

Moorfields Eye Hospital NHS Foundation Trust

Moorfields at Bedford

Quality Report

Bedford Hospital, Kempston Road, Bedford, MK42
9DJ

Tel: **020 7253 3411**

Website: <http://www.moorfields.nhs.uk>

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This report describes our judgement of the quality of care at this hospital. 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 hospital

Requires improvement



Surgery

Good



Outpatients and diagnostic imaging

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Moorfields Eye Centre at Bedford Hospital is one of the trust's largest satellite locations. Patient services at Moorfields are sub-divided into four clinical directorates, each of which is led by one or more clinical directors. Bedford Hospital services are part of the Moorfields North directorate. Moorfields North covers number of eye centres in north London (Bedford, Northwick Park, Ealing, Potters Bar, Watford, Tottenham, Mile End, Barking, Loxford, Darent Valley, Stratford) and the satellite locations that support them.

The Bedford South eye centre was co-located with general hospital services; they provided comprehensive outpatient and diagnostic care as well as more complex eye surgery. They also supported eye research and ophthalmic education. This centre offered cataract, external disease, glaucoma, medical retina, oculoplastic, paediatric ophthalmology and adult strabismus clinics.

The Bedford North Eye Centre was located in the Bedford Enhanced Services Centre (or Bedford Hospital North Wing as it is known locally). It focused on outpatient and diagnostic services for eye conditions including cataract, paediatrics, and strabismus.

We carried out an announced inspection between 9 and 13 May 2016.

We inspected the two core services being undertaken by the trust on this site: Surgery and Outpatients.

This was the first inspection of Moorfields at Bedford Hospital under the new methodology. We have rated the service overall as requires improvement. Surgical services and outpatients and diagnostic imaging services were both rated as good.

Our key findings were as follows:

- Staff were aware of incidents that had happened at other sites and we saw evidence of change in practice that took place as a result of a never event.
- We observed staff complying with hand hygiene and the infection rates were low. Care and treatment were delivered by a competent and experienced team of consultants and nurses.
- Staff were kind and caring and worked hard to ensure the needs of each individual patient were met. Patient told us they were happy with the service they received and staff were 'kind and helpful'.
- In the last year, the services had consistently met the referral to treatment times targets. Staff used every opportunity to increase capacity and reduce cancellations in order to meet the increasing demand on the service.
- There was evidence of good multidisciplinary working between Moorfields staff but staff told us the relationship with Bedford Hospital staff required improvement.
- Staff were caring and compassionate; they maintained patients' privacy and dignity. Feedback provided by patients was positive and indicated that patients were involved in their treatment.
- There were sufficient doctors and other staff in posts to respond to needs of the local population and provide the commissioned service.
- There were clear pathways, thresholds and guidance for referrals and patients were seen according to clinical priority. The trust consistently performed better than the England average for referral to treatment target for non-admitted and incomplete pathways in 2015, and for the percentage of people seen by a specialist within two weeks from the urgent referral made by the GP.
- Staff felt listened to and said they could contact senior managers easily should there be a need. There were clear lines of responsibility and accountability.

However:

- There was limited capacity in the glaucoma clinic. The environment was not adjusted to meet the needs of visually impaired patients.

Summary of findings

- There was lack of clarity in relation to competencies required by a healthcare assistant or a nurse as the trust did not set up a baseline for staff competencies and it was not department specific.
- Not all of the clinical staff working with children and young people received level 3 safeguarding training.

We saw several areas of good practice at the trust. However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- Ensure slit lamps are decontaminated after each patient and regular audits are carried out to monitor compliance.
- Ensure staff on the day surgery unit at Bedford Hospital receive appropriate training to care for patients following ophthalmic surgery.
- Ensure adequate pain relief is provided in a timely manner to all ophthalmic patients on the day surgery unit at Bedford Hospital.
- Ensure all controlled drugs records are completed in line with the trust policy and carry out regular audits to monitor compliance.

