Moorfields Eye Hospital NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Good
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Good
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

This was the first inspection of Moorfields Eye Hospital NHS Foundation Trust under the new methodology. We have rated the hospital as good overall, accounting for the delivery model of care and the large volume of activity which takes place at the City Road Hospital site.

We carried out an announced inspection between 9 - 13 May 2016. We also undertook unannounced visits during the following two weeks.

We inspected four core services: urgent and emergency care, surgery, outpatients and diagnostics, and children and young people's services. This trust operates across multiple outreach locations. Due to the unique delivery model of this organisation we inspected services at the City Road and Moorfields Eye Centre at St George's Hospital. We also inspected a range of the outreach sites as part including:

- Surgery and outpatients at Bedford Hospital
- Surgery and outpatients at Moorfields Eye Centre at St George's Hospital
- Surgery at Ealing Hospital
- Surgery at Croydon Hospital
- Surgery at Mile End Hospital
- Outpatient and diagnostics at Queen Mary's Roehampton Hospital
- Outpatient and diagnostics at Purley War Memorial Hospital
- Outpatient and diagnostics at Barking, Havering and Redbridge Hospital

Our key findings were as follows:

Safe

- Mandatory training levels in some areas were below trust targets including resuscitation training and adult life support.

At the City Road site:

- The paediatric waiting area in the A&E was unsuitable for the purpose it was being used. We saw paediatric patients and their families waiting in the main waiting area with adult ED patients.
- There was a lack of storage space for patients' notes in ED and the administrative office was overcrowded with boxes, which presented trip hazards and a barrier to evacuation.
- In surgery, improvement was required to fully embed the World Health Organisation safer surgery checklist, in terms of both documentation and the quality and staff engagement in the process.
- The availability of medical records was an on-going issue and temporary notes were used until the records could be located.
- In Outpatients we found omissions in some patient records including staff signatures and record entry dates.
- Some clinic waiting areas were extremely warm at times and, although temperature monitoring took place, actions did not fully address the heat. Space was limited and there was insufficient seating for the number of patients attending clinics.
- Availability of 'floorwalkers' to monitor patient wellbeing in waiting areas was limited. Staff throughout the outpatient clinics were busy and told us they rarely had time to take their full breaks during their shift.
- No emergency buzzers were available in the radiology department, which could delay staff accessing help in an emergency.
- At Moorfields Eye Centre at St George's Hospital:
- In theatres, long standing problems with ventilation meant that at times theatre lists had to be cancelled. Air changes in one anaesthetic room did not always comply with best practice.
- The urgent care clinic reception area and treatment cubicles lacked privacy and confidentially was compromised.
- The outpatients department was crowded and the waiting area in was very cramped: the chairs for patients were very close together. There was a separate waiting area for patients in wheelchairs

Summary of findings

however this only accommodated two wheelchair users. When we visited the ceiling leaked due to heavy rain, this meant that some of the chairs could not be used as they were wet.

- Staff working in treatment areas in a corridor outside the main outpatient area were isolated.
- A service level agreement had been developed to formalise the relationship between the trust and St George's University Hospitals NHS Foundation Trust but, this was not yet agreed and in place at the time of the inspection.
- At the Bedford site;
- We observed some poor infection control practice with regards to slit lamps decontamination.
- Patients undergoing surgery under a general anaesthetic were transferred to the day surgery unit at Bedford hospital but staff caring for these patients had not received ophthalmic training.

However, we found many good examples of safe care including:

- Wards and other patient areas were clean and staff were seen to be adhering to hand hygiene policies and protocols. Audit results for cleanliness and infection prevention control demonstrated a good track record and improvements and infection rates were low.
- Adequate staffing levels and skills mix was a high priority and were planned, implemented and reviewed to keep people safe at all times. Minimal staff shortages were responded to by senior nursing leaders using internal bank staff and rarely agency staff.
- Safeguarding vulnerable adults was given sufficient priority by staff who were aware to ensure immediate safety and to discuss concerns.
- Radiation safety processes, including access to lead vests and radiation monitoring, were suitable. The environment in which radiation was used was fit for purpose and protected staff and patients from unnecessary exposure to radiation.

Effective

- Care was evidence based and services participated in local and national audit.
- Care was delivered in line with relevant national guidelines and we saw appropriate policies, procedures and clinical guidelines, which referenced these.
- Care was delivered by an experienced team of ophthalmologists and ophthalmic trained nurses delivered care and treatment based on a range of best practice guidance.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Nurses and health care assistants felt well supported with good supervision and good training opportunities.
- Consent practices and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment.

Caring

- Feedback from people who use the service, and those who are close to them, was continually positive about the way staff treated them. Patients thought the care they receive exceeds their expectations.
- Friends and Family Test results were consistently good across surgical services.
- Staff were seen to spend time talking to patients, or those close to them to ensure they received the information in a way they could understand and were given time to ask questions.
- We observed staff providing compassionate care and treating patients with dignity and respect.
- Staff provided emotional support to patients and patients were able to access the hospital multi-faith chaplaincy services, when required. Patients also had access to the trust counselling service and the eye clinic liaison office.
- In children's and young people's services, staff demonstrated the relationships they developed with patient's using the service, and their commitment to ensuring they had a positive experience.

Summary of findings

- Complex conditions and procedures were explained to children and young people in a way that enabled them to gain a full understanding of their treatment plan and take an active role in decision making.

Responsive

- 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.
- The trust consistently met the 4-hour ED waiting time standard, and also measured against a locally derived 3-hour target.
- There were clear patient pathways that eased the flow of patients within the A&E. The department had implemented an 'active triage' system whereby patients with non-emergency conditions were referred to the urgent care clinic.
- Patients and relatives told us they appreciated having local services which meant that they didn't have to travel far.
- The surgical services had implemented a number of improvements throughout the patient pathway, including a 'one-stop' nurse led assessment clinic which including investigations if needed and a live patient tracking system.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that meets that recognised and promoted those needs.
- Patients were given the flexibility to access services in a way and at a time that suited them.
- Outpatients clinics at City Road clinics were frequently overbooked and finished late. Patients consequently had a long waiting time in clinics and the hospital did not have a system in place to keep patients informed about the waiting time and did not monitor this performance data.
- In outpatients at City Road patients were seen in open bays within clinic areas. In some clinics this resulted in a lot of noise and it was difficult to hear what was being said by both patients and staff. At times these areas became very busy, with no seating availability for patients and relatives.
- At St George's there was no signage or information available for patients about waiting times and this meant that patients did not know how long they would need to wait. The department did not monitor this performance data.
- At St George's the main outpatient reception area was situated so that patient's confidentiality and privacy was maintained. However, the reception area where patients booked into the UCC was situated next to the waiting area close to where patients sat, which meant that patients privacy and confidentially was compromised.
- Cancellation rates were high for hospital cancelled appointments in Moorfields South (both St George's and Croydon).
- Service planning for satelite clinics at Moorfields North required improvement. We observed these clinics were often overbooked due to the lack of a system for knowing when consultants were on leave. We were told that at Moorfields Queen Mary's Hospital clinics were often cancelled at very short notice and that patients were not always informed and turned up for their appointment. We were informed this happened at least one a month.

Well Led

- There were a clear set of vision and values within the surgical services that were driven by quality care and safety. Staff were clear of their involvement in delivering these objectives.
- We found a cohesive and supportive leadership team who functioned effectively, with well-established members of staff. Staff were complimentary about the support they received from their seniors and commented that they were visible and approachable. Structures, processes and systems were in place to ensure information sharing across the trust was effective.
- There was a clear proactive approach to seeking out and embedding new and more sustainable models of care from all staff levels within the trust.
- There are high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture and opportunities.

Summary of findings

- 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.

However;

- Key issues relating to flow within the outpatient clinics, such as patient waiting times and clinics overrunning, were not formally monitored by the leadership team and therefore the benefit of any service changes could not be effectively assessed.
- A service level agreement had been developed to formalise the relationship between the trust and St George's University Hospitals NHS Foundation Trust but, this was not yet agreed and in place at the time of the inspection.
- We were concerned that there was not a robust governance system around SLA's with partner organisations, which resulted in a lack of formal mechanisms or powers to drive improvement or make changes where required.
- The senior leadership team were open about the challenges the services at Moorfields Eye Centre at St George's Hospital faced and recognised the importance of improving the environment in which the service was provided. We saw evidence of a transformation programme to relocate patients, however there were no firm plans in place to improve the environment.
- In outpatients at St George's senior staff identified issues with the current environment and identified re-providing the services at St George's the means to addressing this. The trust advised us of its short/ medium term plans to address its current unsuitability.

