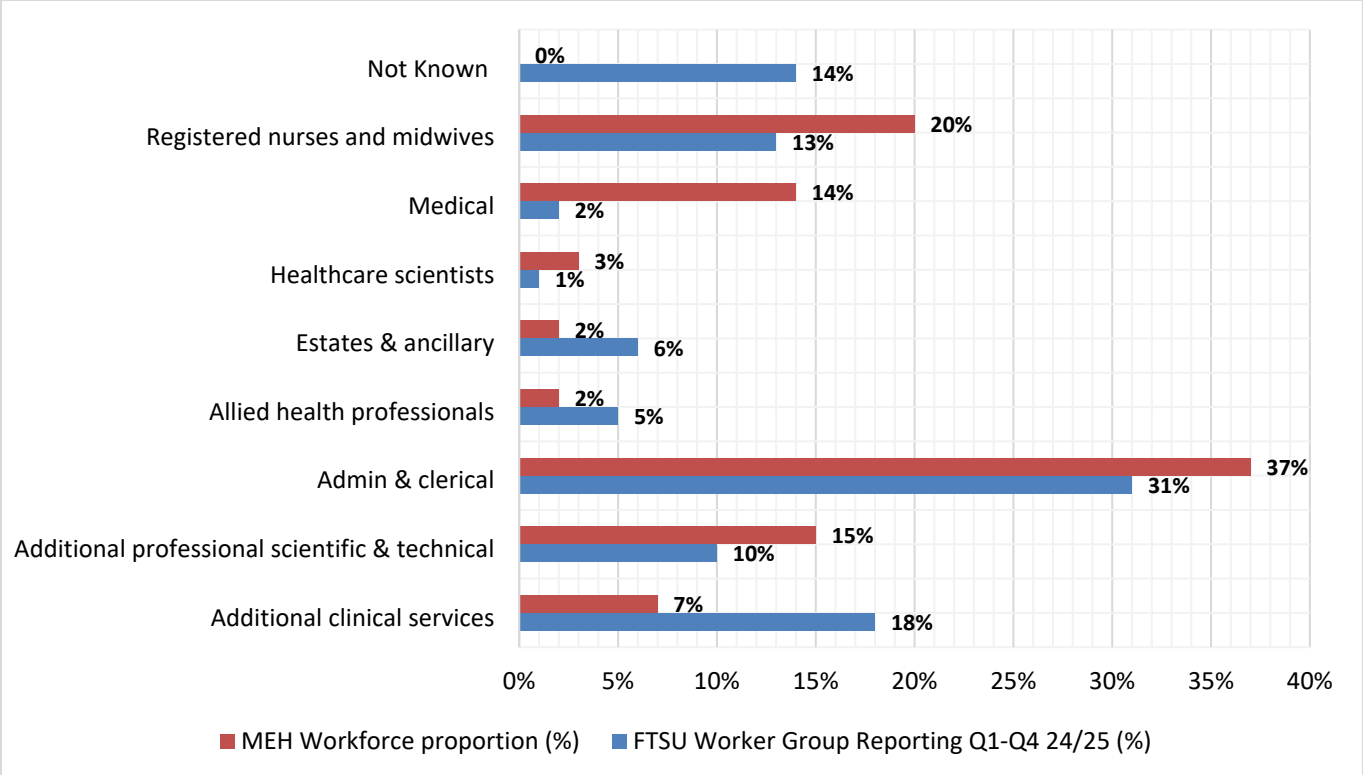


Fig 1.2 shows throughout Q1-Q4 24/25 admin and clerical workers spoke up the most using the FTSU route (31%). Healthcare scientists and staff from the medical workforce (1% and 2% respectively) had the lowest speaking up reporting rates at MEH during Q1-Q4 24/25.

To improve the levels of reporting from medical staff at MEH, the FTSU team will be hosting lunch and learn speaking up sessions in partnership with the General Medical Council (GMC) during October Freedom to Speak Up month. It is paramount that our medical workforce at MEH feel psychologically safe and are encouraged to raise potential patient safety and staff wellbeing concerns without the fear of suffering detriment.

Fig 1.3 below shows the percentage of FTSU cases raised by each worker group against MEH worker group proportions Trust wide.



