

1 hospital

11 sites

1,353 employees

22,559 operations per year

283,987 patient visits per year



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service change – a shared clinical vision

The *Shared Clinical Vision* project forms a key part of our Service Development Strategy and is our route to improving service for all patients. The project aims to create patient-centred care models in all clinical services and activities, involving staff and patients in shaping service redesign.

Progress this year

- We have changed the format of our vitreo-retinal clinics to reduce the amount of time patients spend in the clinic.
- A vitreo-retinal emergency clinic with a dedicated team of staff has been developed so that patients are seen and given a diagnosis more quickly (see case study, page 4).
- Specialist nursing and pharmacy roles were developed in the glaucoma and uveitis services. These are improving care and medicine dispensing, as well as reducing waiting times in clinics.
- Staggered appointment times have been introduced in several clinics to provide a more flexible service for patients.

- New clinical information leaflets for patients are being developed in partnership with patients using those services.
- A new 'extended' optometry role has been developed to improve the care and management of patients with stable glaucoma.
- We have introduced 'one-stop' same-day pre-assessment and surgery in cataract care which reduces the number of visits cataract patients make to hospital, to ensure that the surgery causes as little disruption to their lives as possible.
- Television screens have been installed in the Accident and Emergency department waiting areas showing patient information videos.
- Health Care Assistants are now employed in the outpatient department to support patients, undertake observations and help co-ordinate clinics.
- Information boards have been installed in clinics to give patients key information about each clinic, such as clinic waiting times and name and contact details of key staff.
- A review of patient letters has been undertaken and new templates written.

chairman's introduction

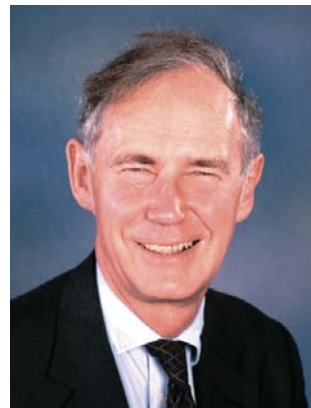
This has not been an easy year for Moorfields. We have made a surplus, but this is lower than planned and has required careful management. We were right in predicting that we would treat more patients than our commissioners had contracted for, but the centrally negotiated pay restructuring cost more than we expected. We regained our third star, but the Health and Safety Executive issued two improvement notices after an inspection in the autumn. Administrative errors meant that a small but statistically significant number of patients were not seen for their first appointment within the target time of 13 weeks. As a result, our governance systems were graded 'red' by Monitor, our regulator, at the end of January.

This should not obscure many positive developments this year. We have treated more patients than ever before, and surveys show a high degree of satisfaction with our services. Potters Bar has joined the list of sites at which we carry out surgery, bringing treatment closer to people's homes. Our new Clinical Trials Unit underlines our position as the world's leading

centre for ophthalmic research, allowing the more rapid translation of this research into practical treatments. The International Children's Eye Centre is virtually on schedule, and we expect it to open before the end of 2006. Other building work, including a refurbished and enlarged Eye Bank, is evidence both of the generosity of our supporting charities and donors and the benefits of Foundation Trusts' ability to borrow.

2006/07 will be an equally challenging year. We are working with our commissioners to see how the new and more demanding future targets can be made affordable. We are also working to reduce in-patient care at the City Road site. This is consistent with practice in leading eye centres around the world. We are working with staff and patients to ensure that this approach has no detrimental effect on the quality of care. It will also lead to financial savings, allowing us to balance the books.

None of this would be possible without the hard work and dedication of all our staff, and again I pay tribute to them.



Thomas Boyd-Carpenter

**Sir Thomas
Boyd-Carpenter**
Chairman

increasing local access to services

Moorfields Potters Bar clinic increased its activity and began running a full cataract service at the Community Hospital in September. This clinic has become very popular and since then we have expanded even further. A dedicated outpatient clinic was built during the year and opened in June 2006. Previously, outpatient clinics were held in the day-care unit itself and this expansion

has enabled us to carry out more surgery and see more patients.

We have received very positive feedback from patients and staff alike. We are planning further expansion in conjunction with the Primary Care Trust so that we can see more patients in this local hospital.

a patient's experience

Caroline Sloane's first experience of Moorfields was in January this year, when she came to A&E with what she thought was a relatively minor complaint.

