

Bundle Board of directors - Part 1 28 November 2024

- 1 09:00 - Welcome and introductions
Laura Wade-Gery - for noting
241128 TB Part I Item 00 Agenda
- 2 09:05 - Staff story - Senior Theatre Nurse
Sue Steen - for noting
- 3 09:25 - Apologies for absence
Laura Wade-Gery - for noting
- 4 Declarations of interest
Laura Wade-Gery - for noting
- 5 Minutes of the previous meeting 26.09.24
Laura Wade-Gery - for approval
241128 TB Part I Item 05 Minutes of Meeting in Public 240926 (LWG)
- 6 Matters arising and action log
Laura Wade-Gery for noting
241128 TB Part I Item 06 - Actions log
- 7 09:30 - Chief executive's report
Martin Kuper - for noting
241128 TB Part I Item 07 CEO report
- 8 09:40 - Equality, Diversity & Inclusion
Sue Steen - for assurance
a) *WRES/WDES report*
b) *WDI annual report*
241128 TB Part I Item 08a Cover sheet 2024 WRES WDES Data Report - Nov 24
241128 TB Part I Item 08a WRES and WDES Report and Action Plan 311024 - B
241128 TB Part I Item 08b Annual EDI Report Nov 2024 - Cover sheet
241128 TB Part I Item 08b Annual EDI Report Rev 6 Nov 2024
- 9 10:00 - Freedom to Speak Up
Sheila Adam - for noting
241128 TB Part I Item 09 FTSU Report
- 10 10:10 - Integrated performance report
Jon Spencer - for assurance
241128 TB Part I Item 10 IPR October 2024 (OPEN Version)
- 11 10:20 - Finance report
Justin Betts - for assurance
241128 TB Part I Item 11a Public Finance Performance Board Report - Cover Sheet
241128 TB Part I Item 11b Public Finance Performance Board Report - Final
- 12 10:30 - Learning from deaths
Louisa Wickham - for assurance
241128 TB Part I Item 12 Learning from Deaths (Q1 Q2 2024-25) November 2024
- 13 10:35 - Guardian of safe working
Louisa Wickham - for assurance
241128 TB Part I Item 13 Guardian of Safe Working report
- 14 10:40 - Committee updates
a) *Quality & Safety Committee report 12.11.24 - Michael Marsh - for assurance*
b) *People & Culture Committee report 05.11.24 - Aaron Rajan - for assurance*
c) *Major Projects & Digital Committee Terms of reference - David Hills / Aaron Rajan - for approval*
d) *Discovery & Commercial Committee Terms of reference - Richard Holmes - for approval*
241128 TB Part I Item 14a QSC Summary report
241128 TB Part I Item 14b Report of the People and Culture Committee
241128 TB Part I Item 14c Cover sheet Discovery & Commercial Committee ToR
241128 TB Part I Item 14c Discovery & Commercial Committee ToR
241128 TB Part I Item 14d Cover sheet Major Projects & Digital Committee ToR

241128 TB Part I Item 14d Major Projects and Digital Committee ToR

15 10:50 - (for information) GMC national Training Survey report summary 2024
Shelia Adam - for information only

241128 TB Part I Item 15 GMC National training survey summary report 2024 For Info

16 10:50 - Identifying any risks from the agenda
Laura Wade-Gery - for noting

17 Any other business

18 Close - date of next meeting: 23 January 2025



MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

A MEETING OF THE BOARD OF DIRECTORS

To be held in public on

Thursday 28 November 2024 at 09.00

Lecture Theatre, 2nd Floor, Ebenezer Street and via MS Teams

No.	Item	Action	Paper	Lead	Mins
1.	Welcome and introductions	Note	Oral	LWG	5
2.	Staff story – Senior Theatre Nurse	Note	Oral	SS	20
3.	Apologies for absence	Note	Oral	LWG	5
4.	Declarations of interest	Note	Oral	LWG	
5.	Minutes of the previous meeting 26.09.24	Approve	Enclosed	LWG	
6.	Matters arising and action log	Note	Enclosed	LWG	
7.	Chief executive’s report <ul style="list-style-type: none"> Staff survey action plan – update 	Note	Enclosed	MK	10
8.	EDI <ul style="list-style-type: none"> a) WRES/WDES report b) EDI annual report 	Assurance	Enclosed	SS	20
9.	Freedom to Speak Up	Note	Enclosed	SAd	10
10.	Integrated performance report	Assurance	Enclosed	JS	10
11.	Finance report	Assurance	Enclosed	JB	10
12.	Learning from deaths	Assurance	Enclosed	LW	5
13.	Guardian of safe working	Assurance	Enclosed	LW	5
14.	Committee updates <ul style="list-style-type: none"> a) Quality & Safety report 12.11.24 b) People & Culture report 05.11.24 c) Discovery & Commercial ToR d) Major Projects & Digital ToR 	Assurance Assurance Approval Approve	Enclosed Enclosed Enclosed Enclosed	MM AR RH DH/AR	5
15.	(for information) GMC national Training Survey report summary 2024	Note	Enclosed	SA	0
16.	Identifying any risks from the agenda	Note	Oral	LWG	5
17.	Any other business	Note	Oral	LWG	
18.	Date of next meeting – 23 January 2025				

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST
DRAFT Minutes of the meeting of the Board of Directors held in public on
26 September 2024 in the Lecture Theatre at Moorfields Education Hub
(and via MS Teams)

Board members:	Laura Wade-Gery (LWG)	Chair
	Martin Kuper (MK)	Chief executive
	Richard Holmes (RH)	Non-executive director
	Asif Bhatti (AB)	Non-executive director (via MS Teams)
	Aaron Rajan (AR)	Non-executive director
	Jonathan Wilson (JW)	Chief financial officer
	Jon Spencer (JS)	Chief operating officer
	Louisa Wickham (LW)	Medical director (MS Teams)

In attendance:	Mark Gammage (MG)	Interim director of workforce
	Sam Armstrong (SAr)	Company secretary (minutes)
	Victoria Moore (VM)	Chief of Staff & Director of Excellence Delivery
	Elena Bechberger (EB)	Director of Strategy & Partnerships
	Michael Marsh (MM)	incoming non-executive director
	Kathy Adams (KA)	Deputy chief nurse (for Shiela Adam, chief nurse)
	Tatenda Dimbi (TD)	Patient / patient safety partner (item 2)
	Robin Tall (RT)	Head of patient experience (item 2)
	Ian Tombleson (IT)	Director of quality and safety (item 2)

A number of staff and governors observed the meeting in the room and online, including: Emmanuel Zuridis, Professor Naga Subramanian, John Sloper, Allan MacCarthy, Vijay Arora, Dinesh Solanki, Robert Goldstein, Emily Brothers, John Russell, Yasir Khan, Ian Humphreys, Ruth Lindsey (graduate programme), Jennie Phillips (deputy company secretary) Nic De Beer (committee secretary) and Pete Thomas (director of digital development and CCIO).

1. Welcome

The chair opened the meeting at 8.45am and welcome all present and in attendance.

Introductions by all were completed.

LWG noted the Trust Stars event, which took place last night, and reflected that there was a wonderful atmosphere present, and it was a great pleasure to see dedicated staff rewarded.

She noted this was the second time the Board had met in this venue, which was proving to be the best venue for it to meet.

2. Patient story

The chair welcomed Tatenda Dimbi to present the patient story to the Board.

KA introduced the item.

TD told the Board that her first interaction with Moorfields was as a mother of a patient, five years old. She noted the two initial visits to A&E had been positive: staff were kind and communicated well.

This was followed up with visits to clinic. Letters of appointment and other documents were timely. Her daughter was successfully treated and discharged from ongoing care. She observed the environment as being 'child friendly' and clean. It was clear staff were very busy, however they never felt rushed or overlooked.

TD later became a patient safety partner (PSP) for the Trust and shared her experiences in this capacity as well. She was motivated to take up this role from her experience with her daughter at the Trust. In this role she was keen to give the patients a voice, and ensure they were heard.

In her PSP role she had reviewed complaints and serious incidents to provide a baseline for PSIRF, assisted in its planning and to ensure the patient voice was heard. She had also been an active member of the Clinical Governance Committee as a PSP.

TD found the PSP role interesting and expected it to evolve over time. She thought it important the role retained a level of independence.

In response to a question from RH, TD informed the Board how apology letters had improved, and she felt they now convey a genuine apology to the patient for their experience. They also appeared more personalised than before. To a follow up question she informed that Board that while she does not have specific authority, when she raises an issue, it is followed up.

LWG stated that the Trust was committed to listening to patients and highlighted that the Quality and Safety Committee had an important role to play for feedback such as this. The patient safety item at the Board in the agenda today also provided a voice for patients direct to the Board. VM added that the Trust Management Committee also discusses patient issues and recently reviewed patient transport. JS added that performance reviews also assist in this work.

In response to a question from AR, TD reported that she had a good relationship with the Quality and Safety team, and she fed back to them on a weekly basis. She also received assurances of follow up from her discussions with them. IT added that the Trust had two PSPs and they fed back through the related governance structure.

The Board noted the patient story and thanked TD.

3. Apologies for absence

Apologies were received from David Hills, non-executive director, Nick Hardie, non-executive director, Adrian Morris, non-executive director, Andrew Dick, non-executive director, and Sheila Adam, chief nurse and director of AHP.

4. Declaration of interest

There were no declarations made.

5. Minutes of the previous meeting

The minutes of the meeting held on 25 July 2024 were approved as a correct record.

6. Matters arising and action log

The action log and updates were noted.

7. Chief executive's report

MK highlighted key areas of his report, which included:

- 18-week and 52-week waits had increased in-month, however the Trust was confident of achieving these standards by year-end.
- Elective activity levels were expected to improve now that colleagues from the Royal London had started operating on their patients at the Trust's Stratford site.
- Setting up single point of access across NCL was progressing. In response to a question from AB, JS reported that the system refined referrals that then went to the provider, which would not necessarily be the Trust, and the provider made the booking.
- The Trust was planning to switch the clinical noting system to Open Eyes at Bedford in late October. It was expected this would lead to the Trust taking over the clinical and operational management of ophthalmology patients in the region.
- Level 6 of Oriol was up, and level 7 was expected to be completed by the end of September 2024. Work continued to enable SMART in due course.
- NHSE approved the EPR business case and Meditech as preferred supplier. Negotiations to complete the contract continued.
- The outpatient waiting list project was noted. The Trust would go-live on this in February 2025 and it was expected this would significantly improve waiting list management and experience. In response to a question, JS stated that the Trust would work with patients groups to ensure good communications occurred with the new process. LWG suggested that the related script needed more work. KA added that special needs could be flagged in the system for patients.
- Progress on the appointment of a director of discovery was noted.

The Board noted the report.

8. Integrated performance report

JS presented the report.

It was noted that there was considerable work underway to move activity across different Trust sites in an effort to utilise areas with current capacity. It was a challenging process, however the Trust was progressing this.

It was expected that some fluctuations would be observed over the coming months in relation to activity and performance against the constitutional standards, as new models of care were introduced. There was also some expected natural fluctuation as activity rose and fell over time.

The Trust was meeting standards presently, and improving transport times. The performance was susceptible to gaps in the rota, and the Trust was reviewing workforce models to ascertain if improvements could be made, without compromising quality.

There had been a data quality issue identified that had affected appraisal rates. This was being rectified.

In response to a question from AR on call wait times, JS reported that the Trust was working to ensure the workforce remained balanced in this area, as that would help produce better results. There was also work underway to provide a longer-term change, which was expected to reduce the numbers of patients needing to use the call centre service.

The Board noted the report.

9. Finance report

JW presented the report.

It was noted that for month-five the Trust was reporting a £0.37m deficit in-month against a planned deficit of £0.67m, £0.25m favourable to plan. There was a cumulative surplus of £1.6m against a planned surplus of £1.33m.

JW highlighted that Stratford elective activity was 40% of cumulated funded capacity, 66% of demand plan. Cataract activity was at 85% of Trust capacity plan.

There was £6.4m of efficiencies identified, which left £3.6m to be identified in the £10m efficiencies plan for 2024/25.

While the current results were good, there was concern over some structural issues and a mismatch between demand and capacity within the Trust.

The Board noted the report.

10. Medical revalidation

LW presented the report.

It was noted that Dilani Siriwardena, Consultant Ophthalmologist and Deputy Medical Director, took over as SRO from LW for medical revalidation. A clinical appraisal lead had also been appointed last year to support her in the role.

There were a lot of actions to complete over the last year and not all had been completed yet. There were also still some Covid effect over the five-year revalidation period.

The Trust had reviewed and approved the Revalidation and Appraisal Policy, with an agreed enabler implementation plan to take forward by the new Medical HR Manager and Head of Medical Workforce. Consideration was being given to a dedicated appraisal and revalidation support coordinator/officer role, as part of the Medical Director structure review.

MG added that a fully functional medical directorate was needed to support LW. This was being reviewed. In response to a question from RH, LW reported that colleagues could end up prioritising clinical work and other related activities and not get around to completing their appraisal. Linking these to professional development would likely help appraisals be completed. MM added that it was a national expectation that medical appraisals and revalidations were completed on time. Exceptions occurred; however these should be specifically documented.

The Board approved the report for submission to NHSE.

11. PSIRF implementation review

KA introduced the item, and KS presented the report. It was noted that it had already been discussed in detail at the Quality and Safety Committee.

It was noted that the new process moved away from focusing on individual incidents, which involved a degree of 'blame culture' to one where a wider look at improvement was pursued. It had been a welcomed change within the Trust by those involved.

Another improvement in the process was that a holistic view was taken to any incidents instead of before when the response was a large number of small actions. This put the issue in the context of the whole organisation, which allowed for better opportunities to make significant wide-ranging improvements. Continued learning was also a key aspect of PSIRF.

LWG commented that PSIRF was much clearer than the previous process employed across the NHS. She raised the issue of the Trust being sure that learning did occur across the whole Trust. IT added that lessons were disseminated across the Trust. AS welcomed the improved process and tied this to the earlier patient story. He added that more assurance around how this was applied across the Trust was needed.

In response to a question from LWG, KS assured the Board that the Trust reviewed the themes and priorities every 18 months as per the current policy. IT added that regular reports on progress of PSIRF were presented at Quality and Safety Committee.

The Board was assured by the progress of implementing PSIRF and its results to date.

The Board noted the report.

12. (to receive) Adult safeguarding annual report

The Board received the report, which was taken as read and noted.

LWG thanked Tracey Foster and all those involved in the production of the report and noted it had been extensively discussed at the recent Quality and Safety Committee.

13. (to receive) Children safeguarding annual report

The Board received the report, which was taken as read and noted.

LWG thanked Alison McIndoe and all those involved in the production of the report and noted it had been extensively discussed at the recent Quality and Safety Committee.

AB added that safeguarding had received a partial assurance from internal audit earlier in the year and had observed steady improvements since then.

14. (to receive) Infection prevention & control annual report

The Board received the report, which was taken as read and noted.

LWG thanked Catherine Wagland, Amita Sharma and all those involved in the production of the report and noted it had been extensively discussed at the recent Quality and Safety Committee.

15. Committee reports

a. Quality and Safety Committee

The report was taken as read and noted.

b. People and Culture Committee and terms of reference

The paper was taken as read and noted.

AR added that it was important to develop the right culture and be aware of the underlying themes in relation to the governance of major projects and digital projects. He added that there had been some positive developments in relation to this.

The Board noted the report and approved the terms of reference for the People and Culture Committee.

c. Membership Council

LWG presented the report.

- It was noted that it was pleasing to see more non-executive director colleagues joining these meetings in line with ensuring board and council were working better together.
- On Oriel, there was a sense from governors that they wanted to see improvement in the engagement of the programme with patients because they felt the level of engagement had decreased as the project had evolved, together with concerns about loss of built-up expertise and understanding of patients' needs caused by turnover in the project team.
- There was some concern from a misunderstanding about when the Trust could complete its equality impact assessment as part of the EPR contract. This could only occur once the final contract was in place as per the procurement process.
- The governors had received an interesting presentation from Moorfields Eye Charity on their good work and support of the Trust.

The Board noted the report.

The Board approved Michael Marsh's appointments to the Audit and Risk Committee, the People and Culture Committee and as chair of the Quality and Safety Committee from his commencement as a non-executive director.

16. Identifying any risks from the agenda

There were no specific risks identified.

17. Any other business

There was no other business.

LWG thanked MG for his service as interim chief people officer and acknowledged his achievements in his short time at the Trust.

18. Date of next meeting

It was noted that the next meeting of the Board would take place on 28 November 2024.

The meeting was closed 10.30am.

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD OF DIRECTORS ACTION LOG

28 November 2024

No.	Date	Minute item	Item title	Action	By	Update	Open/ closed/due
01/02	23/01/24	8.0	Integrated performance report	Report on research studies in the Trust to be presented to the board, to include breakdown of recruitment to different studies.	HF	To be incorporated in research annual report. Plan to present in January.	Jan 2025 (revised)
06/01	06/06/24	10.0	Staff survey	Provide updates on progress to the staff survey action plan to the Board.	SS	On agenda under CEOs report - closed	Nov 2024

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

<p>Brief summary of report</p> <p>The report covers the following areas:</p> <ul style="list-style-type: none"> • Performance and activity review • Sector update • Oriel update • EPR • Excellence portfolio update • Financial performance • Staff survey action plan – update 							
<p>Action required/recommendation.</p> <p>The board is asked to note the chief executive's report.</p>							
For assurance	<input type="checkbox"/>	For decision	<input type="checkbox"/>	For discussion	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>

MOORFIELDS EYE HOSPITAL NHS FOUNDATION TRUST

BOARD MEETING – 28 NOVEMBER 2024

Chief Executive's report

Performance and activity review

The number of patients waiting for their treatment (18 weeks and total) continue to reduce. Although most services are improving their compliance against the 18 week standard, there are a small number of specialist services which are seeing a deteriorating position, due to capacity challenges.

The Trust's outpatient activity continues to be above the target for the year, however elective activity levels have reduced further in month. The drivers for this include a reduction in the number of patients who are transferring to us from the Royal London for their treatment.

Sector update

Our digital referral management platform, the so-called 'Single Point of Access', was established in late 2021 and in June 2024 Moorfields was awarded a 5-year contract to manage all referrals into secondary care made across North Central London. As part of the contract, we also act as the 'lead provider' for the system to co-ordinate community optometry provision. Our digital platform is now fully implemented, and patients referred for cataract surgery are provided with transparent information to inform their choice of a provider. We are also convening a number of groups that bring together providers and other partners to identify opportunities to further integrate service for the benefits of patients, as well as to identify and address unwarranted variation in care and health inequalities.

In Bedford we are progressing with a switch of the clinical noting system to Open Eyes which is now due to take place in January 2025. Subject to a successful contract negotiation with the local commissioners, this will then be followed by the Trust taking over the clinical and operational management of ophthalmology patients in the region at the end of the financial year.

Oriel

The construction of Oriel is progressing as planned. The frame of the building has progressed up to level 8 and external façade panels have been applied up to level 2.

The 1:50 designs are now being signed off by our user group chairs and this process remains on track to be completed by the end of January 2025.

Work is ongoing to interpret the user requirements which will inform the SMART IT specifications for the centre and to assess the transformation which is required for each service to ensure that they are able to offer optimal patient care in the centre.

Electronic Patient Record System Procurement

In August, we secured NHSE approval for our Electronic Patient Record (EPR) business case. The Trust has now finalised the contract for the supply and implementation of a new Electronic Patient Record System from preferred supplier, MEDITECH. The contract was approved by Trust Board on 24 October 2024 and signed by both MEH and MEDITECH on 30 October 2024. The team will now move into an implementation phase to get ready for an EPR go live in 2026.

Excellence Portfolio

As part of our EPR programme we have been running operational process workshops since August. Working in close partnership with our chosen supplier Meditech, we now move into implementation and mobilisation, including organisation-wide engagement and training.

This work connects with our completed Clinical Strategy review, which has successfully gathered comprehensive plans for each service. This reinforced the value of in-depth service reviews and established a foundation for ongoing discussions across the organisation, including integration with future service planning and Oriel readiness.

We are now successfully monitoring and using our Health Inequalities Data Analytics, with the project moving into our business as usual. Key outcomes include establishing a process and framework for reporting on healthcare inequalities for eye care services and set up of a dashboard to make this information accessible. We continue to innovate with technology and, an AI-based Did Not Attend Predictor pilot is underway at St Georges and Croydon sites to improve patient engagement and appointment adherence. Together, these initiatives advance digital transformation and optimise clinical workflows across the trust. They also improve patient care which remains at the core of our purpose.

The first cohort of the Patient Experience Principles Action Lab celebrated their achievements, which included embedding the "See the Whole Person" care principles, empowering staff, and improving patient care. The second cohort now includes teams from multiple sites.

The Professional Nurse Advocate (PNA) initiative, launched by the Chief Nursing Officer for England, is progressing with eight PNAs and four more in various stages of training. This program strengthens patient outcomes and staff well-being, supported by recent international nurse hires that have helped reduce turnover and agency reliance. Meanwhile, the Patient Safety Incident Framework (PSIRF) is advancing in Phase 2, developing tools and training for effective governance and continuous learning from incidents.

October Performance

For October the trust is reporting a £2.58m surplus, £0.03m favourable to plan, with a cumulative surplus of £4.83m, £0.4m favourable to plan.

Patient activity during October was 89% for Elective, 98% on Outpatient First, and 101% against Outpatient Procedures activity respectively against the trust revised activity demand plan.

Efficiencies are reporting £3.9m cumulatively, £2.6m adverse to plan. For the full year £6.7m have been identified against the increased £11.2m plan with further schemes being validated.

Capital expenditure was £43.9m cumulatively with the majority relating to the Oriel development. This represents a £13.4m variance to plan, primarily relating to the Oriel build, which is reviewing its in year construction cashflows for reforecasting.

The trust cash position was £67m, a decrease of £3.7m from the previous month, and equivalent to 81 days of operating cash.

Staff survey

We are on track to deliver the actions set out in our 2023 staff survey action plan as summarised below.

- We have conducted a series of executive-led staff engagement sessions to acknowledge and further explore feedback from staff and the staff survey data.
- We relaunched the quarterly pulse survey to improve its usage in the trust as a listening tool for tracking and enabling improvement in staff experience.

- As part of a triangulated approach in responding to staff feedback from the staff survey, we have conducted further analysis of the staff survey data alongside other key workforce and organisational data.

The 2024 staff survey campaign commenced on 7th October 2024 and will close on 29th November 2024. A comprehensive communication plan has been developed to support staff engagement.

Martin Kuper
Chief executive

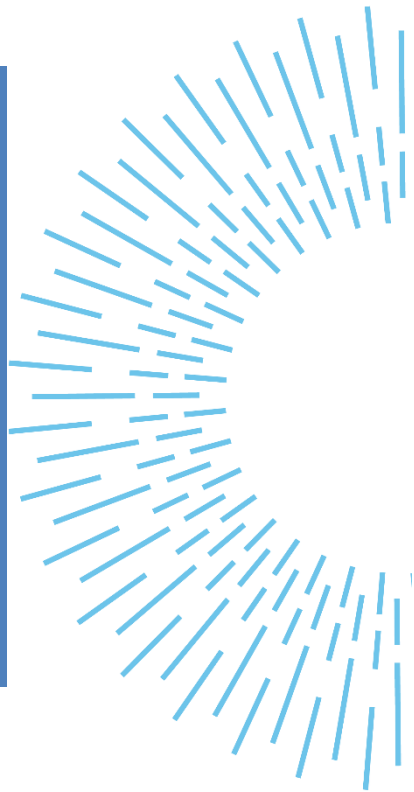


Moorfields
Eye Hospital
NHS Foundation Trust

Agenda item 8a

2023/24 WRES and WDES Data

28 November 2024



Report title	2023/24 WRES & WDES Data
Report from	Sue Steen, Chief People Officer
Prepared by	Ade Adetukasi, Associate Director of Employee Experience Idris Mohammed, Interim Head of EDI
Link to strategic objectives	Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values.

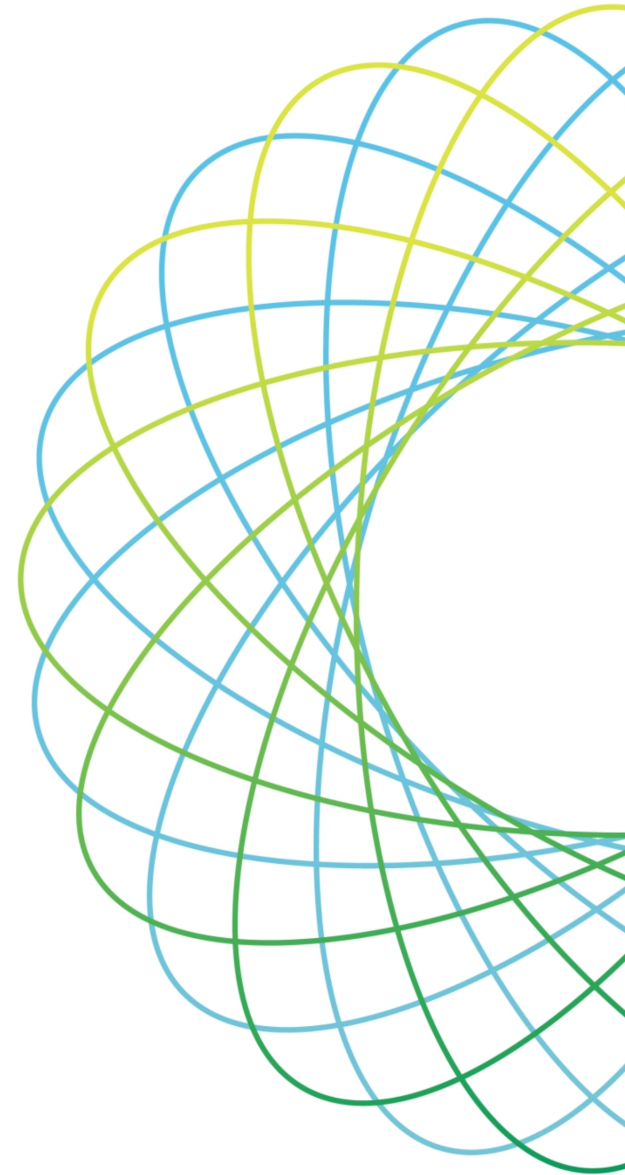
<p>Introduction</p> <p>This paper introduces the trust’s 2023/24 Workforce Race Equality Standard (WRES) data and the Workforce Disability Equality Standard (WDES) data along with supporting action plans. The trust’s EDI programme is aligned to the WRES and WDES key data.</p> <p>The WRES and the WDES were introduced by NHS England as a tool for measuring improvement in the experience of Black, Asian and minority ethnic staff, and staff with disability and long-term health conditions. Implementing the WRES and WDES, through an annual cycle of data submission to NHSE in May and publication of yearly data and action plan in October, is a requirement for all NHS providers.</p> <p>Our WRES and WDES data and action plans have been shared with the EDI steering group and the People and Culture Committee for approval and were published in October in line with national requirements.</p> <p>Next Step</p> <p>The WRES and WDES data forms part of the trust’s EDI baseline data and are being used in refining, designing and measuring ongoing and planned interventions.</p> <p>Quality implications</p> <p>There is an evidenced correlation between staff experience and patient experience. A focus on improving staff experience, particularly for our staff with protected characteristics, will therefore have a positive impact on patient experience and the quality of the services we provide. It will support the recruitment and retention of quality staff.</p> <p>Financial implications</p> <p>A lack of equal opportunities for people in protected characteristic groups and increased levels of harassment are proven to significantly increase sickness absence, presenteeism, and staff turnover.</p> <p>Risk implications</p> <p>There is a risk that the Trust will not successfully deliver the EDI programme and the new EDI vision due to the significant resource requirements to address deep-rooted EDI issues and multiple workstreams. This risk has been mitigated through the EDI programme resource requirements business case which has been approved by BCRG.</p> <p>Action required/recommendation.</p> <p>The Board is asked to note and endorse the WRES and WDES data and action plans outlined.</p>							
For assurance	✓	For decision		For discussion		To note	✓



**Moorfields
Eye Hospital**
NHS Foundation Trust



WRES and WDES Action Plan (2023/2024)

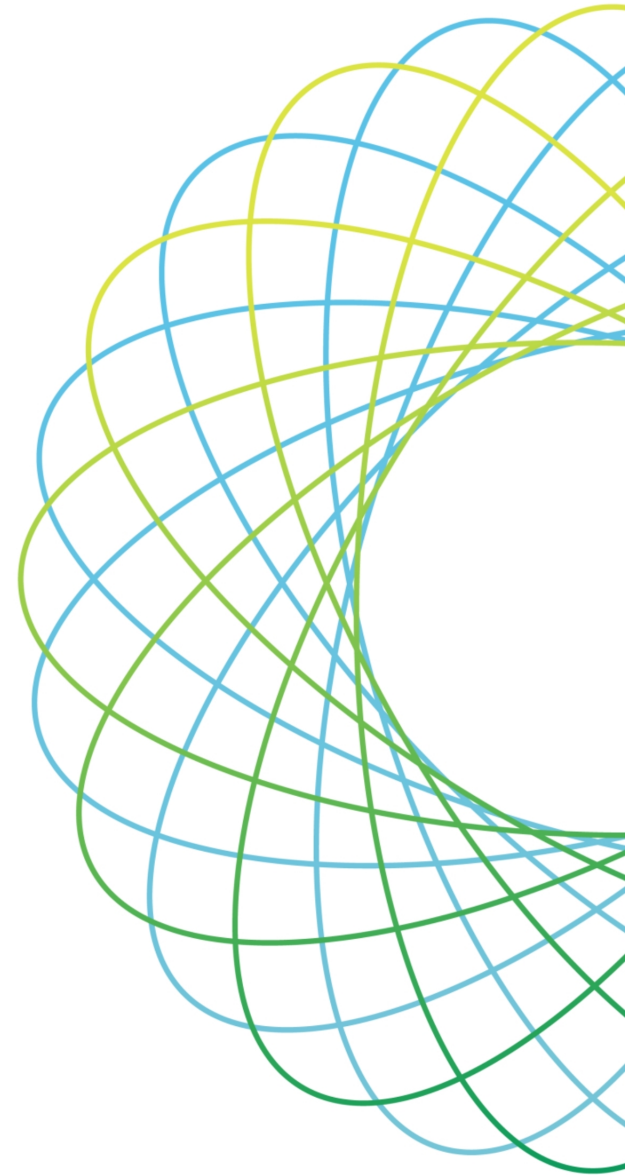




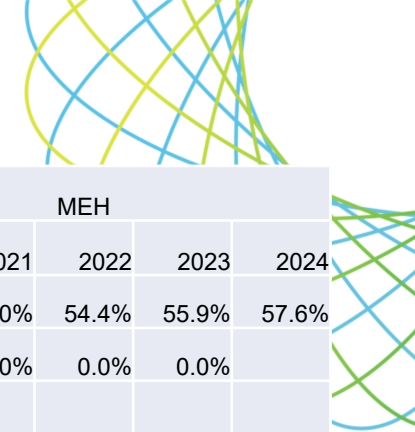
**Moorfields
Eye Hospital**
NHS Foundation Trust



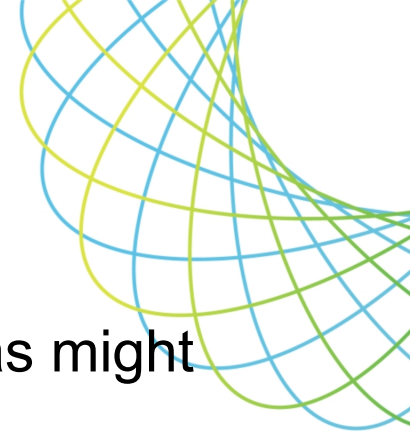
23/24 WRES Data and Insights



Our data – WRES



WRES Indicator		National				MEH				
		2020	2021	2022	2023	2020	2021	2022	2023	2024
1 Percentage of BME staff	Overall	21.0%	22.4%	24.2%	26.4%	52.6%	53.0%	54.4%	55.9%	57.6%
	VSM	6.8%	9.2%	10.3%	11.2%	0.0%	0.0%	0.0%	0.0%	
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants	1.61	1.61	1.54	1.59	1.26	1.24	1.38	1.21	1.47
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff	1.16	1.14	1.14	1.03	1.19	0.91	0.76	0.98	0.76
4	Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	1.14	1.14	1.12	1.12	1.22	0.73	1.11	0.85	1.4
5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12months	BME	30.3%	28.9%	29.2%	30.5%	28.3%	29.2%	29.4%	31.8%	25.5%
	White	27.9%	25.9%	27.0%	26.9%	22.6%	23.6%	26.5%	23.1%	23.0%
6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12months	BME	28.4%	28.8%	27.6%	27.5%	28.5%	31.5%	31.8%	32.5%	30.4%
	White	23.6%	23.2%	22.5%	21.7%	22.5%	24.9%	25.4%	25.6%	26.1%
7 Percentage of staff believing that trust provides equal opportunities for career progression or promotion	BME	45.6%	44.0%	44.4%	46.7%	48.2%	45.3%	41.7%	41.7%	42.2%
	White	59.7%	59.6%	58.7%	59.4%	57.1%	56.4%	56.1%	54.4%	49.7%
8 Percentage of staff personally experiencing discrimination at work from a manager/team leader of other colleagues	BME	14.5%	16.7%	17.0%	16.4%	12.5%	15.6%	17.3%	17.6%	17.0%
	White	6.0%	6.2%	6.8%	6.6%	13.4%	7.8%	8.2%	8.9%	10.2%
9 BME board membership		10.0%	12.6%	13.2%	15.6%	15.0%	15.0%	10.0%	10.0%	5.6%



Our data – WRES insights

Indicator 1 – representation

- Our position remains stable YoY and we are outperforming the national data, as might be expected for a London-based Trust.
- While our overall representation is high, it is observed that representation decreases at more senior levels within the organisation, with a few exceptions. Representation at senior level is a priority for the Trust, and as making improvement in this area is difficult, it is a key focus for the EDI programme and we have commenced data triangulation to understand the issues and required changes.

Indicator 2 - relative likelihood of a white colleague being appointed from Shortlisting

- This shows a decline in our position on this indicator compared to last year and currently forms part of a recruitment outcome review under the EDI programme.

Our data - WRES insights

Indicator 3 - relative likelihood of BME staff entering formal disciplinary

- The data here improved, meaning improvement in BME colleagues' likelihood to enter formal disciplinary process when compared with white colleagues. Performing better than the national average in this indicator is particularly significant as trusts in the London region are “the most challenged in this indicator” according to the 23/24 NHSE national WRES report.

Indicator 4 - CPD and non mandatory training

- This ratio has worsened compared to last year, meaning worsening inclusivity and deterioration in BME staff, compared to white colleagues, accessing CPD non-mandatory training.



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Our data - WRES insights

Indicator 5-8 - staff survey

- Incidences of Bullying, Harassment and abuse is lower compared to last year for our BME colleagues.
- Trust in the provision of equal opportunities for career progression and promotion is lower amongst our BME colleagues, with the Trust's position slightly worse than the national data. Compared to last year, the data has slightly improved.

Indicator 9 - Board representation

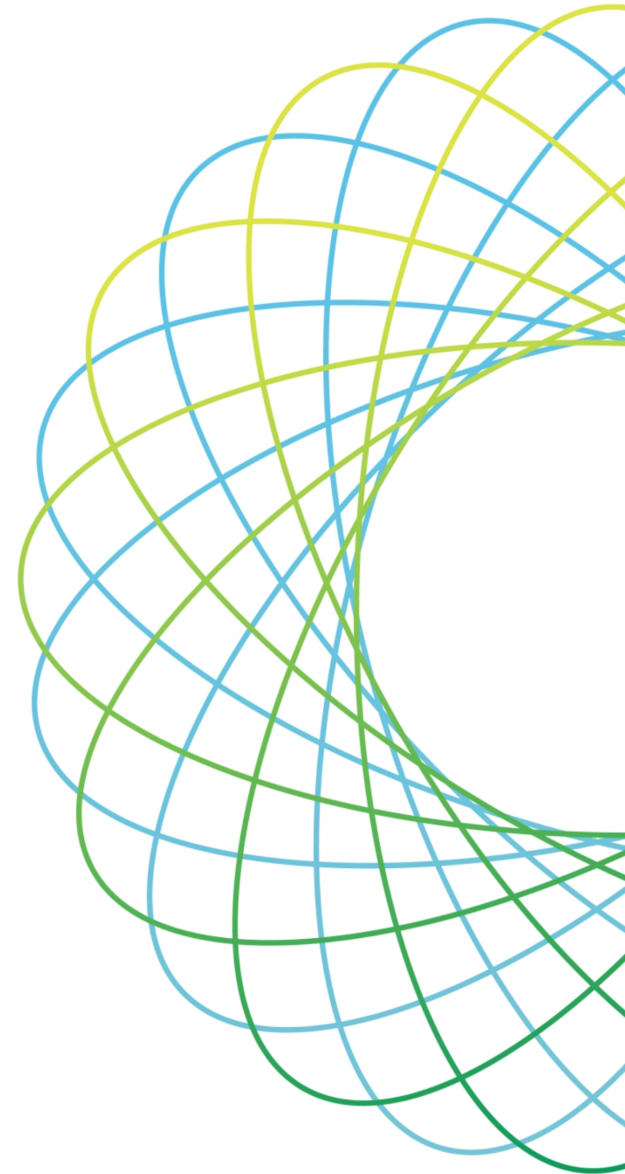
- Board representation has worsened compared to last year and is below the national picture. Representation at the Board level is a key priority under the EDI programme.



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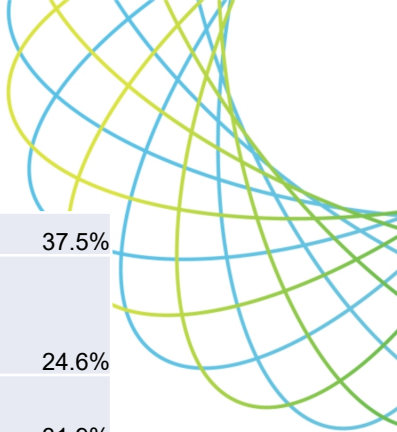
23/24 WDES Data and Insights



Our data – WDES Indicator 1-5

WDES Indicator		National				MEH					
		2020	2021	2022	2023	2020	2021	2022	2023	2024	
1 Representation	Disabled	3.4%	3.7%	4.2%	4.90%	2.0%	2.2%	2.2%	2.7%	3.1%	
	Non-Disabled	73.5%	74.9%			90.4%	93.2%	93.7%	91.3%	89.2%	
2	Relative likelihood of non-disabled applicants being appointed from shortlisting across all posts compared to disabled applicants	1.2	1.1	1.1	0.99	1.31	1.5	1.7	1.3	3.3	
3	Relative likelihood of disabled staff entering the formal capability process compared to non disabled staff	1.54	1.94	2.01	2.17%	Statistically not able to determine	43.34	42.9	17.1	Statistically not able to determine	
4a	Percentage of disabled staff experiencing harassment, bullying or abuse from:										
4	Patients/Service users, their relatives or other members of the public	Disabled	33.8%	31.6%	33.0%	33.20%	35.2%	38.2%	37.8%	33.5%	32.4%
		Non-Disabled	26.8%	25.2%	25.7%	26%	24.2%	24.9%	26.2%	27.3%	23.2%
4	Managers	Disabled	19.8%	18.6%	17.0%	16.10%	26.1%	28.0%	28.3%	21.4%	28.1%
		Non-Disabled	13.0%	10.7%	9.6%	9.20%	13.8%	15.0%	14.7%	13.9%	13.5%
4	Other colleagues	Disabled	26.8%	25.7%	25.0%	24.80%	33.6%	33.6%	35.8%	30.9%	32.9%
		Non-Disabled	18.1%	16.8%	16.4%	16.50%	21.6%	20.9%	22.6%	22.4%	20.8%
4b	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	Disabled	47.8%	49.6%	49.9%	51.30%	56.7%	55.3%	57.9%	53.6%	43.3%
		Non-Disabled	46.6%	48.0%	48.6%	49.50%	48.4%	50.7%	54.6%	52.8%	52.8%
5	Percentage of staff believing that trust provides equal opportunities for career progression or promotion	Disabled	51.9%	51.5%	51.3%	52.10%	40.6%	42.8%	40.1%	49.7%	36.8%
		Non-Disabled	58.0%	57.6%	57.2%	57.70%	53.4%	50.8%	48.8%	46.3%	47.1%

Our data – WDES Indicators 6-10



6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	32.0%	31.3%	29.9%	27.70%	36.4%	39.0%	42.7%	35.4%	37.5%	
		Non-Disabled	23.0%	23.0%	22.1%	19.90%	22.3%	27.4%	28.4%	26.7%	24.6%	
7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled	37.2%	39.2%	35.1%	35.20%	45.5%	51.3%	36.6%	33.5%	31.9%	
		Non-Disabled	47.9%	50.5%	44.9%	45%	53.6%	56.5%	48.3%	46.7%	50.3%	
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.		72.4%	76.6%	72.2%	73.40%	66.3%	66.3%	62.5%	64.8%	61.4%	
9a	The staff engagement score for Disabled staff, compared to non-disabled staff.	Disabled	6.60	6.70	6.50	6.4	7.10	7.00	6.5	6.6	6.5	
		Non-Disabled	7.10	7.20	7.00	6.9	7.40	7.40	7.2	7.2	7.2	
9b	Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes/No	92.80%	NK	99.50%	100%	Yes	Yes	Yes	Yes	Yes	
10	Board representation	Disabled - Voting	2.80%	3.60%	4.60%		0.0%	6%	6.3%	0.0%	0.0%	
		Disabled - Non	3.80%	3.90%			0.0%	0%	20.0%	20.0%	0.0%	
		Disabled - Exec	3.30%	3.80%			0.0%	0%	8.3%	9.1%	0.0%	
		Disabled - NED	2.70%	3.60%			5.70%	0.0%	11%	11.1%	0.0%	0.0%



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NB: Please note that National Data for 2023/2024 has not yet been published



Our data – WDES insights

Indicator 1 – representation

- Our position has marginally improved Year on Year (YoY), we remain behind the national average.
- Numbers are small and representation is therefore fragile.
- Staff Survey data indicates 16.02% of respondents (circa 225 colleagues) have a long term condition or disability, suggesting colleagues are under declaring on ESR (78 declared on ESR).

Indicator 2 - relative likelihood of non disabled candidates being appointed

- Our position has worsened since last year, and as part of the EDI programme, we will be working with the MoorAbility staff network to review recruitment data to identify required actions.



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Our data WDES insights

Indicator 3 - relative likelihood of disabled colleagues entering formal capability

- Due to the small numbers, the data cannot be reported on.
- In line with revised reporting requirements, where trusts report less than 10 cases, the indicator is redacted for the purposes of public reporting.

Indicator 4-9a - staff survey data

- Reports of Bullying, Harassment or abuse are higher for disabled colleagues than non-disabled colleagues, although the Trust's result is broadly in line with the national data for 2023.



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Our data - WDES insights

Indicator 4-9a - staff survey data

- Disabled colleagues report lower levels of trust regarding equal opportunity for career progression or promotion, compared to last year this has decreased.
- Disabled colleagues are less likely to report feeling satisfied by the extent that their work is valued, and this has worsened YoY, bringing the Trust's position lower than the national picture.
- Adequate reasonable adjustments reported as being in place has decreased.
- There remains a difference between engagement scores for disabled versus non-disabled colleagues.



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Our data - WDES insights

Indicator 9b –employee voice

- Endorsed by the MoorAbilityStaff Network we were able to state that we have taken action to facilitate the voice of disabled colleagues – most evident in our work on Leadership Academy Programme and Reasonable Adjustments Guidance. We also have conducted qualitative survey to get insights to understand the lived experience of those working with a disability at MEH and to review staff survey and WDES results with qualitative data.

Indicator 10 – Board representation

- This has not improved compared to last year. Our representation here has not improved. The Fair Opportunities for All workstream have commenced initial work on this taking a diagnostic approach.



