Bundle Board of Directors - Part 1 4 February 2026

1 09:00 - Welcome and introductions
Tim Briggs, interim Chair
For noting
260204 TB Part I Item 00 Agenda

2 09:05 - Patient story
Kathy Adams, acting Chief Nurse & Director of AHPs
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 - TO FOLLOW

6 Matters arising and actions log - TO FOLLOW
Tim Briggs, interim Chair
For noting

7 09:30 - Chief Executive's Report
Peter Ridley, Chief Executive Officer
For noting
260204 TB Part I Item 07 CEO report

8 09:40 - Integrated Performance Report
Executive Team
For noting
260204 TB Part I Item 08(ii) IPR M9 (Open Version) cover
260204 TB Part I Item 08(ii) IPR M9 (Open Version)

9 09:50 - Finance Report
Arthur Vaughan, Chief Finance Officer
For noting
260204 TB Part I Item 09(i) 2025-26 Public Finance Board Report M9 Cover Sheet
260204 TB Part I Item 09(ii) 2025-26 Public Finance Board Report M9 v3

10 10:00 - Learning from deaths
Louisa Wickham, Chief Medical Officer
for noting
260204 TB Part I Item 10 Learning from deaths Q2 Q3 2025-26 v.02

11 10:05 - Committee reports
a) Finance & Performance Committee, David Hills, Non-executive Director - for noting
b) Quality & Safety Committee, Michael Marsh, Non-executive Director - for noting
c) Major Projects & Digital Committee, Aaron Rajan, Non-executive Director and David Hills, Non-executive Director - for noting
260204 TB Part I Item 11a Report of FPC
260204 TB Part I Item 11b(i) Report of QSC cover
260204 TB Part I Item 11b(ii) Report of QSC
260204 TB Part I Item 11c Report of MPDC

12 10:15 - Identify risks arising from the agenda
Tim Briggs, interim Chair
For noting

13 10:20 - AOB
Tim Briggs, interim Chair
For noting

14 10:25 - Date of the next meeting: 26th March 2026

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
A MEETING OF THE BOARD OF DIRECTORS
To be held in public on Wednesday 4 February 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.	Patient story	Note	Oral	KA	20
3.	Apologies for absence	Note	Oral	TB	5
4.	Declarations of interest	Note	Oral	TB	
5.	Matters arising and action log	Note	Enclosed	TB	
6.	Chief executive's report	Note	Enclosed	PR	10
7.	Integrated performance report	Assurance	Enclosed	Exec	10
8.	Finance report	Assurance	Enclosed	AV	10
9.	Learning from deaths	Assurance	Enclosed	LW	5
10.	Committee reports				10
	a) Finance & Performance	Note	Enclosed	DH	
	b) Quality & Safety	Note	Enclosed	MM	
	c) Major Projects & Digital Committee	Note	Enclosed	AR and DH	
11.	Identifying any risks from the agenda	Note	Oral	TB	5
12.	Any other business	Note	Oral	TB	5
	Date of next meeting – 26 March 2026				

Moorfields Eye Hospital NHS Foundation Trust

NHS

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)
- 10-Point plan for resident doctors
- 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 – 4 February 2026
Chief Executive's report

Performance, Quality and Activity Review

In December, the trust's performance against the 18-week standard improved to 84.5% of patients being treated within the required standard, and the total number of patients waiting over 52 weeks for their treatment reduced to 13. The 18-week wait position continues to be challenged by the performance in three specialist services at City Road, however over the past three months, these specialities have undertaken additional activity to improve their performance. The 52-week wait position continues to improve now that there has been a full recovery from the referral incident which occurred last year.

Both elective and outpatient activity levels remain under plan year to date, however this has now been matched by a reduction of expenditure in relevant areas of the organisation.

Financial Performance – Month 9

For December the trust reported a £0.6m deficit in month, £1.3m favourable to the planned deficit of £1.9m in month. Cumulatively the trust is reporting a £2.0m surplus YTD, £5.5m favourable to the £3.5m planned deficit YTD

Patient activity during December was 92% for elective, 96% for outpatient first appointment, and 98% against outpatient follow up activity. 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 cost improvement programme is forecasting £14.3m against the £(0.8)m gap to plan.

The cash balance as at the 31 December was £76.6m, a reduction of £9.5m since the end of March 2025. The trust currently has 86 days of operating cash (prior month: 98 days).

Capital expenditure as of 31 December totalled £101.5m, predominantly Oriel related/EPR related.

Sector Update

NHS England

NHS England have been clear on expectations of performance for the remainder of the year. All trusts are expected to deliver on both their 18 week RTT plans and on the clearance of 65 week wait patients.

With regard to long waiting patients we were required to write to the Regional Director at the end of December outlining our plans to deliver. At this stage we declared two over 65 week patients. Both of these patients have now been discharged.

Delivering on our end of year RTT target will be more challenging. This requires us to achieve performance of 87.6% as at the end of March, a 3 percentage point improvement on the current position. We have already implemented additional measures to improve our performance but our modelling suggests that this will still leave us short and so we are reviewing additional plans.

We are also offering mutual aid to Kings College Hospital to help with their Ophthalmology RTT position. We have offered to take 68 patients, some of whom are long waiters.

NHSE also continue to closely monitor financial forecasts.

London

The consolidation of ICBs in London continues. North Central London ICB and North West London ICB plan to formally merge on 1 April 2026. The merged ICB will be called “West and North London ICB” and will be the largest in England, covering 13 boroughs and a population of 4.5m residents. The ICB will need to recruit a new CEO as Frances O’Callaghan is leaving to take up a new role as CEO of NHS Blood and Transplant.

Online Hospital

Moorfields was featured this morning in the national press as part of the national announcement of the new NHS Online service. This service is being set up to transform how healthcare is delivered, allowing patients to be triaged quickly through the NHS App, speak to doctors via video consultation, and monitored in the comfort of their home, saving unnecessary trips to hospital.

The initial nine conditions being treated through NHS Online include cataracts, glaucoma and macular degeneration, as well as women's health issues (including severe menopause symptoms and menstrual problems) and prostate problems.

Our Sparc service platform, formerly known as the single point of access system for eye care referrals into us from GPs and optometrists has been used as a case study of digital innovation. We were featured on the BBC and on Good Morning Britain as well as in most national newspapers.

NHSE England included a quote from Pete Thomas, our director of digital development and consultant ophthalmologist in their communications about the new service:

"With our single point of access service, we've been defining how a virtual hospital can support better eye care.

"We've used technology to improve the capability and efficiency of the system, and which allows clinicians in the community and hospital services to work more closely together to streamline care.

"The impact is clear - patients are being seen more quickly in more appropriate settings, and the pressure on NHS services is being reduced."

Elena Bechberger and Pete Thomas are continuing discussions with the national NHSE team on collaboration opportunities for the new online service.

Oriel

Despite some minor delays and a planned shutdown over the Christmas period, the construction and commissioning of the centre continues according to plan. The list of known issues relating to the design are still being worked through, however none of these are expected to cause any problems with the contract completion date.

A specialist contractor has been onboarded to help procure the large volume of equipment which will be required to provide treatment in the new centre and we are about to repeat this process for another contractor who will support our eventual move to the new site.

Our IT workstream continues, including a plan to finalise the active network that a number of our digital systems will be hosted from by March.

Tender responses have been received back to identify a partner to fit out our new administration centre on Granary Street and the naming of the new centre is now likely to be in February 2026.

MoorConnect (Electronic Patient Record)

We have revised our go live for this programme to 3 October 2026 and are performing successfully against this revised timeline. There are some key interdependencies with our external system suppliers and we are therefore tracking these in detail.

Although the design of the system is complete, we are making some final decisions on how best to support key services such as medicines management and anaesthetics. We have now completed four build iterations of the new system, with two more planned. These are getting more complex each time as we work towards building the final version that we will then go live with.

We are steadily increasing the communication and engagement of our staff regarding the new system and are linking this to a number of other exciting digital initiatives including the development of the NHS app and the decommissioning of our CITO system in February.

10-Point plan for resident doctors

Moorfields continues to make progress against NHS England's 10-point plan for resident doctors. Preparations are underway for the February implementation of national exception reporting reforms. However, ongoing lack of clarity and alignment between NHS Employers and the BMA, and the consequent feedback provided to system suppliers, has resulted in a number of recognised flaws in the reformed exception reporting process at national level. These challenges are being experienced across trusts and are not unique to Moorfields.

Despite this, the trust is continuing to progress local readiness, including policy updates and system access, in line with national timelines. Engagement with resident doctors is ongoing to inform rota and workforce planning, with previous feedback already having influenced improved gap management from February. Practical improvements to onboarding, Basic IT access, have been initiated and expense processes are being reviewed to improve the day-one experience for resident doctors, with wider benefits for the medical workforce and other new starters.

People

Employee of the month

October 2025:

- Non-clinical:
- Clinical: Jayna Maniar, Healthcare Assistant, Ealing

November 2025:

- Non-clinical: Jess Humphries**,** Patient Experience Manager, Quality and Safety - patient experience
- Clinical: Lea Cabaluna, Outpatient Clinical Manager, Moorfields Private

Governor Elections

The Trust's 2026 Governor Election process is now underway, with nominations formally open. Vacancies are being advertised across the following constituencies:

- Public Governor – Bedfordshire and Hertfordshire
- Patient Governor
- Staff Governor – City Road

Nominations will close on 16 February 2026, with voting concluding on 26 March 2026. The election is being managed independently by Mi-Voice on behalf of the Trust to ensure a transparent and robust process.

Moorfields in the News

National impact

- Moorfields continues to be at the heart of national initiatives. Our Sparc single point of access for ophthalmology was featured as a case study in the NHS England press release to announce the first nine conditions to be treated through NHS Online, three of which are eye conditions. Our director of digital development, Dr Peter Thomas, was quoted in the release, as he is supporting NHS England's project. https://www.bbc.co.uk/news/articles/c62w3wr92npo
- We have completed diabetic retinopathy and glaucoma videos with NHS England, joining the earlier one on cataracts, to explain care for the condition to those receiving their first referral.

Breakthrough studies published

- Through their persistence and determination, the hypotony team at Moorfields has found a way of treating this condition, which previously led to irreversible sight loss. The publication of their paper, with patient Nicki sharing her experience, was covered widely, including on BBC TV and radio. https://www.bbc.co.uk/news/articles/c89qyv98lzdo
- An influential paper on glaucoma, showing its prevalence to be almost 50% higher than current assumptions and explaining how it could rise by a further 60% by 2060, has also been published. The researchers called for anyone over 40 to get their sight checked regularly, as this is the only way it can be detected early for most people. https://www.ucl.ac.uk/news/2026/jan/over-1-million-estimated-have-glaucoma-uk-0

Moorfields Eye Hospital NHS Foundation Trust

Integrated Performance Report (open version)
Board of directors
4 February 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.

The 18-week RTT incomplete performance has improved again to 84.5%. The RTT waiting list stands at 34,729 pathways, stable but above desired levels, and there are 13 patients breaching the 52-week standard. Targeted RTT recovery plans are in place, supported by additional outpatient sessions, triage backlog clearance and fixed-term posts to increase capacity. At the end of December, there were 2 patients waiting over 65-weeks for treatment. One patient is booked for surgery in January 2026, and one patient has their next outpatient appointment in January 2026.

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

Theatre utilisation under the MEH definition is at 65.9% and remains below the internal target, despite recent improvement. We are reviewing theatre utilisation in increasing detail and engaging with services to focus on issues at sub-specialty and operating list level. We are preparing to go-live with our new theatre scheduling tool, which will support a more efficient and standardised approach to booking and review theatre lists.

In our call centre, the average call wait time improved to 3 mins and 11 seconds, but the target was not met. There continues to be significant staffing issues which require on-going support. The abandonment rate target was met, reaching 11.7% in December. Digital enablers continue to be targeted to reduce call volumes and further opportunities to digitise the process are being explored.

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

Elective activity was below plan and reduced in month, due to patients being unavailable for surgery over the Christmas period. We diverted staff to outpatients and increased activity, seeing an improving the position for outpatient attendances and injection activity, in month.

Our compliance with responding within 25 days has improved again to 57.8% and work continues to return to a compliant position by the end of March 2026. Basic Mandatory IG training remains below the required standard at 88.8% and staff sickness rates remain above Trust target at 5.1%. Our sickness absence policy has been reviewed and managers are being supported, with a focus on early intervention

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 - December 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.

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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			98.4%	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)?

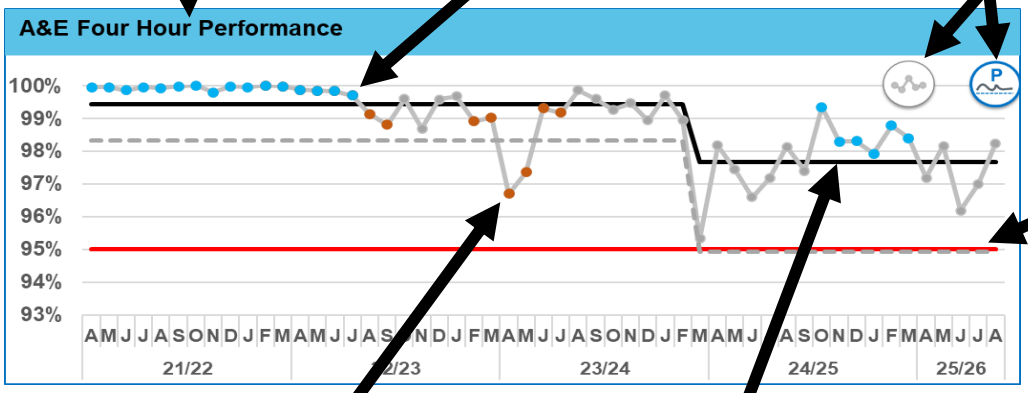
Guide to SPC Charts

Name of Metric / KPI

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

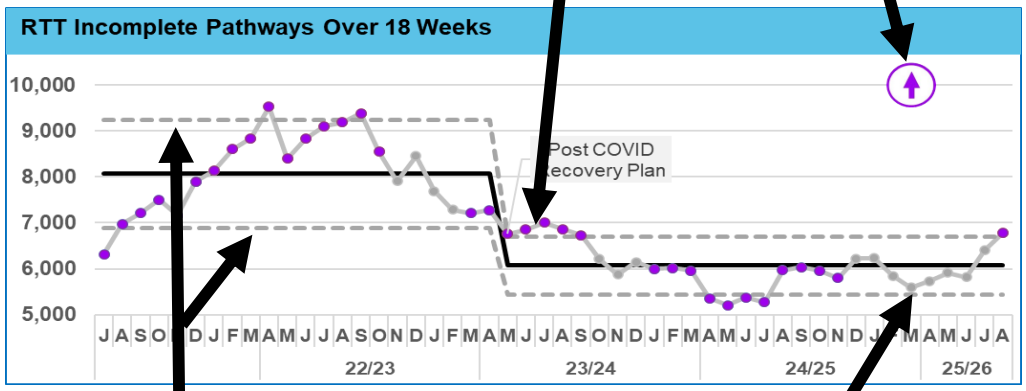
Metric Summary Icon showing variation, and then if applicable, assurance. See previous page for details

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 & Rolling Annual)
- 52 Week RTT Incomplete Breaches
- Theatre Utilisation (MEH Definition)
- Average Call Waiting Time
- Cataract Cases Per Four Hour Theatre List
- DNA Rate (First & Follow Up Outpatients)
- Freedom of Information Requests Responded to Within 20 Days
- Basic Mandatory IG Training
- Activity vs. Phased Plan (Elective, and First & Follow Up Outpatient)



Other Metrics showing "Special Cause Concern"

- Number of non-medical cancelled operations not treated within 28 days
- Outpatient Scores from Friends and Family Test - % Response Rate
- A&E Scores from Friends and Family Test - % Response Rate & % Negative
- Recruitment Time To Hire (Days)
- Total patient recruitment to NIHR portfolio adopted studies
- Total patient recruitment to All Research Studies (Moorfields Sites only)
- Proportion of patients participating in research



Celebrations

- In total, 24 Metrics are showing as a capable process, with 20 showing either an improving or stable performance, this includes:
  - Infection Control Metrics
  - % 52 Week RTT Incomplete Breaches
  - A&E Performance
  - 62 Day Cancer Performance
  - Posterior Capsular Rupture rates
  - All FFT Performance Targets
- Nine metrics are also showing an improving position including Theatre Utilisation, Follow DNA Rates, and proportion of Temporary Staffing



Other Areas To Note

- RTT 18 Week Performance has improved over the last five months from 80.5% to 84.5%.
- Year-to-date Cancer FDS Performance remain above target
- Activity vs. Plan for all areas is below plan for December, with only injections above plan for the year to date.

Executive Summary

The 18-week RTT incomplete performance improved for the fourth consecutive month (though still within common cause variation), and is now 84.5%. The RTT waiting list is stable at 34,792 pathways, with 13 currently breaching the 52-week standard. There are 2 patients wating over 65 weeks, though this is expected to increase due to accepting a mutual aid request from King's College Hospital.

A&E, Cancer & Diagnostics performance remain in compliant positions with no concerns or risks to this.

Theatre utilisation is showing common cause improvement at 65.9%, but is still below the 85% target. Service deep dives are now starting through our Theatres Oversight Groups to focus on issues are service and operating list level.

The average call wait time improved to 191 seconds, but the target was not met. There continue to be significant staffing issues which require on-going support. The abandonment rate target was met, reaching 11.7% in December. Digital enablers continue to be targeted to reduce call volumes and further opportunities to digitise the process are being explored.

The DNA rate for first outpatient appointments remains high at 13.2% for December. DNA rates are higher in services with high volume asynchronous, diagnostic hub sites and smaller sites.
The acknowledgment of complaints within 3 days was at 88.2% and above the target however, compliance with responding within 25 days continues to be a failing metric at 57.9%.

While still within the bounds of common cause variation, the % negative scores on the Friends and Family Test continues to rise and is at the highest level for over three and a half years. This may be linked with a fall in the response rate.

The sickness absence rate for November 2025 is at 5.13% and remains above the 4% target, with the latest (December 2025) position currently showing an increase to 5.59%. This continues to reflect seasonal pressures and a rise in long term sickness cases.

The Recruitment to Hire metric is now showing as special cause variation at 63 days. While part of this increase reflects the introduction of the Vacancy Control Panel and the additional scrutiny required before adverts go live, we are actively implementing measures to streamline the remainder of the process.

Performance Overview

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

NHS Oversight Framework - Latest Published Scores (Overview)

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

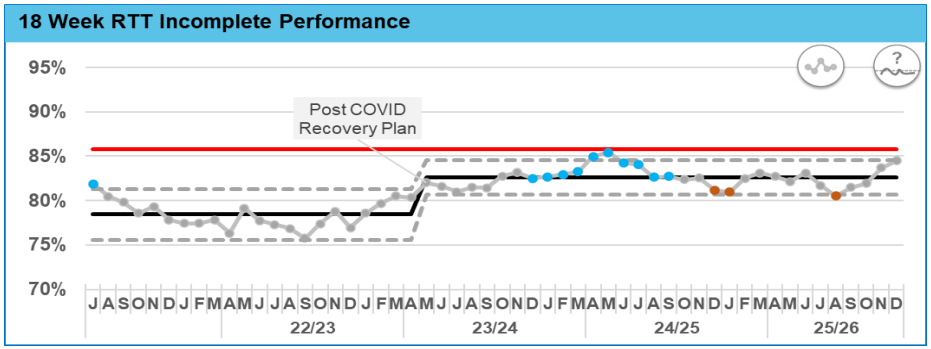
NHS Oversight Framework - Latest Published Scores (Metric Summary)

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

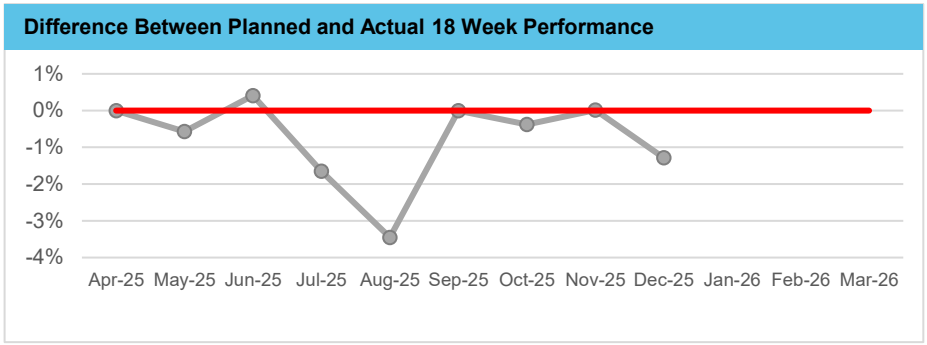
NHS Oversight Framework - Access Domain Summary

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance		?	82.4%	84.5%	≥85.8%	Jon Spencer	NHS Oversight Framework	Monthly
Difference Between Planned and Actual 18 week Performance		?	n/a	-1.28%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
% 52 Week RTT Incomplete Breaches		P	0.07%	0.04%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
Cancer 28 Day Faster Diagnosis Standard		?	84.6%	100.0%	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days	H	P	99.0%	100.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
A&E Four Hour Performance		P	97.3%	96.5%	≥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

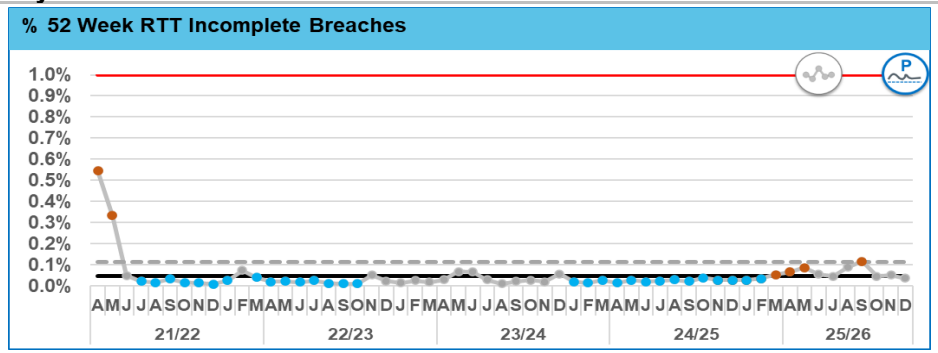
NHS Oversight Framework - Access Domain Graphs



'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 84.5%.

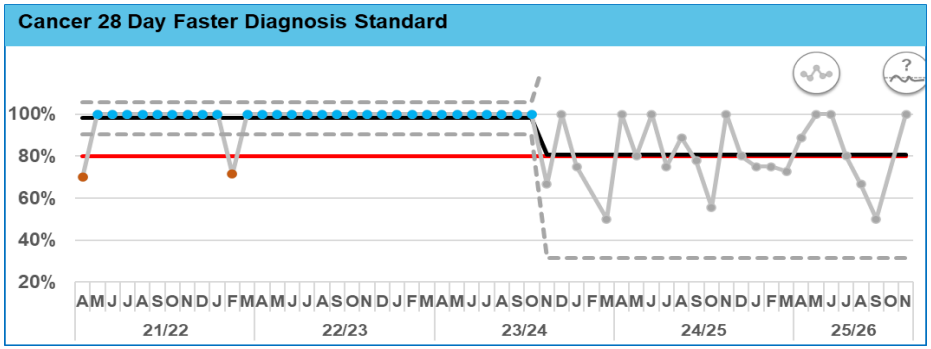


'Difference Between Planned and Actual 18 week Performance' is showing that the current process is not consistently achieving the target. The figure is currently at -1.28%.

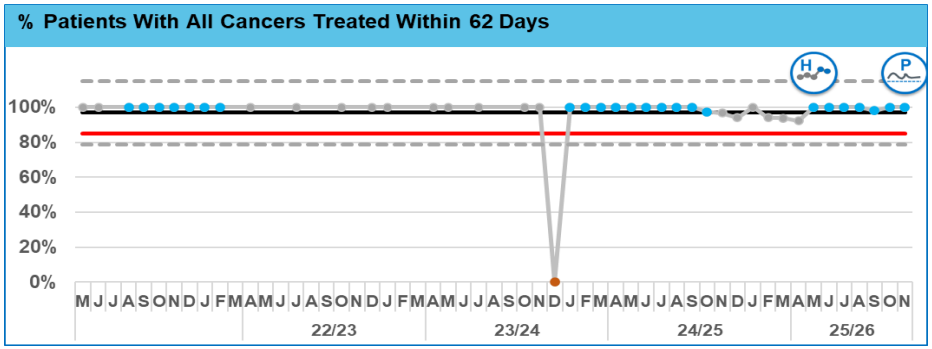


'% 52 Week RTT Incomplete Breaches' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.04%.

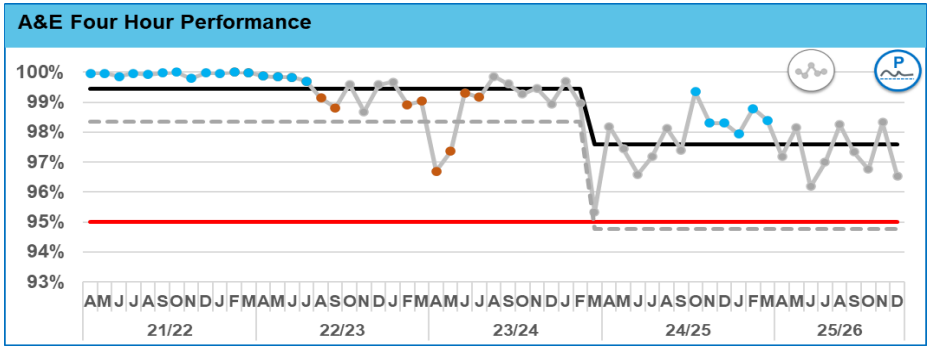
NHS Oversight Framework - Access Domain Graphs



'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 100.0%.



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



'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 96.5%.