"I just thought I had an eye infection," she explains. "I came into A&E and saw a doctor there who referred me straight on to the consultant, who told me I had a tiny tear in my retina. I didn't realise how serious it was until they lasered my eye straight away. In fact I had 142 shots of laser but it didn't mend the tear, so the next day I had to have an operation.

"My eye seemed to be fine after that but at the beginning of June I got up out of the armchair and the room went dark - I asked my daughter, who was taking me shopping, whether she'd noticed anything, but she said the room was light. When I got into the car and that was really dark too I knew that there was something wrong. I saw my GP the next day who phoned Moorfields and made me an emergency appointment at the hospital."

Caroline was referred to the vitreo-retinal emergencies (VRE) clinic, a new clinic at

Moorfields. The VRE clinic was created last year as a result of the *Shared Clinical Vision*, our service redesign project. The clinic is open every morning, Mondays to Fridays, and has speeded up VR emergencies coming through A&E or referred from elsewhere. Patients are now seen and diagnosed much more quickly by a dedicated team of clerks, nurses and doctors. Many are able to have their surgery the same day rather than waiting overnight at the hospital.

Patient surveys in the clinic show that patient satisfaction is high, which is reflected in Caroline's experience: "There was hardly any waiting in the clinic before I saw a consultant, Mr Bainbridge, who said that I had a tear and a detachment. He scheduled me in for an operation right away. My surgery was that afternoon, and a gas bubble was put in my eye to mend the detachment. Mr Bainbridge explained everything to me and to the friend who was with me, and made sure we both understood exactly what was going on. The service was good all round and the nurses have been marvellous."



ABOVE: Caroline Sloane on the ward after her operation



the international children's eye centre

Our largest on-going development, the building of an international children's eye centre adjacent to the main City Road site, is on-schedule for completion in September and opening early 2007. The project received a huge boost in February with an amazing £2.5million donation from Moorfields patient and owner of the Express newspaper group, Richard Desmond. In recognition of this very significant donation, the new building will be called The Richard Desmond Children's Eye Centre.

The centre will include outpatient clinics, paediatric accident and emergency, a day care ward, overnight hostel accommodation and a dedicated research floor. It will be physically linked to the main hospital so that staff can easily access the building and patients can be taken into our existing theatre facilities, but will have a separate entrance for visitors.

new front entrance

The redevelopment of the front entrance of the main hospital on City Road, EC1, began in February 2006 and is due for completion in September this year. The current main entrance is part of the listed façade of the building and would be very difficult to make more accessible - at the moment it has unsatisfactorily steep and dangerous steps. Once the new accessible

ramped entrance is complete and the main reception desk area has been moved, this original entrance will be closed. The accident and emergency department doors have also been rebuilt to provide a wider entrance, more natural light into the waiting area, and better draught-proofing.



ABOVE: Work in progress in what will become our new reception area

LEFT: The redeveloped Accident and Emergency entrance

targets and statistics

Access

Although Moorfields is based at City Road in central London, we have ten other centres in and around London. About 70% of our new patients are now seen at one of our community sites. We continue to work to improve facilities and to make accessing our services simpler and easier for all our patients at each of these sites and for patients further afield (see plans for the future, page 11).