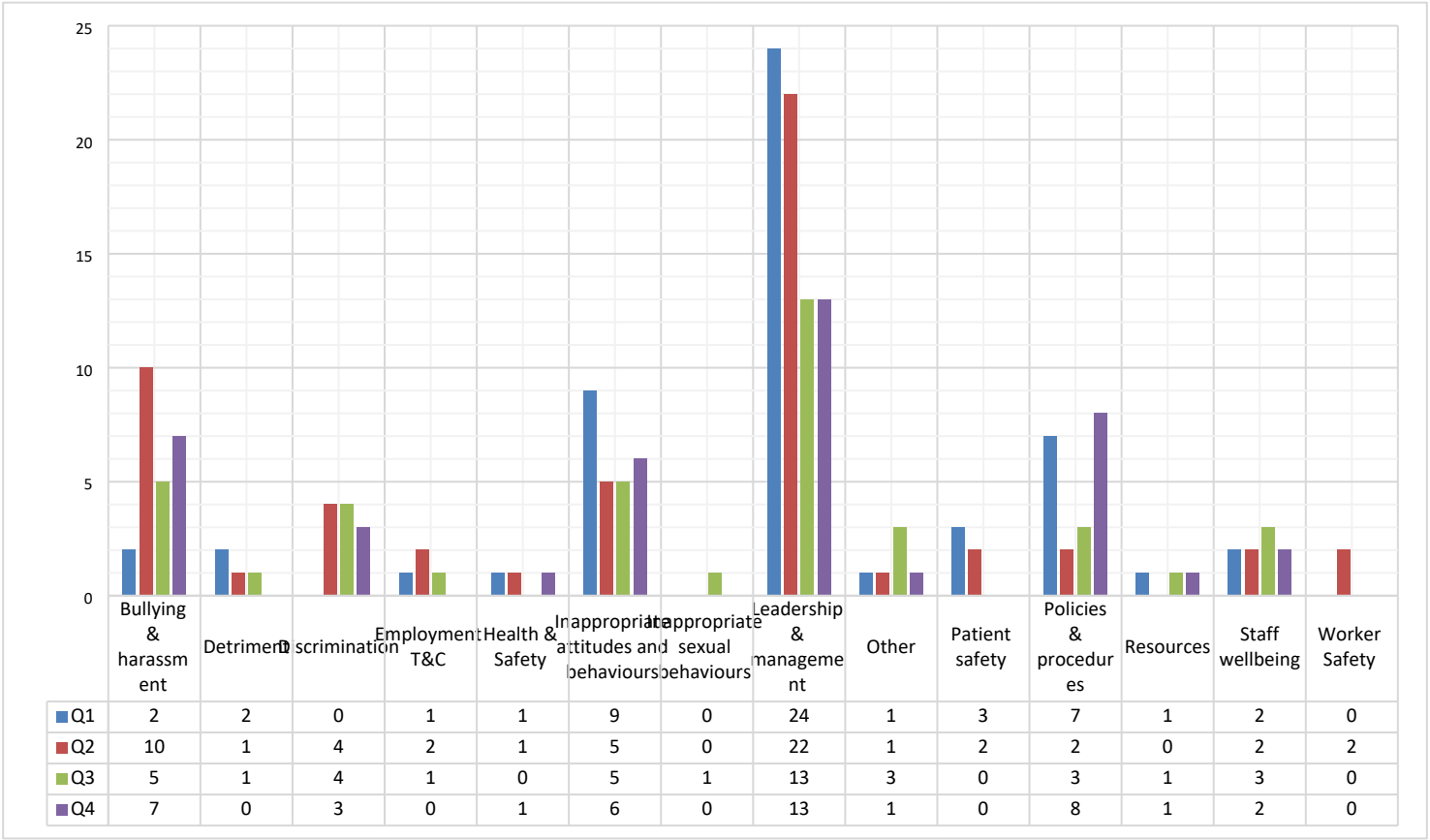
When comparing Moorfields workforce proportions against FTSU worker group reporting rates, we can see that admin and clerical staff reporting were a clear outlier (31%). It is also important to note that this worker group accounts for the largest worker group proportion at MEH (37%). There were low staff reporting for Estates and Ancillary staff, AHP's and Healthcare scientist worker groups (6%, 5% and 1% respectively). This also correlates with low staff numbers for these worker groups.

During the reporting period for this annual report (Q1-Q4 24/25), medical staff made up 14% of the MEH workforce but accounted for only 2% of FTSU cases raised. This supports the need for further targeted work. Recent data from Q1 25/26 FTSU board report showed 11% of medics raised concerns to the guardian team. It is positive to note this increase in reporting, indicating that some medical staff feel safe to speak up and have chosen to do so using the Freedom to Speak Up route. To continue this trajectory, the guardian team will continue to promote the service. Further targeted work will be conducted to ensure medics, other worker groups who may not be speaking up and underrepresented groups, are supported fully to confidently to raise concerns and provide assurance that matters will be investigated fairly, and outcomes fed back.

