

# Moorfields Eye Hospital NHS Foundation Trust

## Inspection report

Moorfields Eye Hospital  
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2018  
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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Moorfields Eye Hospital NHS Foundation Trust ('the trust') is the largest provider of eye care in the UK. The trust provides clinical services across all sub-specialities and operates from 31 sites. It provides secondary care services to local populations as well as tertiary services to the Greater London region, Bedford and the South East of England. It also provides some national services, such as ocular oncology. In addition to its NHS work the trust has private facilities in two locations as well as three commercial facilities in UAE which are regulated by the local health system.

The trust is a Biomedical Research Centre and Clinical Research Facility and is regarded as the top academic ophthalmic research unit in the world. Pioneering stem cell research is helping people with sight loss gain vision.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

The trust provides outpatient and diagnostic care and day care surgery. At Moorfields Eye Hospital City Road there is an emergency department and a dedicated centre for children and young people.

The trust employs 2,350 staff and has 18 inpatient beds, 33-day care beds, 12 children's beds and provides 644 outpatient clinics per week.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We inspected outpatient services at Moorfields at St George's and surgery and outpatient services at Moorfields at Bedford and Moorfields City Road.

We selected the services for inclusion in this inspection based on those that were rated requires improvement or one of the domains (safe, effective, caring, responsive, well-led) were rated requires improvement as a result of our findings at the previous inspection in May 2016.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

# Summary of findings

## What we found

Some of the trust overall ratings had improved: safe and responsive had improved from requires improvement to good and effective had improved from good to outstanding. Caring and well-led remained as good.

All of the services included in this inspection were rated either good or outstanding.

Moorfields Eye Hospital at City Road was rated overall outstanding; surgery was rated outstanding and outpatients as good. In surgery safe had improved from requires improvement to good and effective, caring and responsive had improved from good to outstanding. Well-led was rated good.

We previously inspected outpatients at Moorfields City Road jointly with diagnostic imaging, so we cannot compare our new ratings directly with previous ratings. The service was rated good overall and four domains, safe, caring, responsive and well-led were rated as good. We do not rate effective in outpatients.

Surgery at Moorfields at Bedford was rated good overall. Safe had improved from requires improvement to good and effective had improved from good to outstanding. Caring, responsive and well-led were rated as good which was the same as at the previous inspection.

We previously inspected outpatients at Moorfields at Bedford jointly with diagnostic imaging, so we cannot compare our new ratings directly with previous ratings. The service was rated good overall and three domains, safe, caring and well-led were rated as good. Responsive was rated as requires improvement. We do not rate effective in outpatients.

We previously inspected outpatients at Moorfields at St George's jointly with diagnostic imaging, so we cannot compare our new ratings directly with previous ratings. The service was rated good overall and four domains, safe, caring, responsive and well-led were rated as good. We do not rate effective in outpatients.

## Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- We rated safe, responsive and caring as good and effective was rated outstanding. In rating the trust, we took into account the current ratings of the services not inspected this time.

## Are services safe?

Our rating of safe improved. We rated it as good because:

- Actions taken by the trust since the previous inspection had improved the safety of care and treatment provided.
- Good progress had been made with implementation and compliance with the World Health Organisation (WHO) surgical safety checklist.
- Staff understood how to protect patients from abuse; they had training on how to recognise and report abuse. Staff working with children and young people had been trained to safeguarding level three.
- There were sufficient staff with the right skills and training to care for patients.
- Staff adhered to infection prevention and control policies.
- Services followed best practice when prescribing, giving, recording and storing medicines.
- Records were clear, up-to-date and available to staff providing care.
- Services had systems to report incidents and the majority of the services we inspected were able to provide examples of learning from incidents.

However;

# Summary of findings

- Although services deployed sufficient nursing staff to care for patients the vacancy rate for unregistered staff was above the trust target.
- In outpatients at Moorfields at Bedford the children's waiting and clinical areas were not separated from the adults.

## Are services effective?

Our rating of effective improved. We rated it as outstanding because:

- Services provided care and treatment in line with national guidance and evidence of its effectiveness.
- Services monitored the effectiveness of care and treatment and used the findings to improve them.
- Patient outcomes in many specialties were better than the national targets. They compared local results with those of other services, nationally and internationally, to learn from them
- Services participated in research projects, many with other ophthalmology providers, in order to drive improvement and identify best practice in care and treatment for patients.
- There was good multidisciplinary working across all services we inspected.
- Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff understood how and when to assess if patients had the capacity to make decisions about their treatment.
- Although the new to follow up rate in outpatients at Moorfields City Road was higher than the England average the trust told us this was due to patients having complex and chronic conditions.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff were caring and treated them with kindness. They said that staff went out of their way to make their visit as comfortable and smooth-running as possible.
- Staff provided emotional support to patients to minimise their distress and cope emotionally with their care and treatment.
- Responses from the trust's family and friends test were consistently good and many included comments about individual staff giving exceptional care.
- Patients we spoke with told us they were involved in decisions about their care and treatment and staff took time to answer their questions.

However:

- In outpatients at Moorfields City Road we observed some staff not acknowledging patients and being abrupt when answering their questions.

## Are services responsive?

Our rating of responsive improved. We rated it as good because:

- Services were planned and delivery to meet the needs of local people.
- Services took account of patients' individual and diverse needs such as disability, gender, religion and belief. Accessible information for patients living with learning disabilities and dementia was available. This was an improvement since the previous inspection.

# Summary of findings

- Hostel accommodation was available for patients who did not want to travel home on the same day of surgery and overseas patients who could not fly due to their surgery.
- The trust's referral to treatment time (RTT) for non-admitted pathways was consistently better than the England overall performance.
- In surgery at Moorfields City Road people could access the service when they needed it. The patient journey was planned to ensure maximum efficiency with the effect that the average length of stay for both elective and non-elective patients was significantly below the England average.
- In surgery at Moorfields City Road patient's follow-up appointments were planned and scheduled at pre-assessment. This reduced the likelihood of them being unable to attend the appointments.

