

Paper for 30 January 2026

Update on merger of Royal Free London NHS Foundation Trust and North Middlesex University Hospital NHS Trust

1. Introduction

- 1.1 On 1 January 2025, Royal Free London NHS Foundation Trust (RFL) and North Middlesex University Hospital NHS Trust and community services (North Mid) came together, forming an enlarged organisation, with North Mid becoming a health unit in the RFL group.
- 1.2 This followed several years of close working between the two organisations and means the RFL group is one of the largest NHS trusts in the country. It now has more than 17,000 staff and provides care for a population of more than two million across over 70 sites.
- 1.3 This paper is written a year after the merger took place, and provides an update on structure, service changes and performance during 2025.

2. Improvements in the first six months post-merger

- 2.1 From improvements in emergency department performance and cancer pathways, to increasing virtual ward capacity and expanding access to clinical trials, the merger is strengthening RFL's collective ability to deliver outstanding care, now and into the future.
- 2.2 Despite the merger taking place during winter, a time of typically high demand on services, no adverse performance changes were seen with the below improvements formally identified by NHS England (NHSE) in their six-month post-merger review:
 - Cancer performance has significantly improved. Since the merger, the total cancer backlog at North Mid has decreased by 147 patients (from 231 to 84 as of 22 July 2025). North Mid's Faster Diagnosis Standard (FDS) performance has increased by 16% since the merger. The 31-day radiotherapy performance has continued to improve, reaching a high of 94.5%. In October, North Mid hit the NHSE interim target of 75% for 62-day referral to treatment having achieved 82.5% placing it as one of the highest performing in the country. At the same time the overall RFL position had similar levels of improvement.
 - RFL prioritised £7.4m of capital funding to redevelop the urgent treatment centre (UTC) at North Mid, which will support four-hour, twelve-hour and ambulance handover performance. Part of this was enabled by the receipt of a £1m of additional capital funding bonus received from NHSE as part of the national urgent and emergency care (UEC) capital incentive scheme and as a result of the RFL's (Royal Free Hospital, Barnet Hospital, Chase Farm

Hospital and North Mid) four-hour performance improvement in March 2025.

- In the last year, we have seen a more integrated approach to the development of our virtual hospital and hospital home model enabling access to Enfield virtual ward pathways with expansions in capacity, improvements in productivity, and enabling collective access to both North Mid and Barnet patients.
- Maternity services at North Mid received an improved rating following a Care Quality Commission re-inspection, with highlights including more equipment in the department, a new handover tool to improve communication between midwives and doctors and a dedicated breastfeeding midwife.
- The scale of the RFL enabled the deployment of UEC improvement resource to work alongside operational and clinical leaders and emergency care improvement support team (ECIST) at North Mid, resulting in a step-change improvement in four-hour performance. In June 2025 performance reached 73.6%, which is 5.6% above North Mid's agreed operating plan trajectory for 2025-26 and compares to 68.4% achieved in June 2024. This performance has been maintained in the second half of the year.
- Working across the RFL, and leveraging the scale of the group, secured senior clinical support and capacity to enable the establishment of the NCL Integrated Care Co-ordination Hub, which had a significant positive impact on ambulance conveyances demand and ambulance category two response performance over winter.
- Clinical Practice Group (CPG) pathways have been expanded across North Mid; maternity triage pathway across all health units and preoperative assessment have been successfully built into Care Flow so that we can have comparative key metrics across all health units.
- The North Mid Research & Development (R&D) function was successfully integrated into the RFL R&D function on 1 January 2025 and early benefits have already materialised.

3. Performance Indicators

3.1 Taking a view over a longer period (12 months), the table below shows performance against key standards pre- and post-merger (12 months apart). The pre-merger position shows a calculated merged performance position for ease of comparison.

3.2 For most metrics, performance has improved under a merged organisation, with only small impacts to Long Length of Stay (LOS) exceeding 21 days (noting that LOS exceeding seven days has improved), and Diagnostic Waiting Time and Activity (DM01) performance with a small downturn.