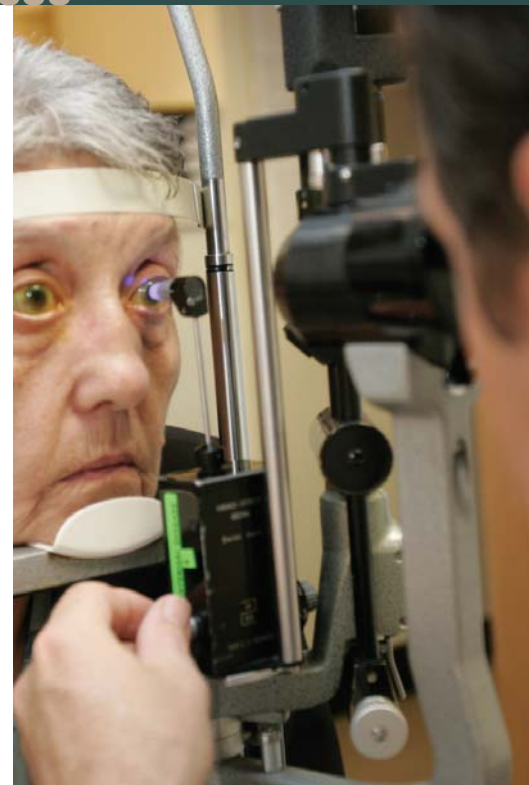
Targets

- We were once again awarded three stars in the annual Healthcare Commission ratings in summer 2005.
- The Trust has consistently met the A&E target throughout the year, which requires 98% of all patients to be seen within four hours. On a number of occasions 100% of patients presenting to A&E were seen within four hours.
- The vast majority of our patients are seen within 13 weeks of referral by their GP and booked for surgery within six months of their outpatient appointment.

- We are working towards meeting the Government target of an 18-week wait from referral to treatment by December 2008. The average wait for surgery during 2005/06 was 3.32 months and 10.11 weeks for first outpatient appointments.
- We significantly reduced the number of patients who do not attend for their first outpatient appointment over the year. This fell from nearly 14% of all GP referrals at the beginning of the year to just over 6% at the end of the year.

Statistics

	2005/06
Number of first outpatient attendances	72,947
Number of follow-up outpatient attendances	177,345
Total surgical procedures	22,559
% of surgical procedures which are day case	80%
Average wait for surgery (in months) at March 2006	3.32
Average wait for first outpatient appointment following GP referral (in weeks) at March 2006	10.11
Number on waiting list (surgery) at March 2006	3,265
Number on waiting list (outpatients) at March 2006	5,649



eye bank

The new Moorfields Lions Eye Bank is almost complete and should be ready for use by the end of October. It is spacious and fit for purpose with an office, receiving and preparation rooms along with four clean areas, and the current team of five is eager to move in. The building project has been on-going since last year, and has been generously supported by the Lions Club International.

Coming from a small space located in the theatre airlock and moving to the new facility will provide many opportunities to expand the eye bank's deliverable services. At present tissue is stored in two different forms. Corneas (the transparent front part of the eye) are generally preserved in Optisol GS, a short-term preservative that allows storage for 7-10 days. Sclera (the white layer of the eyeball) are preserved in 70% alcohol.

Our improved facilities will enable us to use a different type of storage (organ culture media), allowing the eye bank to hold tissue for up to 28 days. Corneas can therefore potentially be stored for longer periods. The demand for corneas is constant, and the team will now have both options available to them and can decide which one is more appropriate.

Also, we are developing a process for the freeze-drying of sclera. This will allow for a longer "shelf life" and can be prepared for transplant within 15 minutes, rather than the current process which can take up to four hours.

sterile services department

The Sterile Services Department (SSD) undertakes decontamination for theatres and all clinical areas at Moorfields. Decontamination means cleaning, disinfecting, inspecting, packaging and sterilising all reusable medical devices and equipment.

The major rebuilding and refurbishment of the SSD was completed during the year, and became operational on 17th January 2006. The development was necessary to meet the required standards set for March 2007 by the Department of Health for decontamination.

The department and functions were fully upgraded, including installing a computerized tracking system. This can trace any instrument used on a patient during surgery. This is particularly important in tracking instruments if an adverse incident occurs. This could be, for instance, where following surgery a patient develops or is found to be carrying a life threatening infection like CJD.



supporting staff

Our staff are essential to what we do and we were proud to be included in the Guardian's top 100 employers for the second year. This annual publication ranks organisations according to a number of factors, some of which, such as pay and foreign travel opportunities, are difficult for an NHS organisation to compete on. Nevertheless, we were ranked 34th, above household names such as Adidas, Deloitte and HMV and were the only public sector organisation included.

Improving Working Lives (IWL)

We were externally validated in May 2005 and awarded the (highest) IWL Practice Plus accreditation almost a full year ahead of the Department of Health target date of April 2006. This followed a huge amount of work across all the dimensions of the scheme. The work has continued and this year we held two staff 'open days' with stalls on staff benefits, information on pensions, NHS discounts, local stop smoking

services, the national home buyers scheme and offers from local gyms and health centres.

Training and development

The last year has seen many changes in the way we provide non-clinical training and staff development, including a new home for The Learning Centre, our training suite. This has provided a modern, flexible, purpose-built learning environment for a wide variety of training. The majority of non-clinical training is now focussed on The Learning Centre and this has improved the efficiency and management of staff development, especially for new staff. A renewed emphasis on training and development has resulted in a massive increase in the use of The Learning Centre. The new NHS-wide Knowledge and Skills Framework has also been influential in driving forward appraisals across the Trust, but its major benefits will only be realised in the coming years.