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 1.4 Concerns raised by themes (Q1-Q4 2024/25)



	Bullying & harassment	Detriment	Discrimination	Employment T&C	Health & Safety	Inappropriate attitudes and behaviours	Inappropriate sexual behaviours	Leadership & management	Other	Patient safety	Policies & procedures	Resources	Staff wellbeing	Worker Safety
Q1	2	2	0	1	1	9	0	24	1	3	7	1	2	0
Q2	10	1	4	2	1	5	0	22	1	2	2	0	2	2
Q3	5	1	4	1	0	5	1	13	3	0	3	1	3	0
Q4	7	0	3	0	1	6	0	13	1	0	8	1	2	0

Please note that there were no cases raised with themes regarding pay, finance or fraud during Q1-Q4 2024/25.

Table 1.3 Total number of themes raised during Q1-Q4 2024-25

Themes	Total Cases	% of Total Cases
Bullying & harassment	24	13%
Detriment	4	2%
Discrimination	11	6%
Employment T&C	4	2%
Health & Safety	3	2%
Inappropriate attitudes and behaviours	25	13%
Inappropriate sexual behaviours	1	0%
Leadership & management	72	38%
Other	6	3%
Patient safety	5	3%
Policies & procedures	20	10%
Resources	3	2%
Staff wellbeing	9	5%
Worker Safety	2	1%
Total	189	100%

A prominent theme reported by staff throughout Q1-Q4 2024/25 centred around leadership and management (38%). It is important to note that staff speaking up about leadership and management, reported their managers inappropriate attitude and behaviour as a contributory factor to them speaking up.

FTSU guardians encourage staff to initially raise matters with managers, if possible, to help resolve concerns locally, build trust and develop a psychologically safe environment for staff to speak up. There is also an expectation that all managers complete the 'listen up' training module. At the end of Q4 24/25, 68% of managers had completed this training. This has since increased to 77% in September 2025.

Inappropriate attitudes and behaviours and bullying and harassment themes accounted for 26% of cases raised to the guardian team, suggesting that there are wider cultural and interpersonal issues which cause staff to speak up through the FTSU route. The EDI team is focused in introducing value-driven cultural change by defining, developing and supporting behaviours that reflect the Trusts values.

To help address these themes, the Trust has rolled out clinical leadership training and developed a leadership development course for band 4-7 staff. To improve the quality of line management and strengthen a restorative approach to addressing FTSU concerns, FTSU leadership and management training will be delivered from October 2025 and run throughout the year. Alongside training, a manager's handbook will also be issued to provide further guidance following the completion of the course. The training aims to equip leaders/managers with the skills to:

- receptively listen and engage positively when staff speak up
- empower themselves to effectively and compassionately deal with concerns raised
- understand FTSU processes/procedures and comply with FTSU response timeframes when investigating concerns.

3% of cases pertained to patient safety. All cases were escalated to an appropriate senior and have been resolved. It is positive to note that there were low reporting rates for themes regarding, detriment, health and safety, staff wellbeing and worker safety. These themes will continue to be monitored closely, and appropriate action taken to resolve potential concerns.