No Graph Generated, No cases reported since April 2021

'% A&E Waits Over Twelve Hours' is showing 'common cause variation'. 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	Kathy Adams	NHS Oversight Framework	Monthly
MRSA Bacteraemias Cases		P	0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Clostridium Difficile Cases		P	0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases		P	0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
% Discharged on Discharge Ready Date (DRD)	H		100.0%	100.0%	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date	L		n/a	0.0	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Sickness Absence Rate (Monthly)	H	F	n/a	5.1%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Sickness Absence Rate (Rolling Annual)	H	F	n/a	5.1%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Planned surplus/deficit			-3.5	-1.9	No Target Set	Arthur Vaughan	NHS Oversight Framework	Monthly
Variance year-to-date to financial plan		?	5.48	1.26	≥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

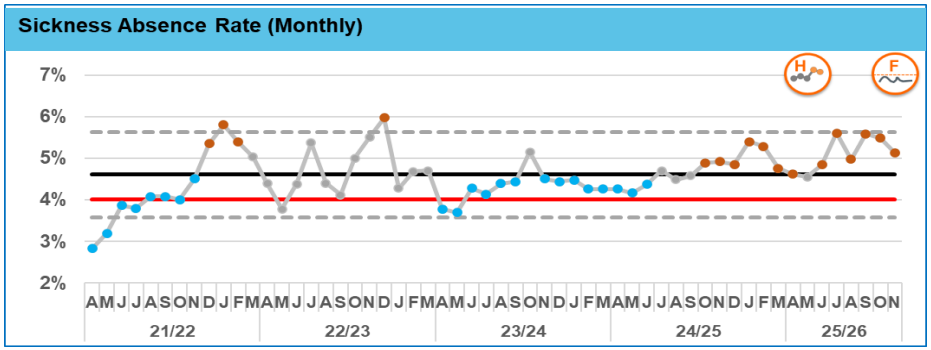
'MRSA Bacteraemias Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0. No graph generated as no cases reported since at least April 17

'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

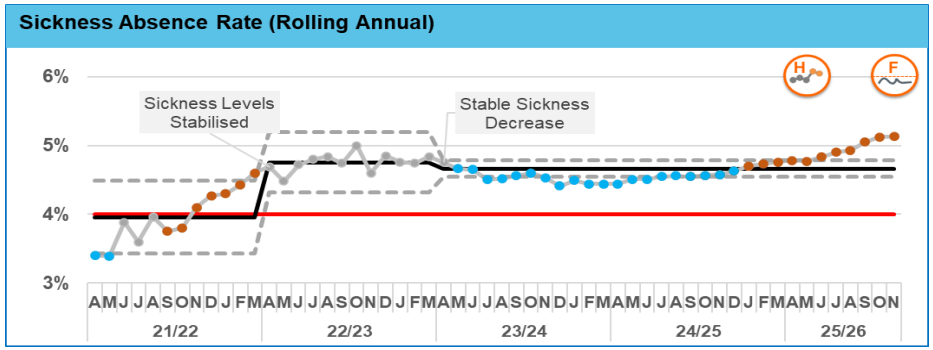
'Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0. No graph generated as no cases

'% 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

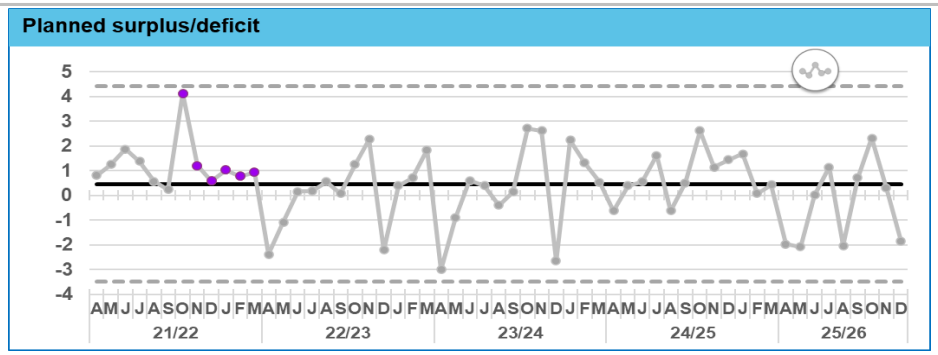
'Average Days Between DRD and Discharge Date' is showing 'special cause improvement' (decreasing rate). The figure is currently at 0. No graph generated as all months since August 2024 at 0 days



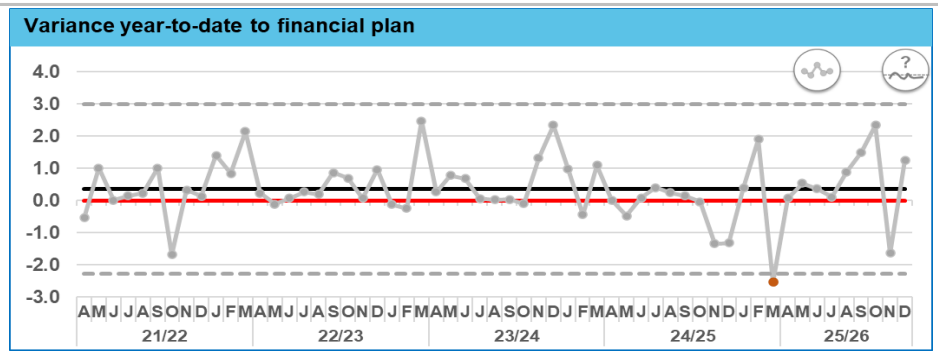
'Sickness Absence Rate (Monthly)' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 5.1%.



'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 -1.90.

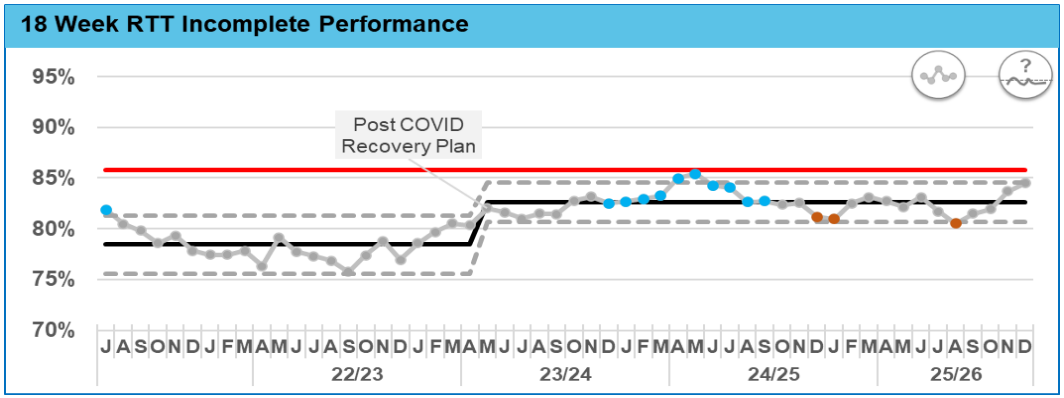


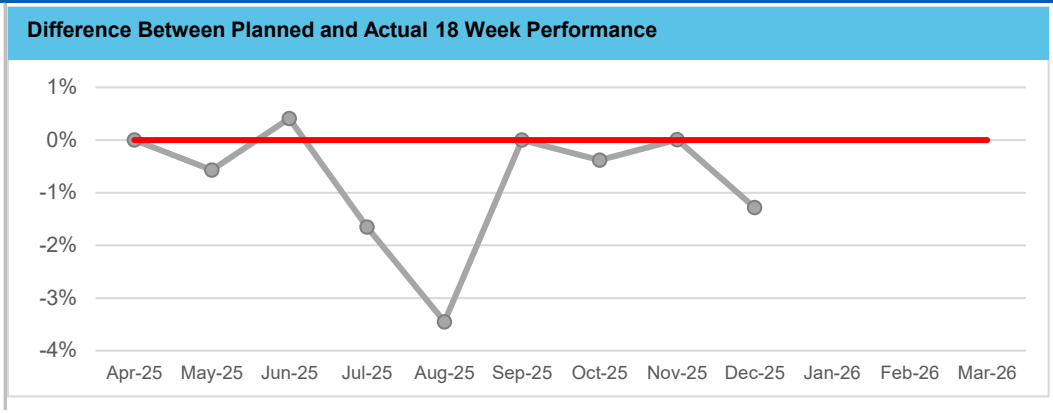
'Variance year-to-date to financial plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 1.26.

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

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
18 Week RTT Incomplete Performance		?	82.4%	84.5%	≥85.8%	Jon Spencer	NHS Oversight Framework	Monthly
Difference Between Planned and Actual 18 week Performance		?	n/a	-1.28%	≥0%	Jon Spencer	NHS Oversight Framework	Monthly
RTT Incomplete Pathways (RTT Waiting List)			n/a	34792	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
Estimated Time To Clear Current RTT Waiting List			n/a	n/a	No Target Set	Jon Spencer	NHS PAF	Monthly
RTT Incomplete Pathways Over 18 Weeks			n/a	5394	≤ Previous Mth.	Jon Spencer	NHS Operational Planning	Monthly
% 52 Week RTT Incomplete Breaches		P	0.07%	0.04%	≤1%	Jon Spencer	NHS Oversight Framework	Monthly
52 Week RTT Incomplete Breaches	H	F	204	13	Zero Breaches	Jon Spencer	NHS Operational Planning	Monthly
% of RTT Patients Waiting For a First Appointment			84.1%	87.8%	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
A&E Four Hour Performance		P	97.3%	96.5%	≥95%	Jon Spencer	NHS Oversight Framework	Monthly
% A&E Waits Over Twelve Hours			0.0%	0.0%	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly

Access to Services (Referral to Treatment) Graphs 1





'18 Week RTT Incomplete Performance' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 84.5%.

'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 -1.28%.

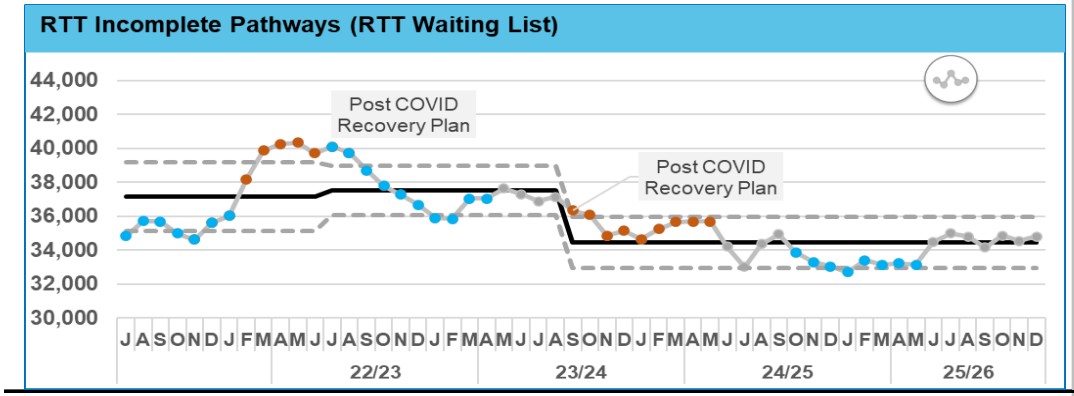
18-week RTT incomplete performance has improved to 84.5% for December. Targeted intervention is supported by non-recurrent funding in paediatrics, adnexal and external services at City Road and cataract, adnexal and external services at St George's.

We continue to monitor our improvement plans and run additional activity in outpatients and theatres to reduce our waiting times. We are now looking for further opportunities in the final three months of this financial year, to improve our performance further.

Divisions have submitted all service developments as part of this year's business planning round. These requests for investment have not yet been approved and have not been included in the financial plan for 26/27. An RTT model has been developed, estimating that these developments could support delivery of the 92% standard by March 2027; however, there is a wide confidence band on this projection with lower and upper limits of 85% and 99% respectively. The implementation of advice and guidance/advice and refer and centralised triage will be key enablers to RTT improvement, but it is harder to model the impact on performance given we are in pilot stage for much of this work.

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

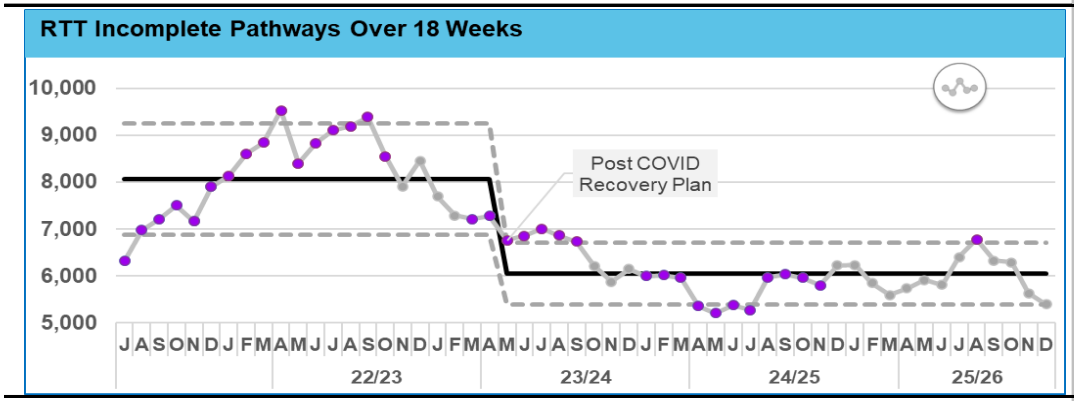
Access to Services (Referral to Treatment) Graphs 2



Metric In Development

'RTT Incomplete Pathways (RTT Waiting List)' is showing 'common cause variation'. The figure is currently at 34,792.

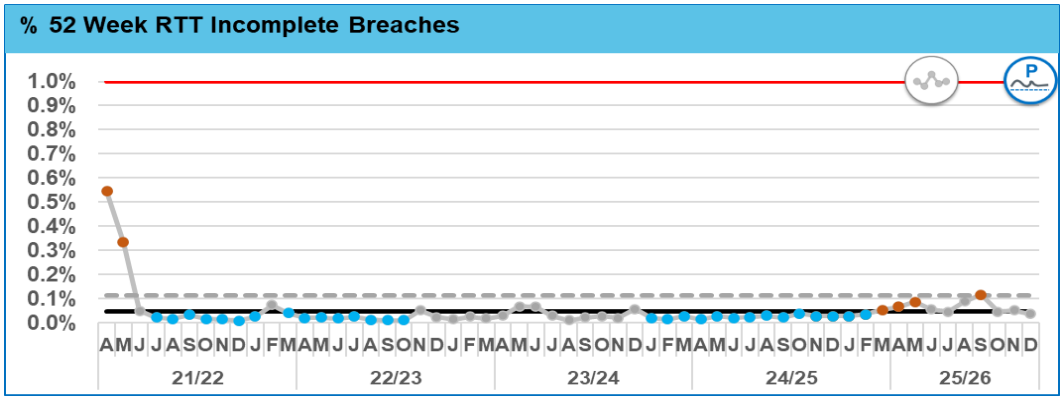
'Estimated Time To Clear Current RTT Waiting List' for this reporting period not available.



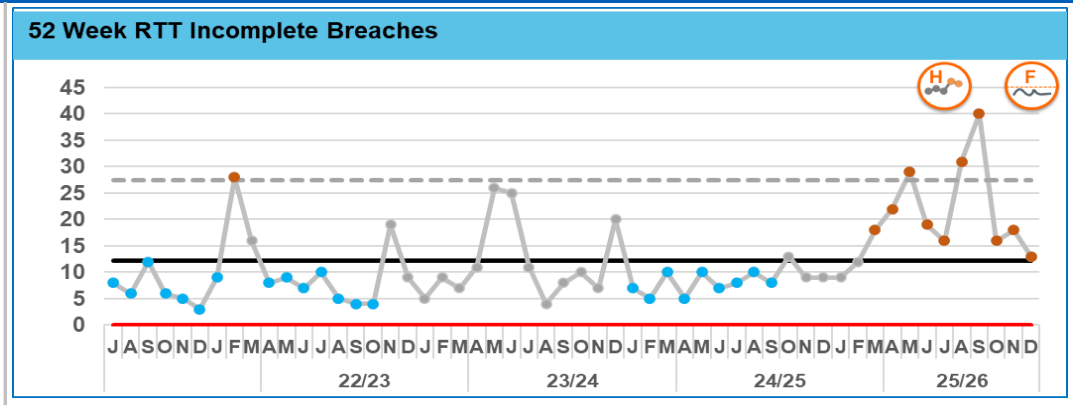
'RTT Incomplete Pathways Over 18 Weeks' is showing 'common cause variation'. The figure is currently at 5,394.

The number of RTT incomplete pathways remains stable at 34,792. 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. The figure is currently at 0.04%.



'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 13.

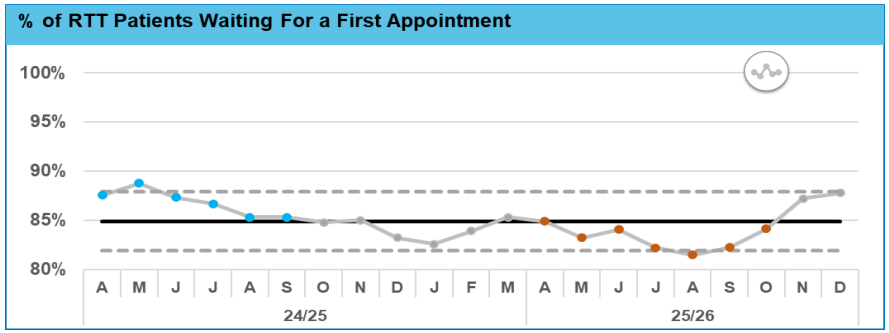
The number of patients over 52 weeks reduced to 13 (0.04%) at the end of December. We continue to monitor all patients over 48 weeks on a weekly basis and forecast the month end position, reviewing and expediting each patient's next event to provide assurance on performance levels.

At the end of December, we had two patients waiting over 65 weeks for treatment. These patients were new to the Patient Tracking List (PTL) in December, one has a date for surgery in January and the other has a first outpatient appointment in January. We will expedite treatment if this patient requires surgery.

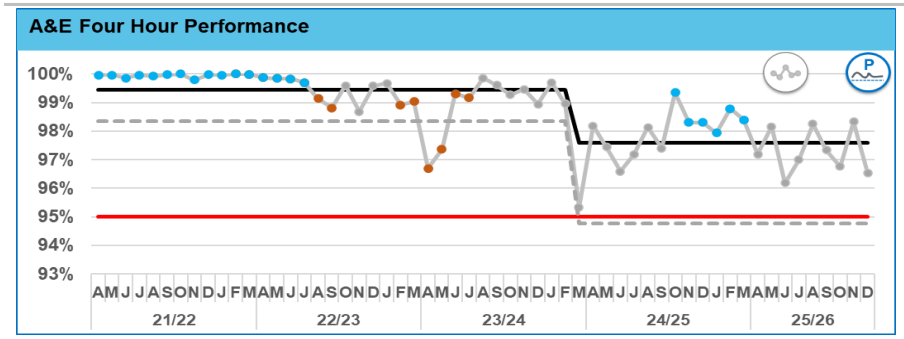
We have accepted a request for mutual aid from King's College Hospital. These patients have all waited over 65 weeks for treatment and so the number of patients in this cohort will increase. We have plans in place to see and treat these patients as quickly as possible.

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

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



'% of RTT Patients Waiting For a First Appointment' is showing 'common cause variation'.. The figure is currently at 87.8%.



'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 96.5%.

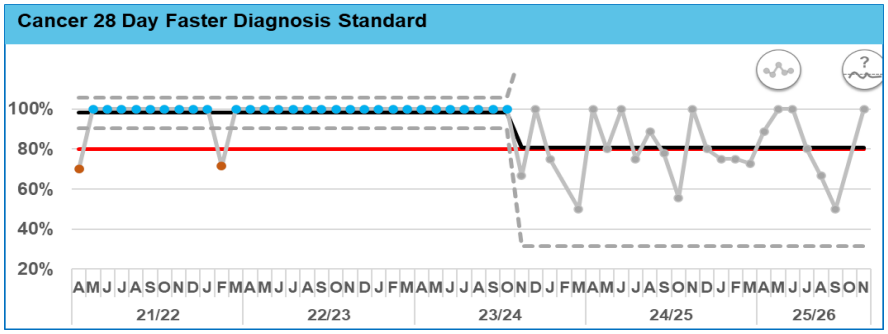
No Graph Generated, No cases reported since April 2021

'% A&E Waits Over Twelve Hours' is showing 'common cause variation'.. The figure is currently at 0.0%.

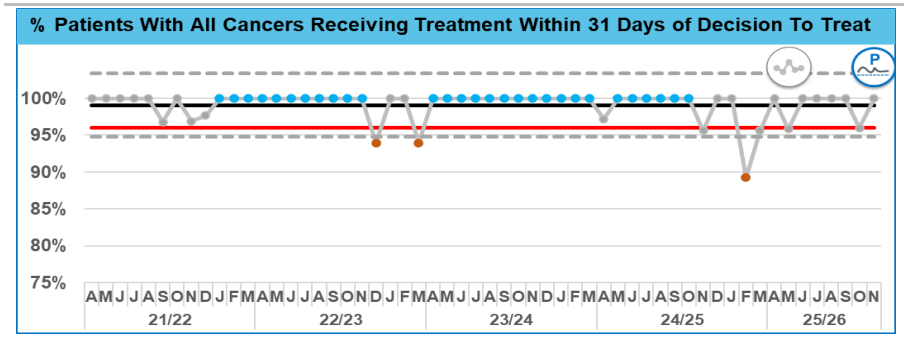
Access to Services (Cancer, Digital, Theatres and Call Centre)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Cancer 28 Day Faster Diagnosis Standard			84.6%	100.0%	≥80%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat			99.0%	100.0%	≥96%	Jon Spencer	Statutory Submission	Monthly (Month in Arrears)
% Patients With All Cancers Treated Within 62 Days			99.0%	100.0%	≥85%	Jon Spencer	NHS Oversight Framework	Monthly (Month in Arrears)
% Appointments Available to View and Manage Via the NHS App			n/a	n/a	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
Theatre Utilisation (Model Hospital)			92.7%	93.8%	No Target Set	Jon Spencer	Insightful Board	Monthly
Theatre Utilisation (MEH Definition)			64.8%	65.9%	≥85%	Jon Spencer	Insightful Board	Monthly
Average Call Waiting Time			n/a	191	≤ 2 Mins (120 Sec)	Jon Spencer	Internal Measure	Monthly
Average Call Abandonment Rate			12.7%	11.7%	≤15%	Jon Spencer	Internal Measure	Monthly

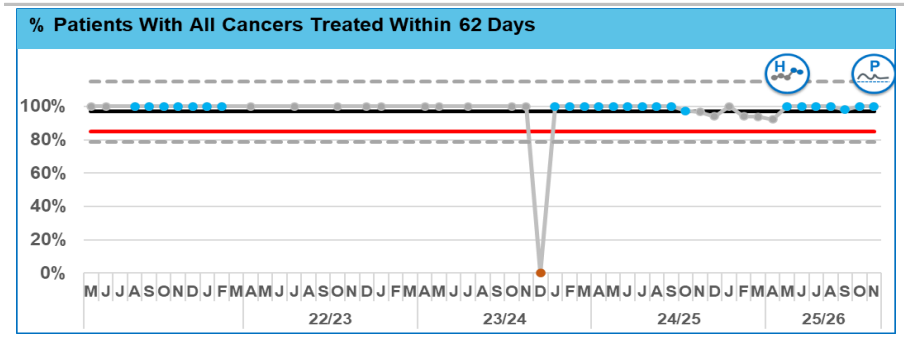
Access to Services (Cancer) Graphs



'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 100.0%.



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

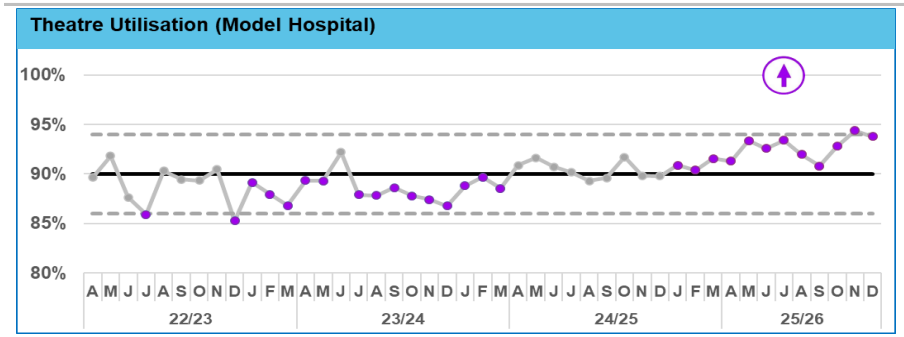


'% Patients With All Cancers Treated Within 62 Days' is showing 'special cause improvement' and that the current process will consistently pass the target.. The figure is currently at 100.0%.

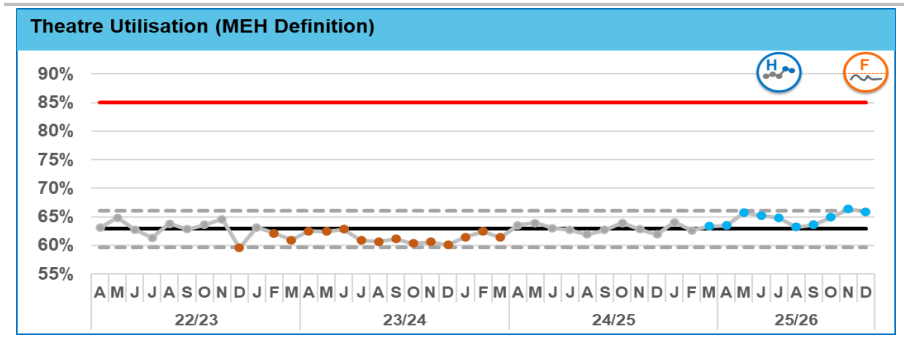
Access to Services (Digital and Theatres) Graphs

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 93.8%.

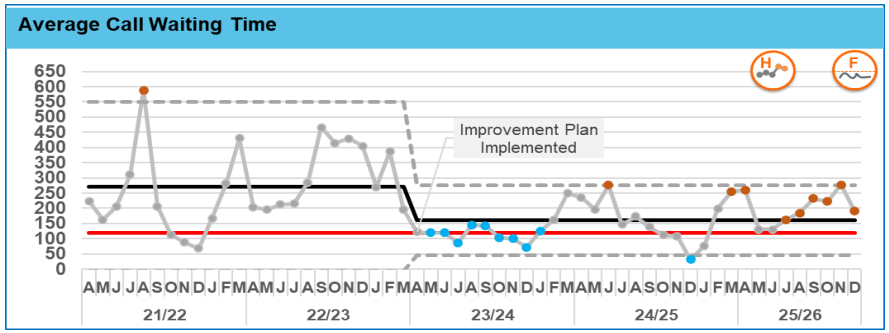


'Theatre Utilisation (MEH Definition)' is showing 'special cause improvement' however the current process is unlikely to achieve the target.. The figure is currently at 65.9%.

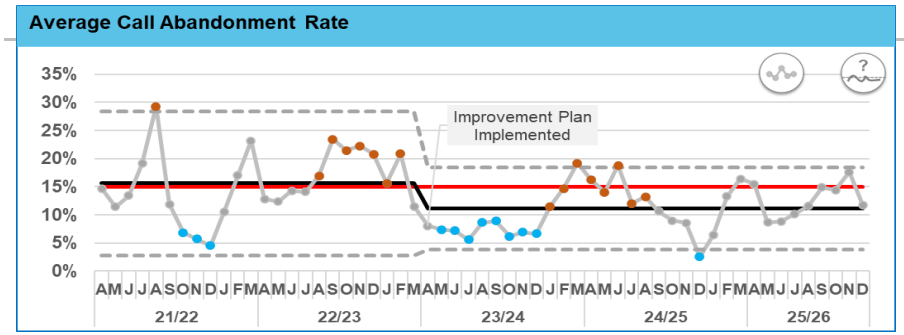
Theatre utilisation is still showing common cause improvement at 65.9%, which is below our internal target. Theatre utilisation is highest in South division (69.3%), showing special cause improvement due to targeted intervention on specific lists to increase cases per session.
Service deep dives are now starting through our Theatres Oversight Groups to focus on issues are service and operating list level. We are preparing to go-live with our new theatre scheduling tool, which will support a more efficient and standardised approach to booking and review theatre lists.

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

Access to Services (Call Centre) Graph



'Average Call Waiting Time' is showing 'special cause concern' and that the current process is unlikely to achieve the target.. The figure is currently at 191.