Pre-Merger (December 2024)								Post-Merger (November 2024)		
		-- Royal Free Group --		-- North Middlesex --		-- Merged Performance --		-- Merged Performance --		
Cohort	KPI	Target	Royal Free	Target	NMUH	Target	Merged Performance	Target	Merged Performance	Variation
ED Access	4hr Performance - All Types	76%	78.0%	76%	63.6%	78%	72.6%	78%	76.8%	↑
	4hr Performance - Type 1	76%	67.8%	76%	41.6%	78%	59.3%	78%	66.1%	↑
	4hr Performance - UTC	-	97.8%	0.76	86.5%	-	92.7%	-	94.6%	↑
	12hr Breaches	-	9.1%	-	9.3%	-	9.2%	-	8.8%	↓
	Ambulance Handover Performance <30mins	80%	48.0%	67%	47.9%	80%	48.0%	80%	48.7%	↑
	Mean Handover Time	-	34.3 mins	-	42.1 mins	-	37.5 mins	-	36.8 mins	↓
Bed Mgmt	Bed Occupancy Rate (G&A)	92%	94.8%	92%	99.9%	92%	96.4%	92%	95.8%	↓
	Long LOS >7 Days (% of discharges)	-	54.6%		61.2%	-	56.7%	-	54.2%	↓
	Long LOS >21 Days (% of discharges)	-	22.8%		28.3%	-	22.9%	-	24.2%	↑
Elective Access	RTT Incomplete Performance (% <18 weeks)	92%	56.3%	92%	65.3%	92%	58.2%	92%	58.7%	↑
	RTT Total Waiting List Size	-	111812	-	29766	-	141578	-	136902	↓
	RTT - 104 Week Breaches	0	2	0	0	0	2	0	0	↓
	RTT - 78 Week Breaches	0	44	0	1	0	45	0	8	↓
	RTT - 65 Week Breaches	-	235	-	5	-	240	-	60	↓
	RTT - 52 Week Breaches	-	3048	-	244	-	3292	-	2380	↓
	DM01 Performance	95%	83.8%	95%	95.7%	95%	87.8%	95%	87.2%	↓
Cancer	62 Day Merged performance	70%	58.9%	70%	73.9%	70%	62.1%	70%	78.5%	↑
	31 Day Merged performance	93%	88.2%	93%	81.9%	93%	86.6%	93%	91.8%	↑
	28 Day FDS Performance	77%	73.4%	77%	60.4%	77%	70.9%	77%	76.5%	↑
	62 Day Backlog	-	416	-	189	-	605	-	262	↓
Workforce	Vacancy Rate - All Staff	10%	7.7%	8%	9.9%	10%	8.3%	10%	5.6%	↓
	Sickness Rate - All Staff	3.5%	4.8%	4.0%	4.9%	3.5%	4.9%	3.5%	5.0%	-
	Statutory Training Rate - All Staff	90%	76.5%	85%	91.3%	90%	79.1%	90%	83.3%	↑
	Appraisal Rate - All Staff	90%	84.7%	90%	72.0%	90%	81.7%	90%	82.1%	↑
	Voluntary Turnover Rate - All Staff	13%	10.2%	12%	9.8%	13%	10.1%	13%	8.2%	↓

4. Front-line service changes

- 4.1 As planned, there have been changes seen by patients at our hospitals, with patient benefit cases detailed in the merger business case describing where early integration work would take place. Benefits include:

4.2 Surgical hubs

- Accreditation of Edgware Community Hospital as a surgical hub achieved in November 2025.
- A 7% improvement in capped theatre utilisation at Chase Farm Hospital (CFH) between May 2025 and August 2025, with sustained performance throughout the autumn period – equating to 40-50 additional patients per month.
- Increased productivity across lists during this period, leading to an additional 40 patients through CFH per month.
- Chase Farm capacity expanded to offer access to North Mid services, build on existing shared work, and with plans to expand further to the next specialties as per the integration plans.
- Pre-assessment pathway improvements with the CPG team to standardise the pathway across the group and triage more patients to virtual preoperative assessment, releasing face-to-face capacity. Work is ongoing to roll the pathway out to all specialities and develop a digital triage tool.

4.3 Colorectal

- Complex colorectal work has been consolidated at the Royal Free Hospital (RFH) site (from BH and North Mid).
- All three North Mid colorectal surgeons are operating at the RFH, which increases the resilience of the service and enables more cross-cover to reduce the number of lists that are handed back late.
- Slight improvement in length of stay for North Mid complex colorectal patients.
- Between April and July 2025, an additional 23 North Mid complex colorectal patients have had their operations at the RFH; the number of North Mid complex colorectal patients being operated on at the RFH per month has doubled from an average of circa four to circa eight post-merger.
- Work is ongoing to train additional surgeons, including North Mid surgeons, on the surgical robot to increase equity of access to these new techniques.

