

Moorfields Eye Hospital NHS Foundation Trust

RP6

Outpatient and diagnostic imaging services – satellite sites

Quality Report

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Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
RP601	Moorfields Eye Hospital		EC1V 2PD

This report describes our judgement of the quality of care provided within this core service by Moorfields Eye Hospital NHS Foundation Trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Moorfields Eye Hospital NHS Foundation Trust and these are brought together to inform our overall judgement of Moorfields Eye Hospital NHS Foundation Trust

Summary of findings

Ratings

Overall rating for the service		Good	
Are services safe?		Good	
Are services effective?		Not sufficient evidence to rate	
Are services caring?		Good	
Are services responsive?		Good	
Are services well-led?		Good	

Summary of findings

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Summary of findings

Overall summary

This report is for outpatient clinics at the Moorfields Eye Hospital satellite locations (all locations other than the City Road, Bedford and St George's hospitals).

We gave an overall rating of good for the outpatient clinic satellite service because:

- There were systems in place for reporting and learning from patient safety incidents.
- Staffing levels were safe and clinics had the appropriate skill mix.
- Cleanliness and hygiene standards were maintained and the trust conducted regular audits.
- Staff were qualified and had the skills required to carry out their roles effectively.
- The service met the target for the national referral to treatment (RTT) pathway target of 18 weeks for outpatient appointments.
- Staff provided compassionate care.

- Feedback from patients about staff was consistently positive.
- There was strong positive feedback regarding the locality of services. People who used the services, and those close to them, valued having services in the community close to where they lived.
- The service was well-led. Staff were supported by their line-managers and there was a strong focus on continuous learning and improvement.

However,

- There were issues with equipment at the Northwick Park Hospital clinic which caused delays. Medicine management at the clinic required improvement as eye drops were left out unattended.
- The trust did not meet mandatory training targets in some areas including adult basic life support.

Summary of findings

Background to the service

This report is for outpatient clinics at the Moorfields Eye Hospital satellite locations (all locations other than the City Road, Bedford and St George's hospitals).

There were 516,615 outpatient attendances across all sites from September 2014 to August 2015. From July 2014 to June 2015 there were the following number of outpatient attendances at the satellite sites:

Croydon 38,686

Northwick Park 36,165

Ealing 32,041

St Ann`s 16,192

Mile End 9,480

Barking 9,119

Potters Bar 7,245

Loxford 4,760

Queen Mary`s 1,912

Darent Valley 1,907

Purley 1,723

Teddington 1,440

Ludwig Guttman 1,146

Watford 836

Battersea 305

Nelson Hospital 263

The North directorate was split into two sub-directorates, North West, East and Bedford. Bedford is excluded from this report and covered in a separate quality report. The North West directorate satellite clinics were at Ealing Hospital, Northwick Park Hospital, Potters Bar Community Hospital and Watford General Hospital. The East directorate satellite clinics were at Barking Community Hospital, Darent Valley Hospital, Loxford Polyclinic (in Ilford), Sir Ludwig Guttman Health & Wellbeing Centre (in Stratford), Mile End Hospital and St Ann's Hospital.

There were two directorates in the South region - Moorfields South (Croydon) and Moorfields South (St George's). The satellite clinics in Moorfields South (Croydon) were at Croydon University Hospital, Purley War Memorial Hospital, Parkway Health Centre (in New Addington) and Sanderstead Health Centre.

The satellite clinics in Moorfields South (St George's) were Queen Mary's Hospital (in Roehampton), Teddington Memorial Hospital, The Nelson Health Centre (in Raynes Park), Tooting Bec Medical Centre, Balham Health Centre, Brocklebank Health Centre (in Wandsworth), Doddington Health Centre (in Battersea), and Nightingale Nursing Home. Moorfields at St George's Hospital is a separate report and is not included in this one. However, data in this report that refers to the Moorfields South (St George's) directorate does include Moorfields at St George's Hospital as the data was not available with that clinic excluded.

During our inspection we visited the Moorfields outpatient departments at the following satellite clinics: Purley War Memorial Hospital, Queen Mary's Hospital, Barking Community Hospital, Northwick Park Hospital and Croydon University Hospital.

The trust provided a wide range of outpatient and diagnostic services at the satellite clinics. These included cataract, medical retina, glaucoma, paediatrics, adnexal, strabismus, orthoptics, general ophthalmology, optometry and vitreoretinal clinics. Only services considered low risk were provided at satellite clinics on sites where there was no emergency team.

We spoke with 35 members of staff including ophthalmologists, optometrists, technicians, health care support workers, an orthoptist, nurses, administrative and reception staff, pharmacists, clinical directors, and managers. We spoke with 25 patients and relatives including adult patients and parents of child patients. We looked at 15 sets of patient records.

Summary of findings

Our inspection team

Chair: Dr Peter Turkington

Head of Hospital Inspection: Nicola Wise

The team included CQC inspectors and specialist advisors.

How we carried out this inspection

To understand patients' experiences of care, we always ask the following questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Our inspection was announced in advance to the trust. As part of the preparation and planning stage the trust provided us with a range of information, which was reviewed by our analytics team and inspectors.

We requested and received information from external stakeholders including, Monitor, The General Medical Council, The Nursing and Midwifery Council, The Royal College of Nursing, and The Royal College of Anaesthetists. We received information from NHS England Quality Surveillance Team, NHS Islington Clinical Commissioning Group, England Specialised Commissioning and NHS Health Education England. We also met with the trust's council of governors.

We considered in full information submitted to the CQC from members of the public, including notifications of concern and safeguarding matters.

Our announced inspection visit took place over the 9 – 13 May 2016. During our inspection we spoke with patients and relatives/friends, who provided feedback on their experiences of using the hospital services. We looked at patient records where it was necessary to support information provided to us.

Whilst on site we interviewed more than 40 staff, which included senior and other staff who had responsibilities for the frontline service areas we inspected, as well as those who supported behind the scene services. We made observations of staff interactions with each other and with patients and other people using the service. The environment and the provision and access to equipment were assessed.

We requested additional documentation in support of information provided where it had not previously been submitted. Additionally, we reviewed information on the trust's intranet and information displayed in various areas of the hospital

What people who use the provider say

Patient feedback about the service was largely positive:

- A parent of a child being seen at the Purley clinic said they “sailed through, everything was perfect” and that the service was “quick and efficient”. Another parent at Purley commented that the clinic was very clean and there were lots of toys.
- Patients and their relatives told us staff introduced themselves. One patient at Barking said the two staff members they had seen were “very pleasant.”
- Patients and relatives said they liked having access to local services.
- A thank you card sent to an ophthalmologist at Queen Mary's Hospital read “Your skill and expertise has made such a tremendous difference to my life, thank you again”. Another said “it was a real treat to attend [the clinic at Queen Mary's Hospital] and to be looked after by very professional and friendly staff. I shall recommend you to family and friends”.
- A parent of a paediatric patient at Croydon said staff were “very caring”. Another said they were “marvellous and efficient, they know what they're doing”.