'Average Call Abandonment Rate' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 11.7%.

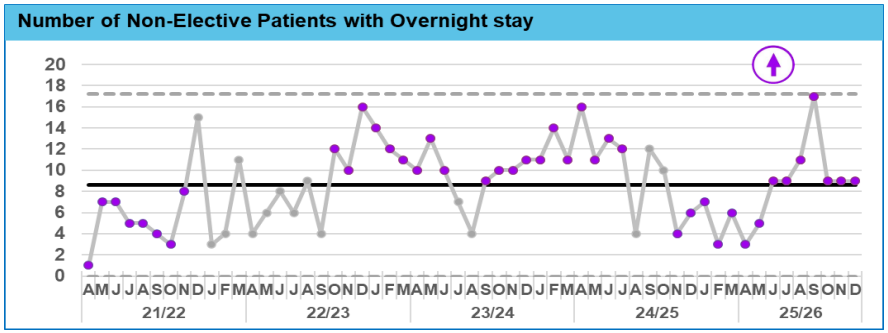
The average call wait time improved to 3 mins and 11 seconds, but the target was not met. There continue to be significant staffing issues which require on-going support. The abandonment rate target was met, reaching 11.7% in December. Digital enablers continue to be targeted to reduce call volumes and further opportunities to digitise the process are being explored.

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

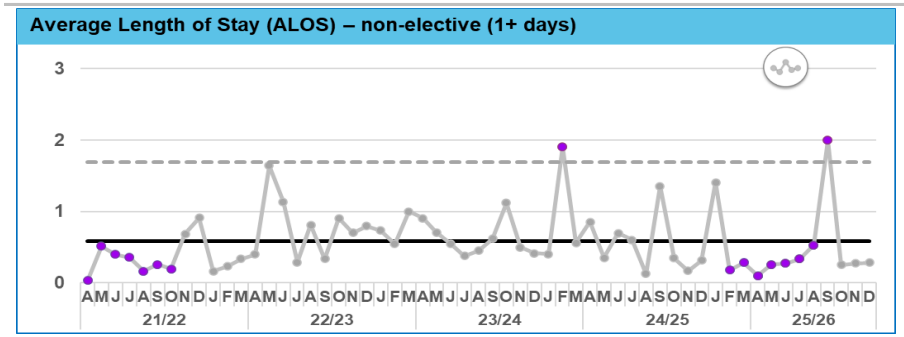
Effectiveness and Experience of Care (Admissions)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Number of Non-Elective Patients with Overnight stay			81	9	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			n/a	n/a	No Target Set	Jon Spencer	Insightful Board	Monthly
Cataract Cases Per Four Hour Theatre List			5.7	5.8	≥ 8 Per 4hr List	Jon Spencer	GIRFT Guidance	Monthly
Theatre Cancellation Rate (Non-Medical Cancellations)			1.25%	0.79%	≤0.8%	Jon Spencer	Statutory Submission	Monthly
Number of non-medical cancelled operations not treated within 28 days			26	10	Zero Breaches	Jon Spencer	Statutory Submission	Monthly

Effectiveness and Experience of Care (Admissions) Graphs 1



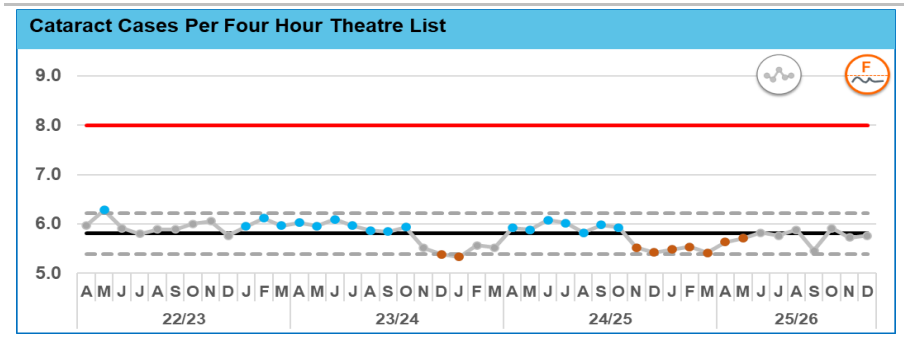
'Number of Non-Elective Patients with Overnight stay' is showing an 'special cause variation' (increasing rate).. The figure is currently at 9.



'Average Length of Stay (ALOS) – non-elective (1+ days)' is showing 'common cause variation'.. The figure is currently at 0.

Metric In Development

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

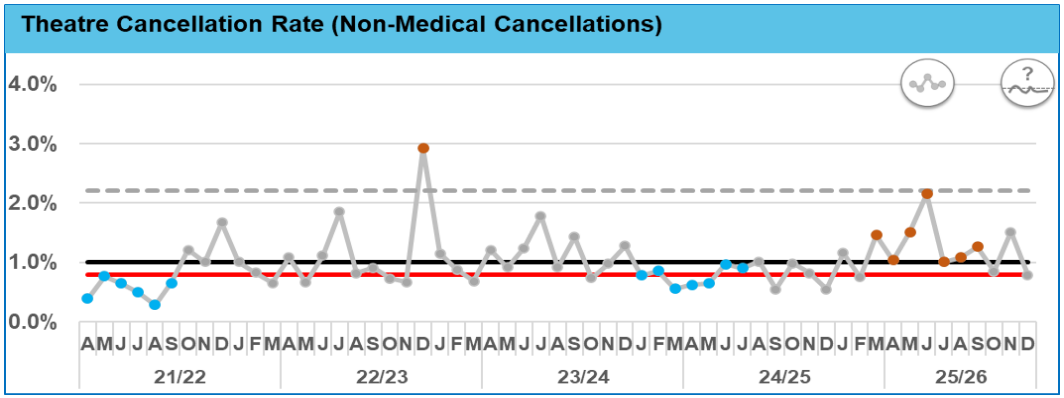


'Cataract Cases Per Four Hour Theatre List' is showing 'common cause variation' with the current process unlikely to achieve the target.. The figure is currently at 5.80.

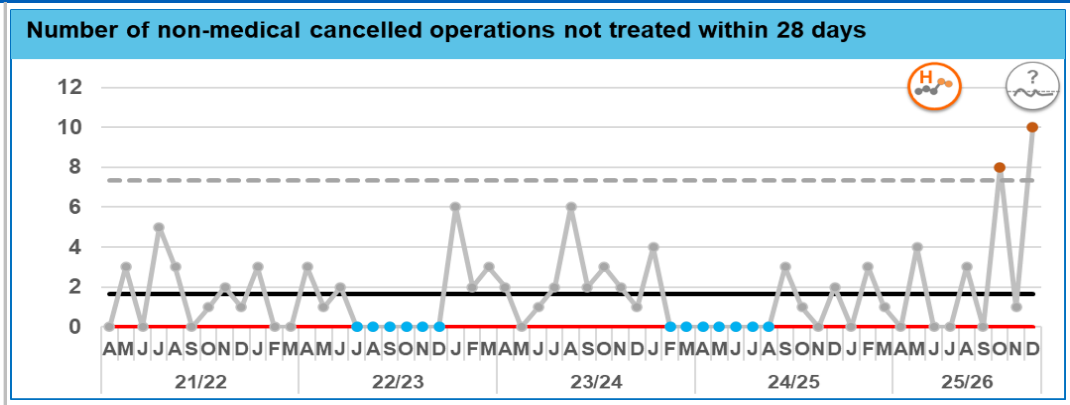
All divisions are reporting an increasing number of consultant-delivered lists being booked to 8 cases and the average for the trust increased to 5.8 in for December. There are still some lists which must be corrected in our Galaxy theatre system to ensure cataract lists are accurately labelled; additional support is now being put in place to complete this. A standard operating procedure for booking theatre lists in the cataract service is being written to support operational teams in scheduling patients.

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

Effectiveness and Experience of Care (Admissions) Graphs 2



'Theatre Cancellation Rate (Non-Medical Cancellations)' is showing 'common cause variation' and that the current process is not consistently achieving the target. - This is a change from the previous month The figure is currently at 0.79%.



'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 10.

Non-medical cancellations

The non-medical cancellation rate increased to 0.79% which is was driven by improvement in South Division due to an improvement in consistency of anaesthetic provision.

Non-medical cancellations rebooked within 28 days

There were ten on the day cancellations not rebooked within 28 days, 8 of which were at City Road. There was an administrative process issue involving the VR service, leading to patients not being rebooked in a timely manner. This has now been corrected. There was also an issue with lens availability and consultant absence causing the remaining breaches. A further review is being undertaken by divisional management teams to prevent re-occurrence, and learning will be shared with operational managers. The important of this performance metric will be communicated again to admissions teams.

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

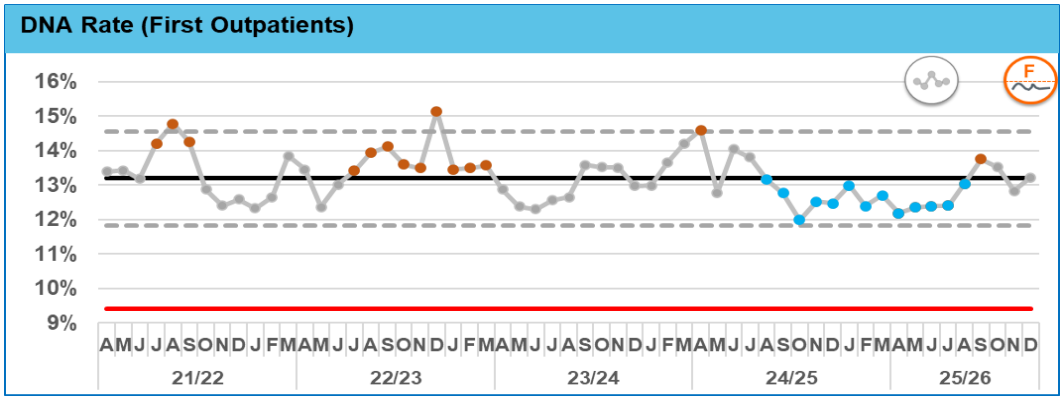
Effectiveness and Experience of Care (Outpatients)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
% Outpatient attendances that were performed remotely			n/a	n/a	No Target Set	Jon Spencer	Model Hospital	Monthly
% PIFU of Total Outpatient Attendances			n/a	n/a	No Target Set	Jon Spencer	NHS Operational Planning	Monthly
DNA Rate (First Outpatients)			12.9%	13.2%	≤9.4%	Jon Spencer	Model Hospital	Monthly
DNA Rate (Follow Up Outpatients)			9.6%	9.9%	≤8.1%	Jon Spencer	Model Hospital	Monthly
Outpatient Cancellation Rate (Hospital cancellations)			5.61%	3.93%	No Target Set	Jon Spencer	Internal Measure	Monthly
Outpatient Rebooking Rate (Hospital cancellations)			6.2%	6.3%	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments			n/a	102	No Target Set	Jon Spencer	Internal Measure	Monthly
Median Outpatient Journey Times - Diagnostic Face to Face Appointments			n/a	32	No Target Set	Jon Spencer	Internal Measure	Monthly

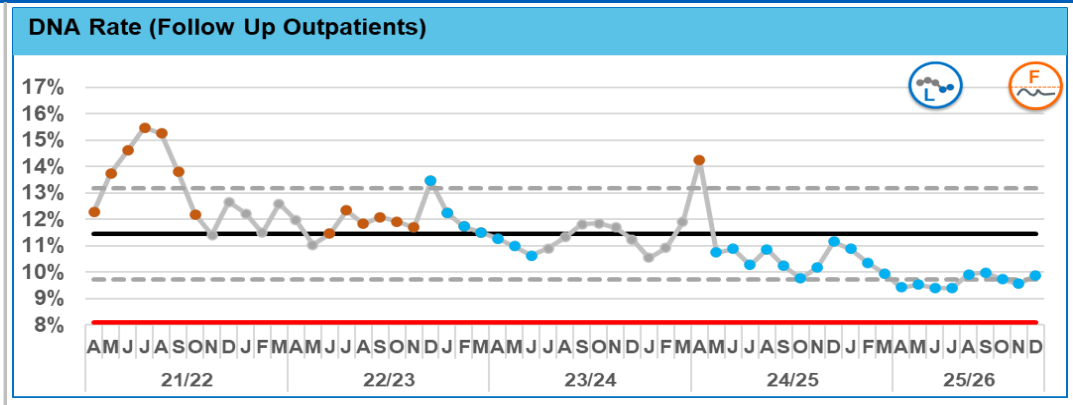
Effectiveness and Experience of Care (Outpatients) Graphs 1

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. The figure is currently at 13.2%.



'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 9.9%.

First outpatient DNA rate

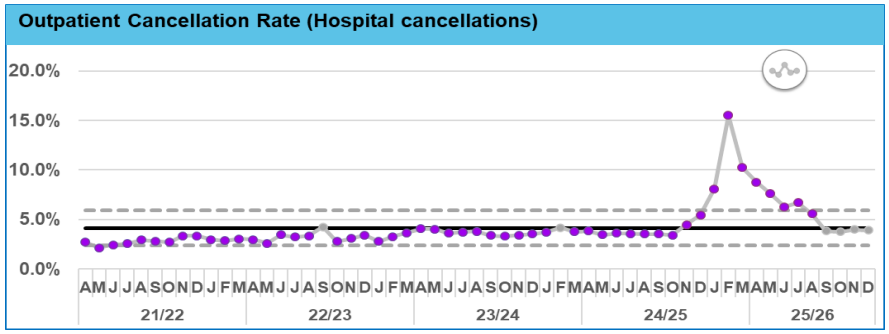
The DNA rate for first outpatient appointments remains high at 13.2% for December. DNA rates are higher in services with high volume asynchronous, diagnostic hub sites and smaller sites. Divisions are also reporting short notice cancellations and DNAs associated with seasonal illness. Current actions to reduce DNA rates include: manual reminder calls, to be replaced by AI reminder calls (in pilot phase); improving patient letter content to improve communication and reviewing booking windows to ensure appropriate notice to patients. Further analysis of the DNA rates, linked to patient demographics, booking windows and route of referral is being undertaken.

Follow-up outpatient DNA rate

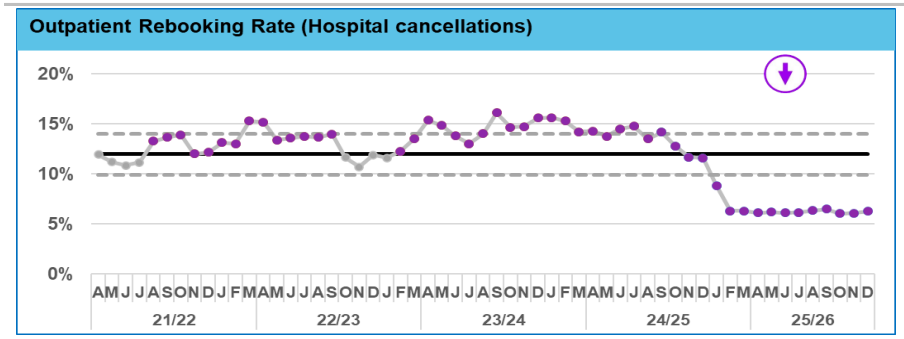
The DNA rate for follow-up outpatient appointments is showing improvement and is stable at 9.9%. The improvement in trend was following the implementation of the follow-up outpatient waiting list. The figure remains above the target of 8.1% and divisions are focusing on outlier sites and services, in addition to the trust wide actions as explained for the first DNA rate.

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

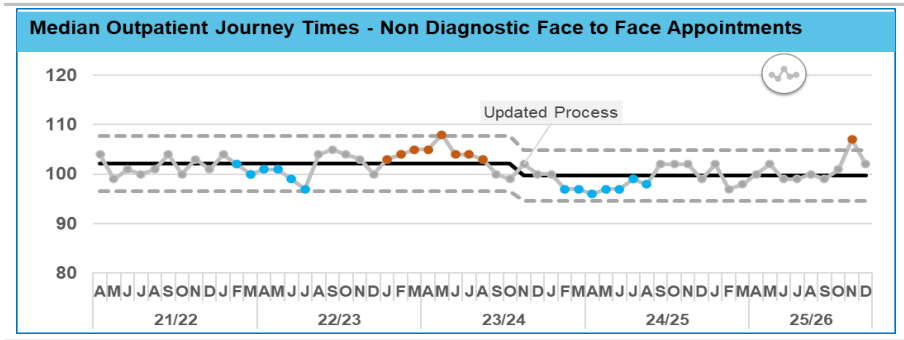
Effectiveness and Experience of Care (Outpatients) Graphs 3



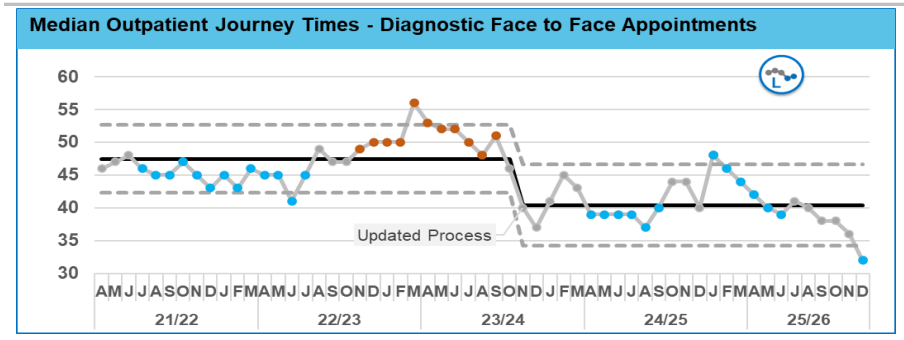
'Outpatient Cancellation Rate (Hospital cancellations)' is showing 'common cause variation'.. The figure is currently at 3.93%.



'Outpatient Rebooking Rate (Hospital cancellations)' is showing an 'special cause variation' (decreasing rate).. The figure is currently at 6.3%.



'Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments' is showing 'common cause variation'. - This is a change from the previous month. The figure is currently at 102.



'Median Outpatient Journey Times - Diagnostic Face to Face Appointments' is showing 'special cause improvement' (decreasing rate). - This is a change from the previous month. The figure is currently at 32.

Effectiveness and Experience of Care (Quality & Safety)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Summary Hospital Mortality Indicator		P	0	0	Zero Cases	Kathy Adams	NHS Oversight Framework	Monthly
Mixed Sex Accommodation Breaches		P	0	0	Zero Breaches	Kathy Adams	Statutory Submission	Monthly
% Discharged on Discharge Ready Date (DRD)	H		100.0%	100.0%	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Average Days Between DRD and Discharge Date	L		n/a	0.0	No Target Set	Kathy Adams	NHS Oversight Framework	Monthly
Duty of Candour (% conversations informing family/carer occurred within 10 working days)		?	70.4%	50.0%	No Breaches	Kathy Adams	Statutory Submission	Monthly
% Emergency re-admissions within 30 days following an elective or emergency spell			n/a	n/a	No Target Set	Louisa Wickham	NHS Oversight Framework	Monthly
Unexpected Moorfields Admission Following Surgery			n/a	n/a	No Target Set	Louisa Wickham	Internal Measure	Monthly

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

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

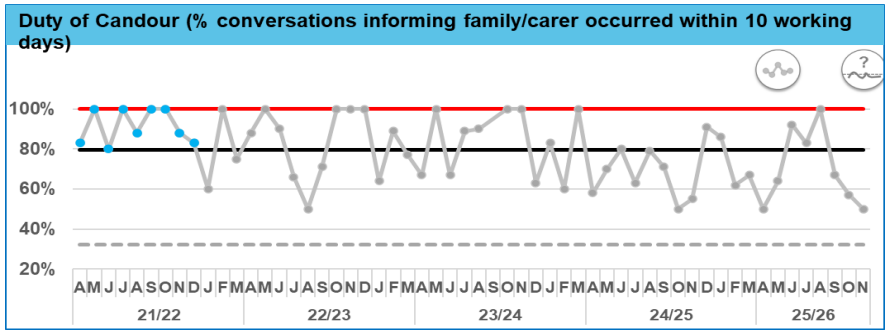
'Mixed Sex Accommodation Breaches' is showing 'common cause variation' and that the current process will consistently pass the target.. The figure is currently at 0.

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 50.0%.

Focused work with divisions continues to ensure the process is robustly followed. We aim to increase performance working with the new Deputy Medical Director for Quality and Safety. A priority of the Patient Safety Incident Response Plan (PSIRP) working group is to improve the engagement, guidance and processes with the aim of creating a collaborative, consistent and timely outcome.

Review Date: Feb 2026 ***Action Lead:*** Kylie Smith

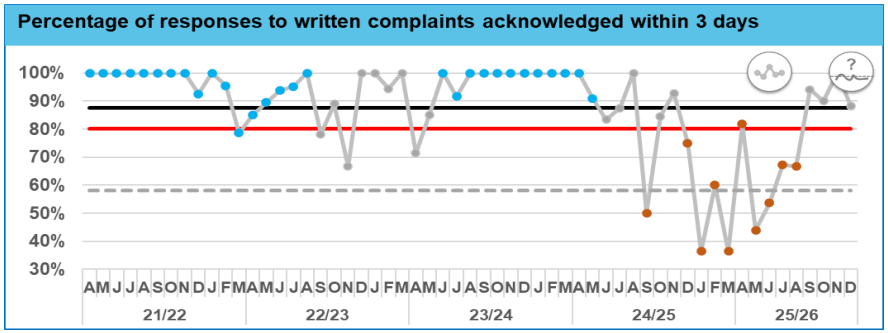
Effectiveness and Experience of Care (Quality and Safety) Graphs 2

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)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Percentage of responses to written complaints acknowledged within 3 days		?	72.8%	88.2%	≥80%	Ian Tombleson	Statutory Submission	Monthly
Percentage of responses to written complaints responded within 25 days	L	F	30.9%	57.9%	≥80%	Ian Tombleson	Internal Measure	Monthly (Month in Arrears)
Freedom of Information Requests Responded to Within 20 Days		F	84.0%	72.2%	≥90%	Ian Tombleson	Statutory Submission	Monthly (Month in Arrears)
Basic Mandatory IG Training	L	F	n/a	88.8%	≥90%	Ian Tombleson	Internal Measure	Monthly

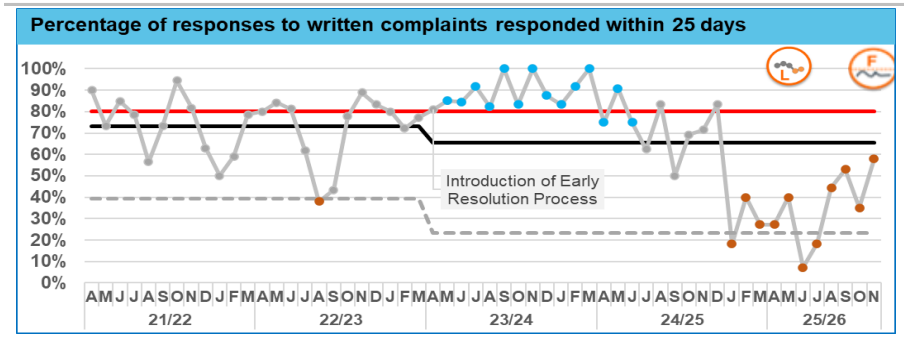
Effectiveness and Experience of Care (Patient Experience) Graphs 3



'Percentage of responses to written complaints acknowledged within 3 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 88.2%.

Complaints acknowledgement has achieved above target for four months and is expected to maintain this performance

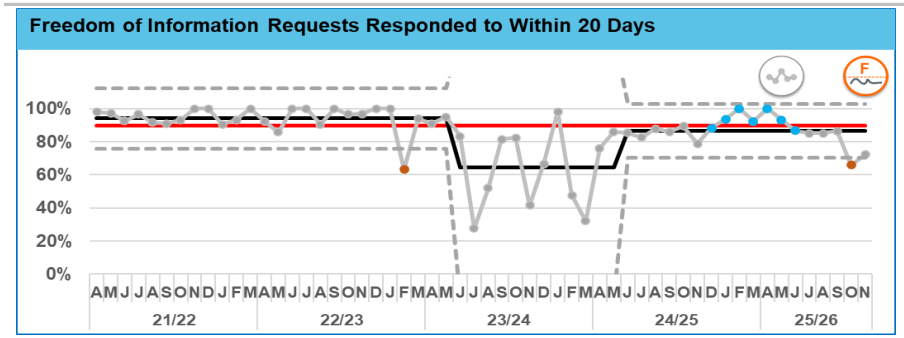
Review Date: Feb 2026 ***Action Lead:*** Robin Tall



'Percentage of responses to written complaints responded within 25 days' for this reporting period not available. The figure is currently at 57.9%.

Complaints performance continues to improve against the six month recovery plan (1 October 2025 to 31 March 2026). The most recent performance (November) is 57.9%, the best for 2025, on an improving trajectory. In parallel the number of older complaints is also reducing signficantly against the recovery plan.

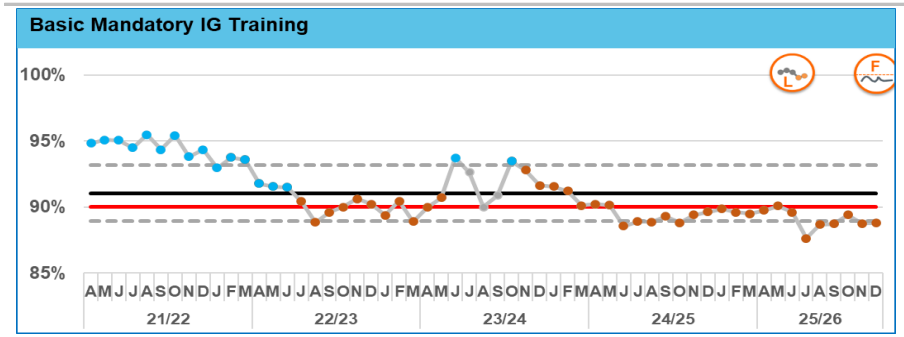
Review Date: Feb 2026 ***Action Lead:*** Robin Tall



'Freedom of Information Requests Responded to Within 20 Days' is showing 'common cause variation' with the current process unlikely to achieve the target. This is a change from the previous month. The figure is currently at 72.2%.

Management has reviewed the FOI response process. Leads are being appointed in key areas: IT, HR and finance to ensure accurate amd timely handling of FOI requests. An escalation process to Directors is in place. Resource issues in the IG team are being addressed to ensure dedicated support for the FOI process. A 'sharing best practice' workshop is taking place to transfer strong practice across other areas. IGC will continue to monitor FOI performance.

Review Date: Feb 2026 ***Action Lead:*** Jonathan Mckee



'Basic Mandatory IG Training' is showing 'special cause concern' and that the current process is unlikely to achieve the target.. The figure is currently at 88.8%.