However:

- The environment in outpatients at both Moorfields City Road and Moorfields at St George's was limited, although some work had been undertaken to improve this since the last inspection.
- The 'did not attend' rate for outpatients at Moorfields City Road and Moorfields at St George's was higher than the England average and the trust was working to try and change this.
- There was limited capacity in some of the clinics at Moorfields at Bedford. Some patients experienced delays and long waiting times due to capacity issues and clinics over booking.

## Are services well-led?

Our rating of well-led remained the same. We rated well-led as good because:

Since the last inspection, the trust had introduced a new divisional structure with improved quality roles, focus and responsibility. Services we inspected had effective visible leadership.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

Managers valued staff who told us they felt supported, motivated and proud to work for the trust.

The trust had achieved excellent staff satisfaction engagement scores in the NHS staff survey.

Services had clear systems to review and improve the quality and safety of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.

## Outstanding practice

- We found examples of outstanding practice in surgery and outpatients at Moorfields City Road.
- The service innovative in its approach to access and flow. In particular there was a highly effective pre-assessment process which included the use of telephone consultations.
- The service provided excellent emotional support and practical support to patients experiencing sight loss, providing counselling and support in registering for certification of visual impairment.
- Moorfields Eye Hospital and University College London had set up the London Project to Cure Blindness which restored the sight of the first patients receiving a new treatment derived from stem cell technology.
- Their collaborative and pioneering research study with an artificial intelligence company showed that artificial intelligence helped to diagnose eye diseases.

# Summary of findings

- The National Institute for Health Research granted a clinical trial for finger prick autologous blood (FAB) to treat severe dry eyes. The cataract and corneal services had recruited 15 patients to date.

## Areas for improvement

### Action the trust **MUST** take to improve:

- In outpatients at Moorfields at Bedford review all clinics' waiting lists to ensure they are current and accurately reflect patients' progress through their treatment pathway. They must ensure there is effective system to monitor patient's pathway fully. Where learning is identified, and actions agreed, in response to untoward incidents the trust must ensure it is shared and implemented promptly to prevent reoccurrence.

### Action the trust **SHOULD** take to improve

#### In surgery at Moorfields at City Road:

- Ensure risk is proactively managed, including identifying specific, localised risks to the service and recording these on the risk register, reflecting on previous incidents to inform the inclusion of risks on the register.
- Continue to reduce vacancies for non-registered staff.

#### In outpatients at Moorfields at City Road:

- Improve staff awareness of learning from incidents and complaints.
- Continue to work to improve 'did not attend' rates and data completeness for patient journey times.
- Continue to work to improve records storage and the environment.
- Continue to reduce vacancies for non-registered staff.

#### In surgery at Moorfields at Bedford:

- The service should continue to ensure that patients' records are locked and kept secure at all times.
- The service should ensure that all patients' individual pain needs are met.
- The service should address on how they keep patients informed of waiting times on the day of their surgery.
- The trust should review the possibility of staggering appointment times for patients to reduce waiting times prior to surgery.

#### In outpatients at Moorfields at Bedford:

- Ensure the children's waiting and clinical areas are separated from the adults.
- Ensure there are no delays to appointments and waiting times or any potential delays are clearly and accurately communicated with patients.
- Increase capacity in glaucoma and cataract clinics to minimise treatment waiting times and ensure referral to treatment times are improved.

#### In outpatients at Moorfields at St George's:

- Address the crowding of the department and the cramped the waiting area.
- Improve how patients find the OPD from the main reception at St George's Hospital.
- Improve the 'did not attend' rate for Moorfields at St George's.
- The trust should risk assess the treatment areas in a corridor outside the main outpatient to ensure staff are safe.

# Summary of findings

- Continue to involve patients in plans for the development of the service

## Action we have taken

We issued one requirement notice to the trust. Our action related to a breach of one regulation in outpatients at Moorfields at Bedford.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles.
- The trust strategy was directly linked to the vision and values of the trust. The trust involved staff, patients and partnership organisations in the development of the strategy and from this had a clear five-year plan to provide high-quality care with financial stability.
- The trust strategy was underpinned by other strategies including those for nursing and patient participation.
- Members of the executive, non-executive team and governors visited services and feedback to the trust board the challenges staff and services faced.
- The board reviewed performance reports that included data about the services which divisional leads could challenge.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- The trust was committed to improving services by learning from when things go well and when they go wrong and this was a work in progress.
- The trust had made significant improvements to patient safety and experience since the last inspection.
- The trust had clear plans to develop a new, purpose-built centre of excellence for eye care, research and education.
- The trust was at the forefront of training, research and innovation in ophthalmology.
- The chief executive and chair were key in promoting a more open and inclusive culture.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations.

# Summary of findings

- Staff we spoke with told us they were proud to work for the trust and spoke positively about their managers.

However:

- Board members were aware that they had work to do to improve diversity and equality across the trust and at board level.
- The trust recognised that it needed a more coherent approach to patient and carer engagement.
- The trust's workforce strategy had been developed but, had yet to be implemented.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Moorfields Eye Hospital - City Road	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↑ Mar 2019
Moorfields at Bedford	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good ↔ Mar 2019	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019
Moorfields at St George's	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall trust</b>	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Moorfields Eye Hospital - City Road

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Surgery	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↑ Mar 2019	Good ↔ Mar 2019	Outstanding ↑ Mar 2019
Services for children and young people	Good Jan 2017	Good Jan 2017	Outstanding Jan 2017	Good Jan 2017	Good Jan 2017	Good Jan 2017
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↑ Mar 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Moorfields at Bedford

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Requires improvement Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good ↑ Mar 2019	Outstanding ↑ Mar 2019	Good ↔ Mar 2019	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Moorfields at St George's

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall*</b>	Good Mar 2019	N/A	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Moorfields at St George's

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[www.moorfields.nhs.uk](http://www.moorfields.nhs.uk)

## Key facts and figures

The trust provided outpatient and urgent care services at Moorfields at St Georges. We inspected both of these services.

The outpatients was open Monday – Saturday and the urgent care centre was open seven days per week 9-5pm. Outside of these hours patients were seen in the St George's Hospital urgent care centre.

During the inspection we spoke with 10 patients and one relative along with 19 staff. We reviewed 17 patient medical records.