We saw several areas of outstanding practice including:

- The development of staff skills, competence and knowledge, and development of extended nursing and allied health professional roles. Staff reported that they felt well supported and received good training opportunities.
- There was an extensive research portfolio, which was recognised at a UK and global level, directly benefiting patients.
- There was a clear proactive approach to seeking out and embedding new and more sustainable models of care from all staff levels within the services, and across the Moorfields network. For example the Bedford team worked closely with a group of local optometrists and operated a system called Bedford Shared Care Cataract Pathway.
- The organisation had taken a pivotal role in the development of ophthalmic services, as the lead in one of the hospital vanguard systems selected by NHS England to develop new models of care.
- We noted the trust had made significant investments in leadership and quality improvement, and had invited international speakers to attend a specialist event following our inspection.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Address the lack of storage space for patients' notes in ED and the administrative office and remove barriers to evacuation.
- Fully embed the World Health Organisation safer surgery checklist, in terms of both documentation and the quality and staff engagement in the process, across the organisation.
- Ensure adequate audit and monitoring systems are in place to monitor performance and compliance of the WHO five steps to safer surgery checklist to guide improvement.
- Take action to ensure the environment in theatres is safe and meets with national guidance.
- Reduce the number of mixed sex breaches at the St George's site.
- Ensure that the quality and safety of the outpatients and surgical services at Moorfields at St George's are fully assessed, monitored and improved.
- Ensure that all risks related to patient safety in outpatients and surgical services at Moorfields at St George's are fully recorded with actions to mitigate them.
- Address the environmental conditions of outpatients at the St George's site.
- Ensure that the quality and safety of the outpatients service at the City Road site are fully monitored, including patient waiting times and clinic finish times.

Summary of findings

- Ensure that risks relating to patient waiting times are fully mitigated.
- Ensure that patient records are fully and legibly completed, including staff signatures, record entry dates and documentation errors are correctly marked.
- Review the governance process around Service Level Agreements with partner organisations, and ensure these fit the existing and future models of care delivery.

In addition the trust should:

- Ensure all policies and procedures are up to date and staff receive training as required for specific roles.
- Improve the uptake of appraisals and ensure all staff are aware of their responsibilities in relation to the Mental Capacity Act 2005.
- Ensure all staff complete all aspects of mandatory training.
- Ensure all staff are aware of the incident reporting process.
- Ensure all staff have knowledge and awareness of the duty of candour principles.
- Ensure all anaesthetic equipment is checked and checks are recorded.
- Reduce the theatre cancellation rate.
- Consider how the theatre environment at St George's Hospital site could be made more child friendly.
- Ensure the trust is responsive to any issues of bullying and harassment raised.
- Ensure patient's records are available when they arrive to attend an appointment.
- Improve recording of risks and ensure all information is included on risk registers.
- Improve engagement with patients, staff and members of the public in service development/improvement.
- Address issues relating to flow within the outpatient clinics, such as patient waiting times and clinics overrunning.
- Ensure emergency buzzers are available in radiology.
- Ensure staff are aware of the electronic flagging system for vulnerable patients, such as those living with dementia or a learning disability in the outpatients department.
- Look for ways to improve patient privacy in the outpatient department, A&E and day case wards.
- Repair the ventilation system within the A&E at the City Road site.
- Consider implementing the business plan for an electronic record system and scanning of casualty cards. This will free up space within the administration office and eliminate the risk of trips.
- Improve the waiting area for children and young people in the main A&E.
- Consider improving the checklist for the difficult airway trollies in the recovery areas to include equipment and expiry date checks.
- Ensure staff have the correct training and implement formalised systems to monitor and record staff training information for paediatrics within the theatre department.
- Develop a strategy for services for children and young people and consider how reporting about plans, priorities and the quality and safety of the service could be improved.
- Ensure that the environment of the outpatient department is routinely monitored and appropriate actions are taken to ensure patient safety, comfort and welfare.
- Consider how signage in the satellite locations could be improved for people with visual impairment.
- Ensure the service level agreement between Moorfields Eye Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust is finalised and implemented to ensure medical cover and estates management are working effectively.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Moorfields Eye Hospital NHS Foundation Trust

Moorfields Eye Hospital NHS Foundation Trust is the largest provider of eye health services in England. The hospital trust has a long history, developed over two centuries, and describe themselves as a “World class centre of excellence" for ophthalmic research and education. In 2009 the trust became a founding member of a local Academic Health Science Centre (AHSC) and in 2013 they became an accredited AHSC.

The organisation houses approximately 24 inpatient beds, and 43 day case beds. In 2015/16 they delivered 35,907 surgical spells and 529,681 outpatient attendances across multiple sites (excludes Bedford figures), and provides emergency ophthalmic care to 103,926 patients per year.

The trust delivers care across 32 different outreach locations in a network model across Greater London and Bedford. They employ in the region of 1,925 staff (as at March 2016) and have a financial revenue of £198 million, generating a financial surplus of £4.4 million during 2014/15.

There is a recently appointed executive leadership team, including a new interim Chairman, Steve Williams, a new Chief Executive, David Probert, a new Chief Financial Officer and a new Chief Operating Officer.

The trust's vision and mission is to be the leading international centre in the care and treatment of eye disorders, driven by excellence in research and education.

The trust has introduced a set of organisational values to drive the approach to delivering its' "Vision of Excellence".

Long term commissioner plans were not defined in detail, at the time of our inspection. It is the general direction of travel for clinical services to be delivered away from acute hospital settings, and for care to be provided on a day to day basis. This is consistent with the trust strategy and we the trust have continued to develop the services in that way during 2015/16.

The trust have commissioning relationships with a wide range of organisations in London and the rest of England. It seeks to engage with commissioning colleagues on service developments and commissioning initiatives which include schemes such as creating referral hubs, establishing telephone advice services, reducing A&E attendances and creating shared care pathways with community eye professionals.

The trust anticipate that The National Institute for Health and Care Excellence (NICE) approved treatments, population growth and the ageing population will increase the activity over the next year and beyond. Consistent with previous years, the trust plans to be transparent about these growth assumptions with commissioners and will seek to work with them to address the growing demand for ophthalmic care.

We inspected Moorfields Eye Hospital NHS Foundation Trust , including the core services: urgent and emergency care, surgery, critical care, services for children and young people, and outpatients and diagnostic services. We inspected the main acute sites at the City Road and St Georges campus, along with a cross-section of satellite services.

Our inspection team

Our inspection team was led by:

Chair: Dr Pete Turkington, Medical Director, Salford NHS Foundation Trust

Team Leader: Nicola Wise, Head of Hospital Inspection

Care Quality Commission

The trust was visited by a team of CQC inspectors and assistant inspectors, analysts and a variety of specialists. There were consultant ophthalmologists as well a nurse with a background in ophthalmology. Members of the inspection team also had experience in theatres, children and young people's care and board-level experience, and one expert by experience.

Summary of findings

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

The inspection team inspected the following core services:

- Urgent and emergency services
- Surgery
- Services for children and young people
- Outpatients and diagnostic imaging

Before our inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. These organisations included the clinical commissioning groups, NHS Improvement, Health Education England, General Medical Council, Nursing and Midwifery Council, Royal College of Nursing, NHS Litigation Authority and the local Healthwatch.

As part of the inspection, we visited a number of satellite sites including: Moorfields Eye Centre at Bedford Hospital (South), Moorfields Eye Centre at Ealing Hospital, Moorfields Eye Centre at Croydon University Hospital, Moorfields Eye Unit at Mile End Hospital, Moorfields Eye Unit at Queen Mary's Hospital, Moorfields Community Eye Clinic at Purley War Memorial Hospital and Moorfields Community Eye Clinic at Barking Hospital.

We observed how patients were being cared for, spoke with patients, carers and/or family members and reviewed patients' personal care or treatment records. We held focus groups and interviews with a range of staff across the trust, including doctors, nurses, allied health professionals, administration, senior managers, and other staff.

What people who use the trust's services say

Public Event

To capture the views of local people who use the trust we arranged a feedback stall. We received many positive comments about most of the services. Staff were described as caring and supportive.

Friends and Family Test

The percentage of patients who indicated they would recommend the trust was consistently higher than the average in England between August 2014 and December 2015.

Patient led assessments of the care environment (PLACE)

The trust was above the England average in all measures (food, cleanliness, privacy, dignity and well-being) in 2015.

Healthwatch

What people who use the trust's services say, 1st paragraph: Healthwatch Harrow and Healthwatch Croydon provided feedback from patients. There were both positive and negative comments. Concerns raised centred around the organisation of urgent appointments, staffing levels at Moorfields at Northwick Park and over-running clinics at Moorfields at Croydon Hospital.

Clinical Commissioning Groups (CCGs)

Islington CCG offered feedback on behalf of local commissioners and NHS England specialist commissioners. The commissioners were generally very positive about services provided by the trust and believed that quality and outcomes were good.

They commented that there had been a rapid expansion of the organisation, over the past three years which presented challenges to the organisation. Through the acquisition of new sites the organisation has changed its organisational structure with a greater focus on directorates and a more de-centralised approach. The

Summary of findings

CCG receives assurance on the quality of care being delivered across all services through divisional and satellite focused presentations at the Clinical Quality Review meeting. There is an added level of complexity to assure quality across a 'chain of services' or 'franchise' model of this sort with numerous geographically spread sites.