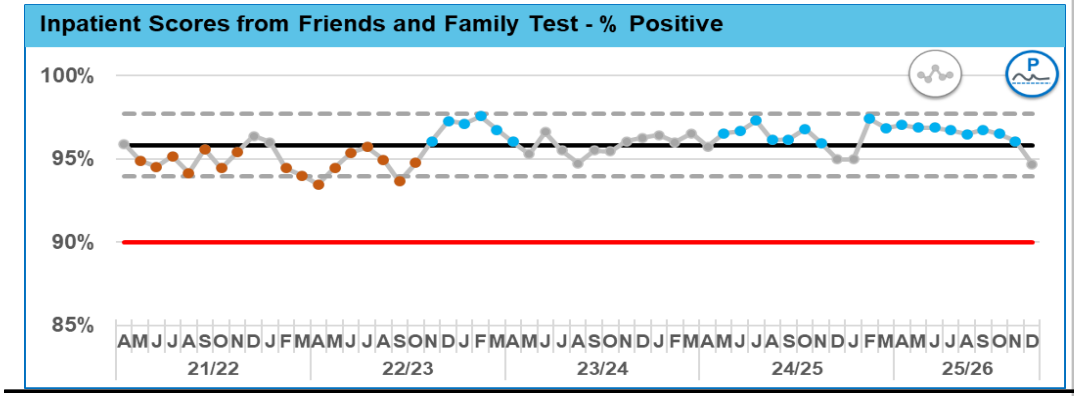
Basic training performance remains just below target of 90%. The IG team will continue to use all mechanisms available to improve this performance including using Senior Management Team (SMT), management cascade, direct approach to teams and individuals, communication tools such as the EyeQ for managers, lock screens and maintaining a high profile of the importance. IGC will continue to monitor performance.

Review Date: Feb 2026 ***Action Lead:*** Jonathan Mckee

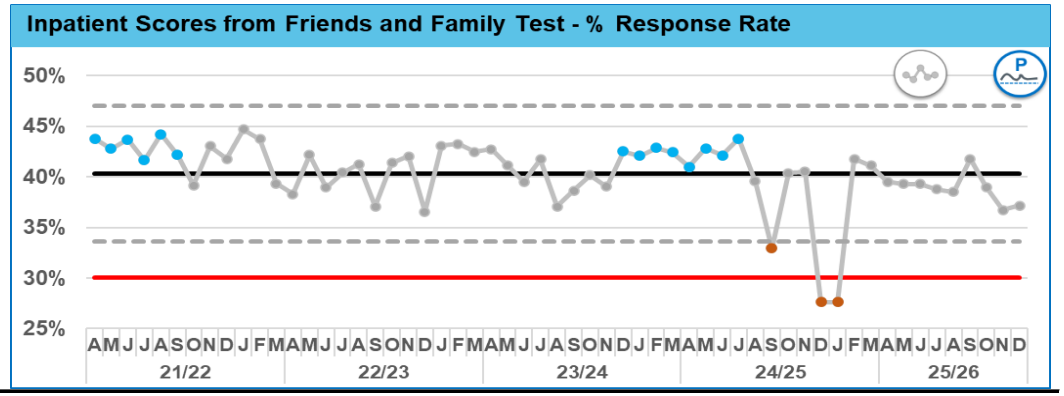
Effectiveness and Experience of Care (Friends and Family Test)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Inpatient Scores from Friends and Family Test - % Positive		P	96.5%	94.7%	≥90%	Ian Tombleson	Statutory Submission	Monthly
Inpatient Scores from Friends and Family Test - % Response Rate		P	39.0%	37.2%	≥30%	Ian Tombleson	Statutory Submission	Monthly
Inpatient Scores from Friends and Family Test - % Negative		P	1.2%	2.1%	≤5%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Positive		P	95.0%	93.5%	≥90%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Response Rate	L	P	33.2%	30.9%	≥15%	Ian Tombleson	Statutory Submission	Monthly
Outpatient Scores from Friends and Family Test - % Negative		P	1.9%	2.5%	≤5%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Positive		P	92.4%	91.4%	≥90%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Response Rate	L	P	33.1%	29.1%	≥20%	Ian Tombleson	Statutory Submission	Monthly
A&E Scores from Friends and Family Test - % Negative	H	P	4.0%	4.5%	≤5%	Ian Tombleson	Statutory Submission	Monthly

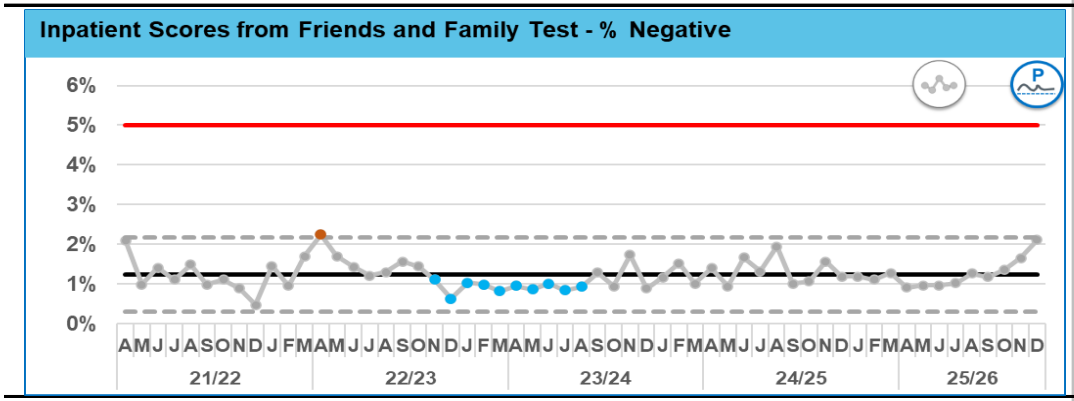
Effectiveness and Experience of Care (Friends and Family Test) Graphs 1



'Inpatient Scores from Friends and Family Test - % Positive' is showing 'common cause variation' and that the current process will consistently pass the target. - This is a change from the previous month The figure is currently at 94.7%.

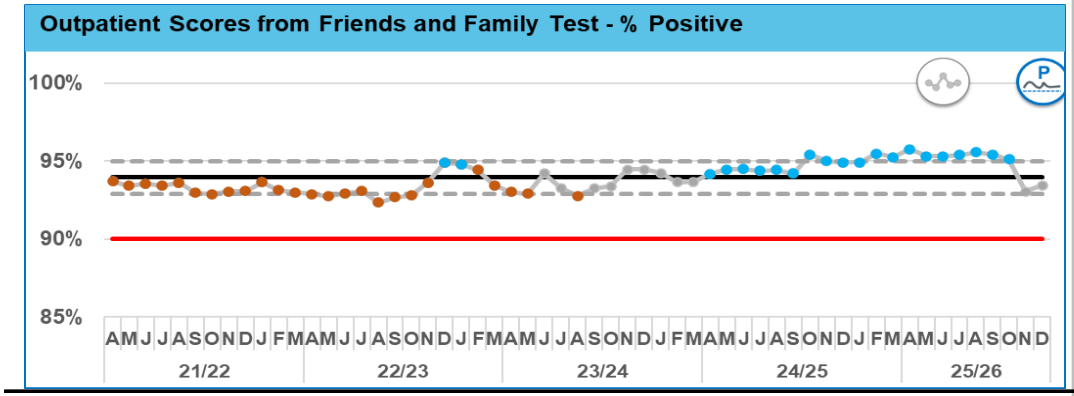


'Inpatient Scores from Friends and Family Test - % Response Rate' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 37.2%.

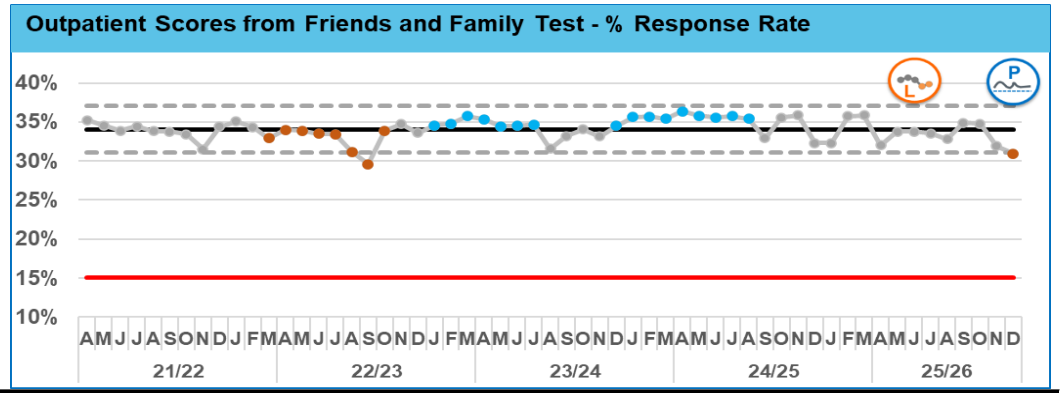


'Inpatient Scores from Friends and Family Test - % Negative' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 2.1%.

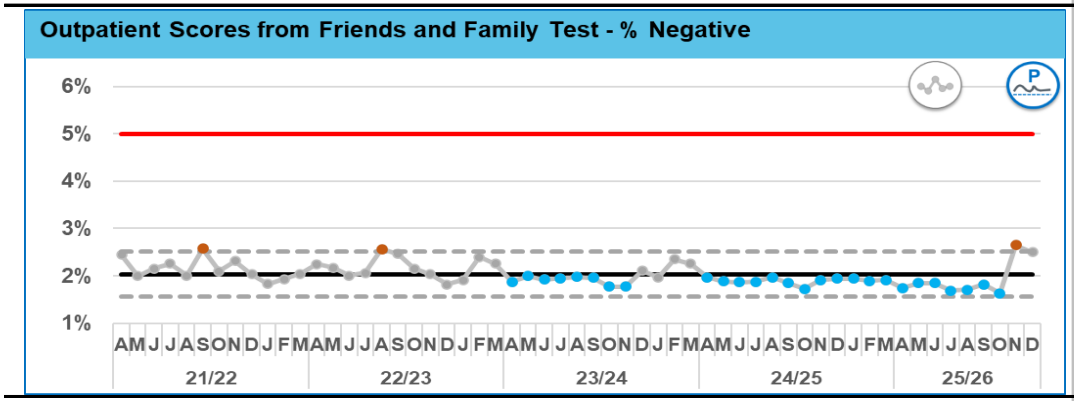
Effectiveness and Experience of Care (Friends and Family Test) Graphs 2



'Outpatient 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 93.5%.



'Outpatient Scores from Friends and Family Test - % Response Rate' is showing 'special cause concern' however the current process will consistently pass the target. - This is a change from the previous month The figure is currently at 30.9%.

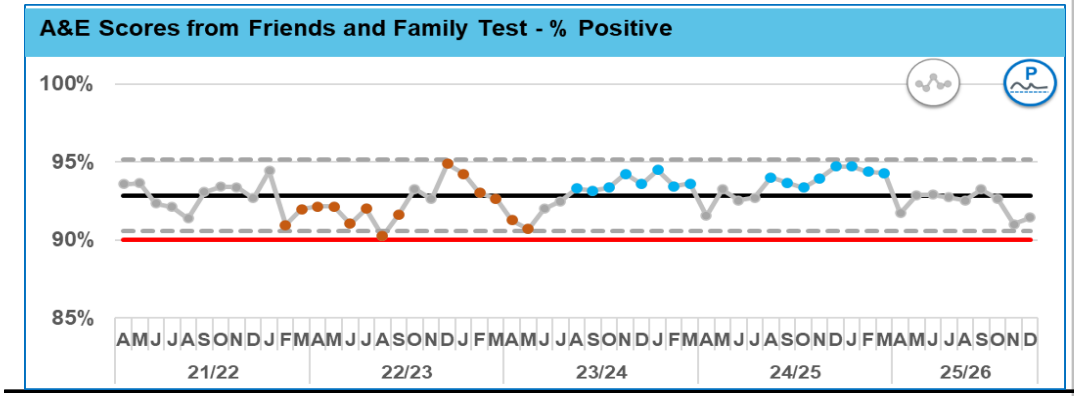


'Outpatient Scores from Friends and Family Test - % Negative' is showing 'common cause variation' and that the current process will consistently pass the target. - This is a change from the previous month The figure is currently at 2.5%.

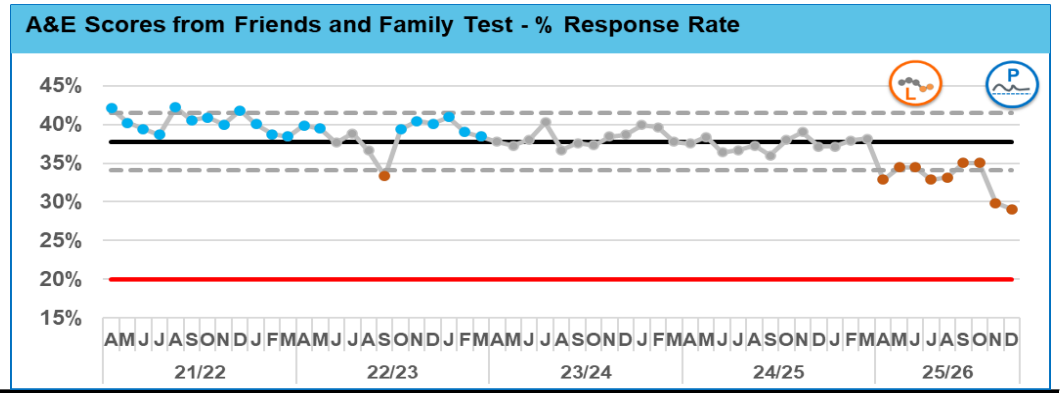
All figures are considered provisional. The numerator and denominator are being check through P&I and IT (our internal service provider). Any alteration is expected to be positive

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

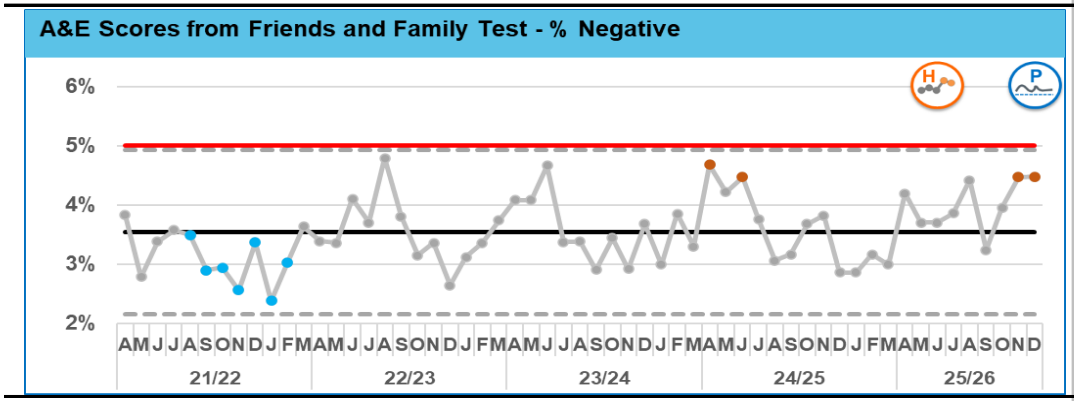
Effectiveness and Experience of Care (Friends and Family Test) Graphs 3



'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 91.4%.



'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 29.1%.



'A&E Scores from Friends and Family Test - % Negative' is showing 'special cause concern' however the current process will consistently pass the target. - This is a change from the previous month The figure is currently at 4.5%.

All figures are considered provisional. The numerator and denominator are being check through P&I and IT (our internal service provider). Any alteration is expected to be positive

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

Patient Safety (Infection Control)

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

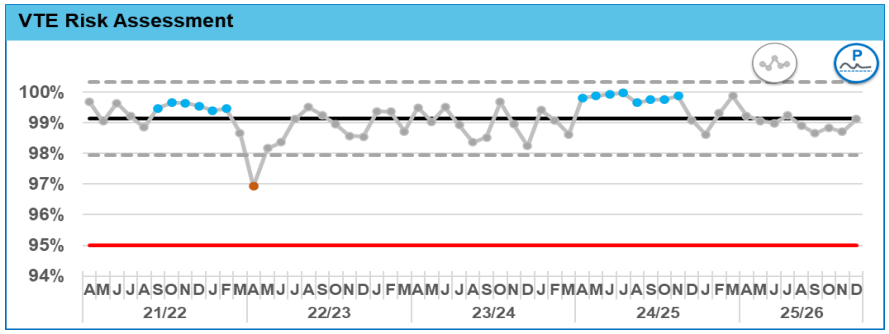
Patient Safety (Infection Control) Graphs 1

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.**

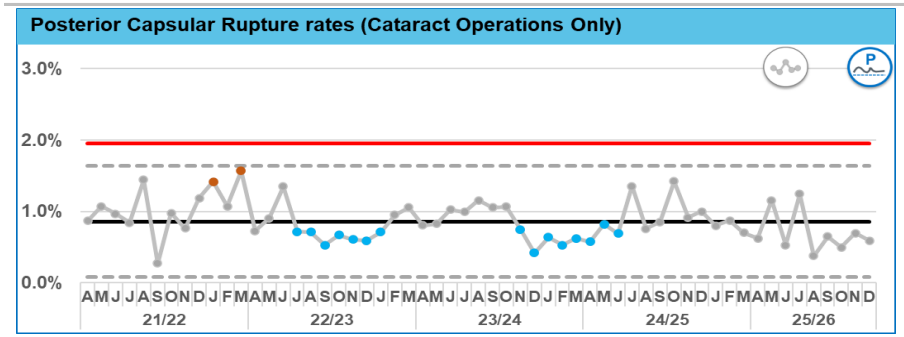
Patient Safety (Clinical, Staffing and Incident Reporting)

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
VTE Risk Assessment		P	99.0%	99.1%	≥95%	Kathy Adams	Statutory Submission	Monthly
Posterior Capsular Rupture rates (Cataract Operations Only)		P	0.72%	0.59%	≤1.95%	Louisa Wickham	Internal Measure	Monthly
Safer Staffing - Inpatient (Overnight) Ward Fill Rate			n/a	n/a	No Target Set	Kathy Adams	Statutory Submission	Monthly
Occurrence of any Never events		?	1	0	Zero Events	Kathy Adams	Statutory Submission	Monthly
Frequency of any Never events (Days)			n/a	n/a	No Target Set	Kathy Adams	Internal Measure	Monthly
National Patient Safety Alerts (NatPSAs) breached	L	P	n/a	0	Zero Alerts	Kathy Adams	Statutory Submission	Monthly
Patient Safety Incidents Investigation (PSII) Open Over Six Months			n/a	n/a	No Target Set	Kathy Adams	Statutory Submission	Monthly
Safeguarding Training Compliance			n/a	n/a	No Target Set	Kathy Adams	Internal Measure	Monthly

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 99.1%.



'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 0.59%.

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

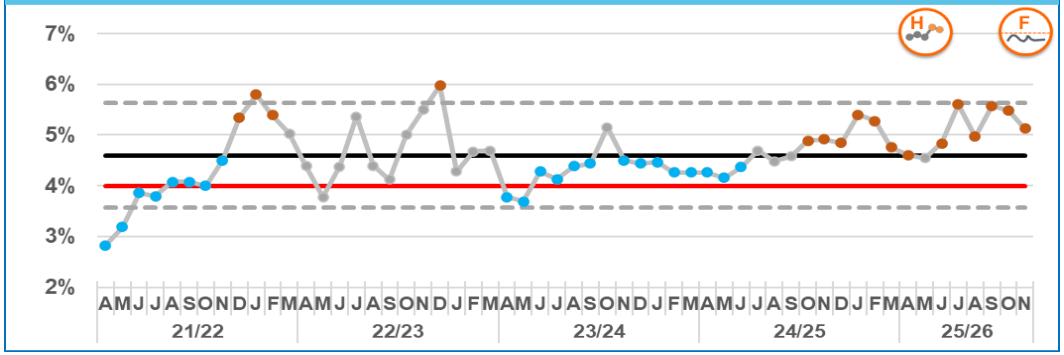
'National Patient Safety Alerts (NatPSAs) breached' is showing 'special cause improvement' and that the current process will consistently pass the target.. The figure is currently at 0.

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	5.1%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Sickness Absence Rate (Rolling Annual)			n/a	5.1%	≤4%	Sue Steen	NHS Oversight Framework	Monthly (Month in Arrears)
Staff Turnover Rate (All Staff)			n/a	n/a	No Target Set	Sue Steen	Insightful Board	Monthly
Recruitment Time To Hire (Days)			n/a	63	≤ 40 Days	Sue Steen	Internal Measure	Monthly
Proportion of Temporary Staff			7.8%	7.6%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Agency Staff			1.4%	1.2%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Bank Staff			6.5%	6.3%	No Target Set	Sue Steen	NHS Operational Planning	Monthly
Proportion of Permanent Staff			92.2%	92.4%	No Target Set	Sue Steen	NHS Operational Planning	Monthly

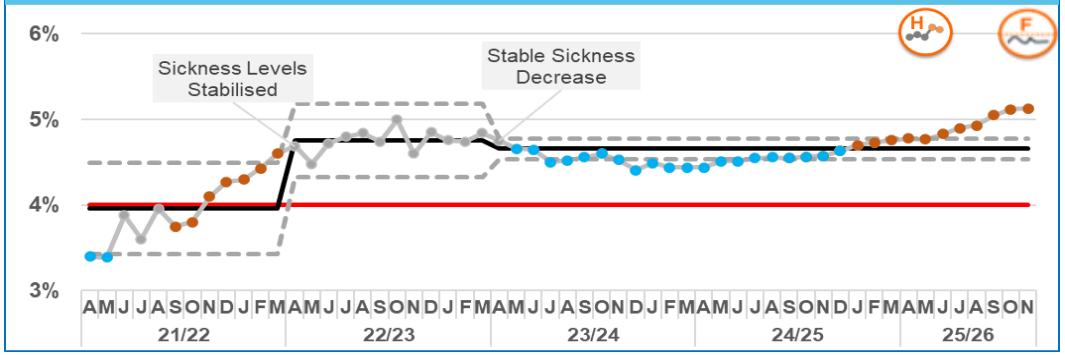
People and Workforce Graphs 1

Sickness Absence Rate (Monthly)



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

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%.

The sickness absence rate for November 2025 is at 5.13% and remains above the 4% target, with the latest (December 2025) position currently showing an increase to 5.59%. This continues to reflect seasonal pressures and a rise in long term sickness cases. The top reasons for sickness absence remain consistent with previous months: Anxiety, stress and other psychiatric illnesses, Cold, cough and flu, Musculoskeletal issues, Gastrointestinal problems, Genitourinary and gynaecological conditions

Key Actions and Delivery Milestones

- Completion of governance approval and implementation of the revised Sickness Absence Policy
- Introduction of mandatory Return to Work documentation for all absences, supported by ongoing audit
- Delivery of mandatory ER training for managers on Management of Sickness Absence Policy, with a focus on early intervention and consistent case management
- Target: 95% of Long Term Sickness (LTS) cases referred to Occupational Health within 28 days
- Strengthened oversight of supportive Return to Work conversations and documentation, with a focus on health and wellbeing
- Regular data shared with managers to support timely contact and active case management, including trigger point alerts
- Reinforcement of expectations around maintaining structured, supportive contact with staff on sickness absence
- Launch of the MSK pilot as part of a broader health and wellbeing offer
- Alignment with the new leadership development programme and implementation of HSE Management Standards for risk assessment

Risks and Constraints

Occupational Health capacity may limit the speed of referrals and follow up assessments during peak periods. Manager compliance variability remains a risk, particularly around timely RTW conversations and consistent documentation. Data quality and reporting gaps in some divisions may affect the accuracy of trend analysis and trigger alerts. Sustained seasonal pressures could continue to elevate short term absence rates despite interventions.

Success Measures Beyond Absence Rate; to ensure a rounded view of progress, the following indicators will be monitored:

- Quality and timeliness of Return-to-Work conversations (via audit outcomes)
- Completion rates for mandatory manager training
- Percentage of LTS cases referred to Occupational Health within 28 days
- Compliance with RTW documentation requirements
- Manager engagement with monthly absence data and trigger alerts
- Uptake and outcomes of the MSK pilot and wider wellbeing initiatives

Early Indicators of Improvement; where this forms part of a recurring report, early signs of progress include:

- a gradual increase in the proportion of timely RTW conversations completed
- improved consistency in documentation in areas where targeted support has been provided
- a small rise in early Occupational Health referrals, suggesting better manager awareness
- positive qualitative feedback from managers engaging with the new ER training offer
- early interest and sign up for the MSK pilot, indicating strong demand for preventative support

Impact (Projected)

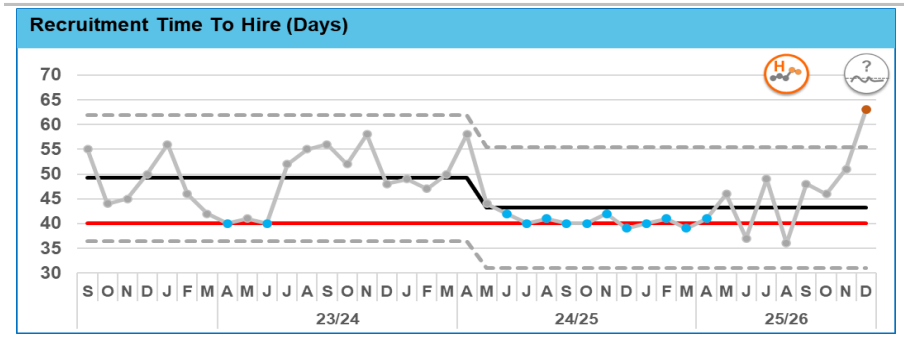
Year	Projected Reduction in Sickness Absence Rate
Year 1	0.3% (driven by improved consistency and compliance)
Year 2	0.4%
Year 3	0.3%

Review Date: Feb 2026 ***Action Lead:*** Emeka Ezechukwu

People and Workforce Graphs 2

Metric In Development

'Staff Turnover Rate (All Staff)' for this reporting period not available..

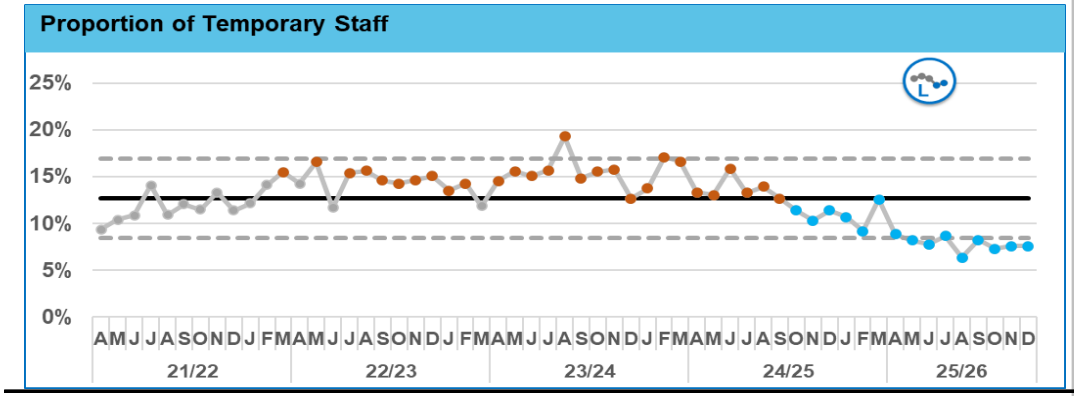


'Recruitment Time To Hire (Days)' is showing 'special cause concern' and that the current process is not consistently achieving the target. - This is a change from the previous month. The figure is currently at 63.