## Summary of services at Moorfields at St George's

**Good** ●

We rated it them as good because:

- We found there had been improvements since the previous inspection.
- The service had systems to identify and minimise risks to patients.
- Staff awareness of how to protect patients from abuse had improved since the previous inspection.
- There were enough staff to provide the right care and treatment for patients.
- Patients record were clear and up to date and available when needed. This was an improvement since the previous inspection.
- Care and treatment was provided in line with national best practice guidance.
- We observed that staff treated patients with kindness and compassion and involved them in decisions about their care and treatment.
- Care and treatment was delivered to meet the individual needs of patients. Services for children had been improved with the recruitment of a play therapist.
- Waiting times for care and treatment were better than the England average.
- There were systems to monitor the quality and safety of care and a clear commitment to develop and improve services.

# Summary of findings

- Staff morale was good and they were supported by their managers to access development opportunities.

However:

- The 'did not attend' rate for outpatients was higher than the England average.
- The environment in the outpatients was crowded with limited space.
- Patient involvement was still in the early stages.

# Outpatients

Good ●

## Key facts and figures

Moorfields Eye Hospital NHS Foundation Trust provides outpatients services at Moorfields Eye Centre at St George's Hospital.

The OPD was open from varying times between 8.00am to 4.00pm, 8.30am to 4.30pm, 8.00am to 6.00pm Monday to Saturday. The department also ran ad hoc glaucoma clinics on a Saturday from 9.00am to 5.00pm.

The urgent care centre (UCC) operated seven days a week from 8.00am to 9.00pm. Outside these hours the Moorfields at St Georges UCC operated from the St Georges Hospital UCC which closed at 2.00am.

Patients could access the urgent care clinic via a referral from their optician, GP or any A&E department. Only existing Moorfields patients could self-refer. The urgent care clinic provided a walking service for patients who had suffered eye problems. Patients were triaged on arrival with the most urgent patients being seen first. These patients were offered an assessment and treatment on the same day as the clinic.

We visited a range of clinics the OPD and the urgent care centre (UCC). We met with people who use services, who shared their views and experiences of the OPD service. We spoke with 10 patients and a relative who used the services and looked at 17 patient records. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We spoke with 19 members of staff including doctors, nurses, technicians and administrative staff. We also spoke with the Moorfields at St Georges leadership team.

In addition, we reviewed national data and performance information about the trust and read a range of policies, procedures and other documents relating to the operation of the OPD and related services.

The trust had 572,615 first and follow up outpatient appointments from June 2017 to May 2018. Moorfields South at St Georges had 72,206 appointments.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Managers had the skills and abilities to run the service.
- The trust had a vision for what it wanted to achieve and workable plans.
- Managers promoted a positive culture that supported and valued staff. Staff were enthusiastic about the care and treatment they provided for the people who used their services.
- The service had a good governance system with processes to monitor performance on a regular basis.
- The service had systems for identifying risks and planning to eliminate them.
- The service provided mandatory training in key skills to all staff. Nursing staff training compliance was monitored through an electronic system and discussed as part the outpatient departments (OPD) monthly clinical staff meeting.

# Outpatients

- Staff understood how to protect patients from abuse; they had training on how to recognise and report abuse. Staff working with children and young people had been trained to safeguarding level three. This had improved since the last inspection.
- The service controlled infection risks. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care. This had improved since the last inspection.
- The service followed best practice when prescribing and storing medicines.
- Policies, procedures and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellence (NICE) guidelines.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff assessed patients to see if they were in pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Patients who needed physical assistance or guidance had a 'helping hand' sticker on the cover of medical notes to highlight patients with specific needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service investigated complaints and concerns and shared these with all staff.

However:

- Whilst there was some evidence of patient being involved in the plans for the service, this appeared to be in the initial stages.
- Staff working in treatment areas in a corridor outside the main outpatient area were separated from the main outpatient area. There was no CCTV. This was similar to what we found at the last inspection.
- During the inspection we still found the OPD was crowded and the waiting area cramped.
- The location of the Moorfields OPD within the Lanesborough suite was still difficult to find from the main reception at St George's Hospital. This was the same at the last inspection. Signage within the OPD was still not clear.
- The 'did not attend' rate for Moorfields at St George's was higher than the England average.

# Outpatients

## Is the service safe?

**Good** 

We rated it as good because:

- The service provided mandatory training in key skills to all staff. Nursing staff training compliance was monitored through an electronic system and discussed as part of the outpatient departments (OPD) monthly clinical staff meeting.
- Staff understood how to protect patients from abuse; they had training on how to recognise and report abuse. Staff working with children and young people had been trained to safeguarding level three. This had improved since the last inspection.
- The service controlled infection risks. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care. This had improved since the last inspection.
- The service followed best practice when prescribing and storing medicines.

However:

- Staff working in treatment areas in a corridor outside the main outpatient area were still separate from the main outpatients area. There was no CCTV. This was similar to what we found at the last inspection.

## Is the service effective?

We do not rate effective in outpatients:

- Policies, procedures and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellence (NICE) guidelines.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff assessed patients to see if they were in pain.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

## Is the service caring?

**Good** 

We rated it as good because:

# Outpatients

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Patients who needed physical assistance or guidance had a 'helping hand' sticker on the cover of medical notes to highlight patients with specific needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were better than the England average in most cases.
- The service investigated complaints and concerns and shared these with all staff.

However:

- During the inspection we still found the OPD was crowded and the waiting area cramped.
- Although the signage was consistent with the host trusts, the location of the Moorfields OPD within the Lanesborough suite was still difficult to find from the main reception at St George's Hospital. Signage within the OPD was still not clear. This was the same at the last inspection.
- The 'did not attend' rate for Moorfields at St George's was higher than the England average.

## Is the service well-led?

**Good** ●

We rated it as good because:

- Managers had the skills and abilities to run the service.
- Managers promoted a positive culture that supported and valued staff. Staff were enthusiastic about the care and treatment they provided for the people who used their services.
- The service had an effective governance system with processes to monitor performance on a regular basis.
- The service had systems for identifying risks and planning to eliminate them.
- The trust had a vision for what it wanted to achieve and workable plans.

However

- Whilst there was some evidence of patients being involved in plans for the service, this work was in the initial stages.