Sexual Safety in the Workplace

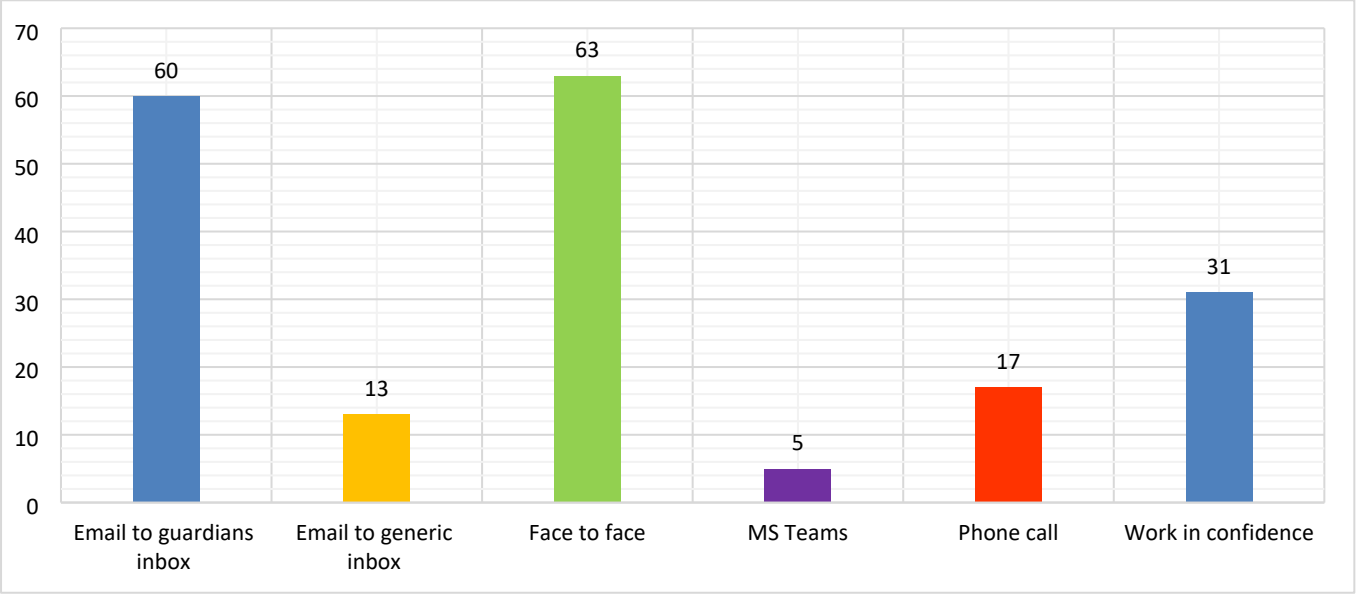
In 2022 NHS England published the Sexual Safety in Healthcare Organisational Charter, in response to evidence showing unacceptable rates of sexual harassment, misconduct and violence experienced by healthcare staff. All NHS Trusts and healthcare providers are now expected to implement policies and practices aligned to the charter, focused on prevention, reporting procedures, accountability and support.

In order to support Moorfields sexual safety charter and the work being undertaken, the guardian team have worked closely with MEH's sexual safety steering group in developing the Trusts sexual safety policy. 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. The service also reports anonymised data on sexual misconduct cases of to the Aurora- women's staff network. During Q1-Q4 24/25 one sexual misconduct case was reported through the FTSU route, which was escalated to the HR team and managed through a formal HR process. This case has been resolved and closed. The guardian team will continue to record, monitor and report on this theme.

To further support sexual safety, the FTSU service have also pledged to ensure all guardians and FTSU champions complete the Trusts sexual safety in workplace training module. Progress of this will be monitored and reported to the FTSU steering group, sexual safety steering group and Aurora network.

How do staff prefer to contact the FTSU guardian team when speaking up?

Fig 1.5 Routes used by staff to contact FTSU Guardian team (Q1-Q4 24/25)



During Q1-Q4 24/25 the preferred method to contact the guardian team was through face interaction (33%) usually during a site visit or listening event, where staff feel safe to speak up collectively in groups or individually. Staff also raised concerns by contacting a guardian of their choice through a direct email message (32%). The least preferable routes used to contact the team were via Microsoft teams, phone and

emailing the guardian shared mailbox (3%, 9% and 7% respectively). 16% of cases were raised through the Work In Confidence platform which was introduced Trust wide on 24/01/2024. Since its launch, there has been a steady increase in the number of staff registering to use the platform (178 registered user accounts). The FTSU team will continue to promote the use of the WIC platform extensively to teams Trust wide during October Freedom to Speak Up month and with targeted comms messaging.

5. Next Steps: FTSU Work Plan 2025/26

The FTSU workplan has been revised for 2025/26 and new objectives have been set. Trust Board will be updated on the progress of activities through quarterly FTSU Board reports. (Please Appendix B: FTSU Work Plan 2025/26-Key Deliverables/Objectives).

Appendix A

FTSU Newsletter_Issue 1_October 2024



FTSU-newsletter_Issue-1_Oct-2024.pdf

Appendix B

FTSU Work Plan 2025/26-Key Deliverables/Objectives



FTSU Work Plan 2025-26_Key Delivera

Moorfields Eye Hospital NHS Foundation Trust

Action on racism including antisemitism – NHSE Guidance

Board of directors

27 November 2025

Report title	**Action on racism including antisemitism – NHSE Guidance** **Appendix attached**		
Report from	Sue Steen – Chief People Officer		
Prepared by	Sue Steen – Chief People Officer		
Previously considered at	Trust Executive Committee	**Date**	10 November 2025
Link to strategic objectives	Working Together		

Quality implications

Racism — whether structural, institutional, or interpersonal — affects every dimension of NHS quality: safety, effectiveness, experience, and equity. Racial bias or stereotyping can lead to diagnostic errors, delayed treatment, or under-recognition of symptoms in some ethnic groups (for example, pain management, dermatology, or maternal health).