In addition the trust should:

- Encourage all staff to be up to date with all of their mandatory training.
- Ensure patient information leaflets are available for visually impaired and blind patients.
- Take necessary action to deal with reports of bullying and harassment among staff.
- Ensure all relevant staff receive safeguarding training at the appropriate level as guided by job roles and duties.
- Ensure staff are able to benchmark clinical outcomes and quality indicators with other similar departments and sites managed by the trust.
- Ensure the environment is appropriately assessed and adjusted, to meet visually impaired patients' needs.
- Ensure policies and clinical protocols are updated regularly and there is system which allows effective monitoring of it.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Why have we given this rating?

Staff were aware of incidents that had happened at other sites and we saw evidence of change in practice that took place as a result of a Never Event. We observed staff complying with hand hygiene and the infection rates were low. Care and treatment were delivered by a competent and experienced team of consultants and nurses. Staff were kind and caring and worked hard to ensure the needs of each individual patient are met. Patient told us they were happy with the service they received and staff were 'kind and helpful'. In the last year, the services had consistently met the referral to treatment times targets. Staff used every opportunity to increase capacity and reduce cancellations in order to meet the increasing demand on the service. There was evidence of good multidisciplinary working between Moorfields staff but staff told us the relationship with Bedford Hospital staff needed improvement.

Outpatients and diagnostic imaging

Good



Staff were caring and compassionate; they maintained patients' privacy and dignity. Feedback provided by patients was positive and indicated that patients were involved in their treatment. There were sufficient doctors and other staff in posts to respond to needs of the local population and provide the commissioned service. There were clear pathways, thresholds and guidance for referrals and patients were seen according to clinical priority. The trust consistently performed better than the England average for referral to treatment target for non-admitted and incomplete pathways in 2015, and for the percentage of people seen by a specialist within two weeks from the urgent referral made by the GP. Staff felt listened to and said they could contact senior managers easily should there be a need. There were clear lines of responsibility and accountability. However: There was limited capacity in the glaucoma clinic. The environment was not adjusted to meet the needs of visually impaired patients.

Summary of findings

There was lack of clarity in relation to competencies required by a healthcare assistant or a nurse as the trust did not set up a base line for staff competencies and it was not department specific.

Not all clinical staff working with children and young people received level 3 safeguarding training.

Moorfields at Bedford

Detailed findings

Services we looked at

Surgery; Outpatients and diagnostic imaging.

Detailed findings

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Background to Moorfields at Bedford

Moorfields Eye Centre at Bedford Hospital is one of the trust's largest satellite locations. Patient services at Moorfields are sub-divided into four clinical directorates, each of which is led by one or more clinical directors. Bedford Hospital services are part of the Moorfields North directorate. Moorfields North covers number of eye centres in north London (Bedford, Northwick Park, Ealing, Potters Bar, Watford, Tottenham, Mile End, Barking, Loxford, Darent Valley, Stratford) and the satellite locations that support them.

The Bedford South Eye Centre was co-located with general hospital services; it provided comprehensive outpatient and diagnostic care as well as more complex eye surgery. It also supported eye research and ophthalmic education. This centre offered cataract, external disease, glaucoma, medical retina, oculoplastic, and vitreoretinal clinics.

The Bedford North Eye Centre was located in the Bedford Enhanced Services Centre (or Bedford Hospital North Wing as it is known locally). It focused on outpatient and diagnostic services for eye conditions including cataract, paediatrics, and strabismus.

The trust reported over 516,000 outpatients' attendances over a one year period (September 2014 to August 2015). Approximately 6.8% of all outpatients were seen in Bedford (35,000; 2015/2016). The majority of appointments were consultant led with 16% led by other specialists or ophthalmic nurses.

The majority of the operations conducted at the Moorfields' Bedford Hospital site were local anaesthetic day case surgery and therefore, there was very rarely the need for any inpatient admission.

Moorfields Eye Hospital carry out a number of different eye surgeries at the Bedford site, including cataract surgery, eyelid surgery and squint (strabismus) surgery.

Our inspection team

Our inspection team was led by

Chair: Dr Peter Turkington, Medical Director, Salford Royal 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 consultants in emergency medicine, surgery, medicine, and paediatrics. The team also included nurses with backgrounds in surgery, medicine, paediatrics, emergency medicine and board-level experience, and two experts by experience.