Summary of findings

- The satellite clinics achieved high scores on the NHS Friends and Family Test with an average score of 96%. This was higher than the national average for outpatient services.

Good practice

- The provision of services at satellite services meant that people could access eye care and treatment at local clinics.
- The trust was meeting targets for referral to treatment times which meant that most patients were able to access care and treatment in a timely way.
- The trust strongly encouraged staff development and training and there were a lot of experienced and highly qualified staff working in the satellite outpatient clinics.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- The trust should ensure they improve IT integration across all satellite sites.
- The trust should ensure mandatory training targets are met, as they were below target in some areas including adult basic life support.
- The trust should ensure an adequate process is in place to ensure that clinics are not cancelled because of consultants' annual leave.
- The trust should ensure that processes to support patients living with learning disabilities are consistent across the trust.

Moorfields Eye Hospital NHS Foundation Trust

Outpatient and diagnostic imaging services – satellite sites

Detailed findings from this inspection

Good 

Are services safe?

By safe, we mean that people are protected from abuse

Summary

We rated safe as good because:

- There was a good incident reporting culture and evidence of shared learning across all staff groups. Processes were in place for reporting incidents and monitoring outcomes.
- Cleanliness and hygiene levels were good. The trust completed audits including hand hygiene and slit lamp decontamination to measure compliance.
- Medicines were stored appropriately at most sites we visited.
- Policies and procedures were in place to protect people from abuse and staff knew how to identify and report safeguarding concerns.
- Staffing levels were in line with expected staffing ratios and clinics had the appropriate skill mix.

However:

- Medicines were left out unattended at Northwick Park Hospital.
- Trust records showed that they were not meeting mandatory training targets in several areas including adult basic life support. The compliance rate for adult basic life support was 46% for medical staff and 79% for nursing staff at Moorfields North, and 78% for medical staff at Moorfields South (Croydon).

Incidents

- There were 281 incidents reported at Moorfields satellite sites from October 2015 to January 2016. Of these, nine were near misses, three resulted in moderate harm, 15 resulted in minor harm and the remainder resulted in no harm. The largest 'cause group' recorded for incidents was clinical documentation.

Are services safe?

- There were no 'never events' reported for outpatient services at the satellite clinics in that period. 'Never events' are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.
- Staff said they knew how to report incidents on the trust's electronic incident reporting system and said they felt comfortable doing so. The number of incidents reported supported this, and indicated that incident reporting is encouraged.
- Learning was shared at quarterly clinical governance meetings. Staff told us they were told of the details of serious incidents and the outcomes and changes made or planned as a result.
- If a member of staff was involved in an incident, they received email notification via the electronic reporting system. Staff said they also heard about incidents and learning via the trust intranet and weekly email bulletins.
- Staff told us people received a timely apology when something went wrong and were informed of any investigation and actions taken. Managers understood what duty of candour meant and followed trust procedures. A senior member of staff at Moorfields South (Croydon) gave a recent example of a delayed diagnosis incident.

Cleanliness, infection control and hygiene

- The clinical rooms and waiting areas at all locations we visited appeared clean. Where there were toys available for children, staff told us these were cleaned regularly. Staff only brought out toys at Purley on Tuesdays for the children's clinic and cleaned them at the end of the clinic before putting into storage.
- Adequate hand washing facilities were in place at all sites we visited and staff adhered to handwashing policies. Infection control and hand hygiene audit results were displayed in waiting areas. For example, the results of a hand hygiene audit displayed at Purley showed that the compliance was 95% for January 2016 and 100% for February, March and April 2016.
- The trust completed a hand hygiene facilities audit that aimed to ensure adequate hand hygiene facilities were

available in all areas and identify any issues which needed to be addressed. The audit tool was based on quality improvement tools produced by the Infection Prevention Society. The audit report dated December 2015 stated that the overall compliance score for all sites was 96%, which was better than the compliance target of 85%. The trust also achieved 93% compliance in a slit lamp decontamination audit across all sites (November 2015). This was better than the target of 85%.

Environment and equipment

- At the Purley clinic there were no pavements or pedestrian markings in the car park. A senior member of staff said they were not aware of this being a risk and that no one had raised it, and it was not on the risk register. However, another trust owned and managed the site. Staff said they could contact the estates department for any issues, however, when they had a problem with a visual acuity chart it took around seven months to get it fixed. This impacted the service as it limited the rooms that staff could use for some clinics. It also meant that consultants sometimes had to perform visual acuity checks instead of nurses. We saw an entry on the risk register which noted that the trust had limited control over elements of the environment at Purley and Croydon and were looking to implement meetings with the estates team at the host trust.
- The service log for all equipment was held and reviewed at City Road. It showed that all equipment servicing was up to date, and when the next service was due.
- The two optical coherence tomography (OCT) machines at the Northwick Park clinic were not working on the day we inspected and staff informed us that they often experienced problems with them due to issues with connecting to the server. This caused delays in clinics. However, staff across the sites were otherwise generally happy with the equipment and one person mentioned that it was particularly good and up to date from a glaucoma point of view.
- Logs showed and staff told us that resuscitation trolleys were all checked in line with trust guidelines.

Are services safe?

- The laser in the laser room at Queen Mary's Hospital only worked if the door to the room was shut. This ensured that risk was minimised. A log book was used to record the hospital numbers of all patients who had undergone laser treatment.

Medicines

- Medicines were stored safely at most locations we visited. At Croydon University Hospital there were locker pods in the clinic rooms to store eye drops required during patient consultations. Other locations kept the eye drops out in consulting rooms during clinic and locked them away afterwards. Staff told us the rooms were not left open and unattended when medicines were left out, so there was no risk to patient safety. However, at Northwick Park Hospital we found that staff left eye drop medicines unattended in the consulting cubicles. We pointed this out to managers during the inspection who took immediate action to remove the risk.
- Staff at Purley told us they planned to get lockable drawers for medicines in each consulting room and we saw that these had been ordered.
- Logs showed that fridge temperatures were monitored and recorded so that medicines were stored at the correct temperature.
- There had been a recent incident at the Queen Mary's Hospital clinic where a blank prescription form went missing. There was a delay of approximately one week in staff reporting the incident, however staff at the time of our inspection were all aware of it and it was under investigation. The pharmacy manager at Queen Mary's Hospital was informed.
- The clinic at Barking had a mobile pharmacy and medicines were stored securely on the pharmacy trolley and locked away when not in use.
- Where there were controlled drugs, such as at Northwick Park, the pharmacist informed us that nurses checked them daily.

Records

- Most sites used a combination of paper and electronic records, with the exception of Moorfields South (Croydon) sites which only used electronic notes.