# Outpatients

## Outstanding practice

- Know your drops service: this entails direct pharmacist support to ensure patients are able to use drops appropriately from their devices. This has been used to encourage patient engagement in treatment decisions. The service was demonstrated nationally at conferences, and including receiving several rewards'

## Areas for improvement

Actions the provider SHOULD take to improve:

- The trust should address the OPD environment the crowding of the department and the cramped the waiting area.
- The trust should improve how patients find the location of the Moorfields OPD from the main reception at St George's Hospital.
- The trust should improve their 'did not attend' rate for Moorfields at St George's.
- The trust should review the treatment areas in a corridor outside the main outpatient area to ensure staff are not isolated.
- The trust should continue to involve patients in the plans for the development of the service.

# Moorfields at Bedford Hospital

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## Key facts and figures

Moorfield at Bedford covers a large geographical area and treated patients not just from the local Bedford area but from other regions such as South Essex, Milton Keynes, and Cambridge. It is part of the Moorfields North Directorate.

It provides comprehensive outpatient and diagnostic care as well as more complex eye surgery.

During 2017 until the time of the inspection during November 2018, surgery at Moorfields at Bedford Hospital undertook 2,691 operations.

The trust had 572,615 first and follow up outpatient appointments from June 2017 to May 2018.

During the inspection we spoke with 10 patients, 39 staff and reviewed over twelve sets of patient medical records.

## Summary of services at Moorfields at Bedford

**Good**  

Our rating of services improved. We rated them as good because:

- Patients received compassionate care and were involved in discussions and decisions about their care and treatment.
- Staff knew how to report incidents and received feedback with learning shared with the wider team.
- Staff were aware of the signs of potential and actual abuse and the action to take in the event of this occurring.
- Patients received effective care and treatment. Outcomes were monitored and information was used to improve care and treatment.
- Staff followed infection prevention and control procedures which minimised risks to patients.
- Patients were cared for in a safe appropriate environment.
- Medicines were managed safely and staff followed best practice when prescribing, administering and storing medicines.
- Services were planned to meet the individual needs of patients.

# Summary of findings

- Patients living with a learning disability or cognitive impairment had access to a hospital passport and a similar document had been developed for patients living with dementia.
- The leadership team promoted an open and supportive culture.
- Services had systems to continually monitor and improve the quality and safety of care provided.

However:

- Outpatients did not have a separate waiting and clinical area for children.
- In surgery staff were unaware of the pain assessment tool for patients living with a learning disability or dementia.
- Outpatients were not always meeting national referral to treatment times.
- At the time of the inspection there were vacancies for medical staff in outpatients and surgery and following the inspection the trust told us these had all been filled.

# Surgery

Good   

## Key facts and figures

Moorfields Eye Hospital (MEH) at Bedford Hospital is a satellite outreach service provided by MEH. The trust carries out day surgery for patients requiring surgical procedures such as cataract surgery. Patients are admitted to the MEH surgical unit on the day of surgery and their procedure is carried out under local anaesthetic. For patients requiring general anaesthetic, they are admitted to the host trust and are not within the scope of this report.

Patients are pre-operatively assessed and discharged from the MEH day surgery unit on the day of surgery, which is attached to the operating theatre.

During 2017 until the time of the inspection during November 2018, Moorfields Eye Hospital (MEH) at Bedford surgery site undertook 2,691 operations.

As part of our inspection, we visited theatre 7 and the waiting and discharge areas. We spoke with two consultants, one operating department practitioner four nurses, four health care assistants (HCAs) and five patients.

We did not inspect the pre-operative assessment area. Pre-operative assessment took place in an outpatient setting within another part of the host trust. We did not inspect the ward or recovery areas within the host trust; this is because they are the responsibility of the other NHS provider.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service took account of patients' individual needs.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However:

- Leaflets in braille had to be requested from City Road; they were not immediately available as the trust stated they have not been requested for many years.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

# Surgery

- The service provided mandatory training in key skills to all staff and made sure most staff completed it. In surgery, the 80% target was met for 16 of the 18 mandatory training modules for which qualified nursing staff were eligible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for patients. They kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results.

However:

- Records were not always kept in locked cabinets and the trust were dealing with this at the time of our inspection. Since the inspection the trust has advised the inspection team that a lockable cupboard has been installed so records can be locked away.
- Vacancy rates for medical staff were higher than the trust target of 10%. Since the inspection the trust has advised the inspection team that all consultant posts have now been filled.

## Is the service effective?

**Outstanding**  

Our rating of effective improved. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs. The service adjusted for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They had assessment tools for those unable to communicate, however, staff did not know where these were located or how to use them.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.

# Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service most times when they needed it. Waiting times from referral to treatment were mostly in line with good practice and better than the England average.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Waiting times were increased because the service did not always stagger patients' arrival times.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

# Surgery

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- The vision was trust wide and not specific to the satellite service.
- Staff we spoke with said the leadership team were not visible within Moorfields at Bedford Hospital.

## Areas for improvement

Actions the provider SHOULD take to improve:

- The service should continue to ensure that patients' records are locked and kept secure at all times.
- The service should ensure that all patients' individual pain needs are met.
- The service should address on how they keep patients informed of waiting times on the day of their surgery.
- The trust should review the possibility of staggering appointment times for patients to reduce waiting times prior to surgery.

# Outpatients

Good ●

## Key facts and figures

Moorfields at Bedford Hospital covered a large geographical area and treated patients not just from the local Bedford area but from other regions such as South Essex, Milton Keynes, and Cambridge.

Moorfields at Bedford Hospital services are part of the Moorfields North directorate. The Bedford South eye centre was co-located with general hospital services; it provided comprehensive outpatient and diagnostic care as well as more complex eye surgery. This centre offered secondary, tertiary, and quaternary sub-specialty ophthalmology for cataract, external disease, glaucoma, medical retina, oculoplastic, and vitreoretinal clinics. The Bedford North centre was in the Bedford Enhanced Services Centre (or Bedford Hospital North Wing as it is known locally). It focused on outpatient and diagnostic services for eye conditions including cataract, paediatrics and strabismus.