LEFT: Our new pharmacy waiting area, which opened during the year

RIGHT: One of our pharmacists at work

education

Moorfields teaches a very significant proportion of medical students and ophthalmologists. Undergraduates from four London medical schools come here for their two-week teaching in ophthalmology, and a number of undergraduates also come to us for their elective attachments.

Specialist Registrars work and study at Moorfields as part of their North London rotational training scheme in ophthalmology and spend an average of three out of their five years here. We attract Fellows from across the UK and the world who come to experience our high-quality training and clinical work. Short training courses on various aspects of ophthalmology and ophthalmic anaesthesia are organised each year, and this year over 500 delegates attended one of these courses.

The Trust accepts observers from around the world. Observers can attend clinics, examine patients, observe surgery and sit in on appropriate teaching sessions, though they are not allowed to treat patients. Our observer programme was fully booked throughout the year.



We work in partnership with City University's school of nursing and midwifery and last year we launched a clinical skills programme and leadership programme. Based at Moorfields, these bespoke programmes were in response to the changing demands of the service and in preparation for the changes in future. We are continuing to offer these courses over 2006/07. We are also looking to develop extended roles in nurse prescribing, particularly in A&E to enhance 'see and treat' times and improve patient services generally.

We are committed to a graduate nursing workforce and are supporting staff to complete both MSc (four staff at present) and BSc programmes (ten staff are enrolled on various programmes) as part of a continuing professional development plan. We have also had three groups of students successfully complete the new ophthalmic modules offered at City University since last year.

pharmacy

Pictured (left) is our new pharmacy waiting area which opened this year. The new facility is more comfortable and more spacious for patients and staff. A counselling room for patients who need advice on their prescriptions is due to open later this year. The behind-the-scenes pharmacy has expanded with a new storage area on the lower-ground floor. Moorfields pharmacists are also now more visible throughout the hospital, with members of the department undertaking discharge dispensing on wards and mobile pharmacies in some clinics. Two new specialist pharmacist roles have also been created through the shared vision programme.



research and development

The research and development department at Moorfields works by:

- identifying areas of research needed;
- helping develop research programmes to address the need;
- providing the support for individual projects; and
- helping to publicise the results.

Research at Moorfields is carried out either alone or with our partner academic institutions (the Institute of Ophthalmology, City University, the London School of Hygiene and Tropical Medicine) or with others in the UK and internationally.

Developing an academic network

The department is supporting the development of a network of academic eye units by hosting the Ophthalmic Research Network website. The website exists to ensure that eye units work together to recruit suitable patients into research studies and to make sure there is no duplication of effort. It is also a forum for sharing knowledge and experience with research ophthalmologists around the UK and into Europe. Ophthalmic Research Network can be found online at www.site4sight.org.uk

Areas of research

Each year, researchers at Moorfields publish 250-300 research articles in refereed (peer-reviewed) journals. A similar number of research projects of all sizes exist at any one time. All research projects fit into one of the following areas of research and a few of the projects are highlighted here.

Age-related macular degeneration and diabetic retinopathy

- Developing surgical techniques to replace damaged parts of the retina with healthy tissue, called macular translocation.
- The use of healthy stem cells to 'patch up' damage.
- Developing stem cell therapy to repair blood vessels damaged in diabetic retinopathy.

Glaucoma

- Improving glaucoma detection rates in the community.
- Finding better methods of monitoring progression in glaucoma.
- Clinical trials of different treatments.

Ocular infection

- Better methods of identifying the causes of eye infections, the most common reasons for patients attending Accident & Emergency and primary care clinics.

Ocular immunology

- Research into the chemical processes that cause inflammation, providing new methods of treatment.
- Investigating new treatments on their own or in combination to treat eyes with chronic inflammation.

Paediatric research

- Blindness in children is frequently due to inherited conditions of the eye. Research into the cause of these conditions will lead the way towards better treatment.
- Squint is one of the disfiguring disorders of the eye that is seen in childhood. Research is concentrated on both the cause as well as the treatment of different types of this condition.

These programmes of work will benefit greatly from the dedicated research floor of the International Children's Eye Centre.