- Staff told us there were often problems with missing notes at the sites that used paper records. However, they ensured that the appropriate information was available for patients' appointments and created temporary notes when needed. Staff reported missing notes as incidents and the incident log confirmed this. The issue was on the directorate risk registers for Moorfields North and Moorfields South (St George's).
- The trust's record keeping audit report conducted in December 2015 to January 2016 looked at a sample of 20 records from nine of the larger sites. The satellite clinics included were Northwick Park, Ealing, Potters Bar, Mile End, St. Ann's, Bedford and Croydon. As Croydon sites used only electronic notes they were not included within the data for the condition of notes. The audit assessed compliance with trust policy. Areas identified for improvement included NHS numbers on the front of records and legibility of handwritten notes. The trust benchmarked itself against previous results and the audit found improvements had been made in most areas since the 2015 audit. It was also noted that future audits needed to consider a more in depth examination of the electronic records.
- Records were stored securely at all sites we visited except Northwick Park where we found records left unattended in consulting bays. We also observed that staff did not lock computer screens and left them on when they left the cubicle with personal information displayed. This was a risk to patient confidentiality.
- We reviewed patient records which showed that patient information was recorded and stored appropriately. Records also included referral letters, management plans, medical history and information on allergies and family history. For the Purley children's clinic we saw that ophthalmologists and optometrists recorded who attended with the child.

Safeguarding

- Staff we spoke with had a good understanding of safeguarding and knew how to escalate and report any concerns and gave examples of situations. This included bank staff we spoke with at Queen Mary's Hospital and Croydon.
- Staff reviewed records for patients who did not attend their appointment to assess any risks or safeguarding concerns.

Are services safe?

- Staff knew who the safeguarding leads were for adults and children.
- A senior member of staff at Moorfields South (Croydon) told us the Croydon directorate as a whole had made the highest number of child safeguarding referrals in the trust.
- Trust records showed that most staff had up to date adult and child safeguarding training. The compliance rate was 100% except for Moorfields North where one member of staff was not up to date in safeguarding children level 3, and Moorfields South (St George's) where two members of staff were not up to date in safeguarding adults and safeguarding children level 1 and 2.

Mandatory training

- Staff we spoke with said they were up to date with mandatory training. Some mandatory training was completed online using the trust's electronic system and some sessions were face-to-face. The system flagged when training was due to be renewed.
- The trust set a target of 80% for mandatory training compliance. The overall training compliance rate for Moorfields North was 90%. It was 86% for Moorfields South (Croydon) and 84% for Moorfields South (St George's). It was in line with the trust average of 85%.
- However, records showed that the trust did not meet training compliance targets in several areas. For example, Moorfields North was below the target for medical staff training in adult basic life support (46% - 17 out of 37). It was below the target for nursing staff in supply of medicines (54% - 73 out of 135), adult basic life support (79% - 119 out of 150), paediatric basic life support (50% - 3 out of 6) and risk and safety management (50% - 2 out of 4). Moorfields South (Croydon) was below the target for medical staff in adult basic life support (78% - 15 out of 19) and paediatric life support (0 out of 2). The data was recorded by directorate and was not available by site or by the outpatients core service.

Assessing and responding to patient risk

- The satellite services based at community hospitals ran 'stable' clinics where only low risk patients were seen. Whilst all of these services had a crash service available as detailed in the site handbooks, patients with more

complex conditions and co-morbidities would routinely be seen at the main hospital sites. For example, the diabetic eye diseases clinic was based at Croydon as a lot of higher risk diabetic patients attended.

- Staff knew what to do in case of a patient emergency. For example, staff at Queen Mary's Hospital told us how they would contact the hospital's crash team.
- The stable clinics were consultant-led. Patients did not usually see the consultant but the nurse or optometrist they saw could refer to a consultant if they had any concerns.
- Referrals were triaged and appointments organised accordingly. Staff recorded triage information on referral outcome forms for each referral that came in. This included who triaged them, what their decision was, who scanned it into the system with their referral letter.
- A senior member of staff at Purley told us the trust undertook an annual risk assessment, annual health and safety assessment and annual fire assessment at each site.
- Staff knew where to direct patients for out of hours and emergency care. For example at the Purley clinic, staff told patients to go to the Moorfields clinic at St George's Hospital as this provided an emergency service.
- Clinicians occasionally slotted in patients who needed to be seen fairly urgently, for example on the day we inspected the clinic at Purley the orthoptist saw an extra patient at the start of their clinic. This ensured continuity of care and meant that patients could see a clinician who knew about their individual needs.
- Patients who did not attend (DNA) appointments were assessed by consultants to decide the next course of action. The trust policy was to discharge patients after two DNAs, unless the patient was deemed to be at risk.
- We observed patient eye injections at Croydon and staff followed an abbreviated World Health Organisation (WHO) checklist for injectors. The WHO checklist was developed by the World Health Organisation to minimise risk of errors and adverse events during surgery.

Are services safe?

Nursing staffing

- Sufficient nurse staffing levels were in place to meet the level of activity and acuity. Most staff worked across multiple sites within their directorate and managers monitored levels to ensure that enough staff were at each clinic.
- Managers for Moorfields North told us they often had to move staff between sites at short notice, and had particular difficulties with staffing at the Darent Valley and Ludwig Guttmann clinics. They raised this with senior managers and escalated it to the chief operating officer.
- The average monthly rate for the use of agency and bank nurses from April 2015 to January 2016 was 9% for Moorfields North, 31% for Moorfields South (Croydon) and 19% for Moorfields South (St George's). Whilst the rates were high, managers told us they usually used the same bank staff and were in the process of recruiting to vacant posts.
- Trust records showed that nursing sickness absence rates were between 0.4% and 5.7% for satellite sites across all directorates from April 2015 to January 2016. This was higher than the trust average of 3.6% across all staff groups and higher than the trust-wide nursing sickness absence rate of 3%. Managers for Moorfields North told us that this was due to long-term sickness absence at one site.
- The service manager at Purley told us nursing vacancies for Moorfields South (Croydon) had improved over the last few months and they used regular bank staff. An open day for nurse recruitment was planned for June 2016. Data provided by the trust showed that the nursing vacancy rate was 5.86% for Moorfields North, 36% for Moorfields South (Croydon) and 1.42% for Moorfields South (St George's). The trust average was 2.96%. Managers told us they had particular problems recruiting at sites that fell outside of the London weighting salary.
- The ratio of nurses and technicians was fixed per service and was related to the role of the nurses and

technicians in each clinic. Clinics were divided into different ophthalmic services. Trust records showed that each service had fixed nursing levels according to the ophthalmic service provided.