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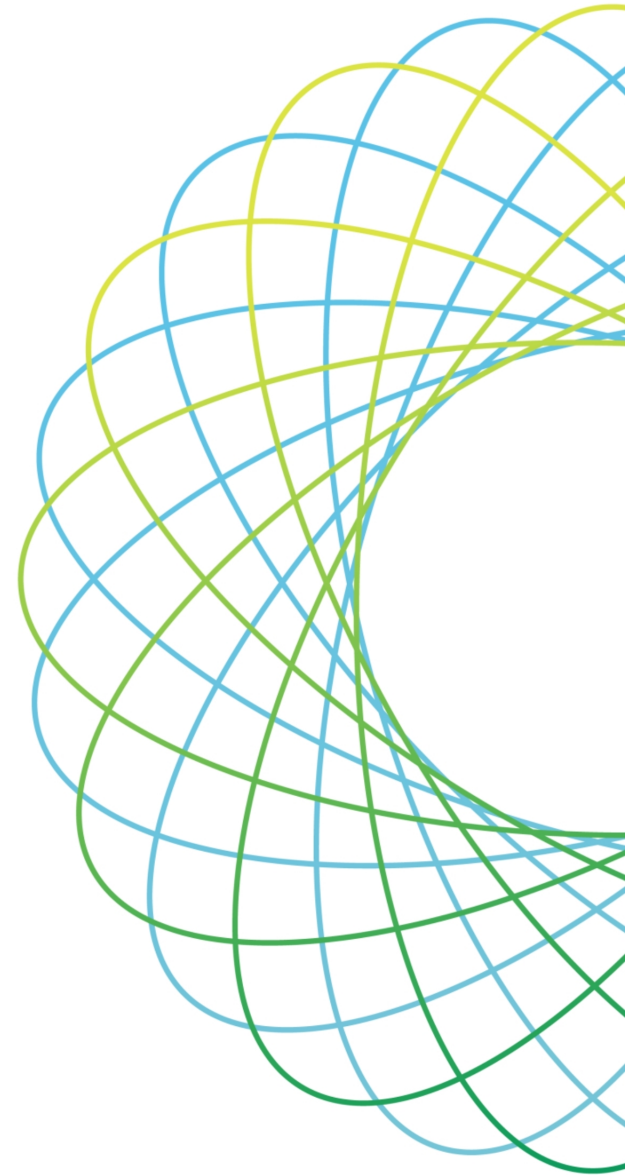




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23/24 WRES and WDES Action Plan



Action Plan – WDES/WDES 2023



Indicator	Action	Proposed end date	Ongoing/Completed	Progress
WDES - Indicator 1	Deliver a campaign to encourage colleagues to declare their disabilities and improve colleagues' confidence in reporting	December 2024	Ongoing as part of the new EDI programme (Data Driven Change Workstream) – planning end date Dec 2024	75%
WDES - Indicator 5	Conclude and evaluate Leadership Academy Programme and determine funding for future cohorts	January 2024	Cohort 1 completed – Evaluation and lessons learnt on the programme done preparing for new cohort (process of getting the funding)	100%
WDES - Indicator 8	Embed Reasonable Adjustments guidance, including introduction of health passports, consideration of central funding for adjustments and manager education	December 2024	Reasonable Adjustments guidance established and manager education sessions completed. Ongoing work for health passports and central funding – planning end date Mar 2024	50%
WRES - Indicators 5, 6 and 8	Develop an understanding of race, racism and anti-racism with a view to formally committing to becoming an Anti Racist organisation, underpinned by a strategy to deliver on this commitment	May 2025	Signed up the Unison Anti-Racism Charter. Mapping the pledges with EDI programme. This forms part of Leadership and Culture Workstream.	30%
WRES - Indicator 7	Launch Career Sponsorship programme and evaluate pilot for Black, Asian and Minority Ethnic colleagues.	July 2025	Cohort 1 completed – Evaluation and lessons learnt on the programme done and preparing for a new cohort. Some colleagues were promoted due to this programme.	100%
WDES - Indicator 2 WRES - Indicator 2	Launch revised Recruitment and Selection Policy, implementing inclusive recruitment practices	December 2024	Ongoing – Recruitment and Selection policy revised, but further review of the fairness and inclusiveness of recruitment practices been carried out under the EDI programme 'Fair Opportunities for All' workstream.	50%
WDES - Indicators 4a and 4b WRES - Indicators 5 and 6	Roll out Active Bystander training	August 2024	697 staff members have been through the Active Bystander training and we are due to roll out an e-learning version of the training to improve access to the training. █	100%
WDES - Indicator 10 WRES – Indicator 9	Actively ensure a diverse talent pipeline for the recruitment of new Board members, with a commitment to increasing Board diversity as a result.	December 2024	Scoped as one of the actions for the EDI programme Fair Opportunities for All workstream to address.	Yet to commence

Proposed Action Plan – WDES/WDES 2024



Indicator	Actions – Under Leadership & Culture workstream	How will we measure the success?	Proposed end date	Ongoing/Completed
WRES 5, 6 and 8	Unison anti-racism charter signed and launched trust-wide	High level of awareness of racism and engagement with the charter among staff; feedback from staff on the impact of the charter. Adhering to all the pledges in the Charter.	May 2025	Charter signed and launched July 2024/ongoing work on the pledges
Indirectly linked to all WDES/WRES indicators	EDI Objectives for all executives agreed	Executive's engagement with the staff networks, role modelling the EDI vision, and actively becoming allies.	July 2024	Objectives agreed/execution in progress
Linked to all WDES/WRES indicators	EDI Vision Launched as part of June 2024 All staff briefing (Trust-Wide Engagement) – "Equity for All"	Positive feedback from staff Survey and Pulse Survey; increased awareness and alignment with the EDI vision.	July 2024	EDI vision launch completed and gathering of feedback ongoing
WRES 5, 8	BeMoor staff network's proposed survey questions on racism and discrimination included in the July 2024 pulse survey questionnaire	High response rate and actionable insights from the survey results; improvement in subsequent staff surveys.	July 2024	Completed
WRES 7, 8, WDES 9a, 9b	Enhanced engagement support for Staff networks – they are part of the EDI steering committee for the Trust (From June 2024)	Increased participation in staff networks; improved engagement and representation in EDI steering committee decisions.	July 2024	Completed
WRES 2, 3, 4, 5, 6, 7, 8	Trust-Wide Anti-Racism training	High staff engagement rates and positive feedback from participants; reduction in reported incidents of racism and discrimination.	May 2025	Ongoing
Indirectly linked to all WDES/WRES indicators	EDI coaching for executives (ongoing/next steps)	Executives demonstrate improved EDI leadership and role modelling of EDI vision; positive changes in staff feedback regarding leadership on EDI issues.	December 2024	Ongoing
Indirectly linked to all WDES/WRES indicators	Trust-wide multi-channel communication campaign for the EDI programme (ongoing/next steps)	Increased awareness of the EDI programme across the trust; improved staff engagement and participation in EDI initiatives.	December 2024	Ongoing
WRES 6, 7, 8, WDES 9a&b	Initial scoping and planning for execs and leaders floor walks to promote and drive new EDI vision (ongoing/next steps)	Executives and leaders conduct floor walks, resulting in direct feedback from staff; increased visibility and support for the EDI vision.	Dec 2024	Ongoing
WRES 3, 4, 5, 6, 7, 8, WDES 3, 4a, 4b	Microaggressions, and unconscious bias training	High attendance and engagement in sessions; reduction in employee relations cases related to microaggressions and bias.	May 2025	Yet to commence

Proposed Action Plan – WDES/WDES 2024



Indicator	Actions – Under Data Driven Change workstream	How will we measure the success?	Deadline	Ongoing/Completed
WDES	Organising Listening one to one/events for Disabled colleagues and building an engagement framework to support others and impact policies and processes	Increase declaration rate (WDES),	June 2024	ongoing
Supports all WRES and WDES indicators indirectly	Key metrics for initial EDI baseline data agreed by EDI steering group	Establishment of baseline data	August 2024	On-track for completion
WDES 1, 9a&b, 10, WRES 9, 1	Share not Declare campaign discussed and signed off by EDI steering for development to support declaration rate— sample Infographics in following slides.	Increased rates of self-declaration in workforce data	August 2024	Completed
Supports all WRES and WDES indicators	Data set definition, rationale, and template development for EDI baseline data	Consensus on key metrics and reporting structure	August 2024	Ongoing
Supports all WRES and WDES indicators	Submission of Qlik Sense new application request for medium/longer term full EDI dashboard	Operational EDI dashboard providing real-time insights	December 2024	Ongoing
WDES 1, 9a&b, 10, WRES 9, 1	Comms development for Share not Declare campaign	Effective communication and increased declaration rates	September 2024	Ongoing

Proposed Action Plan – WDES/WDES 2024



Indicator	Actions – under Fair Opportunities for All workstream	How will we measure the success?	Deadline	Ongoing/Completed
WDES 1 and WRES 1	Revise Induction programme to include and raise awareness of WRES and WDES insight on BME and Disabled colleagues.	Wider understanding of WRES and WDES and improved awareness of EDI issues	September 2024	Ongoing
WRES 4, 7, 9	Evaluation of Career Sponsorship Programme (CSP) focused to support BME colleagues (Cohort 1)	Documented evaluation and implementation of learnings in subsequent cohorts	July 2024	Completed
WRES 4, 7, 9	Report on CSP evaluation and learning presented to EDI Steering group in August for feedback and cohort 2 sign off	Approval and rollout of CSP cohort 2 with improvements based on feedback	September 2024	Ongoing
WDES 5, 7, 9a&b, 10, 8,	Evaluation and learning on Leadership Academy Programme (LAP) to be presented to EDI steering group in October 2024.	Successful approval and continuation of the Leadership Academy Programme	October 2024	Ongoing
Linked to all the indicators (WRES and WDES)	Ongoing assessment of recruitment & selection policy, process, and practice for fairness and equity	Evidence of reduced disparities in recruitment outcomes by demographic groups	December 2024	Ongoing
WRES 4 and 7, WDES 5	Planned review of demographic data on access to training and CPD funding	Identification of disparities and implementation of targeted interventions	December 2024	Ongoing
Linked to all the indicators (WRES and WDES)	EDI manager attending NHS Employers Module 1 - create systemic change through building inclusive cultures, systems and governance	Identification of best practices shared with the Trust.	Oct 2024	Completed

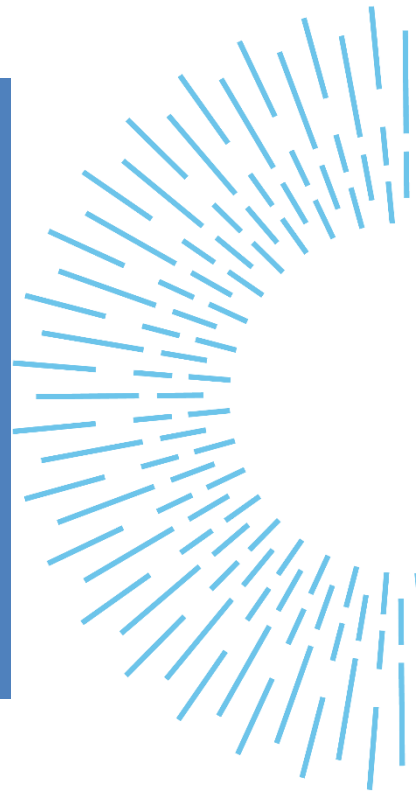


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Agenda item 8a

Equality, diversity and inclusion
annual report 2024

28 November 2024



Report title	EDI Annual Report 2024
Report from	Sue Steen, Chief People Officer
Prepared by	Ade Adetukasi, Associate Director of Employee Experience Idress Mohammed, Interim EDI Manager
Link to strategic objectives	Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values.

Introduction

The purpose of this paper is to present the 2024 EDI Annual Report for assurance and approval. The report provides an overview of the trust's EDI activities and performance for the current period.

The publication of an annual report is a requirement of the 2010 Equality Act's Public Sector Equality Duty (PSED) which requires all public organisations to publish a record of their EDI activities. The report shows how the trust is meeting the PSED requirements. According to the PSED, public sector organisations are required to have due regard to the need to:

- eliminate unlawful discrimination harassment and victimisation
- advance equality of opportunity
- foster good relationship between people who have protected characteristics

The report highlights our progress in terms of our regular reporting requirements, including Workforce Disability Equality Standard (WDES), Workforce Race Equality Standard (WRES), Gender Pay Gap (GPG), and Ethnicity Pay Gap (EPG). Further, it highlights the trust's work on the internal equality, diversity and inclusion agenda and our work to address health inequalities.

Key Points

The trust fully recognises that we have considerable work to undertake to improve staff experience and our performance on national EDI standards, and to achieve our EDI vision. However, below are some of the progress achieved in 2024 with indication of emerging green shoots.

Progress

- Feedback from staff network shows significant improvement in the operation and support for staff network groups. In particular, the introduction of monthly "Staff network report" as a standing agenda item for the monthly EDI steering group meeting has enabled structured escalation of staff network issues and empowered staff network leaders.
- We took a significant step toward becoming an anti-racist organisation by signing the Unison Anti-Racism Charter with the supporting delivery programme mapped to our EDI programme on track to deliver the charter pledges.
- We successfully worked with staff and key internal stakeholders to co-produce and launch a new EDI vision to reinforce and drive the trust's commitment to equality, diversity and inclusion.
- To ensure a data driven approach to delivering and monitoring our EDI vision and agenda, we have successfully developed a new EDI baseline data set, and this will evolve into a new EDI dashboard.
- Our latest WRES data shows an improvement in the fairness of disciplinary processes for BME staff.

Areas for development

- **Recruitment:** WRES indicator 2, regarding likelihood of BME staff been appointed, shows a decline in our position compared to last year and currently forms part of a recruitment outcome review under

the EDI programme. Addressing this is a key deliverable under the Fair Opportunities for All workstream of the EDI Programme.

- **Staff Experience at work:** Staff survey feedback indicates that only 63% of our workforce will recommend the organisation as a place to work compared to the national average of 71%. In response to this, we are conducting series of listening and engagement sessions with network groups and wider workforce to identify required actions and refine ongoing interventions.
- **Board and Senior Leadership Representation:** Representation of both BME and disabled staff at the board and wider senior leadership levels decreased, highlighting an urgent need to diversify senior leadership. We have commenced initial scoping for a new talent management and succession planning programme under the Fair Opportunities for All workstream.
- **EDI Ambition:** There is ongoing work to use the new EDI baseline data in setting medium (25/26) and long term (2028) EDI targets and goals. The ambition is for the trust to achieve top quartile score and performance across all the core EDI metrics to be recommended by the Data Driven Change workstreams by 2028. A proposal on the EDI ambition for the trust is on track to be presented to ManEx for consideration and approval in December.

Next Step

Once approved by the Board, the report will be published and made available on the trust’s public-facing website.

Quality implications

There is an evidenced correlation between staff experience and patient experience. A focus on improving staff experience, particularly for our staff with protected characteristics, will therefore have a positive impact on patient experience and the quality of the services we provide. It will support the recruitment and retention of quality staff.

Financial implications

A lack of equal opportunities for people in protected characteristic groups and increased levels of harassment are proven to significantly increase sickness absence, presenteeism, and staff turnover.

Risk implications

There is a risk that the trust will not successfully deliver the EDI programme and the new EDI vision due to the significant resource requirements to address deep-rooted EDI issues and multiple workstreams. This risk has been mitigated through the EDI programme resource requirements business case which has been approved by BCRG.

Action required/recommendation.

The Board is asked to note for assurance and approve the EDI Annual Report for 2024.

For assurance	✓	For decision	✓	For discussion	✓	To note	
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Equality, diversity and inclusion (EDI) annual report 2024

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Introduction

Moorfields Eye Hospital is pleased to present its annual equality, diversity, and inclusion (EDI) report for 2024.

Moorfields is committed to ensuring equity, diversity and inclusion. This is a priority for the trust and we remain steadfast on our journey. We will continue to take actions to ensure everyone at Moorfields has an equitable experience, and foster an environment where equality, diversity, and inclusion (EDI) is integral in everything we do.

Our new EDI vision strapline is "Equity in Action," demonstrating our commitment to creating an inclusive culture where every individual feels respected, valued, and able to thrive. This report highlights the steps we are taking to build an equitable, diverse, and inclusive workplace. As a leading provider of ophthalmic care, education, and research, Moorfields is dedicated to ensuring that our staff represents the communities we serve. We aim to eliminate discrimination, foster good relations, and promote opportunities for all, embedding EDI into every aspect of our service, empowered by our EDI vision and trust values.

1.1 Our motivation

Our motivation is people's sight matters. It's what inspires all of us day-to-day, and our strategy is firmly rooted in this belief. The experience of losing sight or having serious disturbances of vision is distressing and can be isolating and costly for those affected. Putting people with sight loss or disturbed vision at the centre of care is essential if we are to support their needs.

Providing a working environment that attracts and retains the best people and where individuals feel supported, challenged and empowered is fundamental to achieving our organisational aims. Discrimination plays no part in a healthy, inclusive culture and will not be tolerated in the trust.

1.2 Our purpose

Working together to discover, develop and deliver excellent eye care, sustainably and at scale.

1.3 Our values

- **Excellence:** is at the heart of Moorfields' purpose and history. It is also fundamental to our future as we innovate at the forefront of eyecare, delivering the best care and experience.
- **Equity:** means everyone can expect that we will do our best for them – our patients, staff and system partners – providing appropriate, accessible, excellent and sustainable care based on clinical need. Everyone can be confident their voice is listened to in decisions about their care.
- **Kindness:** means we are friendly and considerate – treating everyone with respect and going out of our way to reassure and give confidence.

Executive Summary

This EDI annual report highlights Moorfields Eye Hospital's progress in advancing equity, diversity, and inclusion during this reporting period. It provides an overview of our strategic initiatives, key achievements, and ongoing challenges as we continue our journey towards ensuring an inclusive and equitable workplace.

A new EDI programme was introduced in response to key issues identified following engagement with staff on their experience and the trust's performance on EDI and in alignment with the trust strategy. The programme is a type 1 Excellence Delivery Unit programme and is made up of three key workstreams as below.

- Leadership and culture
- Data-driven change
- Fair opportunities for all

The EDI steering group is the strategic group for EDI in the trust. Its remit is to provide focus, leadership, and coordination for achievement of corporate delivery of the EDI programme and wider EDI agenda. The group ensures that the trust is responding appropriately to equality legislation and national requirements. The group is chaired by the chief people officer and reports to the people and culture committee.

The number of staff networks in the trust has increased from three to four, they are:

- BeMoor – our race and ethnicities network

- MoorAbility – our network for colleagues with disabilities /long-term health conditions
- MoorPride – our network for LGTBQ+ colleagues
- Women’s network – our newly formed network to discuss gender specific issues and consider how best to tackle them in the workplace

2.1 Key achievements

2.1.1 Advances in leadership and culture workstream

- **Anti-Racism Charter:** We took a significant step toward becoming an anti-racist organisation by signing UNISON’s Anti Racism Chart with the supporting delivery programme mapped to our EDI programme. We are now on a journey to embed anti-racism practices across all aspects of our organisation including our leadership and training programs.
- **Executive EDI objectives:** Executive team members now have EDI objectives to ensure that EDI is sponsored and role-modelled by the senior leadership of the trust with clear accountabilities.
- **Executive EDI floor walking:** Detailed plan developed for executive EDI floor walking. These EDI-focused walkabouts will be used to promote the EDI programme and also to identify opportunities to enhance equity, diversity, and inclusion in the workplace. The walk will also be used for listening and learning about employees’ experiences, particularly those from underrepresented or marginalised groups.
- **Introduction of a new EDI vision:** We successfully co-produced and launched a new EDI vision as below reinforcing the trust’s commitment to equality, diversity and inclusion.

“We are committed to equity, diversity and inclusion. We **acknowledge the negative impacts** of inequity and are open about the challenges we face. We **will listen, reflect, take accountability** and work together to ensure our culture is **open, honest and fair for all**. Inclusive behaviours will be **championed and role modelled** so everyone can **fulfil their potential**. Diversity will be **valued and embraced** in all forms. At Moorfields, we will all **feel safe** to share our experiences, stand up for what is right and know that we will be treated with kindness.”

2.2.2 Advances in data-driven change workstream

- **EDI dashboard:** The second iteration of the EDI baseline data set, which will evolve into the EDI dashboard, has been completed and is on track to be published in December 2024. The EDI dashboard is being developed to track key performance metrics such as career progression, pay gaps, workforce demographics, and representation. This tool will enhance transparency and accountability for our EDI agenda.
- **"Share Not Declare" campaign:** A campaign aimed at improving the accuracy of demographic data has been launched, encouraging staff to voluntarily disclose protected characteristics, ensuring a clearer picture of our workforce diversity. This initiative will also help the trust work on workplace adjustments and review our policies with a reflection on EDI.

2.1.2 Advances in fair opportunities for all workstream

- **Career sponsorship program:** Following a successful pilot, the second cohort of the program has been launched to support underrepresented staff, particularly Black, Asian, and minority ethnic colleagues. The program provides mentorship and development opportunities, contributing to a more diverse talent pipeline.
- **Leadership academy program (LAP):** Following a successful pilot, the second cohort of the program has been launched. The program is a tailored leadership development opportunity for staff with disabilities, increasing accessibility to leadership roles.

2.2 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) insights

- **Representation and disparities:** BME staff representation slightly increased to 57.6% in 2024, but challenges remain in representation at senior-level positions. For disabled staff, representation improved to 3.1%, though under-reporting continues to affect data accuracy.
- **Disciplinary process and career progression:** Improvements were noted in the fairness of disciplinary processes for BME staff. However, both BME and disabled

staff still face barriers in career progression, with lower levels of trust in equal opportunities for advancement.

- **Bullying and harassment:** Despite slight improvements, reports of bullying and harassment remain high for BME and disabled staff, emphasising the need for ongoing intervention.

2.3 Gender pay gap 2023

- **Pay gaps:** The mean gender pay gap increased to 17.86%, while the median pay gap stood at 16.52%. The gender pay disparity is largely due to the underrepresentation of women in senior and higher-paid roles, with women comprising 68% of the workforce but only 54.16% of the highest pay quartile.
- **Bonus pay gap:** The bonus pay gap increased to 7.13%, primarily driven by the Clinical Excellence Awards (CEAs), which disproportionately benefit male consultants.

2.4 Key areas for development

- **Recruitment:** WRES indicator 2, regarding likelihood of person from a BME been appointed, shows a decline in our position compared to last year and currently forms part of a recruitment outcome review under the EDI programme. Addressing this is a key deliverable under the fair opportunities for all workstream of the EDI programme including the following actions: 1) Recruitment data is being collated within the EDI baseline data and dashboard to inform actions moving forward; 2) Use of the NHSE recognised “No More Tick Box” framework to audit and address biases.
- **Staff experience at work:** Staff survey feedback indicates that only 63% of our workforce would recommend the organisation as a place of work compared to the national average of 71%. In response to this we are conducting series of listening and engagement sessions with network groups and the wider workforce to identify required actions and refine ongoing interventions. In addition, the executive team floor walking campaign will be used as a platform to better understand staff experience.

- **Board and senior leadership representation:** Representation of both BME and disabled staff at the board and wider senior leadership levels decreased, highlighting a clear need to diversify senior leadership. We have commenced initial scoping for a new talent management and succession planning programme under the fair opportunities for all workstream.

2.5 Other ongoing and planned interventions:

- The trust is on track to implement and publish its first NHS England Equality Delivery System 2022 report in February 2025.
- To address inequalities and embed the use of the equality, health and impact assessment (EHIA) in the trust, we have introduced and currently piloting a revised framework and supporting protocol, including training for project leads. It is on track to be ratified and due to be included in a revised trust EDI strategy due for completion in January 2025.
- As part of the deliverables under UNISON's Anti-Racism Charter, we have commenced scoping and commissioning for trust-wide anti-racism and microaggression training.

2.6 Recommendations

- To continue to drive the implementation of the EDI dashboard to ensure a data-driven approach to delivering our EDI agenda.
- To strengthen efforts to close pay gap and ensure equitable access to career progression opportunities for underrepresented groups.
- To embed UNISON's Anti-Racism Charter across the organisation and enhance leadership accountability for fostering an inclusive workplace.

Moorfields Eye Hospital's EDI programme

3.1 Introduction of the new EDI programme:

Equality, diversity, and inclusion (EDI) is a priority at Moorfields, and we are committed at all levels to fostering an environment where EDI is integral to everything we do. Our new EDI

programme and our new EDI vision strapline, "Equity in Action," embodies this commitment by creating a workplace where everyone feels valued, safe, and empowered to reach their full potential. The programme is built around three core workstreams: leadership and culture, data-driven change, and fair opportunities for all. Each workstream plays a critical role in addressing the specific challenges we face, driving positive, measurable outcomes, and ensuring that EDI principles are embedded throughout the organisation. We aim to create a culture where inclusivity and belongingness are at our focal point.

3.2 Leadership and culture

The leadership and culture workstream focuses on embedding EDI values at the highest levels of leadership. Senior leaders are expected to act as champions of inclusivity, setting the tone for the rest of the organisation. This involves not only role-modelling inclusive behaviour but also engaging with staff through various means such as listening sessions, floor walks, and ongoing dialogue. Key initiatives under the workstream include:

- UNISON's Anti-Racism Charter
- EDI objectives for executive board
- Senior leaders' listening exercises and floor walks
- Support to executive
- Building psychological safety
- Reverse mentoring
- Staff and ally networks

3.2.1 Key highlight

The leadership and culture workstream has already achieved several milestones, including the signing of UNISON's Anti-Racism Charter and the successful rollout of the new EDI vision. These efforts have received positive feedback from staff and are helping to drive cultural change across the organisation.

3.3 Data-driven change

The data-driven change workstream is focused on leveraging data to identify and address inequities within the organisation. By collecting, analysing, and acting on data, Moorfields can ensure accountability, transparency, and ongoing improvement in its EDI efforts. This workstream involves several critical initiatives:

- Development of an EDI dashboard
- Increasing declaration rates
- Using data to measure success and inform initiatives
- Improving data transparency
- Implementing NHSE Equality Delivery System (EDS) 2022

3.3.1 Key highlight:

The second iteration of the initial EDI baseline data, which will evolve into the EDI dashboard, has been completed and is on track to be published in December 2024. It will serve as a critical tool for tracking and reporting on EDI progress. Additionally, the "share not declare" campaign has been launched to improve staff confidence in disclosing personal information, leading to more accurate demographic data and informing reasonable adjustments toolkit including reviewing of policies and procedures.

3.4 Fair opportunities for all

The fair opportunities for all workstream is dedicated to ensuring that recruitment, career development, talent management, and training opportunities are accessible and equitable for all staff. This workstream focuses on dismantling barriers to progression for underrepresented groups and fostering a culture where all employees have the tools and opportunities to succeed. Key initiatives include:

- Career sponsorship
- Leadership academy programme
- Refresh diverse panels guidance
- L&D and education initiatives
- Succession planning and transparency of career development

3.4.1 Key highlight:

The fair opportunities for all workstream has seen the successful implementation of the career sponsorship programme and the leadership academy programme, with positive feedback from participants. These initiatives are helping to break down barriers and create a more inclusive pathway for career progression at the trust.

3.5 Conclusion

Moorfields Eye Hospital's EDI programme represents a comprehensive approach to building an inclusive, equitable organisation. Through the three key workstreams – leadership and culture, data-driven change, and fair opportunities for all – we are making strides in creating a workplace where diversity is celebrated and all staff are empowered to thrive. As we continue to roll out these initiatives, we remain committed to transparency, accountability, and sustained progress toward our EDI goals.

Workforce EDI data reporting

4.1 Introduction

Below is the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data and action plans for 2023 and 2024 at Moorfields Eye Hospital NHS Foundation Trust. It highlights key issues, provides insights from both datasets and compares progress between the two years, focusing on the overarching action plans and narrative shifts.

4.2 WRES data comparison: 2023 vs. 2024

Representation of BME staff

- **2023:** BME staff representation stood at 55.9%, with disparities in representation increasing at senior levels.
- **2024:** BME staff representation slightly increased to 57.6%, but the gap at senior levels persists. Addressing representation at the Very Senior Manager (VSM) level remains a priority.

Likelihood of white applicants being appointed

- **2023:** The relative likelihood of white applicants being appointed from shortlisting improved from previous years (1.21).
- **2024:** A decline in this indicator was noted, with the likelihood rising again to 1.47, signalling a reversal of previous improvements. This issue is now part of a recruitment outcome review.

Likelihood of BME staff entering formal disciplinary processes

- **2023:** This indicator improved, with BME staff being less likely than white staff to enter disciplinary processes (0.98).
- **2024:** Further improvement was observed, with the ratio now at 0.76, indicating continued positive progress.

Access to CPD and non-mandatory training

- **2023:** The ratio was more balanced, with improvements in access to CPD for BME staff.
- **2024:** Access for BME staff worsened, with the ratio rising to 1.4, suggesting declining inclusivity in non-mandatory training.

Harassment, bullying, and abuse

- **2023:** Reports of bullying and harassment against BME staff remained higher than their white colleagues, with little improvement.
- **2024:** There was a slight reduction in reported harassment and bullying for BME staff, from 32.5% to 30.4%, but the issue persists.

Board representation

- **2023:** Board representation of BME staff remained stable at 10%.
- **2024:** Board representation decreased to 5.6%, a key issue highlighted as an area needing immediate focus.

4.3 WDES data comparison: 2023 vs. 2024

Representation of disabled staff

- **2023:** Disabled staff representation was 2.7% at Moorfields, with national averages higher.

- **2024:** Representation increased slightly to 3.1%, but the overall number of declared disabilities remains low, signalling under-reporting.

Likelihood of non-disabled applicants Being appointed

- **2023:** The relative likelihood of non-disabled applicants being appointed from shortlisting remained high (1.3), though improved from previous years.
- **2024:** The likelihood worsened considerably, rising to 3.3, highlighting the growing disparity between disabled and non-disabled applicants.

Bullying, harassment, and abuse

- **2023:** Disabled staff continued to report higher rates of harassment and bullying from patients, managers, and colleagues, compared to non-disabled staff.
- **2024:** Reports of bullying and harassment among disabled staff saw a slight reduction, but rates are still higher compared to non-disabled counterparts.

Equal opportunities for career progression

- **2023:** Disabled staff's trust in career progression had improved slightly (49.7%).
- **2024:** Trust levels worsened to 36.8%, showing a significant drop in disabled staff's confidence in this area.

Board representation of disabled staff

- **2023:** There was a decline in disabled board representation, with the loss of a non-executive director declaring a disability.
- **2024:** Disabled board representation remained low, with 0% of voting board members declaring a disability.

4.4 Action plan comparison: 2023 vs. 2024

The action plan for 2024 reflects on the action plan of 2023 and also introduces new initiatives. The action plan reflects the progress rate for 2023, ensuring a realistic view of last year's plans. The new action plan for 2024 comprises of actions and initiatives linked to the three workstreams under the EDI programme with key metrics on how we will measure the success.

4.4.1 Key highlights for WRES and WDES action plan:

WRES

- **2023:** The 2023 plan emphasised increasing BME representation at senior levels, enhancing access to CPD, and tackling bullying and harassment through the active bystander initiative.
- **2024:** The 2024 plan includes continuing the career sponsorship programme and increasing leadership accountability via anti-racism training and reverse mentoring for senior executives. The trust-wide anti-racism charter is a key milestone.

WDES

- **2023:** The focus was on improving disability declaration rates through campaigns, embedding the leadership academy programme, and revising the recruitment process to eliminate bias.
- **2024:** The 2024 plan maintains these objectives but adds a focus on expanding health passports and embedding reasonable adjustments guidance with the help of the 'share not declare' campaign. There is also a greater emphasis on leadership engagement and support for disabled colleagues.

4.5 Key issues highlighted

Under-declaration

WDES data show persistent issues with the under-reporting of disability. The "share not declare" campaign aims to address this, and the plan is to support the trust's ability to develop fully representative and responsive policies and support for disabled colleagues.

Career progression

Disabled staff reported a significant drop in trust regarding career progression opportunities

in 2024 compared to 2023. Similarly, BME staff continue to face challenges in advancing to senior positions, with representation decreasing at higher levels.

Bullying and harassment

Bullying and harassment remain significant issues for both disabled and BME staff. While the rates have decreased slightly in 2024, they are still notably higher than for their white and non-disabled colleagues.

Board representation

Both BME and disabled staff representation at the board level have worsened, highlighting the need for focused interventions to ensure a diverse leadership pipeline.

4.6 Conclusion

Moorfields Eye Hospital's WRES and WDES data for 2024 highlights ongoing challenges in addressing racial and disability disparities, particularly in career progression, harassment, and representation at senior levels. While progress has been made in some areas, such as improved disciplinary fairness for BME staff and the successful rollout of leadership programs for disabled colleagues, some issues remain unresolved. The action plans for 2024 build on the foundations laid in 2023 but with a renewed focus on leadership accountability and more robust support for underrepresented groups. Ensuring that these plans are effectively implemented will be crucial to driving sustained improvement.

Moorfields is committed to ensuring equity, diversity and inclusion. This is a priority for the trust and we remain steadfast on our journey. We will continue to take actions to ensure everyone at Moorfields has an equitable experience, and foster an environment where equality, diversity, and inclusion (EDI) is integral in everything we do.

Gender pay gap (2023)

5.1 Introduction

The data reported shows the pay gap as at 31 March 2023, as required by the regulations.

Gender pay gap

In 2023, the average pay for a male employee was £27.10 per hour which equated to £4.84 (17.86%) higher than the average female hourly rate, which was marginally higher than 2022. The median hourly rate gap was comparatively lower at £4.00 (16.52%) per hour.

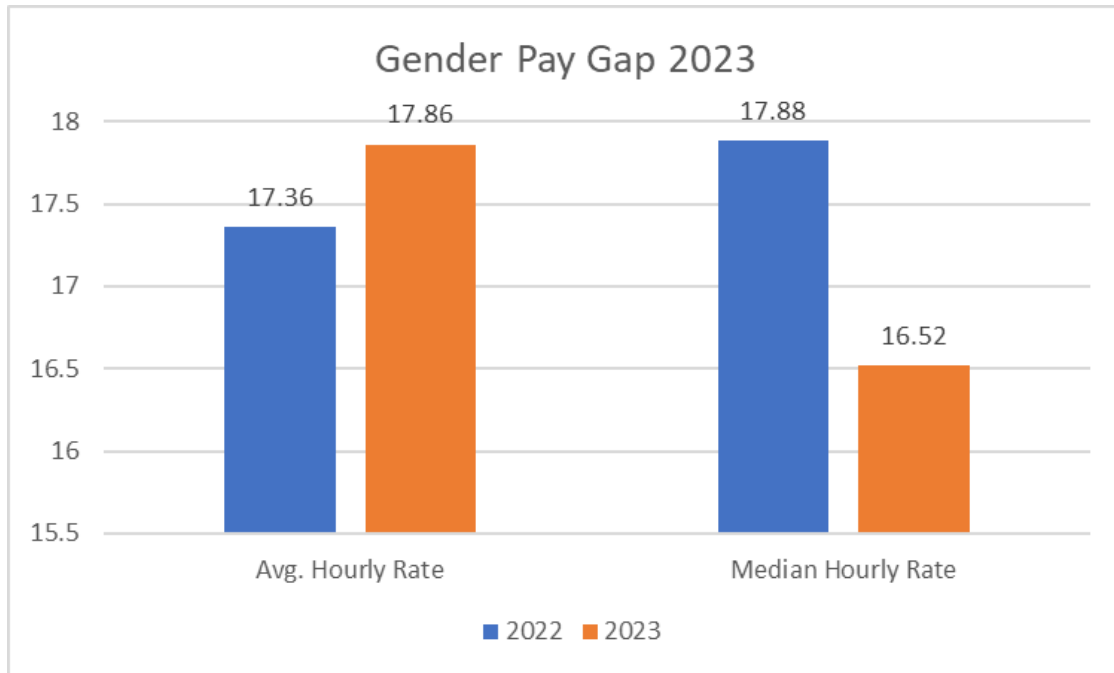


Figure 1: Average and median gender pay gap 2023 compared with 2022

The cause of the gender pay gap is multifaceted. Looking at the percentage of women in the Moorfield's workforce at 68% (consistent with representation across the NHS) this is considerably higher than the UK workforce at 57%. Our data shows there are more women in lower paid roles /occupations, see staff group breakdowns below. Women are also more likely to work part-time, which is generally less well paid than full-time work on a per hour basis (28% for women compared to 20% for men in the trust, compared with 38% for women and 14% for men across the UK), and to take time out of the labour force for caring responsibilities (58% of carers in the UK are women compared to 42% being men) . These factors limit women's labour market experience and progression; the gender pay gap widens significantly after women have children.

Compared with 2022 the trust headcount has increased by 72 in total, of which there are 44 more administrative and clerical and 21 more nursing & midwifery registered female staff in these roles.

Staff Overview	Headcount		% in Band	
Staff Group	Female	Male	Female	Male
Add Prof Scientific and Technic	167	66	72%	28%
Additional Clinical Services	263	120	69%	31%
Administrative and Clerical	573	234	71%	29%
Allied Health Professionals	42	8	84%	16%
Estates and Ancillary	2	33	6%	94%
Healthcare Scientists	33	22	60%	40%
Medical and Dental	157	185	46%	54%
Nursing and Midwifery Registered	375	77	83%	17%
Students	3	1	75%	25%
Grand Total	1615	746	68%	32%

Table 1: Staff Group Breakdown AfC

Staff Overview	Headcount		% in Band	
Staff Group	Female	Male	Female	Male
Consultant	63	100	39%	61%
Non-consultant career grade	71	60	54%	46%
Trainee grades	23	25	48%	52%
Grand Total	157	185	46%	54%

Table 2: Staff Group Breakdown Medical

Whilst women make up 68% of our workforce, they are overrepresented in the lower, lower middle and upper middle pay quartiles and underrepresented in the upper pay quartile. This has improved only slightly compared to 2022.

Quartile	Female	Male	Female %	Male %
0-25%	397	158	71.53	28.47
25%-50%	413	164	71.58	28.42
50%-75%	451	155	74.42	25.58
75%-100%	319	270	54.16	45.84

Table 3: Gender by Pay Quartile

Medical vs. non-medical gender pay gap

Band Groupings	Female		Male		GPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean GPG	Median GPG
Band 1-4	£14.13	£14.35	£14.45	£14.35	2.21%	0.00%
Band 5-7	£22.91	£22.74	£23.34	£24.53	1.84%	7.30%
Bands 8-9	£34.81	£31.77	£35.64	£31.87	2.33%	0.31%
Medical Staffing	£37.80	£35.37	£41.87	£45.17	9.72%	21.70%

Table 4: Medical vs. Non-Medical Gender Pay Gap

When considering the data on a more granular level, it is clear that the main driver of the gender pay gap at Moorfields is the difference our consultant workforce makes on pay across the organisation.

Whilst the overall percentage comparison of men and women at a medical grade (54% and 46% respectively) has moved closer than in 2022, the split at consultant grade has remained at 60% and 40% in favour of men. In addition, the women in the medical grades form part of a much larger population of women when looking at the gap at the organisational level (as the trust is 68% female). Consequently, their effect on female average pay is less than male consultant pay is on male average pay.

Ethnicity pay gap (EPG)

- Whilst not required to report on it formally, the trust continues our practice of analysing our pay data by ethnicity as well as gender.
- The mean EPG has increased from 13.20% in 2022 to 14.17% in 2023. The biggest increase in the EPG was in bands 8–9 where it went from 7.28% to 9.93%.
- Table 5 shows that EPG is primarily driven by pay at the AfC bands 8-9 and within the medical staffing workforce. This reflects our underrepresentation rates for Black, Asian and Minority Ethnic (BME) colleagues within band 7, and similarly at bands 8c and above.

Band Groupings	BME		WHITE		EPG	
	Mean Hrly Rate	Median Hrly Rate	Mean Hrly Rate	Median Hrly Rate	Mean EPG	Median EPG
Band 1-4	£ 14.35	£ 14.35	£14.49	£14.35	0.97%	0.00%
Band 5-7	£ 22.86	£ 22.87	£23.37	£24.53	2.18%	6.77%
Bands 8-9	£ 32.83	£ 31.71	£36.45	£32.50	9.93%	2.43%
Medical Staffing	£ 39.40	£ 40.60	£43.30	£47.69	9.01%	14.87%

Table 5: Pay by Ethnicity, analysed by pay band groupings as of 31 March 2023

Recommendations and actions

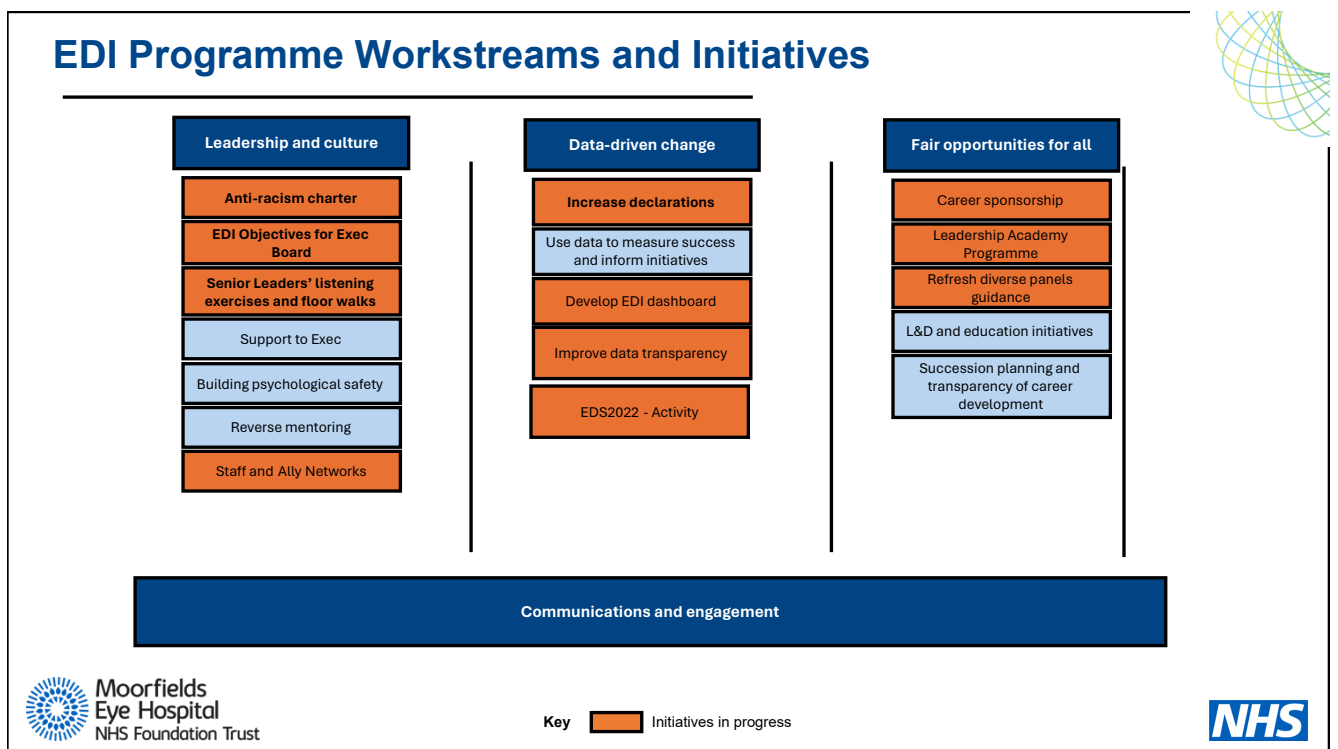
The recommendations have been developed to assist in closing the gap regarding both gender and ethnicity. It should be noted that this is a process that cannot achieve immediate corrective impact but rather a gradual reduction in the disparity.

There are historical issues regarding representation within medical staffing and length of service, which will only be corrected over time. Some of the ongoing actions include:

- introducing a Women’s staff network group to ensure challenges around succession and equality are given a suitable platform.
- implementing the recommendations within the “Mind the Gap” report, and following the successful launch of the first career sponsorship programme in 2023, the trust will look to roll out further cohorts with the aspiration of enhancing the promotional opportunities for BME colleagues.

Appendix A:

EDI Programme Workstreams and Initiatives



Appendix B:

Workstreams and Objectives



Workstreams and Objectives

Leadership and culture				
EDI is sponsored and role modelled at all leadership levels		The organisational culture is open and honest, with safe spaces for colleagues to be heard and Leaders to listen		
<i>Increased staff survey scores Number of new staff and all networks established Number of floor walks</i>				
Data-driven change				
Data is used to improve accountability, design and measurement of interventions and staff experience	Data is used to understand root causes of disparity and inequity	Quantitative measures are assessed to understand the impact of EDI initiatives	Data is used to understand and eliminate pay gaps	Improved collection, reporting and transparency of our EDI data
<i>Improved declaration rate Improved staff experience Improved WRES and WDES</i>				
Fair opportunities for all				
Recruitment processes facilitate a diverse workforce		There are fair development opportunities for staff to grow and learn		
<i>Improved staff survey results Improved WRES and WDES indicators</i>				

Key	
 	Workstream
	Objectives
 	Outcome / process measures



Appendix C:

EDI Roadmap



Report title	Freedom to Speak Up Q2 2024/25 report
Report from	Sheila Adam, Chief Nurse and Director of Allied Health Professionals
Prepared by	Ian Tombleson, interim Lead Freedom to Speak Up Guardian
Link to strategic objectives	Freedom to speak up links to all the strategic objectives and underpins our core values of Excellence, Equity and Kindness

<p>Executive summary</p> <p>This paper provides the Trust Board with a summary of Q2 2024/25 Freedom to Speak Up (FTSU) proactive and reactive work. The report describes the work being undertaken by the FTSU team and demonstrates that speaking up is valued and championed by Trust Board, Management Executive team, managers and a wide range of other stakeholders across Moorfields.</p>							
<p>Quality implications</p> <p>The Trust’s approach to developing and supporting the work of the FTSU Guardians is an important element of providing an open culture, and supporting improvements indicated by the staff survey. If staff feel they are able to raise concerns in a safe environment and that their concerns are acted on, then this will have a positive impact on patient safety and staff well-being and improve the Trust’s ability to learn lessons from incidents and support good practice. Trust Board and Management Executive provides leadership and support for effective FTSU service delivery, in order to foster an open and transparent speaking up culture.</p>							
<p>Financial implications</p> <p>No new financial implications.</p>							
<p>Risk implications</p> <p>Organisations should create a culture where staff feel able to voice their concerns safely. Not having this culture can create potential impacts on patient safety, clinical effectiveness and patient and staff experience, as well as possible reputational risks and regulatory impact. Moorfields have successfully introduced a new FTSU model to mitigate these risks, which also helps to support organisational cultural improvements.</p>							
<p>Action Required/Recommendation</p> <p>Trust Board are invited to note:</p> <ul style="list-style-type: none"> • Overall good progress continues to be made by the FTSU service ensuring key deliverables detailed in the work plan are met. • The number of concerns raised over the specified period (Q2) and the themes and trends emerging from them. • Have oversight of the on-going FTSU work activities. 							
For Assurance	X	For decision		For discussion		To note	X

1. Introduction and Purpose

This report provides Trust Board with an overview of concerns raised through the Freedom to Speak Up route for the period of Q2 2024/25 (July to September 2024) and gives an update about the progress of business-as-usual Freedom to Speak Up proactive and reactive activities. The format of this report complies with the National Guardian's Office (NGO) and NHS England and Improvement published guidelines, outlined in the NHS Freedom to Speak Up guide.