Detailed 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 core services of surgery, 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 hospital. 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 this inspection, we visited Moorfields Eye Centre at Bedford Hospital where the core services are provided to patients. 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 with a range of staff in the hospital including doctors, nurses, allied health professionals, administration, senior managers, and other staff. We also interviewed senior members of staff at the trust.

Facts and data about Moorfields at Bedford

Moorfields Eye Centre at Bedford is one of the trust's district hubs.

Located on the same site as Bedford Hospital, the centre provides comprehensive outpatient and diagnostic care for a wide range of eye conditions, as well as more complex eye surgery.







Conditions covered include; cataract, external disease, glaucoma, medical retina, oculoplastics, paediatrics and vitreoretina.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Surgery

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

Information about the service

Moorfields Eye Hospital has a satellite service based within Bedford Hospital. This service has two areas for pre-operation assessment (North wing and South wing), one combined admission, waiting, recovery and discharge area and one operating theatre, which was shared with Bedford Hospital.

The majority of the operations conducted at the Moorfields Bedford Hospital site were local anaesthetic day case surgery and therefore there was very rarely the need for any inpatient admission.

Moorfields Eye Centre at Bedford Hospital carries out a number of different eye surgeries including cataract surgery, eyelid surgery and squint (strabismus) surgery.

The patients seen at the Bedford site for surgery were all adults and we were informed during the inspection that paediatric ophthalmic surgery at Moorfields Eye Centre at Bedford Hospital has recently ceased.

We visited Moorfields Eye Centre at Bedford Hospital over the course of two announced inspection days. During our inspection, we spoke with 11 members of staff including doctors, nurses and ancillary staff. We also spoke with four patients. We checked patient records and equipment.

Summary of findings

Overall, we rated the surgical services of Moorfields Eye Centre at Bedford Hospital as good because:

We saw staff were encouraged to report incidents and there were systems in place to ensure learning from incidents was cascaded to all staff. Staff were aware of incidents that had happened at other sites and we saw evidence of change in practice that took place as a result of a Never Event.

We observed staff complying with hand hygiene and infection rates were low. Care and treatment were delivered by a competent and experienced team of consultants and nurses and were based on a range of national and best practice guidance.

Staff were kind and caring and worked hard to ensure the needs of each individual patient were met. Patient told us that they were happy with the service they received and staff were 'kind and helpful'. The eye clinic liaison officer was available to provide additional support and advice.

We saw the service had implemented an innovative patient pathway called the Bedford Shared Care Cataract Pathway which allowed local accredited optometrists to refer patients directly for cataract surgery and provide the aftercare post-surgery.

In the last year, the services had consistently met the referral to treatment times targets. Staff used every opportunity to increase capacity and reduce

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cancellations in order to meet the increasing demand on the service. Staff felt they were supported by the leadership team to acquire new skills and progress in their careers.

There was evidence of good multidisciplinary working between Moorfields staff but staff told us the relationship with Bedford Hospital staff needed improvement. We also observed some poor infection control practice with regards to equipment decontamination and saw the environment was small and dated.

Are surgery services safe?

Requires improvement



We rated safety of the surgical services for Moorfields at Bedford Hospital as requires improvement because:

- We observed some poor infection control practice with regards to a slit lamp decontamination. The trust audited slit lamp decontamination and the most recent data showed that trust wide there was 93% compliance, however, this was not broken down by site. During our observations we saw old pen marks and make up on the head strap and chin rest, therefore this is not in keeping with cleaning the instrument before or after each patient episode.
- Mandatory training rates for resuscitation and moving and handling were below the trust target.

However:

- There were effective systems in place to protect patients from harm and a good incident reporting culture.
- The records we reviewed were comprehensive and all patients received a thorough pre-operative assessment. Staff had received safeguarding training and were able to give examples of when they have escalated safeguarding concerns.