Patients are receiving most of their diagnostics and clinical opinion on the same visit. The department also ran 'stable monitoring clinics' within glaucoma and medical retina services. This is when a patient attends for a series of diagnostics and these are reviewed virtually by a clinician avoiding unwarranted visits and ensuring the most efficient use of patient time.

Patients who present through the A&E and urgent care facilities of the host hospital could also be accommodated to fast track emergency pathways. The service at Bedford South included an emergency service where patients could visit directly after being referred by their local GP or optometrist.

The service was previously inspected in May 2015 when it was rated as 'good' overall. At the time responsive domain was rated as 'requires improvement' and safe, caring, and well-led domains were rated good. We did not rate effectiveness of the service.

Our inspection was unannounced and took place between 14 and 15 November 2018. We looked at 12 sets of adult patient records. We spoke with 28 members of staff including doctors, nurses, managers, support staff, administrative staff and allied health professionals. We also spoke with 5 patients and some of their relatives who were in the department at the time of the inspection. We reviewed and used information provided by the trust in making our decisions about the service.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for patients and demonstrated compassion. Staff understood patients' holistic needs and the impact of their diagnosis, care and treatment to them and their loved ones.
- Staff involved patients and those close to them in decisions about their care and treatment.
- There were enough nursing and allied health professional staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. They used control measures to prevent the spread of infection.

# Outpatients

- The service had suitable premises and equipment and looked after them well.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service followed best practice when prescribing, administering, recording, and storing medicines. Patients received the right medicines at the right dose at the right time.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- The service took account of patients' individual and diverse needs such as disability, gender, religion and belief.
- The service had system for capturing and learning from complaints.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However, we also found:

- The service had vacancies for medical staff. This meant there was not always sufficient number of doctors to provide the right care and treatment.
- Children's waiting and clinical areas were not separated from adults and staff did not follow best practice in relation to organising children's clinics.
- Patients experienced delays and long appointment waiting times on the day of their clinic due to capacity issues and occasional clinics overbooking.
- There was limited capacity in accessing glaucoma and cataract clinics.
- The service did not meet the 18-week referral to treatment standard.

## Is the service safe?

**Good** ●

We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.

# Outpatients

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment, and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service carried assessed risks to establish if referrals were urgent. Doctors reserved clinics for emergency patient such as those referred to them by local GPs.
- At the time of the inspection there were enough nursing and allied health professional staff on duty to meet the needs of the patients. Staff had the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care.
- The service followed best practice when prescribing, administering, recording, and storing medicines. Patients received the right medicines at the right dose at the right time.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

However, we also found:

- The service had vacancies for medical staff. This meant there was not always sufficient number of doctors with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Although staff recognised incidents and reported them appropriately the service did not always manage patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service, however, actions were not always taken promptly in response to incidents. In 2017 the service identified an incident where a patient attended glaucoma clinic 31 months after their appointment was due. We were not assured the process the trust had was effective and would prevent similar occurrences. We reviewed a glaucoma waiting list and noted that many patients still appeared on the appointments booking system as awaiting follow up appointment.
- Children's waiting and clinical areas were not separated from adults and staff did not follow best practice in relation to organising children's clinics.

## Is the service effective?

We do not rate effective in outpatients.

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff assessed and monitored patients regularly during procedures such as eye injection to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.

# Outpatients

- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff understood patients' holistic needs and the impact of their diagnosis, care and treatment to them and their loved ones. We observed staff responding compassionately when patients needed help and support.
- Staff provided emotional support to patients to minimise their distress and cope emotionally with their care and treatment.
- Staff involved patients and those close to them in decisions about their care and treatment.
- We observed and patients we spoke to told us that staff were patient and spent time talking to them and their close ones.

## Is the service responsive?

**Requires improvement** ●

We rated it as requires improvement because:

- Patients experienced delays and long appointment waiting times on the day of their clinic due to capacity issues and occasional clinics overbooking. Although staff informed patients when there were delays in the clinic the waiting time information displayed in waiting areas was not accurate. Patient we spoke to told us they would love to see improvement in the waiting time.
- There was limited capacity in accessing glaucoma and cataract clinics. Patients waited up to 21 weeks for their follow-up glaucoma appointment and 34 weeks to access the cataract clinic.
- The service did not meet the 18-week referral to treatment standard.

However, we also found:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual and diverse needs such as disability, gender, religion and belief.
- The service had made adjustments to the signage of the clinic.
- The service had developed some accessible information for patients with learning disabilities and dementia and updated their patient passport.

# Outpatients

- The service had system for capturing and learning from complaints. We saw several examples of improvement made to the quality of care as a result of complaints and concerns received from patients.

## Is the service well-led?

**Good** 

We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The department had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The department collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research, and innovation.

## Areas for improvement

Actions the provider **MUST** take to improve

- The trust must review all clinics' waiting lists to ensure they are current and accurately reflect patients' progress through their treatment pathway. They must ensure there is effective system to monitor patient's pathway fully. Where learning is identified, and actions agreed, in response to untoward incidents the trust must ensure it is shared and implemented promptly to prevent reoccurrence.

Actions the provider **SHOULD** take to improve

- The trust should ensure the children's waiting and clinical areas are separated from adults.
- The trust should ensure there are no delays to appointments and waiting times or any potential delays are clearly and accurately communicated with patients.
- The trust should increase capacity in glaucoma and cataract clinics to minimise treatment waiting times. The trust should also ensure they improve their referral to treatment times.

# Moorfields Eye Hospital

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[www.moorfields.nhs.uk](http://www.moorfields.nhs.uk)

## Key facts and figures

Moorfields Eye Hospital City Road is located in central London. The hospital provides comprehensive general and specialist outpatient, diagnostic and surgical services for the local population and for those from further afield who require more specialist treatments not available elsewhere. It also provides emergency surgery, a 24-hour A&E dealing exclusively with urgent eye problems, and pre-eminent research and education capability. Services are delivered from the main hospital, children's centre and private facilities. As well as providing clinical services it is the trust's headquarters and home to the trust's research partners at the University College London Institute of Ophthalmology.

There are two, day surgery wards Sedgwick and MacKellar, for female and male patients respectively.