2. Background

Following substantial staff engagement and co-design, March 2024 saw a new improved FTSU service model introduced at Moorfields. The aim of strengthening the service has been to foster a culture of open communication, improve staff confidence in the speaking up service and to make FTSU more accessible to all staff that wish to use it. Key components of the FTSU service model include a full-time Lead Freedom to Speak up Guardian, implementation of an online anonymous/confidential speaking up platform (Work In Confidence) in January 2024, introduction of FTSU champions and strengthening the support provided by the existing voluntary Guardians.

The FTSU team consists of one full time Lead Guardian supported by an assistant Lead Guardian and four volunteer Guardians. The team's background is very mixed across a range of ethnicity, working professions and physical locations within the geography of the Trust. From September 2024 the Lead FTSU Guardian has been on maternity leave, with the Director of Quality and Safety acting as interim Lead Guardian. From 11 November a new interim Lead Guardian, Amnah Shah, has been in post to cover the Lead Guardian's maternity leave. The new FTSU service has now been embedded as business as usual and we will no longer refer to it as a new service.

3. FTSU Data Analysis Q2 2024/25

Concerns raised to the Freedom to Speak Up service Q2 2024/25 (July-Sep 24)

There were 53 cases raised in Q2 2024/25, the same number of cases as raised in Q1 2024/25. This is an increase on the 42 cases raised through the Freedom to Speak Up Guardian route in Q4 2023/24 and is also higher than all the preceding quarters in 2023/24.

There has been a total of 14 anonymous cases raised to FTSU. Sometimes a group of individuals has raised a common concern, in this situation, each individual involved is counted as a case.

Who is speaking up?

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

Table 1. NGO Professional worker group reporting (Q2 2024/25) compared to the previous quarter

Professional worker groups	Q1 24/25	% of cases	Q2 24/25	% of cases
Additional Clinical Services	8	15%	12	23%
Additional Professional Scientific Technical	13	25%	6	11%
Admin & Clerical	10	19%	17	32%
Allied Health Care professionals	0	0	3	6%
Estates and Ancillary	5	9%	1	2%
Health Care Scientist	0	0	6	11%
Medical	2	4%	1	2%
Not known	6	11%	1	2%
Nursing	9	17%	6	11%
Total	53	100%	53	100%

The data shown in table 1 shows that during Q2 2024/25, admin and clerical staff raised the highest number of concerns.

Nationally, the NGO reports that the nursing and midwifery workforce raise the most FTSU concerns (NGO annual report 2022-23). This group also makes up the largest NHS workforce. Medical and dental workers raise the lowest number of concerns to Guardians (NGO annual report 2022-23). Our figures reflect the national low numbers of staff speaking up from this worker group. The Guardian team will continue to promote the service, particularly targeted at under-represented worker groups who may not be speaking up, so that they feel safe and confident to raise concerns.

Themes of concerns raised to Freedom to Speak Up

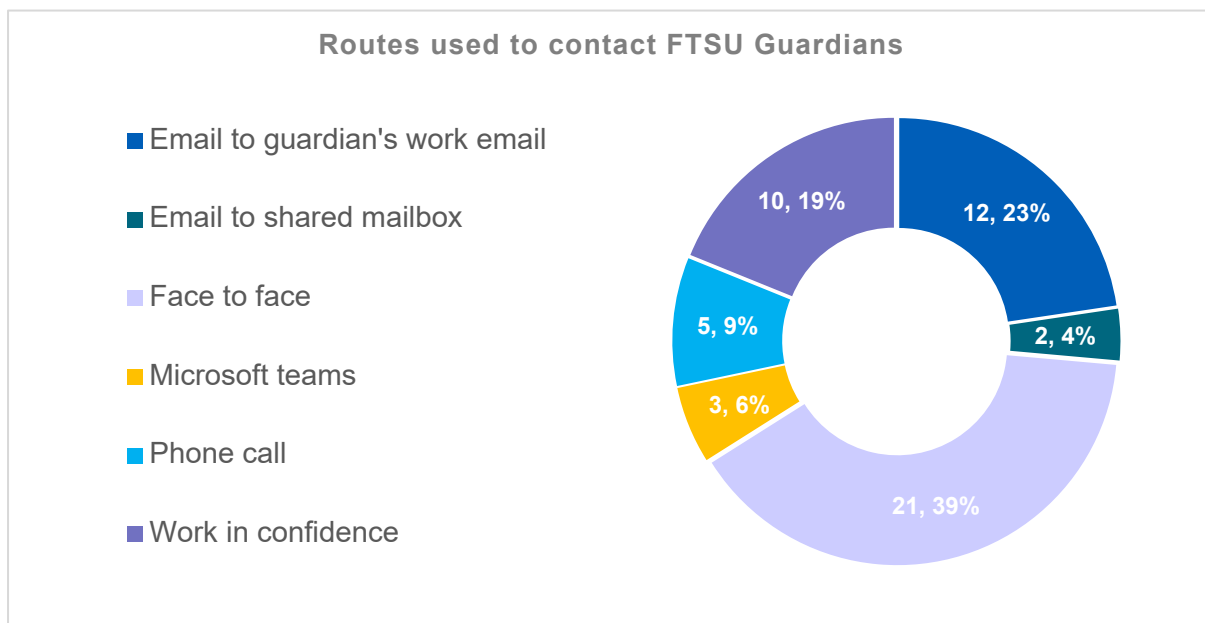
When staff speak up, their concerns are recorded through a set of defined categories/themes.

During Q2 2024/25, a large proportion of cases raised to Freedom to Speak Up relate to leadership and management (41.5%) which appears to be a consistent theme from quarter to quarter. Other themes include bullying and harassment (17%) and inappropriate behaviours and attitudes & discrimination (9% and 7.5% respectively). These show less comparability with previous quarters but with relatively small numbers comparison is limited. More meaningful comparison for all categories will be made when we have a full year of data.

Moorfields is currently running a leadership development programmes for clinical leadership roles in addition to first level leading with compassion training. Further work is being undertaken on defining, developing and supporting behaviour which reflects the trust values.

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

Fig 1. Routes used by staff to contact FTSU Guardian team (Q2 2024/25)



The most preferable route used by staff to speak up, continues to be through face-to-face interaction with a Guardian. This usually occurs during site visits or listening events, where staff feel safe to speak up in groups or individually. For this quarter 23% of staff contacted a Guardian of their choice directly through their work mailbox (the figure was 31% for the previous quarter). The least preferable routes used to contact the team are via Microsoft teams, phone and emailing the Guardian shared mailbox (6%, 9% and 4% respectively) which are similar to the single digit figures reported in the previous report.

19% of Guardian contact has been made using the Work In Confidence (WIC) speaking up platform (which was introduced trust-wide on 24 January 2024) indicating some consistency with previous quarters. Since its launch, there has been a steady increase in the number of staff registering to use the platform (106 registered user accounts, which is 33 more than reported in the previous board report).

From the start of using WIC (24 January 2024) to date, on average, it takes a Guardian 4 days to respond to a conversation from a staff member, and with managers and workforce, approximately 47 days to close a case. The FTSU team will continue to promote the use of the WIC platform.

4. Freedom to Speak Up Work Plan

To maintain effective service delivery, a detailed work plan has been drafted by the lead Freedom to Speak Up Guardian, to manage all reactive and proactive activities. The work plan sets out strategic objectives, which centres around 'making speaking up business as usual'. To ensure all strategic objectives are met, high level development actions have been outlined and set against expected closing timeframes, to ensure that key deliverables can be monitored, measured, and met.

Monitoring of the work plan is provided through regular reporting and progress updates to the Freedom to Speak Up Steering group and Management Executive with assurance provided to People and Culture Committee and quarterly Trust Board reporting.

Key deliverables set out in the work plan include:

- Delivering a successful FTSU month in October with 14 road shows and sites visits and one on-line event (complete)
- Expansion of the FTSU Champions network
- Improved FTSU training for staff and managers
- Promotion of the Work In Confidence speaking up platform
- Strengthened collaborative working between FTSU and all key stakeholders
- Review and update of the FTSU Communications plan
- Continued effective service delivery of FTSU core activities.

Integrated Performance Report

Reporting Period - October 2024

Brief Summary of Report

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









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

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

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

Variation					Assurance		
							
Common cause - no significant change	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 showing an increasing trend	Special cause showing a decreasing trend	Inconsistent passing and failing of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target

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.

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



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

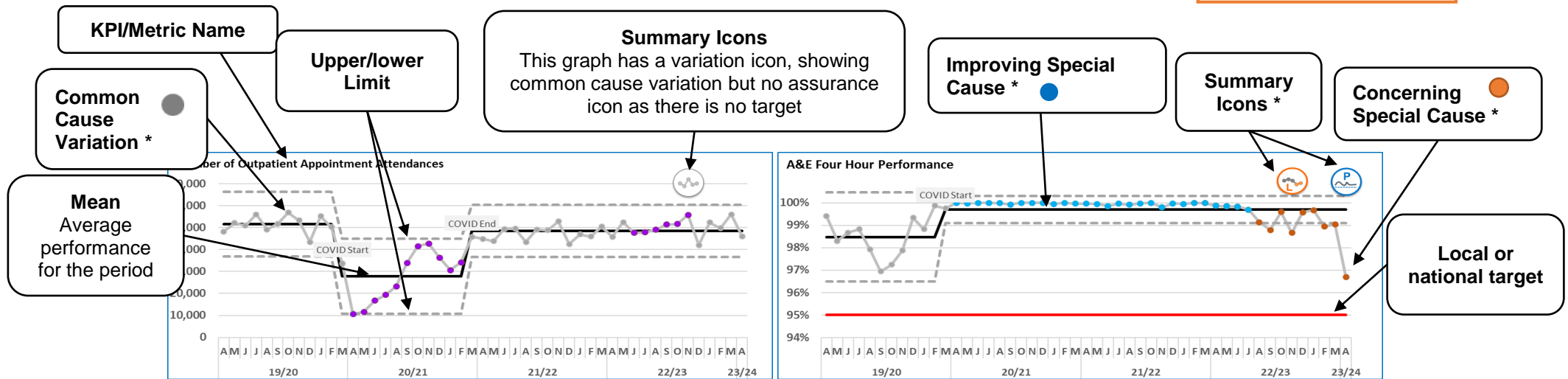
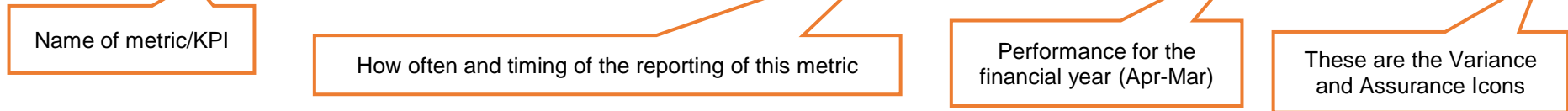
Failing Process (F) - Indicates the metric consistently falls short of the target, and unlikely to ever regularly meet the target without redesign. To be classified as a failing process, either the target would have not been met for a significant period, or the target falls outside the calculated process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

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.

Unreliable Process - This is where a metric will 'flip flop' (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.

Guide to this Report

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 2 week waits - first appointment urgent GP referral	Jon Spencer	Statutory Reporting	Monthly	≥93%	100.0%	100.0%		



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 a number of videos explaining the approach and a series of case studies - these can be accessed via the following link - <https://improvement.nhs.uk/resources/making-data-count>

Highlights

Metrics With "Failing Process"

- 52 Week RTT Incomplete Breaches
- Elective waits over 65 weeks
- % FoI Requests within 20 Days
- Appraisal Compliance
- Staff Sickness (Month & Rolling Annual Figure)

Celebrations

- 20 Metrics are showing as a capable process, all showing either an improving or stable performance, this includes:
 - All Cancer Performance Metrics
 - Posterior Capsular Rupture rates
 - All FFT Performance Targets
 - Infection Control Metrics
- Four metrics are showing an improving position including Recruitment Time to Hire, Referral to Treatment performance and Waiting Lists

Other Metrics showing "Special Cause Concern"

- Cancer 28 Day Faster Diagnosis Standard
- Basic Mandatory IG Training
- Number of Incidents open after 28 days

Other Areas To Note

- Against the updated plan, All Outpatient Plans are above plan for October and YTD, with overall and Follow Up Appointments vs. Plan showing as an improving and capable process.
- Elective Activity remains below 100% for October and YTD.

Executive Summary

In October, the Trust's 18 Week referral to treatment time performance was 82.4% of patients receiving their treatment within the required period. The total waiting list size continued to reduce. Many services are improving their compliance against the 18-week standard; however, there are a small number of specialist services which are seeing a deteriorating position, due to capacity challenges.

The number of patients waiting over 52 weeks for their treatment increased to 13. These patients were a combination of those who have been transferred to us from other Trusts through a mutual aid process or our own patients who have experienced longer waits due to capacity pressures in specialist services. All 13 of these patients now have a date for treatment or have been discharged.

Elective activity levels were again below plan due to the known issues of reduced cataract referrals being received in North London. We have not been able to deliver the expected number of operating lists at Stratford, due to the low number of patients transferring to us from the Royal London. In October, we also ran fewer operating lists on weekends than usual at City Road, which reduced elective activity lists.

Outpatient activity was above plan in month and year to date.









We did not meet the faster diagnosis standard in month, with four patients exceeding the required waiting time. Two of these breaches were due to patient choice and two were due to communication and administration errors. Additional support is being provided to administrative teams to reduce the number of breaches going forward.

The Trust's Booking Centre met the average call abandonment rate for a fourth month in a row and the average call waiting time target was met for the first time since January 2024. Actions remain in place to continue to deliver performance at this level.

A&E four-hour performance improved in month to 99.3% and there was one non-medical cancelled operation not treated within 28 days, due to surgeon availability.

Appraisal compliance has improved to 75.5% with a continued review of the accuracy of the data. Basic Mandatory IG training is below the required standard at 88.8% and line managers have been asked to focus on this with teams. Staff sickness rates remain above Trust target.

Performance Overview

October 2024		Assurance			
		Capable Process 	Hit and Miss 	Failing Process 	No Target
Variation	Special Cause - Improvement 	<ul style="list-style-type: none"> - Total Outpatient Activity (% Plan) - Total Outpatient FlwUp Activity (% Plan) - % Cancer 31 Day Waits (All) - % Cancer 62 Day Waits (All) - VTE Risk Assessment - FFT Inpatient Scores (% Positive) - FFT Outpatient Scores (% Positive) - Serious Incidents open after 60 days - Active Commercial Studies 	- Recruitment Time To Hire (Days)		<ul style="list-style-type: none"> - 18 Week RTT Incomplete Performance - RTT Waiting List - OP Journey Times - Diagnostic FtF
	Common Cause 	<ul style="list-style-type: none"> - A&E Four Hour Performance - Mixed Sex Accommodation Breaches - Posterior Capsular Rupture rates - MRSA Bacteraemias Cases - Clostridium Difficile Cases - E. Coli Cases - MSSA Rate - cases - FFT A&E Scores (% Positive) - FFT Paediatric Scores (% Positive) - % SARs Requests within 28 Days - Summary Hospital Mortality Indicator - Recruitment to NIHR portfolio studies - % of patients in research studies 	* See Next Page	<ul style="list-style-type: none"> - 52 Week RTT Incomplete Breaches - Elective waits over 65 weeks - % FoI Requests within 20 Days - Appraisal Compliance - Staff Sickness (Month Figure) - Staff Sickness (Rolling Annual Figure) 	* See Next Page
	Special Cause- Concern 		<ul style="list-style-type: none"> - Cancer 28 Day Faster Diagnosis Standard - Basic Mandatory IG Training 		- Number of Incidents open after 28 days
	Special Cause - Increasing Trending 	<ul style="list-style-type: none"> - No. of A&E Arrivals - No. of Outpatient Attendances - No. of Outpatient First Attendances - No. of Outpatient Flw Up Attendances - No. of Referrals Received - No. of Theatre Admissions - No. of Theatre Elective Day Admissions 			
	Special Cause - Decreasing Trending 	- RTT Incomplete Pathways Over 18 Weeks			

Performance Overview

Common Cause & Hit and Miss









- Elective Activity - % of Phased Plan
- Outpatient First Activity (% Plan)
- % Diagnostic waiting times less than 6w
- Average Call Waiting Time
- Average Call Abandonment Rate
- Emergency readmissions in 28d (ex. VR)
- % Complaints Responses Within 25 days
- % Complaints Acknowledged Within 3 days
- Occurrence of any Never events
- NatPSAs breached
- Theatre Cancellation Rate (Non-Medical)
- Non-medical cancelled 28 day breaches

Common Cause (No Target)

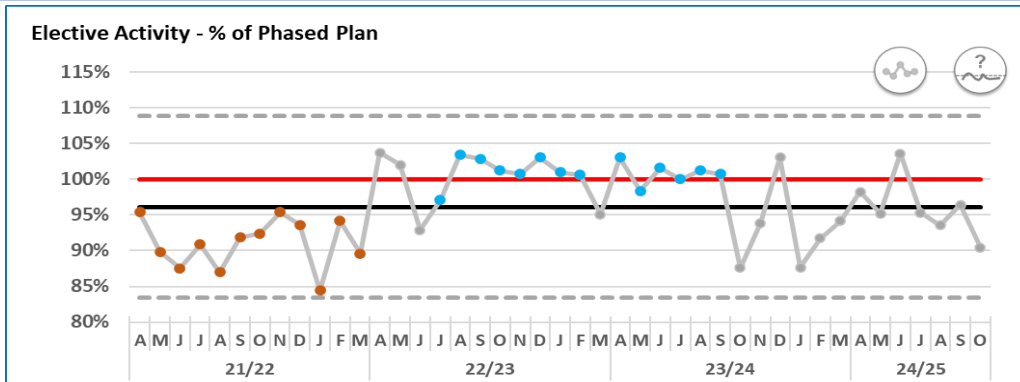


- OP Journey Times - Non-Diagnostic FtF
- Proportion of Temporary Staff
- Recruitment to All Research Studies
- No. of A&E Four Hour Breaches
- No. of Theatre Elective Inpatient Adm.
- No. of Theatre Emergency Admissions

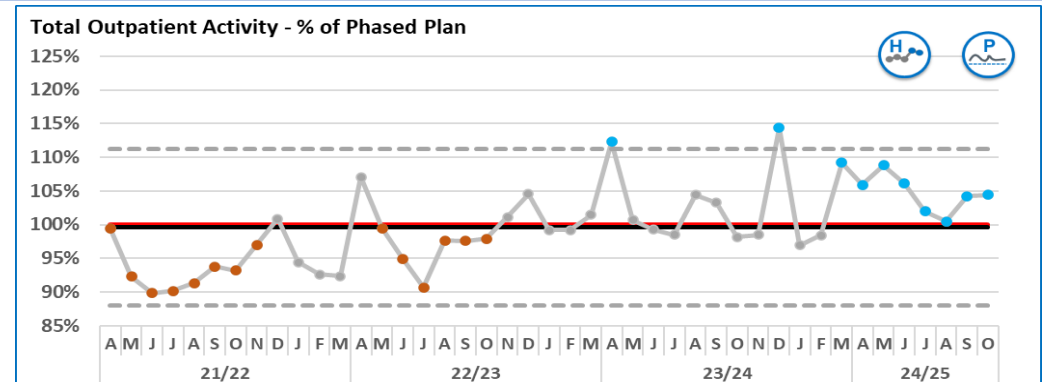
Deliver (Activity vs Plan) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Elective Activity - % of Phased Plan	Jon Spencer	24/25 Planning Guidance	Monthly	≥100%	95.9%	90.5%		
Total Outpatient Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	104.5%	104.4%		
Outpatient First Appointment Activity - % of Phased Plan	Jon Spencer	Internal Requirement	Monthly	≥100%	106.1%	105.1%		
Outpatient Follow Up Appointment Activity - % of Phased Plan	Jon Spencer	24/25 Planning Guidance	Monthly	≥85%	104.1%	104.2%		

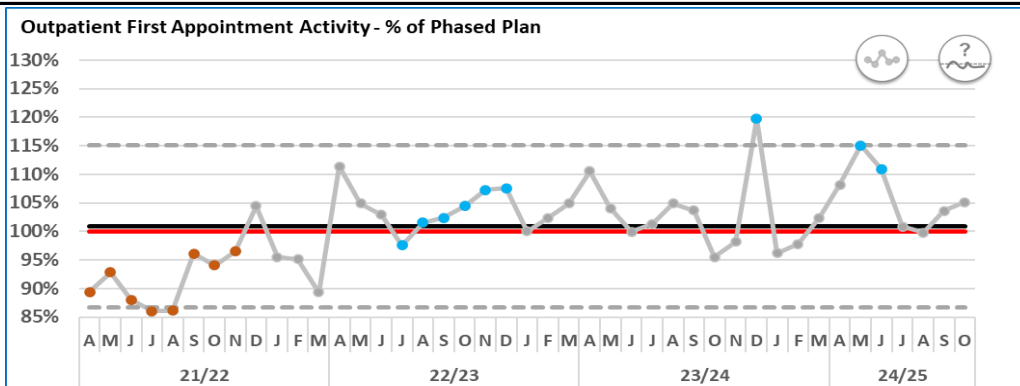
Deliver (Activity vs Plan) - Graphs (1)



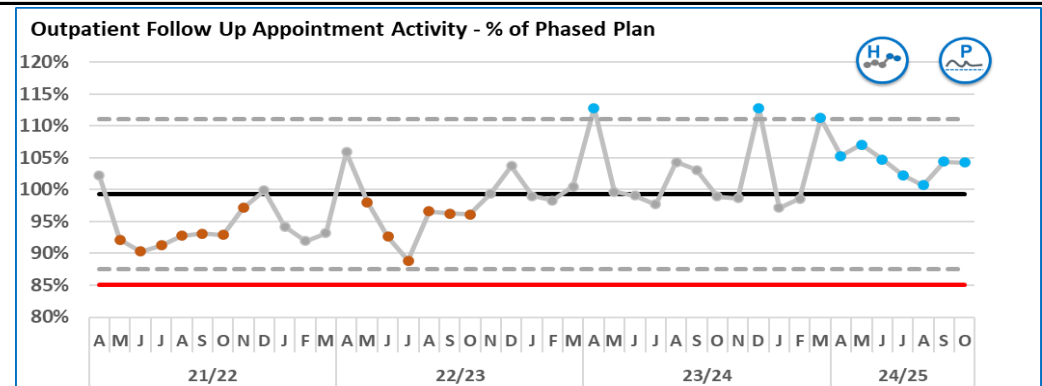
'Elective Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 90.5%.



'Total Outpatient Activity - % of Phased Plan' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 104.4%.









'Outpatient First Appointment Activity - % of Phased Plan' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 105.1%.



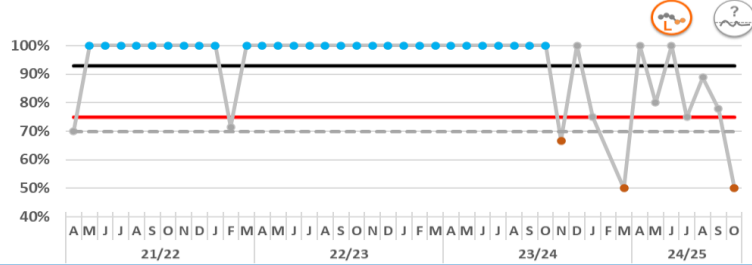
'Outpatient Follow Up Appointment Activity - % of Phased Plan' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 104.2%.

Deliver (Cancer Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Cancer 28 Day Faster Diagnosis Standard	Jon Spencer	Statutory Reporting With Local Target	Monthly	≥75%	81.3%	55.6%		
% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat	Jon Spencer	Statutory Reporting	Monthly	≥96%	99.5%	100%		
% Patients With All Cancers Treated Within 62 Days	Jon Spencer	Statutory Reporting	Monthly	≥85%	99.7%	97.5%		

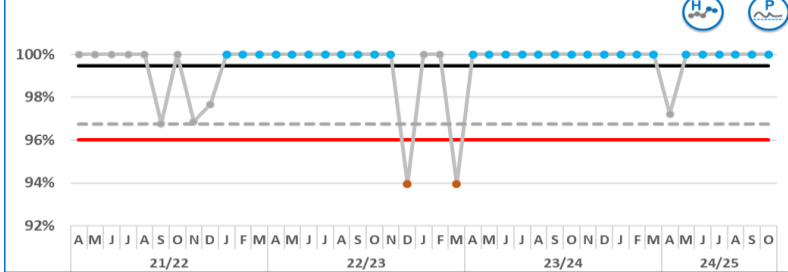
Deliver (Cancer Performance) - Graphs (1)

Cancer 28 Day Faster Diagnosis Standard



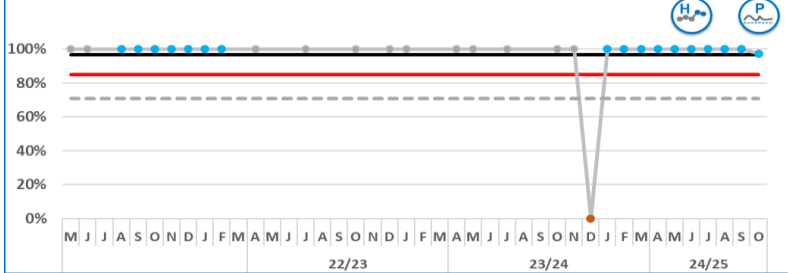
'Cancer 28 Day Faster Diagnosis Standard' is showing 'special cause concern' and that the current process is not consistently achieving the target - This is a change from the previous month. The figure is currently at 55.6%.

% Patients With All Cancers Receiving Treatment Within 31 Days of Decision To Treat














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

% Patients With All Cancers Treated Within 62 Days



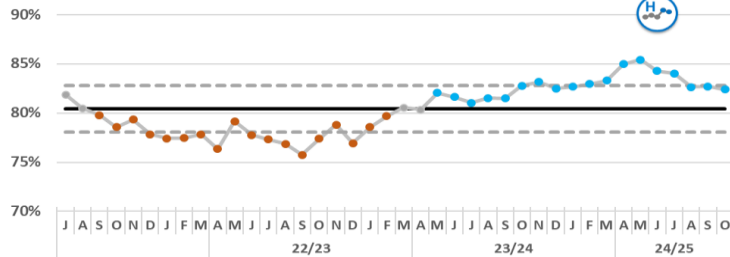
'% Patients With All Cancers Treated Within 62 Days' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 97.5%.

Deliver (Access Performance) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
18 Week RTT Incomplete Performance	Jon Spencer	Statutory Reporting	Monthly	No Target Set	83.8%	82.4%		
RTT Incomplete Pathways (RTT Waiting List)	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	33872		
RTT Incomplete Pathways Over 18 Weeks	Jon Spencer	Internal Requirement	Monthly	≤ Previous Mth.	n/a	5963		
52 Week RTT Incomplete Breaches	Jon Spencer	24/25 Planning Guidance	Monthly	≤5 Breaches	61	13		
Eliminate waits over 65 weeks for elective care	Jon Spencer	24/25 Planning Guidance	Monthly	Zero Breaches	18	2		
A&E Four Hour Performance	Jon Spencer	24/25 Planning Guidance	Monthly	≥95%	97.7%	99.3%		
Percentage of Diagnostic waiting times less than 6 weeks	Jon Spencer	24/25 Planning Guidance	Monthly	≥99%	99.3%	100.0%		

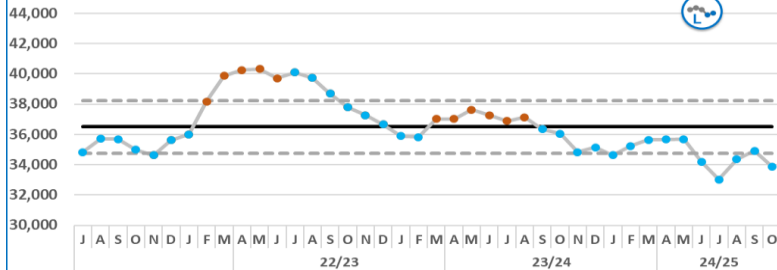
Deliver (Access Performance) - Graphs (1)

18 Week RTT Incomplete Performance



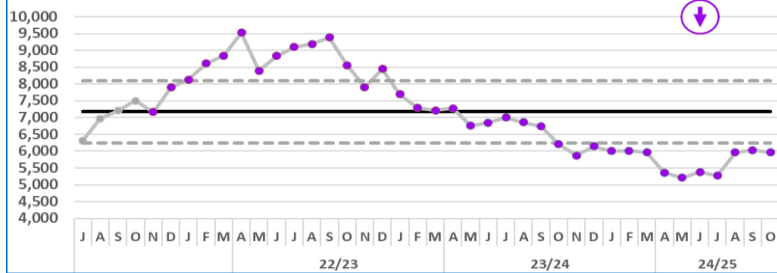
'18 Week RTT Incomplete Performance' is showing 'special cause improvement' (increasing rate). The figure is currently at 82.4%.

RTT Incomplete Pathways (RTT Waiting List)



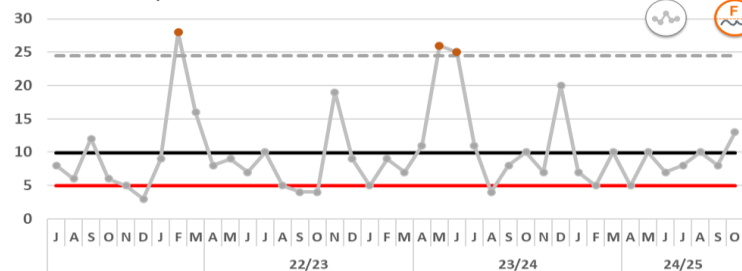
'RTT Incomplete Pathways (RTT Waiting List)' is showing 'special cause improvement' (decreasing rate). The figure is currently at 33,872.

RTT Incomplete Pathways Over 18 Weeks



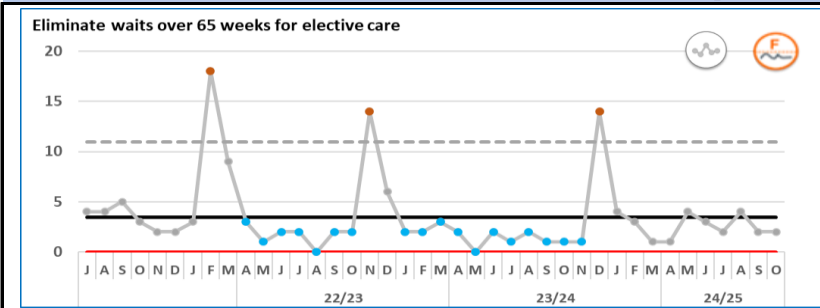
'RTT Incomplete Pathways Over 18 Weeks' is showing an 'special cause variation' (decreasing rate). The figure is currently at 5,963.

52 Week RTT Incomplete Breaches

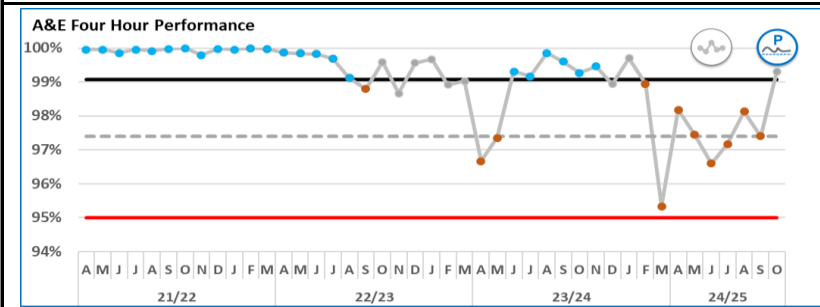


'52 Week RTT Incomplete Breaches' is showing 'common cause variation' with the current process unlikely to achieve the target - This is a change from the previous month. The figure is currently at 13.

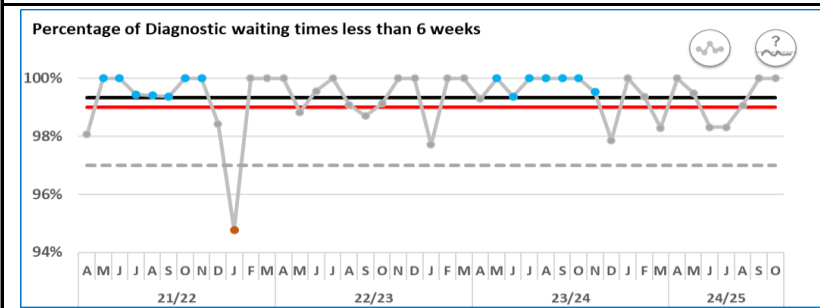
Deliver (Access Performance) - Graphs (2)



'Eliminate waits over 65 weeks for elective care' 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 2.







'A&E Four Hour Performance' 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 99.3%.

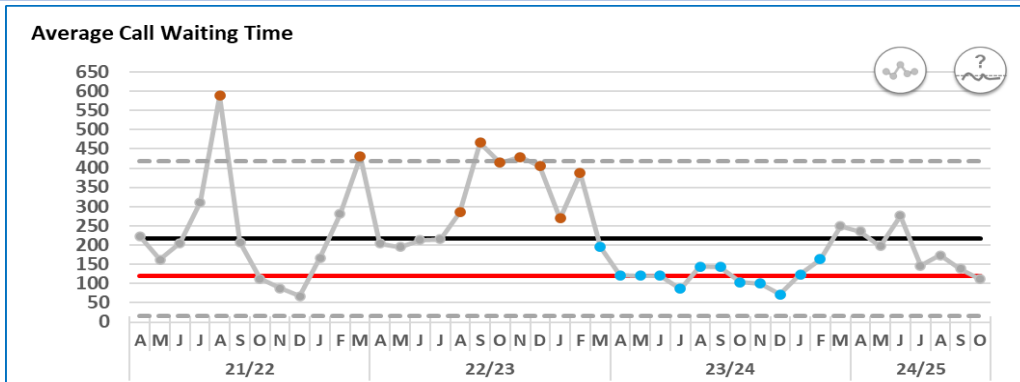


'Percentage of Diagnostic waiting times less than 6 weeks' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 100.0%.

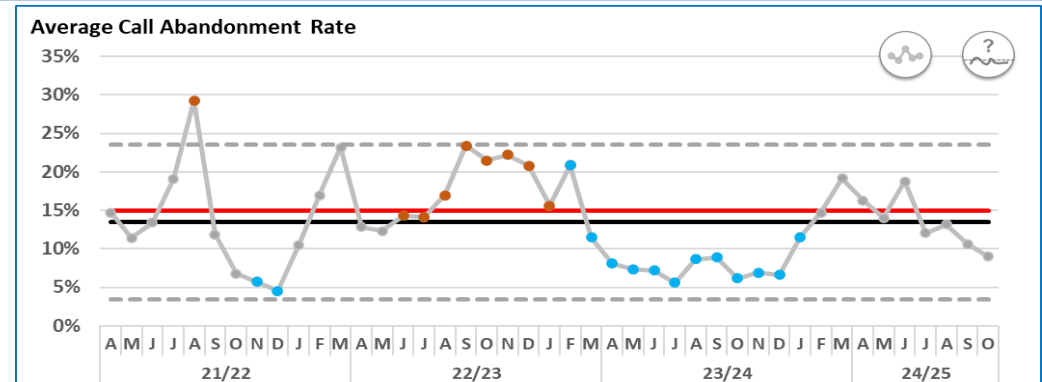
Deliver (Call Centre and Clinical) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Average Call Waiting Time	Jon Spencer	Internal Requirement	Monthly	≤ 2 Mins (120 Sec)	n/a	112		
Average Call Abandonment Rate	Jon Spencer	Internal Requirement	Monthly	≤15%	13.5%	9.0%		
Mixed Sex Accommodation Breaches	Sheila Adam	Statutory Reporting	Monthly	Zero Breaches	0	0		
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Jon Spencer	Internal Requirement	Monthly (Rolling 3 Months)	≤ 2.67%	n/a	0.00%		
VTE Risk Assessment	Jon Spencer	Statutory Reporting	Monthly	≥95%	99.8%	99.7%		
Posterior Capsular Rupture rates (Cataract Operations Only)	Jon Spencer	Statutory Reporting	Monthly	≤1.95%	0.93%	1.42%		
MRSA Bacteraemias Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Clostridium Difficile Cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
MSSA Rate - cases	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		

Deliver (Call Centre and Clinical) - Graphs (1)



'Average Call Waiting Time' 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 112.

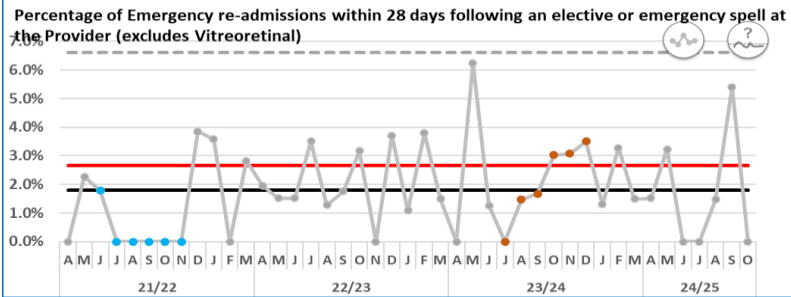


'Average Call Abandonment Rate' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 9.0%.

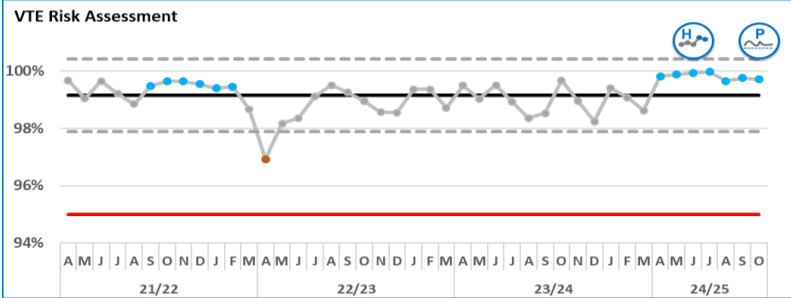
Deliver (Call Centre and Clinical) - Graphs (2)

No Graph Generated, No breaches since June 2017

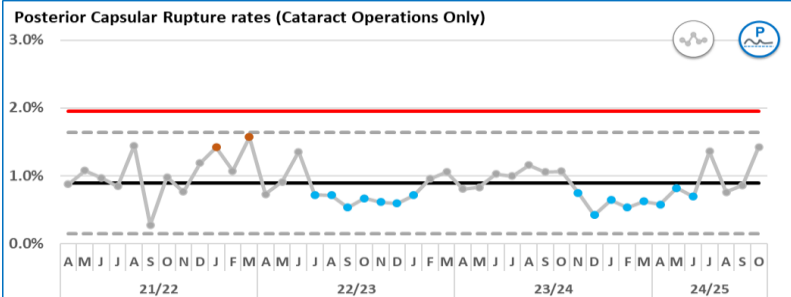
'Mixed Sex Accommodation Breaches' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.



'% Emergency re-admissions within 28 days (excludes Vitreoretinal)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.00%.



'VTE Risk Assessment' is showing 'special cause improvement' and that the current process will consistently pass the target - This is a change from the previous month. The figure is currently at 99.7%.



'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 1.42%.

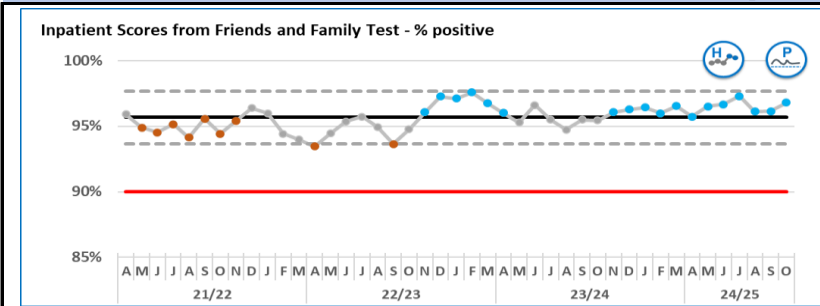
Deliver (Call Centre and Clinical) - Graphs (3)

<i>No Graph Generated, No cases reported since at least April 17</i>	'MRSA Bacteraemias Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.
<i>No Graph Generated, No cases reported since at least April 17</i>	'Clostridium Difficile Cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.
<i>No Graph Generated, No cases reported since at least April 17</i>	'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.
<i>No Graph Generated, No cases reported since at least April 17</i>	'MSSA Rate - cases' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.

Deliver (Quality and Safety) - Summary

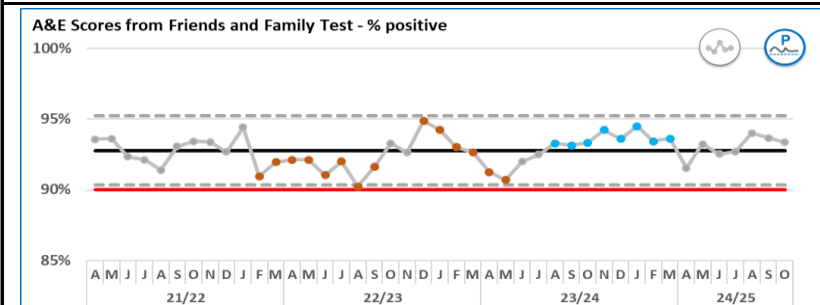
Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Inpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	96.5%	96.8%		
A&E Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	93.0%	93.4%		
Outpatient Scores from Friends and Family Test - % positive	Ian Tombleson	Statutory Reporting	Monthly	≥90%	94.5%	95.4%		
Paediatric Scores from Friends and Family Test - % positive	Ian Tombleson	Internal Requirement	Monthly	≥90%	94.9%	93.2%		
Percentage of responses to written complaints sent within 25 days	Ian Tombleson	Internal Requirement	Monthly (Month in Arrears)	≥80%	83.0%	66.7%		
Percentage of responses to written complaints acknowledged within 3 days	Ian Tombleson	Internal Requirement	Monthly	≥80%	95.4%	91.7%		
Freedom of Information Requests Responded to Within 20 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	84.0%	86.1%		
Subject Access Requests (SARs) Responded To Within 28 Days	Ian Tombleson	Statutory Reporting	Monthly (Month in Arrears)	≥90%	98.1%	100.0%		

Deliver (Quality and Safety) - Graphs (1)



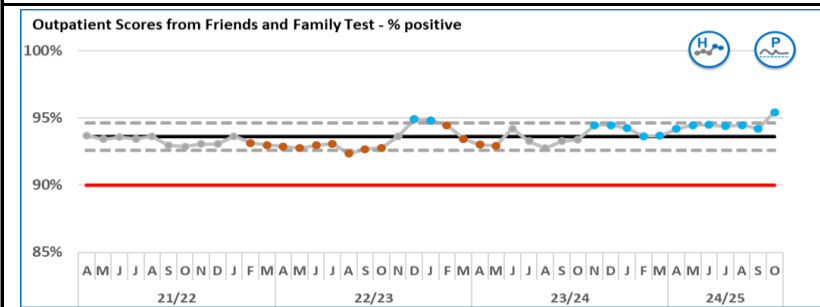
'Inpatient Scores from Friends and Family Test - % positive' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 96.8%.

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



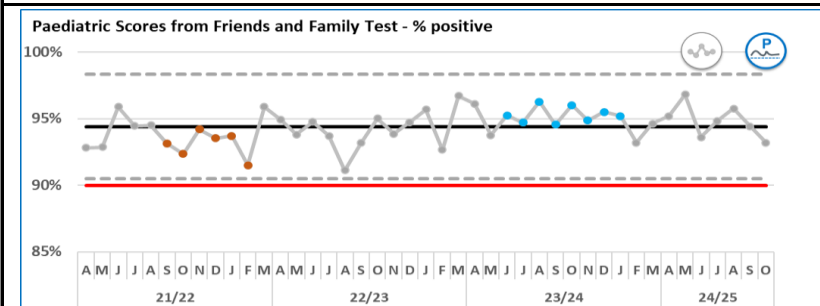
'A&E Scores from Friends and Family Test - % positive' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 93.4%.

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



'Outpatient Scores from Friends and Family Test - % positive' is showing 'special cause improvement' and that the current process will consistently pass the target. The figure is currently at 95.4%.

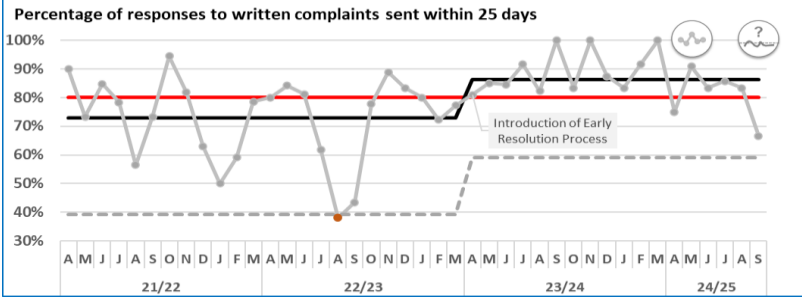
Friends and Family Test Scores continue remain above target, we continue to review this through the divisional performance meetings and Patient Participation and Experience Committee (PPEC) to continuously improve performance.



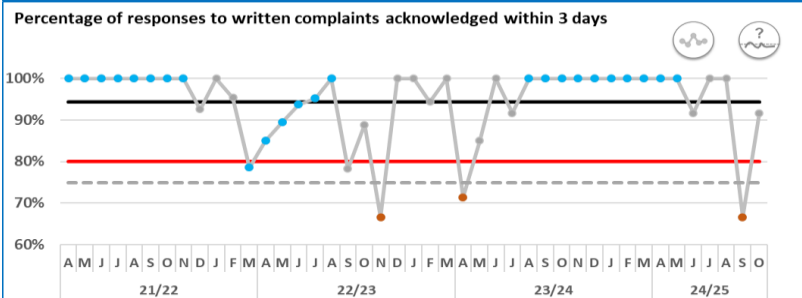
'Paediatric Scores from Friends and Family Test - % positive' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 93.2%.