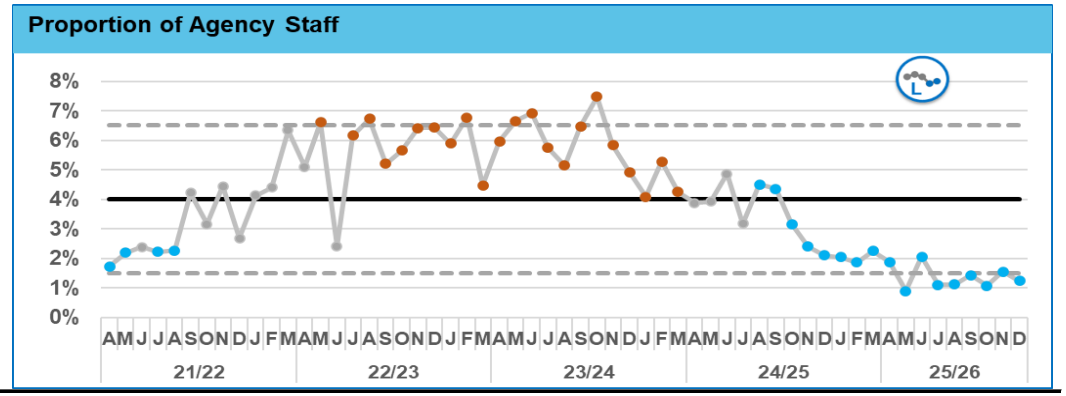
Recruitment Time to Hire is currently reported at 63 days. While part of this increase reflects the introduction of the Vacancy Control Panel and the additional scrutiny required before adverts go live, we are actively implementing measures to streamline the remainder of the process. We are closely monitoring each stage of recruitment to identify and escalate bottlenecks promptly, working collaboratively with hiring managers. These actions are expected to reduce Time to Hire over the coming reporting periods.

Review Date: Feb 2026 ***Action Lead:*** Helen Dove

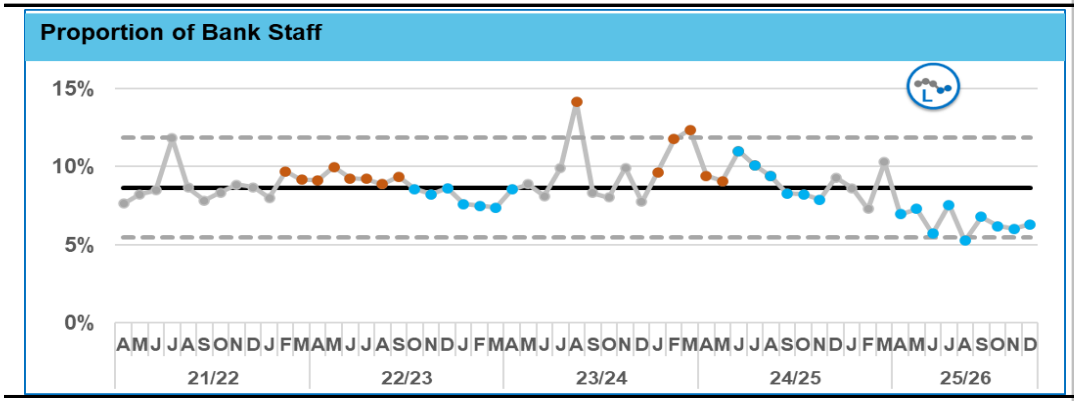
People and Workforce Graphs 3



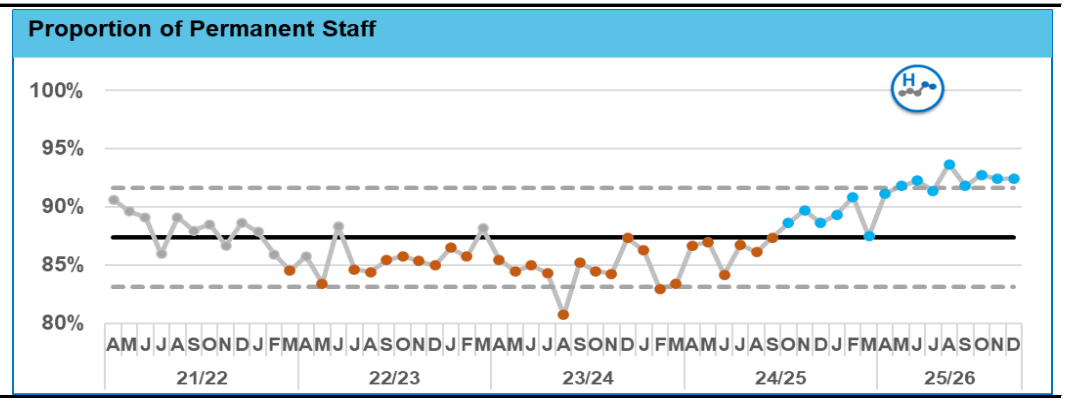
'Proportion of Temporary Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 7.6%.



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



'Proportion of Bank Staff' is showing 'special cause improvement' (decreasing rate). The figure is currently at 6.3%.



'Proportion of Permanent Staff' is showing 'special cause improvement' (increasing rate). The figure is currently at 92.4%.

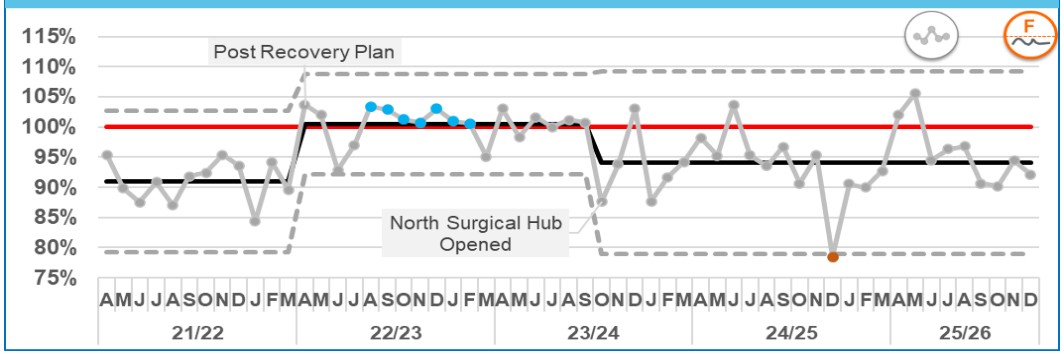
- Temporary staffing usage continues to reduce because of increased governance and reporting.
- Temporary staffing request up to 12 weeks require approval form the Executive Vacancy Control Panel
- The reasons for temporary staffing remain the same, vacancy and long term sickness.

Finance and Productivity

Metric Description	Variation	Assurance	Year to Date	Current Period	Target	Metric Lead	Metric Source	Reporting Frequency
Planned surplus/deficit			-3.5	-1.9	No Target Set	Arthur Vaughan	NHS Oversight Framework	Monthly
Variance year-to-date to financial plan		?	5.48	1.26	≥0	Arthur Vaughan	NHS Oversight Framework	Monthly
Elective Activity - % of Phased Plan		F	95.6%	92.1%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Total Outpatient Activity - % of Phased Plan	L	F	95.9%	98.2%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient First Appointment Activity - % of Phased Plan	L	F	96.2%	96.7%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Outpatient Follow Up Appointment Activity - % of Phased Plan	L	F	95.8%	98.6%	≥100%	Jon Spencer	NHS Operational Planning	Monthly
Injections Activity - % of Phased Plan		?	101.4%	107.6%	≥100%	Jon Spencer	NHS Operational Planning	Monthly

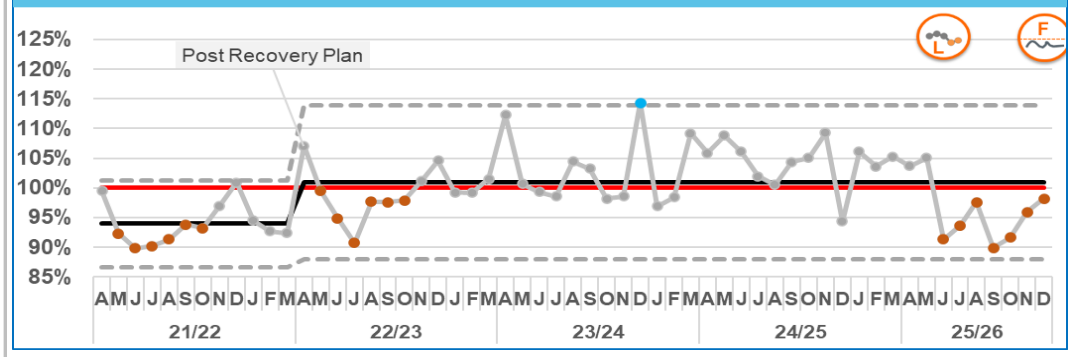
Finance and Productivity (Activity vs. Plan) Graphs 1

Elective Activity - % of Phased Plan



'Elective Activity - % of Phased Plan' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 92.1%.

Total Outpatient Activity - % of Phased Plan



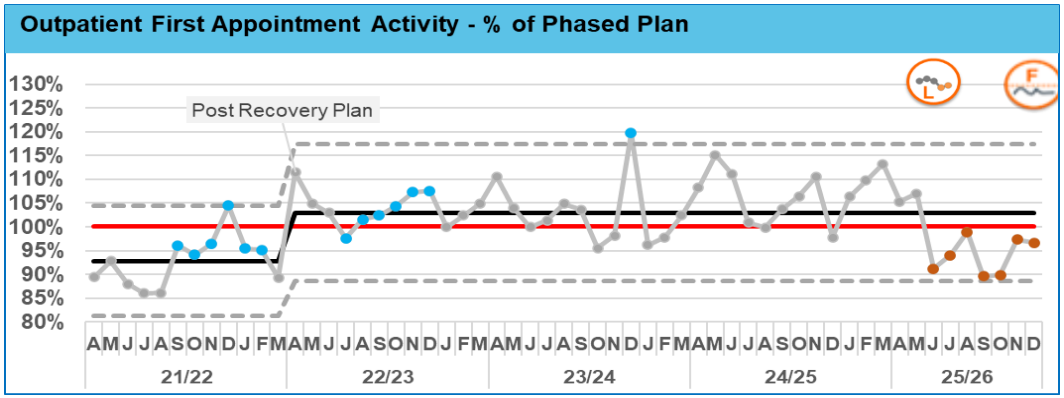
'Total Outpatient Activity - % of Phased Plan' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 98.2%.

Elective Activity

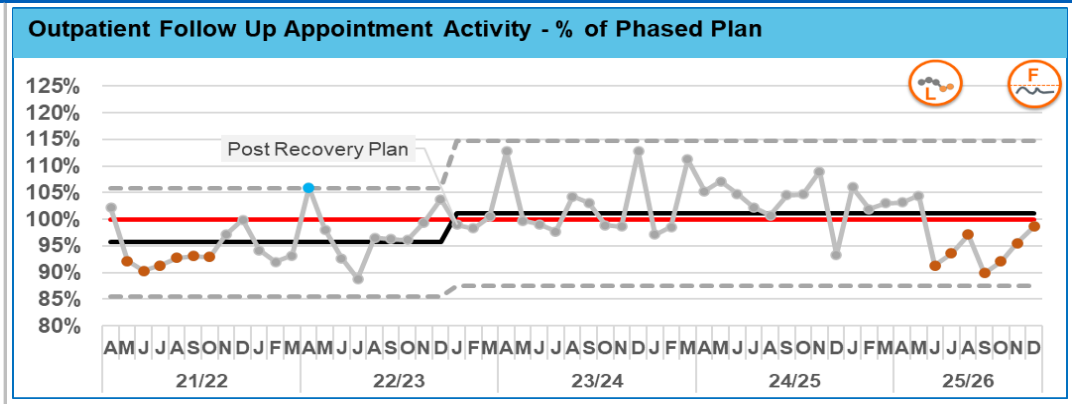
The number of day case admissions reduced to 92.1% in December. Many of the reason for this variance are consistent with the challenges reported in previous months.
In North division, demand challenges effecting the year-to-date performance were added to by the challenge of patient availability. Some sites with small waiting lists were unable to populate theatre lists during the Christmas period as patients were unwilling to agree to a date at this time. This capacity was closed and clinicians were diverted to outpatient clinics, which were easier to book and fill.

Review Date: Feb 2026 ***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 unlikely to achieve the target. The figure is currently at 96.7%.



'Outpatient Follow Up Appointment Activity - % of Phased Plan' is showing 'special cause concern' and that the current process is unlikely to achieve the target. The figure is currently at 98.6%.

First outpatient activity

The number of first outpatient attendances increased to 96.7% in December.

North division were able to exceed the target, as clinicians were redirected from theatre to clinics where patients were available to attend over the Christmas period.

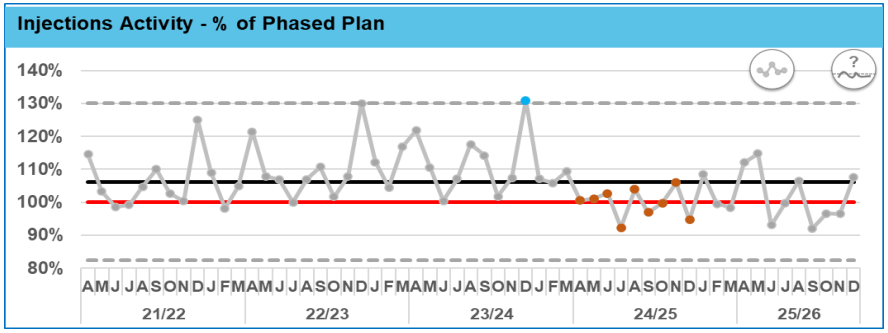
In the South, first outpatient activity reduced with challenges in a small number of services, due to staff absence and patient prioritisation leading to conversion of capacity from new to follow-up.

Follow-up outpatient activity

Follow-up activity was below plan in December, but there was improvement in month to 98.3% and over achievement in South and North division. Staffing issues continue to be addressed proactivity. In optometry at City Road, there is a significant adverse variance which is driven by a change in the clinical pathway leading to a reduction in the number of visual field appointments required. This is under review to understand the implications on other service areas and the impact on the activity plan and related resources in 26/27.

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

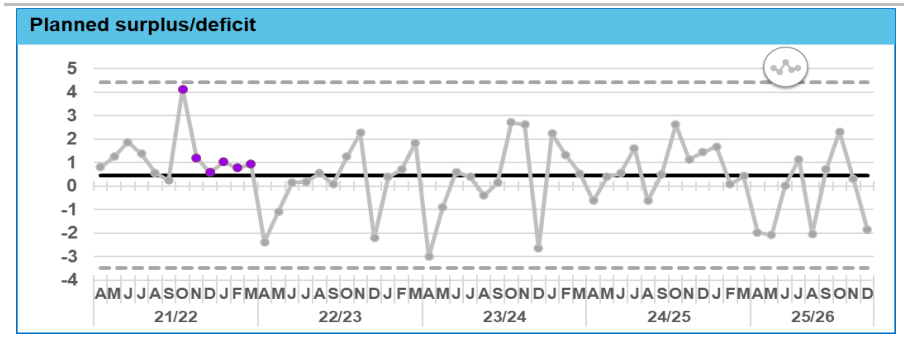
Finance and Productivity (Injection & Financial) Graphs 1



'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 107.6%.

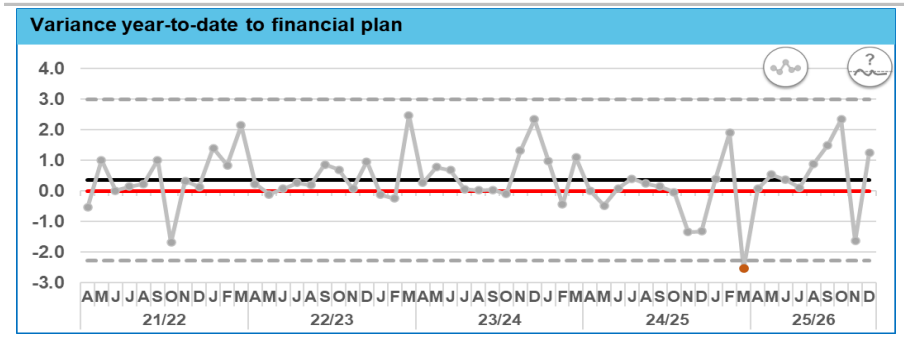
Injection activity was above plan in December at 107.6%, as expected, as divisions focused on booking to improve on the November position. Anticipated changes in medicines and delivery intervals are being reviewed as part of business planning.

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



'Planned surplus/deficit' is showing 'common cause variation'.. The figure is currently at -1.90.

For further narrative, see finance report



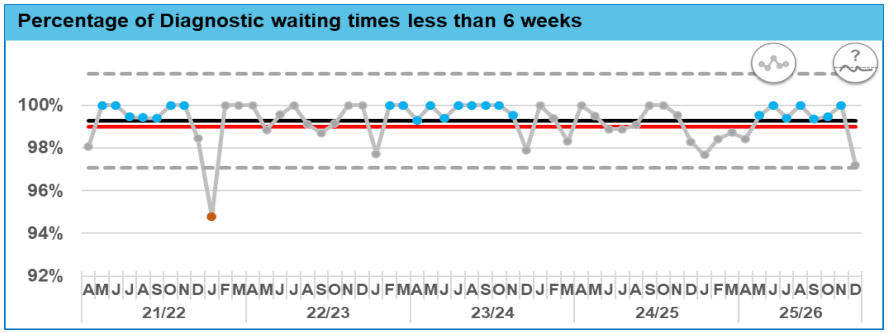
'Variance year-to-date to financial plan' is showing 'common cause variation' and that the current process is not consistently achieving the target.. The figure is currently at 1.26.

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			99.3%	97.2%	≥99%	Jon Spencer	NHS Oversight Framework	Monthly
Under 18s Elective Waiting List (Monitoring Growth)			39155	4068	No Target Set	Jon Spencer	NHS Oversight Framework	Monthly
% of Patients 65 Years Old Or Over Admitted via A&E			n/a	n/a	No Target Set	Jon Spencer	NHS PAF	Monthly
% of Patients Under 18 Years Old Admitted via A&E			n/a	n/a	No Target Set	Jon Spencer	NHS PAF	Monthly

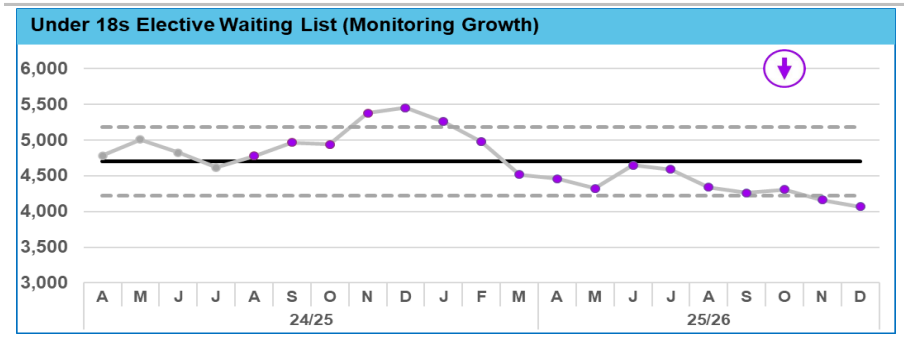
Improving Health and Reducing Inequality (Diagnostics and Demographics) Graphs



'Percentage of Diagnostic waiting times less than 6 weeks' is showing 'common cause variation' and that the current process is not consistently achieving the target. - This is a change from the previous month. The figure is currently at 97.2%.

The target was not met in month with 97.2% of patient waiting less than six weeks for diagnostics. This was due to patient unavailability and all patients have been offered dates in January.

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



'Under 18s Elective Waiting List (Monitoring Growth)' is showing an 'special cause variation' (decreasing rate).. The figure is currently at 4,068.

Metric In Development

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

Metric In Development

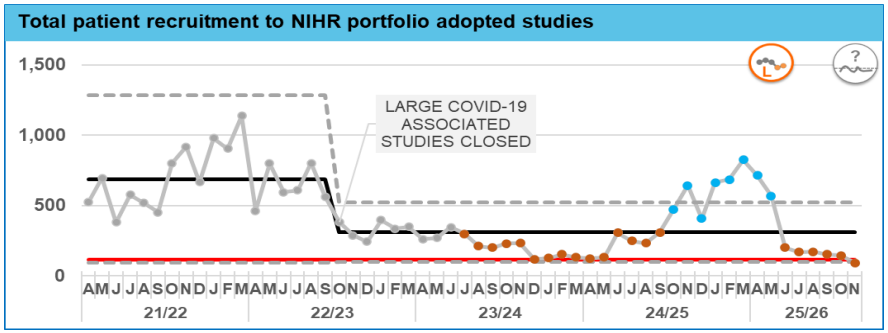
'% of Patients Under 18 Years Old Admitted via A&E' for this reporting period not available..

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			2214	93	≥115 (per month)	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
Total patient recruitment to All Research Studies (Moorfields Sites only)			2525	101	No Target Set	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
Active Commercial Studies (open + Closed to Recruitment in follow up)			n/a	68	≥44	Viren Jeram	Internal Measure	Monthly (Month in Arrears)
Proportion of patients participating in research studies (as a percentage of number of open pathways)			n/a	3.3%	≥2%	Viren Jeram	Internal Measure	Monthly (Month in Arrears)

Improving Health and Reducing Inequality (Discovery) Graphs

Total patient recruitment to NIHR portfolio adopted studies

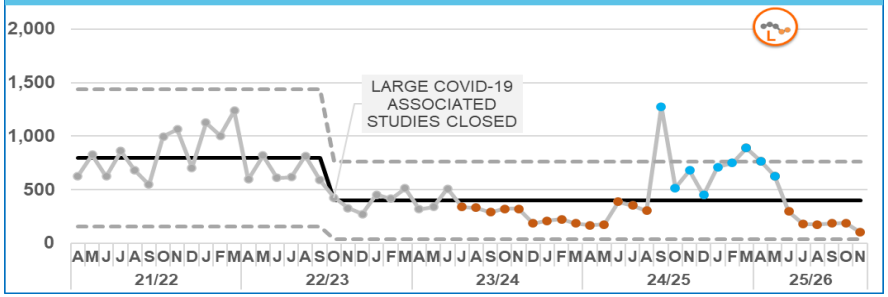


'Total patient recruitment to NIHR portfolio adopted studies' is showing 'special cause concern' and that the current process is not consistently achieving the target. - This is a change from the previous month. The figure is currently at 93.

In November, 93 patients were recruited to NIHR Portfolio studies. Even though this is below our monthly target of 115, recruitment to higher valu,e interventional studies and commercial studies has not fallen to the same degree. 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. For example, the WABS study expects to open soon to recruit 500 patients to evaluate the burden of care for patients, carers and service providers for the treatment of exudative age related macular degeneration. The majority of Moorfield's studies are NIHR Portfolio adopted.

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

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



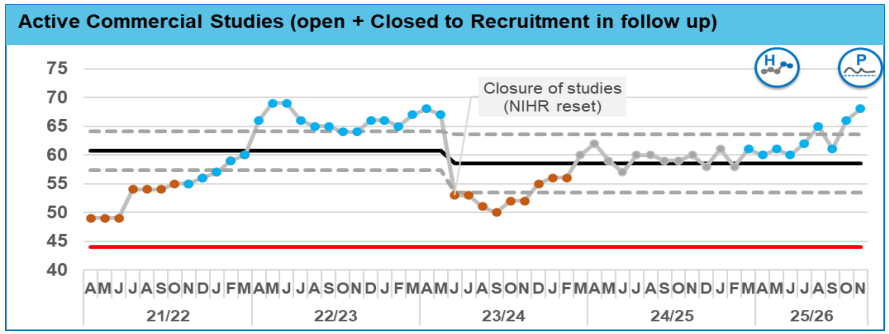
'Total patient recruitment to All Research Studies (Moorfields Sites only)' is showing 'special cause concern' (decreasing rate). - This is a change from the previous month. The figure is currently at 101.

The total patient recruitment in November 2025 across both NIHR portfolio and non NIHR portfolio studies was 93 recruits of which Non portfolio recruitment made up 10 patients.

This metric includes commercial and non-commercial studies, whose study recruitment varies from month to month, with November having 16 commercial recruits, which is over 17% of the monthly total, thanks to the continued recruitment of the UKIDS and LBS-008-CT07 studies. Again, we note that commercial recruitment has maintainted a similar level to October. 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: Feb 2026 ***Action Lead:*** Viren Jeram

Improving Health and Reducing Inequality (Discovery) Graphs

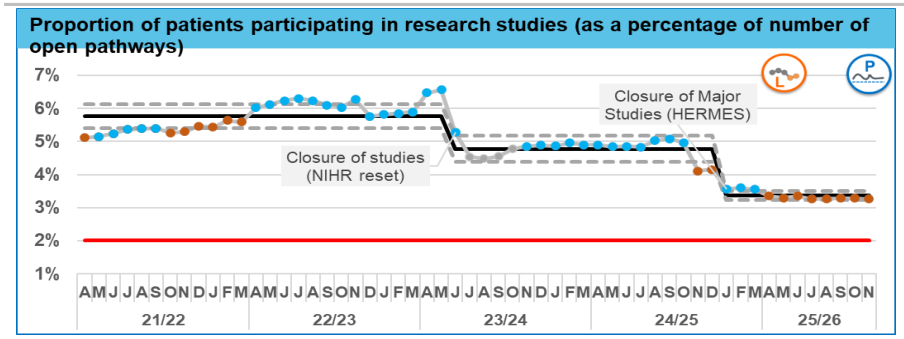


'Active Commercial Studies (open + Closed to Recruitment in follow up)' is showing 'special cause improvement' and that the current process will consistently pass the target.. The figure is currently at 68.

There are currently 68 commercial studies recruiting and in follow up, boosted by the recent opening of several more studies. This metric displays a good level of consistency. This is higher our average across 2024/25 which was 58. Commercial studies are frequently interventional, requiring intensive investigations by skilled multidisciplinary staff and close monitoring. They give our patients access to new Investigational Medicinal Products (IMP) and devices. The current pipeline of 19 hosted studies in "set up" should ensure that we continue to increase recruitment to commercial studies. 12 out of 16 (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 increase to 52 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:	Feb 2026	***Action Lead:***	Viren Jeram



'Proportion of patients participating in research studies (as a percentage of number of open pathways)' is showing 'special cause concern' however the current process will consistently pass the target.. The figure is currently at 3.3%.

We continue to place emphasis on, and investment in. patient and public involvement and engagement (PPIE), delivered through the work of our NIHR Biomedical Research Centre (BRC) and Clinical Research Facility (CRF). Our Equity, Diversity, and Inclusion strategy for both the BRC and CRF seeks to increase the diversity of our patients recruited to clinical trials, as well as provide increased opportunities for patients to contribute to research. A process break has been added following the closure of the KAP, HERCULES and NIHR Tissue Bank Bioresource studies. This recognises that the new mean proportion of patients in research is now 3.4%, from the previous level of 4.8%. This is still shown as a concern due to the recent reduction in recruitment level, however we continue to exceed the 2.0% target.