Community health

We are increasing the training of optometrists in collaboration with City University. The University will deliver teaching for optometrists on primary care in ophthalmology, allowing them to accurately diagnose and treat many eye conditions. We are also undertaking research:

- to improve access to ophthalmic services amongst ethnic minority groups; and
- into eye conditions that are more common in some minority communities.

Ocular repair

- Scarring and wound healing are essential to recovery from injury. However, scars often cause problems by reducing the ability of the eye (or other organ) to function, as well as causing disfigurement where the scars are visible. Research into how scars are formed is leading to a better control of this process and better outcomes from injury and disease.
- Stem cell research is leading to treatments for diseases on the surface of the eye which previously resulted in significant scarring and blindness.
- Gene therapy aims to find methods of replacing malfunctioning genes in patients with inherited eye conditions, allowing them to see more normally.

Visual rehabilitation

Age-related macular degeneration (AMD) is the main focus of this research, which is looking at ways of helping older people use the healthy parts of their retina. This work is funded by European grants which means the research has a wider international basis.

Vitreo-retinal surgery

Our researchers are also looking at ways of improving surgical techniques to improve outcomes.

plans 2006/07

Service change

A thorough review of existing clinical services and how they were being delivered began in January 2006. This showed that we are doing increasing amounts of day-care procedures, while still providing a large number of in-patient beds. It also demonstrated that we need to review the skill-mix of staff (the ratio of qualified to unqualified staff) as we have a very 'top-heavy' nursing structure.

Work to change the way we deliver services has already begun and will be implemented during 2006/07. The biggest change will take Moorfields' main site, City Road, further towards an ambulatory (day care) service. We are also looking at the skill-mix of nursing staff and the way in which staff in the operating department work.

The main areas of review and change are:

- the development of ambulatory (day) care at City Road and a move away from in-patient care - this is more beneficial to patients and in line with best practice in ophthalmology in other centres around the world;
- alongside this, providing suitable hostel accommodation to replace the in-patient (nursed) beds used by patients travelling to the hospital from outside London;
- reviewing our staffing skill mix and how we use qualified nurses in clinics and on wards;
- the development of an enhanced pre-operative assessment service to work alongside the new service models; and
- a review of working practices in the operating department to provide a more flexible service.

New outreaches

We are committed to helping patients access our high quality service as easily as possible. One of the ways we are aiming to achieve this is by opening clinics closer to patients' homes. We are also in discussion with a number of ophthalmic departments in other hospitals for them to come under management of Moorfields. This has a two-way benefit, as they have access to our expertise, knowledge and experience, and we are able to learn new ways of working from innovative teams across the country.

No plans have been finalised at the time of writing but we hope that we will be able to announce new outreach developments during the year.

membership and the membership council

The Membership Council met six times during 2005/06 and continued the mixed programme of business, strategy and service development and information sharing for governors. The Membership Council reviewed the Service Development Strategy and Annual Plan; approved the re-appointment of the Deputy Trust Chair for a further three years; approved the appointment of the Non-Executive Director representing the Institute of Ophthalmology; and approved a rise in the remuneration of the Trust Chair and Non-Executive Directors.

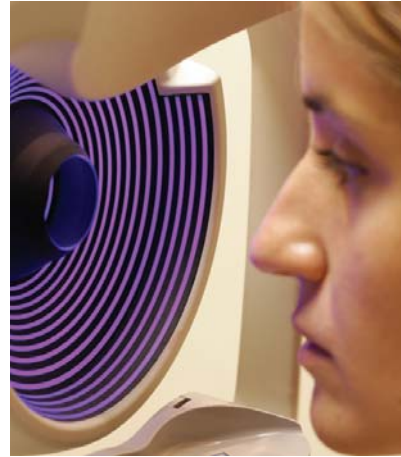
This year, elections were held for governors for each constituency. Four governors were elected uncontested and ballots were held in five constituencies.

Five membership events were held during 2005/06, two in South East London, one each in South West London, North West London and North Central London. Additionally an event was held in Essex in April 2006. The events were led and chaired by the elected public governors in these constituencies. Senior staff from Moorfields, including the Chief Executive, Director of Planning and Performance, Director of Corporate Governance and several consultants, as well as public governors, spoke at these events. Presentations were followed by general discussion. Topics included Moorfields' service delivery strategy, local health needs and local projects.