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

Deliver (Quality and Safety) - Graphs (2)



'Percentage of responses to written complaints sent within 25 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 66.7%.

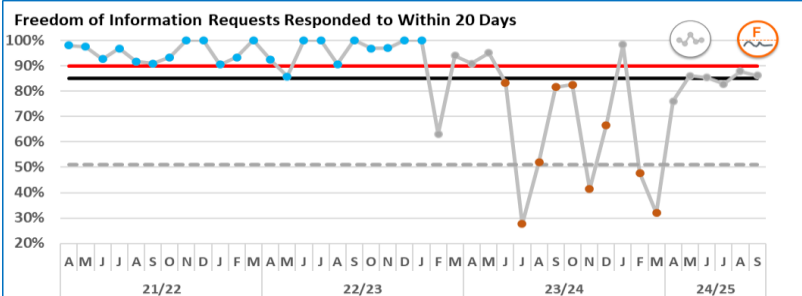


'Percentage of responses to written complaints acknowledged within 3 days' is showing 'common cause variation' and that the current process is not consistently achieving the target - This is a change from the previous month. The figure is currently at 91.7%.

In November, it was identified that a small number of complaints received in September and October had not been acknowledged within the KPI/timeframe. This has negatively impacted the complaints performance metrics. We have reviewed the inbox and are assured that all new complaints received in September and October have now been included. A review is being undertaken of all emails received in the complaints mailbox this year to provide additional assurance. Processes have been revised and we are on an improvement trajectory. We expect restored performance (which is always reported two months retrospectively) to be reflected in the IPR by February 2025.

Review Date: Dec 2024

Action Lead: Robin Tall



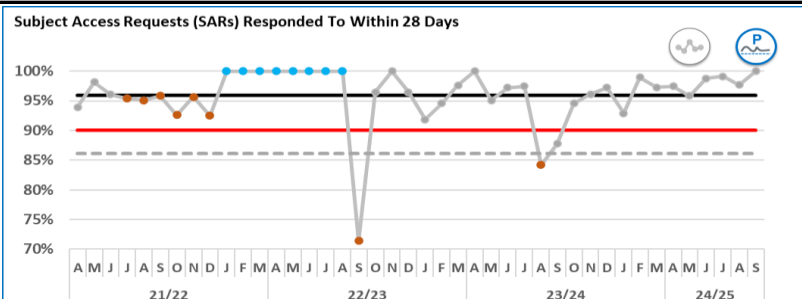
'Freedom of Information Requests Responded to Within 20 Days' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 86.1%.

Improvements have been made and FOI response performance is consistently improved. The following further measures are in place to ensure that full performance is restored and the target is met:

- 1) Continue working to update our Freedom of Information dashboard to capture when the Standard Operating Procedure is not being followed and address these areas. This will support managers in meeting deadlines
- 2) Continue to work with communication teams to get the disclosure log active to improve efficiency in responding to requests.

Review Date: Dec 2024

Action Lead: Jonathan McKee












'Subject Access Requests (SARs) Responded To Within 28 Days' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 100.0%.

Following a run of Performance above the 90% target for the previous eleven months, this has now returned to being a passing metric. A review reporting of this metric is underway.

Review Date: Dec 2024

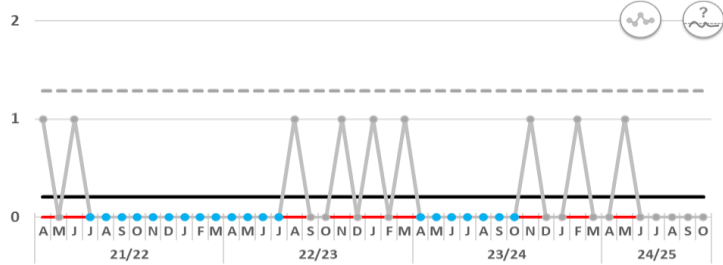
Action Lead: Jonathan McKee

Deliver (Incident Reporting) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Occurrence of any Never events	Sheila Adam	Statutory Reporting	Monthly	Zero Events	1	0		
Summary Hospital Mortality Indicator	Sheila Adam	NHS Oversight Framework	Monthly	Zero Cases	0	0		
National Patient Safety Alerts (NatPSAs) breached	Sheila Adam	NHS Oversight Framework	Monthly	Zero Alerts	n/a	0		
Number of Serious Incidents remaining open after 60 days	Sheila Adam	Statutory Reporting	Monthly	Zero Cases	1	0		
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Sheila Adam	Internal Requirement	Monthly	No Target Set	n/a	252		

Deliver (Incident Reporting) - Graphs (1)

Occurrence of any Never events

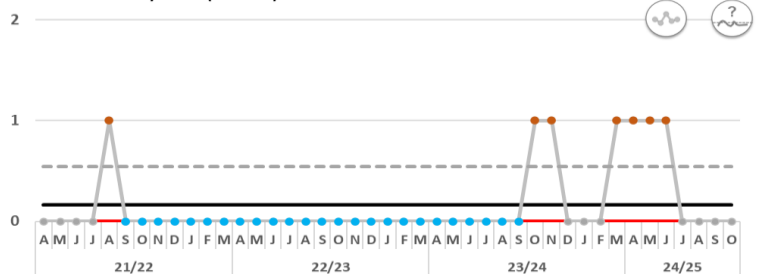


'Occurrence of any Never events' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.

No Graph Generated, No cases reported since February 2017

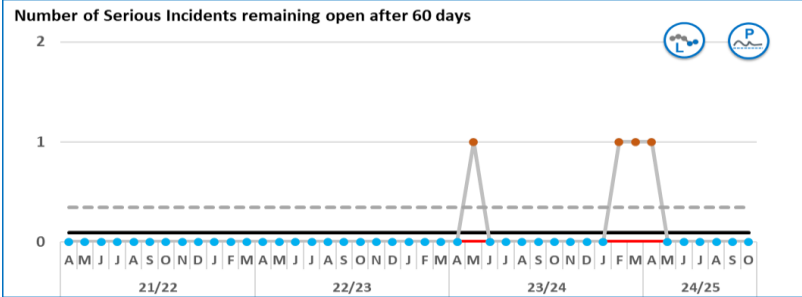
'Summary Hospital Mortality Indicator' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 0.

National Patient Safety Alerts (NatPSAs) breached

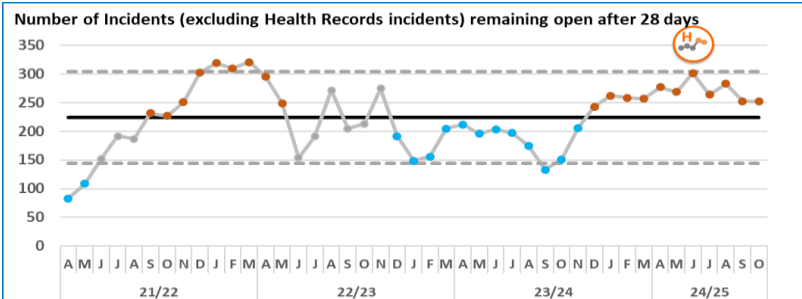


'National Patient Safety Alerts (NatPSAs) breached' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.

Deliver (Incident Reporting) - Graphs (2)



'Number of Serious Incidents remaining Open after 60 days' is showing 'special cause improvement' and that the current process will consistently pass the target - This is a change from the previous month. The figure is currently at 0.



'Number of Incidents (excluding Health Records incidents) remaining open after 28 days' is showing 'special cause concern' (increasing rate). The figure is currently at 252.

The most recent October data identifies that North incidents and South incidents >28 days, both previously highlighted as a concern, have decreased. The South division improvement plan is yet to have the required impact. Corporate team data, remains a concern, in particular because it is the area in which the oldest incidents sit. Monitoring will continue, with escalations being made as required.











Review Date:

Dec 2024

Action Lead:

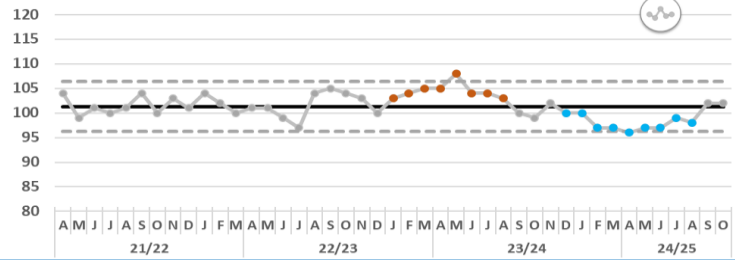
Julie Nott

Sustainability and at Scale - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	102		
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	44		
Median Outpatient Journey Times - Virtual TeleMedicine Appointments	Jon Spencer	Internal Requirement	Monthly	No Target Set	n/a	n/a		
Theatre Cancellation Rate (Non-Medical Cancellations)	Jon Spencer	Statutory Reporting	Monthly	≤0.8%	0.82%	0.99%		
Number of non-medical cancelled operations not treated within 28 days	Jon Spencer	Statutory Reporting	Monthly	Zero Breaches	4	1		
Overall financial performance (In Month Var. £m)	Justin Betts	Internal Requirement	Monthly	≥0	0.40	-0.03		
Commercial Trading Unit Position (In Month Var. £m)	Justin Betts	Internal Requirement	Monthly	≥0	-0.90	-0.49		

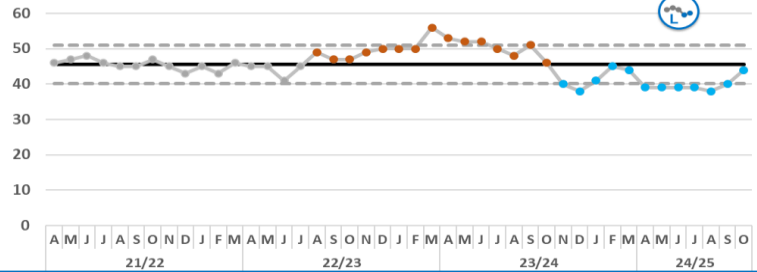
Sustainability and at Scale - Graphs (1)

Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments



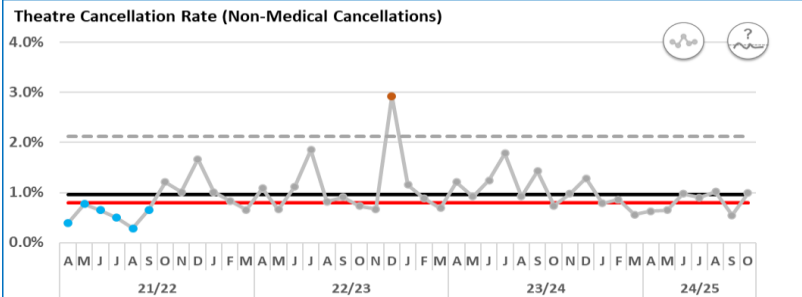
'Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments' is showing 'common cause variation'. The figure is currently at 102.

Median Outpatient Journey Times - Diagnostic Face to Face Appointments

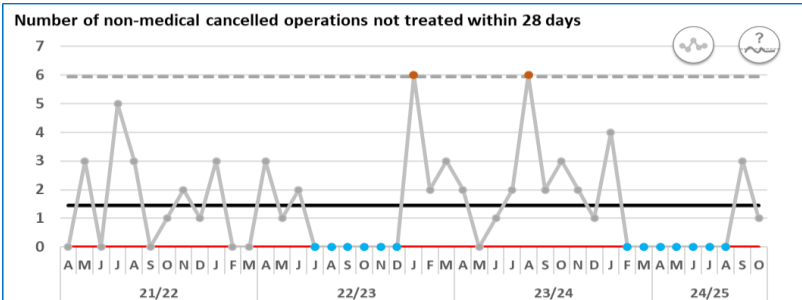


'Median Outpatient Journey Times - Diagnostic Face to Face Appointments' is showing 'special cause improvement' (decreasing rate). The figure is currently at 44.

Sustainability and at Scale - Graphs (2)

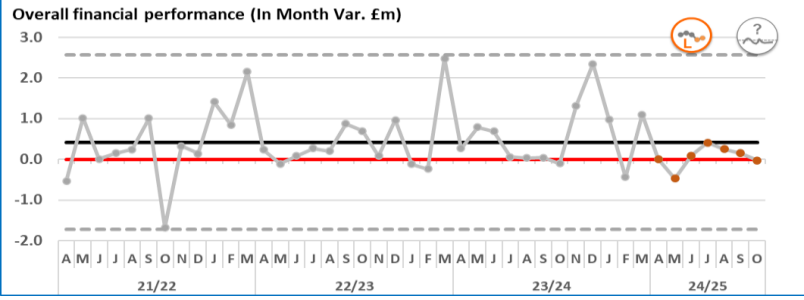


'Theatre Cancellation Rate (Non-Medical Cancellations)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 0.99%.

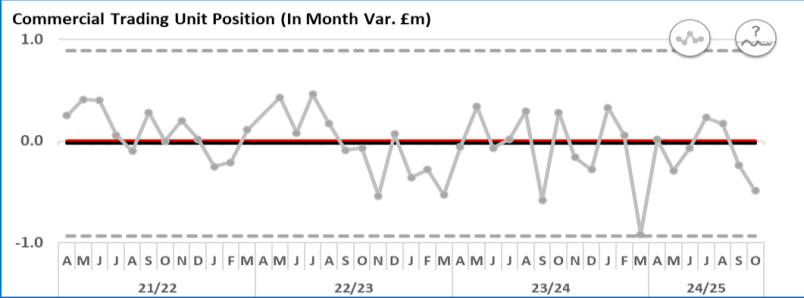


'Number of non-medical cancelled operations not treated within 28 days' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at 1.

Sustainability and at Scale - Graphs (3)














'Overall financial performance (In Month Var. £m)' is showing 'special cause concern' and that the current process is not consistently achieving the target. The figure is currently at -0.03.

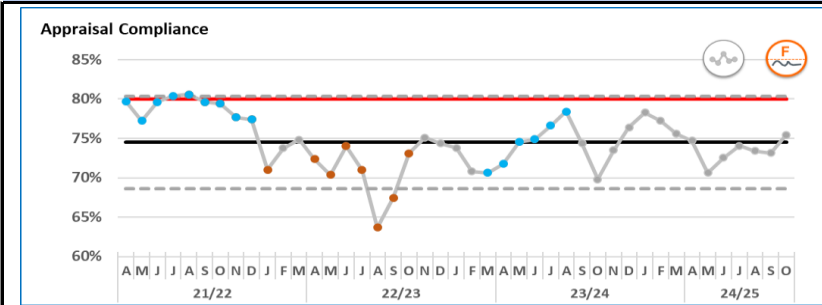


'Commercial Trading Unit Position (In Month Var. £m)' is showing 'common cause variation' and that the current process is not consistently achieving the target. The figure is currently at -0.49.

Working Together - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Appraisal Compliance	Sue Steen	Statutory Reporting	Monthly	≥80%	n/a	75.5%		
Basic Mandatory IG Training	Ian Tombleson	Internal Requirement	Monthly	≥90%	n/a	88.8%		
Staff Sickness (Month Figure)	Sue Steen	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.6%		
Staff Sickness (Rolling Annual Figure)	Sue Steen	23/24 Planning Guidance	Monthly (Month in Arrears)	≤4%	n/a	4.5%		
Recruitment Time To Hire (Days)	Sue Steen	Internal Requirement	Monthly	≤ 40 Days	40	40		
Proportion of Temporary Staff	Sue Steen	23/24 Planning Guidance	Monthly	No Target Set	13.3%	11.4%		

Working Together - Graphs (1)

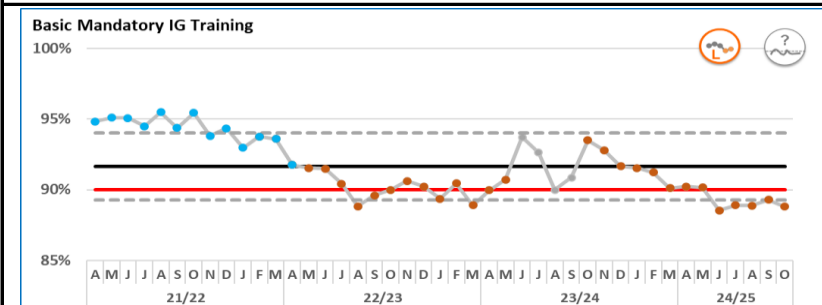


'Appraisal Compliance' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 75.5%.

There has been an improvement in appraisal compliance for October at 75.5%. There are a number of ongoing activities to support continued compliance rate such as

- Appraisal FAQs has been updated with aim to ensure clarity on process
- A ESR dataflow group has been set up to review the system interface issues with Insight and PERFORM applications with aim to improve reporting
- A ESR data cleanse and mapping exercise to be undertaken with focus on ensuring line manager and team hierarchy accuracy to improve reporting
- The L&D team, in collaboration with HRBP, continue to work with Divisions and managers to improve appraisal compliance
- New Appraisal digital template to be signed off in December 2024 which will be supported by training resources and video presentation that will be launched in January 2025

Review Date: Dec 2024 **Action Lead:** Jan Lonsdale

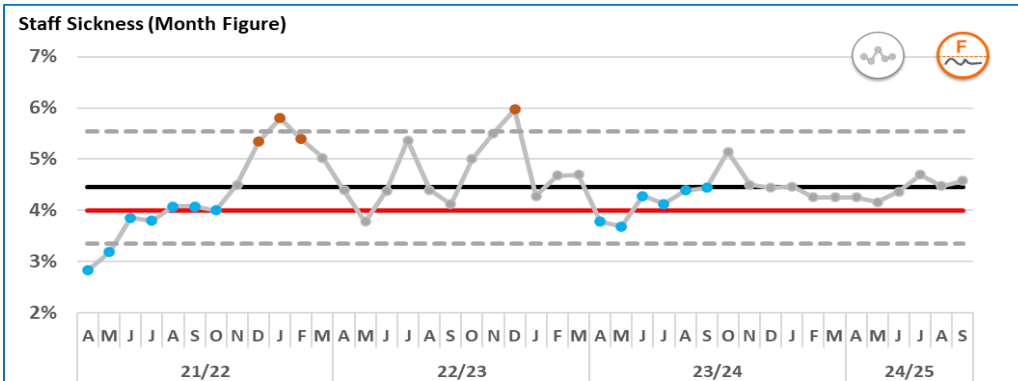


'Basic Mandatory IG Training' is showing 'special cause concern' and that the current process is not consistently achieving the target. The figure is currently at 88.8%.

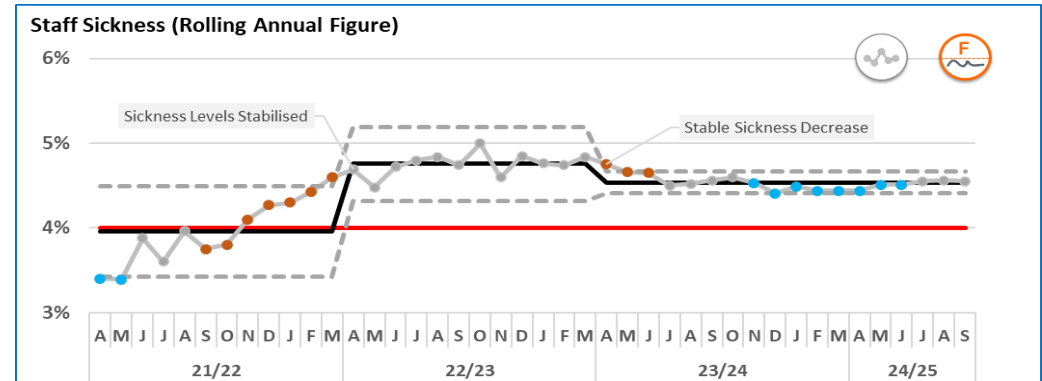
Monthly performance has fallen below the 90% target. This metric is classed as a 'hit-or-miss' process, noting also the steady decline over the last 12 months. This has been escalated to Management Executive and is being taken to SMT on a monthly basis to support managers identifying specific hot spots and put in place their remediation plans. Data quality issues have been re-raised with L&D and this is work in progress.

Review Date: Dec 2024 **Action Lead:** Jonathan McKee

Working Together - Graphs (2)



'Staff Sickness (Month Figure)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 4.6%.



'Staff Sickness (Rolling Annual Figure)' is showing 'common cause variation' with the current process unlikely to achieve the target. The figure is currently at 4.5%.

The top 3 reasons for sickness absences continues to be:

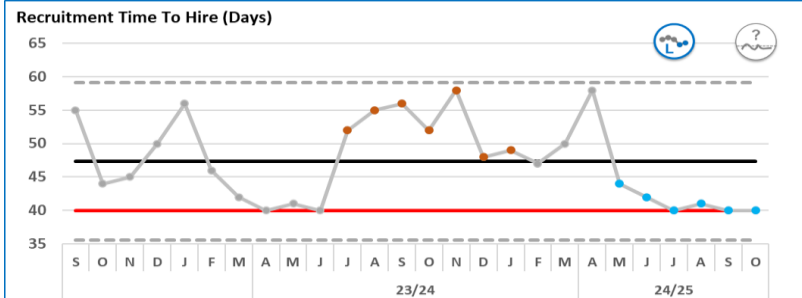
1. Anxiety/stress/depression/other psychiatric illness,
2. Cold, Cough, Flu – Influenza
3. Other musculoskeletal problems.

The overall level of sickness absence performance level remains above trust target at 4.6% for this month's reporting.

The Employee Relations (ER) team, in collaboration with the HRBPs, continue to work closely with managers through undertaking the actions below:

- Case plans are in place for all those Long Term Sickness (LTS) cases that are over 100 days with 10 LTS resolved, over the past month, in accordance with the Trust's Sickness Absence Policy..
- Targeted sickness absence training continues to be delivered by the ER team. Sessions have been delivered to hotspot areas with high short-term sickness absence and long-term sickness rates. Targeted interventions are planned for North, City Road, OCSS (Theatres), Private, Estates and Facilities, Bedford Nursing and Access Divisions.
- The ER team continues to provide targeted coaching to managers in relation to the management of complex sickness absence cases. This to provide managers with confidence and techniques in handling such cases.
- On-going promotion of Thrive, Moorfields (Wellbeing Programme) which outlines offers available to all staff such as, Pilates (Move at your Desk) workshops to be delivered to staff, one session set to taking place mid- November. Other Pilates are planned to take place in the new year.

Working Together - Graphs (3)



'Recruitment Time to Hire (Days)' is showing 'special cause improvement' and that the current process is not consistently achieving the target - This is a change from the previous month. The figure is currently at 40.

The time to hire (TTH) performance for October remains sustained at 40 days, which is the Trust target.

The following work continues to sustain and improve the time to hire target:

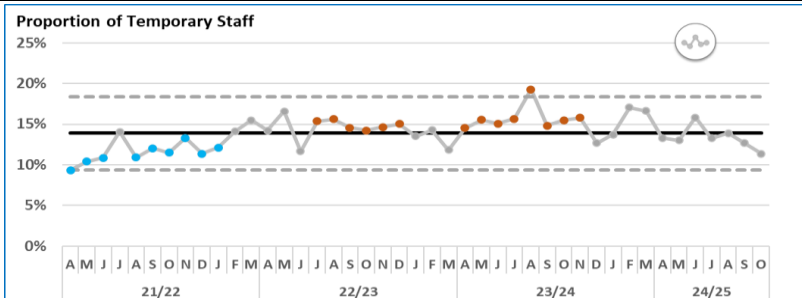
- Recruitment and selection training for new and current managers still ongoing. This is reflected in the KPI, which was 74% as of October, compared to 43% in March.
- TTH data is being regularly reviewed by the recruitment team to enable relevant intervention to be provided especially within hotspot areas.
- The Recruitment team continue to support and advice managers, especially in hotspot areas to improve time taken to shortlist.
- New options to improve TTH is currently being explored with focus on the onboarding stage.

Review Date:

Dec 2024

Action Lead:

Jenny Donald



'Proportion of Temporary Staff' is showing 'common cause variation'. The figure is currently at 11.4%.

• Agency spend in October was £567,000, which was a reduction on the previous month. The Trust is performing well against the 15% NCL reduction target and is on track to achieve this target by end of 2024/2025.

- A temporary staffing dashboard, outlining agency compliance, utilisation and spend across the Trust, has been developed. This will be shared monthly with Management Executive from November and with Divisions.
- The temporary staffing team continue to visit satellite offices to offer managers advice and support to enable better compliance, utilisation and spend of temporary staffing
- The top three reasons for temporary staffing utilisation are covering vacancies, additional/Ad hoc sessions and long-term sickness absences.








Review Date:

Dec 2024

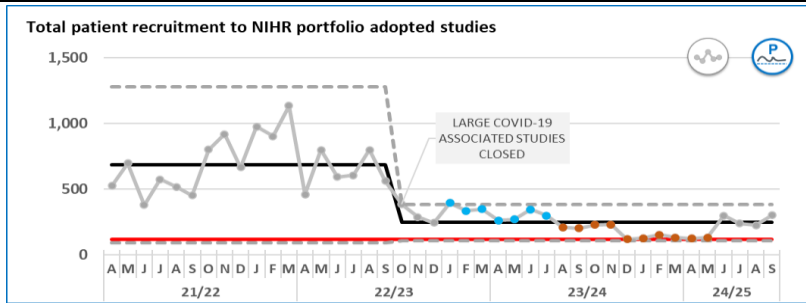
Action Lead:

Geoff Barsby

Discover - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Total patient recruitment to NIHR portfolio adopted studies	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥115 (per month)	1320	300		
Total patient recruitment to All Research Studies (Moorfields Sites Only)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	No Target Set	1750	407		
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥44	n/a	59		
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Louisa Wickham	Internal Requirement	Monthly (Month in Arrears)	≥2%	n/a	5.1%		

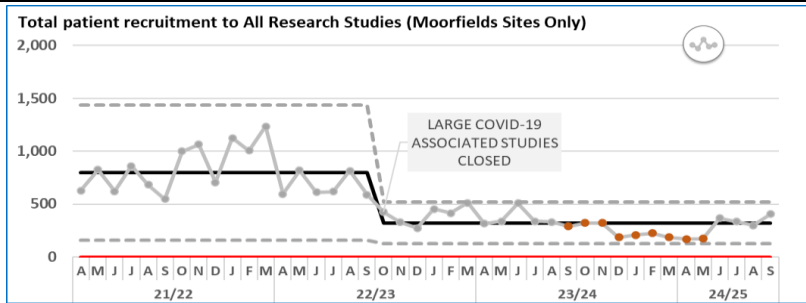
Discover - Graphs (1)



'Total patient recruitment to NIHR portfolio adopted studies' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 300.

The number of patients recruited to NIHR Portfolio studies has increased to similar levels seen in financial year 2023/24. To maintain these level it is important that we continue to attract more NIHR grants. We were awarded 2 NIHR grants in July 2024, one of which will recruit over 800 patients and are awaiting the outcomes of several other applications. One of these studies will be run jointly with the Clinical Research Facility at UCLH. We are seeking to diversify our sources of non-commercial research funding and have been successful in obtaining funding for several studies, funded by sub awards from the National Eye Institute in the USA (NEI), which recruited its first patient last month, with a Moorfields recruitment target of 40, with a multicentre worldwide target of 438.

Review Date: Dec 2024 **Action Lead:** Louisa Wickham



'Total patient recruitment to All Research Studies (Moorfields Sites Only)' is showing 'common cause variation'. The figure is currently at 407.

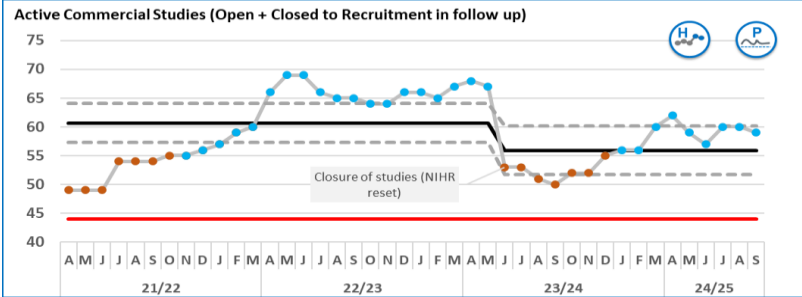
This metric includes commercial and non-commercial studies as well as NIHR portfolio adopted and non-portfolio adopted studies. Recruitment to non-portfolio studies was at 107 in September, compared to average of 75 a month between May and August

Two large national Bioresource genomic studies closed at the end of September. These have been replaced by the Improving Black Health Outcomes (IBHO) national multicentre Bioresource study, which is now opening with the Moorfields target of over 500 and a national target of 5000. Our expanded skilled genetics recruitment team means that we are well placed to recruit to IBHO and other studies. We are now collaborating with the St George's clinical resource facility (CRF) in delivering trials there. A study to explore methods of improving the consenting process of cataract surgery for non-English speaking patients recently opened at the Moorfield's satellite in Stratford.

Moorfields clinicians are jointly running an interventional Thyroid Eye disease study, collaborating with the UCLH Department of Endocrinology and the Clinical Research Facility there.

Review Date: Dec 2024 **Action Lead:** Louisa Wickham

Discover - Graphs (2)



'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 59.

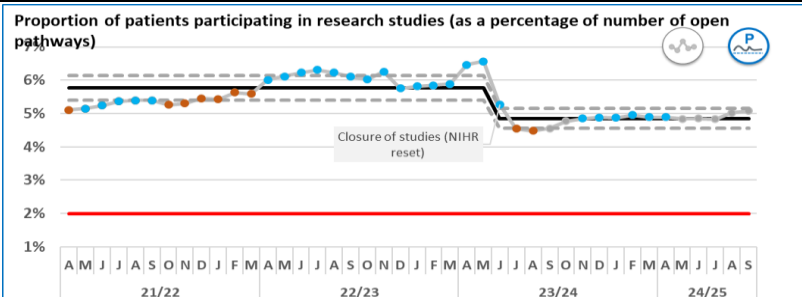
There are currently 59 commercial studies recruiting and in follow up . This is significantly higher than 2019/20 when we were averaging 44. Our medium term goal is to increase the % of patients recruited to commercial studies from 6% to the NIHR recommended level of 25%.

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 21 hosted studies in "set up" should ensure that we continue to increase recruitment to commercial studies. 14 of 16 (88%) of commercial studies recruited fully within the target time which meets the NIHR target of 80%. This has increased from 65% of studies in June 2023.

Despite this some studies, commercial and non-commercial are still taking too long to be set up. We are actively addressing this and as a result of data cleansing, as well as increased efforts on setting up complex studies, the median set up time has dropped from 103 days in June 2024 to 87 days at the end of October 2024. We have also taken steps to ensure that studies start recruiting as soon they open. Two new commercial ocular oncology studies are opening, one joint with University College London Hospital, which will explore the efficacy of drug treatments for Choroidal Melanoma. The treatment of Choroidal Melanoma has not changed fundamentally for many years and the development of drug treatments for this condition is long overdue. Moorfields, as the largest centre for Choroidal Melanoma treatment in the UK is well placed to offer these treatments to patients should the drugs be shown to deliver better outcomes than current treatment.

Review Date: Dec 2024

Action Lead: Louisa Wickham



'Proportion of patients participating in research studies (as a percentage of number of open pathways)' is showing 'common cause variation' and that the current process will consistently pass the target. The figure is currently at 5.1%.

Our aim to have > 2% of our patient population involved in a research study has been achieved and at 5.1% currently exceed this. This reflects our emphasis on and investment in patient and public engagement as part of our NIHR Biomedical Research Centre (BRC) and Clinical Research Facility (CRF) strategy. 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. We have developed Research Opportunities at Moorfields (ROAM) website. This is designed to raise awareness of research opportunities available to Moorfields and Non-Moorfields patients, and thus attract more patients to research studies.

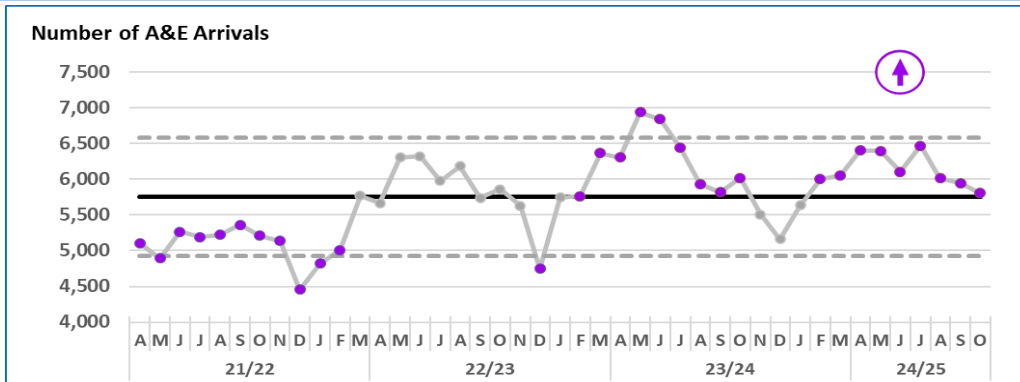
Review Date: Dec 2024

Action Lead: Louisa Wickham

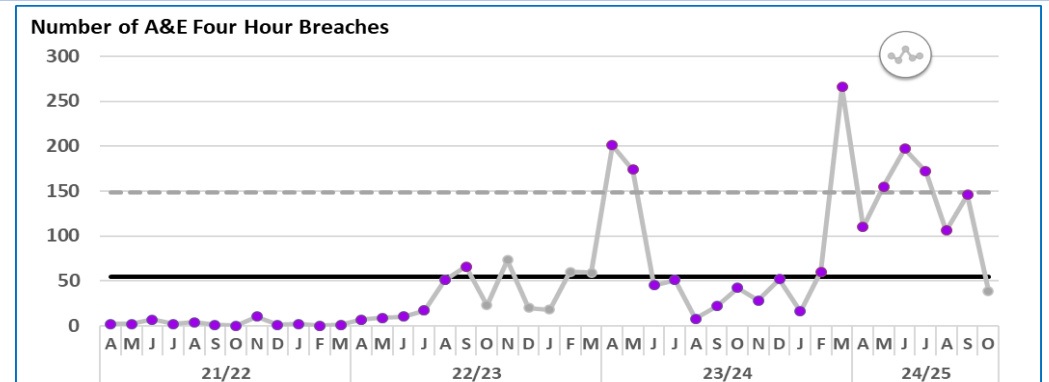
Context (Activity) - Summary

Metric Description	Metric Lead	Metric Source	Reporting Frequency	Target	Year to Date	Current Period	Variation	Assurance
Number of A&E Arrivals	Jon Spencer	Internal Requirement	Monthly	No Target Set	43129	5806		
Number of A&E Four Hour Breaches	Jon Spencer	Internal Requirement	Monthly	No Target Set	925	39		
Number of Outpatient Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	397524	61063		
Number of Outpatient First Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	91922	14036		
Number of Outpatient Follow Up Appointment Attendances	Jon Spencer	Internal Requirement	Monthly	No Target Set	305602	47027		
Number of Referrals Received	Jon Spencer	Internal Requirement	Monthly	No Target Set	114301	15912		
Number of Theatre Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	24218	3583		
Number of Theatre Elective Daycase Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	22166	3260		
Number of Theatre Elective Inpatient Admission	Jon Spencer	Internal Requirement	Monthly	No Target Set	526	91		
Number of Theatre Emergency Admissions	Jon Spencer	Internal Requirement	Monthly	No Target Set	1526	232		

Context (Activity) - Graphs (1)

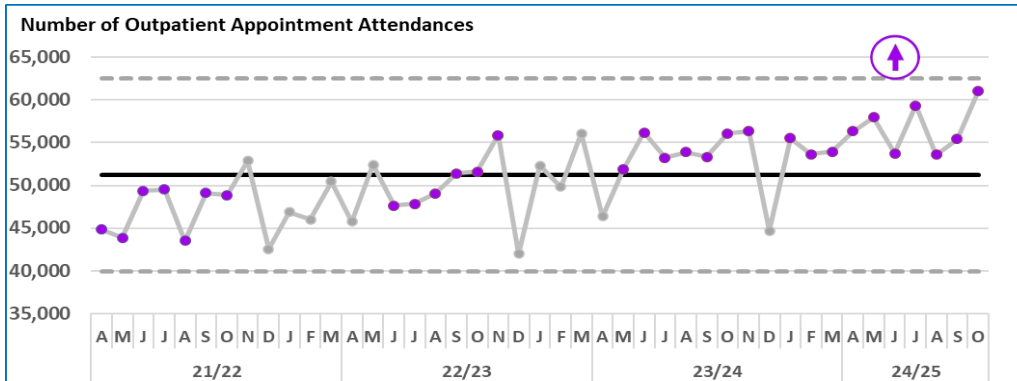


'Number of A&E Arrivals' is showing an 'special cause variation' (increasing rate). The figure is currently at 5,806.

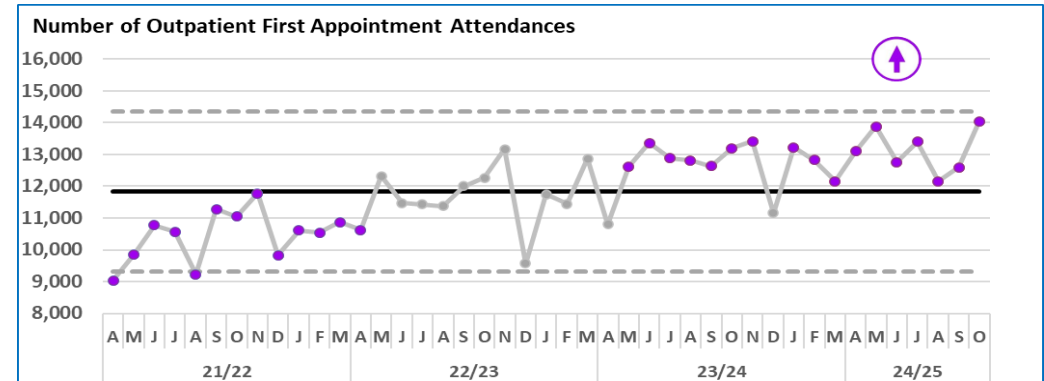


'Number of A&E Four Hour Breaches' is showing 'common cause variation' - This is a change from the previous month. The figure is currently at 39.

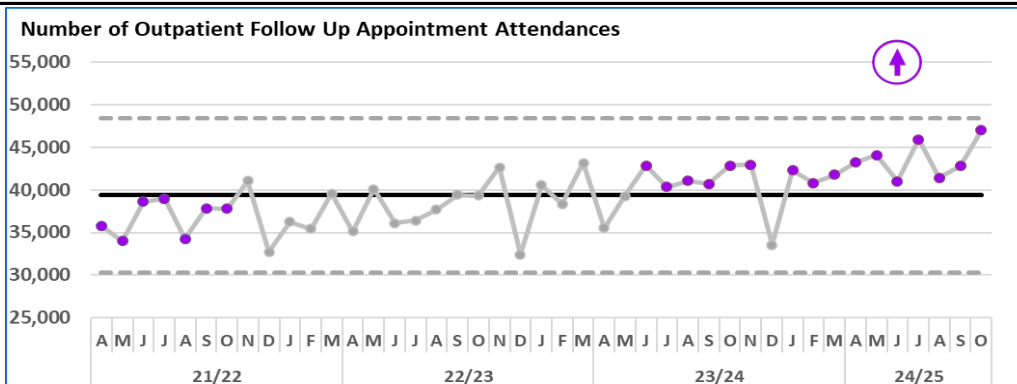
Context (Activity) - Graphs (2)



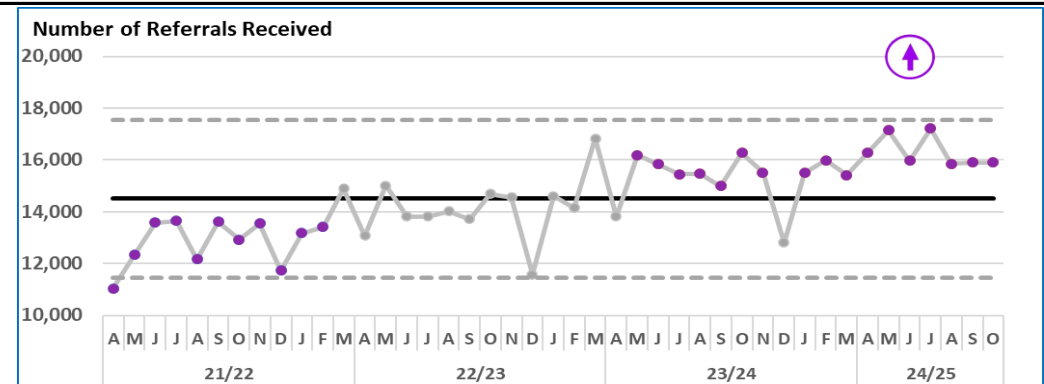
'Number of Outpatient Appointment Attendances' is showing an 'special cause variation' (increasing rate). The figure is currently at 61,063.



'Number of Outpatient First Appointment Attendances' is showing an 'special cause variation' (increasing rate). The figure is currently at 14,036.

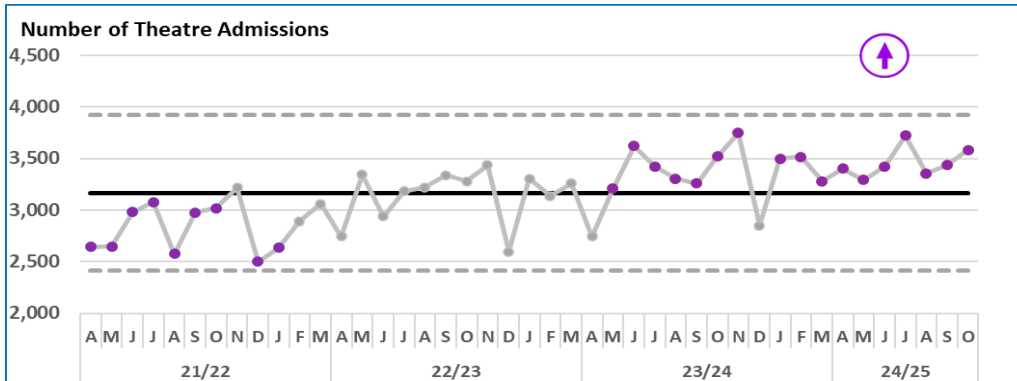


'Number of Outpatient Follow Up Appointment Attendances' is showing an 'special cause variation' (increasing rate). The figure is currently at 47,027.

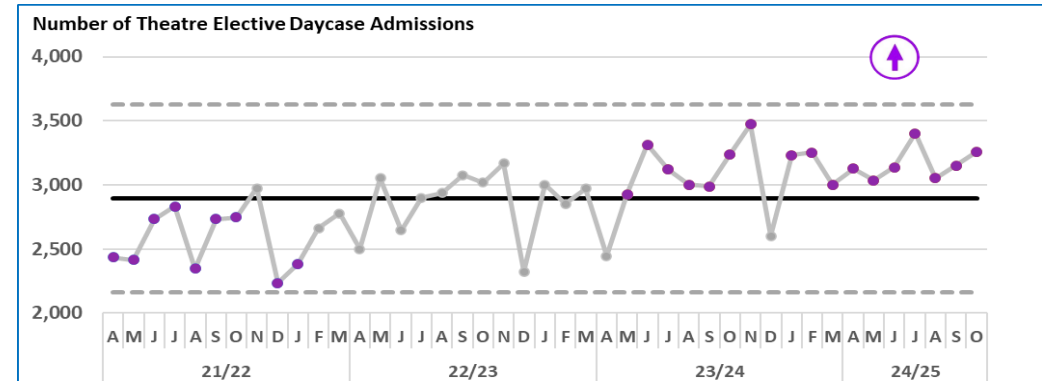


'Number of Referrals Received' is showing an 'special cause variation' (increasing rate) - This is a change from the previous month. The figure is currently at 15,912.

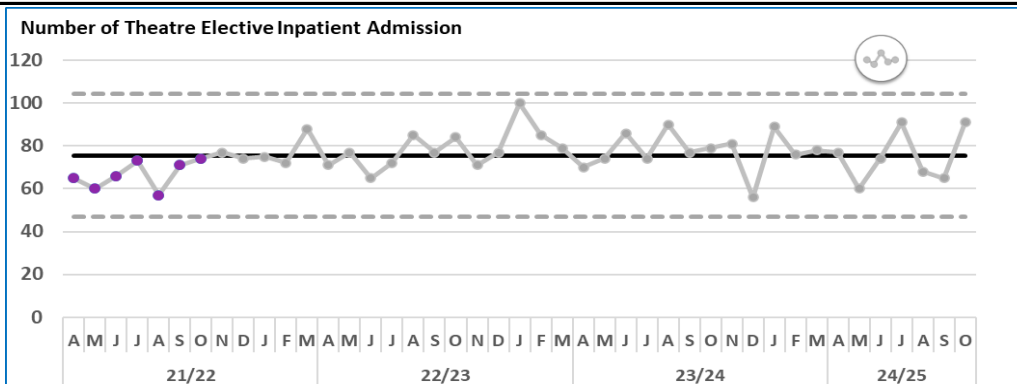
Context (Activity) - Graphs (3)



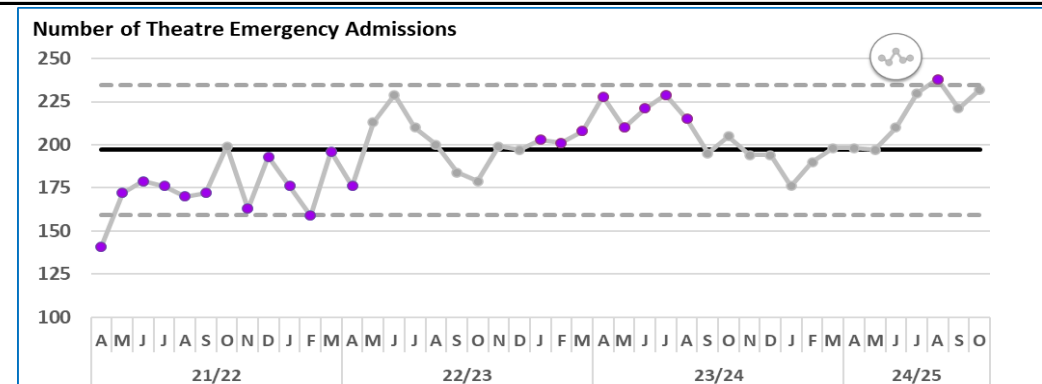
'Number of Theatre Admissions' is showing an 'special cause variation' (increasing rate). The figure is currently at 3,583.