A workforce under stress or discrimination is less engaged, more fatigued, and more likely to make errors. Patients from minority groups may delay seeking care if they fear discrimination.

Financial implications

Racism has measurable direct and indirect financial consequences that affect workforce efficiency, service delivery, and system sustainability.

Discrimination, exclusion, and lack of career progression increase turnover among ethnic minority staff. Higher turnover drives recruitment, onboarding, and temporary staffing costs.

Risk implications

Racism — whether structural, institutional, or interpersonal — creates strategic, operational, and clinical risks that affect patient care, workforce wellbeing, reputation, and compliance.

Racism erodes trust, communication, and psychological safety within teams — all of which are essential for patient safety.

Action required/recommendation.

NHS England is formally and actively adopting the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism.

The UK Government adopted the definition in 2016 and the Secretary of State has reaffirmed the Department of Health and Social Care's commitment to it. The Secretary of State has asked that other DHSC Executive Agencies and Arms-Length Bodies adopt this.

Following approval from the Trust Board, Moorfields will work with the internal BeMoor network and with support from the Antisemitism Policy Trust who have delivered training and guidance to the Trust, to review and incorporate the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism into the Trust Equality, Diversity and Inclusion Policy.

For assurance		**For decision**	**X**	**For discussion**	**X**	**To note**	

To: ICB, NHS Trust and Foundation Trust:
- Chairs
- Chief Executives
- Chief People Officers

cc. NHS England regional directors
Commissioning support units

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

16 October 2025

Dear colleagues,

Request for action on racism including antisemitism

We write to ask for your assistance in implementing important initiatives that support our shared commitment to fostering an inclusive, respectful, and professional environment – for colleagues, patients and visitors – across the NHS and assuring our communities of our commitment to tackling hatred in all its forms.

We want to reiterate our zero tolerance stance to all forms of hatred, antisemitism, Islamophobia, racism and to any form of discriminatory behaviour. We reiterate our commitment to creating workplaces and services where everyone feels safe, valued and supported, regardless of their background, faith or identity.

In line with this, NHS England is formally and actively adopting the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism.

Th UK Government adopted the definition in 2016 and the Secretary of State has today reaffirmed the Department of Health and Social Care's commitment to it. The Secretary of State has asked that other DHSC Executive Agencies and Arms-Length Bodies adopt this.

The definition includes illustrative examples of how antisemitism may manifest in contemporary settings, including but not limited to denial of the Holocaust, accusations of Jewish conspiracy, and the targeting of Israel as a proxy for Jewish people. Criticism of Israel similar to that levelled against any other country, however, cannot be regarded as anti-Semitic.

We strongly encourage all NHS organisations to adopt this definition and to note the associated commitments to free speech in order to reinforce our collective stance against antisemitism – whether experienced by our colleagues, our patients, our communities or partners.

We need to demonstrate equal rigour in tackling all other forms of hatred and racism. During the race riots of 2024, local NHS organisations acted as beacons of hope in their local communities – supporting staff in taking an active stance against racism, in particular at that time against Islamophobia.

The current climate in some of our communities means we need to redouble our efforts to create workplaces where our staff and patients alike feel safe and welcome.

The government is also reviewing the recommendations of the independent working group on Islamophobia.

Uniform and workwear guidance update

Ensuring everybody feels safe to present for care and treatment when they need it and in working environments for our colleagues is a patient safety matter.

Working with stakeholder groups, we will update our existing uniform and workwear guidance, drawing on the policies developed in Manchester, UCLH and other good practice. The guidance will continue to uphold the principles that underpinned its creation including freedom of religious expression, ensuring patients feel safe and respected at all times, and that staff political views do not impact on patients' care or comfort.

Antiracism including antisemitism training

We are also updating the existing NHS Core Skills Framework module on Equality, Diversity and Human Rights, extending the section on discrimination and content on antisemitism and Islamophobia, and including new questions on this in the assessment. We are working to ensure all NHS organisations are aligned to the Framework to ensure that all 1.5m NHS staff are required to complete this training as part of their mandatory training.

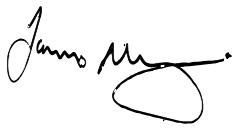
Working with Lord Mann, we will update the content developed with EDI, racism, antisemitism and Islamophobia subject matter experts and aligned to the core skills training framework.