Incidents

- The surgical services of Moorfields Eye Hospital NHS Foundation Trust (MEH) reported 1,077 incidents to the National Reporting and Learning System (NRLS) between March 2015 and February 2016. Of these incidents, one resulted in severe harm, 10 in moderate harm and the rest were no harm or near miss incidents. The surgical services at Bedford reported seven incidents in that same period, of which six were no harm incidents and one near miss.
- Between March 2015 and February 2016, the trust reported one never event, which took place at another satellite site. Never events are serious incidents, which are wholly preventable as guidance and safety recommendations are available to provide strong systemic protective barriers at a national level. The incident related to the wrong type of intra-ocular lens being inserted during cataract surgery. Staff we spoke

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with at Moorfields Eye Centre at Bedford Hospital were able to explain their knowledge of the lessons learned from the serious incidents and never event at other locations. Staff told us they received emails to inform them of incidents that had taken place and these were also discussed at the regular site specific clinical governance meetings. Staff were clear of the actions implemented to prevent reoccurrence of similar incidents.

- Moorfields staff were encouraged to report incidents and all staff we spoke with were aware of how to report incidents through an online system for Moorfields and through another system for Bedford Hospital. All incidents that occurred at the Bedford site were reported on both systems. The staff were aware of the trust's and Bedford Hospital's incident and serious incident reporting policies. Moorfields staff worked very closely with Bedford Hospital and all staff were aware of the host hospital's policies and procedures.
- Staff we spoke with explained they received individual feedback following incidents they reported and had the opportunity to discuss the actions taken with their line manager. Staff also received feedback about other incidents during the morning brief, at team meetings and clinical governance meetings. Minutes of the meetings were circulated to all staff, allowing staff unable to attend to keep up to date with the learning from incidents. Senior nursing staff informed us that when incidents had occurred, staff involved were supported and offered additional training or the opportunity to attend the City Road site to observe practice.
- All Serious incidents (SI) were reviewed by a trust wide SI panel, chaired by a director. Minutes from these meetings showed all incidents were investigated in line with the Serious Incidents Framework published by NHS England.
- MEH had a 'Being Open and Duty of Candour' policy which staff were aware of. Staff had not received formal training but the duty of candour requirement was discussed at clinical governance meetings and a poster with key points from the policy was on display in the staff area. MEH staff took the duty of candour requirement seriously. They were able to explain the process for investigating and informing patients if something had gone wrong. The senior nurse was able

to give an example of when a patient was informed of a medication error during their care at Moorfields and reassured of the steps taken to prevent any such incidents occurring in the future.

- Within Moorfields at Bedford Hospital, the standard safety thermometer was not entirely relevant due to the specialist nature of the surgery and the fact that most patients underwent day case procedures under local anaesthetic.
- Patients who required a general anaesthetic underwent a venous thrombo embolism (VTE) assessment. The most recent audit data submitted by the trust showed that 79.5% of patients had a completed VTE assessment. Staff explained that patients requiring a general anaesthetic were admitted and cared for pre and post-operatively by staff from the host trust and the completion of all relevant risk assessments was therefore carried by the host hospital's staff.
- MEH staff did not carry out VTE assessment for all patients as the trust policy stated it was not required for day case ophthalmology patients undergoing a procedure under local anaesthetic only.

Cleanliness, infection control and hygiene

- Most of the surgical area was visibly clean and tidy; however, dust was seen on certain pieces of equipment which are not used very often, for example the portable suction unit on the post-operative assessment desk. A previous infection control audit in August 2015 had also reported some dust on shelves and the cleaning schedule had been reviewed as a result.
- There was easy access to personal protective equipment (PPE) in all areas we inspected and staff used PPE during their activities as required. Staff adhered to infection control precautions throughout our inspection such as cleaning hands between patients. Hand gels were available throughout the surgical area and we observed both staff and patients using these.
- In a separate room, there was a slit lamp bio-microscope (an instrument used in assessment of the patient's 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

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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 minimal compliance by the infection prevention and control team. We brought this to the attention of the theatre staff and the slit lamp was cleaned immediately.