Areas of concern were highlighted as; access times against the 18 week referral to treatment time process, a series of Never Events at the Bedford site, the theatre refurbishment programme not being in adherence to theatre ventilation requirements.

Overall they described the trust as having "positive relationships" with commissioners and partners, and highlighted that they had seen service improvements and innovations.

Royal College of Nursing (RCN)

The RCN described previous issues around theatre maintenance, however recognised that this had been addressed and commented that the trust had made successful provisions for increased capacity at weekends including sourcing additional capacity at alternative sites.

The RCN referred to historical problems with the accuracy of the trust's reporting on target information, such as recording data incorrectly so some patients had been waiting longer than appropriate. However, commented that the trust has worked to address these issues and is now compliant in this area.

General Medical Council (GMC)

The GMC provided feedback in relation to concerns raised via its' members. Issues highlighted included the over-running of clinics and the impact on training. The availability of on call doctors to attend an eye centre in person, and the ability of doctors to report incidents. The GMC stated that any open actions were being monitored by the GMC.

NHS Improvement (NHSI)

The NHSI (formerly Monitor) provided feedback ahead of the inspection. NHSI commented that the trust had rapidly expanded but had not always managed demand effectively. It commented that the organisation did not always utilise demand management techniques to avoid patients bypassing other services to get treatment at the organisation.

Trust Governors

Trust Governors commented that they attend the trust's board meetings and have access to information about the trust. The board meetings were described as being transparent in manner and governors can participate in the same way as directors. There has been a recent survey by Deloitte on the "well led". They understand that this has come out positive, however, the result of the survey has not yet been released.

Areas of concern included: the high cost of car parking at Moorfields at St Georges Hospital, and that there were long waiting times for specialist clinics due to the high demand for Moorfields specialist's services. Governors commented that they are working actively on this and that patients are happy with the care provided.

Facts and data about this trust

Moorfields Eye Hospital NHS Foundation Trust delivered 35,907 surgical spells and 529,681 outpatient attendances across multiple sites in 2015/16. They provide emergency ophthalmic services to 103,926 patients per year. The organisation houses approximately 24 inpatient beds and 43 day case beds.

The trust delivers care across 32 different locations in a network model across Greater London and Bedford. They employ in the region of 1,925 staff (as at March 2016) and have a financial revenue of £198 million, generating a financial surplus of £4.4 million during 2014/15.

The Moorfield's operational delivery model is split into four directorates: Outpatients and Diagnostic services, Surgical Services, Moorfield's North and Moorfield's South. Within these directorates, the organisation provides care across a complex network of locations which include: Moorfield's Eye Centres (district hubs), Moorfields Eye Units (local surgical units), Moorfields Community Eye Clinics and Moorfield's Partnerships (partnerships and networks)

Summary of findings

Moorfield's Eye Centres include: Bedford Hospital, Croydon University Hospital, Ealing Hospital, Northwick Park Hospital and St George's Hospital.

Moorfield's Eye Units include: Darent Valley Hospital, Mile End Hospital, Potters Bar Community Hospital, St Ann's Hospital, St Bartholomews Hospital.

Moorfield's Community Eye Clinics include: Balham Healthcare Centre, Bedford Hospital (North), Brocklebank Health Centre, Doddington Health Centre, Loxford Polyclinic, Nightingale Nursing Home, Parkway Health Centre, Purley War Memorial Hospital, Sanderstead Health Centre, Teddington Memorial Hospital, Tooting Bec Medical Centre, The Nelson Health Centre, Barking Hospital, Watford General Hospital, Sir Ludwig Guttman Health and Wellbeing Centre and Moorfield's relationships with other acute providers.

Moorfield's Partnerships include: Boots Opticians, Watford; Hackney Ark; Parker & Hammond Opticians; Homerton Hospital; Visioncare Medical Eye Centre.

The trust have commissioning relationships with a wide range of organisations in London and across England. The trust seek to engage with commissioning colleagues on service developments and commissioning initiatives which include schemes such as creating referral hubs, establishing telephone advice services, reducing A&E attendances and creating shared care pathways with community eye professionals.

Facilities at the City Road

Patients attending the City Road site have guidance from the main tube station in the form of a green line directing towards the hospital. Once on site, staff are at hand to lead and guide patients to the appropriate clinical area. All staff undergo leading and guiding training.

The environmental layout including colour schemes has been designed in colloboration with the RNIB. Documents are available in large font and when requested, leaflets are available in Braile.

The patient lifts are audible. Most sites have access to an Eye Clinic Liaison Officer (ECLO), and at some of the smaller sites, emotional support workers. ECLO and emotional support workers provide advice and support during the patients' visit. The trust has a number of volunteers available in the clinical setting who also offer help and support.

Staff survey

The trust scores well on the NHS staff survey and above average in a number of key areas, the most notable being the overall level of staff engagement.

The trust also scored well and has improved in levels of staff satisfaction with their level of responsibility and involvement, and support from immediate managers.

The top ranking scores included the quality of appraisals, staff motivation at work, satisfaction with resourcing and support, recognition and value of staff by managers and the organisation, and satisfaction with the quality of work and patient care they are able to deliver.

The trust has scored less well and remains worse than average in questions about staff experiencing bullying, harassment, abuse, discrimination or physical violence at work, and staff believing that the trust offers equality of opportunity in career progression or promotion.

The trust launched The Moorfields Way, a long term programme of cultural change, in the Spring of 2014, in direct response to concerns within the staff survey. This is a 3 year programme which the trust hopes to see improvement on these scores.

Top risks on the trust risk register

Top risks on the trust risk register include: failure to address significant patient experience concerns; inability to maintain financial surplus at required levels each year; risk to vulnerable patient care, as well as legal, reputational and financial risks due to staff within the organisation not following the principles of the Mental Capacity Act 2005; non-compliance with paediatric NSF and CQC requirements on other sites; Moorfields achieves a rating below expectation (minimum good) in any future CQC inspection; poor quality data could impact on patient care, targets and income.

Safe

There were nine serious incidents including three treatment delays and two surgical errors. There was one never event reported between March 2015 and February 2016, a surgical error (wrong type of lens inserted into eye during cataract surgery).

Never events are serious incidents that are wholly preventable, as guidance or safety recommendations that provide strong systemic protective barriers are

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available at a national level and should have been implemented by all healthcare providers. Each never event has the potential to cause serious patient harm or death. However, serious harm or death is not required to have happened as a result of a specific incident for that incident to be categorised as a never event.

The trust is about the same as the national average for consultant and middle career doctors whole time equivalents (wte). The organisation has zero junior Doctors, but has significantly higher numbers of registrar level Doctors than the national average.

The organisation has consistently met the four hour waiting time standard in A&E. The trust performed better than the 95% standard each month between August 2014 and January 2016.

A slit lamp decontamination survey carried out for all sites in mar 15 showed an overall compliance rate of 75% which was classed as minimal compliance by infection control team. A repeat audit was done in November 2015 (which was sent in PIR2) that states that after the Trust achieved 93%.

Effective

In the 2014 CQC accident and emergency (A&E) survey the trust scored better or about the same as other trusts who took part in the survey. For two questions, waiting to be examined and pain control they scored worse than other trusts.They scored better than other trusts in the question about the patient's overall A&E experience.

The unplanned re-attendance rate to A&E within seven days was worse than the standard for all of 2014 and 2015, but has improved and fallen below the England average since June 2015.

There was good performance in the 2015 CQC children's questionnaire relating to effective domain.

Caring

Performance was good in the 2015 Patient Led Asessment of Caring Environment (PLACE) audit for cleanliness, privacy/dignity/wellbeing, facilities and dementia.

The Friends and Family Test (FFT) performance between January 2015 and December 2015 was better than the England average.

The numbers of reported complaints fell from 291 in 2012/13 to 174 in 2014/15, a fall of 40% over the two years.

Responsive

Bed occupancy rates were below the England average between Q4 2013/14 and Q3 2015/16.

All 92 delayed transfers of care at the trust were accounted for by one of three categories, 'awaiting care package in own home' (40.2%) 'waiting further NHS non-acute care (33.7%) and 'Awaiting Nursing Home Placement (26.1%).

Referral to Treatment (RTT) rates were above the 92% standard for incomplete pathways.

There are higher numbers of cancelled operations in the two most recently reported periods (Q2 and Q3 2015/16). Almost all operations were rescheduled within 28 days.

There has been consistently good performance on diagnostic waiting times, with no patients waiting more than six weeks for diagnosis. ?

Did not attend (DNA) rates at all Moorfields sites were level higher than the England average. The highest rates were seen at Moorfields at Croydon University Hospital.

Well Led

The trust scored better than expected for access to educational resources in the 2015 GMC Survey.

Areas of good performance in the 2015 NHS staff survey include staff satisfaction with the quality of care they can deliver, communication and recognition from management, team working and support.