4.4 Oncology

- Two joint RFH-North Mid medical oncology posts have been recruited to and are now in post. This has significantly increased medical oncology capacity, particularly at North Mid in an area that had previously been hard to recruit to.
- Established group-wide cancer of unknown primary (CUP) multidisciplinary team – North Mid CUP patients now have faster access to this specialist advice.
- Joint RFH-North Mid radiotherapy workforce business case approved with recruitment complete for year one posts. This will reduce radiotherapy agency and bank costs and increase the resilience of both services.
- Work is ongoing to substantiate locum posts across North Mid and the RFH. This will increase both services' resilience:
 - CFH/North Mid clinical oncology breast / lung approved
 - North Mid breast medical oncology substantiated
 - RFL medical oncology breast substantiated
 - RFL medical oncology gastrointestinal substantiated
- Proactively collaborating and sharing learning ahead of formal integration, for example sharing Financial Improvement Plan (FIP) ideas around reducing drug spend.
- Workplan generated with timeframes to harmonise clinical guidelines across both sites.

4.5 Research and development

- Financial sustainability of North Mid R&D has improved through using the RFL's research grants manager for accurate costing models, access to a patient and public involvement and engagement manager (which increases competitiveness with funders), work to grow the current portfolio and attract commercial studies, and identifying studies open at other RFL sites that are potentially suitable for North Mid.
- Enhanced income tracking from previously unclaimed activities has been established through improved finance training.
- More efficient study set-up at North Mid has been achieved, with at least six new North Mid studies opened since the merger with an average set-up time of 188 days (median 148.5 days), representing an improvement from the North Mid baseline.

- Across the group, the median set-up time has improved from 186.5 days in 2024 to 148.5 days in 2025.
- North Mid patients now have potential access to RFL's extensive study portfolio, including phase one trials through the clinical research facility, providing more equitable access to trials.
- Recruitment across all studies at North Mid increased from 465 patients in 2024 to 820 in 2025, while the number of studies opening remained stable at 11 in both years.
- The annual target for increasing the number of studies opening per site per year has been exceeded.
- The R&D KPI for studies to be set up within 92 days for new studies is being met.
- North Mid patients are now included in the research tissue bank project trials.
- Streamlined governance has been achieved by integrating North Mid R&D as Theme 6 in the RFL's delivery structure, which eliminated duplicate processes.
- Centralised support is now available, with North Mid having access to the RFL's dedicated research grants manager and costing support team.
- Four allied health professional staff members are acting as research champions, expanding non-medical research advocacy.
- Regional Research Development Network has funded one whole time equivalent band six post for HIV research portfolio development.
- North Mid R&D team now has access to comprehensive training programmes including workshops, standard operating procedures, shadowing opportunities, and clearer career progression pathways.
- The graph below shows a summary of grants over the past 10 years, showing a substantial uplift in value in 2025.



4.6 Emergency care and UTC at North Mid

- Four-hour performance improvement has been sustained at North Mid. The latest month, December 2025, was 73.61% compared to 63.60% in December 2024.
- Improvement in UEC performance, pathways, leadership and clinical engagement at North Mid recognised by NHSE ECIST tier one support team and de-escalation from tier one to tier two for UEC (notified in October 2025).
- New UTC capital development at North Mid is progressing well and is on track for opening in the spring of 2026, which will enable improved access for minor injury and minor illness patients at North Mid as well as providing additional clinical space to manage ambulance handover and reduce delays.
- Increased capacity of integrated virtual ward pathways with utilisation improving to over 80%. The North Mid virtual ward pathway has increased from 32 to 49 beds this year and utilisation in November was 93% against national benchmark of 80%.
- New initiatives supported with investment of circa £4m into North Mid:
 - investment and recruitment of additional permanent emergency department and acute medicine workforce
 - operational improvement and transformation support resource (ongoing)
 - opening of a new discharge lounge (February 2025)
 - opening of a new emergency ambulatory care unit (May 2025)
 - opening of the same-day acute frailty service (January 2026)

4.7 Mental health A&E services – CFH and North Mid

- Work continues with NCL ICB and North London Partnership Foundation Trust (NLPFT) to establish a mental health crisis assessment service based at CFH to serve patients, particularly those with mental health needs, who currently attend North Mid and Barnet Emergency Departments, with the capital enabling works currently underway by NLPFT at CFH.