Medical staffing

- Trust records showed that the rate of locum staff used by the service was 21% for Moorfields South - Croydon in January 2016. However, a senior member of staff informed us that this was because they identified the need to increase the level of medical staffing and their business plan was approved in August 2015. It took some time to recruit suitable people to the new posts. They told us the service had succeeded in recruiting additional consultants in April 2016 and at the time of inspection only used a few part-time locums to cover any gaps. They said the same locums were used regularly and that they received training from the trust, and that they had oversight of their revalidations and were on the trust email system. A senior member of staff said they were happy with staffing levels at the time of inspection.
- The rates of locum medical staffing for Moorfields North and Moorfields South (St George's) was lower at 5.8% and 6.2% respectively in January 2016.
- Sickness rates were low for medical staffing across all directorates.
- Most staff worked across more than one site, for example an ophthalmologist at Purley who specialised in children, strabismus and neuro-ophthalmology worked at St George's, Croydon a too. Most consultants from the Croydon part of the South directorate were based at Croydon but did a day or more at other sites.

Major incident awareness and training

- Major incident training took place at the City Road site and the most recent was in January 2016. A senior staff member told us desk top exercises were planned to take place across all sites. They said they had business continuity plans including what to do if the IT system went down.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

- The service undertook audits for which they interpreted the results and set action plans for improvements. They monitored progress against the targets and recorded this.
- National and local guidance was followed in the treatment of patients at the trust.
- We observed good communication and team work in interactions between multidisciplinary staff members.
- The full clinical records for patients seen at satellite clinics were not always easily accessible at the main site as IT systems had limited integration. However, the trust reported that this was something they were working on improving.

Evidence based care and treatment

- Staff had access to trust policies on the intranet and knew how to find these when needed. The quality partner for Moorfields South told us policies tended to be "City Road orientated". (The trust stated that it introduced the role of quality partner to provide "new support in a decentralised structure. Quality partners will spend the majority of their time in satellites, working with staff and patients to promote and support the highest quality of safe care with local knowledge of each site's particular situation and patient population. They will also work directly with the central team to ensure effective two-way communication and direction, so that trust quality and safety priorities are acted on locally and issues escalated".)
- Clinical staff undertook a modified 'global trigger tool' audit for some of the satellite outpatient clinics. We saw reports for Barking and Loxford for the reporting period 2014-2015. The Global Trigger Tool was developed by the Institute for Healthcare to measure risk and potential harm. The audit was based on the tool and Royal College of Ophthalmology outpatient critical incident reporting guidelines. It looked at basic note keeping and clinical care in ophthalmology and made recommendations to improve patient safety.

- The Moorfields South (Croydon) service conducted a Diabetic Macular Oedema Anti-VEGF Injection Outcome Audit for January to December 2015. The report compared results to similar published studies, for example the percentage of eyes achieving a greater than five letter gain at six months was similar to other studies. It also showed that the results were interpreted and recommendations made.
- Staff in the Moorfields North directorate completed an optic nerve head imaging audit in 2015 which assessed compliance with NICE guidelines in selected outreach clinics. The NICE (2009) guideline (NICE CG85 Section 1.1.4.) requires an optic nerve head image at diagnosis for baseline documentation in the management of chronic open angle glaucoma. The audit looked at 25 sets of notes from four satellite clinics. The results and recommendations were discussed at a clinical governance half day meeting.
- Staff followed Royal College of Ophthalmologists guidelines, for example in measuring the visual acuity of patients.

Pain relief

- Standard analgesics such as paracetamol and ibuprofen were available.
- There was an urgent care service available at Croydon for those with acute eye conditions, including those referred in with acute eye pain.

Patient outcomes

- Results in the 2014/15 modified global trigger tool audit report for Barking, based on a review of 33 case notes, showed that appropriate triage of referral was 100% and clinical assessments were complete in all but one case, in relation to which an action plan indicated that doctors would be reminded of the need for good recordkeeping. A re-audit was planned for 2015/16.
- A consultant and a Specialist Training Year 2 (ST2) ophthalmologist completed an audit on outcomes and patient satisfaction following triamcinolone injection for

Are services effective?

chalazia at Moorfields at Croydon which was based on evidence and findings from several studies and publications. The report included recommendations as a result of the audit.

- The Moorfields South (Croydon) service's Diabetic Macular Oedema Anti-VEGF Injection Outcome Audit for January to December 2015 showed that the percentage of eyes with an injection delay of greater than two weeks was 13.2%. The recommendation was that the service needed to build injection clinic capacity. The report then stated the progress made: capacity building plans were underway with one new fully-trained injection nurse and two injections rooms were to be utilised when staffing was adequate. The aim was to reduce delay to 7% in 2016.

Competent staff

- Staff we spoke with had all said they had an appraisal in the last year. Most said they had regular one to one meetings with their line manager. Trust data showed that the overall appraisal rate was 79% for Moorfields North, 80% for Moorfields South (St George's) and 81% for Moorfields South (Croydon).
- Most staff had specialist training or qualifications relating to ophthalmology. Many staff had worked at the trust for several years.
- Staff were encouraged and supported by the trust to train and develop. For example a nurse at Croydon told us that nurses were encouraged to complete further training such as injections. Some nurses had trained to perform laser procedures for example at the Mile End clinic.
- Nurses were trained to carry out vision tests, eye pressure tests and to administer dilating drops.
- One nurse told us they did not have an ophthalmic qualification but they were being supported by the trust to gain the relevant pre-requisite training.
- A specialist optometrist said they were in the process of completing an independent prescribing course, which the trust was supporting and partly funding.

- An ophthalmologist at Queen Mary's Hospital was trained by the trust in toric intraocular lenses and told us Moorfields was one of the few trusts that offered this special type of lens. The toric shaped intraocular lens is used to correct astigmatism of the eye.
- New staff had an induction when they started. A member of bank staff we spoke with said they had an induction at both sites they worked at.

Multi-disciplinary working

- Staff at Purley told us they could approach their senior colleagues and that there was good teamwork and multidisciplinary working. However, some said issues sometimes arose due to staff not understanding each others' role and that a better understanding would improve relations.
- The orthoptist in Purley was the lead orthoptist for the Moorfields South (Croydon) directorate. The orthoptist was involved in setting up a school screening programme up and training the school nurse assistants prior to the trust taking over the Croydon site in April 2014. The trust supported their on-going involvement in this programme of work, for which the Croydon Clinical Commissioning Group was responsible.
- An orthoptist at Purley was involved in a school screening programme which helped to ensure that children who may be less likely to access care would be reached. They trained a team of five school nurse assistants for the programme, and were supported by the trust to do this.
- A senior member of staff in the Moorfields North directorate told us they gave talks to the local Clinical Commissioning Group (CCG) to upskill GPs in eye care. They also produced an eye handbook for primary care.