There was poor performance in the 2015 NHS Staff survey for questions relating to violence, harassment and bullying from patients and staff, as well as discrimination and provision of equal opportunities for all staff.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? The trust is rated as requires improvement for safety. We found examples of safe care in many of the services we inspected. However, we rated a number of services as requires improvement under the safe domain. These included: surgical services and outpatients departments at City Road site, surgical services and outpatient and diagnostic services at the St George's Hospital site, surgical services at the Bedford Hospital site and surgical services at the satellite sites. Across the organisation we found: • Mandatory training levels in some areas were below trust targets including resuscitation training and adult life support. • A number of site specific estates challenges which had not been adequately resolved. • The trust had not fully implemented the five steps of the World Health Organisation (WHO) Surgical Safety Checklist. • Long in-clinic waiting times within outpatients and poor monitoring of this. At the City Road Hospital site: • There was a lack of storage space for patients' notes in ED and the administrative office was overcrowded with boxes, which presented trip hazards and a barrier to evacuation. • In surgery, improvement was required to fully embed the World Health Organisation safer surgery checklist, in terms of both documentation and the quality and staff engagement in the process. • Some clinic waiting areas were extremely warm at times and, although temperature monitoring took place, actions did not fully address the heat. • Availability of 'floorwalkers' to monitor patient wellbeing in waiting areas was limited. Staff throughout the outpatient clinics were busy and told us they rarely had time to take their full breaks during their shift. • No emergency buzzers were available in the radiology department, which could delay staff accessing help in an emergency. • Within the Richard Desmond Children's Eye Centre there were low glass walls around the atriums on each floor with a hand rail approximately a metre above the floor. This was a potential safety issue, as a child or other person could attempt to climb	**Requires improvement** 

over the barrier and fall to the ground floor below. There was also the possibility that toys or other objects could be thrown over the barrier. The risks had been identified on the risk register and they were assessed as ongoing. Divisional leaders said the controls in place were felt to be sufficient to manage the risk.

At the St George's Hospital site:

- There were some long standing problems with the ventilation system which affected both the theatre preparation room (theatre 4) and anaesthetic room (theatre 5). This issue was reviewed by the Moorfields infection control team and an external NHS microbiology team who assessed the risks. They advised changes in practice to mitigate the risks, which we were advised have been implemented. Estates staff told us that they felt the equipment could breakdown at any point.
- The outpatients department was crowded and the waiting area in was very cramped: the chairs for patients were very close together. There was a separate waiting area for patients in wheelchairs however this only accommodated two wheelchair users. When we visited the ceiling leaked due to heavy rain, this meant that some of the chairs could not be used as they were wet.
- Staff working in treatment areas in a corridor outside the main outpatient area were isolated.

However, we found many good examples of safe care including:

- Wards and other patient areas were clean and staff were seen to be adhering to hand hygiene policies and protocols. Audit results for cleanliness and infection control demonstrated a good track record and improvements, and infection rates were low.
- Adequate staffing levels and skills mix was a high priority and were planned, implemented and reviewed to keep people safe at all times. Minimal staff shortages were responded to by senior nursing leaders using internal bank staff and rarely agency staff.
- Safeguarding vulnerable adults was given sufficient priority by staff who were aware to ensure immediate safety and to discuss concerns.
- Radiation safety processes, including access to lead vests and radiation monitoring, were suitable. The environment in which radiation was used was fit for purpose and protected staff and patients from unnecessary exposure to radiation.

For more detailed information please refer to the reports for the individual site location reports.

Summary of findings

Duty of candour

- Most staff were aware of the requirements of the duty of candour, including apologising and sharing the details and findings of any investigation, and were able to offer recent examples of such. We found limited awareness of duty of candour amongst some junior staff.

Cleanliness, infection control and hygiene

- The environment in the majority of areas we inspected was clean and complied with infection prevention and control guidance. Clinical areas we visited were visibly clean, tidy and well organised. Adequate hand washing facilities were in place at all sites we visited. We observed staff washing their hands, using hand gel between patients and complying with the 'bare below the elbows' policy.
- Hand hygiene audit results were displayed at the entrances to each department and demonstrated compliance, with results 95% or greater.
- There had been no cases of methicillin-resistant staphylococcus aureus (MRSA) or clostridium difficile for the 12 months prior to inspection.
- However, at the Bedford site we found there was a slit lamp bio-microscope (an instrument used in assessment of the patients eyes). Although alcohol wipes were available within that area to decontaminate the machine after use with each patient, we saw pen marks and residual make-up on the machine, which would suggest the alcohol wipes were not used after each patient examination. A slit lamp decontamination survey carried out for all sites in March 2015 showed an overall compliance of 75%, which was classed as compliance by the infection prevention and control team.

Environment and equipment

- Some areas of the trust we visited were cramped, with inadequate space to store equipment. In surgery at City Road, we found trolleys lined up against walls, resulting in cramped spaces for staff and patients to manoeuvre. We found evidence of equipment being checked on a daily basis across the organisation.
- Within the A&E at City Road, we observed the records room was also used as an administrative office. This environment presented safety risks to staff. For example, it was overcrowded and boxes presented trip hazards and a barrier to evacuation.

The room could not be adequately temperature controlled and staff had submitted incident reports in relation to ill health as a result of the environment. This included breathing difficulties due to the lack of natural airflow.

- In outpatients at the City Road site, some of the patient waiting areas were very warm. Temperature monitoring was in place in some areas, such as clinic 11 where a temperature checking document was in use. However, actions did not fully address the heat. During our unannounced inspection, the air conditioning was working in clinic 11 and the temperature was much more comfortable.
- The outpatients department at Moorfields Eye Centre at St George's Hospital site was crowded and the waiting area in was very cramped: the chairs for patients were very close together. There was a separate waiting area for patients in wheelchairs however this only accommodated two wheelchair users. When we visited, the ceiling leaked due to heavy rain, this meant that some of the chairs could not be used as they were wet.
- Staff were generally happy with the equipment, however, it was reported that some estates and equipment issues were slow to be fixed at some satellite clinics, due to the contract being with the local trust.

Records

- We observed the trust used mainly a paper based record system for recording care and treatment. We reviewed a range of records and found them to be accurate, fit for purpose, stored securely and were mostly completed to a good standard.
- We noted that the trust had completed a record keeping audit conducted between December 2015 and January 2016. This reviewed a sample of 20 records from nine of the larger satellite sites. 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 electronic records.

Safeguarding

- In line with statutory guidance the trust had named nurses, named doctors and safeguarding teams for child protection and safeguarding vulnerable adults. The Trust had policies and procedures in place in relation to safeguarding adults and children. Safeguarding was embedded as part of mandatory

training and induction. Staff were confident in reporting concerns to the relevant teams. Staff were able to explain what constituted a safeguarding concern and the steps required for reporting on these concerns. This included bank staff we spoke with at the satellite sites.

- The trust child and adult safeguarding leads were able to provide rapid support to ED at the City Road site on demand. Where children presented in the main ED out of hours, a nurse completed their initial visual acuity checks instead of a healthcare assistant (HCA). This strategy ensured staff with a higher level of child safeguarding training cared for children.
- Staff in the A&E at City Road demonstrated a proactive approach to supporting frequent attendees to the department and to patients who were in need of safeguarding. The team discussed the top 50 most frequent attendees at monthly service meetings and identified patients who might benefit from a psychiatric or safeguarding referral.

Mandatory training

- The trust's corporate induction for a new staff was part of mandatory training. The mandatory and statutory training programme covered a range of subjects, including basic life support for adults and paediatric, conflict resolution, equality, diversity and human rights, fire, health and safety, infection control, information governance, manual handling, safeguarding children and adults. The standard set by the trust was 80%.
- All staff are trained in helping visually impaired people as part of their corporate induction. Compliance rates were 92% across all staff groups for this training, against a target of 90%.
- In addition to the leading and guiding training which all staff completed at induction, the Trust had introduced a video entitled 'Helping Visually Impaired People' to its mandatory training. This module of training was introduced in April and by May 2016, 48% of staff had completed the training.
- There were some areas of the trust where mandatory training was below the trust's benchmark of 80% compliance across a number of subject areas, including resuscitation training of which 34 staff within the surgical services needed to complete.

Use of the 'five steps to safer surgery' procedure

- The trust had not fully implemented the five steps of the World Health Organisation (WHO) Surgical Safety Checklist. We found evidence of good compliance with the three compulsory elements: sign in, time out and sign out. We noted a time out taking place without the surgeon present and twice we noted

sign out completed after the patient had left the theatre. Furthermore, we noticed staff distractions while the checklist was being completed and in one instance, it was unclear who was leading the time out process.

- A recent audit of the WHO checklist had been carried out in May 2016 which looked at 29 sets of patients notes between February and April 2016 to determine compliance with the WHO surgical safety checklist. This audit looked at the three steps of the checklist including sign in, time out and sign out, however did not audit compliance with steps one or five of the checklist (team brief and debrief). Results demonstrated 52% of WHO checklists had not been fully completed. Audit data measuring staff engagement and quality of the checklist process had not been completed and was not available.