There is one observational ward on the fourth floor for patients needing to stay overnight for ophthalmic nursing care, with six side rooms. There is also a private ward, Cumberlege Wing, for private surgical patients, also located on the fourth floor.

There are ten operating theatres used for both NHS and privately funded work.

The outpatients service at Moorfields Eye Hospital offers a range of specialist outpatient eye clinics, including clinics for glaucoma, medical-retinal, external diseases, vitreoretinal, uveitis, adnexal and contact lenses. The trust had overall received over 740,000 patient visits from 2017 to 2018. From June 2017 to May 2018, the trust had 572,615 first and follow up outpatient appointments.

During the inspection we spoke with 31 patients, 65 staff and reviewed 28 sets of patient medical records.

## Summary of services at Moorfields Eye Hospital

**Outstanding**  

Our rating of services improved. We rated them as outstanding because:

- We found many improvements in surgery and outpatients since the last inspection.
- Action had been taken to reduce potential risks to patients undergoing surgery: improved compliance with the World Health Organisation safety check list.
- Staff followed infection prevention and control procedures and areas we inspected very visibly clean.
- Staff knew the action to take if they had concerns that a patient was being abused.
- Care and treatment provided was based on national guidance and evidence of its effectiveness.

# Summary of findings

- In surgery, outcomes for some treatments were better than the national standard.
- There was effective multidisciplinary working in surgery and outpatients.
- We observed many positive caring interactions between staff and patients in surgery and outpatients. In surgery patients told us staff went above and beyond to ensure they were comfortable.
- Care and treatment was responsive to the needs of patients. Support was available for people living with a learning disability or dementia and visual aids were available for people who were visually impaired.
- Access times for surgery from time of referral were better than the England average.
- The divisional structures had been reviewed and strengthened.
- Staff told us they were supported by their local managers and were encouraged to access development opportunities. There was a positive culture and staff were proud to work for the trust.
- There was a commitment to improving services and both services had systems to monitor the quality and safety of care provided.

However:

- In outpatients more work was needed to improve learning from complaints and incidents and reduce the number of patients who did not attend for their appointment.
- In surgery the risk registers for theatres did not always reflect risks specific to the service.
- In outpatients some staff were not aware of the trust's values or the strategy.
- The environment in the outpatients was limited and the trust had taken some action to improve it and more work was planned.
- Vacancies for non-registered staff were above the trust target.

# Surgery

Outstanding  

## Key facts and figures

Moorfields Eye Hospital City Road provides specialist elective and emergency eye surgery services for the local population and for patients requiring eye treatments not available elsewhere. In addition, the hospital also provides surgical services to private patients from the UK and overseas.

The surgical services include all elements of the surgical patient pathway at the City Road site.

Surgical services are divided into specialties of adnexal, cataract, corneal, theatres and anaesthesia, vitreoretinal, admissions, day case wards and pre assessment.

Between 2017 and 2018 the trust as a whole received 740,000 patient visits. The largest surgical service at City Road was the adnexal service.

There are ten operating theatres at the City Road hospital site. All of the theatres are located in the same theatre suite on the first floor. Theatres one to eight are NHS theatres whilst nine and ten are usually reserved for private work. There are dedicated adult and paediatric recovery areas in the theatre suite.

There are two, day surgery wards Sedgwick and MacKellar, for female and male patients respectively. Day surgery patients are discharged on the same day as their surgery. On the wards patients have access to both chairs and beds, beds are allocated to those patients undergoing general anaesthetic as well as those who have difficulty sitting.

There is one observational ward on the fourth floor for patients needing to stay overnight for ophthalmic nursing care, with six side rooms. There is also a private ward, Cumberlege Wing, for private surgical patients, also located on the fourth floor.

During our inspection, we visited the surgical services on Wednesday 14 and Thursday 15 November 2018. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited both NHS and private wards.

We visited all of the surgical clinical areas, including following a number of patients through their patient journey. We spoke with 35 staff including the divisional leadership team, nurses doctors, healthcare assistant (HCA)s, cleaning staff, housekeeping staff, various allied health professionals (AHP)s and administrative staff.

We spoke with 15 patients and their family members. We observed their care and treatment and looked at 12 care records. In addition to this, we reviewed local and national data and performance information about the service.

## Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- Staff completed and updated risk assessments for each patient. The World Health Organisation's Five Steps to Safer Surgery checklist was fully embedded and adhered to in surgery, this was an improvement since our last inspection.
- The service controlled infection risk well. The service was visibly clean and clutter free and staff adhered to appropriate infection prevention and control measures.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The majority of staff had completed up-to-date mandatory training, with the service meeting or surpassing the trust's targets for mandatory training compliance in all modules.

# Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Policies were readily available to staff. They were clear and up-to-date and based on best practice guidance.
- All staff cared for patients with compassion. All of the patients we spoke with spoke highly of the caring attitude of staff.
- We observed examples of positive, caring interactions between staff and patients and their families. Staff made significant efforts to ensure patients felt safe and well cared for.
- The service took account of patients' individual needs. The service had measures in place to meet the differing needs of individual patients, including patients from different backgrounds and locations and patients with additional needs.
- People could access the service when they needed it. Access to and flow through the patient journey was highly effective.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Staff spoke highly of the leadership at all levels.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community Staff shared in the trust's vision and values.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a positive culture throughout the service. Staff felt that they could contribute to the vision of the service and that their contribution was recognised and appreciated.
- There was a clear governance structure in place.

However:

- The management of risk was not always dynamic or proactive.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- Staff completed and updated risk assessments for each patient. The service had addressed the concerns raised at our inspection of May 2016 regarding the use of the World Health Organisation's (WHO) Five Steps to Safer Surgery Checklist, a checklist designed to increase the safety of patients undergoing surgery. We saw clear evidence that the WHO checklist was now used routinely in theatres and was an embedded element of practice at the hospital.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. There were sufficient safeguards in place to protect patients from harm or abuse. Staff had received safeguarding training and were clear about their safeguarding responsibilities.
- The service controlled infection risk well. All of the surgical areas were visibly clean and clutter free. Staff in clinical areas adhered to best practice for infection prevention and control (IPC). Staff in clinical areas were bare below the elbow and scrubbed staff wore gowns when leaving the theatre suite.