The existing training is completed by staff every three years, but we are asking for your help and support to ensure that all staff in your organisation refresh their EDI training as soon as this content is available rather than waiting for the prompt in the current three-year cycle.

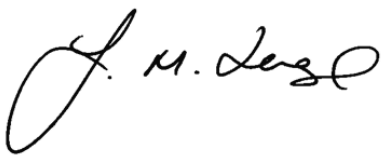
Separately, work is underway to draft a new Statutory and Mandatory Training competency framework which will replace the Core Skills Training Framework (CSTF) – setting out all nationally recommended subjects to be mandated and is due to go live by April 2026.

We appreciate your leadership in implementing these changes and we ask you to support all staff in feeling safe and valued at work and also to support our communities accessing NHS services. We also recognise the importance of supporting NHS organisations in implementing these important initiatives and look forward to working with you to do this.

Yours sincerely,



Sir James Mackey
Chief Executive
NHS England



Jo Lenaghan
Chief Workforce Officer
NHS England

Meeting:	Board of Directors
Date:	27 November 2025
Report title:	Summary of the Finance and Performance Committee
Lead executives	Arthur Vaughan, CFO and Jon Spencer, COO
Report Author	Jennie Phillips, Deputy Company Secretary
Presented by	Elena Lokteva, non-executive director and Committee chair
Status	For assurance and noting
Link to strategic objectives	We are able to deliver a sustainable financial model.

Brief summary of report

Attached is a brief summary of the Finance and Performance Committee (FPC), meeting which took place on 19 November 2025.

Action Required/Recommendation.

The board is asked to:

- Note the report of the Finance and Performance Committee and gain assurance from it.

For Assurance		**For decision**		**For discussion**		**To note**	✓

FINANCE & PERFORMANCE COMMITTEE SUMMARY REPORT	
Governance	• Quorate – Yes
Current activity (as at date of meeting)	**2025/26 Financial Performance (M7)** • The Trust reported a year-to-date surplus of £3.9m, primarily attributed to slippage in major projects, reduced activity, and lower consumable costs. While the surplus was positive, below-plan activity was noted as a potential risk to future contracting.
	2025/26 Operational performance • RTT performance had improved to 82.7%. • 52-week wait had reduced to below 20 patients. • Diagnostics performance had decreased slightly to 14%. • Emergency wait times at weekends continued to be monitored. • The Trust had maintained 95% of normal activity during recent industrial action by resident doctors.
	2025/26 Productivity Productivity initiatives continued, focusing on: • DNA rates: Patient communication strategy was under review and included a pilot of AI reminder calls across three sites. • Theatre utilisation: External and internal metrics were being monitored with recent improvements noted. Continued focus on operational change and clinical engagement. • Cataract lists: Actions to increase average cases per list included data quality improvements, SOP development, and site-based plans. The Committee acknowledged the significant contribution of Consultant Badrul Hussain.
	2025/26 CIP delivery • Structured benefits realisation planning was being piloted for 20 transformation projects, alongside workforce deep dives and digital initiatives. • Engagement for 2026/27 CIP planning had commenced. • Emphasis was being placed on cultural change and local budget ownership, which was resulting in improved governance and positive engagement.
	Divisional update – North division • The committee received a presentation from the North Division which highlighted the divisions risk management, financial challenges, operational performance and proposed changes to improve efficiently.
	Estates & Facilities report • The committee received a report from the Estates & Facilities Division which highlighted the preparations for the transition to Oriel, including dual-site operations. The new site was expected to provide new training and career development for colleagues due to the technical advancements of the new Oriel building. • The committee commended the estates team for resolving the recent electrical issue at City Road with minimal impact to activity.
	2025/26 Full year financial forecast • A risk adjusted surplus was reported, representing an improvement in underlying position from the start of the year.
	2026/27 Medium term planning • Technical guidance had now been received. • Income remained a key risk due to uncertainly in activity outturn and tariff changes. • The committee delegated authority to the (committee) chair for plan sign-off by mid-December.
	Service line reporting and financial productivity reporting • The NHSE reporting model indicated negative growth, impacted by EPR and Oriel.