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

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
NHS Oversight Framework Core Metrics (Access)																						
18 Week RTT Incomplete Performance	Dec-25	84.5%	≥85.8%	Monthly	Common Cause	Hit or Miss	82.6%	80.7%	84.5%	81.2%	80.9%	82.5%	83.1%	82.7%	82.2%	83.1%	81.7%	80.5%	81.5%	82.0%	83.7%	84.5%
Difference Between Planned and Actual 18 week Performance	Dec-25	-1.28%	≥0%	Monthly	Not Available	Hit or Miss	-0.77%	-4.39%	2.86%	n/a	n/a	n/a	n/a	0.00%	-0.57%	0.41%	-1.65%	-3.45%	0.00%	-0.38%	0.01%	-1.28%
% 52 Week RTT Incomplete Breaches	Dec-25	0.04%	≤1%	Monthly	Common Cause	Capable	0.05%	-0.02%	0.11%	0.03%	0.03%	0.04%	0.05%	0.07%	0.09%	0.06%	0.05%	0.09%	0.12%	0.05%	0.05%	0.04%
Cancer 28 Day Faster Diagnosis Standard	Nov-25	100.0%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	80.7%	31.6%	129.9%	80.0%	75.0%	75.0%	72.7%	88.9%	100.0%	100.0%	80.0%	66.7%	50.0%	n/a	100.0%	n/a
% Patients With All Cancers Treated Within 62 Days	Nov-25	100.0%	≥85%	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	96.9%	78.8%	115.0%	94.1%	100.0%	94.1%	93.8%	92.3%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	n/a
A&E Four Hour Performance	Dec-25	96.5%	≥95%	Monthly	Common Cause	Capable	97.6%	94.8%	100.4%	98.3%	97.9%	98.8%	98.4%	97.2%	98.2%	96.2%	97.0%	98.2%	97.3%	96.8%	98.3%	96.5%
% A&E Waits Over Twelve Hours	Dec-25	0.0%	No Target Set	Monthly	Common Cause	Not Applicable	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NHS Oversight Framework Other Domains Summary																						
Summary Hospital Mortality Indicator	Dec-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	Dec-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	Dec-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	Dec-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)	Dec-25	100.0%	No Target Set	Monthly	Improvement (Run Above Average)	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	Dec-25	0	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sickness Absence Rate (Monthly)	Nov-25	5.1%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.6%	3.6%	5.6%	4.8%	5.4%	5.3%	4.8%	4.6%	4.5%	4.8%	5.6%	5.0%	5.6%	5.5%	5.1%	n/a
Sickness Absence Rate (Rolling Annual)	Nov-25	5.1%	≤4%	Monthly (Month in Arrears)	Concern (Higher Than Expected)	Failing	4.7%	4.5%	4.8%	4.6%	4.7%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	5.0%	5.1%	5.1%	n/a
Planned surplus/deficit	Dec-25	-1.90	No Target Set	Monthly	Common Cause	Not Applicable	0.45	-3.50	4.40	1.40	1.70	0.10	0.40	-2.00	-2.10	0.00	1.10	-2.00	0.70	2.30	0.30	-1.90
Variance year-to-date to financial plan	Dec-25	1.26	≥0	Monthly	Common Cause	Hit or Miss	0.36	-2.27	3.00	-1.31	0.41	1.91	-2.53	0.08	0.54	0.37	0.11	0.89	1.50	2.35	-1.63	1.26

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Access to Services (RTT and A&E)																						
18 Week RTT Incomplete Performance	Dec-25	84.5%	≥85.8%	Monthly	Common Cause	Hit or Miss	82.6%	80.7%	84.5%	81.2%	80.9%	82.5%	83.1%	82.7%	82.2%	83.1%	81.7%	80.5%	81.5%	82.0%	83.7%	84.5%
Difference Between Planned and Actual 18 week Performance	Dec-25	-1.28%	≥0%	Monthly	Not Available	Hit or Miss	-0.77%	-4.39%	2.86%	n/a	n/a	n/a	n/a	0.00%	-0.57%	0.41%	-1.65%	-3.45%	0.00%	-0.38%	0.01%	-1.28%
RTT Incomplete Pathways (RTT Waiting List)	Dec-25	34,792	≤ Previous Mth.	Monthly	Common Cause	Not Applicable	34,433	32,930	35,937	33,039	32,691	33,406	33,136	33,228	33,142	34,491	34,982	34,788	34,148	34,839	34,528	34,792
Estimated Time To Clear Current RTT Waiting List	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
RTT Incomplete Pathways Over 18 Weeks	Dec-25	5,394	≤ Previous Mth.	Monthly	Common Cause	Not Applicable	6,049	5,386	6,712	6,222	6,229	5,849	5,594	5,737	5,910	5,814	6,403	6,782	6,326	6,286	5,628	5,394
% 52 Week RTT Incomplete Breaches	Dec-25	0.04%	≤1%	Monthly	Common Cause	Capable	0.05%	-0.02%	0.11%	0.03%	0.03%	0.04%	0.05%	0.07%	0.09%	0.06%	0.05%	0.09%	0.12%	0.05%	0.05%	0.04%
52 Week RTT Incomplete Breaches	Dec-25	13	Zero Breaches	Monthly	Concern (Run Above Average)	Failing	12	-3	28	9	9	12	18	22	29	19	16	31	40	16	18	13
% of RTT Patients Waiting For a First Appointment	Dec-25	87.8%	No Target Set	Monthly	Common Cause	Not Applicable	84.9%	81.9%	87.9%	83.2%	82.6%	83.9%	85.3%	84.9%	83.2%	84.1%	82.2%	81.5%	82.2%	84.1%	87.2%	87.8%
A&E Four Hour Performance	Dec-25	96.5%	≥95%	Monthly	Common Cause	Capable	97.6%	94.8%	100.4%	98.3%	97.9%	98.8%	98.4%	97.2%	98.2%	96.2%	97.0%	98.2%	97.3%	96.8%	98.3%	96.5%
% A&E Waits Over Twelve Hours	Dec-25	0.0%	No Target Set	Monthly	Common Cause	Not Applicable	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Access to Services (Cancer, Theatres, Call Centre)																						
Cancer 28 Day Faster Diagnosis Standard	Nov-25	100.0%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	80.7%	31.6%	129.9%	80.0%	75.0%	75.0%	72.7%	88.9%	100.0%	100.0%	80.0%	66.7%	50.0%	n/a	100.0%	n/a
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat	Nov-25	100.0%	≥96%	Monthly (Month in Arrears)	Common Cause	Capable	99.1%	94.8%	103.4%	100.0%	100.0%	89.3%	95.7%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%	96.0%	100.0%	n/a
% Patients With All Cancers Treated Within 62 Days	Nov-25	100.0%	≥85%	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	96.9%	78.8%	115.0%	94.1%	100.0%	94.1%	93.8%	92.3%	100.0%	100.0%	100.0%	100.0%	98.0%	100.0%	100.0%	n/a
% Appointments Available to View and Manage Via the NHS App	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Theatre Utilisation (Model Hospital)	Dec-25	93.8%	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	90.0%	86.0%	93.9%	89.8%	90.9%	90.4%	91.6%	91.3%	93.3%	92.6%	93.4%	92.0%	90.8%	92.8%	94.4%	93.8%
Theatre Utilisation (MEH Definition)	Dec-25	65.9%	≥85%	Monthly	Improvement (Run Above Average)	Failing	62.9%	59.7%	66.1%	61.9%	64.1%	62.6%	63.4%	63.5%	65.7%	65.3%	64.8%	63.2%	63.6%	64.9%	66.4%	65.9%
Average Call Waiting Time	Dec-25	191	≤ 2 Mins (120 Sec)	Monthly	Concern (Run Above Average)	Failing	160	46	275	32	77	199	255	260	131	131	163	184	232	222	277	191
Average Call Abandonment Rate	Dec-25	11.7%	≤15%	Monthly	Common Cause	Hit or Miss	11.1%	3.8%	18.4%	2.5%	6.4%	13.3%	16.4%	15.5%	8.7%	8.8%	10.2%	11.5%	14.8%	14.4%	17.6%	11.7%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Effectiveness and Experience of Care (Inpatients and Theatre Cancellations)																						
Number of Non-Elective Patients with Overnight stay	Dec-25	9	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	9	0	17	6	7	3	6	3	5	9	9	11	17	9	9	9
Average Length of Stay (ALOS) – non-elective (1+ days)	Dec-25	0	No Target Set	Monthly	Common Cause	Not Applicable	1	-1	2	0	1	0	0	0	0	0	0	1	2	0	0	0
% Day Case Admissions	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Cataract Cases Per Four Hour Theatre List	Dec-25	5.80	≥ 8 Per 4hr List	Monthly	Common Cause	Failing	5.80	5.39	6.22	5.40	5.50	5.50	5.40	5.60	5.70	5.80	5.80	5.90	5.50	5.90	5.70	5.80
Theatre Cancellation Rate (Non-Medical Cancellations)	Dec-25	0.79%	≤0.8%	Monthly	Common Cause	Hit or Miss	1.01%	-0.19%	2.20%	0.55%	1.16%	0.75%	1.46%	1.04%	1.51%	2.15%	1.01%	1.08%	1.26%	0.85%	1.51%	0.79%
Number of non-medical cancelled operations not treated within 28 days	Dec-25	10	Zero Breaches	Monthly	Concern (Higher Than Expected)	Hit or Miss	2	-4	7	2	0	3	1	0	4	0	0	3	0	8	1	10
Effectiveness and Experience of Care (Outpatients)																						
% Outpatient attendances that were performed remotely	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% PIFU of Total Outpatient Attendances	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DNA Rate (First Outpatients)	Dec-25	13.2%	≤9.4%	Monthly	Common Cause	Failing	13.2%	11.8%	14.6%	12.5%	13.0%	12.4%	12.7%	12.2%	12.3%	12.4%	12.4%	13.0%	13.7%	13.5%	12.8%	13.2%
DNA Rate (Follow Up Outpatients)	Dec-25	9.9%	≤8.1%	Monthly	Improvement (Run Below Average)	Failing	11.4%	9.7%	13.2%	11.2%	10.9%	10.4%	10.0%	9.4%	9.5%	9.4%	9.4%	9.9%	10.0%	9.7%	9.5%	9.9%
Outpatient Cancellation Rate (Hospital cancellations)	Dec-25	3.93%	No Target Set	Monthly	Common Cause	Not Applicable	4.15%	2.36%	5.95%	5.47%	8.09%	15.50%	10.24%	8.79%	7.60%	6.30%	6.69%	5.58%	3.83%	3.77%	4.00%	3.93%
Outpatient Rebooking Rate (Hospital cancellations)	Dec-25	6.3%	No Target Set	Monthly	Decreasing (Run Below Average)	Not Applicable	12.0%	9.9%	14.0%	11.6%	8.9%	6.3%	6.3%	6.1%	6.2%	6.1%	6.1%	6.3%	6.5%	6.0%	6.1%	6.3%
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Dec-25	102	No Target Set	Monthly	Common Cause	Not Applicable	100	95	105	99	102	97	98	100	102	99	99	100	99	101	107	102
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Dec-25	32	No Target Set	Monthly	Improvement (Lower Than Expected)	Not Applicable	40	34	47	40	48	46	44	42	40	39	41	40	38	38	36	32

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Effectiveness and Experience of Care (Clinical, Quality, Complaints & FoI)																						
Summary Hospital Mortality Indicator	Dec-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	Dec-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)	Dec-25	100.0%	No Target Set	Monthly	Improvement (Run Above Average)	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	Dec-25	0	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Duty of Candour (% conversations informing family/carer occurred within 10 working days)	Nov-25	50.0%	No Breaches	Monthly (Month in Arrears)	Common Cause	Hit or Miss	79.4%	32.3%	126.5%	91.0%	86.0%	62.0%	67.0%	50.0%	64.0%	92.0%	83.0%	100.0%	67.0%	57.0%	50.0%	n/a
% Emergency re-admissions within 30 days following an elective or emergency spell	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Unexpected Moorfields Admission Following Surgery	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Percentage of responses to written complaints acknowledged within 3 days	Dec-25	88.2%	≥80%	Monthly	Common Cause	Hit or Miss	87.5%	58.0%	117.0%	75.0%	36.4%	60.0%	36.4%	81.8%	44.0%	53.6%	67.3%	66.7%	94.1%	90.0%	100.0%	88.2%
Percentage of responses to written complaints responded within 25 days	Nov-25	57.9%	≥80%	Monthly (Month in Arrears)	Not Available	Not Applicable	65.9%	24.1%	107.6%	83.3%	18.2%	40.0%	27.3%	27.3%	40.0%	7.1%	18.4%	44.4%	52.9%	35.0%	57.9%	n/a
Freedom of Information Requests Responded to Within 20 Days	Nov-25	72.2%	≥90%	Monthly (Month in Arrears)	Common Cause	Failing	86.6%	70.5%	102.7%	88.2%	93.8%	100.0%	92.3%	100.0%	93.3%	86.7%	85.1%	85.1%	86.5%	66.0%	72.2%	n/a
Effectiveness and Experience of Care (Friends and Family Test)																						
Inpatient Scores from Friends and Family Test - % Positive	Dec-25	94.7%	≥90%	Monthly	Common Cause	Capable	95.8%	93.9%	97.7%	95.0%	95.0%	97.4%	96.8%	97.0%	96.9%	96.9%	96.7%	96.5%	96.8%	96.5%	96.0%	94.7%
Inpatient Scores from Friends and Family Test - % Response Rate	Dec-25	37.2%	≥30%	Monthly	Common Cause	Capable	40.3%	33.7%	47.0%	27.6%	27.6%	41.8%	41.1%	39.5%	39.3%	39.3%	38.8%	38.5%	41.8%	39.0%	36.7%	37.2%
Inpatient Scores from Friends and Family Test - % Negative	Dec-25	2.1%	No Target Set	Monthly	Common Cause	Capable	1.2%	0.3%	2.2%	1.2%	1.2%	1.1%	1.3%	0.9%	1.0%	1.0%	1.0%	1.3%	1.2%	1.4%	1.7%	2.1%
Outpatient Scores from Friends and Family Test - % Positive	Dec-25	93.5%	≥90%	Monthly	Common Cause	Capable	93.9%	92.9%	95.0%	94.9%	94.9%	95.5%	95.3%	95.8%	95.3%	95.3%	95.4%	95.6%	95.4%	95.1%	93.1%	93.5%
Outpatient Scores from Friends and Family Test - % Response Rate	Dec-25	30.9%	≥15%	Monthly	Concern (Lower Than Expected)	Capable	34.0%	31.1%	37.0%	32.3%	32.3%	35.8%	35.9%	32.0%	33.7%	33.7%	33.5%	32.8%	34.9%	34.8%	31.9%	30.9%
Outpatient Scores from Friends and Family Test - % Negative	Dec-25	2.5%	No Target Set	Monthly	Common Cause	Capable	2.0%	1.6%	2.5%	1.9%	1.9%	1.9%	1.9%	1.7%	1.8%	1.8%	1.7%	1.7%	1.8%	1.6%	2.7%	2.5%
A&E Scores from Friends and Family Test - % Positive	Dec-25	91.4%	≥90%	Monthly	Common Cause	Capable	92.8%	90.6%	95.1%	94.7%	94.7%	94.4%	94.3%	91.7%	92.9%	92.9%	92.7%	92.5%	93.2%	92.6%	91.0%	91.4%
A&E Scores from Friends and Family Test - % Response Rate	Dec-25	29.1%	≥20%	Monthly	Concern (Lower Than Expected)	Capable	37.8%	34.1%	41.5%	37.1%	37.1%	37.9%	38.2%	32.9%	34.5%	34.5%	32.9%	33.1%	35.1%	35.0%	29.8%	29.1%
A&E Scores from Friends and Family Test - % Negative	Dec-25	4.5%	No Target Set	Monthly	Concern (Higher Than Expected)	Capable	3.5%	2.1%	4.9%	2.9%	2.9%	3.2%	3.0%	4.2%	3.7%	3.7%	3.9%	4.4%	3.2%	4.0%	4.5%	4.5%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Patient Safety (Infection Control)																						
MRSA Bacteraemias Cases	Dec-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	Dec-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	Dec-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	Dec-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	Dec-25	99.1%	≥95%	Monthly	Common Cause	Capable	99.1%	98.0%	100.3%	99.1%	98.6%	99.3%	99.9%	99.2%	99.1%	99.0%	99.2%	98.9%	98.7%	98.8%	98.7%	99.1%
Posterior Capsular Rupture rates (Cataract Operations Only)	Dec-25	0.59%	≤1.95%	Monthly	Common Cause	Capable	0.86%	0.08%	1.64%	1.00%	0.80%	0.87%	0.70%	0.62%	1.16%	0.53%	1.25%	0.38%	0.65%	0.50%	0.70%	0.59%
Safer Staffing - Inpatient (Overnight) Ward Fill Rate	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Occurrence of any Never events	Dec-25	0	Zero Events	Monthly	Common Cause	Hit or Miss	0	-1	1	0	0	0	0	0	0	0	0	1	0	0	0	0
Frequency of any Never events (Days)	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
National Patient Safety Alerts (NatPSAs) breached	Dec-25	0	Zero Alerts	Monthly	Improvement (Run Below Average)	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Patient Safety Incidents Investigation (PSII) Open Over Six Months	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Safeguarding Training Compliance	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
People and Workforce																						
Sickness Absence Rate (Monthly)	Nov-25	5.1%	≤4%	Monthly (Month in Arrears)	Concern (Run Above Average)	Failing	4.6%	3.6%	5.6%	4.8%	5.4%	5.3%	4.8%	4.6%	4.5%	4.8%	5.6%	5.0%	5.6%	5.5%	5.1%	n/a
Sickness Absence Rate (Rolling Annual)	Nov-25	5.1%	≤4%	Monthly (Month in Arrears)	Concern (Higher Than Expected)	Failing	4.7%	4.5%	4.8%	4.6%	4.7%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	5.0%	5.1%	5.1%	n/a
Staff Turnover Rate (All Staff)	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Recruitment Time To Hire (Days)	Dec-25	63	≤ 40 Days	Monthly	Concern (Higher Than Expected)	Hit or Miss	43	31	55	39	40	41	39	41	46	37	49	36	48	46	51	63
Proportion of Temporary Staff	Dec-25	7.6%	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	12.7%	8.4%	16.9%	11.4%	10.7%	9.2%	12.6%	8.8%	8.2%	7.8%	8.6%	6.4%	8.2%	7.3%	7.6%	7.6%
Proportion of Agency Staff	Dec-25	1.2%	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	4.0%	1.5%	6.5%	2.1%	2.0%	1.9%	2.2%	1.9%	0.9%	2.1%	1.1%	1.1%	1.4%	1.1%	1.5%	1.2%
Proportion of Bank Staff	Dec-25	6.3%	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	8.7%	5.5%	11.9%	9.3%	8.6%	7.3%	10.3%	7.0%	7.3%	5.7%	7.5%	5.3%	6.8%	6.2%	6.0%	6.3%
Proportion of Permanent Staff	Dec-25	92.4%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	87.3%	83.1%	91.6%	88.6%	89.3%	90.8%	87.5%	91.2%	91.8%	92.2%	91.4%	93.6%	91.8%	92.7%	92.4%	92.4%
Basic Mandatory IG Training	Dec-25	88.8%	≥90%	Monthly	Concern (Run Below Average)	Failing	91.0%	88.9%	93.2%	89.6%	89.9%	89.6%	89.5%	89.8%	90.1%	89.6%	87.6%	88.7%	88.7%	89.4%	88.7%	88.8%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Finance and Productivity																						
Planned surplus/deficit	Dec-25	-1.90	No Target Set	Monthly	Common Cause	Not Applicable	0.45	-3.50	4.40	1.40	1.70	0.10	0.40	-2.00	-2.10	0.00	1.10	-2.00	0.70	2.30	0.30	-1.90
Variance year-to-date to financial plan	Dec-25	1.26	≥0	Monthly	Common Cause	Hit or Miss	0.36	-2.27	3.00	-1.31	0.41	1.91	-2.53	0.08	0.54	0.37	0.11	0.89	1.50	2.35	-1.63	1.26
Elective Activity - % of Phased Plan	Dec-25	92.1%	≥100%	Monthly	Common Cause	Failing	94.1%	78.9%	109.3%	78.5%	90.6%	89.9%	92.7%	102.0%	105.6%	94.5%	96.3%	96.8%	90.7%	90.2%	94.4%	92.1%
Total Outpatient Activity - % of Phased Plan	Dec-25	98.2%	≥100%	Monthly	Concern (Run Below Average)	Failing	101.0%	88.0%	113.9%	94.3%	106.1%	103.6%	105.3%	103.7%	105.0%	91.3%	93.7%	97.5%	89.9%	91.6%	95.9%	98.2%
Outpatient First Appointment Activity - % of Phased Plan	Dec-25	96.7%	≥100%	Monthly	Concern (Run Below Average)	Failing	103.0%	88.6%	117.4%	97.7%	106.3%	109.7%	113.2%	105.3%	107.0%	91.2%	94.0%	98.9%	89.6%	89.9%	97.3%	96.7%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Dec-25	98.6%	≥100%	Monthly	Concern (Run Below Average)	Failing	101.1%	87.6%	114.7%	93.4%	106.1%	101.9%	103.0%	103.2%	104.5%	91.3%	93.6%	97.1%	89.9%	92.1%	95.5%	98.6%
Injections Activity - % of Phased Plan	Dec-25	107.6%	≥100%	Monthly	Common Cause	Hit or Miss	106.2%	82.4%	130.1%	94.7%	108.4%	99.5%	98.4%	112.0%	114.7%	93.1%	99.7%	106.4%	92.1%	96.6%	96.4%	107.6%
Improving Health and Reducing Inequality (Diagnostics and Inequality Metrics)																						
Percentage of Diagnostic waiting times less than 6 weeks	Dec-25	97.2%	≥99%	Monthly	Common Cause	Hit or Miss	99.3%	97.1%	101.5%	98.3%	97.7%	98.4%	98.7%	98.4%	99.5%	100.0%	99.4%	100.0%	99.3%	99.5%	100.0%	97.2%
Under 18s Elective Waiting List (Monitoring Growth)	Dec-25	4,068	No Target Set	Monthly	Decreasing (Run Below Average)	Not Applicable	4,699	4,217	5,180	5,454	5,259	4,979	4,516	4,458	4,324	4,647	4,593	4,339	4,260	4,306	4,160	4,068
% of Patients 65 Years Old Or Over Admitted via A&E	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
% of Patients Under 18 Years Old Admitted via A&E	Dec-25	n/a	No Target Set	Monthly	Not Available	Not Applicable				n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Improving Health and Reducing Inequality (Research)																						
Total patient recruitment to NIHR portfolio adopted studies	Nov-25	93	≥115 (per month)	Monthly (Month in Arrears)	Concern (Run Below Average)	Hit or Miss	311	99	523	406	663	684	824	714	569	200	168	170	154	146	93	n/a
Total patient recruitment to All Research Studies (Moorfields Sites only)	Nov-25	101	No Target Set	Monthly (Month in Arrears)	Concern (Run Below Average)	Not Applicable	399	38	760	450	712	751	889	769	628	297	178	176	186	190	101	n/a
Active Commercial Studies (open + Closed to Recruitment in follow up)	Nov-25	68	≥44	Monthly (Month in Arrears)	Improvement (Higher Than Expected)	Capable	59	53	64	58	61	58	61	60	61	60	62	65	61	66	68	n/a
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Nov-25	3.3%	≥2%	Monthly (Month in Arrears)	Concern (Run Below Average)	Capable	3.4%	3.2%	3.5%	4.2%	3.6%	3.6%	3.6%	3.4%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	3.3%	n/a

Moorfields Eye Hospital NHS Foundation Trust

NHS

Report title	Monthly Finance Performance Report Month 09 – December 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 December, the trust is reporting:-

Financial Performance £m		In Month			Year to Date			
	Annual Plan	Plan	Actual	Variance	Plan	Actual	Variance	%
Income	£372.6m	£31.5m	£32.4m	£0.9m	£279.6m	£279.0m	(£0.5m)	(0)%
Pay	(£195.3m)	(£16.2m)	(£16.5m)	(£0.3m)	(£148.7m)	(£148.8m)	(£0.0m)	(0)%
Non Pay	(£133.1m)	(£10.5m)	(£9.7m)	£0.8m	(£101.1m)	(£95.5m)	£5.6m	6%
Financing & Adjustments	(£44.2m)	(£6.6m)	(£6.8m)	(£0.2m)	(£33.2m)	(£32.8m)	£0.4m	1%
CONTROL TOTAL	**-**	**(£1.9m)**	**(£0.6m)**	**£1.3m**	**(£3.5m)**	**£2.0m**	**£5.5m**	

Income and Expenditure

- A £2.0m surplus year to date compared to a planned deficit of £3.5m; £5.5m favourable to plan.

Efficiency and Productivity

- The Trust is forecasting £14.3m of the £15.1m target required to achieve a break-even financial plan.
- Delivery in December reported £4.4m, with £10.1m 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 December totalled £101.5m, predominantly linked to Oriel and EPR schemes.
- Business as usual capital £12.3m updated plan; fully committed including provisional sums for ICT migration for which a FBC is outstanding. Expected slippage in this scheme is largely mitigated.
- IFRS 16 budget now £13.8m including bringing forward the Granary Steet lease to this year. Leases have yet to be finalised and this represents a key risk.

Cash

- The cash balance as at the 31st December was £76.6m, a reduction of £9.5m 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
04 February 2026

Updated 16 January 2026

Report Period	M09 | December 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 31st December 2025 (Month 09)

Key Messages

Statement of Comprehensive Income

Financial Position £0.60m deficit in month	For December, the trust is reporting:- • A £0.60m deficit in-month against a planned £1.86m deficit, a £1.26m adverse variance to plan • A £1.99m surplus cumulatively against a planned deficit of £3.49m, £5.47m favourable to plan.

Key Drivers of the Financial Variance	The trusts financial position is being supported by £2.32m of slippage in major projects expenditure, £2.1m clinical supplies 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.
	• Clinical divisions are reporting operational activity performance below planned levels.
	  • Elective activity is 92% in December, 95% cumulatively;
	  • Outpatients Firsts and Procedures are 96% and 92% respectively cumulatively;
	  • St Ann's elective activity is 72% of plans cumulatively.
	  • Cataract activity is 94% of plans cumulatively.
	  • As a result, clinical divisions are reporting £4.38m adverse to plan cumulatively, with clinical income being £4.65m adverse, pay £1.79m favourable and non-pay including clinical consumables £0.20m favourable. This has been off-set by efficiency under delivery of £2.04m.
	• Corporate departments are reporting £2.92m favourable to plans cumulatively including £2.32m linked to slippage on major strategic projects Moorconnect (EPR) (£1.00m), Oriel (£1.13m), and IT projects (£0.20m) and further underspends (£1.20m) offset by CIP underachievement (£1.12m)
	• Research is reporting a £0.58m 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 £1.10m favourable to plan cumulatively across all commercial units.