- Disposable sleeves used on the instrument to measure pressure within the eye were disposed of in a small clear plastic bag instead of the required clinical waste bags. We brought this to the attention of the senior nurse and we were informed actions to rectify this were being taken immediately.
- Methicillin resistant staphylococcus aureus (MRSA) screening was not routine for day case procedures under local anaesthetic. However all patients undergoing a general anaesthetic and those previously identified as MRSA positive were screened at the pre-assessment appointment and the necessary actions taken. Between April 2015 to March 2016, there had been no reported cases of hospital acquired MRSA or C-Difficile.
- Bedford Hospital was responsible for the maintenance of the operating theatre, however Moorfields were still responsible for ensuring it met the theatre safety requirements. There was a service level agreement between Moorfields and Bedford Hospital to maintain the operating theatre and certain items of equipment.
- There was a cleaning schedule in place and the cleaning of the surgical area was carried out by domestic staff from the host trust. Every six months, deep cleaning occurred within the operating theatre as part of the Bedford theatres cleaning and maintenance programme.
- The only infection control audit submitted by the MEH specific to the Bedford site was for August 2015 where overall compliance was 91%. We saw evidence that actions were taken after the audit but there had been no re-audit to ascertain if there had been an improvement in the overall compliance.
- Waste management remained the responsibility of the host trust under the service level agreement and staff we spoke with did not report any issues with waste management.

- There had been 2 cases of post-operative endophthalmitis reported between January and December 2015 at the Bedford site. Staff explained that they completed an incident form for all post-operative infection and this was fully investigated by the infection prevention and control team.
- Bedford Hospital used the same theatre to carry out some general surgery cases one afternoon a week. However the theatre was cleaned at the end of the list and rested overnight prior to any ophthalmic surgery taking place. Cleaning audits for theatre showed a compliance rate of 97% and above for the last year.

Environment and equipment

- All equipment used was maintained by MEH and the equipment we checked had been serviced and undergone portable appliance testing (PAT) in the last year. We saw evidence that daily equipment checks were carried out for the theatre equipment. We did not however see evidence of daily checks and calibration of the slit lamp bio-microscope located in the consulting room.
- Staff told us faulty equipment was repaired quickly, usually within 24 hours, but as they had only one of each surgical equipment, lists had been cancelled in the past year whilst awaiting repairs. The lack of spare equipment leading to possible disruption of theatre list is included on the risk register. Staff were able to arrange for replacement equipment to be borrowed from the City Road site if required.
- The theatre space appeared old and tired. We also observed some trailing electrical cables in the theatre environment, which pose a health and safety risk.
- There were many yellow clinical waste bins seen around the department as well as small yellow waste boxes with purple lids. Staff knew that the purple lid indicated the box was used for disposal of used minims (small disposable tubes of eye drops). Following an incident all staff had been reminded of how to use the clinical waste bins and when they needed to be sealed and changed. The waste boxes seen were in date and labelled correctly.
- Under the service level agreement between Moorfields and Bedford Hospital, Bedford had responsibility to stock and maintain the resuscitation trolley. We saw an

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adult and paediatric resuscitation trolley within the Bedford recovery area, available for use by MEH staff in case of an emergency. A difficult airway trolley for both adults and children was located just outside the operating theatre and all the trolleys were clearly labelled.

- MEH staff at Bedford were responsible for ordering and ensuring appropriate stock levels. Staff explained that in cases where stock was required urgently, they were able to contact the City Road site and request for items to be couriered over.
- Within the surgical department, there was a waiting area, one room used for pre and post-operative assessments and discharge. There was also the operating theatre, and a consulting/administration room combined. Staff explained space was an issue and understood it was not ideal to combine this room for clinical and administrative duties. This meant the administrative staff had to stop their work and vacate the room whenever it was required for a consultation. The concern was for confidentiality of patient records. When the room was used for a consultation, a patient may have been left alone inside the consultation/admin room, with the file storage cabinet open and unlocked. The patient would then have had unauthorised access to confidential patient records. This could have breached patient confidentiality.
- Manual handling equipment was readily available to the department to assist patients with mobility issues in transferring to the operating table.
- There was a toilet within the department for patient use. Although this was convenient for patients, it was out of sight in the corner of the room. When assessing patients at the consultation table, the nurse drew a curtain around the desk and the patient. When the curtain was drawn, it obstructed the view of the toilet. Patients said that they felt they had to wait for the consultation that was occurring behind the curtain to finish before they could either go to the toilet or return to their seat. They were worried that they might disturb or interrupt the patient in consultation with the nurse or health care assistant.