'Number of Theatre Elective Daycase Admissions' is showing an 'special cause variation' (increasing rate). The figure is currently at 3,260.



'Number of Theatre Elective Inpatient Admission' is showing 'common cause variation'. The figure is currently at 91.



'Number of Theatre Emergency Admissions' is showing 'common cause variation' - This is a change from the previous month. The figure is currently at 232.

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Deliver (Activity vs Plan)																						
Elective Activity - % of Phased Plan	Oct-24	90.5%	≥100%	Monthly	Common Cause	Hit or Miss	96.1%	83.4%	108.8%	87.6%	93.9%	103.0%	87.7%	91.7%	94.2%	98.2%	95.2%	103.6%	95.3%	93.6%	96.4%	90.5%
Total Outpatient Activity - % of Phased Plan	Oct-24	104.4%	≥100%	Monthly	Improvement (Run Above Average)	Capable	99.6%	88.0%	111.3%	98.1%	98.5%	114.3%	96.9%	98.4%	109.2%	105.9%	108.8%	106.1%	101.9%	100.5%	104.2%	104.4%
Outpatient First Appointment Activity - % of Phased Plan	Oct-24	105.1%	≥100%	Monthly	Common Cause	Hit or Miss	100.9%	86.7%	115.1%	95.5%	98.2%	119.7%	96.2%	97.8%	102.4%	108.2%	115.0%	111.0%	100.8%	99.8%	103.6%	105.1%
Outpatient Follow Up Appointment Activity - % of Phased Plan	Oct-24	104.2%	≥85%	Monthly	Improvement (Run Above Average)	Capable	99.3%	87.5%	111.0%	98.9%	98.6%	112.7%	97.1%	98.6%	111.2%	105.3%	107.1%	104.8%	102.3%	100.7%	104.4%	104.2%
Deliver (Cancer Performance)																						
Cancer 28 Day Faster Diagnosis Standard	Oct-24	55.6%	≥75%	Monthly	Concern (Lower Than Expected)	Hit or Miss	93.1%	70.4%	115.8%	100.0%	66.7%	100.0%	75.0%	n/a	50.0%	100.0%	80.0%	100.0%	75.0%	88.9%	77.8%	55.6%
% Patients with all cancers receiving treatment within 31 days of decision to treat	Oct-24	100.0%	≥96%	Monthly	Improvement (Run Above Average)	Capable	99.5%	96.8%	102.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
% Patients with all cancers treated within 62 days	Oct-24	97.5%	≥85%	Monthly	Improvement (Run Above Average)	Capable	96.6%	70.9%	122.2%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.5%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Deliver (Access Performance)																						
18 Week RTT Incomplete Performance	Oct-24	82.4%	No Target Set	Monthly	Improvement (Run Above Average)	Not Applicable	80.4%	78.1%	82.8%	82.8%	83.1%	82.5%	82.7%	82.9%	83.3%	85.0%	85.4%	84.3%	84.0%	82.6%	82.7%	82.4%
RTT Incomplete Pathways (RTT Waiting List)	Oct-24	33,872	≤ Previous Mth.	Monthly	Improvement (Run Below Average)	Not Applicable	36,511	34,770	38,251	36,062	34,842	35,138	34,639	35,233	35,656	35,674	35,682	34,201	33,017	34,357	34,932	33,872
RTT Incomplete Pathways Over 18 Weeks	Oct-24	5,963	≤ Previous Mth.	Monthly	Decreasing (Run Below Average)	Not Applicable	7,175	6,249	8,101	6,210	5,871	6,148	6,000	6,012	5,962	5,361	5,205	5,377	5,271	5,966	6,038	5,963
52 Week RTT Incomplete Breaches	Oct-24	13	≤5 Breaches	Monthly	Common Cause	Failing	10	-5	25	10	7	20	7	5	10	5	10	7	8	10	8	13
Eliminate waits over 65 weeks for elective care	Oct-24	2	Zero Breaches	Monthly	Common Cause	Failing	3	-4	11	1	1	14	4	3	1	1	4	3	2	4	2	2
A&E Four Hour Performance	Oct-24	99.3%	≥95%	Monthly	Common Cause	Capable	99.1%	97.4%	100.7%	99.3%	99.5%	98.9%	99.7%	98.9%	95.3%	98.2%	97.4%	96.6%	97.2%	98.1%	97.4%	99.3%
Percentage of Diagnostic waiting times less than 6 weeks	Oct-24	100.0%	≥99%	Monthly	Common Cause	Hit or Miss	99.3%	97.0%	101.7%	100.0%	99.5%	97.9%	100.0%	99.4%	98.3%	100.0%	99.5%	98.3%	98.3%	99.1%	100.0%	100.0%
Deliver (Call Centre and Clinical)																						
Average Call Waiting Time	Oct-24	112	≤ 2 Mins (120 Sec)	Monthly	Common Cause	Hit or Miss	217	16	419	104	100	72	124	163	249	236	197	276	146	174	139	112
Average Call Abandonment Rate	Oct-24	9.0%	≤15%	Monthly	Common Cause	Hit or Miss	13.4%	3.4%	23.5%	6.2%	6.9%	6.6%	11.5%	14.7%	19.2%	16.3%	14.0%	18.8%	12.0%	13.2%	10.6%	9.0%
Mixed Sex Accommodation Breaches	Oct-24	0	Zero Breaches	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Percentage of Emergency re-admissions within 28 days following an elective or emergency spell at the Provider (excludes Vitreoretinal)	Oct-24	0.00%	≤ 2.67%	Monthly (Rolling 3 Months)	Common Cause	Hit or Miss	1.79%	-3.04%	6.62%	3.03%	3.08%	3.51%	1.30%	3.28%	1.49%	1.52%	3.23%	0.00%	0.00%	1.47%	5.41%	0.00%
VTE Risk Assessment	Oct-24	99.7%	≥95%	Monthly	Improvement (Run Above Average)	Capable	99.2%	97.9%	100.4%	99.7%	98.9%	98.2%	99.4%	99.1%	98.6%	99.8%	99.9%	99.9%	100.0%	99.7%	99.8%	99.7%
Posterior Capsular Rupture rates (Cataract Operations Only)	Oct-24	1.42%	≤1.95%	Monthly	Common Cause	Capable	0.89%	0.15%	1.64%	1.07%	0.75%	0.42%	0.64%	0.53%	0.62%	0.58%	0.82%	0.69%	1.36%	0.76%	0.86%	1.42%
MRSA Bacteraemias Cases	Oct-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clostridium Difficile Cases	Oct-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) - cases	Oct-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MSSA Rate - cases	Oct-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	
Deliver (Quality and Safety)																							
Inpatient Scores from Friends and Family Test - % positive	Oct-24	96.8%	≥90%	Monthly	Improvement (Run Above Average)	Capable	95.7%	93.7%	97.7%	95.4%	96.1%	96.3%	96.4%	96.0%	96.5%	95.7%	96.5%	96.7%	97.3%	96.1%	96.2%	96.8%	
A&E Scores from Friends and Family Test - % positive	Oct-24	93.4%	≥90%	Monthly	Common Cause	Capable	92.8%	90.3%	95.2%	93.3%	94.2%	93.6%	94.5%	93.4%	93.6%	91.5%	93.2%	92.5%	92.7%	94.0%	93.7%	93.4%	
Outpatient Scores from Friends and Family Test - % positive	Oct-24	95.4%	≥90%	Monthly	Improvement (Run Above Average)	Capable	93.6%	92.6%	94.6%	93.4%	94.5%	94.5%	94.2%	93.6%	93.7%	94.2%	94.5%	94.5%	94.4%	94.4%	94.2%	95.4%	
Paediatric Scores from Friends and Family Test - % positive	Oct-24	93.2%	≥90%	Monthly	Common Cause	Capable	94.4%	90.5%	98.3%	96.0%	94.9%	95.5%	95.2%	93.2%	94.6%	95.2%	96.8%	93.6%	94.8%	95.8%	94.4%	93.2%	
Percentage of responses to written complaints sent within 25 days	Sep-24	66.7%	≥80%	Monthly (Month in Arrears)	Common Cause	Hit or Miss	86.4%	59.0%	113.8%	83.3%	100.0%	87.5%	83.3%	91.7%	100.0%	75.0%	90.9%	83.3%	85.7%	83.3%	66.7%	n/a	
Percentage of responses to written complaints acknowledged within 3 days	Oct-24	91.7%	≥80%	Monthly	Common Cause	Hit or Miss	94.3%	75.0%	113.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	66.7%	91.7%	
Freedom of Information Requests Responded to Within 20 Days	Sep-24	86.1%	≥90%	Monthly (Month in Arrears)	Common Cause	Failing	84.9%	51.1%	118.8%	82.5%	41.5%	66.7%	98.3%	47.7%	32.0%	76.1%	86.0%	85.4%	82.8%	87.8%	86.1%	n/a	
Subject Access Requests (SARs) Responded To Within 28 Days	Sep-24	100.0%	≥90%	Monthly (Month in Arrears)	Common Cause	Capable	96.0%	86.1%	105.9%	94.6%	96.2%	97.3%	92.9%	98.9%	97.3%	97.5%	95.9%	98.8%	99.1%	97.7%	100.0%	n/a	
Deliver (Incident Reporting)																							
Occurrence of any Never events	Oct-24	0	Zero Events	Monthly	Common Cause	Hit or Miss	0	-1	1	0	1	0	0	1	0	0	1	0	0	0	0	0	
Summary Hospital Mortality Indicator	Oct-24	0	Zero Cases	Monthly	Common Cause	Capable	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
National Patient Safety Alerts (NatPSAs) breached	Oct-24	0	Zero Alerts	Monthly	Common Cause	Hit or Miss	0	0	1	1	1	0	0	0	1	1	1	1	0	0	0	0	
Number of Serious Incidents remaining open after 60 days	Oct-24	0	Zero Cases	Monthly	Improvement (Run Below Average)	Capable	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	
Number of Incidents (excluding Health Records incidents) remaining open after 28 days	Oct-24	252	No Target Set	Monthly	Concern (Run Above Average)	Not Applicable	224	144	304	151	206	243	262	259	257	277	269	302	264	283	253	252	

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Sustainability and at Scale																						
Median Outpatient Journey Times - Non Diagnostic Face to Face Appointments	Oct-24	102	No Target Set	Monthly	Common Cause	Not Applicable	101	96	106	99	102	100	100	97	97	96	97	97	99	98	102	102
Median Outpatient Journey Times - Diagnostic Face to Face Appointments	Oct-24	44	No Target Set	Monthly	Improvement (Run Below Average)	Not Applicable	46	40	51	46	40	38	41	45	44	39	39	39	39	38	40	44
Theatre Cancellation Rate (Non-Medical Cancellations)	Oct-24	0.99%	≤0.8%	Monthly	Common Cause	Hit or Miss	0.97%	-0.19%	2.12%	0.74%	0.98%	1.28%	0.79%	0.86%	0.56%	0.62%	0.65%	0.97%	0.90%	1.02%	0.55%	0.99%
Number of non-medical cancelled operations not treated within 28 days	Oct-24	1	Zero Breaches	Monthly	Common Cause	Hit or Miss	1	-3	6	3	2	1	4	0	0	0	0	0	0	0	3	1
Overall financial performance (In Month Var. £m)	Oct-24	-0.03	≥0	Monthly	Concern	Hit or Miss	0.42	-1.73	2.56	-0.10	1.32	2.35	0.98	-0.44	1.10	0.01	-0.47	0.09	0.41	0.25	0.15	-0.03
Commercial Trading Unit Position (In Month Var. £m)	Oct-24	-0.49	≥0	Monthly	Common Cause	Hit or Miss	-0.02	-0.94	0.89	0.28	-0.16	-0.28	0.33	0.06	-0.92	0.02	-0.29	-0.07	0.23	0.17	-0.24	-0.49
Working Together																						
Appraisal Compliance	Oct-24	75.5%	≥80%	Monthly	Common Cause	Failing	74.5%	68.6%	80.4%	69.8%	73.5%	76.4%	78.3%	77.2%	75.6%	74.7%	70.6%	72.5%	74.1%	73.4%	73.1%	75.5%
Basic Mandatory IG Training	Oct-24	88.8%	≥90%	Monthly	Concern (Run Below Average)	Hit or Miss	91.6%	89.3%	94.0%	93.5%	92.8%	91.6%	91.5%	91.2%	90.1%	90.2%	90.1%	88.5%	88.9%	88.9%	89.3%	88.8%
Staff Sickness (Month Figure)	Sep-24	4.6%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.4%	3.4%	5.5%	5.2%	4.5%	4.4%	4.5%	4.3%	4.3%	4.3%	4.2%	4.4%	4.7%	4.5%	4.6%	n/a
Staff Sickness (Rolling Annual Figure)	Sep-24	4.5%	≤4%	Monthly (Month in Arrears)	Common Cause	Failing	4.5%	4.4%	4.7%	4.6%	4.5%	4.4%	4.5%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%	4.6%	4.5%	n/a
Recruitment Time To Hire (Days)	Oct-24	40	≤ 40 Days	Monthly	Improvement (Run Below Average)	Hit or Miss	47	36	59	52	58	48	49	47	50	58	44	42	40	41	40	40
Proportion of Temporary Staff	Oct-24	11.4%	No Target Set	Monthly	Common Cause	Not Applicable	13.9%	9.4%	18.4%	15.5%	15.8%	12.7%	13.7%	17.1%	16.6%	13.3%	13.0%	15.9%	13.3%	13.9%	12.7%	11.4%

Metric Name	Reporting Period	Period Performance	Target	Reporting Frequency	Variation (Trend/Exception)	Assurance	Recent Average	Lower Limit	Upper Limit	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Discover																						
Total patient recruitment to NIHR portfolio adopted studies	Sep-24	300	≥115 (per month)	Monthly (Month in Arrears)	Common Cause	Capable	245	105	386	229	231	118	127	153	132	124	132	299	239	226	300	n/a
Total patient recruitment to All Research Studies (Moorfields Sites Only)	Sep-24	407	No Target Set	Monthly (Month in Arrears)	Common Cause	Not Applicable	322	124	520	322	321	187	209	224	185	169	174	367	335	298	407	n/a
Active Commercial Studies (Open + Closed to Recruitment in follow up)	Sep-24	59	≥44	Monthly (Month in Arrears)	Improvement (Run Above Average)	Capable	56	52	60	52	52	55	56	56	60	62	59	57	60	60	59	n/a
Proportion of patients participating in research studies (as a percentage of number of open pathways)	Sep-24	5.1%	≥2%	Monthly (Month in Arrears)	Common Cause	Capable	4.9%	4.6%	5.1%	4.8%	4.9%	4.9%	4.9%	5.0%	4.9%	4.9%	4.8%	4.9%	4.8%	5.0%	5.1%	n/a
Context (Activity)																						
Number of A&E Arrivals	Oct-24	5,806	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	5,756	4,927	6,584	6,020	5,506	5,161	5,636	6,001	6,053	6,401	6,394	6,105	6,469	6,011	5,943	5,806
Number of A&E Four Hour Breaches	Oct-24	39	No Target Set	Monthly	Common Cause	Not Applicable	54	-39	148	42	28	52	16	60	266	110	155	197	172	106	146	39
Number of Outpatient Appointment Attendances	Oct-24	61,063	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	51,219	39,907	62,532	56,087	56,362	44,678	55,529	53,622	53,958	56,323	57,991	53,770	59,363	53,582	55,432	61,063
Number of Outpatient First Appointment Attendances	Oct-24	14,036	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	11,830	9,313	14,346	13,192	13,409	11,153	13,222	12,822	12,153	13,100	13,879	12,760	13,396	12,156	12,595	14,036
Number of Outpatient Follow Up Appointment Attendances	Oct-24	47,027	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	39,390	30,347	48,432	42,895	42,953	33,525	42,307	40,800	41,805	43,223	44,112	41,010	45,967	41,426	42,837	47,027
Number of Referrals Received	Oct-24	15,912	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	14,500	11,446	17,555	16,282	15,514	12,809	15,500	15,993	15,411	16,289	17,155	15,973	17,221	15,850	15,901	15,912
Number of Theatre Admissions	Oct-24	3,583	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	3,168	2,414	3,922	3,522	3,749	2,850	3,498	3,518	3,279	3,401	3,294	3,423	3,722	3,357	3,438	3,583
Number of Theatre Elective Daycase Admissions	Oct-24	3,260	No Target Set	Monthly	Increasing (Run Above Average)	Not Applicable	2,895	2,160	3,630	3,238	3,474	2,600	3,233	3,252	3,003	3,126	3,037	3,139	3,401	3,051	3,152	3,260
Number of Theatre Elective Inpatient Admission	Oct-24	91	No Target Set	Monthly	Common Cause	Not Applicable	76	47	104	79	81	56	89	76	78	77	60	74	91	68	65	91
Number of Theatre Emergency Admissions	Oct-24	232	No Target Set	Monthly	Common Cause	Not Applicable	197	159	235	205	194	194	176	190	198	198	197	210	230	238	221	232

Report title	Monthly Finance Performance Report Month 07 – October 2024
Report from	Justin Betts, Interim Chief Financial Officer
Prepared by	Justin Betts, Deputy Chief Financial Officer
Link to strategic objectives	Deliver financial sustainability as a Trust

Executive summary

For October, the trust is reporting:-

<i>Financial Performance</i> <i>£m</i>	Annual Plan	In Month			Year to Date			%
		Plan	Actual	Variance	Plan	Actual	Variance	
Income	£349.1m	£33.2m	£33.1m	(£0.2m)	£202.2m	£204.2m	£2.0m	1%
Pay	(£189.1m)	(£18.8m)	(£18.8m)	£0.1m	(£109.5m)	(£110.4m)	(£0.9m)	(1)%
Non Pay	(£120.9m)	(£10.6m)	(£10.2m)	£0.4m	(£71.4m)	(£72.0m)	(£0.7m)	(1)%
Financing & Adjustments	(£33.8m)	(£1.2m)	(£1.5m)	(£0.3m)	(£16.9m)	(£17.0m)	(£0.0m)	(0)%
CONTROL TOTAL	£5.4m	£2.6m	£2.6m	(£0.0m)	£4.4m	£4.8m	£0.4m	

Income and Expenditure

- A £4.83m surplus year to date compared to a planned surplus of £4.43m; £0.40m favourable to plan.
- The £0.40m favourable variance YTD is comprised of:-
 - £1.48m favourable slippage in IT EPR and IT project workstreams.
 - (£1.08)m adverse core operational performance.

Capital Expenditure

- Capital expenditure as of 31st October £43.9m.
 - Business as usual capital totals £1.2m.
 - Other capital totals £33.0m with £41.1m of Oriel expenditure, £1.4m EPR expenditure and £0.3m NIHR funded research expenditure.
 - The Trust has committed £6.7m (69%) of the available £9.7m business as usual capital allocation following conclusions of 2024/25 strategic schemes including network strategy, IMT transition costs and Granary Street.

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 discuss the attached report.

For Assurance		For decision		For discussion	✓	To note	✓
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**Moorfields
Eye Hospital**
NHS Foundation Trust



Monthly Finance Performance Report

Trust Board Report

For the period ended 31st October 2024 (Month 07)

Report Period	M07 October 2024
Presented by	Justin Betts Interim Chief Financial Officer
Written by	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 October 2024 (Month 07)



Key Messages

Statement of Comprehensive Income

Financial Position	For October, the trust is reporting:- <ul style="list-style-type: none">A £2.58m surplus in-month against a planned surplus of £2.65m, a £0.03m adverse variance to planA £4.833m surplus cumulatively against a planned surplus of £4.43m, £0.40m favourable to plan.
Key Drivers of the Financial Variance	The £0.40m favourable variance cumulatively is comprised of:- <ul style="list-style-type: none">£1.48m favourable slippage in IT EPR and IT project workstreams.(£1.04)m adverse core operational performance Key Drivers of the adverse core operational performance include:- <ul style="list-style-type: none">Clinical divisions and core activity performance are reporting £(2.26)m adverse cumulatively<ul style="list-style-type: none">Elective activity is 89% In October, 95% cumulatively of revised activity plans; reporting £1.7m behind demand plans, offset by £1.2m price mix gains.Stratford elective activity is 72% of revised demand plans cumulatively.St Ann's elective activity is 79% of revised demand plans cumulatively.Cataract activity is 92% of revised demand plans cumulatively.Outpatients Firsts and Procedures are 100% and 101% respectively cumulatively, partially offsetting underperformance on elective activity.Research is reporting a £(0.96)m adverse cumulatively comprised of research costs in excess of study activity, lower than planned commercial IP income, and higher than planned management and strategic project costs.Corporate areas (Excluding IT EPR and IT project workstreams) are reporting £(0.79)m adverse cumulatively, predominantly linked to higher than planned legal fees (£0.32)m and undelivered CIP (£0.63)m.Trading areas are £(0.89)m adverse to plan cumulatively across all commercial units.Depreciation & financing, and central budgets are supporting the above position primarily consisting of £1.1m depreciation and financing linked to capital programme slippage, £1.7m non recurrent and prior year benefits.

Statement of Financial Position

Cash and Working Capital Position	The cash balance as at the 31 st October was £67.0m, a reduction of £3.7m from the position at the end of March 2024. This equates to approximately 81 days operating cash. The Better Payment Practice Code (BPPC) performance in October was 95% (volume) and 94% (value) against a target of 95% across both metrics.
Capital	Capital expenditure as of 31 st October totalled £43.9m. <ul style="list-style-type: none">Business as usual capital totals £1.2m.Other capital totals £41.1m with £39.4m of Oriol expenditure, £1.4m EPR expenditure and £0.3m of NIHR research expenditure.IFRS16 lease capital of £1.6m The trust has committed £6.7m (69%) of the available £9.7m business as usual capital allocation following conclusions of 2024/25 strategic schemes including network strategy, IMT transition costs and Granary Street.
Other Key Information	Efficiencies £11.2m Trust Target £6.7m Forecast The trust has a planned efficiency programme of £11.2m for 2024/25 to deliver the control total. The trust has identified and is forecasting £6.7m, leaving a remaining £4.5m to be identified. Of the total identified:- <ul style="list-style-type: none">£5.9m are centrally identified schemes,£4.8m are identified as income generation schemes;£3.9m is forecast recurrently The CIP programme are working through efficiency scheme delivery for further opportunities to be fully financial validated towards increasing the level of identified and forecast delivery in 2024/25.
Agency Spend	Trust wide agency spend totals £4.21m cumulatively, approximately 3.8% of total employee expenses spend, below the system allocated target of 4.8%. 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			Year to Date			%	RAG
		Plan	Actual	Variance	Plan	Actual	Variance		
Income	£349.1m	£33.2m	£33.1m	(£0.2m)	£202.2m	£204.2m	£2.0m	1%	●
Pay	(£189.1m)	(£18.8m)	(£18.8m)	£0.1m	(£109.5m)	(£110.4m)	(£0.9m)	(1)%	●
Non Pay	(£120.9m)	(£10.6m)	(£10.2m)	£0.4m	(£71.4m)	(£72.0m)	(£0.7m)	(1)%	●
Financing & Adjustments	(£33.8m)	(£1.2m)	(£1.5m)	(£0.3m)	(£16.9m)	(£17.0m)	(£0.0m)	(0)%	●
CONTROL TOTAL	£5.4m	£2.6m	£2.6m	(£0.0m)	£4.4m	£4.8m	£0.4m		●

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

Memorandum Items

Research & Development	(£0.16m)	(£0.13m)	(£0.35m)	(£0.22m)	(£0.33m)	(£1.29m)	(£0.96m)	(289)%	●
Commercial Trading Units	£6.05m	£0.81m	£0.32m	(£0.48m)	£3.43m	£2.53m	(£0.89m)	(26)%	●
ORIEL Revenue	(£1.05m)	(£0.11m)	(£0.09m)	£0.02m	(£0.53m)	(£0.46m)	£0.06m	12%	●
Efficiency Schemes	£11.20m	£0.93m	£0.55m	(£0.38m)	£6.53m	£3.93m	(£2.61m)	(40)%	●

INCOME BREAKDOWN RELATED TO ACTIVITY

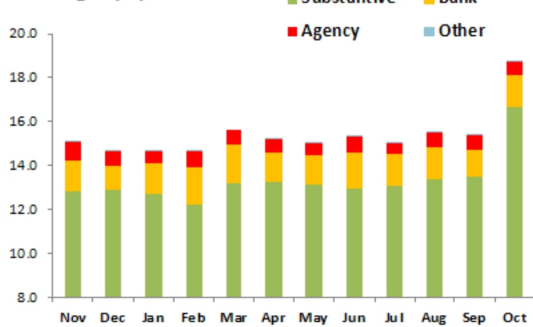
Income Breakdown £m	Annual Plan	Year to Date				RAG	Forecast		
		Plan	Actual	Variance	Plan		Actual	Variance	
NHS Clinical Income	£209.5m	£124.0m	£125.2m	£1.2m	●				
Pass Through	£39.7m	£23.5m	£23.4m	(£0.1m)	●				
Other NHS Clinical Income	£9.7m	£5.8m	£6.6m	£0.9m	●				
Commercial Trading Units	£46.7m	£27.1m	£26.4m	(£0.8m)	●				
Research & Development	£16.4m	£9.1m	£8.2m	(£0.9m)	●				
Other	£27.1m	£12.8m	£14.4m	£1.6m	●				
INCOME INCL ERF	£349.1m	£202.2m	£204.2m	£2.0m					

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

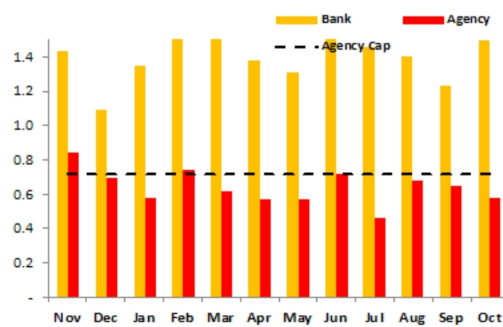
PAY AND WORKFORCE

Pay & Workforce £m	Annual Plan	In Month			Year to Date			%
		Plan	Actual	Variance	Plan	Actual	Variance	
Employed	(£186.5m)	(£18.6m)	(£16.6m)	£2.0m	(£108.1m)	(£95.9m)	£12.2m	87%
Bank	(£1.6m)	(£0.1m)	(£1.5m)	(£1.4m)	(£0.9m)	(£9.9m)	(£9.0m)	9%
Agency	(£0.4m)	(£0.1m)	(£0.6m)	(£0.5m)	(£0.1m)	(£4.2m)	(£4.1m)	4%
Other	(£0.6m)	(£0.1m)	(£0.0m)	£0.0m	(£0.4m)	(£0.4m)	(£0.0m)	0%
TOTAL PAY	(£189.1m)	(£18.8m)	(£18.8m)	£0.1m	(£109.5m)	(£110.4m)	(£0.9m)	

Rolling Pay Spend £m



Rolling Bank & Agency Spend £m



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				RAG	Forecast		
		Plan	Actual	Variance	Plan		Actual	Variance	
Trust Funded	(£9.7m)	(£1.2m)	(£1.2m)	(£0.0m)	●				
Donated/Externally funded	(£116.5m)	(£53.4m)	(£39.4m)	(£14.0m)	●				
TOTAL	£126.2m	£54.6m	£40.6m	(£14.0m)					

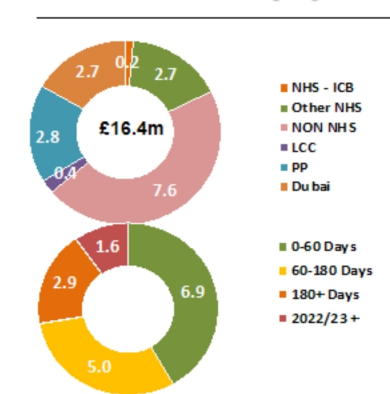
Key Metrics

	Plan	Actual	RAG
Cash	75.7	67.0	●
Debtor Days	45	17	●
Creditor Days	45	64	●
PP Debtor Days	65	43	●

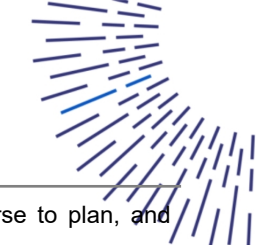
Better Payment Practice

	Plan	Actual
BPPC - NHS (YTD) by number	95%	93%
BPPC - NHS (YTD) by value	95%	91%
BPPC - Non-NHS (YTD) by number	95%	95%
BPPC - Non-NHS (YTD) by value	95%	94%

Net Receivables/Ageing £m



Trust Income and Expenditure Performance



FINANCIAL PERFORMANCE

Statement of Comprehensive Income £m	Annual Plan	In Month			Year to Date			%	RAG
		Plan	Actual	Variance	Plan	Actual	Variance		
Income									
NHS Commissioned Clinical Income	249.21	25.77	25.52	(0.25)	147.44	148.52	1.08	1%	●
Other NHS Clinical Income	9.74	3.91	0.99	0.06	5.76	6.64	0.88	15%	●
Commercial Trading Joints	46.69	4.31	4.03	(0.28)	27.14	26.39	(0.75)	(3)%	●
Research & Development	16.43	1.28	1.21	(0.08)	9.10	8.22	(0.87)	(10)%	●
Other Income	27.09	3.87	1.33	0.46	12.78	14.43	1.64	13%	●
Total Income	349.09	33.25	33.08	(0.17)	202.20	204.17	1.97	1%	●
Operating Expenses									
Pay	(189.37)	(19.85)	(18.76)	0.09	(109.50)	(110.35)	(0.85)	(1)%	●
Of which: Unachieved CIP	3.19	0.27	-	(0.27)	1.81	-	(1.81)		
Drugs	(42.57)	(3.88)	(3.58)	0.30	(25.08)	(25.04)	0.04	0%	●
Clinical Supplies	(27.14)	(2.75)	(2.29)	0.46	(15.90)	(15.73)	0.17	1%	●
Other Non Pay	(51.16)	(3.96)	(4.37)	(0.41)	(30.37)	(31.27)	(0.90)	(3)%	●
Of which: Unachieved CIP	1.37	0.11		(0.11)	0.81		(0.81)		
Total Operating Expenditure	(309.94)	(29.44)	(29.00)	0.44	(180.85)	(182.37)	(1.52)	(1)%	●
EBITDA	39.15	3.81	4.08	0.27	21.35	21.80	0.45	2%	●
Financing & Depreciation	(17.32)	(1.28)	(1.58)	(0.33)	(9.96)	(9.93)	(0.03)	(0)%	●
Donated assets/impairment adjustment	(15.83)	0.05	0.09	0.04	(6.96)	(6.98)	(0.02)	(0)%	●
Control Total Surplus(Deficit) Pre ERF	5.40	2.61	2.58	(0.03)	4.43	4.83	0.40	6%	●

Commentary

Operating Income Total operating income is reporting £33.08m in-month, £0.17m adverse to plan, and £1.97m favourable to plan cumulatively. Key points of note are:-

- £0.17m adverse to plan in month
- Clinical income was £25.52m, £0.25m adverse to plan in-month. Key points of note are:-
 - The significant increase in income on the prior months relates to retrospective pay award income.
 - Underlying elective activity was at 89% (95% cumulatively) driving an adverse variance. Elective activity was below plan in the north-east locality post the application of the reduced income targets, with Stratford activity at 51% and St Anns activity at 85% during October.
 - Commercial trading income was £4.03m, £0.28m adverse to plan.
 - Research and Development income at £1.21m was £0.18m adverse.
 - Other income was £0.46m favourable to plan.

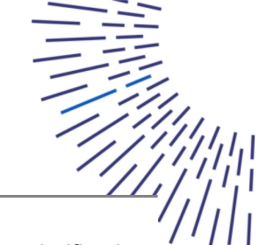
Employee Expenses October pay is reporting £18.76m; £0.09m favourable to plan in month. Key points of note are:-

- £0.09m favourable to plan in month
- Substantive pay costs were significantly higher than trend due to the retrospective pay award paid in month however, were on trend when normalised.
 - Temporary staffing costs were £2.07m in October.
 - Agency costs are £0.57m in month, lower than the 12-month trend of £0.68m. Use continues mainly on administration in both clinical and corporate areas, with IMT and Workforce being the highest corporate areas of use.
 - Bank costs are £1.50m in month, higher than the rolling trend of £1.43m. Medical, nursing and clinical admin continue to be the drivers for bank spend.
 - £0.27m unachieved pay CIP (£1.81m cumulatively)

Non-Pay Expenses Non-Pay (exc. financing) costs in October were £10.24m, £0.35m favourable to plan. Key points of note are:-

- £0.35m favourable to plan in month (non-pay and financing)
- Drugs was £0.30m favourable in month with £3.58m expenditure in October against a 12-month trend of £3.56m. Injections were at 100% of planned activity in month.
 - Clinical supplies was £0.46m favourable to plan in month. Costs were £2.29m in month against a 12-month trend of £2.16m. Costs in City Road Theatres are increasing aligned to the increase in weekend sessions and cataract activity.
 - £0.11m unachieved non-pay CIP (£0.81m cumulatively)

Trust Patient Clinical Activity/Income Performance



PATIENT ACTIVITY AND CLINICAL INCOME

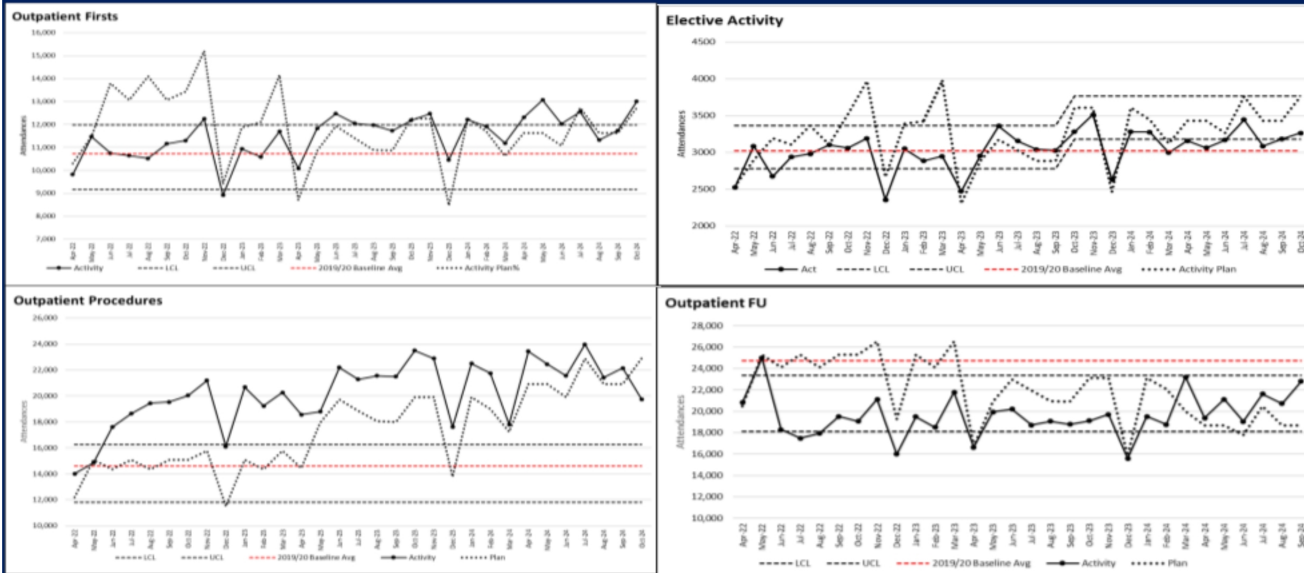
ER	Point of Delivery	Activity In Month				Activity YTD			
		Plan	Actual	Variance	%	Plan	Actual	Variance	%
ERF Activity	Daycase / Inpatients	3,666	3,264	(402)	89%	23,439	22,367	(1,072)	95%
	Of which - SA & ST	697	454	(243)	65%	4,097	3,080	(1,017)	75%
	OP Firsts	13,310	13,007	(303)	98%	86,302	86,014	(288)	100%
	OP Procedures	23,412	19,747	(3,665)	84%	152,688	154,719	2,031	101%
	ERF Activity Total								
Non ERF Acti	OP Follow Ups	21,229	26,524	5,295	125%	137,948	147,594	9,646	107%
	High Cost Drugs Injections	5,101	5,101	0	100%	33,265	33,137	(128)	100%
	Non Elective	217	227	10	105%	1,499	1,517	18	101%
	AandE	6,222	5,805	(417)	93%	42,951	43,128	177	100%
	Total	73,157	73,675	518	101%	478,092	488,476	10,384	102%

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

ERF Achievement

ERF performance for 2023/24 has been issued, however further clarification and details from NHSE are awaited.

ERF performance to July has been published and is inline with planning expectations.

ERF Activity performance achievement

- **Inpatient activity** achieved 89% in month and 95% year to date of the revised demand plan.
- The table also splits out Stratford 72% year to date and St Annes 79% year to date to derive 75% overall.
- **Outpatient Firsts Activity** achieved 98% of the revised demand plan in month; 100% year to date
- **Outpatient Procedures Activity** achieved 84% of revised demand plans in month; 101% cumulatively

Non ERF Activity performance achievement

- **High Cost Drugs Injections** achieved 100% of activity plans in month; 100% year to date
- **A&E** achieved 93% of activity plans in month; 100% year to date

Activity plans and ERF

Current activity and income plans have been amended to the Trust 'Demand' plan levels further to the ratification of the Stratford activity capacity/demand rectification plan.

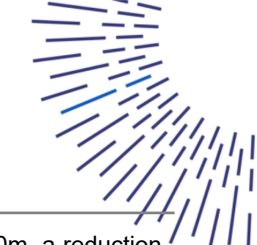
Pay, non-pay and CIP allocation aspects of the rectification plans have also been received and amended in the finance ledger for reporting purposes based on Information from operational teams.

- 2024/25 performance for ERF is now confirmed but with further clarification to come.

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					RECEIVABLES						
<i>Capital Expenditure £m</i>	Annual Plan	Year to Date			<i>Net Receivables £m</i>						
		Plan	Actual	Variance	0-60 Days	60-180 Days	180+ Days	2022/23 +	Total		
Medical Equipment	2.3	0.4	0.6	0.2	CCG Debt	0.1	0.1	0.1	0.0	0.2	
Estates	1.9	0.2	0.1	(0.1)	Other NHS Debt	2.2	(0.1)	0.4	0.3	2.7	
IMT	0.2	0.1	0.1	-	Non NHS Debt	2.0	3.3	1.3	0.9	7.6	
Commercial	1.1	0.5	0.4	(0.1)	Commercial Unit Debt	2.6	1.8	1.2	0.4	6.0	
Network Strategy	-	-	-	-	TOTAL RECEIVABLES	6.9	5.0	2.9	1.6	16.4	
Other - Trust funded	4.2	-	0.0	0.0							
TOTAL - TRUST BAU CAPITAL	9.7	1.2	1.2	(0.0)							
Oriel Programme	116.5	53.4	39.4	(14.0)							
EPR Project	11.3	2.3	1.4	(0.9)							
NIHR Capital Grant	1.7	0.4	0.3	(0.1)							
Other & Charity	0.3	-	-	-							
IFRS16	2.8	-	1.6	1.6							
TOTAL INCLUDING DONATED	142.2	56.1	43.9	(13.4)							
Capital Funding											
<i>Capital Funding £m</i>	Annual Plan	Secured	Not Yet Secured	% Secured							
ICS Capital Allocation	16.5	16.5	-	100%							
Cash Reserves - Oriel	1.0	1.0	-	100%							
Cash Reserves - B/Fwd	0.8	0.8	-	100%							
Capital Loan Repayments	(1.8)	(1.8)	-	100%							
TOTAL - TRUST FUNDED	16.5	16.5	-	100%							
Externally funded	109.0	109.0	-	100%							
Donated/Charity	16.6	16.5	0.2	99%							
TOTAL INCLUDING DONATED	142.2	142.0	0.2	100%							
STATEMENT OF FINANCIAL POSITION					OTHER METRICS						
<i>Statement of Financial Position £m</i>	Annual Plan	Year to Date			<i>Use of Resources</i>						
		Plan	Actual	Variance	Plan	Current Month	Prior Month				
Non-current assets	453.8	343.6	307.0	(36.6)	BPPC - NHS (YTD) by number	95%	93%	93%			
Current assets (excl Cash)	31.4	30.6	38.2	7.6	BPPC - NHS (YTD) by value	95%	91%	94%			
Cash and cash equivalents	72.2	75.7	67.0	(8.6)	BPPC - Non-NHS (YTD) by number	95%	95%	95%			
Current liabilities	(55.7)	(55.7)	(51.3)	4.4	BPPC - Non-NHS (YTD) by value	95%	94%	94%			
Non-current liabilities	(199.7)	(109.1)	(94.7)	14.4							
TOTAL ASSETS EMPLOYED	301.9	285.0	266.2	(18.8)							

Commentary

Cash and Working Capital The cash balance as at the 31st October was £67.0m, a reduction of £3.7m from the position at the end of March 2024.

Capital Expenditure/ Non-current assets Capital expenditure as of 31st October totalled £43.9m, including £1.6m of lease variations.

- Business as usual capital totals £1.2m.
- Other capital totals £41.1m with £39.4 of Oriel expenditure, £1.4m EPR expenditure and £0.3m of NIHR research expenditure.
- IFRS16 leases capital of £1.6m

The trust has committed £6.7m (69%) of the available £9.7m business as usual capital allocation following conclusions of 2024/25 strategic schemes including network strategy, IMT transition costs and Granary Street.

The variance on non-current assets of £36.6m is due to a shortfall in capital expenditure, primarily relating to the Oriel build, which is reviewing it's in year construction cashflows for reforecasting.

Receivables Receivables have reduced by £2.8m to £16.4m since the end of the 2023/24 financial year. Debt in excess of 60 days reduced by £1.2m in October, which was partially offset by an increase in current debt of £0.9m.

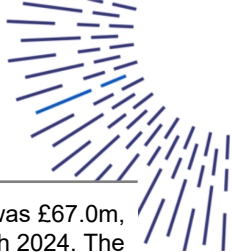
Payables Payables totalled £18.4m at the end of October, a reduction of £7.8m since the end of March 2024.

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

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

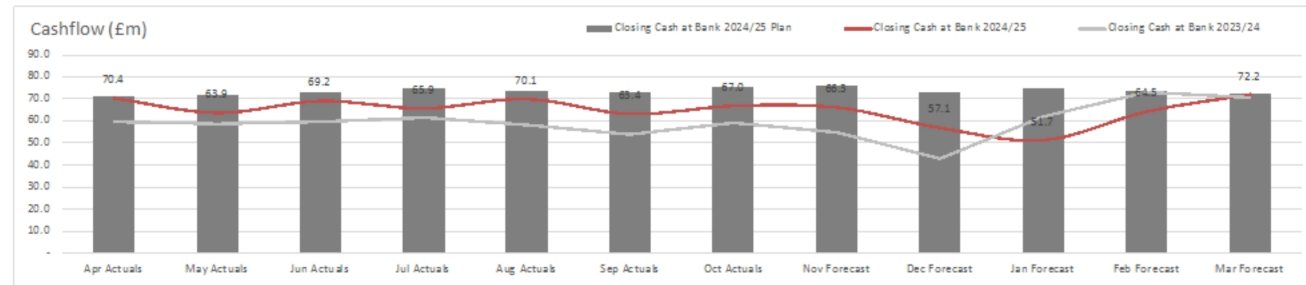
Use of Resources Use of resources monitoring and reporting has been suspended.