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 31st December was £76.6m, a reduction of £9.5m since the end of March 2025.This equates to approximately 86 days operating cash. The Better Payment Practice Code (BPPC) performance in December was 96% (volume) and 95% (value) against a target of 95% across both metrics.
Capital (both gross capital expenditure and CDEL)	Capital expenditure as of 31st December totalled £101.5m. • Business as usual capital plan, now £12.3m, is fully committed including ICT migration for which the FBC is awaiting finalisation. However, due to expected slippage in this scheme, the current forecast is £10.2m. £1.8m of potential mitigations have been identified • Externally funded schemes £149.2m plan; £99.0.1m cumulative expenditure including £94.3m of Oriel expenditure and £4.3m for EPR. • IFRS16 £13.8m capital plan now including Granary St;

Other Key Information

Efficiencies £15.1m Trust Target £10.1m YTD actual £6.7m 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 £17.6m of schemes, of which the programme is forecasting £14.3m of delivery, £0.8m adverse to plan. Of the total identified:- • £6.3m is identified central schemes; • £0.4m is identified high risks to delivery; • £6.8m identified as non-pay schemes; • £8.3m 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 2026/27.
Agency Spend £1.95m spend YTD 1.3% total pay	Trust wide agency spend totals £1.95m 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	£372.6m	£31.5m	£32.4m	£0.9m	£279.6m	£279.0m	(£0.5m)	(0)%	
Pay	(£195.3m)	(£16.2m)	(£16.5m)	(£0.3m)	(£148.7m)	(£148.8m)	(£0.0m)	(0)%	
Non Pay	(£133.1m)	(£10.5m)	(£9.7m)	£0.8m	(£101.1m)	(£95.5m)	£5.6m	6%	
Financing & Adjustments	(£44.2m)	(£6.6m)	(£6.8m)	(£0.2m)	(£33.2m)	(£32.8m)	£0.4m	1%	
CONTROL TOTAL	**-**	**(£1.9m)**	**(£0.6m)**	**£1.3m**	**(£3.5m)**	**£2.0m**	**£5.5m**		
Income includes Elective Recovery Funding (ERF) which for presentation purposes is seperated on the Statement of Comprehensive Income									
Memorandum Items									
Research & Development	(£0.38m)	£0.27m	(£0.31m)	(£0.58m)	£0.19m	(£0.89m)	(£1.08m)	(561)%	
Commercial Trading Units	£5.37m	(£0.16m)	£0.33m	£0.48m	£3.56m	£4.66m	£1.10m	31%	
ORIEL Revenue	(£3.96m)	(£0.33m)	(£0.32m)	£0.01m	(£2.96m)	(£1.83m)	£1.13m	38%	
Efficiency Schemes	£18.00m	£1.43m	£4.40m	£2.97m	£6.53m	£10.09m	£3.56m	54%	

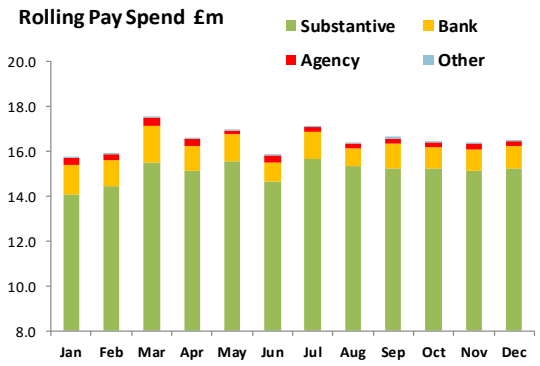
INCOME BREAKDOWN RELATED TO ACTIVITY

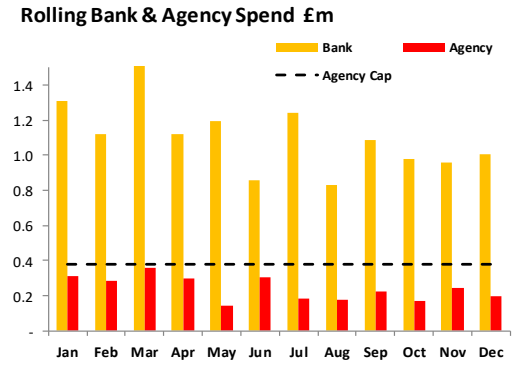
Income Breakdown £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance	RAG	Forecast Plan	Forecast Actual	Forecast Variance
NHS Clinical Income	£212.8m	£159.9m	£158.2m	(£1.7m)				
Pass Through	£40.2m	£30.1m	£30.2m	£0.0m				
Other NHS Clinical Income	£12.2m	£9.1m	£9.4m	£0.3m				
Commercial Trading Units	£48.4m	£35.6m	£36.4m	£0.8m				
Research & Development	£15.7m	£11.6m	£11.8m	£0.2m				
Other	£43.3m	£33.2m	£33.0m	(£0.2m)				
INCOME INCL ERF	**£372.6m**	**£279.6m**	**£279.0m**	**(£0.5m)**				

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	(£193.7m)	(£16.1m)	(£15.2m)	£0.8m	(£147.5m)	(£137.0m)	£10.5m	92%
Bank	(£0.5m)	(£0.0m)	(£1.0m)	(£1.0m)	(£0.4m)	(£9.3m)	(£8.9m)	6%
Agency	(£0.5m)	(£0.0m)	(£0.2m)	(£0.2m)	(£0.4m)	(£1.9m)	(£1.6m)	1%
Other	(£0.6m)	(£0.1m)	(£0.1m)	(£0.0m)	(£0.5m)	(£0.5m)	(£0.0m)	0%
TOTAL PAY	**(£195.3m)**	**(£16.2m)**	**(£16.5m)**	**(£0.3m)**	**(£148.7m)**	**(£148.8m)**	**(£0.0m)**	





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

*Agency cap levels set by NHSIE

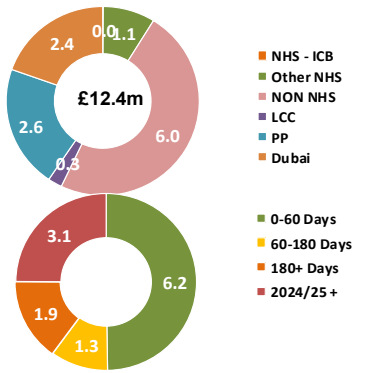
CASH, CAPITAL AND OTHER KPI'S

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	(£7.0m)	(£2.2m)	(£1.7m)	(£0.5m)				
Donated/Externally funded	(£168.4m)	(£125.1m)	(£99.8m)	(£25.3m)				
TOTAL	**£175.4m**	**£127.3m**	**£101.5m**	**(£25.8m)**				

Key Metrics	Plan	Actual	RAG
Cash	58.7	76.6	
Debtor Days	45	12	
Creditor Days	45	40	
PP Debtor Days	65	40	

Better Payment Practice	Plan	Actual
BPPC - NHS (YTD) by number	95%	93%
BPPC - NHS (YTD) by value	95%	91%
BPPC - Non-NHS (YTD) by number	95%	96%
BPPC - Non-NHS (YTD) by value	95%	95%

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	252.95	19.31	19.38	0.07	190.01	188.38	(1.63)	(1)%	
Other NHS Clinical Income	12.17	0.92	1.21	0.30	9.13	9.44	0.31	3%	
Commercial Trading Units	48.42	3.38	3.79	0.41	35.59	36.36	0.77	2%	
Research & Development	15.72	1.37	1.24	(0.13)	11.60	11.85	0.24	2%	
Other Income	43.31	6.55	6.77	0.22	33.22	33.02	(0.20)	(1)%	
Total Income	**372.57**	**31.54**	**32.40**	**0.86**	**279.56**	**279.05**	**(0.52)**	**(0)%**	
Operating Expenses									
Pay	(195.26)	(16.21)	(16.49)	(0.28)	(148.75)	(148.79)	(0.04)	(0)%	
Of which: Unidentifed CIP	*5.91*	*0.41*	-	*(0.41)*	*4.51*	-	*(4.51)*		
Drugs	(44.00)	(3.23)	(3.52)	(0.29)	(33.41)	(34.35)	(0.94)	(3)%	
Clinical Supplies	(26.56)	(2.01)	(1.90)	0.11	(20.60)	(18.43)	2.17	11%	
Other Non Pay	(62.53)	(5.31)	(4.28)	1.02	(47.12)	(42.74)	4.38	9%	
Of which: Unidentifed CIP	*(0.72)*	*(0.06)*	-	*0.06*	*(0.54)*	-	*0.54*		
Total Operating Expenditure	**(328.35)**	**(26.75)**	**(26.19)**	**0.56**	**(249.87)**	**(244.31)**	**5.56**	**2%**	
EBITDA	*44.22*	*4.78*	*6.21*	*1.43*	*29.69*	*34.74*	*5.05*	17%	
Financing & Depreciation	(18.93)	(1.69)	(1.72)	(0.02)	(13.60)	(12.89)	0.71	5%	
Donated assets/impairment adjustments	(25.29)	(4.95)	(5.10)	(0.14)	(19.57)	(19.86)	(0.29)	(1)%	
Control Total Surplus/(Deficit)	**(0.00)**	**(1.86)**	**(0.60)**	**1.26**	**(3.49)**	**1.99**	**5.47**	**157%**	

Commentary

Operating Income

£0.86m favourable to plan in month

Total operating income is reporting £32.40m in-month, £0.86m favourable to plan, and £0.52m adverse cumulatively. Key points of note are:-

- Directly commissioned clinical income was £19.38m, £0.07m favourable to plan.
- An in-month contractual deduction of £5.25m (£7.0m FYE) with the NCL ICB has been included relating to unused project funding.
- Underlying elective activity was at 92% (95% cumulatively). Elective activity was below plan in the north-east locality with Stratford activity at 99% and St Anns activity at 53% during December. St Georges were above plan at 111%.
- Commercial trading income was £3.79m, £0.41m favourable to plan.
- Research and Development income at £1.24m, £0.13m adverse to plan
- Other income was on £0.22m favourable to plan.

Employee Expenses

£0.28m adverse to plan in month

December pay is reporting £16.49m (2,755wte); £0.28m adverse to plan. Key points of note are:-

- Substantive pay costs (2,593wte) were £15.23m, higher than the prior 12 month average of £14.96m, and includes the national pay award and employers NI increases
- Temporary staffing costs were £1.20m in December.
  - Agency costs (13wte) are £0.25m in month, lower than the 12-month trend of £0.26m. Use continues mainly on medical staff & administration in both clinical and corporate areas.
  - Bank costs (149wte) are £1.00m in month, lower than the rolling trend of £1.15m. Bank use continues to be mainly in clinical areas and within the medical and clinical admin staffing group.
  - £0.41m unachieved pay CIP (£4.51m cumulatively)

Non-Pay Expenses

£0.67m favourable to plan in month

(non-pay and financing)

Non-Pay (exc. financing) costs in December were £16.51m, £0.67m favourable to plan. Key points of note are:-

- Drugs were £0.29m adverse to plan in month with £3.52m expenditure against a 12-month trend of £3.76m. Injections were at 108% of planned activity in month.
- Clinical supplies were £0.11m favourable to plan in month predominantly linked to lower elective activity than planned. Costs were £1.90m in month against a 12-month trend of £2.00m.
- Other non-pay was £1.02m favourable in month with £4.28m expenditure against a 12-month trend of £5.02m.
- £0.06m overachieved non-pay CIP (£0.54m cumulatively overachieved)

Trust Patient Clinical Activity/Income Performance

PATIENT ACTIVITY AND CLINICAL INCOME

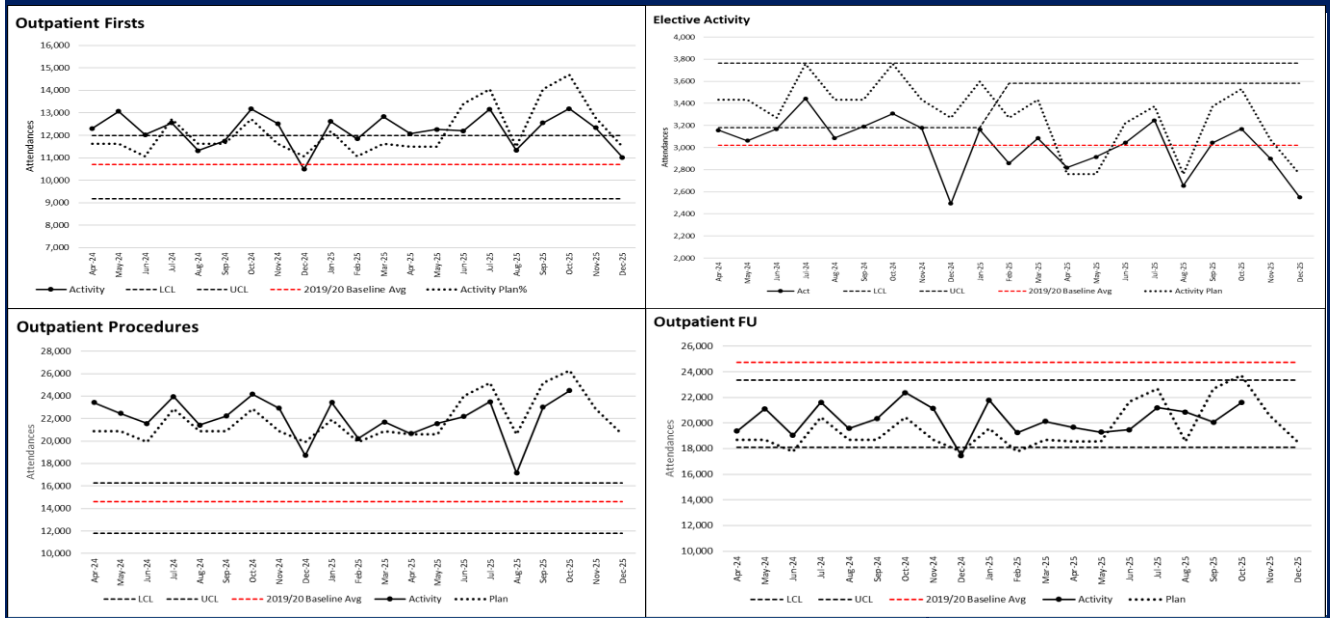
ER	Point of Delivery	Activity In Month				Activity YTD			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%
ERF Activity	Daycase / Inpatients	2,761	2,552	(209)	92%	27,614	26,341	(1,273)	95%
	OP Firsts	11,499	11,019	(480)	96%	114,993	110,140	(4,853)	96%
	OP Procedures	20,585	14,689	(5,896)	71%	205,847	189,206	(16,641)	92%
	ERF Activity Total								
Non ERF Activity	OP Follow Ups	18,568	23,858	5,290	128%	185,677	185,590	(87)	100%
	High Cost Drugs Injections	4,282	4,608	326	108%	42,820	43,404	584	101%
	Non Elective	226	234	8	104%	2,007	2,228	221	111%
	AandE	6,217	5,521	(696)	89%	55,147	55,806	659	101%
	Total	64,138	62,481	(1,657)	97%	634,105	612,715	(21,390)	97%

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

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

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

ACTIVITY TREND - ERF COMPONENTS



Commentary

NHS Income

Contractual Status

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

2025/26 Activity performance achievement

- **Inpatient activity** achieved 92% in month and 95% year to date of the revised demand plan.
- **Outpatient Firsts Activity** achieved 96% of the revised demand plan in month; 96% year to date
- **Outpatient Procedures Activity** achieved 71% of revised demand plans in month; 92% cumulatively. Once fully coded this will return to planned levels.

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 108% of activity plans in month; 101% year to date.
- **A&E** achieved 92% of activity plans in month; 105% 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 December 2025. Final ERF performance is in line with planning expectations.

Activity plans and ERF

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

- 2024/25 performance for ERF is now confirmed to month 12 but with the year end performance finalised.
- 2025/26 ERF reporting from NHSE will be the same as 2024/25. IAPs are agreed with commissioners regarding the funded levels of activity for this year. Current performance is an estimated £1m behind plan but with expected catch up in Q4.

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

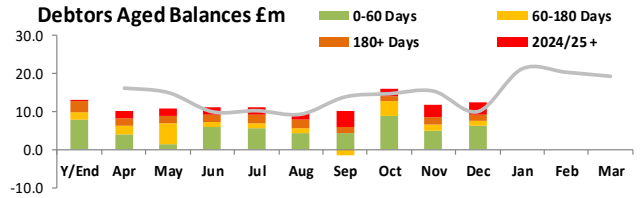
CAPITAL EXPENDITURE

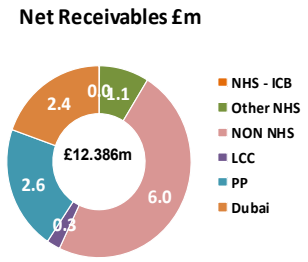
Capital Expenditure £m	Annual Plan	Year to Date Plan	Year to Date Actual	Year to Date Variance
Medical Equipment	0.8	0.1	0.4	0.2
Estates	2.5	1.5	1.2	(0.3)
IMT	3.1	0.1	0.1	(0.1)
Commercial	0.5	0.4	0.1	(0.3)
Network Strategy	-	-	-	-
Other - Trust funded	0.1	0.1	-	(0.1)
Oriel Programme	145.2	119.7	94.5	(25.2)
EPR Project	8.6	4.9	4.9	(0.1)
NiHR Capital Grant	-	-	-	-
Other & Charity	0.8	0.5	0.4	(0.1)
IFRS16	13.8	-	0.1	0.1
TOTAL INCLUDING DONATED	**175.4**	**127.3**	**101.5**	**(25.8)**

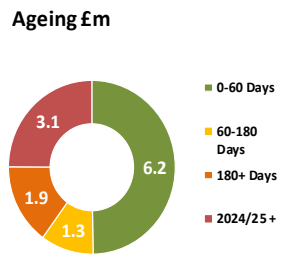
Capital Funding £m	Annual Plan	Secured	Not Yet Secured	% Secured
Depreciation	11.9	11.9	-	100%
Cash Reserves - Oriel	-	-	-	-
Cash Reserves - B/Fwd	2.2	2.2	-	100%
Capital Loan Repayments	(1.8)	(1.8)	-	100%
TOTAL - ICS Allocation	**12.3**	**12.3**	**-**	**100%**
IFRS 16 Leases	13.8	13.8	-	100%
Externally funded	123.1	123.1	-	100%
Donated/Charity	26.2	26.2	-	100%
TOTAL INCLUDING DONATED	**175.4**	**175.4**	**-**	**100%**

RECEIVABLES

Net Receivables £m	*0-60 Days*	*60-180 Days*	*180+ Days*	*2024/25 +*	*Total*
CCG Debt	0.0	-	(0.0)	0.0	(0.0)
Other NHS Debt	0.4	0.2	0.1	0.3	1.1
Non NHS Debt	2.9	0.2	1.6	1.4	6.0
Commercial Unit Debt	2.9	0.9	0.2	1.4	5.3
TOTAL RECEIVABLES	**6.2**	**1.3**	**1.9**	**3.1**	**12.4**







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	554.2	553.3	(1.0)
Current assets (excl Cash)	29.8	29.8	25.5	(4.3)
Cash and cash equivalents	62.7	58.7	76.6	17.9
Current liabilities	(45.9)	(46.1)	(61.3)	(15.2)
Non-current liabilities	(288.0)	(267.1)	(274.0)	(6.9)

OTHER METRICS

Use of Resources	Plan	Current Month	Prior Month
BPPC - NHS (YTD) by number	95%	93%	93%
BPPC - NHS (YTD) by value	95%	91%	94%
BPPC - Non-NHS (YTD) by number	95%	96%	96%
BPPC - Non-NHS (YTD) by value	95%	95%	96%

Commentary

Cash and Working Capital

The cash balance as at the 31st December was £76.6m, a reduction of £9.5m since the end of March 2025.

Capital Expenditure/ Non-current assets

Capital expenditure as of 31st December totalled £101.5m, predominantly Oriel related/EPR related.

Business as usual capital £12.3m

- The budget has been increased by £2.1m with slippage in other NCL organisations. The budget is fully committed but slippage in ICT migration means the current forecast is £10.2m. To mitigate this £1.8m of potential additional spend has so far been identified
- Critical infrastructure, fire remediation, and high priority EBME equipment have been prioritised along with previously committed expenditure. The Ealing FBC has recently been approved and the budget updated.
- Remaining capital commitments are being considered subject to finalisation of key projects including, EPR budget programme finalisation, Oriel adjacent costs and ICT BAU and ICT migration to Oriel cost implications.
- The IFRS16 budget has been increased to £13.8m including bringing forward the Granary Street lease to 2025/26. The budget is marginally over committed including this lease, IT migration and 10-year extensions. However, with none of the leases yet finalised this remains a key risk.

Receivables

Receivables have reduced by £0.6m to £12.4m since the end of the 2024/25 financial. Debt in excess of 60 days shows a reduction of £0.8m in December and current debt increased by £1.4m.

Payables

Payables totalled £14.0m at the end of December, a reduction of £6.7m since the end of March 2025.

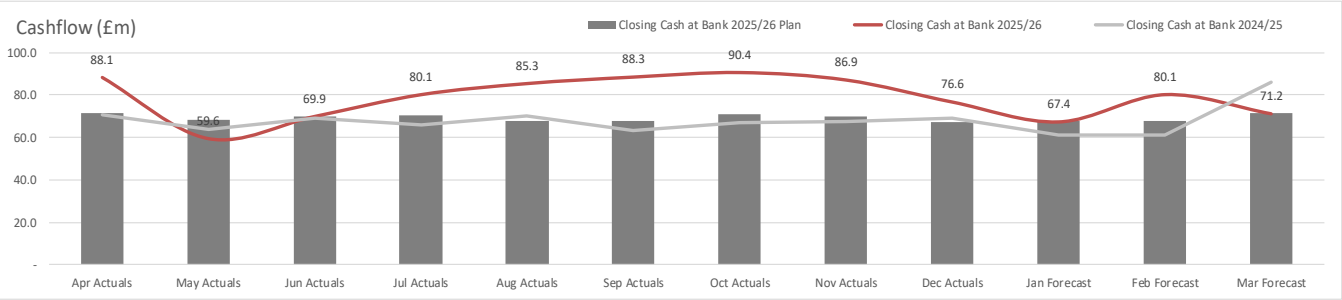
The trust's performance against the 95% Better Payment Practice Code (BPPC) is shown to the left. In aggregate it was:-

- 96% volume of invoices (prior month 96%) and
- 95% 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 Actuals	Dec Actuals	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Dec Forecast	Dec Var
Opening Cash at Bank	**86.1**	**88.1**	**59.6**	**69.9**	**80.1**	**85.3**	**88.3**	**90.4**	**86.9**	**76.6**	**67.4**	**80.1**	**86.1**		
Cash Inflows															
Healthcare Contracts	22.0	20.9	22.5	23.0	25.1	23.7	20.4	21.4	21.6	21.0	21.7	22.8	266.2	19.1	2.5
Other NHS	4.3	1.6	0.6	3.2	3.6	1.6	2.0	6.0	1.0	1.4	1.3	1.3	27.9	1.2	(0.2)
Moorfields Private/Dubai/NCS	4.4	3.8	4.0	4.5	4.1	3.8	4.6	3.9	3.8	4.6	4.1	4.1	49.7	3.4	0.4
Research	0.9	0.9	1.9	0.8	1.0	1.0	1.0	1.0	1.4	1.3	1.3	1.3	13.7	1.3	0.1
VAT	2.2	0.0	2.3	-	1.6	2.4	1.5	1.4	1.2	1.4	1.4	1.4	16.7	1.4	(0.2)
PDC / Loan	-	-	19.6	14.0	14.5	3.7	12.9	-	-	4.3	25.1	0.3	94.4	-	-
Charity Donation	-	-	5.0	-		10.0	-	-	5.0	-	-	5.9	25.9	5.0	-
Other Inflows	0.3	0.3	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.2	0.2	3.0	**0.2**	0.1
Total Cash Inflows	**34.1**	**27.5**	**56.1**	**45.7**	**50.1**	**46.4**	**42.6**	**33.9**	**34.3**	**34.2**	**55.1**	**37.3**	**497.4**	**31.6**	**2.7**
Cash Outflows															
Salaries, Wages, Tax & NI	(14.1)	(14.6)	(14.8)	(14.8)	(15.7)	(16.1)	(15.1)	(15.0)	(15.1)	(15.2)	(15.2)	(15.2)	(181.0)	(15.2)	0.1
Non Pay Expenditure	(15.5)	(12.0)	(11.6)	(12.8)	(10.2)	(12.9)	(12.3)	(9.8)	(12.5)	(13.0)	(13.0)	(15.4)	(150.9)	(16.0)	3.4
Capital Expenditure	(0.8)	(0.7)	(0.6)	(0.7)	(0.1)	(0.7)	(0.2)	(0.1)	(2.8)	(3.3)	(3.6)	(2.4)	(16.0)	(1.5)	(1.3)
Oriel	(0.2)	(27.6)	(17.3)	(5.9)	(16.8)	(10.9)	(11.7)	(11.3)	(12.6)	(10.7)	(8.7)	(10.4)	(144.3)	(12.9)	0.3
Moorfields Private/Dubai/NCS	(1.4)	(1.1)	(1.4)	(1.3)	(1.5)	(1.2)	(1.2)	(1.1)	(1.6)	(1.3)	(1.3)	(1.3)	(15.9)	(1.3)	(0.3)
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)	(37.4)	(44.6)	(43.4)	(42.4)	(46.2)	**(512.3)**	**(46.9)**	**2.3**
Net Cash inflows /(Outflows)	2.1	(28.6)	10.4	10.2	5.2	3.0	2.1	(3.5)	(10.3)	(9.3)	12.7	(9.0)	(14.9)	(15.3)	5.0
Closing Cash at Bank 2025/26	**88.1**	**59.6**	**69.9**	**80.1**	**85.3**	**88.3**	**90.4**	**86.9**	**76.6**	**67.4**	**80.1**	**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 December was £76.6m, a reduction of £9.5m since the end of March 2025.

The trust currently has 86 days of operating cash (prior month: 98 days).

December cashflow saw a £10.3m outflow against a forecast of £15.3m due to payments for NHS provider SLAs and timing of payments slipping to future months.

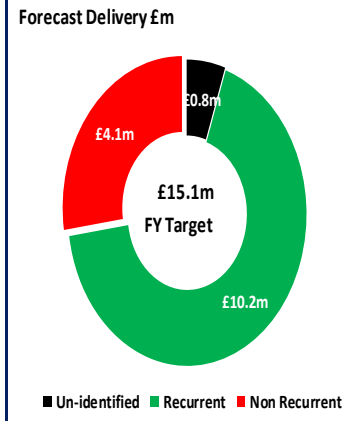
The current forecast cash balance to the end of the financial year is £71.2m in line with plan.