5. Staff Benefits of Merger

5.1 In Q3 2025/26, 485 clinical leaders were consulted on the new clinical operating model (COM). This new structure goes live in April 2026 and will bring further benefits for our staff which include:

- Increased investment in our clinical leadership structures which ensures we attract the best individuals to the roles to allow us to deliver on our ambitions for our patients and populations.
- The structure has been benchmarked with other trusts and supports retention of our valued staff and allows us to attract high-calibre people from outside

the group.

- Greater parity between operational, nursing and clinical leadership at all levels.
- Greater scope for rotational opportunities as well as opportunities for progression across the health units within the group.

6. Financial Position

- 6.1 Both legacy trusts delivered their agreed financial plans across recent years. However, both had significant underlying deficits with challenging recovery plans. To support plan delivery, both trusts historically relied heavily on non-recurrent means and flexibilities.
- 6.2 Taking historical financial positions into account, alongside the significant shift in the national financial landscape within the NHS, the merged organisation set an £88.5m underlying deficit plan for 2025/26, £30m of this was the legacy North Mid underlying position.
- 6.3 Incorporated into this plan was an assumed delivery of a total £121.5m of financial efficiencies, including a blend of recurrent and non-recurrent expectations. Within this, the opportunity to make savings achieved as a result of corporate and back-office integration through the merger has been taken. The delivery of those savings targets has reflected the efficiency expectations of the merger as stated within the original business case:

Transaction benefits						
	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
CSI	-	5,265	10,529	10,529	10,529	10,529
CNST	-	-	422	422	422	422
Operational Cost	-	1,342	1,342	1,342	1,342	1,342
EPR	-	-	316	631	631	631
	-	6,607	12,609	12,924	12,924	12,924

- 6.4 The merger savings were achieved via:

- Corporate Savings Integration (CSI) benefits - £5.3m in 2025/26 with a £10.5m full year effect
- Clinical Negligence Scheme for Trusts (CNST) premium reduction of £0.4m from 2026/27 to reflect adoption of best practice across the enlarged group
- £1.3m of clinical consumables savings from increased purchaser power and the rationalisation of contracts

- £0.3m savings in 2026/27 from reducing North Mid Electronic Patient Record (EPR) licence fees as a consequence of implementing a new EPR, with a £0.6m full year effect
- 6.5 Strong progress has been made on the delivery of the noted efficiencies, with the full CSI benefit expected to be delivered. Similarly, efficiencies allied to improved value associated with clinical consumables have been delivered as a part of the group's non-pay programme.
- 6.6 Initial work is underway to assess opportunities to deliver the CNST and EPR benefit in future years. There is a risk associated with both schemes, which is being managed via trust governance.
- 6.7 Alongside the above, the group continues to progress additional opportunities offered by the integration of the legacy organisations. Work is underway to optimise the use of CFH as a surgical hub, which offers a significant opportunity to increase elective productivity with existing resources. The group's new COM has also been finalised, with implementation due in April 2026. This offers scope for further improved care by ensuring optimal services and pathways are established, thereby eliminating unwarranted variation.
- 6.8 Delivery of benefits will continue to be tracked as a part of the wider group's FIP and reported via appropriate governance.

7. Conclusion

- 7.1 There is obviously ongoing work to continue to move forward and deliver the benefits that working together as a single organisation gives, as well as developing the new organisational culture, plans, and continuously exploring new areas to improve. Whilst not everything has gone smoothly, the areas of integration where there have been delays have largely been logistical and impacted staff, not patients, and have been quickly identified and resolved.
- 7.2 But one year into the merger of the Royal Free London and North Middlesex Trusts, there has been good progress made against both the delivery and realisation of the merger integration plans, and resulting benefits. Overall, there has been progress and improvement in all areas of delivery including key NHS and patient metrics. The NHSE formal review of progress noted the improvements and the successful delivery of the merger plans.