Trust Statement of Financial Position – Cashflow



Cash Flow

Cash Flow £m	Apr Actuals	May Actuals	Jun Actuals	Jul Actuals	Aug Actuals	Sep Actuals	Oct Actuals	Nov Forecast	Dec Forecast	Jan Forecast	Feb Forecast	Mar Forecast	Outturn Total	Oct Forecast	Oct Var
Opening Cash at Bank	70.7	70.4	63.9	69.2	65.9	70.1	63.4	67.0	66.3	57.1	51.7	64.5	70.7		
Cash Inflows															
Healthcare Contracts	20.4	20.3	21.4	21.7	21.1	19.1	25.2	21.3	17.7	22.3	20.3	20.7	251.5	23.2	2.0
Other NHS	2.6	1.3	2.0	0.5	3.4	0.8	2.1	1.0	0.9	1.0	0.9	1.0	17.3	1.0	1.1
Moorfields Private/Dubai/NCS	4.7	3.8	4.0	4.5	3.6	4.0	4.8	4.4	3.4	4.3	4.1	4.3	49.9	4.4	0.4
Research h	3.1	1.0	1.3	1.5	0.8	0.7	2.1	1.4	1.4	1.3	1.3	1.3	17.3	1.4	0.8
VAT	1.5	1.1	1.0	-	1.8	2.1	1.0	0.5	0.5	0.5	0.5	0.5	10.9	0.5	0.5
PDC	7.8	-	-	2.7	9.1	-	3.5	17.6	-	8.2	30.0	30.1	109.0	3.9	(0.4)
Other Inflows	0.3	0.4	7.3	0.3	0.3	0.3	0.3	0.3	8.0	0.8	0.8	0.8	19.8	0.3	0.0
Total Cash Inflows	40.2	27.9	36.9	31.2	40.1	27.0	39.0	46.3	31.8	38.3	58.0	58.8	475.7	34.6	4.4
Cash Outflows															
Salaries, Wages, Tax & NI	(13.0)	(13.3)	(12.9)	(12.8)	(13.0)	(13.1)	(15.1)	(13.5)	(13.5)	(13.5)	(13.5)	(13.5)	(160.9)	(14.1)	(1.0)
Non Pay Expenditure	(21.4)	(12.7)	(12.6)	(15.9)	(11.9)	(12.7)	(11.6)	(12.8)	(12.4)	(13.5)	(13.2)	(12.6)	(163.4)	(13.1)	1.5
Capital Expenditure	(0.9)	(0.2)	(0.5)	(0.3)	(0.1)	(0.3)	(0.3)	(2.7)	(2.7)	(3.3)	(5.3)	(7.5)	(24.1)	(2.7)	2.5
Oriel	(4.0)	(6.6)	(4.1)	(4.1)	(9.1)	(4.1)	(7.0)	(16.6)	(11.0)	(12.1)	(11.4)	(14.4)	(104.4)	(9.6)	2.6
Moorfields Private/Dubai/NCS	(1.2)	(1.5)	(1.6)	(1.3)	(1.2)	(1.3)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(16.4)	(1.4)	(0.0)
Financing - Loan repayments	-	-	-	-	(0.6)	(0.7)	-	-	-	-	(0.4)	(0.5)	(2.2)	-	-
Dividend and Interest Payable	-	-	-	-	-	(1.5)	-	-	-	-	-	(1.3)	(2.7)	-	-
Total Cash Outflows	(40.5)	(34.4)	(31.6)	(34.5)	(35.9)	(33.7)	(35.4)	(47.0)	(41.0)	(43.8)	(45.2)	(51.1)	(474.2)	(40.9)	5.5
Net Cash inflows/(Outflows)	(0.3)	(6.5)	5.3	(3.3)	4.2	(6.7)	3.7	(0.7)	(9.2)	(5.5)	12.8	7.7	1.4	(6.3)	10.0
Closing Cash at Bank 2024/25	70.4	63.9	69.2	65.9	70.1	63.4	67.0	66.3	57.1	51.7	64.5	72.2	72.2		
Closing Cash at Bank 2024/25 Plan	71.5	72.0	73.1	74.8	73.7	73.5	75.7	76.3	73.4	74.7	73.8	72.2	72.2		
Closing Cash at Bank 2023/24	59.8	58.8	59.8	61.8	58.1	54.0	59.4	55.2	43.2	62.1	72.9	70.7	70.7		

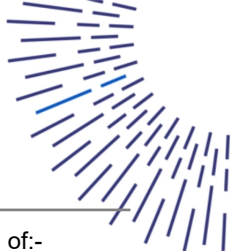


Commentary

Cash flow The cash balance as at the 30th October was £67.0m, a reduction of £3.7m since the end of March 2024. The current financial regime has resulted in block contract payments which gives some stability and certainty to the majority of cash receipts. The trust currently has 81 days of operating cash (prior month: 77 days).

October saw a cash inflow of £3.7m against a forecast of £6.3m outflow due to revised phasing for Oriel capital and higher than expected receipts.

Trust Efficiency Scheme Performance

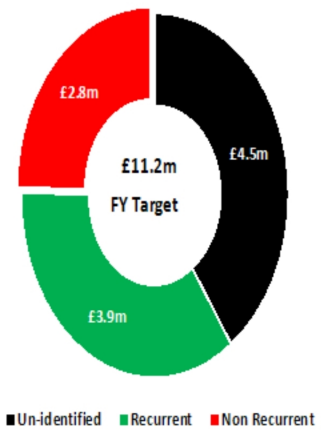


EFFICIENCY SCHEMES PERFORMANCE

Efficiency Schemes £m	Annual Plan	In Month			Year to Date			Forecast		
		Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
City Road	£1.57m	£0.13m	£0.05m	(£0.08m)	£0.92m	£0.30m	(£0.62m)	£1.57m	£0.51m	(£1.06m)
North	£1.08m	£0.09m	£0.01m	(£0.08m)	£0.63m	£0.04m	(£0.59m)	£1.08m	£0.06m	(£1.01m)
South	£0.73m	£0.06m	£0.00m	(£0.06m)	£0.42m	£0.00m	(£0.42m)	£0.73m	£0.03m	(£0.70m)
Ophth. & Clinical Serv.	£1.53m	£0.13m	-	(£0.13m)	£0.89m	-	(£0.89m)	£1.53m	-	(£1.53m)
Estates & Facilities	£0.49m	£0.04m	-	(£0.04m)	£0.29m	-	(£0.29m)	£0.49m	-	(£0.49m)
Corporate	£0.80m	£0.07m	£0.00m	(£0.07m)	£0.47m	£0.13m	(£0.34m)	£0.80m	£0.15m	(£0.65m)
DIVISIONAL EFFICIENCIES	£6.20m	£0.52m	£0.06m	(£0.46m)	£3.62m	£0.46m	(£3.15m)	£6.20m	£0.75m	(£5.45m)
Central										
R&D Income	£2.20m	£0.18m	£0.18m	(£0.00m)	£1.28m	£1.28m	(£0.00m)	£2.20m	£2.20m	-
Utilities Reduction	£1.60m	£0.13m	£0.14m	£0.00m	£0.93m	£0.95m	£0.02m	£1.60m	£1.64m	£0.04m
Activity Complexity	£1.20m	£0.10m	£0.18m	£0.08m	£0.70m	£1.23m	£0.53m	£1.20m	£2.10m	£0.90m
TRUST EFFICIENCIES	£11.20m	£0.93m	£0.55m	(£0.38m)	£6.53m	£3.93m	(£2.61m)	£11.20m	£6.69m	(£4.51m)

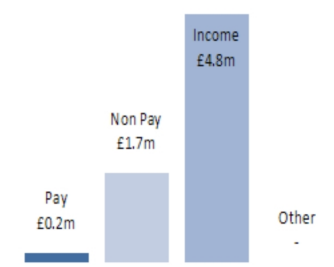
TRUST WIDE FORECAST

Forecast Delivery £m

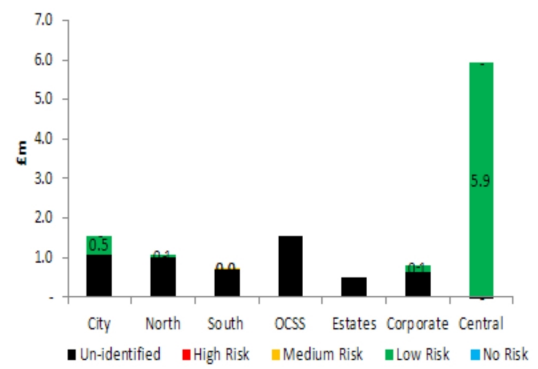


DIVISIONAL REPORTING & OTHER METRICS

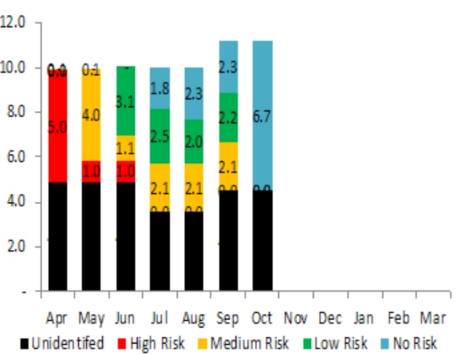
Savings Identified by Category



Savings Identified by Division



Monthly Movement in Risk Profile



* charts may include rounding differences

Commentary

In Year Delivery The trust is reporting efficiency savings achieved of:-

- £0.55m in month, compared to a plan of £0.93m, £0.38m adverse to plan;
- £3.93m year to date, compared to a plan of £6.53m, £2.61m adverse to plan.

Governance & Reporting The trust had a planned efficiency programme of £10m for 2024/25 to deliver the Trust control total.

This has increased by £1.2m to £11.2m in relation to the Stratford activity capacity and demand rectification plan.

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

Identified Savings The trust has identified £6.69m, leaving a remaining £4.51m to be identified.

Of the total identified:-

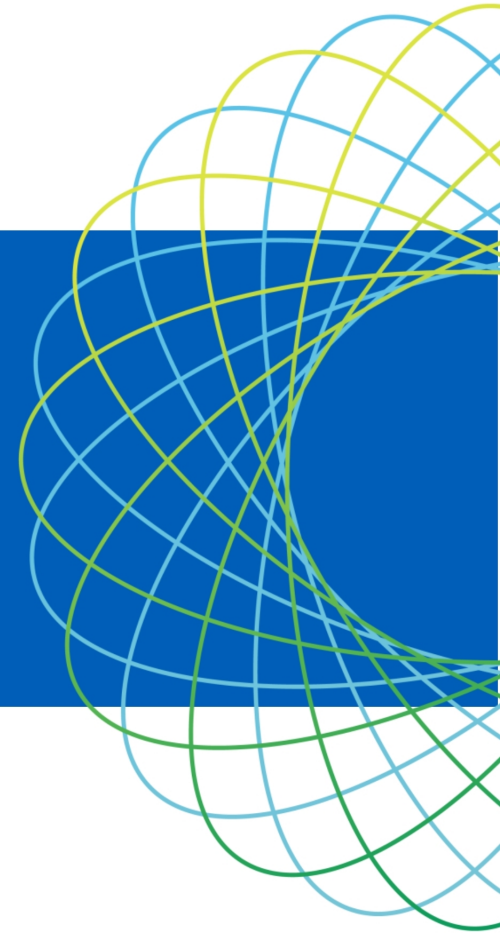
- £5.9m is identified central schemes
- £4.8m is identified as income generation schemes;
- £1.6m is related to utilities price reductions; and
- £3.9m is forecast recurrently;

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 2024/25.

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.

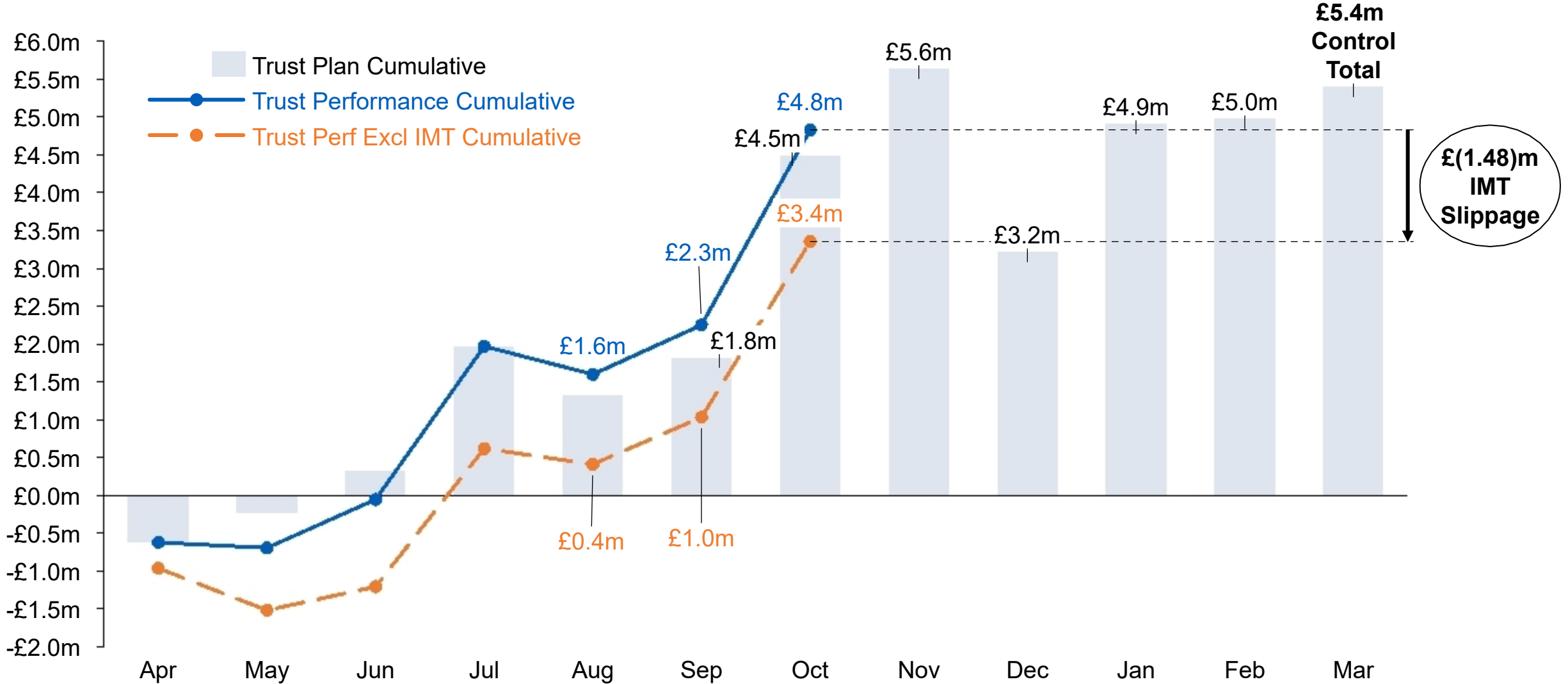
Supplementary Information



Trust financial performance is being supported by £1.48m IMT slippage

The trust is reporting a £4.833m surplus YTD, £0.025m adverse to a plan of £4.429m. However, excluding IMT favourable surpluses due to slippage, the Trusts financial position is £3.4m, £1.1m less than plan.

Adverse core operational performance is being supported by the IT EPR (£0.877)m and IT Projects slippage (£0.601)m.



Divisional Financial Performance

DIVISIONAL PERFORMANCE

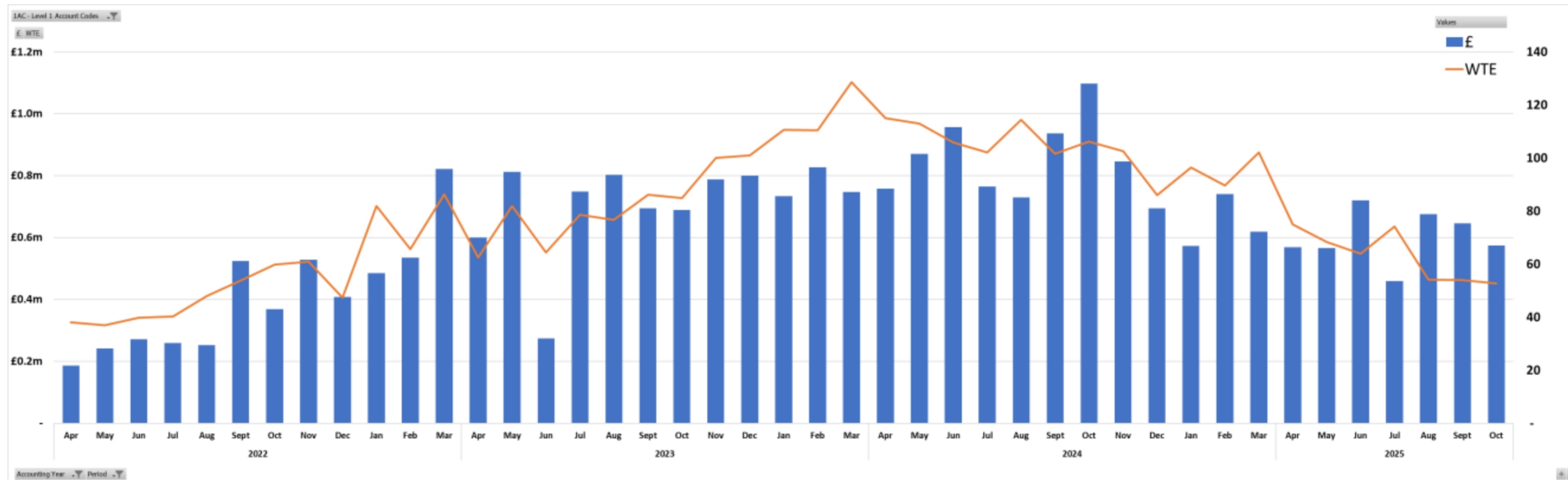
Divisional Contribution £m	Annual Plan	In Month					Year to Date					WTE				
		Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG	Plan	Actual	Variance	%	RAG
Cinical Operational Divisions																
City Rd Division	54.26	4.98	4.83	(0.15)	(3)%	●	32.26	32.14	(0.13)	(0)%	●	651	667	(17)	(3)%	●
Moorfields North	19.96	2.06	1.86	(0.19)	(9)%	●	11.70	11.03	(0.67)	(6)%	●	449	441	7	2%	●
Moorfields South	11.58	1.13	1.23	0.10	9%	●	6.95	7.24	0.29	4%	●	294	302	(9)	(3)%	●
Ophth. & Clin. Serv. Division	(38.48)	(4.36)	(4.11)	0.25	6%	●	(22.48)	(24.23)	(1.74)	(8)%	●	570	572	(2)	(0)%	●
Total Operational Divisions	47.31	3.81	3.82	0.00	0%	●	28.43	26.17	(2.26)	(8)%	●	1,963	1,983	(20)	(1)%	●
Other Operational Areas																
Research And Development	(0.16)	(0.13)	(0.35)	(0.22)	(162)%	●	(0.33)	(1.29)	(0.96)	(289)%	●	145	147	(2)	(2)%	●
Trading Units Summary	6.05	0.81	0.32	(0.48)	(60)%	●	3.43	2.53	(0.89)	(26)%	●	306	285	21	7%	●
Total Other Operational Areas	5.89	0.67	(0.03)	(0.70)	(104)%	●	3.09	1.24	(1.85)	(60)%	●	451	432	19	4%	●
Corporate Areas																
Chief Executive's Office	(3.09)	(0.32)	(0.32)	(0.00)	(0)%	●	(1.84)	(1.78)	0.05	3%	●	32	32	(1)	(2)%	●
Chief Operating Officer	(1.41)	(0.16)	(0.16)	(0.00)	(0)%	●	(0.84)	(0.89)	(0.05)	(6)%	●	10	10	0	3%	●
Corporate Governance	(1.47)	(0.15)	(0.14)	0.02	10%	●	(0.86)	(1.29)	(0.42)	(49)%	●	21	20	1	3%	●
Director Of Strategy	(2.83)	(0.29)	(0.20)	0.09	30%	●	(1.66)	(1.37)	0.29	17%	●	17	15	2	12%	●
Education	1.97	0.27	0.14	(0.12)	(46)%	●	1.15	0.87	(0.28)	(24)%	●	25	25	-	0%	●
Estates And Facilities	(15.51)	(1.35)	(1.31)	0.04	3%	●	(8.87)	(9.53)	(0.65)	(7)%	●	72	72	(0)	(0)%	●
Finance Director	(4.44)	(0.45)	(0.46)	(0.01)	(2)%	●	(2.61)	(2.61)	(0.01)	(0)%	●	38	37	1	3%	●
Human Resources	(5.90)	(0.57)	(0.52)	0.05	8%	●	(3.24)	(3.25)	(0.01)	(0)%	●	69	59	10	14%	●
Informatics And It	(14.13)	(1.35)	(1.11)	0.25	18%	●	(7.81)	(6.29)	1.52	19%	●	128	93	36	28%	●
Medical Director	(1.12)	(0.12)	(0.10)	0.02	15%	●	(0.66)	(0.61)	0.05	7%	●	6	3	3	50%	●
Digital Medicine	(0.75)	(0.09)	(0.06)	0.03	36%	●	(0.43)	(0.39)	0.05	11%	●	22	12	10	44%	●
Corporate Nursing & Quality	(6.49)	(0.64)	(0.59)	0.05	7%	●	(3.68)	(3.59)	0.09	2%	●	51	44	6	12%	●
Project Oriel	(1.05)	(0.11)	(0.09)	0.02	22%	●	(0.53)	(0.46)	0.06	12%	●	7	7	(1)	(9)%	●
Total Corporate Areas	(56.21)	(5.33)	(4.91)	0.43	8%	●	(31.88)	(31.20)	0.68	2%	●	498	431	67	13%	●
Total Central Expenditure Budgets	8.40	3.45	3.69	0.24	7%	●	4.78	8.62	3.83	80%	●	-	1	(1)	0%	●
Control Total Surplus/(Deficit)	5.40	2.61	2.58	(0.03)	(1)%	●	4.43	4.83	0.40	9%	●	2,911	2,847	65	2%	●

Workforce – Agency Reporting in Board Report

AGENCY SPEND REPORTING

Pay Expense Reporting £m	2022/23			2023/24												2024/25						YTD	YTD		
	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	£m	%	
Agency																									
Clinical Divisions	0.660	0.543	0.520	0.372	0.504	0.508	0.491	0.428	0.592	0.647	0.507	0.351	0.214	0.337	0.162	0.269	0.202	0.217	0.236	0.280	0.237	0.217	1.657	39%	
Coporate Departments	0.047	0.246	0.328	0.261	0.279	0.320	0.281	0.190	0.261	0.310	0.258	0.259	0.295	0.287	0.313	0.247	0.248	0.355	0.156	0.309	0.292	0.258	1.865	44%	
Commercial/Trading	(0.063)	(0.016)	(0.066)	0.025	0.027	0.045	0.020	0.077	0.035	0.097	0.028	0.022	0.031	0.057	0.064	0.063	0.093	0.056	0.026	0.057	0.069	0.053	0.417	10%	
Research	0.089	0.054	0.065	0.100	0.059	0.085	(0.027)	0.035	0.049	0.044	0.053	0.063	0.034	0.059	0.052	0.015	0.023	0.077	0.031	0.020	0.044	0.036	0.246	6%	
Total Agency	0.733	0.827	0.847	0.758	0.871	0.957	0.765	0.730	0.937	1.097	0.846	0.695	0.573	0.740	0.591	0.595	0.567	0.705	0.449	0.665	0.642	0.563	4.185		
Agency																									
Medical Staff	0.136	0.097	0.068	0.077	0.080	0.098	0.100	0.104	0.103	0.095	0.104	0.078	0.047	0.095	0.086	0.091	0.064	0.072	0.082	0.088	0.098	0.100	0.596	14%	
Nursing Staff	0.201	0.224	0.186	0.186	0.249	0.191	0.140	0.105	0.139	0.273	0.133	0.125	0.140	0.121	0.221	0.100	0.081	0.067	0.043	0.079	0.040	0.036	0.445	11%	
Scientific & Technical	0.116	0.065	0.065	0.039	0.056	0.062	(0.031)	0.051	0.252	0.158	0.125	0.093	0.076	0.069	(0.137)	0.034	0.050	0.042	0.023	0.051	0.065	0.070	0.337	8%	
Allied Health Professionals	-	-	0.001	0.009	0.004	0.001	-	-	0.003	0.016	0.001	0.005	-	0.002	0.005	0.017	0.013	0.017	0.008	0.009	0.004	-	0.069	2%	
Clinical Support	0.121	0.104	0.036	0.033	0.110	0.132	0.291	0.143	0.091	0.101	0.073	0.039	0.060	0.055	0.022	0.022	0.043	0.049	0.044	0.037	0.027	0.023	0.245	6%	
Admin And Clerical	0.144	0.324	0.391	0.405	0.360	0.435	0.257	0.282	0.337	0.442	0.400	0.338	0.234	0.376	0.426	0.293	0.324	0.476	0.258	0.412	0.407	0.348	2.518	60%	
Ancillary Services	0.014	0.015	(0.003)	0.010	0.011	0.038	0.008	0.044	0.012	0.013	0.011	0.017	0.016	0.022	(0.005)	0.002	0.000	(0.002)	-				0.000	0%	
Total Agency	0.733	0.827	0.744	0.758	0.871	0.957	0.765	0.730	0.937	1.097	0.846	0.695	0.573	0.740	0.618	0.559	0.576	0.722	0.459	0.675	0.642	0.578	4.210		

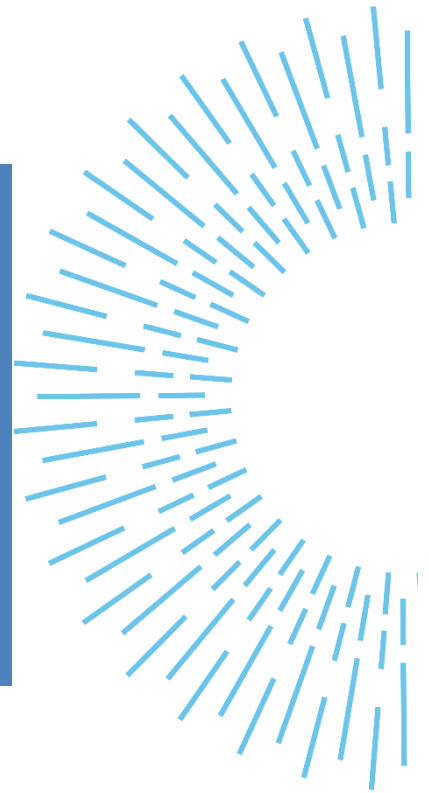
*Excludes central budgets





**Moorfields
Eye Hospital**
NHS Foundation Trust

Agenda item 12
Learning from deaths
(Q1 & Q2 2024/25)
Board of directors
28 November 2024



Report title	Learning from deaths
Report from	Louisa Wickham, medical director
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

<p>Executive summary</p> <p>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.</p> <p>The trust has identified zero patient deaths in Q1 and Q2 2024/25 that fell within the scope of the learning from deaths policy.</p>							
<p>Quality implications</p> <p>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.</p>							
<p>Financial implications</p> <p>Provision of the medical examiner (ME) role for Moorfields may have small cost implications if costs are ever required.</p>							
<p>Risk implications</p> <p>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.</p>							
<p>Action required/recommendation</p> <p>The Board is asked to receive the report for assurance and information.</p>							
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 Q1 and Q2 2024/25 data is shown in the table below.

Indicator	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
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	0	0
% of cases reviewed under the structured judgement review (SJR) methodology	N/A	N/A	N/A	N/A
Deaths considered likely to have been avoidable	N/A	N/A	N/A	N/A

Learning and improvement opportunities identified during Q1 and Q2

1. Notification of paediatric deaths

In Q1, two incidents were reported to highlight that Moorfields staff had contacted the parents of deceased children to enquire regarding non-attendance at appointments. Staff were unaware that the patients had passed away because notification had not been received via the national deceased registry reports. Notification of the incident was made to the National Back Office for the Personal Demographics Service to establish the reason for this.

NHS England has confirmed that details only appear in national deceased registry reports if an active search in National Care Record Summary (NCRS) has been undertaken by a member of staff listed to organisation code RP6. This prompts awareness that Moorfields has reviewed the patient record and notification of the death is included in our service user death reports (SUDR). As it is possible that this is why notification of death was not received. The data quality (DQ) team has worked with administrative teams in the RDCEC and the booking centre to ensure that all users are searched in NCRS during their pathway (e.g., A&E at first point of contact, receipt of a referral).

It is now known that this is not an event that is peculiar to Moorfields, and the DQ team has been working with NHSE, alongside over 65 other trusts to support improved SUDR across all organisations. It has been highlighted that even Spine linked services do not receive date of death (DOD) data if the patient has not been actively searched within a period of 12-18 months.

Providing the patient administration system (PAS) is updated with a date of death, there is a daily process which ensures that all planned and RTT activity for the patient is closed. No verbal or written communication will leave the organisation for these patients, which can cause upset or distress to relatives.

ME role update

Since 9 September 2024, all deaths in any health setting that are not investigated by a coroner are reviewed by NHS medical examiners. The changes to the death certification process aim to provide independent scrutiny of deaths in all cases and give bereaved people a voice.

Moorfields has introduced a new policy to describe the local arrangements that are in place to satisfy the new legislative requirements. This includes a clear role for the senior manager on call to oversee the process, which may need to be implemented out of hours.

[National Medical Examiner update - June 2024](#)

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;

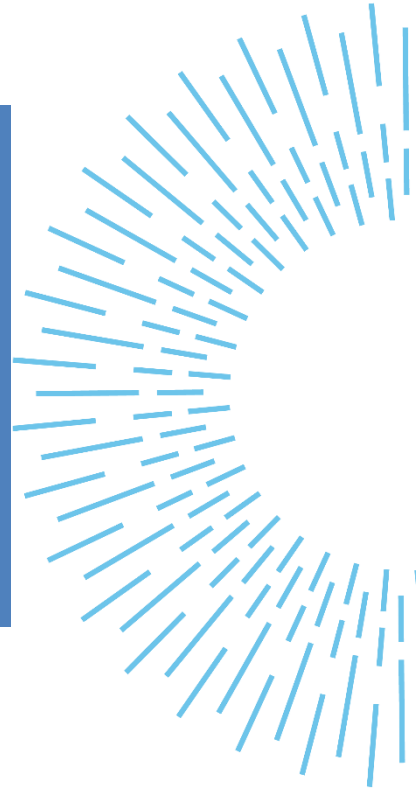
Excluded from the scope of this Policy:

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



Moorfields
Eye Hospital
NHS Foundation Trust

Agenda item 13
Guardian of Safe Working
Board of directors
28 November 2024



Report title	Guardian of Safe Working Report
Report from	Louisa Wickham, Medical Director
Prepared by	Andrew Scott, Guardian of Safe Working
Link to strategic objectives	We will attract, retain and develop great people

Brief summary of report

The guardian of safe working report summarises progress in providing assurance that doctors are safely rostered, and their working hours are compliant with the 2016 terms and conditions of service (TCS) for doctors in training. This report encompasses the period from 16th July 2024 to 19th November 2024.

Exception Reports:

During this timeframe, there was only one Exception Reports filed by an ST3 due to an extra hour of work in clinic. There have been no instances reported of breaching the mandatory 8-hour rest period between shifts, exceeding the 48-hour average working week, or surpassing the 72-hour maximum limit within any seven-day period. Consequently, no financial penalties were incurred. There are presently no gaps in the rota.

Feedback:

At the recent Resident Forum in September 2024, Specialist Registrars raised concerns that their work schedules, which clearly specify working hours from 8:30 AM to 5:00 PM, are not always adhered to. Specifically, many afternoon clinics are scheduled to end at 5:30 PM, extending their workday beyond the stated hours. It's important to remember that junior doctors have multiple commitments, including on-call duties, and the current schedule was designed to ensure compliance with these obligations.

In response, Ms. Louisa Wickham has sent a reminder to all Moorfields consultants emphasizing the importance of respecting these working hours and inviting specialist registrars to leave at 5.00 PM. Additionally, we are in the process of updating the timings on Allocate, where Specialist Registrars submit their exception reports, to better align with the official work schedules.

High level data:

Number of doctors in training (total):	58
Amount of time available in job plan for guardian to do the role:	1 PA/week
Admin support provided to the guardian (if any):	Ad Hoc provided by HR
Amount of job-planned time for educational supervisors:	1 PA per week

Actions/Discussions taking place:

The low frequency of exception reporting reflects the trainees' well-being and satisfaction with their working conditions.

Summary							
All Moorfields trainees are safely rostered in compliant rota patterns with no breaches of the terms and conditions of service occurring during this reporting period. All trainees are familiar with the process of exception reporting and there are systems in place to ensure prompt compensation payment for excessive hours worked. Trainee morale is high and working conditions good.							
Quality implications							
There are clear implications for patient care if the trust does not make sure it is adhering to the new contract and stricter safer working limits, reduction in the maximum number of sequential shifts and maximum hours that a junior doctor is able to work.							
Financial implications							
The guardian of safe working may impose fines if specific breaches of the terms of conditions of service occur where doctor safe working has been compromised.							
Risk implications							
The risk implications are detailed in the report in terms of reasons for exception reporting and potential impacts on the quality of care provided to patients if there are breaches in the contract.							
Action required/recommendation.							
The board is asked to consider the report for assurance.							
For assurance	✓	For decision		For discussion		To note	✓



**QUALITY AND SAFETY COMMITTEE
SUMMARY REPORT**



ITEM 14a

12 November 2024

<p>Committee Governance</p>	<ul style="list-style-type: none"> • Quorate – Yes • Attendance (membership) – 75% • Action completion status (due items) – 100% • Agenda completed – Yes
<p>Current activity and concerns</p>	<p>Infection Control Update</p> <p>The regular infection control (IPC) update was presented. The following areas were highlighted:</p> <ul style="list-style-type: none"> • Low rate of take up with the trust’s vaccination programme compared to previous years (whilst still being the highest in London). Potentially vaccine fatigue, and hearts and minds are issues. Key is to have leadership visibly continuing to drive vaccination programme • Flu and COVID rates are currently low, and the flu season has yet to get underway • IPC audits are continuing, and IPC training is above target levels • There were two reported endophthalmitis cases, and these have been reviewed by the IPC lead. <p>Presentation by Ophthalmology and Clinical Support Services</p> <p>The committee received an annual presentation from Ophthalmology and Clinical Support Services. The following areas were highlighted:</p> <ul style="list-style-type: none"> • There has been a journey of transformation across the service since its establishment about 2 years ago. Improvements to the Eyebank, and EDD accreditation were particularly noted • Tissue usage/preparation was discussed, and how this will change as part of Oriol • In the last 12 months, the service had only received 6 complaints • The service has ambitions for further accreditation and improvement which was strongly supported. <p>Duty of Candour</p> <p>The committee received a presentation about Duty of Candour (DoC). This was an action from the May 2024 meeting and part of the forward programme. The following areas were highlighted:</p> <ul style="list-style-type: none"> • DoC has evolved from Being Open (2005), through the Francis Report (2013), and is now a foundation of the Patient Safety Incident Response Framework (PSIRF) • Regular monitoring of DoC letters takes place, but the detailed audit that was presented to the committee was the first for some time • Whilst 100% compliance was sought, the outcome of the audit presented varying levels of compliance across the process • It was felt that the areas particularly lacking were in the qualitative responses and showing empathy; these required a cultural change • The committee expressed fully its commitment to DoC and the actions planned and being taken forward by the quality and safety team, and that saying sorry is the right thing to do.

	<p>Patient Safety Incidents</p> <p>One serious incident report (Intravitreal injection to the incorrect eye at Bedford in February 2024) was presented. The following was highlighted:</p> <ul style="list-style-type: none"> • The incident highlighted the issue of carers/relatives staying with the patient during a procedure. There are safety issues with this, as well as other considerations, but this is something to be standardised across Moorfields and supported as an option. <p>Quality and Safety</p> <p>The committee received the WHO audit reports for Q1 and Q2, the regular quality and safety update, and the Q2 Q&S reports (trust-wide, UAE, and Private). The following areas were highlighted:</p> <ul style="list-style-type: none"> • A presentation accompanied the WHO audit reports, which highlighted four areas that are being monitored in particular: audit submission variability, peer review, theatre lists, and staff introductions • The WHO audit will be renamed ‘Safer Surgery Checklist’ • The Q&S update highlighted Safer September, and the upcoming trust-wide half-day (04/12/2024) • It was noted that the Private Q&S report showed a lot of ‘red’ under patient feedback – this is because the bar is set very high. Presentation of this data may require reconsideration. <p>Bedford transformation</p> <p>This item resulted from an action at July’s meeting, and updates are being presented at every meeting. The following issues were raised:</p> <ul style="list-style-type: none"> • The harm review is currently on-going. There are 372 patients to be seen, and all of these should be seen by December (except for those who have requested January appointments) • One glaucoma patient has been identified as coming to harm. The DoC is due to be completed in November • It was noted that there had been some slippage with the IT transition at Bedford. <p>Fire Safety</p> <p>The committee received its regular fire safety update. The following issues were highlighted:</p> <ul style="list-style-type: none"> • The revised Fire Safety policy will shortly be approved and published • Fire risk assessments are underway • Good levels of training are being achieved • Fire safety function is adequately represented at various committees. <p>Reports from Other Committees</p> <p>Summary reports from the following committees were circulated:</p> <ul style="list-style-type: none"> • Risk and Safety Committee (11/09/2024) • Research Quality Review Group (23/09/2024) • Information Governance Committee (24/09/2024) • Clinical Governance Committee (14/10/2024)
Escalations	There were no escalations to the Trust Board.
Date of next meeting	28 January 2025

Meeting:	Public Trust Board
Date:	28 November 2024
Report title:	Summary of the People and Culture Committee (PCC) held on 5 th November 2024
Executive Sponsor	Sue Steen, Chief People Officer
Report Author	Jennie Phillips, Deputy Company Secretary
Presented by	Aaron Rajan – Committee Chair
Status	Noting for assurance
Link to strategic objectives	Working Together - We will work together to ensure our workforce supports future care models and a consistently excellent patient and staff experience, in accordance with our values.
Summary of report	
<p>The People and Culture Committee is a formal committee of the Board and is authorised to either provide assurance to the board or carry out delegated functions on its behalf. The committee meets four times a year and a summary of the key updates at each meeting is provided to the Trust Board of Directors for noting.</p> <p>This report provides a brief summary of the meeting held on 05 November 2024.</p> <p>The committee terms of reference are also presented for ratifying by the Board. The committee reviewed them at this May meeting.</p>	
Action Required/Recommendation.	
The board is asked to note the report and approve the term of reference.	
For Assurance	For decision ✓ For discussion To note

PEOPLE AND CULTURE COMMITTEE SUMMARY REPORT

Governance

- Quorate – Yes

Matters arising

- The committee received this report which outlined the Oriel Workforce Priorities and Emerging Themes. It was noted workshops has launched to review clinic utilisation and were expected to last 6-weeks. The outcome would be reviewed at an executive prioritisation session in January 2025, which would report into ManEx and PCC.

Workforce priorities and change projects (including programme updates)

- The Committee received a progress report which highlighted the trust's People strategy programme has achieved all targets for Q1 and Q2.
- Q3 would undertake business planning and the delivery of the Leadership & Delivery Programme.
- There would be a focus on the Medical Workforce Optimisation at the next PCC meeting to ensure that this kept on track.

Workforce performance

The Committee received the Workforce and OD performance report. The key metric highlights from September 2024 data were:

- Turnover was 10.6%. This was down from 16% in October 2023 and from 12.98% in June 2024.
- Vacancy rate had improved at 12.2% against 14% target for the rolling 12-months. A recruitment advisor had been recruited to support the EPR and international nurse cohort recruitment drive due in January 2025.
- MAST had reduced from 88% to 86%.
- Fill Rates - The level of Nursing shift fill rate reported in month was 93%, AHP shift fill rate reported for the month is 93%, Admin & Clerical shift fill rate reported for the month is 97%.
- Sickness, appraisal rate and ER cases had remained stable.

There was detailed report regarding agency spend and highlights were as follows:

- The trust had developed an agency spend reduction strategy, where progress was monitored and reviewed by a steering group and from November, progress would also be reported via the Excellence Delivery Board.
- New authorisation procedures had been implemented to support within the NHSE Agency Rules. All off framework shifts now required Executive authorisation. As a result, from September 2024 the trust had successfully removed all of its off-framework usage.
- The temporary staffing team had increased its visibility across the organisation to support managers to understand the correct processes, focusing on areas which had consistently high agency usage. This had resulted in a £295k reduction of in month spend against the comparative month last year
- Monitoring of the contract with the Acacium Group had been strengthened to ensure that it delivered against all KPIs.
- Ensuring Moorfields had a voice across the NCL when new initiatives were delivered to ensure that the initiatives worked for us as an organisation.
- Development of monthly dashboards to be shared with ManEx and Divisions.

Current activity

HR Staffing

- The Committee received the Vacancy Fill rate update report which noted that good progress being made across the HR staff group generally but that ER remained a hotspot for staff retention.

Freedom To Speak Up (FTSU) Report

The committee received a verbal update for this item and notable points were as follows:

- The trust was receiving data from working confidence for divisions to review as FTSU became more embedded within the organisation.
- Interim Lead FTSU Guardian would join the trust on 11 November for an initial six months.
- FTSU Champions were being rolled out to areas where needed.

Equality, Diversity and Inclusion (EDI) roadmap

The Committee received the paper headlines were as follows:

- The development of the EDI roadmap was on track and scheduled to launch at the end of November 2024 via the All Staff Briefing.
- The team would be developing guidance for managers on how to use, and bring the road map to life, including how to introduce it in team meetings.
- The roadmap drive would feature on the EDI webpage and there would be a QR code for staff to scan and/or share. It also formed a specific module within the Leadership Programme and would be promoted as part of the Executive team's walkabouts.
- The roadmap would align with the trust's newly proposed employee value proposition brand as part of a wider "People" brand.
- Once launched, activities and traffic on the roadmap platform would be monitored and reported to the EDI steering group and captured as part of the proposed EDI dashboard.

Overpayments

The committee received this report which included the trust's overpayment action plan. Key points were as follows:

- The three main reasons for overpayment were late leaver notifications, changes of contractual hours and pension related issues.
- An Overpayment and Payroll Improvement plan had been implemented to address the issues with the key focus on processes, governance and training.
- The trust was part of the national NHSE/Deloitte pay improvement programme along with 32 other trusts. Formal feedback from the programme was expected WC 4th November 2024, and any recommendations would be incorporated into the Overpayment and Payroll Improvement action plan.
- Workforce & OD would provide ManEx with progress updates along with an updated Overpayment and Payroll Improvement plan that would be incorporate the findings and recommendations.
- The Overpayment update report had been presented to the Audit & Risk Committee in October 2024. It was agreed that governance and monitoring of the plan should be conducted through ManEx with updates reported to this committee and with a further update at the Audit & Risk Committee meeting in January 2025.

	<ul style="list-style-type: none"> • The reporting would be supplemented by the setting of two targets: <ul style="list-style-type: none"> a) Current overpayments and a trajectory to bring these to conclusion. b) A target on future levels of overpayments that we should aim to remain within (with the ambition of having zero overpayments). <p><u>Employee Value Proposition</u></p> <ul style="list-style-type: none"> • This paper outlined the employer proposition development the trust had undertaken with the agency Tonic. The aim had been to develop a strong employer brand; to fill vacancies quicker, attract a higher quality of applicants and represent all of Moorfields. After benchmarking, leadership focus groups and key themes the preferred option was '<i>You Make Us More</i>' and had been to ManEx for approval. This was now in the final development phase and would be launched in January 2025.
Key concerns	There were no concerns to note.
Date of the next meeting	The next meeting was schedule for 11 th February 2025.