Moorfields held its first ever Open Day at City Road in October 2005, to which all members were invited. Around 1,000 people attended. Visitors had the opportunity to look round around 20 stalls with information on different departments, on eye disease and treatment, service plans like the

children's centre and Choose and Book and on external organisations such as the RNIB and IGA. Tours of theatres, optometry, pharmacy and the laser suite were organised and were fully booked throughout the afternoon. There were also activities for children including face painting and a treasure hunt. Following this huge success, we are planning similar open days annually in the future.

Around 150 members and members of the public also attended our AGM, which was once again held off-site at LSO St Luke's, a deconsecrated church a short walk from the main site.



Membership

Constituency	Number of members as at March 2006
Patient	
<ul style="list-style-type: none"> includes any patient not living within the public constituency boundaries or any patient who has chosen to be in the patient constituency 	1,300
Public	
<ul style="list-style-type: none"> North East London 	1,632
<ul style="list-style-type: none"> North Central London 	1,897
<ul style="list-style-type: none"> North West London 	2,299
<ul style="list-style-type: none"> South East London 	871
<ul style="list-style-type: none"> South West London 	965
<ul style="list-style-type: none"> Bedfordshire and Hertfordshire 	669
<ul style="list-style-type: none"> Essex 	549
Staff	1,305

Moorfields Eye Hospital NHS Foundation Trust Membership Council

The Council is chaired by Sir Thomas Boyd-Carpenter, Chairman of the Board of Directors.

Elected Governors:	
Name	Representing:
Malcolm Barrow	Public: Beds and Herts
Jane Colebourn ***NC	Public: Beds and Herts
Jayne Cottee	Public: Essex
Bill Tidmas *RC	Public: Essex
Raymond Harris **VC *RC stood down 31st March 2006;	
Paul Murphy elected with effect from 1st April 2006	Public: North Central London
John Green *RC	Public: North Central London
Valerie Evans (deceased); Victor Stone elected with effect from 1st April 2006	Public: North East London
Peter Williams	Public: North East London
Patricia Campbell	Public: North West London
Sir Ian Rankin	Public: North West London
Andrew Hill ***NC *RC	Public: South West London
Alex Nicholson	Public: South West London
Solomon Parry	Public: South East London
Adrian Cory stood down 31st March 2006;	
Position vacant pending elections in July 06	Public: South East London
Robert J Jones	Patient
Lynne Peachey NC stood down 31st March 2006;	
Michael O'Dwyer elected with effect from 1st April 2006	Patient
John Bird *RC	Patient
Ali Safiee	Staff
Jonathan Dowler	Staff
Bronwen Gibbs stood down 31st Mach 2006;	
Alison Davis elected with effect from 1st April 2006	Staff

Nominated Governors:	
Name	Representing:
Cllr Jyoti Vaja NC	Islington Council
Fran McSweeney	Patient Interest Group - RNIB
David Wright	Patient Interest Group - IGA
Prof Bob Lieberman	University partner - UCL
John Lawrenson	University partner - City University
Joel Bonnet	PCT: Beds and Herts
Bryan Heap	PCT: Essex
Richard Ellis replaced by Louise Tranmer	PCT: North Central London
Eugene Staunton replaced by Penny Smallwood	PCT: North East London
Nick Curtiss	PCT: North West London
Stephen Evans	PCT: South West London
Vacant	PCT: South East London

* RC Member of the Remuneration Committee; **VC Vice Chair of the Membership Council; ***NC Member of the Nominations Committee

the board of directors

Moorfields Eye Hospital NHS Trust was established on 1st April 1994 and became an NHS Foundation Trust on 1st April 2004. The Board meets in public each month to set the overall strategic direction and address major policy issues.

Chairman

Sir Thomas Boyd-Carpenter - appointed for three years from 1st April 2005.* Sir Thomas' professional background is in the Armed Forces.

Non-Executive members

Ian Hollows - appointed for three years from 1st December 2004. Ian is an accountant.

Elkan Levy - appointed for two years from 1st April 2005.* Elkan is a solicitor.

Clive Nickolds - appointed as a Non-Executive Director and Deputy Chair for three years from November 2005.* Clive's professional background is in retail. He is now Chief Executive of a hospice.

Maggie van Reenen - appointed for three years from 1st April 2005.* Maggie's professional background is in PR management.