Access to information

- Staff had the information they needed to deliver effective care and treatment. Sites used a mixture of electronic and paper notes except for Moorfields South (Croydon) which used only electronic notes. Records included patient history and the original referral letter.
- Whilst paper notes were sometimes not available, staff ensured they had the patient details they required for the appointment.
- The system used for patient medical records at Moorfields South (Croydon) did not interact with the

Are services effective?

main Moorfields system. If patients from those sites were going to City Road staff said they had to scan results and records. The trust commented that access to the Moorfields South (Croydon) medical records system was available via the trust wide Clinical Services Portal.

- The same electronic booking system was used across all sites. Information from that system could be easily populated in the electronic records system but not the other way round. However, referral letters were printed and scanned in.
- A clinical lead in North West directorate told us they could view images taken at City Road but this didn't work the other way if staff had not requested access to the local server via the clinical services portal. This could be a problem with patients from the North West directorate who would have to go to City Road to be seen in an emergency. However, this was not on the trust's risk register.

- The trust was looking at a way to ensure all locations were using the same computer systems. It was also trying to ensure that, in the meantime, the system used in Moorfields South (Croydon) sites was accessible from all Moorfields sites.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Staff had a good understanding of consent and capacity for consent. Staff said they usually sought verbal or implied consent when examining patients.
- Staff used consent forms for laser and injections and these were audited. We observed a nurse gaining appropriate consent for an eye injection at Croydon.
- There was a mental capacity assessment policy on the trust intranet which staff were aware of. Staff also received training on this.
- Trust records showed that they were meeting their compliance target of 30% for Mental Capacity Act training.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

We rated caring as good because:

- Staff provided compassionate care and treated patients with dignity and respect. They ensured that patients understood their care and treatment and involved them in decisions. They had a supportive attitude towards people who used the service.
- Patients told us staff were very friendly, helpful and informative.
- Staff were aware of the emotional needs of patients and the trust had eye clinic liaison officers (ECLOs) and volunteer emotional support workers at some sites.

Compassionate care

- Staff were caring and treated patients with respect. They took time to interact with people who used the service. Patients told us and we observed staff introduce themselves to patients at the clinics we visited.
- An optometrist told us how they put children at ease during their appointment, and said they reassured anxious adult patients.
- A parent of a child being seen at Purley said all staff introduced themselves and explained their role and were very friendly. A patient at Barking also said staff introduced themselves and commented that that wasn't the case at other hospitals they'd been to.
- Another patient at Barking said staff were "very pleasant" and a relative of a patient said they were "very nice".
- A patient who was seen at the Queen Mary's Hospital clinic sent a thank you card to the chief executive officer (CEO) complimenting the team, saying they were "most charming, efficient and capable" and a "very pleasant and able team of admirable people".
- Patients were seen in individual consulting rooms at most sites we visited which ensured that their privacy and dignity was respected. However, the clinic at Northwick Park had open cubicles and conversations could be heard from the waiting area. This meant that confidential patient information could be overheard.

- NHS Friends and Family Test results which showed the percentage of respondents who would recommend the service to friends or family were good for all directorates. The results in January 2016 were 96% for the North West directorate, 98% for the East, 96% for Moorfields South (Croydon) and 95% for Moorfields South (St George's). This was better than the national average for NHS outpatient services which was 92%.

Understanding and involvement of patients and those close to them

- Staff communicated well with people who used the service and ensured that they understood their care, treatment and condition. For example, a parent of a child being seen at Purley said their child had an operation coming up and this was discussed today at length and made "absolute sense" to them. They were given a leaflet about the planned surgery to take away.
- Another parent of a child being seen at Purley said staff had explained what was going on and that they would have an appointment in a year to look for any changes
- A patient at Barking said staff were brilliant and all communicated very well. They said they were very descriptive and talked through everything with them.
- We observed nurses at Northwick Park explaining what they were going to do to patients for vision tests. They told patients who would see them next and what would happen, for example, a scan.
- A patient at Queen Mary's Hospital told us they felt involved in decisions about their care, for example in deciding about having cataract surgery. Staff gave them information on their condition and a Moorfields information leaflet.

Emotional support

- The trust reported that there were eye clinic liaison officers (ECLOs) for all directorates. However, staff we spoke with were not aware of there being an ECLO for the sites that came under the Moorfields South (St George's) directorate. The role of the ECLO involved

Are services caring?

helping patients understand the impact of their diagnosis and providing them with emotional and practical support for their next steps. This included referring them to the social services' sensory team.

- The North East directorate had an eye clinic liaison officer (ECLO) in post since October 2015, who organised volunteers to provide support to patients at the satellite clinics in that area. The ECLO told us they went to meetings with the local sensory team. They said the volunteers, called 'emotional support workers', were from the Thomas Pocklington Trust, which provided training for them with input from one of the Moorfields ECLOs. The ECLO met monthly with the other ECLOs and nurse counsellors from Moorfields.
- Staff could refer patients to the ECLO if they felt they needed support. The North East ECLO told us they were

monitoring referrals and had received 166 since October. Volunteers also helped to identify those who were vulnerable by speaking to patients at clinics while they were waiting for their appointment. The volunteers in the North West clinics were seeing an increasing number of patients – 81 in January 2016, 120 in February, 139 in March and 286 in April.

- Staff we spoke with had a passionate and understanding approach to the emotional needs of patients. Patients felt that staff treated them with care and were sensitive to their needs. One patient commented that staff were friendly and had taken them through the treatment so they knew what to expect.
- Information about patient advice and support groups was displayed in waiting areas.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

We rated responsive as good because:

- The trust met the target for the national referral to treatment pathway (RTT) target of 18 weeks for outpatient appointments. They had robust systems for monitoring RTT performance.
- Patients and relatives told us they appreciated having local services which meant that they didn't have to travel far.
- The service had appropriate facilities for children.
- Whilst patients often had to wait in clinics, information sent to patients about how long they would have to wait and the clinical reasons for this were well explained. The trust monitored patient 'journey times' to assess how long patients' visits took from arrival to leaving including all tests and measurements.

However,

- Service planning required improvement as there was no clear system for staff to know when a consultant would be on annual leave which led to appointments being cancelled. The trust commented that there were systems in place in the Moorfields South directorates, however, staff we spoke with were not aware of these.
- Cancellation rates were high for hospital cancelled appointments in Moorfields South (both St George's and Croydon).
- Signposting to services at Queen Mary's Hospital, Purley and Barking required improvement.

Service planning and delivery to meet the needs of local people

- Services were provided from satellite locations in community hospitals and health centres as well as larger hospitals which meant that the needs of local people were being met where possible. Patients and those close to them told us they valued having services close to where they lived.