Assessing and responding to patient risk

- Patients' clinical observations were recorded and monitored in line with NICE guidance 'Acutely Ill-Patients in Hospital.' A scoring system known as a national early warning score (NEWS) was used to measure patients' vital signs and identify patients whose condition was at risk of deteriorating.
- An audit of the national early warning system was conducted in 2015 to assess the levels of compliance across all sites in the Trust. The audit found good levels of compliance with scores of 100% for the frequency of observations and escalation if a patient's condition deteriorated. The only area identified for improvement related to the frequency of physiological observations. These were not being carried out as frequently as the Trust's policy recommended.
- Senior staff in the A&E at City Road told us that only patients with ophthalmic diseases were treated at the trust. However, on rare occasions, patients presented in the A&E seeking treatment for general health problems or patients who presented with an ophthalmic problem became acutely unwell due to a general health problem. Patients who presented with potentially serious life threatening conditions were assessed by medical and nursing staff, stabilised where possible and kept under observation while arrangements were made to transfer them via an ambulance to the nearest A&E department for care and treatment.
- Assessment tools were used for assessing and responding to patients risks and these were fully completed in patient's notes. For example: the Waterlow Pressure Ulcer Risk Assessment

(2010), Venous Thromboembolism tool (VTE) and Safer Skin Care (SSKIN) were all in use within the patient assessment and treatment record. This information was utilised to manage and promote safe patient care.

- Staff in satellite clinics 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 Eye Centre at St George's Hospital as this provided an emergency service.
- In surgery at the St George's site, patients on the Duke Elder ward who became unwell were cared for by medical staff who worked for St George's University Hospitals NHS Foundation Trust. However, staff told us there was no formal service agreement in place with St George's University Hospitals NHS Foundation Trust for medical staff to review patients on Duke Elder ward. We saw this was included on the local risk register. When we asked the trust about this they provided us with guidelines which had been developed in April 2016 for caring for patients on the Duke Elder ward when they became medically unwell. The notes of a meeting between the medical directors of St George's University Hospitals NHS Foundation Trust and Moorfields Eye Hospital NHS Foundation Trust held on the 19th April 2016 showed these guidelines had been agreed in principle. However, Moorfields and St George's medical staff had separate record systems. The guidelines did not specify the arrangements for a clinical handover. The guidelines did not specify the timescales for medical staff responding where treatment was urgent. For example, the guideline starts patients with sepsis or cellulitis would be seen without delay but it was not clear who was responsible and the exact timescales for medical staff responding.

Staffing

- The trust had vacancies across staff groups but staffing levels in most clinical areas were maintained at a safe level with the use of regular bank, agency and locum staff.
- Within the A&E at City Road, we observed that vacant posts were mitigated by nursing staff working overtime and by increasing the use of bank staff. The department received support from the human resource (HR) team to speed up the recruitment process for permanent posts. Temporary staff were required to complete a competency-based assessment to work on the unit.
- We were told that ward managers used an acuity tool once a year to measure and monitor staffing level in their areas.

Summary of findings

- Planned and actual staffing levels for each day were displayed outside each department and during inspection; the actual staffing numbers met the planned numbers for each ward area.
- Nursing staff we spoke with told us that staffing numbers were good and they were able to effectively care for patients.
- Most staff worked across multiple sites within their directorate and managers monitored levels to ensure that enough staff were at each outpatient clinic.

Are services at this trust effective?

Good

We rated the services at Moorfields Eye Hospital NHS Foundation Trust as 'good' for effective. We found:

- Care was evidence based and services participated in local and national audit.
- Care was delivered in line with relevant national guidelines and we saw appropriate policies, procedures and clinical guidelines, which referenced these.
- Care was delivered by an experienced team of ophthalmologists and ophthalmic trained nurses delivered care and treatment based on a range of best practice guidance.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Nurses and health care assistants felt well supported with good supervision and good training opportunities.
- Consent practices and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment.

However

- Internal training was not always recorded or formalised. Appraisal completion rates were 72% against an internal trust target of 80%.
- Staff did not always have access to patient information electronically before providing care and treatment due to differing IT systems being in use. However, all patients have a paper based casenote file with the exception of Croydon where all records are held on the local IT system and any paper is scanned into the electronic IT record. Temporary records were used rarely (0.4% per month).
- Pathology and radiology test records for patients seen at satellite clinic were not always accessible electronically at the

main site due to IT systems not being integrated with the host provider system. However, hard copies of these records were printed and placed into the casenotes, with the exception of Croydon, where results could be scanned into the system.

For more detailed information please refer to the individual location reports.

Evidence based care and treatment

- The trust's policies and treatment protocols were based on organisational guidelines from professional organisations such as the National Institute for Health and Care Excellence (NICE) and the Royal Colleges. Staff were able to access guidelines on the intranet.
- There was an audit policy and a dedicated clinical audit team to assist staff in completing clinical audit activities. We saw evidence the trust carried out regular audits to ensure their practice was in line with national guidelines and benchmarked themselves against other ophthalmic services. All audits had recommendations and actions plans and we observed changes to the patient pathway or practice following audit results. Consultants had contributed to the development of national best practice guidelines published by the Royal Colleges.
- Some consultants were undertaking very specialist activity and had the opportunity to develop practice in their specialist area. For example, Moorfields, in conjunction with other specialist trusts treat the majority of children with microphthalmia and anophthalmia (small eyes and no eyes).
- Within the A&E at City Road, clinicians and managers contributed to the British Emergency Eye Care Society, which had been set up to recognise emergency eye care in ophthalmology. This meant resident staff could contribute to developing practice in line with national benchmarks and guidance. Membership of the group had resulted in the creation of a number of clinical fellowships, which provided specialist training for junior doctors.

Patient outcomes

- The trust showed no evidence of risk against mortality rates, according to the intelligent monitoring system. The trust engaged local audits with a focus on surgical outcomes. Results from these local audits demonstrated an improvement compared to the previous 2010 audit.

Summary of findings

- As a single speciality ophthalmic emergency unit, the A&E at City Road did not participate in the Royal College of Emergency Medicine (RCEM) audits. However, there was trust-wide participation in the national ophthalmology database audit
- The trust contribute to the Royal college of Ophthalmologists National Ophthalmology Database (NOD). The NOD collects data from services to show current and national performance and improve cataract care. Croydon and Bedford automatically submit their Medisoft data through the central Medisoft portal. Other Trust sites submitted a complete dataset of audit to the NOD from OpenEyes last year. At City Road alone, 1292 cataract operations took place 'within the Cataract Service only' in 2015/2016Participating in such audits allows ophthalmologists the opportunity to compare their surgical outcomes with those of anonymised peers. It also provides information to patients to help them choose their care based on available evidence. The trusts monitored core outcomes such as posterior capsule rupture (PCR) and visual acuity post cataract surgery. Secondary outcomes such as deviations from post-operative predicted refraction and endophthalmitis was also monitored.
- The trust use the BOSU study on strabismus complications to benchmark against and have been running a continuous audit of complications of strabismus surgery since 2011. The trust recently presented results and findings to BIPOSA (British Isles Paediatric Ophthalmology and Strabismus Association).
- An audit of the outcomes of strabismus surgery indicated a complication rate from January to December 2015 of 0.23% which is better than the national standard of <2.2%.
- Compliance with premature baby eye screening was 99.7% in 2015/2016 against a national standard of 99%.
- Activity by the trust was reported to the World Association of Eye Hospitals (WAEH), which compiled an annual report demonstrating the numbers of attendances and interventions in comparison with other eye hospitals globally. Data in this report showed an increase in outpatients activity at Moorfields Eye Hospital which was in line with the global average.
- Patients had access to new and innovative treatments through participation in research studies. At the time of our inspection there were a significant number of studies underway, including: six adnexal, 12 age related macular degeneration, three

cataract, nine corneal external disease, three diabetic retinopathy, eight glaucoma, 14 inherited retinal disease, 16 medical retinal, six neuro ophthalmology, five uveitis, three vitreoretinal and seven paediatric studies.

- The Moorfields at Croydon services'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, which was 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.

Multidisciplinary working

- Multidisciplinary (MDT) working was embedded and effective across the trust. Staff spoke positively about MDT working and we found evidence of good multidisciplinary relationships supporting patients' health and wellbeing.
- Staff in the A&E at City Road worked closely with other services within the trust to provide an effectively co-ordinated service for patients. The A&E received support from specialist clinics, including clear pathways for referral for emergency sub-specialist care. A subspecialist consultant out of hours on-call rota provided senior support for all conditions.