# Surgery

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training compliance rates were good, with the trust targets for mandatory training being met or surpassed in all modules. Staff told us that the training was meaningful and engaging.

However:

- Whilst the service generally had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment, the vacancy rate for non-registered staff was higher than the trust target.

## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff had access to clear, up-to-date policies which had been developed in line with best practice.
- The service made sure staff were competent for their roles. The majority of nursing staff had undertaken additional training in ophthalmic nursing.
- The service participated in numerous research projects in partnership with University College London, in order to drive improvement in ophthalmic care and to identify best practice.
- Staff of different kinds worked together as a team to benefit patients. We saw examples of effective multi-disciplinary team (MDT) working.
- There was flexibility in the elective surgery provision to allow for an additional day's surgery to take place in order to meet patient demand.
- Patient outcomes were better than the England average for a number of procedures. For example, 12 months after surgery 98% of patients had a successful outcome against a national standard of 90%.

## Is the service caring?

**Outstanding** ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- All staff cared for patients with compassion. Staff spoke about patients with care and compassion.
- We observed positive, caring interactions between staff and patients and their families.
- Many staff went above and beyond to ensure that patients were cared for effectively and were able to feel confident in the care and treatment they received.
- Patients we spoke with praised the compassion of all of the staff. They said that staff went out of their way to make their visit as comfortable and smooth-running as possible.
- Staff always provided emotional support to patients to minimise their distress. Patients had access to a range of emotional support services, including trained counsellors.

# Surgery

- Staff made additional efforts to involve patients and those close to them in decisions about their care and treatment. Patients told us that they were kept informed about their care and given the information they needed to make difficult decisions.

## Is the service responsive?

**Outstanding** ☆ ↑

Our rating of responsive improved. We rated it as outstanding because:

- People could access the service when they needed it. There was excellent access and flow through the service. The patient journey was planned to ensure maximum efficiency with the effect that the average length of stay for both elective and non-elective patients was significantly below the England average.
- Patient's follow-up appointments were planned and scheduled at pre-assessment, which was convenient to patients and reduced the likelihood of them being unable to attend the appointments.
- Telephone pre-assessment was available for patients for whom it was appropriate, reducing the waiting times for pre-assessment clinics for all patients.
- The referral to treatment time for surgery was better than the England average.
- The service took account of patients' individual needs. The service had effective systems in place to meet the needs of individual patients, including support for patients in obtaining certificate of visual impairment (CVI) status and support for patients with CVI status to access support and relevant services.
- Hostel accommodation was available for day patients who did not want to travel significant distances home immediately after surgery or for those overseas patients who could not fly due to their surgery.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. The service responded proactively to complaints and concerns from patients.

## Is the service well-led?

**Good** ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care. The majority of staff spoke highly of the leadership at all levels, describing them as visible and responsive.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. There was a clear vision for the trust as a whole which was shared by all surgical staff. Staff were aware of the vision and said that they felt empowered towards contributing to it.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a highly positive culture within the service. Staff told us that they were proud to work for Moorfields. Many of the staff we spoke with had been employed by the service for a significant period. They said that their managers encouraged them to develop and that there were opportunities for further training and continued professional development.

# Surgery

- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. There was a clear clinical governance structure in place. Incidents were fully investigated and learning from incidents was cascaded to all relevant staff across the organisation.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There was an emphasis on learning, both through collaborative research projects with University College London and through individual staff undertaking specific courses relevant to ophthalmology or personal development courses supported by the service.

However:

- Whilst the trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, the evidence we were provided in respect of risk management was not sufficiently robust. The majority of risks recorded on the theatres risk register were generic theatre risks and did not relate specifically to incidents that had occurred at the hospital or to the particular practice of the theatres.

## Outstanding practice

- The service was innovative in its approach to access and flow. In particular there was a highly effective pre-assessment process which included the use of telephone consultations.
- The service provided excellent emotional support and practical support to patients experiencing sight loss, providing counselling and support in registering for certification of visual impairment.

## Areas for improvement

Actions the provider SHOULD take to improve:

- The service should proactively manage risk, including identifying specific, localised risks to the service and recording these on the risk register, reflecting on previous incidents to inform the inclusion of risks on the register.
- Continue to reduce the vacancy rate for non-registered staff.

# Outpatients

Good 

## Key facts and figures

The outpatients service at Moorfields Eye Hospital offers a range of specialist outpatient eye clinics, including clinics for glaucoma, medical-retinal, external diseases, vitreoretinal, uveitis, adnexal and contact lenses. The trust has overall received over 740,000 patient visits from 2017 to 2018. From June 2017 to May 2018, the trust had 572,615 first and follow up outpatient appointments.

Patients can access expertise from eye specialists including optometrists (who complete eye health and vision assessments and provide prescriptions for glasses if needed), orthoptists (specialists in defects of eye movement) and ophthalmologists (a doctor specialising in medical and surgical eye conditions).

We visited the outpatients services at the Moorfields Eye Hospital City Road site for two unannounced inspection days on 14th and 15th November 2018. During our inspection we inspected all outpatient clinic areas and spoke 32 members of staff including doctors, nurses, allied health professionals and ancillary staff. We also spoke with the outpatients leadership team, and 16 patients and relatives. We reviewed 16 patient records and checked many items of clinical and non-clinical equipment

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Outpatients at Moorfields Eye Hospital at City road had made many improvements since the last inspection.
- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for non-admitted pathways was consistently better than the England overall performance.
- The trust had introduced a new divisional structure with improved quality roles, focus and responsibility.
- The service provided care and treatment based on national guidance and was involved in innovative projects and trials to help with a range of eye conditions.
- A health information hub was available with staff around to help patients and provide many leaflets on different eye conditions.
- Availability of 'floorwalkers' to monitor patient wellbeing had improved since the last inspection.
- There was a multi-disciplinary clinic specifically for patients with complex learning disability needs which was run jointly by optometrists and orthoptists.
- The trust had introduced self-check-in kiosks which had been specifically designed for visually impaired patients.

However:

- Certain areas of the outpatients department were confined in terms of space however, the space committee had done work to improve this since the last inspection and were continuing to work to make the building more clinical.