- Patients and parents we spoke with said appointment letters arrived in plenty of time ahead of their appointment. Two parents commented that this was better than other hospitals.
- However, staff told us patients at Queen Mary's Hospital often did not receive their appointment letter, or they received it after the appointment date. They gave an example of an instance a week before inspection of a patient who received their appointment letter on the morning of their appointment, but managed to attend it as it was in the afternoon. Staff said this happened every week.
- Some patients told us clinics were hard to find on their first visit. A parent at the Purley clinic said they did not know which building to go to when they arrived and that the instructions on the letter did not make this clear.
- One patient said it was difficult to find the Barking clinic, but most said the letter contained enough detail, for example one said it included which buses to get.
- A patient at Queen Mary's Hospital told us they initially thought their appointment was at the St George's clinic due to the letter heading. Staff told us patients sometimes went to the wrong clinic because the letter was not clear. We saw an appointment letter template which showed that St George's Healthcare was the main header with the address of Queen Mary's beneath.
- Staff told us clinics were often overbooked due to the lack of any system for knowing when consultants were on leave. For example staff at the Queen Mary's Hospital clinic said that in the week before inspection they cancelled around nine patients in the glaucoma clinic, as one doctor was on leave and they booked the clinic based on three doctors when only two were there.
- Staff at Queen Mary's Hospital told us clinics were often cancelled at very short notice and that patients were not always informed and turned up for their appointment. We were told this happened at least once a month.
- Different clinics took place on different days. The children's clinic at Purley operated on Tuesdays only.

Are services responsive to people's needs?

and no other adult clinics took place that day. This meant that children's needs were being met and they did not have to share the waiting area with adult patients.

- There were children's vision clinics at community health centres in New Addington (Parkway) and Sanderstead. A senior member of staff told us, where possible, patients were seen at the clinic closest to where they lived. The community-based clinics helped to ensure the service could see children who were in more "difficult to reach" parts of the community.
- There was a one-stop cataract clinic which meant that patients only had to come in on one day for their outpatient appointment, prior to their cataract surgery.

Access and flow

- The trust produced monthly performance reports for each directorate. The 2015/16 report results for April 2015 to January 2016 showed that the outpatient services at the satellite locations were meeting the national RTT waiting time target of 18 weeks from the time of referral. Patients referred for non-emergency consultant-led treatment are on RTT pathways. An RTT pathway is the length of time that a patient waited from referral to start of treatment, or if they have not yet started treatment, the length of time that a patient has waited so far.
- The report showed that the percentage (April 2015 to January 2016) of incomplete pathways within 18 weeks was 97.9% for the North West directorate, 96.6% for the North East directorate, and 92.8% for the South directorate. These were above the target threshold of 92%. The percentage for 18 weeks non-admitted pathways was 97.8% for the North West directorate, 95.9% for the North East directorate, and 97.6% for the South directorate. These were above target threshold 95% and slightly above the 2014 national average of 95.8%.
- The follow up appointments to new attendance rate was 4.3% (April 2015 to January 2016) for the North West directorate, 3.1% for the North East directorate, 1.9% for Moorfields South (Croydon) and 2% for Moorfields South (St George's).
- Staff completed outcome forms after seeing patients, which indicated the next step in their care pathway. Administrative staff then added the RTT codes onto the electronic booking system and arranged the next appointment accordingly.
- Referrals came from a variety of sources including local optometrists, GPs, health visitors and paediatricians.
- Patients were normally seen by more than one clinician, for example a technician and/or nurse for tests, an optometrist and then an ophthalmologist.
- At the Purley clinic children were seen first by the orthoptist who was experienced in children's vision. The lead orthoptist triaged referral letters for all Croydon sites to ascertain whether children needed to be seen in a children's vision clinic (by an orthoptist and an optometrist without an ophthalmologist), or by an orthoptist, an optometrist and an ophthalmologist in a joint clinic. Children may move between a children's vision clinic and an ophthalmologist led clinic at different stages in their pathway. This ensured that the pathway was effective and appropriate for both the patient and the service.
- Staff told us there was a problem with the flow of the Friday glaucoma clinic at Queen Mary's Hospital. Eight to ten patients were booked at the same time for each of the three ophthalmologist consultant so from 8.45am to 9.30am there were up to 20 patients waiting. This was raised with the administrative team leader but staff said someone new was appointed to the post which may have caused a delay to the problem being addressed.
- Virtual clinics and stable clinics were staffed by optometrists and technicians for chronic long term conditions such as glaucoma and age related macular degeneration. This improved flow as it meant that patients did not always need to be seen by an ophthalmologist. There was always a consultant available during these clinics so that optometrists could consult them if they had any concerns.
- A member of staff at Queen Mary's Hospital said glaucoma and cataract follow up appointments were frequently late. However, this was not a risk as the appointments were for stable clinics and were not usually more than one or two weeks late.



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- Managers had an overview of follow-up appointments, for example a senior member of staff from the Moorfields South (Croydon) directorate told us they met weekly with the team (lead nurse, service manager and booking team) and reviewed the availability of new and follow-up appointments for each specialty. The trust told us notes of this meeting were shared with the clinical director and any delays were escalated to the relevant specialty consultant to arrange prioritisation of patients or provision of additional clinics.
- Staff told us patients often complained about the length of time they had to spend at the clinic. This was because they were seen by a number of clinicians including nurses, optometrists and ophthalmologists. Also, patients usually had to have dilating eye drops administered which took different lengths of time to take effect for different people. The trust monitored patient 'journey times' to assess how long patients' visits took from arrival to leaving including all tests and measurements.
- Appointment letters included information for patients about how long their appointment would be likely to take. The appointment letter sent to parents for the children's clinic at Purley stated 'During the visit your child will need to see several members of the team. This can include an orthoptist, nurse, optometrist, dispensing optician and doctor, and your child might need eye drops to widen their pupils, so the appointment can take several hours'. The appointment letter for adult appointments contained similar information.
- Many patients and parents we spoke to were happy with how long their appointment took. One parent of a patient at Purley told us they were seen on time and that the letter told them how long they should expect to be there. Another commented that the letter detailed the tests that would be required. One another said they'd been there an hour and had "sailed" through.
- The relative of a patient being seen at the Barking clinic said they were surprised at how long the pre- and post-operative appointments were, and that they hadn't understood that from the appointment letter. However, they said follow up visits were shorter. Another patient at Barking said they didn't know how long they would have to wait.
- Staff at Purley told us patients particularly complained about waiting times in the glaucoma clinic at Croydon on Fridays. They said they tried to keep patients informed about expected wait times and also provided tea and coffee as a result of the feedback. A senior member of staff at Purley told us glaucoma appointments also took longer because of the different tests required. They said this is explained in the appointment letter sent to patients.
- The pharmacist at the Northwick Park clinic told us they conducted an annual waiting time audit. The most recent one found the average waiting time was 20 minutes.
- Waiting times were displayed in the waiting area at Croydon and these were updated regularly to keep patients informed.
- There was a pharmacist on site at Barking on Tuesdays and Fridays to dispense and support the glaucoma clinic. This was part of a pilot and there was a significant reduction in patient waiting times on these days.
- Some sites sent text reminders for patient appointments, and some also called patients who did not have a mobile phone one or two days before. Staff told us it helped patients to remember their appointment and, if patients could not attend, staff could book someone else in. Staff said DNA rates at Purley improved as a result of the text reminders but they did not collect data related to it. The trust subsequently commented that they did record DNA rates and they confirmed that the implementation of text reminders had led to an improvement.
- The trust's monthly performance reports showed that the trust monitored outpatient 'did not attend' (DNA) rates for first appointments and follow-up appointments. The DNA rate for the Moorfields South (St George's) directorate from April 2015 to January 2016 was 7.7% for first appointments which achieved the threshold target of 8% or lower, however, the follow up appointment DNA rate was 13.8% which did not meet the 12% target. The North West directorate DNA rate was 12.5% for first appointments and 12.4% for follow up appointments and the Moorfields South (Croydon) DNA rate was 11.7% for first appointments and 18.8% for follow up appointments.