Access to information

- An information hub was available within the hospital at City Road, where patients could access written information about eye conditions and other public health information. We saw engagement with other charitable services outside of the organisation.
- Leaflets about different types of eye conditions and treatments were available throughout the trust. We were told that these were available in other languages on request.
- We were told that staff could view images taken at City Road but this didn't work the other way round because they used a local server at the host provider site. This was reported as a problem with patients from the North West sites who had to go to City Road to be seen in an emergency. We were informed by the trust that access to local ophthalmic image servers on major sites, including City Road, was available via the clinical services portal, on request by the clinician.

Summary of findings

- The trust was looking at ways to ensure that all locations were fully utilising the electronic medical records system. The system used in Moorfields South (Croydon) sites is accessible all Moorfields sites via the Clinical Services Portal.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Mental Capacity Act 2005 (MCA) training was mandatory within the trust. Data provided demonstrated variable compliance with the trust 100% target; some areas had compliance of 19%.
- Within the A&E at City Road, 50% of medical staff had completed the recently introduced mental capacity act training at the time of our inspection against a target of 30%. There were no training records available for nursing and administrative staff. The trust informed us that mental capacity act was part of the safeguarding training. However, it was noted that staff demonstrated a good understanding of consent and capacity for consent. Staff said they usually sought verbal or implied consent when examining patients.
- The trust's Deprivation of Liberties Safeguards (DoLS) policy and process was also available for staff to access on the trust intranet including single page summary sheets.
- We saw DoLS information displayed on staff boards. A flow chart had been developed to aid staff decisions of whether a DOLs application was appropriate.
- The majority of nursing and medical staff we spoke with demonstrated a good understanding of mental capacity and knew about the importance of assessments of people with mental health needs or learning disabilities.

Are services at this trust caring?

Good

We rated the services at Moorfields Eye Hospital NHS Foundation Trust as Good for caring. All areas were rated as good, with the exception of children's and young people's services which were rated as outstanding. This was because:

- Feedback from people who use the service and those who are close to them was continually positive about the way staff treated them. Patients thought the care they receive exceeds their expectations.
- Friends and Family Test results were consistently good across surgical services.
- Staff were seen to spend time talking to patients, or those close to them, to ensure they received the information in a way they could understand and were given time to ask questions.

Summary of findings

- We observed staff providing compassionate care and treated patients with dignity and respect.
- Staff provided emotional support to patients and patients were able to access the hospital multi-faith chaplaincy services, when required. Patients also had access to the trust counselling service and the eye clinic liaison office.
- In children's and young people's services, staff demonstrated the relationships they developed with patients using the service, and their commitment to ensuring they had positive experiences.
- Complex conditions and procedures were explained to children and young people in a way that enabled them to gain a full understanding of their treatment plan and take an active role in decision making.

However:

- We observed that other people could overhear consultations with patients due to the open plan layout of the ED at City Road. The trust advised that the environment is in line with Royal College of Ophthalmologist guidance.
- In surgery at the St George's site we found adults and children had been sharing the recovery area. Managers acknowledged this was not good practice. They had reviewed the operating timetable and planned to provide children's surgery on a different day to avoid an overlap between adult patients and children. Children waiting for a pre-operative assessment waited to be seen on an adult in-patient ward. They waited in the ward corridor to be seen.
- During our inspection we did not find a private room where distressed patients could spend time. The trust have informed us that there are private rooms available, however we did not see evidence of this.

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. Staff were courteous, professional and engaging and demonstrated compassion to all patients.
- Patients we spoke with were positive about the care they had received and told us nurses and doctors were kind and compassionate. Patients told us they had been put at ease by staff with one patient commenting that the "staff were fabulous and took all my fears away."

- The NHS Friends and Family Test results showed the percentage of respondents who would recommend the service to friends or family were good for all directorates.
- In the A&E at City Road, we observed members of staff making hourly announcements in the waiting areas to update patients about waiting times. All the patients we spoke with confirmed that they were regularly updated about the waiting times.
- Children and young people at the City Road site talked about going to theatre as being a particularly anxious time and commented on the kindness and understanding of the anaesthetists and theatre staff. A young person said, “The theatre staff and anaesthetist were lovely.” “They sort of calmed me down a bit.” Parents also said the anaesthetist put them at ease.
- However, we observed that other people could overhear consultations with patients due to the open plan layout of the ED at City Road. The trust advised that the environment is in line with Royal College of Ophthalmologist guidance.
- Similarly in day surgery at the City Road site we observed staff talking to patients about their care while sitting in the main waiting room, which could be overheard by other patients.
- In surgical services at the St George’s Hospital site adults and children had been sharing the recovery area but this practice had been stopped by April 2016.

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. Within surgery, patients we spoke with said they were aware of their surgical procedure and that it had been explained to them thoroughly and clearly. Patients told us they had been given time to ask questions to ensure understanding.
- “Moorfields Direct”, a phone advice and liaison service was staffed by ophthalmic nurses, was available Monday – Saturday and provided information, support and reassurance to patients.

Emotional support

- Counselling, emotional and psychological support, as well as practical advice and information on services outside the hospital was provided by the integrated patient support services. The team consisted of nurse counsellors, eye clinic liaison officers (ECLOs) and the certificate of visual impairment team. The team provided help and advice for patients who had to deal with news about sight loss.

Summary of findings

Are services at this trust responsive?

Requires improvement 

We rated the services at Moorfields Eye Hospital NHS Foundation Trust as requires improvement for responsive. We saw many examples of good care under the responsive domain. However we found areas of requires improvement in the following: outpatients and diagnostics at the City Road site, surgical services and outpatients and diagnostics at the St George's Hospital and outpatients and diagnostics at the Bedford Hospital site. This was because:

At the City Road site:

- In outpatients patients were seen in open bays within clinic areas. In some clinics this resulted in a lot of noise and it was difficult to hear what was being said by both patients and staff. At times these areas became very busy, with no seating availability for patients and relatives.
- During our inspection, we found that patient total visit times through clinic were monitored and we saw evidence that the expected length of the overall visit time was displayed on whiteboards or TV screens, however the estimated length of time patients were waiting to be seen by a doctor, nurse or other staff member was not monitored or communicated to patients.

At Moorfields Eye Centre at St George's Hospital site:

- Signage to the service was small and there were no lines on the floor to direct patients to the clinics.
- The outpatients department had two reception desks where patients booked into different eye clinics. The main reception area was situated so that patients confidentiality and privacy was maintained. However, the reception area where patients booked into the urgent care centre was situated next to the waiting area close to where patients sat, which meant that patients privacy and confidentially was compromised.
- There was no signage or information available for patients about in-clinic waiting times and this meant that patients did not know how long they would need to wait. The department did not monitor this performance data.
- Cancellation rates were high for hospital cancelled appointments in Moorfields South (both St George's and Croydon). 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.

However;

- Staff, teams and services were committed to working collaboratively and found innovative and efficient ways to deliver more joined-up care to patients within the services, which aimed to reduce wait times and improve utilisation.
- The trust consistently met the 4-hour ED waiting time standard, and also measured against a locally derived 3-hour target.
- There were clear patient pathways that eased the flow of patients within the A&E. The department had implemented an 'active triage' system whereby patients with non-emergency conditions were referred to the urgent care clinic.
- The trust met the target for the national referral to treatment pathway (RTT) target of 18 weeks for outpatient appointments. It 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.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that recognised, met and promoted those needs.
- Patients were given the flexibility to access services in a way and at a time that suited them.

Service planning and delivery to meet the needs of local people

- Information and advice was available via Moorfields Direct telephone helpline, which was staffed by ophthalmic-trained nurses. The helpline was available Monday through to Friday 09.00 – 21.00 and on a Saturday from 08.30-17.00. Patients told us this was a useful service as many patients travelled long distances and told us it was convenient that they could access advice via telephone.
- 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. However, some patients told us clinics were hard to find on their first visit.
- The management team of the A&E at City Road had begun to work with local GP practices to educate them about the services provided by the A&E. This strategy was in place to prevent patients attending the A&E when they could be treated more effectively by a routine referral from their GP. The service manager was planning to extend this method of educating local service providers by discussing the scope and remit of the A&E with commercial opticians. This was to ensure opticians referred patients appropriately and to ensure the most appropriate professional saw patients at their first presentation.

- A “hostel” service was located on Mackeller ward at the City Road site and was available to patients who had to travel long distances for their treatment.
- However, we observed at the satellite clinics in Moorfields North that outpatient clinics were often overbooked due to the lack of any system for knowing when consultants were on leave. We were told that at Moorfields Queen Mary’s Hospital clinics were often cancelled at very short notice and that patients were not always informed and turned up for their appointment. We were informed this happened at least one a month.
- The paediatric waiting area in the A&E at the City Road site was unsuitable for the purpose it was being used. We saw paediatric patients and their families waiting in the main waiting area with adult ED patients.
- In outpatients at the City Road site we observed waiting areas to be large with lots of seating, however became particularly busy in the afternoons. We observed some patients and their relatives standing in waiting areas as there weren’t enough seats available. Staff were aware of this issue and ‘floor walkers’ provided additional portable seats when possible.
- In outpatients at City Road patients were seen in open bays within clinic areas. In some clinics this resulted in a lot of noise and it was difficult to hear what was being said by both patients and staff. This could prove a challenging environment for the team to effectively review patients with a hearing difficulty, confusion or a learning disability.