# Outpatients

## Is the service safe?

**Good** ●

We rated it as good because:

- Staff had a good understanding of current safeguarding issues, the process for reporting these and related policies.
- The environment was visibly clean and staff looked after equipment well.
- Staff adhered to the infection prevention and control policy and used control measures to prevent the spread of infection.
- Staff were aware of policies and procedures in relation to medical emergencies.
- Records we reviewed were clear, up-to-date and contained all relevant information.
- Staff were aware of duty of candour and could give examples of when they had displayed this with patients and relatives.
- Medicines were stored securely and fridge temperatures were monitored and recorded daily.
- Availability of 'floorwalkers' to monitor patient wellbeing had improved since the last inspection.

However:

- We saw some records left under desks in certain clinic areas and some records were left unattended. The trust had informed us that this would be reviewed at the time of the inspection.
- We saw some records left under desks in certain clinic areas and some records were left unattended. The trust had informed us that this would be reviewed at the time of the inspection.
- There was a general lack of awareness of learning from incidents and staff could only give vague answers of examples of when learning had occurred from incidents.
- The trust provided mandatory training skills for all staff but a few modules were not completed to the trust's required target.
- Certain areas of the outpatients department was confined in terms of space, however, the space committee had done work to improve this since the last inspection and were continuing to work to make the building more clinical.
- The vacancy rate for non-registered staff was above the trust target.

## Is the service effective?

We do not rate effective in outpatients.

Not sufficient evidence to rate.

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The virtual glaucoma clinic was a technician led service with patient information reviewed by a consultant or senior glaucoma specialist clinician. The optometrist led glaucoma clinic was also supported by ophthalmic technicians. The clinics ran effectively and there was an emphasis on training and progression.

# Outpatients

- The cataract and corneal services had set up clinics to review all patients undergoing graft surgery at one and two years post-op.
- The cataract complication rate was comprehensive of all cases and complications were well below the national standards.
- There was a nurse led service for keratoconus management which meant easier access for patients in terms of not having to wait to see a consultant.
- Optometrists and nurses in the retinal therapy unit were trained to give injections to patients.
- Moorfields Eye Hospital worked with the University College London (UCL) institute of Ophthalmology as a successful hospital university partnership in ophthalmology. This allowed them to participate in many clinical trials and research projects, one of which was the London Project to Cure Blindness which restored the sight of the first patients receiving a new treatment derived from stem cell technology.
- We saw evidence of multi-disciplinary meetings held for oncology services.
- Staff were clear about the process to follow if they had reason to be leave a patient did not have capacity to consent to an investigation or treatment.

However:

- The new to follow up rate in outpatients at Moorfields City Road was higher than the England average and the trust told us this was due to patients having complex and chronic conditions
- We did not observe any pain leaflets or posters displayed with details of who to contact if a patient was in pain.

## Is the service caring?

**Good** ●

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. People told us that they felt that staff understood the emotional impact of their conditions.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients received detailed information about their care and treatment.

However:

- On a few occasions we observed staff did not acknowledge patients and were abrupt in answering questions.
- Only certain cubicles had curtains which meant that sharing information with patients was not always private.

## Is the service responsive?

**Good** ●

We rated it as good because:

# Outpatients

- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for non-admitted pathways has been consistently better than the England overall performance.
- We saw hospital passports available for patients with a learning disability, cognitive impairment or additional communication needs coming into hospital.
- There were televisions and magazines in the waiting areas to keep patients occupied whilst waiting for appointments.
- The trust had introduced self-check-in kiosks which had been specifically designed for visually impaired patients.
- There was information displayed and leaflets on Patient Advice and Liaison services (PALs) in the entrance, clinic areas and in the health information hub.
- We observed a blind art gallery where the trust had displayed art in the corridors.
- The trust had a 'friends of shop' where there was a display of aids e.g. talking clocks and glasses accessories.
- We observed clear visual aids displayed on walls for patients with visual impairments.
- There was a multi-disciplinary clinic specifically for patients with complex learning disability needs which was run jointly by optometrists and orthoptists.
- There was a nurse led service for keratoconus management which meant easier access for patients in terms of not having to wait to see a consultant.

However:

- The 'did not attend' rate for Moorfields Eye Hospital was higher than the England average and the trust was working to try and change this.
- Most of the staff we spoke with were unable to provide clear examples of when learning had occurred from complaints and responses were variable.
- Patients we spoke with commented that waiting times in general were long.
- Targets for data completeness of patients' journey times were not met however, the trust had an action plan in progress to address this.

## Is the service well-led?

**Good** 

We rated it as good because:

- Since the last inspection, the trust had introduced a new divisional structure with improved quality roles, focus and responsibility.
- The leadership team were also focusing on supporting enhanced roles to nursing staff by enrolling some staff members on leadership programmes and increasing the number of apprentices in new work areas.
- Staff felt supported and motivated and there was a positive culture within the workplace.
- The governance arrangements supported a range of opportunities to identify and respond to risks, to oversee quality of services and performance outputs.
- Staff from the Friends of Moorfields health information hub tried to engage patients and helped run events and awareness days such as macular week and diabetes day.

# Outpatients

- Staff were actively encouraged to promote innovation and identify areas for improvement.

However:

- Improvements were required to ensure all staff knew the strategy and values within the service.

## Outstanding practice

- Moorfields Eye Hospital and University College London set up the London Project to Cure Blindness which restored the sight of the first patients receiving a new treatment derived from stem cell technology.
- Their collaborative and pioneering research study with DeepMind Health showed that artificial intelligence helped to diagnose eye diseases.
- The National Institute for Health Research granted a clinical trial for finger prick autologous blood (FAB) to treat severe dry eyes. The cataract and corneal services had recruited 15 patients to date.

## Areas for improvement

The trust SHOULD:

- Improve staff awareness on learning from incidents and complaints.
- Continue to work to improve DNA rates and data completeness for patient journey times.
- Continue to work to improve records storage.
- Continue to reduce vacancies for non-registered staff.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Amanda Williams, Head of Hospital Inspection, led the inspection.

The team included an inspection manager, inspectors, assistant inspectors and a range of ophthalmology nursing and medical specialists and other senior nursing specialist advisors including an executive reviewer.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.