Professor Adam Sillito, representing the Institute of Ophthalmology -resigned December 2005.

Professor Phil Luthert, representing the Institute of Ophthalmology - appointed for three years from February 2006. Phil is Director of the Institute of Ophthalmology.

Executive members

Bill Aylward, Medical Director

Ian Balmer, Chief Executive

Roger Hitchings, Director of Research and Development

Ian Knott, Director of Finance

Sarah Watson-Fisher, Director of Nursing and Operations

Heather Wilcox is Secretary to the Board.

The Board is also supported by three senior directors: Sandra Adams, Director of Corporate Governance; Ken Gold, Director of Personnel; and Brian Benson, Director of Performance and Planning.



* Held previous appointments as Chair or Non-Executive Directors for Moorfields Eye Hospital NHS Trust and then as interim Chair and Non-Executive Directors for a period from 1st April 2004 for Moorfields Eye Hospital NHS Foundation Trust. Substantive appointments are those made above.

trust finances – financial summary and statements

2005/06 saw the Trust performing successfully in a very difficult environment and achieving the required risk rating at the year-end. All monitoring targets and control mechanisms set by Monitor (Regulator of NHS Foundation Trusts) were complied with.

The financial performance for 2005/06 met with significant challenges during the year, resulting in large variations when comparing outturn to plan. The table below presents both a high-level representation of and comparison to the plan and actual performance for the year.

The variations occurred due to unexpected cost pressures, particularly in relation to pay. The NHS-wide Agenda for Change pay scheme was fully implemented during the financial year and the actual costs significantly outstripped the prior estimates.

Our income was less than expected in two key areas. Our commissioners continued to contract at unrealistic levels of activity, leading to a shortfall of clinical income against planned over performance. In addition to this, the Trust's trading arm, Moorfields Pharmaceuticals, did not achieve its sales target. The most significant reason for this was delays by the Medicines Inspectorate in approving a licence for one key drug.

Despite grappling with cost pressures and loss of planned income, the Trust performed exceptionally well financially and continues to acknowledge that high on the agenda must be the principle of sound financial stewardship and accurate budgetary control.

Ian Knott
Director of Finance

Full or summary accounts are available from Moorfields - please contact us using the form on the back page.

All figures in £million	2005/06		
	Plan	Actual	Variance
Income			
Clinical Income			
• NHS	56.84	56.08	(0.76)
• Private Patients	7.35	7.29	(0.06)
• Moorfields Pharmaceuticals	2.78	2.15	(0.63)
Non-clinical Income	12.73	14.63	1.90
Total Income	79.70	80.15	0.45
Expenditure			
Pay Costs	49.89	52.52	2.63
Non-pay costs	23.64	23.21	(0.43)
Total Expenditure	73.54	75.73	(2.19)
EBITDA	6.16	4.42	(1.74)
Net Surplus	1.24	0.02	(1.22)

become a member

If you are not a member of Moorfields Eye Hospital NHS Foundation Trust, but are

- over the age of 14 and a patient or you have been a patient at any of Moorfields' clinics

and/or

- over the age of 18 and live in London, Bedfordshire, Hertfordshire or Essex

then you are eligible to become a member of Moorfields. Staff at Moorfields who hold a substantive contract or a contract of over 12 months are automatically registered as a member unless they opt out.

Member benefits include:

- quarterly newsletters with information and updates on developments at Moorfields and eye health information;
- invitations to membership events including the AGM and local constituency events; and
- eligibility to stand for and to elect representatives of the Membership Council.

YES I would like to become a member

NAME

ADDRESS

TELEPHONE

EMAIL

I am already a member, please

Change my details

Remove me from the membership register

You can also use this form for general feedback to the Trust.

This document is also available in Chinese, Urdu, Gujarati, Braille, large print and audio. Please get in touch with us if you require one of these formats.

More information and the full annual report and accounts are available online at www.moorfields.nhs.uk If you cannot access this, please get in touch for a hard copy of the report.

Send this form to: Moorfields Eye Hospital
NHS Foundation Trust, FREEPOST NAT9528,
162 City Road, London EC1B 1BR

or get in touch with us by:

Telephone: 020 7566 2496
(this is a voicemail service)

email: foundation@moorfields.nhs.uk

website: www.moorfields.nhs.uk/Members