Meeting people’s individual needs

- Documents were available in large print format and when requested, leaflets could be available in Braille.
- The trust provided a face-to-face and telephone interpreting service. The trust also provided a British sign language service.
- 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.
- We found examples where the trust had proactively considered and responded to specific individual needs, including patients with complex needs and cultural and religious requirements.Staff we spoke with were able to tell us in detail and give examples of how they met the needs of different patients.
- Patients attending Moorfields Eye Hospital at City Road have guidance from the main tube station in the form of a green line leading to the hospital.

- A welcome pack had been developed specifically for patients with a learning disability at the City Road site. The pack demonstrated the patients' journey through pictures and included information about what equipment, staff and post-op eye dressing might look like. Different sites used the 'patient passport' for patients with learning disabilities and the 'this is me' document for patients with dementia, however we found inconsistencies in the utilisation of these documents across different sites.
- Most staff had received training on guiding and leading a visually impaired person, which included a film available on the trust intranet. The leading and guiding training video became part of mandatory training in April 2016.

Dementia

- Staff told us they had yearly training in caring for patients with a learning disability and dementia awareness. They told us they needed to pass an assessment before this training was complete.
- Patients with a disability, a visual or hearing impairment, or elderly patients who required additional help were identified by a "helping hand" sticker on the front of healthcare records at the City Road site. These stickers informed staff that the patient might need extra help.
- A flagging system was available on the appointment booking system. This meant that staff were able to look at the appointments for the following day to identify, and prepare if any patients needed extra help or adjustments made for them.
- "This is me" booklets were available for patients with dementia. These are forms developed by the Alzheimer's society which are completed for patients with dementia. Staff told us these booklets helped to inform them how best to communicate with the patient about their likes and dislikes, however this was not consistently used at all satellite sites.
- Each area of the hospital we visited had a learning disability and a dementia link nurse who could advise staff and support the care of patients.

Access and flow

- The trust produced monthly performance reports for each directorate. There had been significant improvement projects addressing the patient flow through surgical services and this was evident in many areas of the service we visited.

Summary of findings

- Performance against the A&E maximum waiting times (4-hour target) was 97.5% between April 2015 and January 2016. This was 99.2% in the previous year. This was better than the trust's target of 95% and the England average.
- The hospital identified an 11-week target for patients to have their first outpatient appointment after referral. From April 2015 to March 2016, an average of 50.8% of patients waited for more than 11 weeks for their first appointment. (This data applies to the City Road site only and excludes: adnexal, cataract, external disease & vitreo-retinal services which are reported within the surgical directorate report).
- The hospital identified a two-week target for 93% of urgent patients to have their first outpatient appointment after referral. From April 2015 to March 2016, an average of 91% of patients were seen within two weeks.
- Telephone clinic appointments had been implemented to reduce patient waiting times and were available for patients with no general health concerns.
- Cancellation rates in surgery at the City Road site, from April 2015 – January 2016, were not meeting trust targets of less than 6%. Data provided demonstrated 9% of operations were cancelled due to theatre cancellations. During inspection, we were advised that theatre refurbishment had taken place between April – November 2015 and this had caused some disruptions. We were advised that theatre cancellation rates were improving since this work had been completed however; data provided demonstrated that theatre cancellations remained above 10% from December 2015 – February 2016 and were 9% in March 2016. The highest number of theatre cancellations occurred in January 2016, when there were 244 theatre cancellations out of 1965 operations.
- Theatre cancellation rates at the St George's site in 2015-2016 up to the end of January averaged 8.5% which exceeded the trust's target of 6%. Cancellation rates were 12.8% in November 2015, 8.4% in December and 9.3% in January. Staff told us the main reasons were problems with the air flow ventilation in theatre.
- Staff told us there was a problem with the flow of the Friday glaucoma clinic at Moorfields Eye Unit at Queen Mary's Hospital (QMH). Eight to ten patients were booked at the same time for each of the three consultant ophthalmologists 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.

- 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.
- Staff told us a number of clinics frequently finished late, for example one morning clinic often ran until 3pm. One staff member told us some consultants would see patients no matter how late they arrived after their appointment time, which caused a delay to other patients.Key issues relating to flow within the outpatient clinics, such as patient waiting times and clinics overrunning, were not formally monitored by the leadership team and therefore the benefit of any service changes could not be effectively assessed.

Learning from complaints and concerns

- Patient Advice and Liaision Service (PALS) posters were displayed at all clinics we visited, and information leaflets on how to complain were available. Patients we spoke with were aware they could raise any issues with staff in the department or seek assistance from PALS if needed.
- Staff were aware of the action to take if someone raised a complaint or a concern with them and said they would escalate it to senior staff. They said patients would be encouraged to involve the PALS where appropriate.
- Within the A&E at City Road, the service had introduced a telephone simulation system to improve the call handling skills of administration staff. They used this system to assess staff responses in challenging situations and to improve the care provided to people who could not communicate easily. This was supplemented with random spot-checks of staff communication during live calls. This helped to ensure reception staff provided a good service and reduced complaints relating to communication.
- We reviewed examples of complaint responses that provided patients with apologies where appropriate and full details of the investigation into the complaint that took place.
- We saw evidence of actions in response to patient complaints. For example senior staff introduced hearing loop systems to outpatient clinics after a patient complained they were not available.
- We saw effective escalation of complaints issues through the performance management processes within the trust.

Summary of findings

Are services at this trust well-led?

Good

We rated the surgical services at Moorfields Eye Hospital NHS Foundation Trust as good for well-led. We saw many examples of good local leadership across the organisation and good engagement between the executive and clinical teams. We found:

- We found a executive cohesive leadership team who functioned effectively, with well-established members of staff. The majority of staff were complimentary about the support they received from their seniors and commented that members of the board were visible and approachable.
- There were a clear set of vision and values that were driven by quality care and safety. Staff that we spoke with were clear of their involvement in delivering these objectives.
- Structures, processes and systems were in place to ensure information sharing across the services was effective.
- There was a clear proactive approach to seeking out and embedding new and more sustainable models of care from staff of all levels across the organisation.
- There are high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture and opportunities.
- 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.

However;

- There was not a robust governance system around service level agreements (SLA's) with partner organisations, which resulted in a lack of formal mechanisms or powers to drive improvement or make changes where required.
- The senior leadership team were aware of the challenges that services provided at the St Goerge's Hospital faced and recognised the importance of improving the environment. A joint proposal to relocate the service was developed but despite approval of these plans by Moorfields trust board, these were not jointly approved. Following confirmation that this had not been approved Moorfields developed short term local action plans to address the environmental issues, however the medium term plans were to address its current unsuitability were unclear.
- Key issues relating to flow and in-clinic waiting times within the outpatient clinics, were not clearly monitored and we did not see evidence these issues were being progressed.

Leadership of service

- The organisation had seen significant change at Board level prior to our inspection including the appointments of key senior posts such as Chairman, Chief Executive, Chief Operating Officer, Director of Strategy and Business Development.
- Staff informed us that the Executive team were visible and approachable.
- We noted the trust had made significant investments in leadership and quality improvement, and had invited international speakers to attend a specialist event following our inspection.
- The organisation utilised the triumvirate model of management which was emulated across the clinical directorates.
- Senior staff organised sessions called “In Your Shoes” which involved staff members hearing direct patient feedback of their experiences at the trust and offered an opportunity for staff to ask questions about how they can best support patient needs. A range of staff levels from outpatients attended these sessions.

Vision and strategy for the trust

- The trust describes their vision to be the “leading international centre in the care and treatment of eye disorders, driven by excellence in research and education”. The trust had a clear set of values to strive to give people the best possible visual health, effectively and efficiently through professional teamwork and partnerships while putting patients at the centre.
- Staff were keen to discuss ‘The Moorfields Way’ involving care, organised, excellent and inclusive. Staff told us that their appraisals focused around these values. We asked staff how these values contributed to their day-to-day work and staff were able to demonstrate these values in action.
- The long term vision for the satellite outpatient services was not clear to staff. Some staff told us there were plans to merge satellite clinics into fewer, larger sites.
- The leadership team had a clear focus on improving access and flow in the department to meet the demands associated with growing patient attendances.
- Senior clinical staff consistently identified the outpatients department's, at the St George's Hospital site, as being unsuitable for its current use. Staff throughout outpatients identified a newly built hospital on a different site as the solution to these difficulties. However, they were aware that this type of development would take a long time to come into fruition.