Report title	Discovery & Commercial Committee Terms of Reference
Report from	Richard Holmes
Prepared by	Jennie Phillips, Deputy Company Secretary
Link to strategic objectives	Deliver: Optimise our systems, infrastructure and capabilities to deliver excellent and efficient care

Executive summary							
This Committee terms of reference were presented for review at DCC on 13 th November 2024 and approved for onwards annual ratification by the Trust Board.							
No changes were recommended by the committee.							
Quality implications							
Not applicable							
Financial implications							
Not applicable							
Risk implications							
The committee oversees risk management on behalf of the Board.							
Action Required/Recommendation							
The Board is asked to approve the terms of reference for annual ratification.							
For Assurance		For decision	✓	For discussion		To note	

Discovery and Commercial Committee – TOR

Authority	<p>The Discovery and Commercial Committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
Purpose	<p>The purpose of the committee is to gain assurance, on behalf of the board, of the following key areas;</p> <ul style="list-style-type: none"> • Discovery strategy and activity • All commercial activity and areas of income generation • Investment proposals relating to discovery and commercial, including the approval of business cases up to £2m • Review of business cases and projects, including the return on capital and revenue invested
Membership	<p>The members of the committee will be appointed by the Board and have a majority of non-executive directors over voting executive directors, as follows;</p> <ul style="list-style-type: none"> • Five non-executive directors, one of whom shall be nominated as chair • Chief Executive • Chief Finance Officer • Director of Discovery • Director of Strategy and Partnerships • Medical Director <p>The Committee Chair will have a casting vote, if needed.</p> <p>Others to be in attendance in full or part of the meeting, at the discretion of the Committee Chair, include:</p> <ul style="list-style-type: none"> • Director of BRC • Director of CRF • Head of Commercial Services <p>The Committee Chair may also invite others to attend where needed.</p>
Quorum	<p>The quorum will be four members, including two non-executive directors</p>
Frequency of Meetings	<p>The committee will meet bi-monthly and members are expected to attend at least 75% of meetings in any financial year.</p>
Duties	<p>The committee can only carry out functions authorised by the board, as pertaining to discovery and commercial activities.</p> <p>Delegated Functions</p> <p>The committee will carry out the following on behalf of the board;</p> <ul style="list-style-type: none"> • Approval of business cases with a maximum of £2m (capital) as specified in standing financial instructions • Ratification of contracts between £1.5m and £2m (revenue) • Approval of variations to contracts with a maximum of £2m (revenue)

- Review of business cases and projects, including the return on capital and revenue invested

Assurance Functions

The committee will review the following activities, pertaining to discovery and commercial, to provide assurance to the board;

- Business cases over £2m prior to consideration by the board, in line with standing financial instructions
- Complex or critical business cases below £1m (capital) or below £1.5m (revenue), as referred by the chief executive
- Contracts awarded outside standing financial instructions in excess of £1m

Discovery

- Strategy
- Intellectual property and income generation
- Financial performance of Discovery
- Partnership with the Institute of Ophthalmology
- Commercial partnership opportunities
- Assurance on progress of Discovery excellence projects

Partnerships

- NHS partnership activity

Commercial

- Commercial strategy (including Moorfields Private, international, and UAE)
- Income generation and new collaborative or commercial partnerships (other than Discovery)

Other

- Specific risks on the Board Assurance Framework allocated by the board
- Analyse and challenge appropriate information on performance related to Discovery and Commercial
- Annual review and forward look for Committee

<p>Reporting and Review</p>	<p>Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.</p> <p>Minutes of meetings will be available for any board member on request.</p> <p>The committee will carry out an annual deep dive review of its effectiveness against these terms of reference, including setting the forward plan for the next year. Dedicated time will be held at the last meeting of the FY for this review. This will be reported to the board via the committee’s annual report, at the first available meeting after 1 April of each year.</p>
<p>Sub-committees</p>	<p>The Committee has the power to establish sub-committees or targeted working groups to address specific tasks. Sub-committees will be subject to annual review, or as required based on organisational priorities, against their terms of reference and reported to the committee in time for them to be included in the committee’s own review of its effectiveness. Any sub-</p>

	<p>committee or working group will require its own Terms of Reference, approved by this committee.</p> <p>Regular updates to the committee will be produced to provide assurance or request support. Efforts should be made to avoid duplicating items and discussions at the committee meeting that have taken place in sub-committees.</p> <p>The committee has established the following sub-committees to help fulfil its duties.</p> <ul style="list-style-type: none"> • Joint research strategy committee (joint committee with UCL)
<p>Meeting administration</p>	<p>The lead executive for the committee will be the Director of Discovery and the secretary for the committee will be the Company Secretary.</p> <p>The secretary's role will be to;</p> <ul style="list-style-type: none"> • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors.</p>
<p>Date approved by the board</p>	<p>Date of next review</p>

Standing financial instructions and scheme of delegation

<https://eyeq.moorfields.nhs.uk/download.cfm?doc=docm93jjm4n815.pdf&ver=8492>



Report title	Major Projects & Digital Committee Terms of Reference
Report from	David Hills and Aaron Rajan
Prepared by	Jennie Phillips, Deputy Company Secretary
Link to strategic objectives	Deliver: Optimise our systems, infrastructure and capabilities to deliver excellent and efficient care

<p>Executive summary This Committee terms of reference were presented for review at MPDC on 13th November 2024 and approved for onwards annual ratification by the Trust Board.</p> <p>No changes were recommended by the committee.</p>							
<p>Quality implications Not applicable</p>							
<p>Financial implications Not applicable</p>							
<p>Risk implications The committee oversees risk management on behalf of the Board.</p>							
<p>Action Required/Recommendation The Board is asked to approve the terms of reference for annual ratification.</p>							
For Assurance		For decision	✓	For discussion		To note	

Major Projects and Digital Committee – TOR

Authority	<p>The Major Projects and Digital Committee is a formal committee of the board and is authorised to provide assurance to the board and carry out delegated functions on its behalf.</p> <p>These terms of reference have been approved by the board and are subject to annual review.</p>
Purpose	<p>The purpose of the committee is to gain assurance, on behalf of the board, of the following key areas;</p> <ul style="list-style-type: none"> • Estates and facilities strategy • Plans for future major physical estates projects • Delivery of major physical (estates, facilities, major equipment) projects, and review, including the return on capital and revenue invested • Digital development and IT strategy • Plans for future major digital and IT projects • Delivery of major digital and IT projects, and review, including the return on capital and revenue invested • Capital strategy, business case processes and post project review
Membership	<p>The members of the committee will be appointed by the board and have a majority of non-executive directors over voting executive directors, as follows;</p> <ul style="list-style-type: none"> • Five non-executive directors (including the Chair of Audit and Risk Committee), two of whom shall be nominated as co-chair • Chief Finance Officer • Director of Strategy and Partnerships • Chief Operating Officer • Director of Estates, Capital and Major Projects • Chief Information Officer <p>The Committee Chair at the time of voting will have a casting vote, if needed.</p> <p>Others to be in attendance in full or part of the meeting, at the discretion of the Committee Chair, include:</p> <ul style="list-style-type: none"> • Trust Chair <p>The Committee Chair may also invite others to attend where needed.</p>
Quorum	<p>The quorum will be four members, including at least two non-executive directors</p>
Frequency of Meetings	<p>The committee will meet bi-monthly and members are expected to attend at least 75% of meetings in any financial year.</p>
Duties	<p>The committee can only carry out functions authorised by the board, as pertaining to capital, estates, facilities, IT and digital activities.</p> <p>Delegated Functions</p> <p>The committee will carry out the following on behalf of the board;</p>

- Approval of business cases with a maximum of £2m (capital) as specified in standing financial instructions
- Ratification of contracts between £1.5m and £2m (revenue)
- Approval of variations to contracts with a maximum of £2m (revenue)
- Review of business cases and projects, including the return on capital and revenue invested

Assurance Functions

The committee will review the following activities pertaining to capital, estates, facilities, IT and digital, to provide assurance to the board;

Estates and facilities

- Strategy and annual plans, including annual review of site strategy
- Implementation of major physical projects (estates, facilities and major equipment)
- Major contracts within estates and facilities
- Delivery and progress of major projects inc relevant Excellence projects
- Assurance on items relating to Estates function (other than major project delivery) as required, which includes specialist equipment and facilities (but not business as usual – covered in Finance and Performance)

Digital Development and IT

- Strategy and annual plans
- Implementation of major projects
- Delivery and progress of major projects including relevant Excellence projects digital related excellence projects
- IT operations and delivery of BAU

Capital

- Annual review of capital plan
- Annual evaluation of capital allocation and sign off process
- Review risks and benefits of the Trust’s capital programme
- Review key assumptions and methodologies used to inform the Trust’s capital programme

Other

- Specific risks on the Board Assurance Framework allocated by the board
- Analyse and challenge appropriate information on performance related to Major Projects and Digital
- Annual review and forward look for Committee

Reporting and Review

Following each meeting of the committee, an update will be provided to the board, in a standard format, showing progress made and highlighting any issues for escalation or dissemination.

Minutes of meetings will be available for any board member on request.

The committee will carry out an annual deep dive review of its effectiveness against these terms of reference, including setting the forward plan for the next year. Dedicated time will be held at the last meeting of the FY for this review. This will be reported to the board via the committee’s annual report, at the first available meeting after 1 April of each year.

Sub-committees

The Committee has the power to establish sub-committees or targeted working groups to address specific tasks. Sub-committees will be subject to

	<p>annual review, or as required based on organisational priorities, against their terms of reference and reported to the committee in time for them to be included in the committee's own review of its effectiveness. Any sub-committee or working group will require its own Terms of Reference, approved by this committee.</p> <p>Regular updates to the committee will be produced to provide assurance or request support. Efforts should be made to avoid duplicating items and discussions at the committee meeting that have taken place in sub-committees.</p>		
Meeting administration	<p>The lead executive for the committee will be the Chief Operating Officer and the secretary for the committee will be the Company Secretary.</p> <p>The secretary's role will be to;</p> <ul style="list-style-type: none"> • Agree the agenda with the chair • Ensure the agenda and papers are despatched five clear days before the meeting, in line with the board's standing orders • Maintain a forward plan of items for the committee • Be responsible for the production and quality of the minutes (even if taken by a separate minute taker) • Ensure minutes are issued to the chair for review within one week of the meeting, and to committee members within two weeks of the meeting. • Ensure actions are captured, notified to relevant staff and followed up <p>Any other administrative arrangements not listed here will be as shown in the standing orders of the board of directors.</p>		
Date approved by the board	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;">Date of next review</td> </tr> </table>		Date of next review
	Date of next review		

Standing financial instructions and scheme of delegation

<https://eyeq.moorfields.nhs.uk/download.cfm?doc=docm93jjm4n815.pdf&ver=8492>



NATIONAL TRAINING SURVEY

2024 results

General
Medical
Council

National training survey 2024

Foreword

The results of this year's national training survey evidence concerning issues within the postgraduate training system and underline why it is a priority to increase the capacity of the trainer workforce.

When we recently published our priorities for the future of medical education and training we identified this as a key shared responsibility. A stronger, better supported, and appropriately valued trainer workforce is a critical enabler of ambitious workforce expansion plans. We depend on it for the development of the future senior medical workforce, and the clinical leadership capability rightly expected of UK public healthcare provision.

Half of trainers are at moderate or high risk of burnout, and twenty-nine percent told us they struggle to use time allocated for training for that purpose. It is the responsibility of employers to make sure that trainers are appropriately supported as they fulfil their responsibilities, and that training time is not eroded. Although challenges inevitably arise when the system is under extreme pressure, training must be seen as a priority - ringfencing time is essential if standards are to be maintained.

The new UK government is committed to supporting the Long Term Workforce Plan in England. The planned increase in numbers of UK medical students means there will soon be many more postgraduate trainees coming into a system that is already operating at maximum capacity.

For these plans - alongside those in Northern Ireland, Scotland, and Wales – to succeed, additional capacity needs to be created with the expansion of the educator workforce. This must be accompanied by better support for trainers to avoid compounding the issue with a retention challenge.

As in previous years, the majority of doctors in training rate the quality of their training highly, which stands testament to the skills and talents of their trainers. However, more than a fifth are at high risk of burnout, which raises serious questions about sustainability and retention.

It is troubling that doctors in training with particular protected characteristics experience more discriminatory behaviours than their peers and are less confident in reporting discrimination when it occurs. Every doctor in the UK has the right to work and train in an environment free from discrimination and all parties must understand that there is work we must do together to achieve that.

Additionally, the proportion of trainees who believe they have opportunities to develop leadership skills in their posts has fallen. Good leadership is inextricably linked to the delivery of good patient care and this aspect of training should not be jettisoned or neglected, even in the face of extreme service pressures. Indeed, there is a compelling case to be made that it is even more important in the context of current challenges and those that undoubtedly lie ahead.

Efforts to solve the problems of the health services through training more doctors in the UK will fail if training capacity and prioritisation are not addressed and if employers do not address their responsibilities to support wellbeing. The intensity of current pressures must not divert them from the need to provide fair and compassionate training environments, where experienced doctors are supported in their efforts to help doctors in training learn and flourish.

While workloads are one of the major contributors to wellbeing, we know that other factors may play a part, such as effective induction, rota design and, in the case of early career doctors, geographic relocation. Later this summer we'll publish our report *The state of medical education and practice in the UK: workplace experiences 2024* which will provide detailed insights into how doctors' experiences impact on their practice and the care they provide to patients.

The national training survey is the largest annual survey of doctors in the UK, and 74,000 doctors participated this year. Employers and policymakers must use these data to further their understanding of the intensity of workloads and wellbeing issues within training environments, and develop action plans to ensure system sustainability.

Listening to what doctors in training and trainers have to say about their experiences is not only important now, it is also critical to the development and retention of the future medical workforce. The nuances and complexity of the postgraduate training system may be largely invisible to the general public, but the way it functions or fails impacts the care of patients today and will do so for generations to come.

Charlie Massey

Chief Executive and Registrar

Key findings

Doctors in training

- **Quality of training** – Despite the many pressures on the health services, the quality of training across the UK remains high. As in 2023, 86% of trainees were positive about their clinical supervision and 83% said the quality of experience in their post was good or very good.
- **Wellbeing** – Although there was a slight improvement in the responses to our questions about wellbeing, the survey results remain very concerning. Over a fifth (21% ↓2pp compared to 2023) of trainees measured to be at high risk of burnout and over half (52% ↓3pp) described their work as emotionally exhausting to a very high or high degree.
- **Rota design** – Over a quarter (26% ↓3pp) of trainees in secondary care posts said their training is adversely affected because rota gaps aren't dealt with appropriately.
- **Developing leadership skills** – Since 2022, there's been a decline of six percentage points (69% to 63%) in the proportion of trainees agreeing that their posts gave them opportunities to develop their leadership skills. Given the many systemic pressures affecting the health services, it's likely this vital aspect of training isn't being given the necessary focus and attention.
- **Discriminatory behaviours** – The majority of trainees continue to say that they work in supportive workplaces. However, findings from the demographic breakdowns of our questions about discriminatory behaviours provide insight into the extent to which unprofessional behaviours are taking place in some healthcare environments. The analysis shows that factors, including gender, ethnicity, religion, sexual orientation, and disability status affect a trainee's experience.

Trainers

- **Time for training** – Although the majority (90% ↑1pp) of trainers enjoy their role, they continue to voice concerns about the level of time and support they receive for training. Over a quarter (27% ↓1pp) don't think their job plan contains enough designated time for their role as a trainer. And less than half (48% ↑2pp) said they were always able to use the time allocated for training, specifically for that purpose.
- **Wellbeing** – Half (50% ↓2pp) of all trainers are measured to be at high or moderate risk of burnout. As in 2022 and 2023, a third (32%) said their work frustrates them to a high or very high degree.
- **Rota design** – Nearly a third (31% ↓2pp) of secondary care trainers told us that their trainees' education and training are adversely affected because rota gaps aren't always dealt with appropriately.

Acting on the results

It's a testament to the hard work and commitment demonstrated by trainees, trainers, their postgraduate deans, and training providers, that the quality of postgraduate medical training across the UK remains high.

However, the data also highlight how sustained pressures on our health services are continuing to impact doctors' wellbeing and experiences at work and how service pressures can often conflict with education and training. The intensity of workloads and risk of burnout levels reported by both trainees and trainers remain very high. And while most trainees said they work in supportive environments, the demographic breakdowns to our questions about discriminatory behaviours show that this isn't the case for everyone.

This picture is compounded by the structural issues reported by doctors in training and their trainers, including concerns about rota design, time for training, and access to opportunities to develop key skills for career development, such as leadership.

The issues raised in the survey by both trainees and trainers will continue to deteriorate unless plans to expand medical student numbers are delivered alongside corresponding increases in trainer capacity. And while such plans are welcome and necessary, in the short term it's essential that we better support the trainers and trainees we already have.

Trusts and boards across the UK must play their part in this, providing vital support and development opportunities and make a clear commitment to protect and prioritise educators' time. They must also make sure all doctors are able to work in environments free from discrimination and have all the information they need to raise concerns.

It's crucial that doctors' wellbeing is prioritised as part of any plans to reform the NHS and reduce waiting times. Retaining the vital skills and experiences of both trainers and doctors in training is central to achieving the longer-term change that is needed to safeguard patient care. By working with those responsible for the planning and delivery of medical education we must tackle the challenges highlighted in this year's report and help create the supportive environments that all doctors deserve.

Introduction

The national training survey is the largest annual survey of doctors across the UK. It's designed to gather the views of trainees about the quality of their training and the environments where they work. And it asks trainers about their experience as a clinical and/or educational supervisor. The questions test compliance with [our standards for medical education and training](#), and are organised around the following themes:

- learning environment and culture
- educational governance and leadership
- supporting learners
- supporting educators
- developing and implementing curricula and assessments.

This summary report presents high-level findings from the survey to support organisations in improving the quality of training and their training environments. It focuses on UK-wide trends in postgraduate medical education, although we have included country-specific data where there are notable differences. The report concentrates on:

- the supportive nature of working environments, including discrimination in the workplace
- the quality of training and support for trainers
- doctors' wellbeing at work and workload.

This year, for the first time we've included analysis of some of the national training survey data by personal characteristics. This will support our ongoing work, and that of education providers, to tackle inequalities that exist in medical education and help create supportive, inclusive, and fair environments for all doctors.

A note about the 2024 trainee survey

In 2023, we piloted fourteen optional questions that asked about discriminatory behaviours in the workplace. We also asked trainees how confident they felt about reporting and challenging discrimination from colleagues. After a comprehensive review involving doctors, senior leaders, and education providers, we retained nine of the optional questions in the 2024 survey. Three were removed, as the unprofessional behaviours are now covered through other questions. Two questions about feedback were incorporated into the main body of the survey, along with the question about access to a mentor.

A note about the 2024 trainer survey

The trainer survey was shortened in 2022 following feedback from trainers, and a greater emphasis was placed on questions about support and development. The survey hasn't been changed since then, to enable direct comparisons of the results over the last three years.

How we use the findings

The survey data support our quality assurance of postgraduate medical education. [Promoting excellence](#) sets out the standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet. We use the responses to check how these standards are being delivered, and to make sure that training across the UK is being provided in safe, effective, and appropriately supportive environments.

If we identify risks, we work with those responsible for delivering and providing training, to tackle them. In some cases we may [activate our enhanced monitoring procedures](#), to protect training and ensure patient safety.

Doctors in training can also use the survey to report concerns relating to patient safety, bullying, or undermining that haven't been resolved locally. This information is shared with the relevant postgraduate dean, who must tell us what action has been taken to address the issue.

Analysis of the findings enables us to identify trends across postgraduate education environments and specialties and allows us to highlight examples of excellence, innovation, and notable practice.

By sharing these data, we call attention to the issues that currently affect doctors delivering and receiving training. And by working with others across the healthcare system on policies or initiatives, we'll help to drive the necessary improvements to retain the vital skills and experience of the workforce needed for the future.

The education data tool

[Our education data tool](#) (formerly called the reporting tool) has been updated to enable access to our survey data more quickly and efficiently. As well as looking at the responses to individual survey questions, you can scrutinise national, regional, local, and specialty breakdowns for all indicators. For the first time, you can also view response data for the questions in the 2024 survey by demographic characteristics.

We provide other reports based on national training survey data. These include trainee and trainer risk of burnout, and an aggregation report, which allows you to combine national training survey data across years or reporting groups. [Our help video explains how to use the tool](#).

What we expect from others

With the UK health services under constant pressure, maintaining the necessary focus on the provision and development of high-quality medical training is essential.

Our approval of postgraduate training relies on organisations being able to deliver the opportunities for trainees to achieve their curricular requirements and fulfil our standards in [Promoting excellence](#). Listening to what doctors in training and their trainers have told us through the survey plays an important part.

We ask postgraduate deans, training providers, medical royal colleges, and employers to make full use of the comprehensive data available in [our education data tool](#). By scrutinising what trainees and trainers are telling them about training in their country, region, specialty, and site,

they can target areas of concern, promote and share examples of good practice and support career progression for trainees.

Identifying and sharing examples of good practice can help contribute to the development of environments that support doctors from all backgrounds, grades, and specialties, to deliver safe patient care. [Our case studies from across the UK](#), demonstrate how previous national training survey results have been used to effect positive change.

We also ask that policy makers use the findings to inform their planning to develop the supportive, inclusive, and fair working environments that will not only help retain and sustain trainees and trainers but also support the medical workforce pipeline for the future.

Responses to the survey

This year over 74,000 doctors in training and trainers completed the survey. 76% of all trainees responded, slightly higher than in 2023 (74%). And 38% (as in 2023) of all trainers took part (see Table 1). Having such a large number of responses enables us to effectively monitor the quality of training environments in all four countries of the UK.

Table 1: 2024 completion rates by country (change vs 2023)

	England	NI	Scotland	Wales	UK
Trainees	75% (↑2pp)	76% (↓1pp)	78% (↓2pp)	86% (↓2pp)	76% (↑2pp)
(No. of doctors)	43,362	1,422	4,811	2,612	52,207
Trainers	37% (as 2023)	40% (↓9pp)	31% (↓2pp)	57% (↓5pp)	38% (as 2023)
(No. of doctors)	18,097	701	1,839	1,608	22,245

High level findings

Supportive environments

Inclusive and supportive working environments are promoted through the shared values and behaviours of those working together in the interests of patients. In January 2024 we updated our core guidance on the professional standards for doctors, [Good medical practice](#), setting out the principles, values, and standards of care and professional behaviour expected of all those registered with us. It reiterates that everyone has the right to work and train in environments that are fair, free from discrimination, and where they're respected and valued as an individual. While responses from trainees and trainers to our questions about the supportive nature of the working environment have remained broadly similar (see Tables 2 and 3), we know unprofessional and discriminatory behaviours do exist in some healthcare settings.

Table 2: Trainees – Supportive environment questions

Question		2021	2022	2023	2024
The working environment is a fully supportive one.	Positive	81%	79%	80%	80%
	Negative	6%	7%	7%	7%
Staff, including doctors in training, are always treated fairly.	Positive	70%	67%	68%	68%
	Negative	12%	15%	15%	14%
Staff, including doctors in training, always treat each other with respect.	Positive	79%	76%	77%	77%
	Negative	8%	10%	10%	10%
My department/unit/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	Positive	89%	88%	88%	88%
	Negative	3%	3%	4%	3%

Table 3: Trainers – Supportive environment questions

SC = secondary care trainers, GP = general practice trainers

Question		2021	2022	2023	2024
Staff are always treated fairly by my employer/in my practice.	Positive	72% SC 68% GP 97%	67% SC 62% GP 97%	67% SC 61% GP 97%	67% SC 61% GP 97%
	Negative	10% SC 12% GP 1%	11% SC 13% GP 1%	11% SC 12% GP 1%	10% SC 12% GP 1%
My employer/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	Positive	80% SC 77% GP 99%	82% SC 79% GP 98%	81% SC 78% GP 98%	82% SC 79% GP 98%
	Negative	6% SC 7% GP 1%	5% SC 6% GP 0%	5% SC 6% GP 0%	5% SC 6% GP 0%

To help us understand the scale and extent of these discriminatory behaviours, we piloted a set of optional questions for trainees [in our 2023 national training survey](#). We have since evaluated and revised them for 2024. Over 30,000 trainees, 58% of those who completed the survey, answered the questions - providing a valuable insight into whether training is being provided in the type of working environments exemplified in *Good medical practice*.

As Table 4 illustrates, the proportion of negative responses in 2024 were broadly similar to those in 2023.

Table 4: Trainees – Discriminatory behaviours questions

In your current post how often, if at all:	Daily / Weekly	Monthly	Less than once a month	Never
do you hear insults, stereotyping or jokes in your presence on the grounds of a person's protected characteristics?*	4% (as 2023)	6% (as 2023)	16% (↓1pp)	74% (↑2pp)
do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?	7% (↑1pp)	7% (↑1pp)	16% (↑1pp)	71% (↓2pp)
are you not given the same training opportunities as your peers at the same stage of training? (such as the opportunity to observe an unusual case)	7% (↑2pp)	4% (as 2023)	8% (as 2023)	81% (↓3pp)
are you ignored or excluded from conversations, groups, or meetings?	3% (as 2023)	3% (↑1pp)	10% (↑2pp)	84% (↓3pp)
are you intentionally humiliated in front of others?	1% (as 2023)	2% (as 2023)	9% (↑1pp)	88% (as 2023)
do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?	1% (↑1pp)	1% (as 2023)	5% (as 2023)	93% (↓1pp)

* The question in full: In your current post how often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of age, race (colour, nationality, ethnic or national origin), sex, gender reassignment, disability, sexual orientation, religion or belief, marital status, or pregnancy/maternity?
 There are nine 'protected characteristics' under the Equality Act 2010. They are sex, age, disability, race, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment, and marriage and civil partnership. Section 75 of the Northern Ireland Act 1998 does not refer to 'protected characteristics' but instead includes a statutory obligation on public authorities to promote equality of opportunity between: people of different religious belief, political opinion, racial group, age, marital status, or sexual orientation.

The following analysis of each question summarises the key findings when the data are explored by the specialty, gender, ethnicity, sexual orientation, disability status, religion, primary medical qualification (PMQ), and training level of the trainees who responded.

The analysis has been grouped under headings used in *Good medical practice* to call attention to six relevant new duties* in the updated standards.

All of the questions concern discriminatory behaviours from colleagues and/or healthcare professionals, not from patients or relatives. Percentages reflect the total proportion of all negative responses, when the negative behaviour had been experienced daily, weekly, monthly, or less than once a month, unless otherwise stated.

* *Good Medical Practice* includes the following new duties:

- **Paragraph 52:** You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.
- **Paragraph 54:** You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.
- **Paragraph 55:** You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.
- **Paragraph 57:** You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow our more detailed guidance on *Maintaining personal and professional boundaries*.
- **Paragraph 59:** If you have a formal leadership or management role and you witness – or are made aware of – any of the behaviours described in paragraphs 56 or 57, you must act. You must:
 - make sure such behaviours are adequately addressed
 - make sure people are supported where necessary, and
 - make sure concerns are dealt with promptly, being escalated where necessary.
- **Paragraph 64:** If part of your role is helping staff access training, development and employment opportunities, you should do this fairly.

The working and training environment

In your current post how often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of age, race (colour, nationality, ethnic or national origin), sex, gender reassignment, disability, sexual orientation, religion or belief, marital status, or pregnancy/maternity?

- A larger proportion of female trainees (29%) reported hearing such comments than male trainees (22%). There was also a variation between specialties. For example, 41% of female surgery trainees and 39% of female anaesthetics trainees said that they'd heard insults, stereotyping, or jokes in their presence on the grounds of someone's protected characteristics, compared to 25% and 31% of their male colleagues respectively. The proportion of negative responses was noticeably lower in some specialties. For example, 13% of female and 10% of male GP trainees told us that they'd experienced these unprofessional behaviours.
- More than a quarter (29%) of trainees with a UK PMQ reported hearing such comments compared to a fifth (20%) of those with a primary medical qualification from overseas. Table 5 shows how a larger proportion of negative responses were received from doctors from an ethnic minority background holding a UK PMQ, compared to their white peers.

Table 5: UK PMQ trainees – In your current post how often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of someone's protected characteristics?

By ethnicity and gender, % negative responses

PMQ	Asian		Black		Mixed		Other		White	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
UK	32%	26%	34%	26%	35%	24%	33%	26%	30%	23%

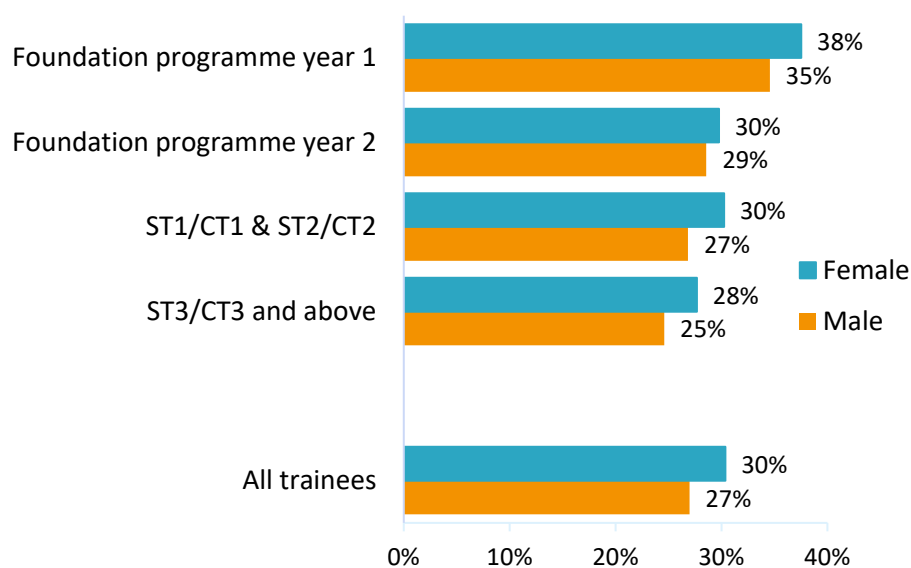
- A considerably larger proportion of gay (38%) and bisexual (47%) doctors in training reported hearing such discriminatory comments, than those who are heterosexual (24%). 44% of gay and 51% of bisexual female trainees said this had occurred, compared to 27% of heterosexual female trainees. Likewise, a larger proportion of gay (36%) and bisexual (35%) male doctors in training said that they'd heard such insults, stereotyping or jokes than those who are heterosexual (21%).
- There was a larger proportion of negative responses from doctors who have declared a disability. 29% of male trainees with a disability said they experienced this unprofessional behaviour, compared to 22% who are not disabled - as did 37% of female trainees who declared a disability, compared to 27% who didn't.

In your current post how often, if at all do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?

- A larger proportion of trainees from an ethnic minority background (32%) said they'd experienced micro-aggressions, negative comments, or oppressive body language from colleagues than white trainees (26%).
- 37% of black and 36% of Asian female doctors in training with a UK PMQ said they'd experienced these negative behaviours compared to 33% and 27% of their mixed heritage and white peers respectively. 9% of black or Asian female trainees with a UK PMQ said this happened daily or weekly, compared to 5% of white female doctors in training. Similarly, a third of black (35%) and Asian male (33%) trainees with a UK PMQ told us they'd experienced these behaviours from colleagues, compared to 25% of mixed heritage and 23% of white males.
- 37% of female and 34% of male trainees who have declared a disability, said they'd experienced micro-aggressions, negative comments, or oppressive body language from colleagues, compared to 29% of female trainees and 26% of male trainees who stated they didn't have a disability. 11% of trainees with a disability said this happened daily or weekly compared to 6% of those who aren't disabled.
- There was also some variation according to religion. For example, 33% of Sikh and 32% of Muslim and Hindu trainees told us they'd experienced these negative behaviours, compared to 27% of Christian trainees and those who do not follow a faith.
- As with the other questions about discrimination, a larger proportion of trainees in the earlier stages of their training said they'd experienced these behaviours (Figure 1).

Figure 1: Trainees – In your current post how often, if at all do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?

By training level and gender, % negative responses



Being fair and objective

In your current post how often, if at all are you not given the same training opportunities as your peers at the same stage of training? (eg opportunity to observe an unusual case)

- There was some variation between specialties in response to this question. For example, 31% of female and 27% of male obstetrics and gynaecology trainees told us that they are not given the same training opportunities as their peers at the same stage of training, compared to 22% of female and 17% of male anaesthetics trainees.
- A larger proportion of ethnic minority trainees said they were not given the same training opportunities as their peers. 21% of ethnic minority trainees with a UK PMQ said this was the case, compared to 16% of white trainees with a UK PMQ. Further analysis of this group of trainees shows that 21% of black and 22% of Asian female trainees said they'd experienced this, compared to 18% of white and 17% of mixed heritage females. And 18% of black, 19% of mixed heritage, and 21% of Asian male trainees felt they'd not been given the same training opportunities as their peers, compared to 14% of white male trainees.
- There was also a variation according to religion. For example, over a fifth of Muslim (22%), Hindu (23%), and Sikh trainees (25%) responded to say they'd experienced this, compared to 18% of Christian trainees, and 16% of those who do not follow a religion.

Treating colleagues with kindness, courtesy, and respect

In your current post how often, if at all are you ignored or excluded from conversations, groups, or meetings?

- There was variation according to specialty and gender, with a larger proportion of negative responses from female doctors in training. 26% of female surgery trainees said they had been ignored or excluded from conversations, groups, or meetings compared to 16% of male surgery trainees. Similarly, 12% of female ophthalmology trainees said they'd experienced such behaviour compared to 6% of male trainees in that specialty, as did 19% of female anaesthetics trainees and 16% of their male peers.
- A larger proportion of trainees from an ethnic minority background said they were ignored or excluded from conversations, groups, or meetings. 17% of trainees from an ethnic minority background with a UK PMQ said this was the case, compared to 14% of their white colleagues. Further analysis shows 21% of black, 17% of mixed heritage, and 18% of Asian female trainees said they'd experienced this, as did 14% of black, 13% of mixed heritage and 15% of Asian male trainees. This compared to 16% and 11% of their white female and male colleagues.
- Once again, a variation was observed between different religions. For example, 18% of Muslim and Sikh trainees said that they were ignored or excluded from conversations, groups, or meetings compared to 14% of Christian trainees and 15% of those who don't follow a religion.

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- 22% of female and 18% of male trainees who declared a disability said that they had experienced these marginalizing behaviours, compared to 16% of female and 13% of male trainees who stated they had no disability.

In your current post how often, if at all are you intentionally humiliated in front of others?

- There was a marked variation according to specialty in response to this question. For example, 22% of female and 16% of male surgery trainees said they had been intentionally humiliated in front of others. And 20% of female and 18% of male obstetrics and gynaecology trainees said they'd experienced this unprofessional behaviour. This compared to 4% of female and 3% of male GP doctors in training.
- A larger proportion of trainees from an ethnic minority background said they'd been intentionally humiliated in front of others. 16% of trainees from an ethnic minority background with a UK PMQ said this had occurred, compared to 11% of their white peers. Analysis of these trainees shows that 19% of black and 16% of Asian female trainees said this had happened to them, compared to 12% of white female and mixed heritage trainees. 15% of Asian and 13% of black, and 14% of mixed heritage male trainees said that this had occurred, compared to 9% of white male doctors in training.
- There was also some variation according to religion. For example, 15% of Sikh and 14% of Hindu and Muslim trainees said they'd been intentionally humiliated, in comparison to 11% of Christian trainees and those that don't follow a faith.
- 19% of female and 16% of male trainees who have declared a disability said they had experienced this discriminatory behaviour, compared to 12% of female and 11% of male trainees who said they do not have a disability.

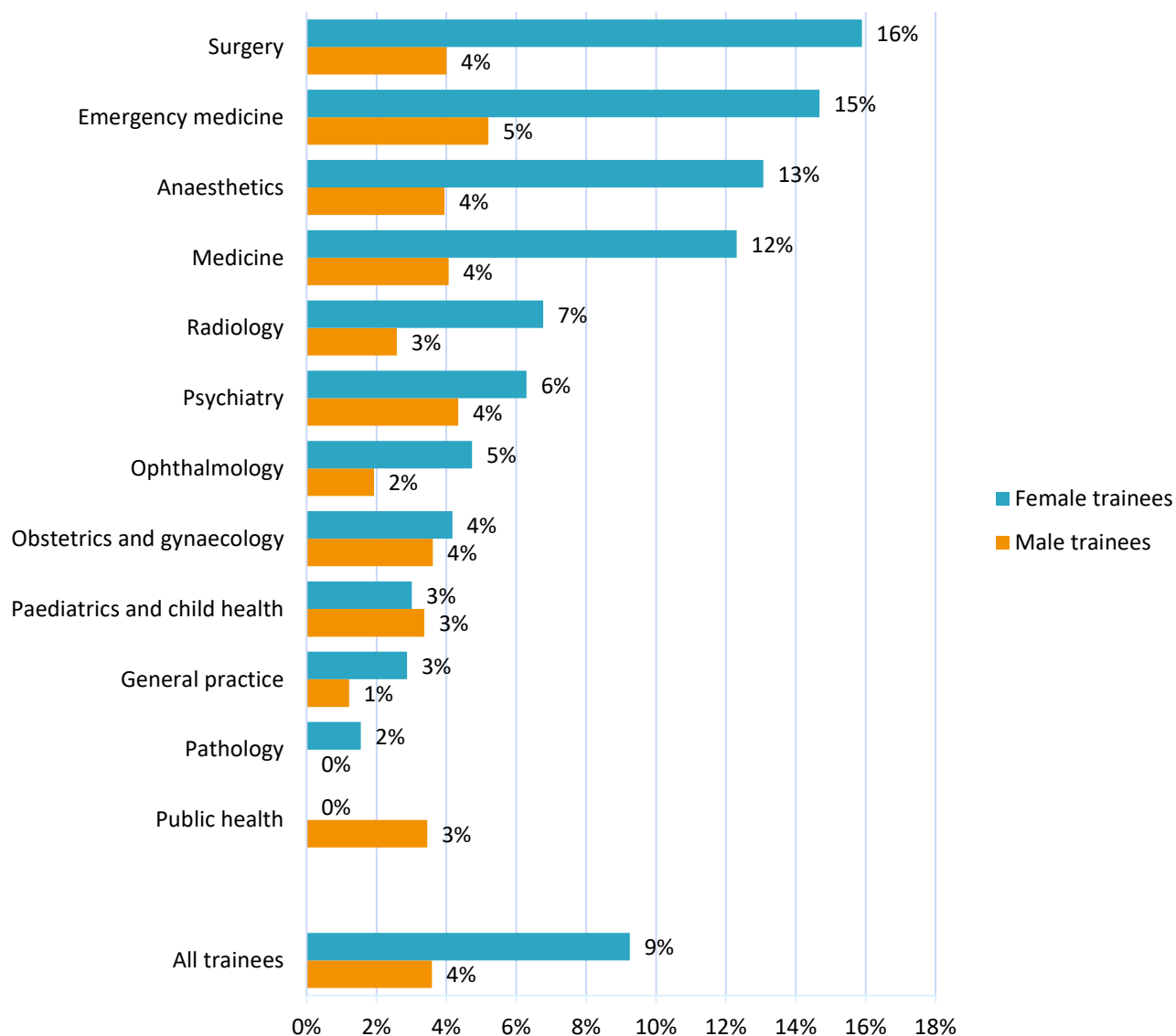
Maintaining personal and professional boundaries

In your current post how often, if at all do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?

- Nearly one out of ten (9%) of female doctors in training reported experiencing unwelcome sexual comments, or advances causing embarrassment, distress, or offence compared to 4% of males. There was also a notable variation according to specialty (see Figure 2). For example, 16% of female surgery trainees said they'd experienced this, compared to 3% of female GP trainees.
- A larger proportion of female doctors in their early stages of postgraduate training said they'd experienced unwelcome sexual comments, or advances causing embarrassment, distress, or offence. 18% of F1 doctors and 13% of F2 doctors said they had experienced these behaviours, compared to 6% of those at higher training levels.
- There was some variation according to religion. For example, a larger proportion of female trainees who do not follow a religion (12%) said that they had experienced these unwelcome sexual behaviours compared to 6% of Muslim female doctors in training.

Figure 2: Trainees – In your current post how often, if at all do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?

By post specialty and gender, % negative responses



Reporting discrimination and the responsibility to speak up

I am confident that I know how, or could find out how, to report discrimination where I work.

- A slightly smaller proportion of female trainees (71%) said they are confident that they know how, or could find out how, to report discrimination where they work than male doctors in training (75%). This variation could be seen within different specialties. For example, 68% of female surgery trainees agreed with the statement compared to 75% of their male peers. And 68% of female ophthalmology trainees agreed, compared to 74% of male ophthalmology trainees.

- A smaller proportion of trainees who graduated overseas (68%) agreed that they are confident that they know how, or could find out how, to report discrimination where they work, than those with a UK PMQ (74%).
- Trainees from an ethnic minority background were also less confident about reporting discrimination. 67% agreed with the statement compared to 79% of white trainees. Further analysis of doctors in training with a UK PMQ, shows that 58% of black, 72% of mixed heritage and 64% of Asian female trainees are confident they know how, or could find out how, to report discrimination where they work, compared to over three quarters (77%) of white female trainees. Notably, over a fifth (22%) of black female trainees disagreed. Similarly, 68% of black, 76% of mixed heritage and 70% of Asian male trainees said that they were confident about reporting discrimination where they work, compared to 82% of their white peers.
- 67% of Muslim trainees said they were confident that they know how, or could find out how, to report discrimination where they work, compared to 74% of Christian trainees and 77% of those who do not follow a faith.

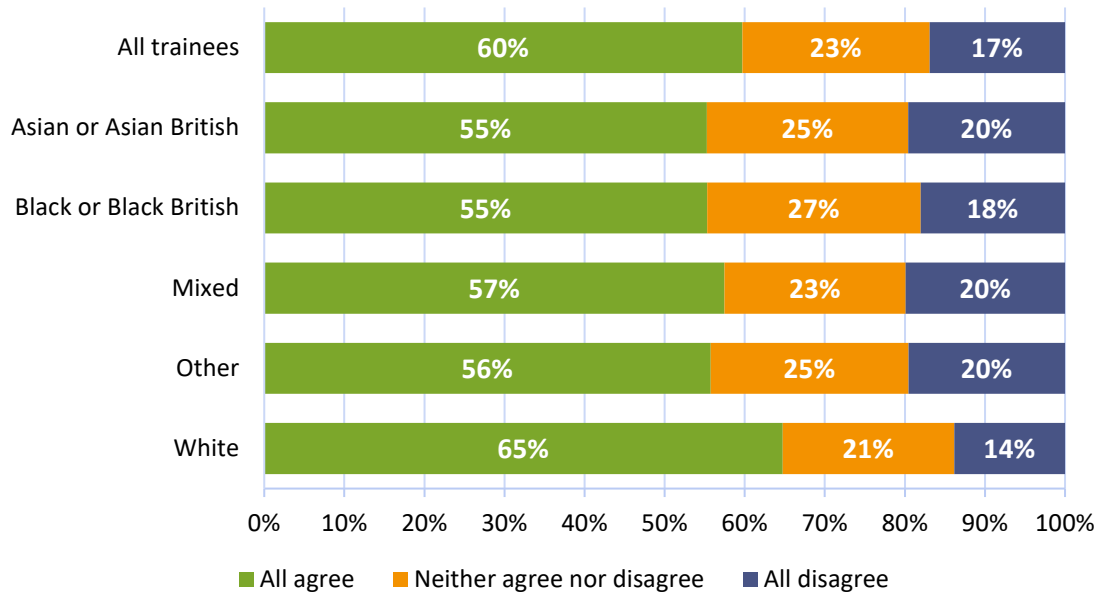
I feel confident about reporting discrimination where I work without fear of adverse consequences (reporting can be during your post or afterwards).

- While two thirds (65%) of male doctors in training said that they feel confident about reporting discrimination where they work without fear of adverse consequences, only 56% of their female peers agreed. Nearly one fifth (19%) of female trainees disagreed with the statement compared with 14% of males.
- There was some variation between specialties. For example, less than half (49%) of female surgery trainees said that they feel confident about reporting discrimination where they work without fear of adverse consequences, while 26% disagreed. This compares with 63% of male trainees in the same specialty who agreed, and 15% who disagreed. And while over three quarters (76%) of male GP trainees agreed with the statement, a smaller proportion (67%) of female GP trainees did.
- There was a variation according to ethnicity in response to this question (see Figure 3). Analysis of doctors in training with a UK PMQ, shows that 41% of black, 53% of mixed heritage, and 49% of Asian female trainees agreed with the statement, compared to 61% of white female trainees. One third (32%) of black females disagreed with the statement. 54% of black, 60% of Asian, and 66% of mixed heritage male trainees agreed with the statement compared to 72% of white males.
- There was some variation according to religion. For example, 57% of Muslim and Sikh trainees agreed with the statement and a fifth (19% and 18%) disagreed. In comparison 61% of Christian trainees and 63% of those who don't follow a religion agreed with the statement and 15% disagreed.
- 51% of female and 63% of male trainees who declared a disability agreed with the statement, while a quarter of females (25%) and 19% of males disagreed. In comparison,

57% of females and 66% of males who stated they did not have a disability agreed with the statement.

Figure 3: Trainees – I feel confident about reporting discrimination where I work without fear of adverse consequences.

By ethnicity



In this post, I feel confident to challenge discrimination and unprofessional behaviours amongst my colleagues and healthcare professionals.

- Just over half (53%) of female trainees said that they feel confident to challenge discrimination and unprofessional behaviours among colleagues and healthcare professionals, compared to two thirds (67%) of male trainees. One fifth (20%) of female trainees disagreed with the statement.
- Once again, there’s a variation according to specialty. Less than half of female trainees in obstetrics and gynaecology (48%) and surgery (47%) said that they feel confident about challenging discrimination. In comparison 57% and 66% of male trainees in these posts agreed with the statement.
- A smaller proportion of trainees from an ethnic minority background (55%) said that they feel confident to challenge discrimination and unprofessional behaviours than those who are white (64%). Analysis of doctors in training with a UK PMQ shows that 44% of black, 54% of mixed heritage, and 47% of Asian female trainees agreed compared to 58% of their white peers. Notably, over a quarter of black (27%) and Asian (26%) female trainees disagreed. While three quarters (74%) of white male trainees with a UK PMQ said that they feel confident to challenge discrimination, a smaller proportion of black (63%), mixed heritage (69%) and Asian (62%) males agreed.

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- Half (50%) of female and two thirds (66%) of male trainees who have stated they have a disability agreed that they feel confident to challenge discrimination and unprofessional behaviours amongst their colleagues, compared to 54% of female and 68% of male trainees who said they did not have a disability.
 - There was also some variation between different religions. 54% of Buddhist and 55% of Muslim trainees agreed with the statement, compared to 59% of Christian trainees and 63% of those who do not follow a faith. Nearly a fifth (18%) of Muslim trainees and a quarter (23%) of Jewish trainees said they weren't confident to challenge discrimination and unprofessional behaviours.

Tackling discrimination and building inclusive environments

These data reveal the extent of unprofessional and discriminatory behaviours that some trainees experience during training, whether it be negative interactions with colleagues, hearing inappropriate language, or being treated unfairly by others.

Having previously shared [analysis showing the differential attainment](#) that can be found when comparing different groups, these data present new evidence of the inequalities that exist in medical education. The variation in the proportion of negative responses according to gender, ethnicity, religion, disability status, and sexual orientation, suggests these are all factors that can affect a trainee's personal experience of training.

However, discrimination doesn't just affect the individual, it impacts teamwork, communication, and collaboration. These are all fundamental to patient safety and to creating workplaces that both attract and retain staff.

Good medical practice makes clear the standards expected of all doctors to ensure that working environments in medicine are fair and compassionate for all. We're engaging with employers, educators, and doctors to support them in using the new standards in their practice.

From January to May 2024, we delivered 240 *Good medical practice* implementation sessions, reaching over 10,500 doctors across all countries of the UK.

We've also run professional behaviours and patient safety workshops with doctors across the country, which aim to equip them with the skills needed to challenge unprofessional behaviours and maintain effective working relationships. Of the doctors who attended our workshops, four fifths (79%) reported they intend to change their practice as a result.

Discrimination of any kind is unacceptable. We'll continue to use our insights to challenge discrimination, and we ask that all doctors and organisations do the same. It's only by working together and challenging discrimination in all its forms that we'll create long-lasting and meaningful change.

The quality of training

Table 6: Trainees – Proportion rating the quality of teaching/clinical supervision/induction as very good or good 2019–2024*

Question	2019	2021	2022	2023	2024
Please rate the quality of teaching in this post.	74%	76%	74%	74%	74%
Please rate the quality of clinical supervision in this post.	88%	88%	87%	86%	86%
Please rate the quality of the induction you received for this post.	73%	71%	72%	74%	75%

As in 2022 and 2023, three quarters (74%) of all trainees rated the quality of teaching as either good or very good (see Table 6), with one out of ten (10% as 2023) describing it as poor or very poor. 86% of trainees rated their clinical supervision positively. There was some variation in responses between specialties to both questions, consistent with previous years. For example, 94% (as 2023) of anaesthetics trainees said the quality of their clinical supervision was good or very good, compared to 79% (↑1pp) of trainees in surgery posts.