	Any risks identified at the meeting • Estates & facilities workforce was noted as a risk.
	AOB • There was no other business.
Date of next meeting	14 January 2026

Moorfields Eye Hospital NHS Foundation Trust

NHS

ITEM XX.XX

QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

18 November 2025

Committee Governance	• Quorate – Yes • Attendance – 71% (5 of 7 members) • Action completion status (due items) – 100% • Agenda completed – Yes
Current activity and concerns	**Presentation by Moorfields South** QSC received a presentation by Moorfields South. The following points were highlighted: • Osteo-Odonto-Keratoprosthesis (OOKP) treatment at St George's is just one of four places in the world to provide this • The division is considering procuring local patient transport services • Space (particularly at St George's) is a challenge for the division, particularly for outpatients • The division is hoping to set up a new diagnostic hub in the Tooting area • FTSU had embedded well in the South and had helped improve team culture. **Infection Control Update** The regular infection control (IPC) update was presented. The following issues were highlighted: • Staff flu vaccination rate is currently 36% against a target of 52% • The flu 'season' has started earlier this year and according to intelligence from Australia, the current strain is more virulent • A proportionate and risk-based MRSA screening policy has been introduced which aligns with risk levels associated with ophthalmic procedures. This has guidance for patients who have tested positive within the last five years, with no additional precautions for those with a MRSA history older than five years. **Financial decisions and mitigation assurance** QSC received an update on financial decisions and mitigation assurance (an action from the July meeting). The following issues were highlighted: • There is a rigorous cost improvement programme with a panel meeting weekly to assess proposals (there is an Executive escalation process) where potential quality impacts is integral to considerations • For Q2, 52% of schemes have been accepted after initial review. So far all have been managed through the panel and none have been escalated with concerns • There has been a change in focus during the year, moving on from living within our means to finding savings whilst maintaining RTT performance. Next year there is a 7% RTT improvement target. **Proton beam therapy / Clatterbridge Cancer Centre** The committee received an update about Proton beam therapy at the Clatterbridge Cancer Centre (an action from July's QSC). The following was highlighted: • Long waiting times for referrals (proton beam therapy) to the Clatterbridge Cancer Centre

- Proposals for this treatment to be provided in London, potentially at UCLH. On-going discussions were taking place, including with Commissioners. This had been escalated to the CEO.

Emergency Preparedness, Resilience, and Response (EPRR)

The committee received an update on EPRR. The following issues were highlighted:

- The Trust continues to be fully compliant with NHS England requirements. The Trust is continually challenging itself to improve
- A cyber exercise conducted by City of London police has been undertaken
- Cyber-attacks, and terrorist activity remain the most likely causes of a major incident.

Patient Safety Incident Response Framework (PSIRF)

QSC received an update about PSIRF as part of an 18-month review. The following were highlighted:

- The revised policy and plan will be presented to January 2026 meeting
- There is growing evidence of use and confidence with PSIRF processes, although it was noted that there is still a lack of knowledge outside the NHS.

Patient Safety Incidents

There was one patient safety incident investigation (PSII) report presented about misdiagnosis of retinoblastoma. The following issues were highlighted:

- The team has discussed and shared the report with the family. A child death review is scheduled for January 2026
- Having access to a complete care record is fundamental – often, as in this case, records can be kept in a variety of formats on a variety of systems
- Thorough documented consultation is vital, particularly when it involves professionals from other Trusts and even from abroad.

The regular duty of candour report was presented. The following was highlighted:

- The process remains a challenge with the ambition of achieving a 100% outcome.

Quality and Safety

The committee received the Q&S update, the Q2 Safer Surgery Audit Report, the Q2 Q&S reports (Trust-wide, Private, and UAE), and the Complaints annual report. The following were highlighted:

- Activity highlights during the period included Safter September and the CQC Well-led workshop
- Key data/information was provided about the complaints recovery plan, which remains on track
- The Q2 reports demonstrate a focus on outcomes and continual learning and improvement
- For the Moorfield's Private Q2 report, it was agreed that private would be the subject of a future deep dive.

Reports from Other Committees

Summary reports from the following committees were circulated:

- Risk & Safety Committee (10/09/2025)
- Research Quality Review Group (6/10/2025)
- Clinical Governance Committee (6/10/2025)
- Information Governance Committee (7/10/2025).

The following areas were highlighted:

- The IGC report highlighted a number of issues under discussion at Trust Leadership Team.