Governance, risk management and quality measurement

Summary of findings

- Clinical governance structures were in place across the organisation and senior staff we spoke with said they were effective. Monthly meetings took place for local specialties, which fed directly into the directorate meeting. We spoke with a variety of staff who were able to demonstrate good awareness of the governance arrangements within their directorate.
- Staff of all levels were encouraged to attend 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.
- Clinical directors said they met monthly with the chief operating officer to discuss the performance of services in their directorate, who in-turn reported to the chief executive. We observed good ward-to-board visibility of issues, following clear governance structures for Board level discussion where appropriate. Senior executives and non-executives that we spoke with were able to articulate the organisational issues and risks in line with those identified by staff and services.
- Risk registers were updated regularly and rated appropriately, by multiplying the consequence by the likelihood. We noted some risks had been on local risk registers since 2013 however, these were updated regularly with action points.
- Senior staff introduced 'floorwalkers' who were technicians responsible for overseeing patient welfare in the waiting areas. Clinic staff told us floorwalkers were only used when staffing allowed and we observed limited availability of these staff members during our inspection.
- A service level agreement had been developed to formalise the relationship between Moorfields Eye Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust but this had not been updated and was out of date. The clinical directors and managers informed us of incidents, for example controlled medicines left unattended in the anaesthetic room when the theatres were used by staff who were not employed by the trust. However, there was no formal mechanism in place for resolving these issues until the service level agreement was in place.

Culture within the service

- There were high levels of staff satisfaction across all staff we spoke with. All staff we spoke with told us they had opportunities to develop and felt included in decisions that were made.

- Staff were proud of the organisation as a place to work and spoke highly of the supportive culture. Staff we spoke with were happy with their working environment and when asked what staff like most or feel most proud of a large number of staff commented that it was their team.
- We noted higher than usual reports of bullying and harassment, according to the staff survey data for the trust. The majority of 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 discussed these concerns with the trust executive and non-executive staff. The senior team were well versed with the issue and articulated work that they had implemented to attempt to tackle these concerns. It was noted that the organisation had difficulty in pin-pointing where these issues were being generated however, the executive team voiced that this was a priority and that more work would be implemented to address this.
- Some staff told us they had concerns about favouritism and that the trust's harassment and bullying policy was not enforced at all levels. We spoke with a Human Resources (HR) advisor about this and they told us there were processes in place to address this. The human resources team offered a confidential and anonymous reporting system for staff to use if they did not want to report a concern. The HR team had implemented a number of strategies to ensure staff felt safe and comfortable at work.
- In some clinical areas we noted, the clinical leadership team had worked closely with human resources (HR) to establish an interview process for promoting staff and assessing new applicants that was fair and transparent. This was in response to some staff concerns about selection processes.

Public engagement

- Patient experience committee meetings take place every quarter where patients are able to attend to give feedback about the services to the matrons and other senior member of staff.
- Staff informed us about audits completed to help improve the wording of patients letters. As part of this audit 50 patients were handed questionnaires to complete about their views and satisfaction of the letters. Patient representatives are also invited to attend audit and effectiveness meetings to provide an opportunity for patients to participate in decisions affecting their care.

- Friends and Family Test feedback cards were available for people to complete at all the sites we visited. However, response rates were below target at some sites - the rate was 3% for Ealing and 9.6% for Teddington in January 2016 against an average of 16% for all satellite sites.
- The trust displayed “you said, we did” posters in waiting areas. This showed common feedback issues that patients reported via the Friends and Family Test and what changes the service made as a result.
- The trust organised an annual patient survey to collect the views on patients' experiences. The trust had taken the decision not to conduct the survey in 2015 to allow transformation changes to take effect before measuring this data again in late 2016/early 2017.
- There was good local working with communities in the development of the satellite sites. For example, we were told about care pathways that had been created for community optometrists to refer patients to the department and how they are involved in the care of the patients.

Staff engagement

- We saw staff noticeboards available throughout the City Road site providing staff with information about departmental and trustwide changes, including available training and development opportunities.
- There was a monthly magazine called “In focus” circulated to staff, patient and visitors. The magazine celebrated improvements in care, published staff survey results including actions and shared patient stories.
- The 2015 NHS Staff Survey indicated 75.2% of staff within the outpatient departments across the trust felt able to contribute to improvements at work.

Innovation, improvement and sustainability

- Moorfields Eye Hospital NHS Foundation Trust is one of the new hospital vanguards selected by NHS England to develop new models of care as part of the next stage of implementing the NHS Five Year Forward View.
- Known as acute care collaboration vanguards they are designed to spread excellence in hospital services and management across multiple geographies and explore radical new options for the future of local hospitals across the NHS.

Summary of findings

- The trust works in collaboration with the University College London (UCL) Institute of Ophthalmology, forming a large research partnership. The surgical services demonstrated there were 20 ongoing research projects which they were involved in to improve patient care.
- The organisation was actively investing in extended roles for nursing, technical and support staff. The trust planned to have a Quality Partner role implemented within each directorate to forge stronger links across the sites and facilitate positive changes.
- Service sustainability for the A&E was a key priority of the leadership team to be able to meet the increasing demands on the service. Innovative work was underway with the local health and social care economy to mitigate the increased demand to the City Road ED.
- The trusts outpatients was heavily involved in developing evidence-based practice and in trialling new treatment techniques. At the time of our inspection there were a significant number of studies underway, including: six adnexal, nine age related macular degeneration, three cataract, nine corneal external disease, three diabetic retinopathy, eight glaucoma, 14 inherited retinal disease, 16 medical retinal, 6 neuro ophthalmology, five uveitis and three vitreoretinal studies.
- A clinical research facility was situated within the Richard Desmond Children's Eye Centre (RDCEC) building and at the time of the inspection, 11 research studies related to children were being undertaken. This included national and international research including randomised controlled trials.
- There has been innovative work in local areas to improve care for local people. For example, the Bedford team worked closely with a group of local optometrists and operated a system called Bedford Shared Care Cataract Pathway, whereby the optometrists were able to refer patients directly to the trust for cataract surgery. Evaluation of the Bedford Shared Care Cataract Pathway has shown to be effective and efficient by freeing up clinic appointments. Patients received their post-cataract surgery follow-up with their local optometrist, which allowed for better continuity of care.

Overview of ratings

Our ratings for Moorfields Eye Hospital NHS Foundation Trust - City Road

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	☆ Outstanding	Good	Good	Good

Our ratings for Moorfields - St. George's

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Bedford Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Our ratings for Moorfields Eye Hospital NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Good	Good	Requires improvement	Good	Good

Our ratings for Satellite Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery – satellite sites	Requires improvement	Good	Good	Good	Good	Good
Outpatient and diagnostic imaging services – satellite sites	Good	N/A	Good	Good	Good	Good
Overall for Satellite Services						

Outstanding practice and areas for improvement

Outstanding practice

We saw several areas of outstanding practice including:

- The development of staff skills, competence and knowledge, and development of extended nursing and allied health professional roles. Staff reported that they felt well supported and received good training opportunities.
- There was an extensive research portfolio, which was recognised at a UK and global level, directly benefiting patients.
- There was a clear proactive approach to seeking out and embedding new and more sustainable models of care from all staff levels within the services, and across the Moorfields network. For example, the Bedford team worked closely with a group of local optometrists and operated a system called Bedford Shared Care Cataract Pathway.
- The organisation had taken a pivotal role in the development of ophthalmic services, as lead in one of the NHS vanguard systems selected by NHS England to develop new models of care.
- We noted that the trust had made significant investments in leadership and quality improvement, and had invited international speakers to attend a specialist event following our inspection.

Areas for improvement

Action the trust MUST take to improve

There were some areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Address the lack of storage space for patients' notes in ED and the administrative office and remove barriers to evacuation.
- Fully embed the World Health Organisation (WHO) safer surgery checklist, in terms of both documentation and the quality and staff engagement in the process, across the organisation.
- Ensure adequate audit and monitoring systems are in place to monitor performance and compliance of the WHO safer surgery safer surgery checklist to guide improvement.
- Take action to ensure the environment in theatres at the Moorfields at St George's is safe and meets with national guidance.
- Reduce the number of mixed sex breaches at Moorfields Eye Centre at St George's.
- Ensure emergency buzzers are available in radiology.
- Ensure that a service level agreement in place between Moorfields Eye Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust and ensure medical cover and estates management are working effectively.
- Formalise and implement the agreement with St George's University Hospitals NHS Foundation Trust for the management of patients who become unwell out of hours.
- Address the environmental conditions of outpatients at the St George's site.
- Ensure that the quality and safety of the outpatients service at the City Road site are fully monitored, including patient waiting times and clinic finish times.
- Ensure that risks relating to patient waiting times are fully mitigated.
- Ensure that patient records are fully and legibly completed including staff signatures, record entry dates and documentation errors are correctly marked.
- Review the governance process around service level agreements (SLA's) with partner organisations and ensure these fit the existing and future models of care delivery.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

Enforcement actions (s.29A Warning notice)

Action we have told the provider to take

The table below shows why there is a need for significant improvements in the quality of healthcare. The provider must send CQC a report that says what action they are going to take to make the significant improvements.

Why there is a need for significant improvements	Where these improvements need to happen
Start here...	Start here....