Efficiency Scheme Performance Reporting

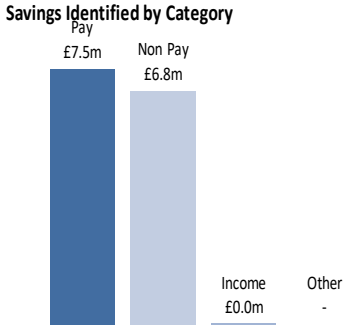
EFFICIENCY SCHEMES PERFORMANCE

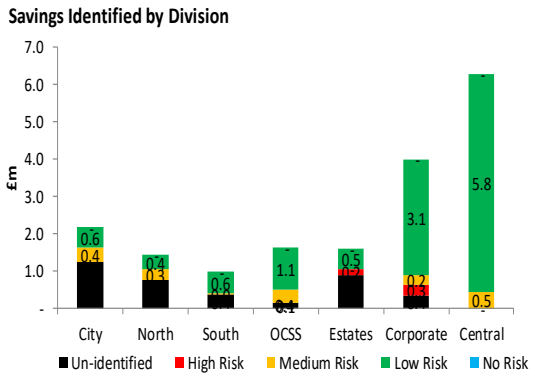
Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£2.17m	£0.18m	£0.08m	(£0.10m)	£1.63m	£0.78m	(£0.85m)	£2.17m	£0.93m	(£1.24m)
North	£1.43m	£0.12m	£0.06m	(£0.06m)	£1.07m	£0.48m	(£0.59m)	£1.43m	£0.66m	(£0.77m)
South	£0.98m	£0.08m	£0.08m	(£0.00m)	£0.74m	£0.43m	(£0.31m)	£0.98m	£0.62m	(£0.37m)
Ophth. & Clinical Serv.	£1.62m	£0.13m	£0.12m	(£0.02m)	£1.21m	£1.15m	(£0.06m)	£1.62m	£1.48m	(£0.13m)
Research & Development	£0.49m	£0.04m	-	(£0.04m)	£0.37m	-	(£0.37m)	£0.49m	-	(£0.49m)
Trading	£0.83m	£0.07m	-	(£0.07m)	£0.62m	-	(£0.62m)	£0.83m	-	(£0.83m)
Corporate	£5.59m	£0.47m	£0.43m	(£0.04m)	£4.19m	£3.13m	(£1.05m)	£5.59m	£4.33m	(£1.26m)
DIVISIONAL EFFICIENCIES	**£13.10m**	**£1.09m**	**£0.76m**	**(£0.34m)**	**£9.83m**	**£5.97m**	**(£3.86m)**	**£13.10m**	**£8.02m**	**(£5.08m)**
Central	**£2.00m**	**£0.17m**	**£3.64m**	**£3.47m**	**£1.73m**	**£4.12m**	**£2.40m**	**£2.00m**	**£6.29m**	**£4.29m**
INTERNAL EFFICIENCIES	**£15.10m**	**£1.26m**	**£4.40m**	**£3.14m**	**£11.55m**	**£10.09m**	**(£1.46m)**	**£15.10m**	**£14.31m**	**(£0.79m)**
Adjustment to external plan	£2.90m	£0.17m	-	(£0.17m)	(£5.02m)	-	£5.02m	£2.90m	-	(£2.90m)
TRUST EFFICIENCIES	**£18.00m**	**£1.43m**	**£4.40m**	**£2.97m**	**£6.53m**	**£10.09m**	**£3.56m**	**£18.00m**	**£14.31m**	**(£3.69m)**

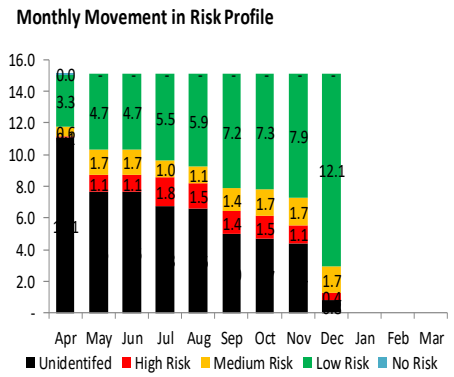
TRUST WIDE FORECAST



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:-

- £4.40m in month, compared to a plan of £1.43m, £2.97m favourable to plan; and
- £10.09m year to date, compared to a plan of £6.53m, £3.56m 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 £0.65m adverse in month & £0.8m adverse YTD.

Identified Savings

The trust is forecasting £14.3m, £0.8m adverse to plan.

Of the total identified:-

- £6.3m is identified central schemes;
- £0.4m is identified high risks to delivery;
- £6.8m identified as non-pay schemes;
- £8.3m is forecast recurrently;

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

£6.7m 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.

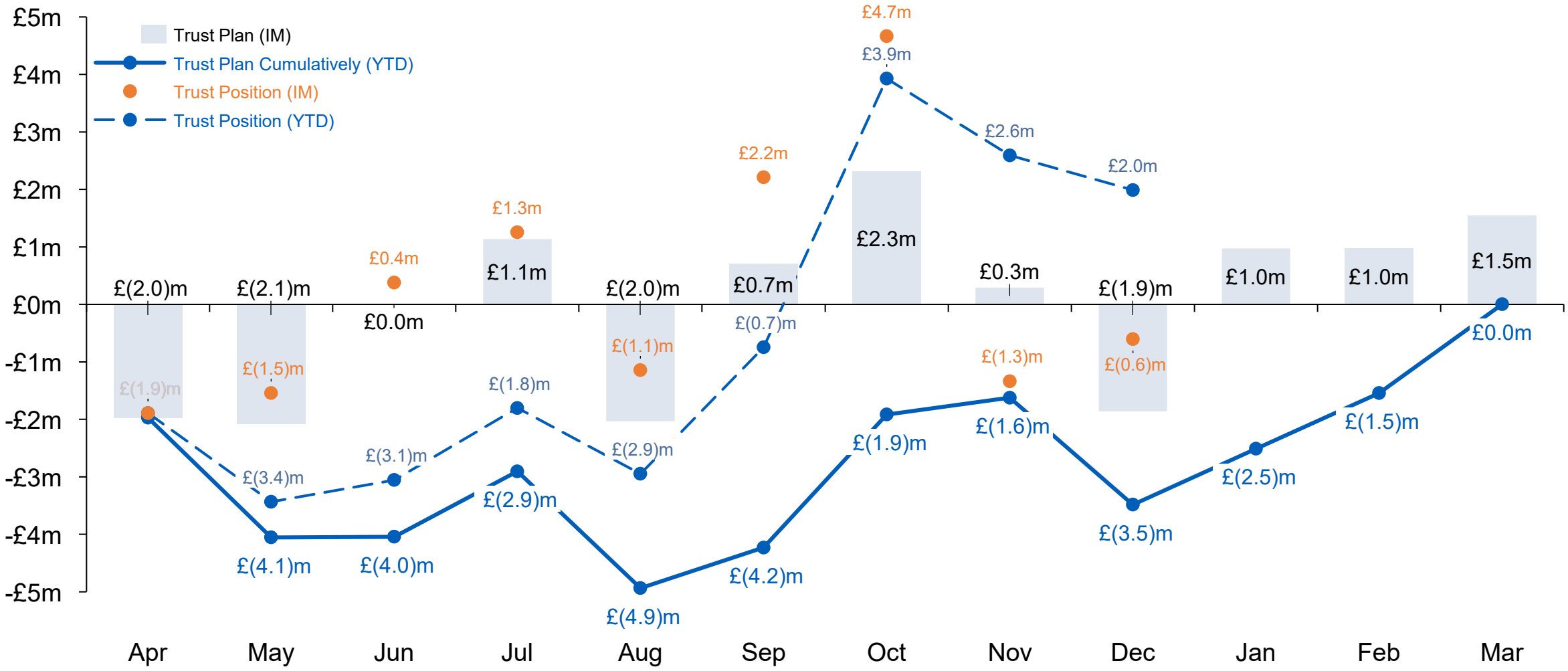
Supplementary Information

Moorfields Eye Hospital NHS Foundation Trust

NHS

The Trust financial performance is £1.3m deficit in month, £2.6m surplus YTD

For November the trust reported a **£0.6m deficit IM**, £1.3m favourable to the planned deficit of £1.3m in month.
Cumulatively the trust is reporting **a £2.0m surplus YTD**, £5.5m favourable to the £3.5m planned deficit YTD.
The Trusts financial plan is predicated on the delivery of efficiency savings of £15.1m which has a material impact on in month and cumulative financial plans.



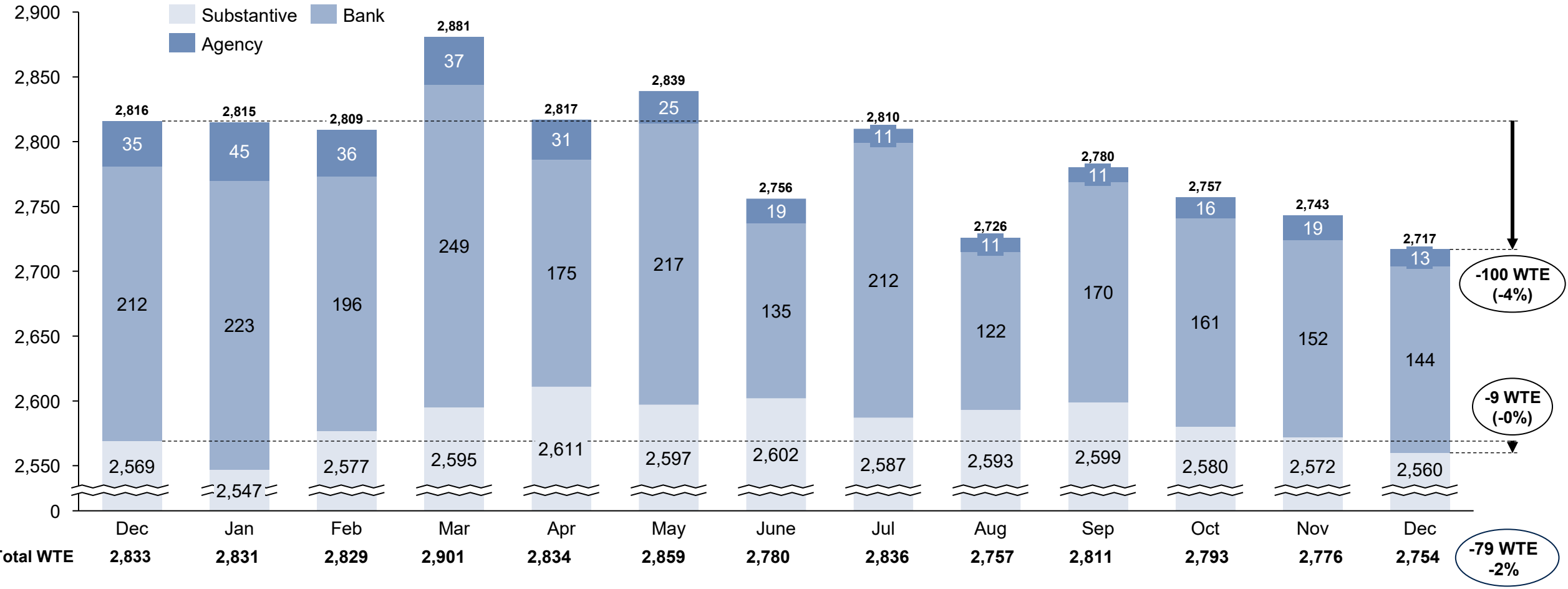
The Trusts financial plan is predicated on typical assumptions for income and expenditure categories as laid out below, including efficiencies which due to its size (£15.1m) has a material impact on in month and cumulative financial plans. Planning assumptions have included:-

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

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-74 WTE from the same period last year. Substantive staff have changed by +8 WTE.



	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
Total WTE	**2,833**	**2,831**	**2,829**	**2,901**	**2,834**	**2,859**	**2,780**	**2,836**	**2,757**	**2,811**	**2,793**	**2,776**	**2,754**

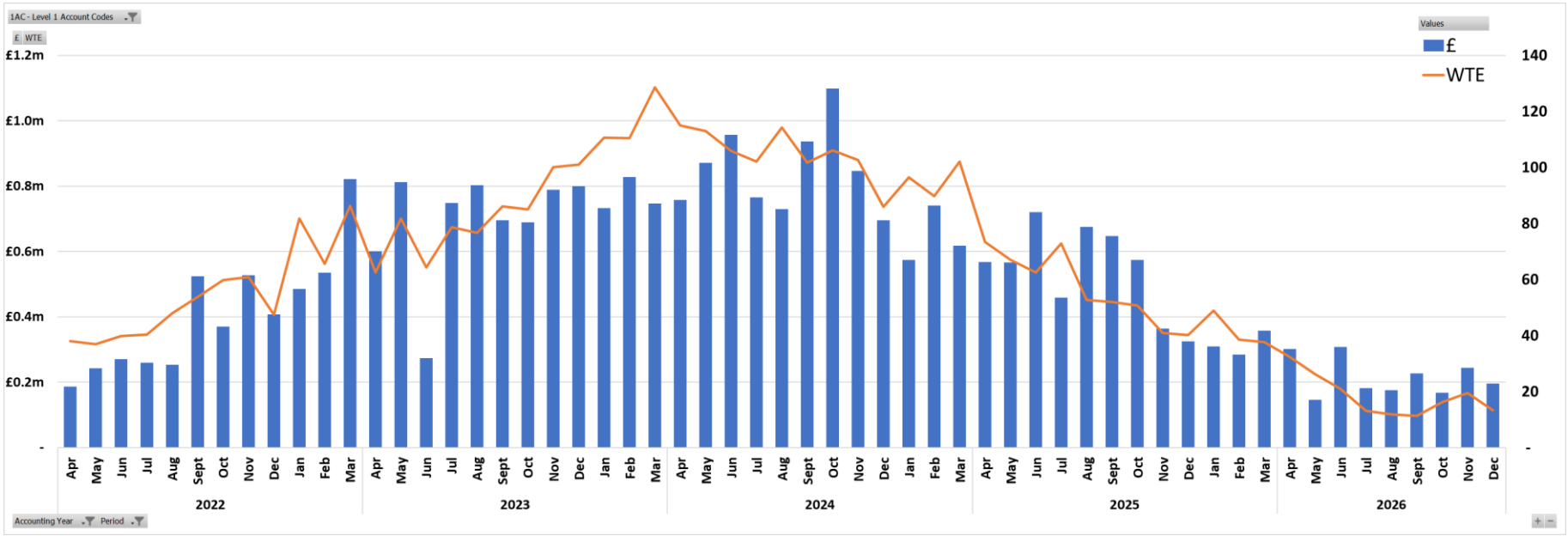
&National planning expectations are agency reductions of 30%, bank reductions of 10%, and corporate support functions to reduce growth since 2018/19 by 50% by quarter 3 of 2025/26

*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

Learning from deaths (Q2 2025/26) Board of directors 4 February 2026

Report title	Learning from deaths
Report from	Louisa Wickham, chief medical officer
Prepared by	Julie Nott, head of risk & safety and patient safety specialist
Link to strategic objectives	We will consistently provide an excellent, globally recognised service

Executive summary

This report provides an update regarding how we learn from deaths that occur within Moorfields defined by criteria (see Annex below) as set out in trust policy. It is a requirement for all trusts to have a similar policy.

The trust has identified **one** patient deaths in Q2 and Q3 2025/26 that fell within the scope of the learning from deaths policy.

Quality implications

The Board needs to be assured that the trust is able to learn lessons from patient safety incidents, in order to prevent repeat mistakes and minimise patient harm.

Financial implications

Provision of the medical examiner (ME) role for Moorfields may have small cost implications if the service is ever required.

Risk implications

If the trust fails to learn from deaths, then there is clinical risk in relation to our ability to provide safe care to patients leading to possible reputational risk, financial risk of potential litigation and legal risk to directors.

Action required/recommendation

The Board is asked to receive the report for assurance and information.

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

This report satisfies the requirement to provide the trust board with an update regarding compliance with, and learning from, the NHSE learning from deaths agenda. The 2024/25 data is shown in the table below.

Indicator	Q4 2024/25	Q1 2025/26	Q2 2024/25	Q3 2025/26
Summary Hospital Mortality Indicator (as reported in the IPR)	0	0	0	0
Number of deaths that fall within the scope of the learning from deaths policy (see annex 1)	0	0	1	0
% of cases (in scope) reviewed under the structured judgement review (SJR) methodology	N/A	N/A	100%	N/A
Deaths considered likely to have been avoidable	N/A	N/A	N/A	N/A

Learning and improvement opportunities identified during Q2 and Q3 (including those outside the criteria set out in Annex 1)

1. Notification of a patient death received, City Road (in scope – see annex 1)

During Q1, a request was received from HM Coroner for information regarding a patient who had passed away two days after routine cataract surgery. A copy of the patient's health record was shared, along with statements from staff regarding pre-assessment and the day of surgery. A structured judgement review was completed by a consultant ophthalmologist and a consultant anaesthetist, and no concerns were identified. Further information regarding the need for on-going involvement from the trust is awaited from the Coroner.

2. Notification of paediatric deaths (not in scope – see annex 1)

Previous learning from deaths reports have identified a concern regarding the receipt of notification when a child under the care of Moorfields passes away. Staff are unaware that the patients had died because notification had not been received via the national deceased registry reports. Previous reviews have identified that proactive notification of a child death is unlikely to be forthcoming, and that details will only appear in national deceased registry reports when an active search of the National Care Record Summary (NCRS) has been undertaken by a member of staff listed to organisation code RP6 (Moorfields).

A further incident has been identified in which notification of a death was not received via the agreed route. When a patient 'was not brought' (WNB) to an appointment, a member of staff contacted the patient's family and was advised that the family had notified the hospital on multiple occasions. Continued contact with the family was causing them great distress.

The WNB policy now specifies that clinicians are required to check Spine for any child safeguarding related information for any paediatric patients that were not brought to any

clinical appointments. It is anticipated that this review will enable the proactive identification of a patient death, prior to contact being made with a bereaved family.

3. Notification of a patient death received, Croydon (currently not in scope – see annex 1)

During the review of a patient fall incident, it was identified that a patient was deceased. The patient had attended an outpatient appointment and was observed be unsteady on his feet prior to falling. He was reviewed in A&E prior to discharge.

It has since become apparent that the patient passed away at home several days after the incident, and that the London Ambulance Service has made a direct referral to the Coroner. The incident is currently out of scope as a request for information from the Coroner is yet to be received. The incident has been reviewed by the incident review group.

Annex 1

Included within the scope of this policy:

1. All in-patient deaths.
2. Patients who die within 30 days of discharge from inpatient services (where the Trust becomes aware of the death).
3. Mandated patient groups identified by the NQB Learning from Deaths guidance including individuals with a learning disability, mental health needs or an infant or child.
4. The death of any patient who is transferred from a Moorfields site and who dies following admission to another provider hospital.
5. The death of any patient, of which the trust is made aware, within 48 hours of surgery.
6. All deaths where bereaved families and carers, or staff, have raised a significant concern about the quality of care provision by Moorfields.
7. Deaths of which the trust becomes aware following notification, and a request for information, by HM Coroner.
8. Persons who sustain injury as a result of an accident (e.g. a fall down stairs) whilst on Trust premises and who subsequently die.
9. Individual deaths identified by the Medical Examiner or through incident reporting or complaints or as a result of the Inquest process.

Excluded from the scope of this Policy:

1. People who are not patients who become unwell whilst on trust premises and subsequently die.

Meeting:	Board of Directors
Date:	4 February 2026
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	David Hills, non-executive director
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 14 January 2026.

The committee also met on 15 December 2025 to review and approve the draft trust plan submission, and again on 2 February 2026 to review and endorse the final trust plan submission for Board approval on 4 February.

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 (Month 8)** • Reported £2.6m surplus driven by slippage on major projects, which is expected to be funded in the next year, and by current activity levels: • Cash position strong at £86.9m, above plan due to capital slippage. • Improved cost control across services acknowledged as a key driver of financial stability. • *Cost improvement programme* (CIP) forecast: £15–16m total delivery expected, with £8–9m confirmed recurrent.
	2025/26 Financial forecast • Trust planning to deliver FY25/26 financial plan in full
	2025/26 Operational performance • *Referral to treatment* (RTT) at 83.5%, previously 84.6% pre-Christmas; recovery actions underway to meet 87% year-end target. • 65-week waits: Two remaining, plus four newly identified due to admin error; all expected to be cleared by end of February. • 52-week waits stabilised; expected to reduce to single figures next year. • Mutual aid to King's: will be managed to avoid internal 65-week breaches. • Digital initiatives (Wayfinder, AI) progressing to reduce patient contact burden. • Sickness absence, appraisal rates and information governance compliance identified as requiring focus ahead of *electronic patient record* (EPR) go-live.
	2025/26 Productivity • Theatre utilisation improving, highest in November; continued work to reach best practice. • Cataract lists below *getting it right first time* (GIRFT) standard of eight cases per session. The committee requested a benchmarking report of cataract activity per list against peer providers. • Follow-up *did not attend* (DNA) rates improving; new patient DNAs remain above target. • Divisional engagement strong; actions now in delivery phase.
	2025/26 CIP delivery • £10.7m confirmed CIP, rising to £11.8m with pipeline schemes. • £4.4m contract income over-performance being recognised as recurrent to meet plan. • Divisional CIP planning well engaged, supported by executive-led workshops.
	Divisional update – OCSS • Delivered £1.2m recurrent efficiencies (25% of Trust total). • Workforce challenges in optometry and orthoptics; skill mix reviews underway. • Access function and demand/capacity planning remain priorities. • Divisional EPR and Oriel risks remain at programme level until transition.
	Moorfields Private recovery plan • Recovered well in Q2 and Q3 following consultant absence-related Q1 dip. • Forecast above plan, maintaining cost control. • Recognised as an exemplar of financial discipline.

	Any risks and issues for escalation • There were no risks identified not already recorded in the registers.
	AOB • There was no other business.
Date of next meeting	18 March 2026

Moorfields Eye Hospital NHS Foundation Trust

Summary report of the **Quality and Safety Committee** Meeting on 27 January 2026

Board of directors
4 February 2026

Report title	**Summary report of the Quality and Safety Committee Meeting on 27 January 2026**		
Report from	Michael Marsh, Chair of the Quality and Safety Committee		
Prepared by	David Flintham, Quality and Compliance Manager Ian Tombleson, Director of Quality and Safety		
Previously considered at	Quality and Safety Committee	**Date**	27/01/2026
Link to strategic objectives	We will consistently provide an excellent, globally recognised service		

Quality implications This report provides a summary of the committee's meeting held on 27 January 2026. It outlines the items discussed at the meeting and highlights any issues for the attention of the board.
Financial implications None.
Risk implications No specific risk escalations from this meeting. There are, however, five points which are highlighted for the Board's specific attention.
Action required/recommendation. The board is asked to note the report of the Quality and Safety Committee.

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

Moorfields Eye Hospital NHS Foundation Trust

QUALITY AND SAFETY COMMITTEE SUMMARY REPORT

27 January 2026

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 Ophthalmology and Clinical Support Services (O&CSS) Division** QSC received a presentation by O&CSS. The following points were highlighted: • A focus was on EPR (*MoorConnect*) and Oriel and the effect this is having on the division; • The division maintains a very good overall external inspection and accreditation status. **Infection Control Update** The regular infection control (IPC) update was presented. The following issues were highlighted: • Overall compliance remains green - there was one endophthalmitis case in December • Flu vaccination rate for front-line staff is just below target – Moorfields is second in London. **Patient Safety Incidents** There were no patient safety incident investigation (PSII) reports. The regular duty of candour report was presented. The following were highlighted: • Apologies made are not always reflected in the patient notes • Training rates are good. The challenge is about giving staff the confidence to apologise and record this accurately and in a timely way. **Patient Safety Incident Response Framework (PSIRF)** QSC received an update about PSIRF as part of its 18-month review. The following were highlighted: • Learning has been a key component of the review. This has led to some changes to the process; • The review has demonstrated process improvements, especially improved rigour; • There is a focus on digital clinical safety, especially as it moves from niche to mainstream; • Harm does not drive PSIRF, but the level of harm does prioritise incident review. **Fire Safety Update** The regular fire safety update was presented. The following issues were highlighted: • Local coordination of fire drills with host trusts is in progress; • The local fire brigade has recommended the use of 'seek and search' (a 5-minute phase between the alarm being raised and the fire brigade being summoned). This will be trialled at City Road. **Bedford Improvement Update** The committee received an update about the on-going improvement works at Bedford. The following issues were highlighted: • Good progress is being made across all areas • The local ICB has committed to contract directly with Moorfields

	• IT implementation is on target - future deadlines are tight if Bedford is going to align with *MoorConnect* in October 2026. **Quality improvement** The committee received an update about quality improvement. The following were highlighted: • Quality improvement at Moorfields aligns with NHS Impact • There is a focus on operational improvement training and rolling this out further • A local improvement network has been established and various tools, including training are accessible via *eyeQ*. **Financial decisions and mitigation assurance** QSC received an update about financial decisions and mitigation assurance. The following issues were highlighted: • Evidence demonstrates that the current panel-based approach has been effective • RTT (referral to treatment) numbers are improving and Moorfields is likely to hit 86% (87% is the target). There will continue be significant challenges with this over the next two years. **Quality and Safety** The committee received the Q&S update and the Q3 Q&S reports (Trust-wide, Private, and UAE). The following were highlighted: • Work is progressing with the quality priorities for 2026/27 • Complaints improvement is currently on target and is halfway through the recovery plan - the backlog has been considerably reduced • There is a change in consumer protect legislation which has implications for complaints about the supply of lenses in Moorfields Private. **Reports from Other Committees** Summary reports from the following committees were circulated: • Risk & Safety Committee (03/12/2025) • Clinical Governance Committee (08/12/2025) • Information Governance Committee (02/12/2025) **Any other business** Niaz Islam was thanked for all his support and attendance at the committee.
Board awareness and escalations	Five items are highlighted for the Trust Board's attention: • Current accreditations will need to be reviewed, revised and re-inspected as a result of Oriel. This has a significant impact on O&CSS division within which much of this accreditation sits. • The PSIRF policy and plan has undergone its scheduled review and has been revised as a result of learning and experience from the previous 18-months. It has been approved by Q&SC. • Improvement continues to be made at Bedford. The critical next steps are around IT implementation. • The Trust's quality improvement process is consistent with NHS Impact, and the Board's development day will include an overview. • An image incident review is coming to a conclusion. No harm is expected to have been caused. It is unclear as to the cause of the incident. Regulators have been informed.
Date of next meeting	17 March 2026

Meeting:	Board of Directors
Date:	4 February 2026
Report title:	Summary of the Major Projects & Digital Committee (MPDC)
Lead executives	Jon Spencer, COO
Report Author	Jennie Phillips, Deputy Company Secretary
Presented by	Aaron Rajan, non-executive director and David Hills, non-executive director and committee co-chairs
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 summary of the Major Projects & Digital Committee, meeting which took place on 21 January 2026.

Action Required/Recommendation.

The board is asked to:

- Note the report of the Major Projects & Digital Committee and gain assurance from it.

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

DISCOVERY & COMMERCIAL COMMITTEE SUMMARY REPORT	
Governance	• Quorate – Yes
Current activity (as at date of meeting)	**Oriel** • The Oriel site closure over the Christmas period had cause minor delays, though the project remained broadly on track with architectural completion expected September 2026. • The naming of the new building had been delayed. • The committee reviewed the Oriel engagement plan which outlined the patient and staff engagement stakeholder groups being established.
	One Granary Street • The tender process for the fit out of One Granary Street was progressing well. • The committee supported bringing the signing of the lease forward and would be bringing a recommendation to the board for approval on 4 February 2026.
	Bedford update • The committee received plans of the patient data migration and IT system harmonisation of the Bedford systems. Full integration was scheduled for April 2026.
	MoorConnect (electronic patient record system) • The MoorConnect program continued to progress. Governance had been strengthened with a new change control board to expedite scope and decision escalations.
	Single point of access update • Progress updates were received on single point of access tenders. • The team were working closely with NHS England to develop the new digital triage pathways which would benefit cataract, adnexal and emergency referrals.
	Any risks identified at the meeting • There were no new risks identified at the meeting.
Date of next meeting	11 March 2026