Are services responsive to people's needs?

- The total outpatient cancellation rate for the year 2015/16 to January 2016 was 10.4% for the North West Directorate. Just over half of these (5.7%) were cancelled by the trust, the remainder by patients. The rate was 12.7% for the North East Directorate and 7.6% were cancelled by the trust. For the Moorfields South (St George's) directorate the rate was 10.7% and 7% were cancelled by the trust. For Moorfields South (Croydon) the rate was 16.2% with 11.7% cancelled by the trust. The report showed that there was no target threshold for cancellation rates. The trust did not have an action plan to address the cancellation rates.
- The clinic at Croydon University Hospital had problems with the air conditioning. A senior member of staff said they raised this with the host trust but they had not yet resolved the problem. It meant that rooms could become hot which was a potential risk to some patients, especially those who are elderly, but mitigating measures were being taken including the use of fans.
- Staff told us space was an issue at most sites and affected waiting times and flexibility for services.
- Staff had training to guide and lead a visually impaired person. This included a film available on the trust intranet. The leading and guiding training film became part of mandatory training in April 2016 and all staff would be completing it over the year. There was also practical training available on guiding people which included an exercise where staff could learn how it might feel like to get around with various eye conditions.

Meeting people's individual needs

- The trust used an electronic flagging system on the electronic patient records system and the appointment booking systems to identify people who may need additional assistance, such as those with a learning disability, dementia or sight-impairment. 'Helping hand' stickers were used on paper records.
- The service manager at Purley told us the building there had bright lighting and darker edges along the skirting of stairs and corridors which made it suitable for sight-impaired people. Volunteers from the host community hospital sometimes brought patients to the clinic if it was their first visit and they required assistance.
- Signposting to services at Queen Mary's Hospital, Purley and Barking required improvement. At the Purley clinic there were two buildings and it was not clear which one patients should go to first. The main site reception was in one building and the Moorfields clinic and clinic reception was in another building, but this was not clear from outside. There were no specific provisions for sight-impaired patients, however, staff told us volunteers from the hospital would guide those who required assistance.
- Signposting at Croydon was changed to ensure patients accessed the clinic via the lift. This followed an incident involving an escalator. The sign was a piece of paper on the wall and was not easily visible. However volunteers at Croydon University Hospital were at the entrance of the hospital to direct or escort patients when needed.
- Signposting at Queen Mary's Hospital was displayed in small font on an electronic board and was not easy to notice. To provide additional support to patients, hospital staff in the main reception directed patients.
- The pharmacist at the Northwick Park clinic told us large print medication instructions were available. They said appliance aids were available and given to people free of charge when they found drops difficult to administer.
- The trust website could be viewed in large print and high contrast.
- There was information displayed in waiting areas included leaflets on various eye conditions. This included the International Glaucoma Association main guide to glaucoma, driving with glaucoma, secondary glaucoma, trabeculectomy, diabetic retinopathy, eye drops and dispensing aids, ocular hypertension, glaucoma and your relatives.
- There was a separate reception desk and waiting area for children at the Croydon clinic which was equipped with toys and books. The children's clinic at Purley was on a different day to adult clinics and parents commented that there were plenty of toys available.
- Staff at Purley told us they often gave parents the eye drops for dilating children's eyes before the appointment so that the parents could administer them at home to help reduce the time they had to wait in clinic and to make the children more at ease.
- The sites had different approaches to learning disabilities. Administrative staff at Barking told us they emailed a link nurse if a patient with a learning disability was coming in. They then called either the patient or

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their carer on the day before the appointment to ascertain if any extra provisions were required. An optometrist at Purley told us training on learning disabilities came under safeguarding training. They said there were protocols around how often they needed to see patients with a learning disability. Some staff said patients with a learning disability had a 'health passport' or 'this is me' document with their notes. Others commented that they didn't, but that they came with a relative or carer who could inform them of any additional things that were not in the patient's record. Staff also said all required information was normally in the initial referral letter. A senior member of staff at Moorfields South (Croydon) told us staff liaised with the learning disability nurse at the host hospital.

- Managers said most clinicians had training in dementia awareness and knew the dementia signs in terms of symptoms relating to vision. There was a dementia training session in a clinical governance meeting in January 2015. A manager told us staff put a sticker on patients' outcome sheets to indicate if they had dementia or a learning disability, so that the patient could be prioritised accordingly.
- The service used interpreters for patients who did not speak English and were working towards using more telephone interpreters.

- Leaflets were readily available in English and staff said they would contact the trust's patient advice and liaison service (PALS) department to get translated leaflets. The trust website also contained information about eye conditions and there was an option to translate into different languages.
- There was adequate disabled access at all sites we visited.

Learning from complaints and concerns

- PALS posters were displayed at all the clinics we visited, and information leaflets on how to complain were available.
- A parent at Purley and a patient's relative at Barking commented that staff were approachable and if they wanted to complain they would speak to one of them.
- Staff said complaints were taken seriously and investigated thoroughly and that they were informed of the progress and outcomes.
- An optometrist gave an example of a complaint three months prior to the inspection which was fully investigated and the patient was happy with the resolution.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

Each directorate had a slightly different leadership structure. Moorfields North was led by a clinical director, a matron and a deputy general manager for each sub-directorate (East, North West, Bedford), and a general manager and a nurse manager who covered the whole of Moorfields North. Moorfields South (St George's) was led by two clinical directors, a general manager, a nurse manager and a service manager. Moorfields South (Croydon) was led by a clinical director, a clinical operations manager, a service manager, a lead nurse and a lead orthoptist.

We rated well-led as good because:

- There was good governance and quality measurement. Numerous audits were undertaken regularly including quality and safety audits.
- There were good risk management processes in place and risks were identified and acted upon.
- Staff attended meetings regularly, including clinical governance meetings.
- Staff felt supported by their line-managers and were encouraged to develop.