Any other business

	The committee paid tribute to Sheila Adam for her extensive contribution - she will be retiring at the end of November.
Board awareness and escalations	There were five items highlighted for the Trust Board's attention: • Moorfields at St George's Osteo-Odonto-Keratoprosthesis provision is an excellent example of a highly specialised service • Flu vaccination rates were increasing (36% against an ambitious target of 52%) and the need to encourage vaccination as much as possible • MRSA screening policy has been revised with no additional precautions for those who tested positive more than five years ago • Clear and rigorous cost improvement programme and processes, with weekly panel meetings • A concern remains regarding patient waiting times for referrals to the Clatterbridge Cancer Centre for proton beam therapy.
Date of next meeting	27 January 2026

Meeting	Board of Directors
Date	27 November 2025
Report title	Summary of the People & Culture Committee (PCC)
Presented by	Aaron Rajan, non-executive director and Committee chair
Lead executives	Sue Steen, CPO
Report Author	Jennie Phillips, Deputy Company Secretary
Status	For assurance and noting
Link to strategic objectives	We are able to deliver a sustainable financial model.

Brief summary of report

Attached is a brief summary of the People & Culture Committee, meeting which took place on 4 November 2025.

Action Required/Recommendation.

The board is asked to:

- Note the report of the People & Culture Committee and gain assurance from it.

For Assurance		**For decision**		**For discussion**		**To note**	✓

PEOPLE & CULTURE COMMITTEE SUMMARY REPORT	
Governance	• Quorate – Yes
Current activity (as at date of meeting)	**Workforce priorities and change projects (including programme updates and oriel)** • The manager self-service project progressed as planned, with full rollout and discontinuation of paper forms scheduled for February 2026. The programme aimed to automate HR processes, reduce errors, and address overpayments. • Locally led workforce projects remained on track, with significant initiatives - such as Oriel consultations - planned for Q4. • The leadership development programme was ready for rollout once additional resources had been secured. • The wayfinding strategy was near completion and would be presented at the Oriel Executive Board in November. • Engagement sessions had taken place regarding the preservation of Moorfields' historical art.
	Workforce performance report • Improvements were reported across all key workforce metrics except sickness. • Challenges remained around rostering, with a deep dive by the service provider planned for later in November. The results would be shared with the Trust.
	Freedom to speak up • The committee received the Q2 progress report and the FTSU annual report. • The Q2 update highlighted a reduction in reported cases. It was unclear whether this reflected a plateau following a strong campaign; this was being investigated and would be reported back at the next meeting. Case numbers relative to staff groups were as expected, except for medical staff. Work was underway to address this, including collaboration with the GMC to raise awareness through lunch-and-learn sessions. • The annual report was noted.
	Sickness absence deep dive • A review of sickness absence showed that the main reasons aligned with other trusts, primarily mental health, musculoskeletal issues, and flu. • The review highlighted onboarding and delivery with the Trust's new occupational health provider; the action plan in place had begun to show improvements. • Manager training had been implemented to provide support and knowledge, and the OD team supported employees returning to work.
	Mutually agreed resignation scheme (MARS) • MARS was a nationally approved NHS framework that allowed employees to voluntarily leave the organisation under a mutually agreed arrangement, supported by a one-off, non-redundancy payment. • The scheme would launch on 6 November and close on 1 December 2025. • Robust processes were in place, and the scheme was overseen by the Executive, with final approval by the Board.
	Staff survey • The Trust had achieved a strong response rate in the first half of the campaign, above the benchmark average. • Site contacts and targeted communications had been put in place to address barriers such as perceived lack of impact and time constraints.
	Gender pay gap update • The committee received assurance that the Trust continued to work towards previously set priorities, particularly regarding female consultants.
	Education annual report • The committee heard that the Education Committee and Education Funding Review Group (EFRG) had strengthened governance for education.

	• Key achievements included the EFRG receiving over 600 applications, with approximately 20% of the workforce accessing funded learning. • Total education funding for 2024/25 was £6.4m, an increase of £1.2m compared to the prior year. • This funding had supported over 1,000 medical students and 163 nursing placements, along with pre-registration placements for optometry and orthoptics.
	Overview of equity of funding for the year • The committee noted the EFRG's success in increasing applications from non-clinical staff and improving proportionality across professional groups. Comprehensive analysis by protected characteristics confirmed equitable allocation of funds.
	10-point plan to improve resident doctors' lives • The committee received assurance that the Trust worked towards the NHSE 10-point plan to improve junior doctors' lives. • Areas of focus included accurate pay, accurate rotas, and onboarding.
	Medical Job Planning Improvement Programme • The Trust had experienced the cultural shift in the past year, required for successful job planning. • The committee noted the importance of integrating job planning with e-rostering to enable granular tracking of activity, support productivity improvements, and align with NHS England's future requirements.
	Terms of Reference • The committee approved the annual review of the terms of reference and agreed to endorse them for Board approval.
	Any risks identified at the meeting • There were no new risks identified at the meeting.
	AOB • There was no other business.
Date of next meeting	5 March 2026