- Although there was equipment available at the City Road site such as surgery simulators, the staff at Bedford did not have the opportunity to use this equipment due to the distance between the two sites.
- We witnessed the instrument checklist within the theatre being completed during the procedure as opposed to after the surgery was completed.
- There was a sloping floor leading to the consulting room and operating theatre with a very small sign indicating this. This could be a risk of falls for patients with visual impairment; however, MEH staff mitigated this risk as a member of staff usually escorted patients up and down the slope.

Medicines

- Within the admission/discharge area, there was a locked drug cupboard, a locked controlled drug cupboard and a locked drugs fridge. The nurse responsible for admission and discharge was the key holder to these cupboards.
- Within the operating theatres, there was a separate controlled drug (CD) cupboard. There were no records of any CD audits carried out at the Bedford site.
- Storage of theatre medicines was in locked designated cupboards or fridges and the operating department Practitioner (ODP) had control of the keys.
- All medications were out of the reach of the patients and their relatives and safely locked away.
- The fridge installed for the drugs used within the department remained locked and there was an external thermometer so that staff could monitor the temperature easily. Staff were able to explain the actions required should the temperature fall outside the acceptable range. The log books for the storage of drugs in the designated fridge were up to date and the temperature was recorded daily.
- The administration team based within the department booked all take home medications. There was a standard take home medication list for each operation and these were dispensed by the Bedford Hospital pharmacy. Administrative staff ordered the medications the day before the operation, although the patients had the option to take a prescription and have it dispensed elsewhere.

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Records

- Patients' records at the Bedford site were a combination of electronic records and paper based records. The paper records were the patients' main Bedford Hospital records and the electronic records were specific to Moorfields. The electronic records contained the pre-assessment notes, pre-operative eye test and measurement details as well as the operation notes. The paper based records contained all the relevant past medical history, consent forms and a discharge summary outlining the procedure the patient underwent and the post-operative instructions.
- A documentation audit carried out in February 2016 showed the Bedford site scored 95% or above against all the audit criteria except for timing of entries and contact number of person completing the entry for which it scored 0%.
- Records for patients undergoing surgery on the day were kept at the desk in the admission/discharge area and staff placed a laminated sheet stating 'private and confidential' on top of the records to ensure patient details were not visible.
- Records for patients due for surgery in the next few days were requested in advance by the administrative staff and these were stored in the consultation/administration room in tall lockable cabinets. However, these cabinets were left unlocked during the department's opening hours. This room was used for pre-operative consultation and the cabinets were left unlocked during this time, although staff assured us patients were never left alone in the room.
- We reviewed three sets of patient records and were shown the electronic system by staff. We noted clear pre-assessment questionnaires and checks were completed, consent forms were appropriately signed and re-signed on the day of surgery and all the all entries were clear and legible. Patients' observations such as blood pressure, body temperature and pulse rate were recorded before and after the operation, including blood glucose levels for diabetic patients.

Safeguarding

- Most staff within the surgical team, including health care assistants, had completed their training in safeguarding

and confirmed their understanding of the trust safeguarding policy and escalation procedure. Most staff were trained to level two safeguarding (unseen as on computerised system).

- Safeguarding was part of the mandatory training and in order to improve training rates, the safeguarding team travelled to satellite sites and offered bespoke sessions as part of the site's clinical governance meetings.
- Many staff described safeguarding examples that they had dealt with and showed knowledge of the escalation procedures in place and the details of the safeguarding lead.
- Some staff members did not feel comfortable approaching the safeguarding lead directly; however, staff explained their concerns to a senior person within the department for escalation and gave examples of when they had done this.
- A student shared their experience of safeguarding within the department, and explained how their discussion with the lead nurse led to a referral to the safeguarding team.
- Training rates for MEH at Bedford were 96% for level 1 adult safeguarding, 99% for level 1 children safeguarding and 98% for level 2 children safeguarding.