When asked to rate the quality of the induction they received for their post, three quarters (75%) of trainees said it was very good or good, maintaining the steady improvement in the proportion of positive responses since the Covid-19 pandemic.

After piloting an optional question in 2023 about access to a mentor, the question was refined for 2024 and put into the main body of the survey (Table 7). 56% of trainees said they had no support from a mentor. Of those who did, the largest proportion of trainees said it was an informal arrangement from another clinician (20%). There was some variation in response to this question between different specialties. A fifth (20%) of GP trainees said they received mentoring through a formal scheme run by their employer, while a similar proportion (21%) of trainees in secondary care posts said they had informal mentoring through another clinician.

Our research highlighted mentorship as a key intervention to help address differential attainment. As studies have shown that formal mentorship schemes may be more equitable than informal arrangements, [we've worked with stakeholders to produce a toolkit](#) for organisations to help them set up schemes that will benefit trainees.

* The 2020 national training survey was revised to focus on the impact of the Covid-19 pandemic on training.

Table 7: Trainees – Do you have support from a mentor (excluding the meetings you have with your education or clinical supervisor) who supports and guides you with your career and/or personal development? (tick all that apply).

Yes – formal mentoring scheme through my employer (eg your trust or site of work)	13%
Yes – formal mentoring scheme through my deanery/NHSE* regional team	10%
Yes – formal scheme through my royal college or faculty	2%
Yes – formal scheme through another organisation	1%
Yes – informal mentoring from another clinician	20%
Yes – informal other	8%
No support from a mentor	56%

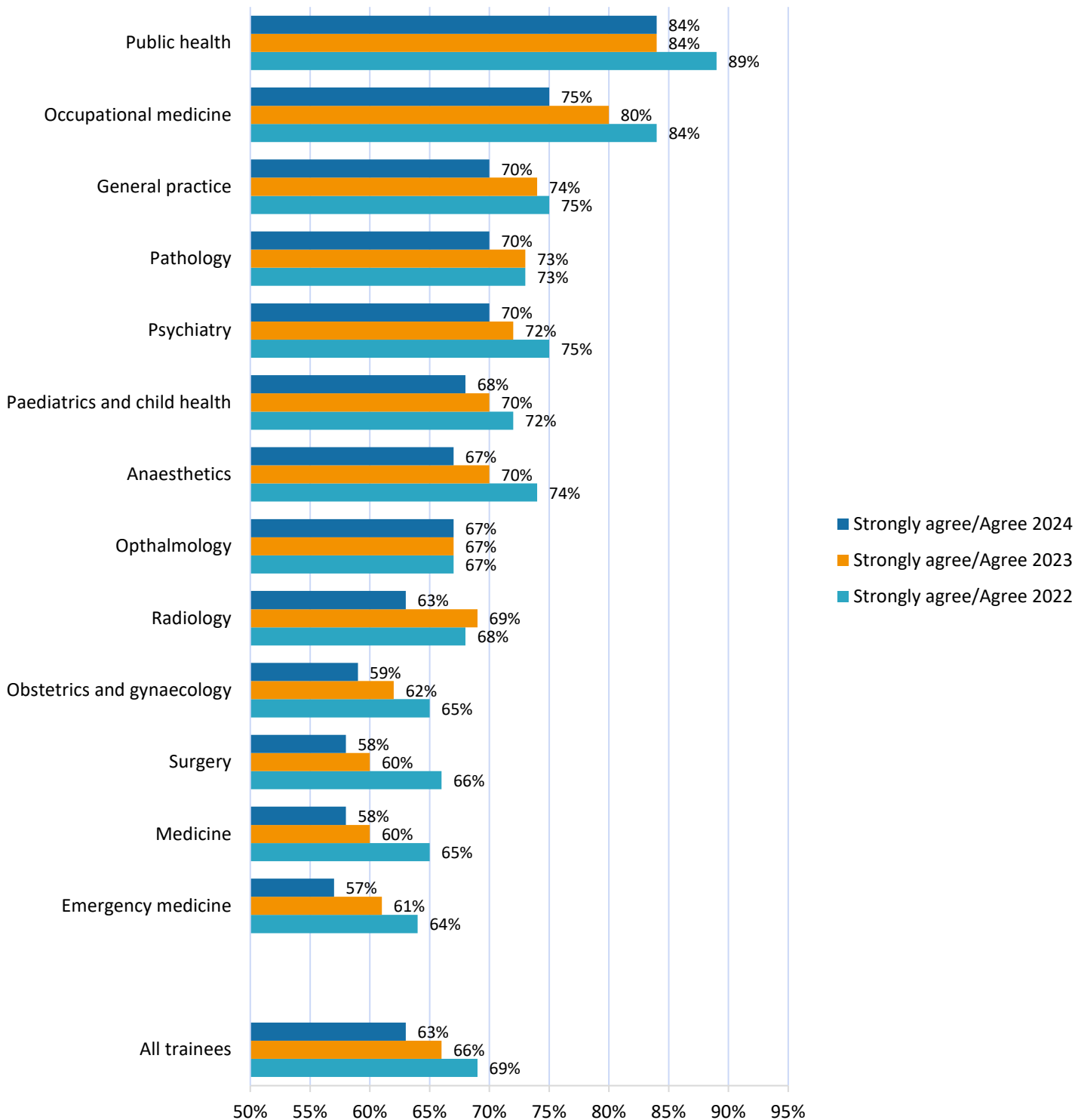
[Supporting the development of leadership skills](#), be it through promoting shadowing opportunities or enabling doctors to step into leadership positions, is vital to the future sustainability of the health services and patient care. *Good medical practice* places greater emphasis on leadership, with the expectation that all doctors will demonstrate leadership skills relevant to their role.

It's therefore concerning that the decline in the proportion of trainees agreeing that their post gave them opportunities to develop such skills, relevant to their stage of training (63% ↓3pp), has continued. This was seen across all specialties except ophthalmology and public health (see Figure 4).

* National Health Service England

Figure 4: Trainees – In this post I am given opportunities to develop my leadership skills relevant for my stage of training.

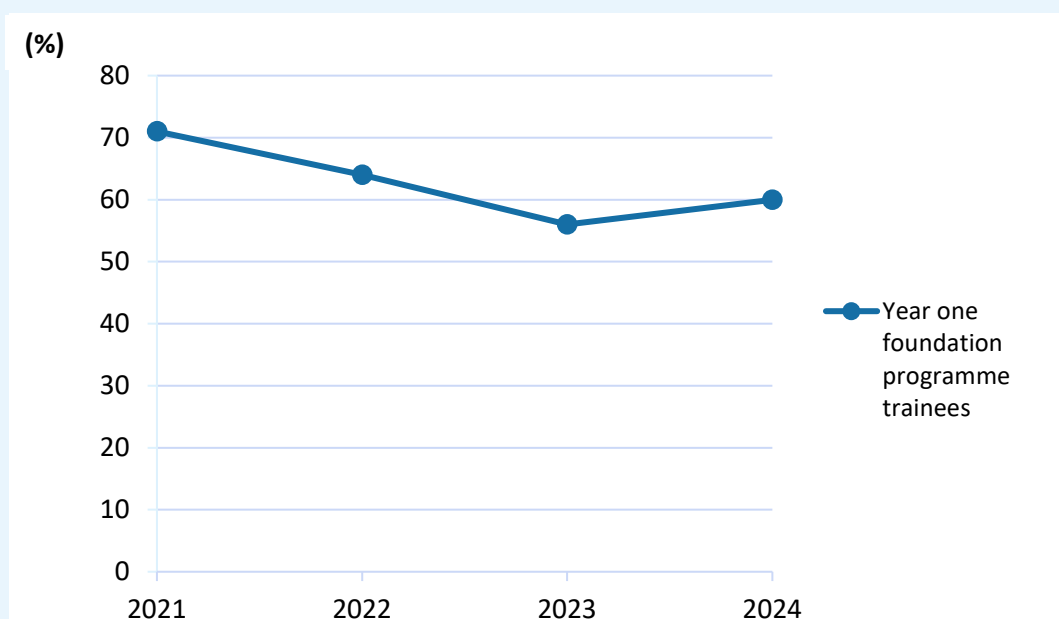
By post specialty 2022–2024



Foundation programme doctors in training

Each year we ask trainees completing year one of their foundation programme (F1) if they felt that they were adequately prepared for their first foundation post. In 2024 six out of ten (60% ↑4pp) F1 trainees said that they were, stemming the gradual decline in the proportion of positive responses to this question seen since 2021 (Figure 5).

Figure 5: Year one foundation programme trainees – I was adequately prepared for my first foundation post, % agreeing/strongly agreeing 2021–2024



When asked what contributed to them feeling less prepared, the majority of F1 trainees said it was due to a limited knowledge of the day-to-day reality of working as a foundation doctor (56%). After this, working in a different type of hospital or health system compared to previous experience (40%), geographic relocation (35%), lack of knowledge and guidance on the paperwork required (35%), and inadequate training in how to use the IT in the hospital (34%) were the most commonly selected factors contributing to feeling unprepared.

64% of F1 doctors rated the quality of their induction for their post positively, while 16% said it was poor or very poor.

When asked if their core teaching sessions covered all fifteen specific areas of core teaching listed in the curriculum just half (50%) of all doctors on the foundation programme agreed. And a quarter (25%) of trainees in the second year of their foundation programme (F2) agreed that doctors from certain backgrounds, such as those with protected characteristics, international medical graduates and those working less than full time, are disadvantaged in achieving the Foundation Programme curriculum requirements. 31% of F2 doctors from an ethnic minority background agreed with this statement compared to 19% of white F2 trainees.

Trainers – development and support

The proportions of positive and negative responses from trainers to the questions about support and development opportunities have remained broadly similar since their introduction in 2022 (see Table 8).

But while the majority of trainers do enjoy their role (90% ↑1pp), they continue to express their concerns about training time. Nearly a third (31% ↓2pp) of secondary care trainers and over a fifth (22% ↓2pp) of GP trainers said that they weren't always able to use the time allocated for training, specifically for that purpose.

Table 8: Trainers – Support and development questions

Question	Secondary care trainers		GP trainers	
	Positive	Negative	Positive	Negative
Please rate the support available to you from your employer/local education team when you have a trainee requiring extra support.	72% (as 2023)	6% (as 2023)	83% (↓2pp)	4% (as 2023)
Do you know what support is available to you from your SEB office (statutory education body) if you have a trainee requiring extra support?	66% (↑2pp)	34% (↓2pp)	72% (↓2pp)	28% (↑2pp)
The resources I need to perform my role as a trainer are available to me in my workplace.	72% (as 2023)	12% (as 2023)	85% (↑1pp)	8% (↑1pp)
I have access to the training and support I need to provide effective feedback on my trainees' performance.	84% (as 2023)	3% (as 2023)	91% (↓2pp)	2% (↑1pp)
I have access to the resources I need to confidently support trainees of all backgrounds, beliefs, and identities.	73% (↑1pp)	5% (as 2023)	83% (as 2023)	4% (↑1pp)

Seven out of ten trainers (68% as 2023) rated the support they receive from their employer or local education team as good or very good. GP (84%) and public health (82%) trainers were the most positive specialties, compared to 56% of surgery trainers. The variation between the four countries of the UK can be seen in Table 9.

Table 9: Trainers – Please rate the support you receive from your employer/local education team in your role as a trainer

Country	Very good/Good	Poor/Very poor
England	69% (↑1pp)	8% (as 2023)
NI	67% % (as 2023)	8% (↑3pp)
Scotland	64 % (↑1pp)	9% (↓3pp)
Wales	67% (↑2pp)	7% (↓2pp)
UK	68% (as 2023)	8% (as 2023)

Rota design

Responses to questions about rota design varied between the different specialties, consistent with previous years. 42% (↓1pp) of obstetrics and gynaecology trainees said their training is adversely affected because rota gaps aren't dealt with appropriately compared to 11% (as 2023) of anaesthetics and 13% (↓2pp) of psychiatry trainees. 26% (↓3pp) of all trainees in secondary care posts felt this way.

Secondary care trainers voiced similar concerns, with nearly a third (31% ↓2pp) saying that their trainees' education and training is adversely affected because rota gaps aren't always dealt with appropriately. As in 2023, trainers in obstetrics and gynaecology (46% ↓1pp) and surgery (41% as 2023) gave the highest proportion of negative responses.

Enabling high-quality training

Thanks to the hard work and dedication of trainers, trainees' satisfaction with their teaching remains high.

However, firm commitments are needed to enable the necessary growth of training opportunities and capacity across the system, including increasing the educator workforce.

Given their vital role in supporting the workforce pipeline, it's essential that trainers have the necessary support, time, resources, and development opportunities. It's a concern then, that less than half of those surveyed (48% ↑2pp) said that they were always able to use the time allocated to them in their role as a trainer, specifically for that purpose.

Demands on trainers across the UK will only grow as plans for the future expansion of medical school places are realised. We believe that now is the time to make a very specific commitment to protect time for training. Employers and education providers must use the education data tool to help make improvements for both doctors in training and their trainers.

Tackling burnout

To help us assess the extent of burnout and better understand trainee and trainer wellbeing in the workplace, we include seven voluntary work-related questions taken from [the Copenhagen Burnout Inventory](#) in the survey. This year over 47,500 doctors (61% of trainees and 71% of trainers) completed the questions.

Trainees – responses to questions about burnout

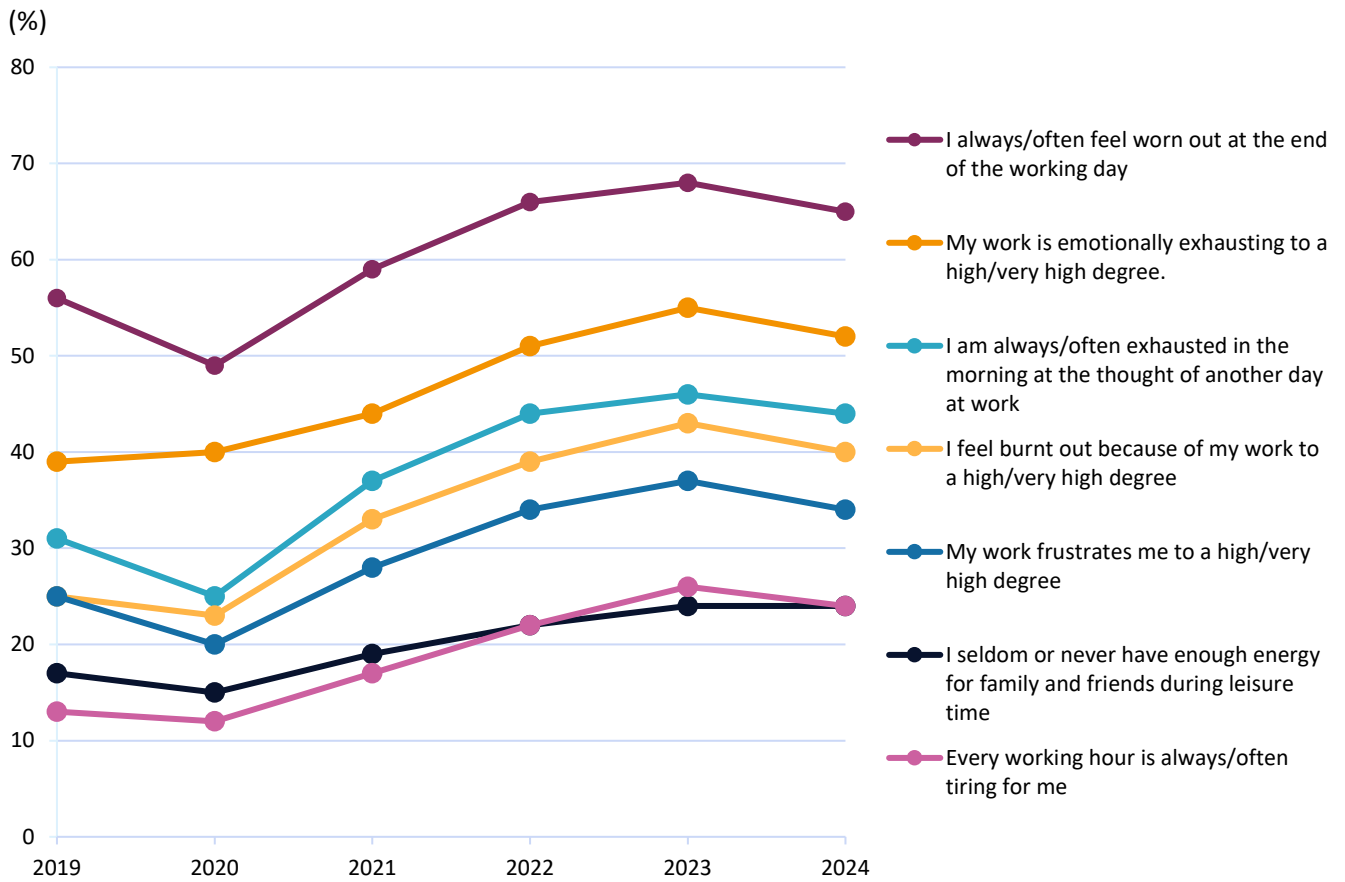
The proportion of negative responses from trainees to most of the burnout questions remains high, despite a slight decrease since 2023, with two fifths of trainees (40% ↓3pp) feeling burnt out because of their work.

Nearly a quarter of those who responded (24% ↓2pp) said they felt that every working hour is tiring for them and 65% (↓3pp) said they always or often feel worn out at the end of the working day.

34% (↓3pp) of trainees told us that their work frustrates them, and over a half (52% ↓3pp) felt that their work was emotionally exhausting to a high or very high degree (see Figure 6).

As in previous years there was a variation between the different specialties. Trainees in emergency medicine posts once again gave the highest proportion of negative responses to most of the seven questions. Over two thirds (69% ↓3pp) said their work is emotionally exhausting and 45% (↓4pp) told us their work frustrates them to a high or very high degree. While most specialties witnessed similar small decreases in the proportions of negative responses, there were some exceptions. For example, half of obstetrics and gynaecology trainees (49% ↑2pp) said they were exhausted in the morning at the thought of another day at work. And two thirds of GP trainees (66% ↑1pp) said they were always or often worn out at the end of the working day.

Figure 6: Trainees – Negative responses to individual burnout questions, 2019–2024



Trainers – responses to questions about burnout

The proportion of negative responses to the burnout questions from trainers has remained broadly similar since 2022 (see Figure 7). Responses from secondary care and GP trainers can be compared in Figure 8 and 9. 68% (↓5pp) of GP trainers said they always or often feel worn out at the end of the working day, while a half of those working in secondary care (49% ↓1pp) said this was the case.

As in 2023, trainers in emergency medicine gave the most negative set of responses. 28% (↑2pp) said that every working hour is tiring for them, and three fifths (59% ↑3pp) said their work frustrates them to a high or very high degree.

Figure 7: All trainers – Negative responses to individual burnout questions, 2019–2024

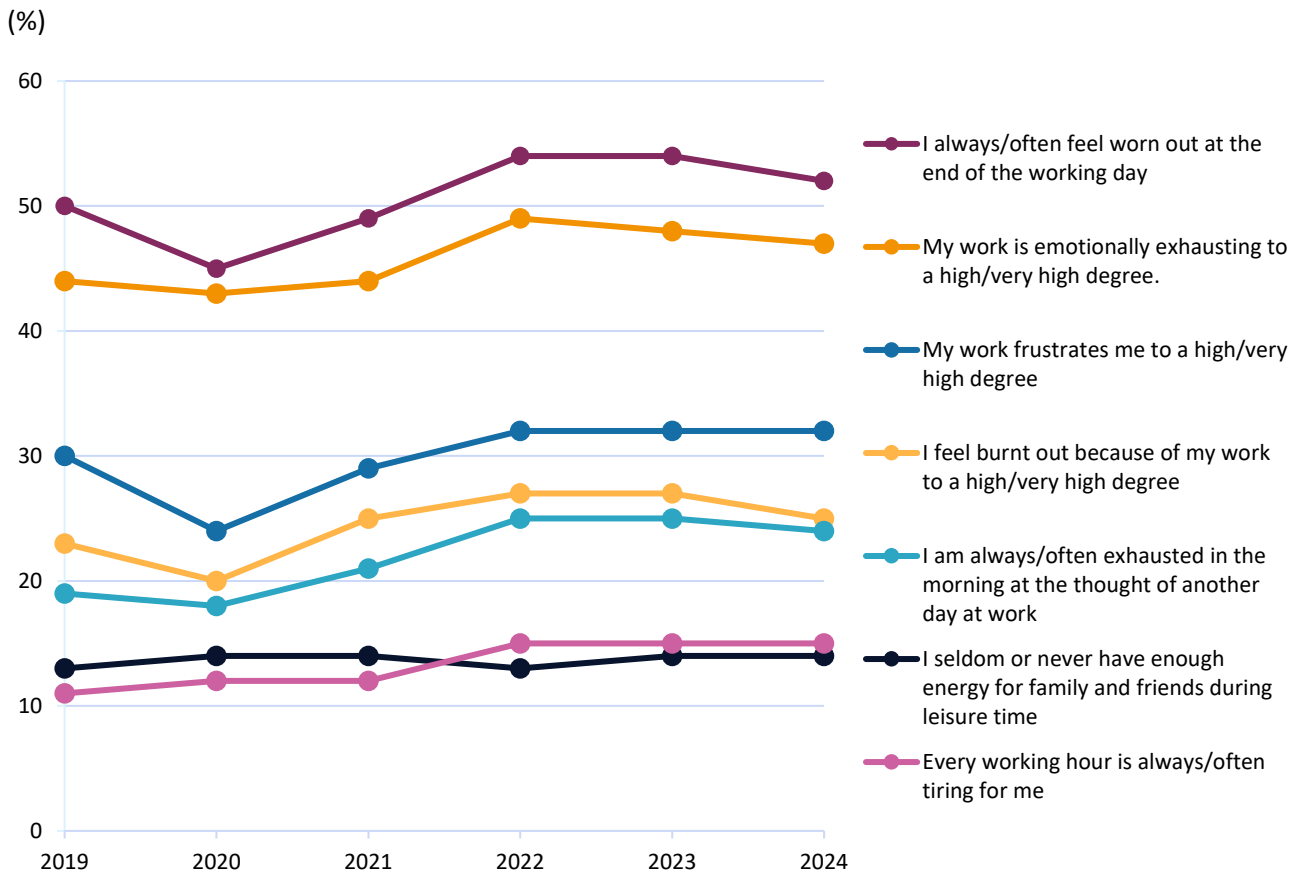
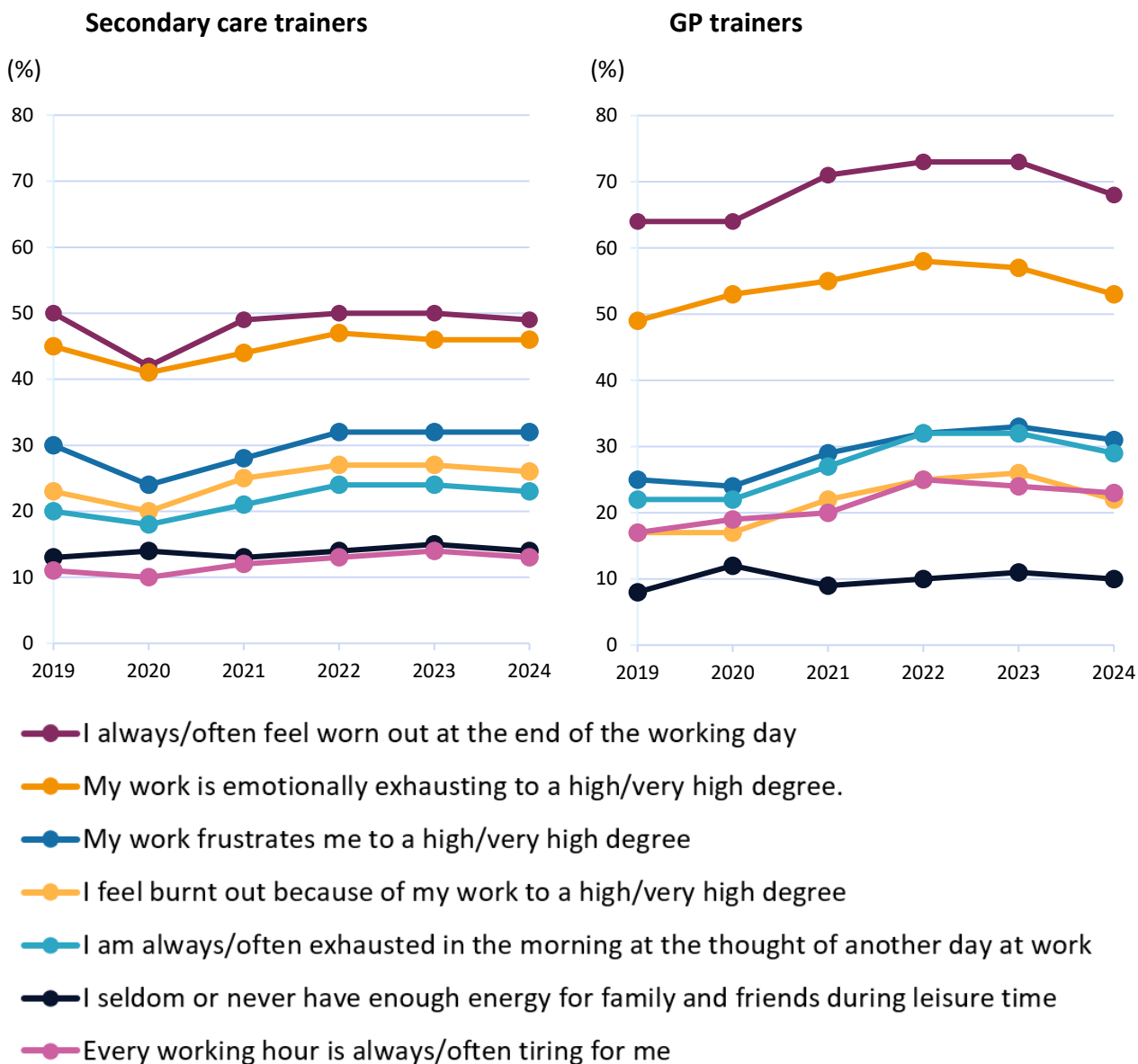


Figure 8 and 9: Negative responses to individual burnout questions, 2019–2024

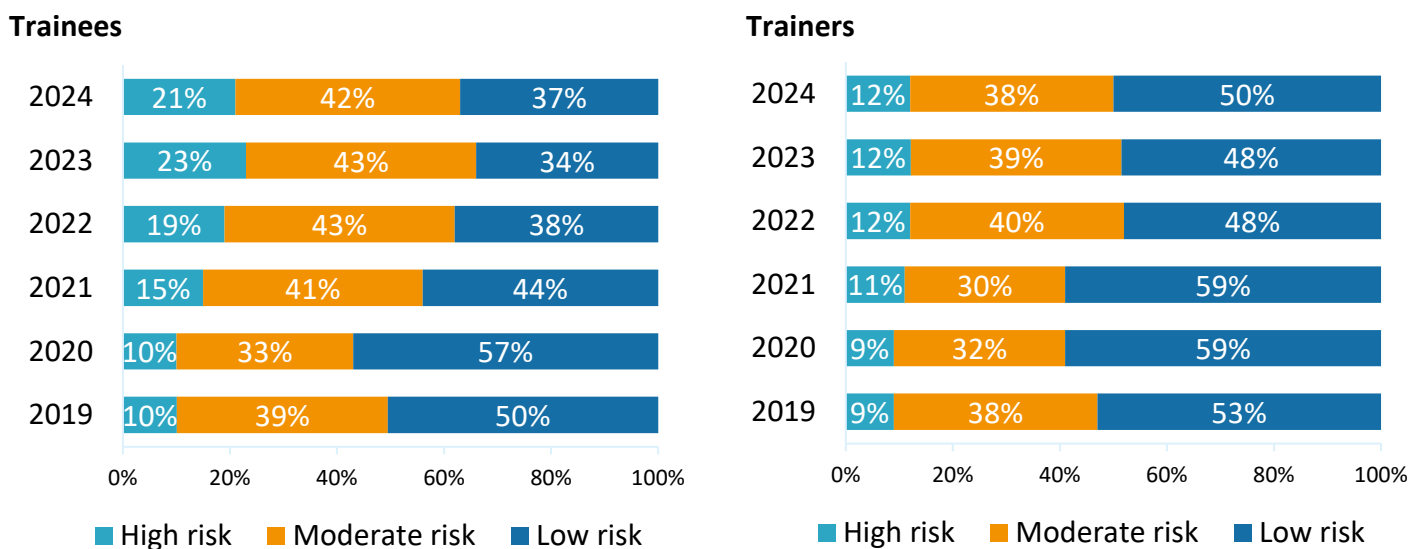


Risk of burnout

Responses to the seven questions, are used to measure overall risk of burnout.

The proportion of trainees measured to be at a high or moderate risk of burnout (63%) is a slight decline from 2023, similar to the levels seen in 2022. Half of all trainers (50% ↓2pp) are measured to be at high or moderate risk of burnout.

Figure 10: Trainees and trainers – Calculated risk of burnout 2019–2024



Trainees at high risk of burnout

While the proportion of trainees measured to be at a high risk of burnout has decreased slightly from the high levels reported in 2023, one fifth (21% ↓2pp) are in this category. The largest decreases were seen in ophthalmology (13% ↓9pp) and public health (5% ↓4pp), while emergency medicine (32% ↓2pp) continues to have the largest proportion of trainees at a high risk of burnout (see Figure 11).

Each year we ask trainees whether they know who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing. Two thirds (66% as 2023) said they did. However, when looking at trainees at high risk of burnout only half (52% ↑1pp) agreed, compared to three quarters (74% as 2023) of those measured to be at low risk of burnout.

Figure 11: Trainees – Post specialty variation at high risk of burnout, 2024 vs 2023

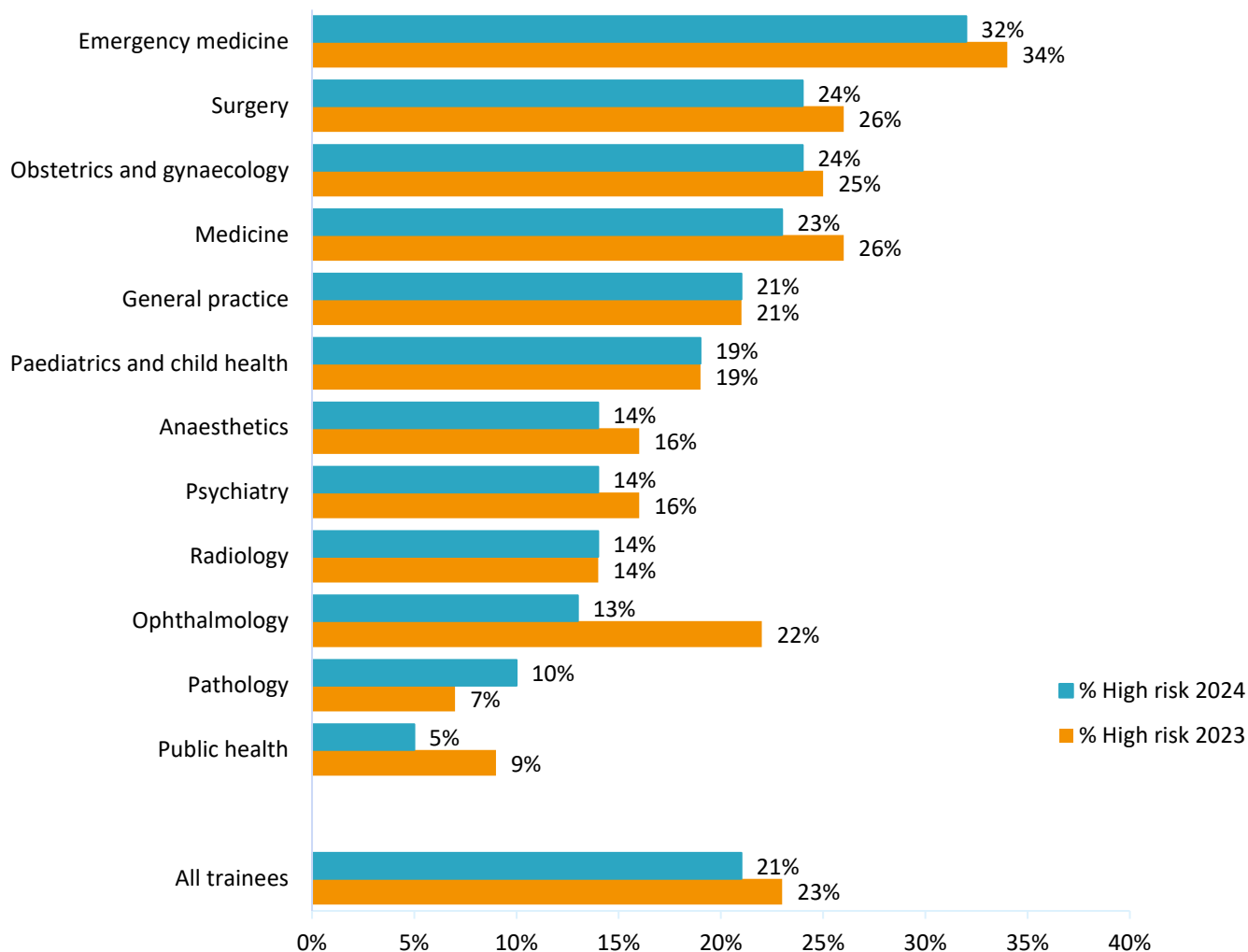


Table 10: Trainees – Calculated risk of burnout by country

Trainee country	High risk	Moderate risk	Low risk
England	21% (↓2pp)	42% (↓1pp)	37% (↑3pp)
NI	26% (↓1pp)	42% (↓2pp)	31% (↑2pp)
Scotland	18% (↓1pp)	43% (↓2pp)	40% (↑3pp)
Wales	20% (↓3pp)	42% (as 2022)	38% (↑4pp)
UK	21% (↓2pp)	42% (↓1pp)	37% (↑3pp)

Trainers at high risk of burnout

As in 2023 and 2022, 12% of all trainers were calculated to be at high risk of burnout, although some specialties did see a small increase (see Figure 12). These were emergency medicine (26% ↑2pp), ophthalmology (16% ↑5pp) and radiology (11% ↑1pp).

Figure 12: Trainers – Specialty variation at high risk of burnout, 2024 vs 2023

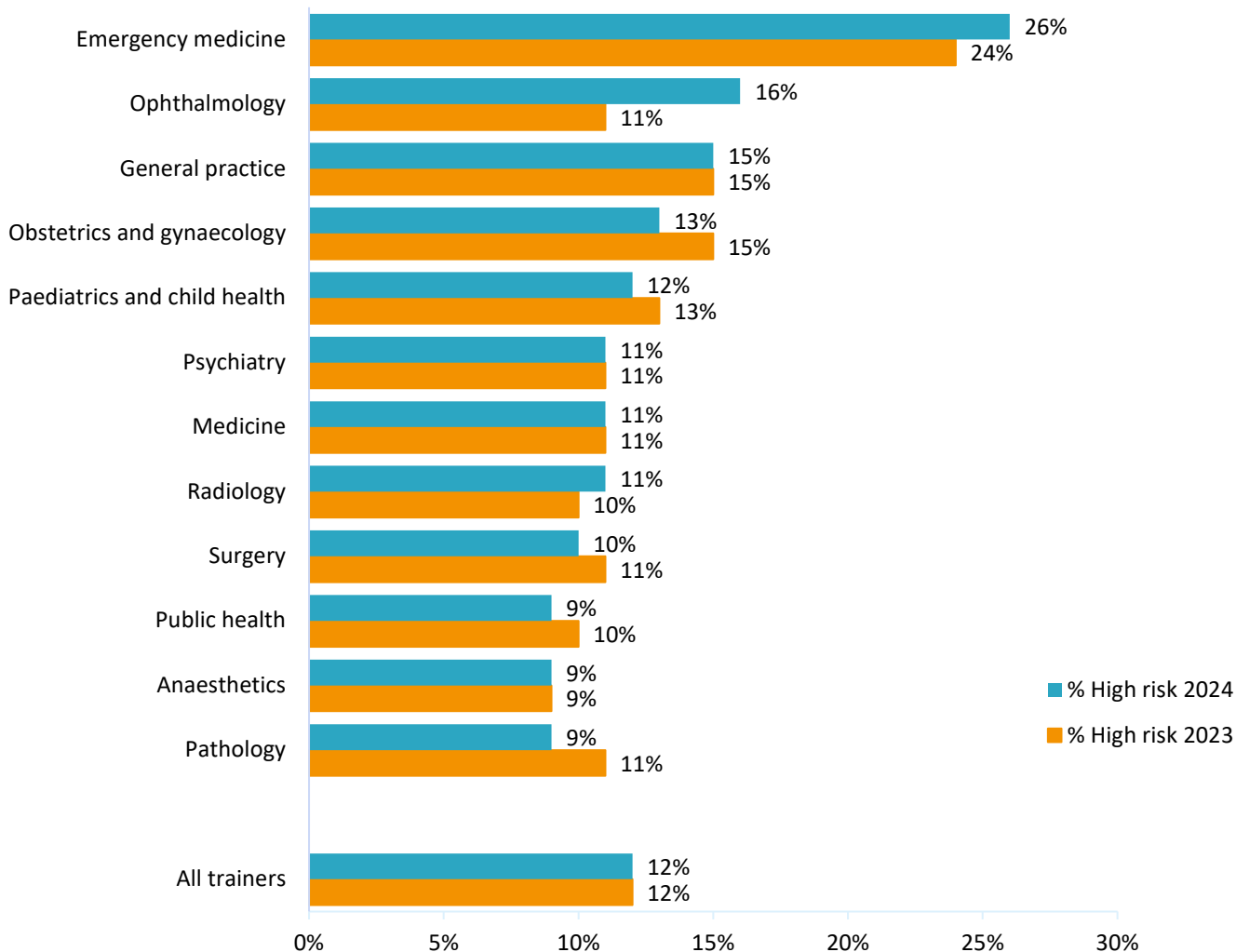


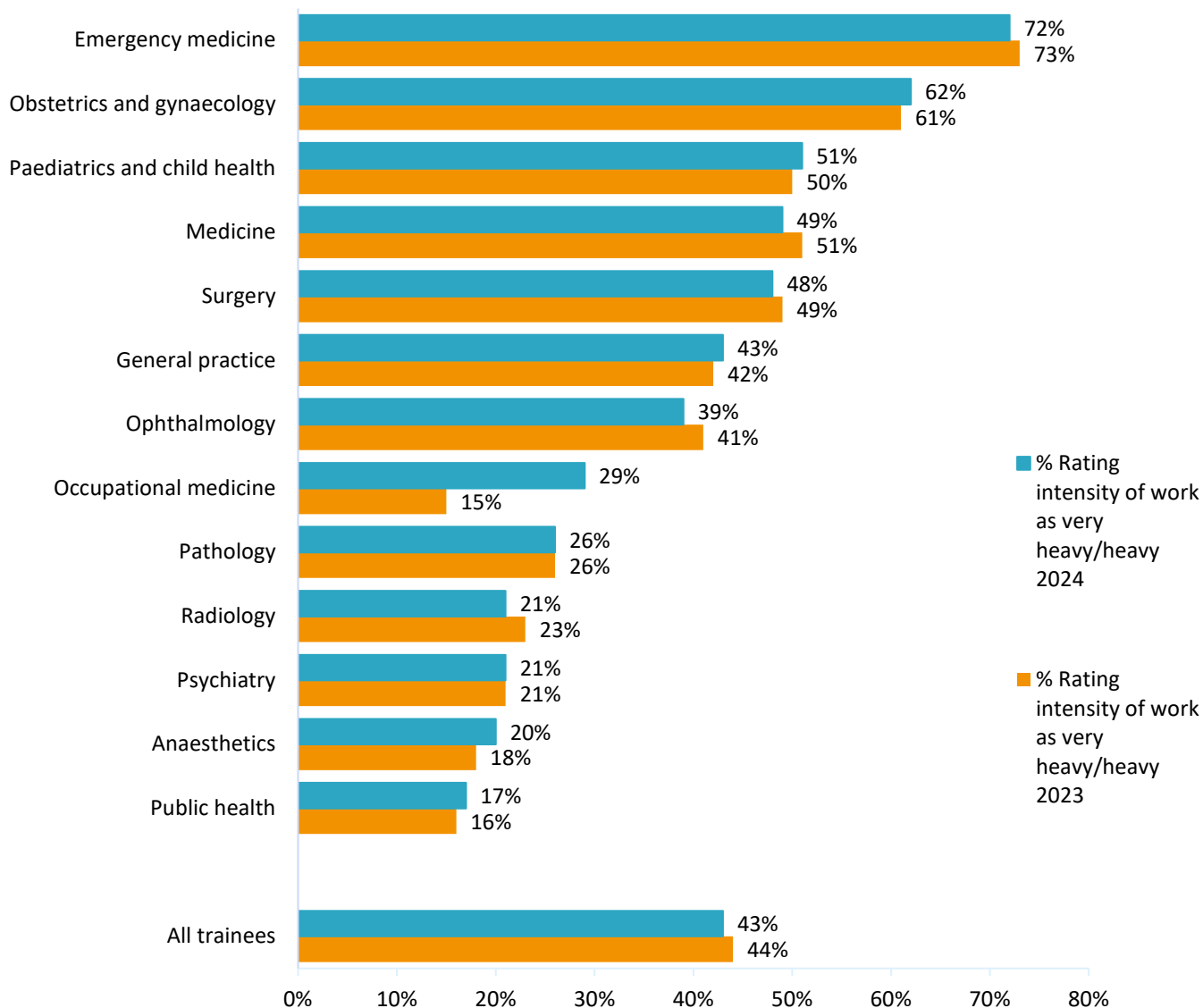
Table 11: Trainers – Calculated risk of burnout by country

Trainer country	High risk	Moderate risk	Low risk
England	12% (as 2023)	37% (↓2pp)	51% (↑3pp)
NI	18% (as 2023)	41% (↑1pp)	41% (↓1pp)
Scotland	12% (as 2023)	40% (↑1pp)	48% (as 2023)
Wales	13% (↑2pp)	37% (↓4pp)	50% (↑2pp)
UK	12% (as 2023)	38% (↓1pp)	50% (↑2pp)

Workload

Figure 13: Trainees – % rating intensity of workload as very heavy/heavy 2024 vs 2023

By post specialty



Over two fifths (43% ↓1pp) of doctors in training rated the intensity of their work by day as heavy or very heavy. However, as Figure 13 illustrates, as in previous years there was a wide variation between specialties. Seven out of ten (72% ↓1pp) of trainees in emergency medicine rated the intensity of work as heavy or very heavy, compared to a much smaller proportion of those in anaesthetics (20% ↑2pp) and public health (17% ↑1pp).

Addressing burnout and the impact on doctors' health

Despite there being a slight improvement in the responses to our questions about wellbeing, the survey results remain very concerning. For the third year running, a quarter of trainers and a third of trainees in emergency medicine posts measured to be at high risk of burnout, suggesting unsustainable workplace pressures have become the norm in this speciality.

Workplace stress in healthcare organisations affects quality of care for patients as well as doctors' own health, with [studies demonstrating clear links between patient safety](#) and doctors' wellbeing.

Good medical practice states that doctors should take care of their own health and wellbeing needs, recognising and taking appropriate action if they may not be fit to work. While it's possible that any small positive changes seen in the data may have been driven by doctors taking such steps to protect their own wellbeing, it's vital that employers prioritise the issue of easing workload stress.

Improving working conditions for all healthcare staff and supporting the development of fair and inclusive workplaces will help improve retention, reduce workplace pressure, and help to protect patients as well as staff.

Taking action

Listening to what trainees and trainers have to say about their experiences of training is important both now, and as part of building for the future. As the largest annual survey of doctors in training and their trainers, the national training survey provides a wealth of valuable data to support governments in both reviewing and informing plans for the UK health services.

Our evidence and data point to long-standing issues affecting training. The risk of burnout, poor rota design, and a lack of training time have been highlighted in previous summary reports. The 2024 survey results reaffirm why action must be taken to address these issues.

The new UK government is committed to supporting the Long Term Workforce Plan in England and similar expansions in the workforce in Scotland, Wales and Northern Ireland. We welcome ambitions to increase medical school student numbers, but it's essential this is mirrored by a significant expansion of multidisciplinary educators to account for this workforce expansion. Plans will need to set out how this will be achieved, and employers will need to rebalance the important need to support training, by protecting training time and providing resources and adequate support, alongside the continuing service pressures.

Developing leaders for the future is also crucial for the sustainability of the health services and patient care. Our findings show that the proportion of trainees saying they'd been given opportunities to develop leadership skills declined further in 2024. It's imperative this vital aspect of training is not overlooked, given its importance in succession planning.

With many challenges facing the health services, now is the perfect opportunity to reflect on what trainees and trainers are telling us through the survey. As part of our regulatory responsibility for overseeing all stages of education and training for doctors, [we are undertaking a review of the standards](#), outcomes, and processes that underpin medical education. Critical to our review will be exploring ways to explicitly make sure that educators have the time and space

to undertake this vital function – and how we can better support career development and lifelong learning for all doctors.

We'll continue to work in collaboration with partners across the four UK nations and ask that governments and employers play their part in addressing the challenges described in this summary report.

Survey development

Each year we review the survey to make sure that the questions remain relevant and deliver the data we need to quality assure postgraduate medical training. Any changes are the result of our ongoing engagement with doctors, medical educators, representative organisations, and employers.

After completing the survey, we invite doctors to help us develop and test proposed changes for future years. If you'd like to get involved, we'd value your input. Please email nts@gmc-uk.org.

Our data

Percentages in all tables and charts are rounded and may not add up to 100.

Email: gmc@gmc-uk.org

Website: gmc-uk.org

Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then
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