However,

- Leadership at the Queen Mary's Hospital clinic required improvement. There was limited management presence at the site and a lack of oversight.
- In addressing bullying and harassment issues highlighted in the staff survey, there was a focus on asking staff to ensure that what they witnessed or experienced met the definition of bullying or harassment. This emphasis could potentially discourage staff from reporting issues.

Vision and strategy for this service

- Staff were aware of the trust values, the 'Moorfields Way' and felt that their work reflected this.
- The long term vision for the satellite outpatient services was not clear. Some staff told us there were plans to merge satellite clinics into fewer, larger sites.

- A clinical lead commented that there was a risk of diluting standards of care if the trust continued with rapid expansion of satellite clinics. However they felt that opportunities would be considered in more detail going forwards.

Governance, risk management and quality measurement

- Staff of all levels from the satellite sites attended regular clinical governance meetings. The trust-wide clinical governance meetings took place over half a day and clinics were stopped to allow staff to attend. These meetings included specific learning sessions. For example, a receptionist told us the clinical director for Moorfields South directorate recently delivered a session about dealing with vulnerable people.
- Administrative staff told us they had meetings with other administrative staff before the clinical governance meeting.
- An ophthalmologist from Moorfields South told us clinical governance days for clinicians were held monthly and various audits were discussed in these meetings. They said they attended around six per year. These took place at St George's and Croydon. They also had trust-wide meetings with specialist colleagues every two months.
- Clinical directors said they met monthly with the chief operating officer to discuss the performance of services in their directorate.
- Staff at Queen Mary's Hospital commented that there were no meetings specifically for the service at Queen Mary's Hospital. However, the trust informed us that specific meetings for the service at Queen Mary's Hospital were held every six to eight weeks with the last meeting prior to the inspection having taken place on 1 March 2016.

Leadership of this service

- Staff told us they felt well supported by their line managers. A member of administrative staff said they felt very well supported and that they felt staff were

Are services well-led?

given equal opportunities. They were supported by the trust to do training courses relevant to their role. A clinical staff member said they felt “incredibly” well supported by their line managers and felt valued.

- Most staff said they felt part of the trust as a whole and attended training days and events at the main site. This included a staff recognition event, ‘Moorfields Stars’, attended by staff of all levels.
- Leadership at the Queen Mary’s Hospital clinic required improvement. Staff commented that there was not usually a Moorfields manager on site at Queen Mary’s Hospital and that they did not have much contact with the service manager. The service manager, who was responsible for St George’s and Queen Mary’s Hospital, had limited oversight of the service at Queen Mary’s Hospital. For example they were not aware of environmental constraints and other general issues faced by the service.
- An ophthalmologist took on an informal leadership role at Queen Mary’s Hospital since starting as a permanent member of staff in January 2016 (they worked in the service as a locum prior to this).
- Staff were supported and encouraged to undertake further specialist training.
- Staff at Purley said members of the board visited occasionally and that the chief executive officer (CEO) visited the service the week before inspection. They also commented that there was good communication via the intranet and email.

Culture

- Staff were proud of the service they provided. One optometrist told us, “I learn lots and have room to grow. This is a rewarding job”. A nurse at Queen Mary’s Hospital said the team there worked well together, ophthalmologists, nurses, and technicians. An optometrist said the work ethic at Moorfields was different from what they had experienced at other trusts
- One optometrist told us they did a placement at the Moorfields Croydon clinic during their training and wanted to go back to the trust once they qualified.
- Staff we spoke with said they would raise any concerns around bullying and harassment with a manager and felt that people were treated equally.

- We spoke with a quality partner who said the position was new in October 2015 and the main focus had been to prepare staff for the CQC inspection. A trust quality report stated that the role of the quality partner was introduced to provide “new support in a decentralised structure. Quality partners will spend the majority of their time in satellites, working with staff and patients to promote and support the highest quality of safe care with local knowledge of each site’s particular situation and patient population. They will also work directly with the central team to ensure effective two-way communication and direction, so that trust quality and safety priorities are acted on locally and issues escalated”.
- A member of staff we spoke with said one of their main roles was to address issues around bullying and harassment, as this was highlighted on the staff survey. They told us the trust policy was to focus on making staff aware of what constituted bullying and harassment. They said they encouraged staff to report any bullying and harassment but to ensure that what they witnessed or experienced met the criteria of bullying or harassment. When staff approached them they directed them to the trust policy and procedure. The emphasis on asking staff to ensure that what they witnessed or experienced met the definition of bullying or harassment could potentially discourage staff from reporting it. The referral of staff to the trust policy and procedure was not supportive.

Public and staff engagement

- NHS Friends and Family Test feedback cards were available for people to complete at all the sites we visited. However, response rates were very low at some sites - the rate was 3% for Ealing and 9.6% for Teddington in January 2016.
- The trust displayed ‘you said, we did’ posters in waiting areas. The posters showed common feedback issues that patients reported via the Friends and Family Test and the changes the service had made as a result. For example at the clinic in Purley the poster stated that, as a result of feedback, a radio was put in the waiting area at Purley and Croydon and signage was improved. The poster also stated areas for improvement under the heading “we still need to work on”. These included reducing waiting times and keeping patients informed about any delays during the outpatient visit. This

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showed that the service was taking account of feedback, identifying common themes and making improvements as well as being open and transparent about improvements that were still needed.

- The trust organised an annual outpatient survey to collect the views on patients' experiences. The most recent results available were for 2014 and included some satellite sites - Barking, Ealing, Mile End, Northwick Park, Potters Bar, and St Ann's. We noted that the feedback provided by patients was mostly positive. However, the 2015 results, which could reflect patients more recent views, were not available.
- The clinical director for the North West told us patients could attend public meetings to hear about the service and feed their views into decision making processes.
- Staff attended regular meetings including clinical governance meetings.
- The 2015 NHS Staff Survey indicated 67% of staff within the outpatient departments across the trust felt able to contribute to improvements at work. This figure was 82% for all staff in the Moorfields North directorate, 84% for Moorfields North East, 88% for North West and 82% for Moorfields South (Croydon) and 73% For Moorfields South (St George's).

- Managers told us staff contributed to service specific meetings. Staff said they felt that they were listened to.

Innovation, improvement and sustainability

- A clinical director told us the trust planned to get more nurse injectors and to increase the number of virtual clinics for glaucoma. The virtual clinics would enable patients to be seen more quickly remotely as they would not need to see a consultant. This would make the patient experience better and more streamlined.
- The service at Purley had plans to employ a play leader who was due to start in July 2016.
- There was a plan to make the eye clinic liaison officer role in Moorfields North permanent.
- The trust planned to develop nursing and health care assistant roles across a number of specialities.
- Clinical space was the main issue and barrier to growing the services.
- The quality partner for Moorfields South told us the trust planned to have a quality partner for each directorate to help forge better links between all sites. They felt that the role so far had facilitated positive changes.