Mandatory training

- MEH had a policy on mandatory training and it outlined the responsibilities of managers and individual staff in ensuring compliance with the trust's mandatory training targets.
- Staff understood their responsibility in ensuring they were up to date with all mandatory training. They were able to access their online training folder to either complete online modules or check their training status. They were also notified via email when mandatory training was due for renewal and could then discuss time off required to attend training with their manager. Bedford Hospital provided face to face training modules such as resuscitation and moving and handling to MEH staff and staff were then required to upload proof of attendance to their online training folder.
- Mandatory training at the Bedford site had a compliance of 87% overall. It had achieved the target of 80% for

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most modules but training rates for moving and handling, basic life support and risk and safety management were below target for MEH staff working at the Bedford site.

Assessing and responding to patient risk

- Use of the early warning score (EWS) was evident in the patient records we reviewed. Staff confirmed that they use this system to identify and monitor any deterioration in a patient's condition. However the Bedford site was not included in the recent audit carried out by the trust to determine compliance with NICE guideline CG 50 ('Acutely ill patients in hospital: recognition of and response to acute illness in hospital'). Staff at Bedford were unable to inform us when an audit of the EWS score had been carried out.
- All surgical staff observed on the day of the inspection used The World Health Organisation (WHO) surgical safety checklist. WHO checklists were evident in the patient records and all three stages were appropriately completed during our observation.
- Within the admission/waiting/recovery/discharge area, there was always at least one member of staff present. This was either a health care assistant, nurse or both.
- Theatre staff received training in resuscitation equipment as part of their induction and the anaesthetist staff present were trained in advanced life support.
- If a patient became unwell, the anaesthetist and operating department practitioner would immediately attend to the patient's needs and had access to a crash trolley. For patients requiring further intervention or in the event of a cardiac arrest, staff accessed the host hospital's crash team through the emergency number. In these situations, the patient would be stabilised and taken to the emergency department.
- Prior to discharge, all patients were provided with information on how to access help if they had any concerns. This included telephone numbers for advice during daytime and out of hours.
- The patients undergoing a general anaesthetic were admitted to Tavistock Ward at Bedford Hospital on the morning of their operation and would return to the ward after their procedure. Moorfields' staff would provide a handover and give specific post-operative instruction to

the ward nurses prior to transfer. Staff we spoke with told us they would normally call the MEH staff if they had any queries, although they felt this was not ideal and additional training was required.

- All patients had the surgical site marked during their pre-operative consultation with the surgeon and prior to any eye drops being administered.
- All patients underwent a nurse led pre-operative assessment prior to their surgery. This enabled staff to identify patients at increased risk and arrange for a pre-operative anaesthetic assessment if indicated. At the Bedford site, all local anaesthetic patients were pre-assessed by MEH staff and patients undergoing a general anaesthetic were referred to the Bedford Hospital pre-assessment team.
- MEH staff informed us of difficulties in accessing an overnight bed for those patients who are not deemed suitable for day case surgery. Staff gave an example of a patient who is yet to be listed for surgery due to bed accessibility at Bedford Hospital. Staff were unable to tell us if the longer wait for surgery was having an adverse effect on the patient or could potentially affect their eventual outcome.
- For local anaesthetic day cases, the patient was escorted into the operating theatre by a member of theatre staff from the admissions waiting room; the operation was completed and then they were walked back to the waiting area for recovery and discharge. There was a handover from theatre staff to the nurse and health care assistants in the waiting/recovery area.

Nursing staffing

- Senior MEH staff at the Bedford site stated that they did not use an acuity tool to determine the required staffing levels. Staffing levels were discussed regularly but they felt the current staffing allowed them to provide the right care and meet the needs of the patients. There was a minimum staffing level agreed and additional bank and agency staff were booked to ensure this was maintained. Bank staff were preferred over agency and all staff working for MEH were required to have ophthalmic experience.
- No handovers took place within the surgical department as staff always worked a full shift covering the department's opening hours.

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- Pulse Bank Partners was an agency used by Moorfields Eye Hospital to provide bank trained ophthalmic nursing staff to fill in gaps within the rota. Moorfields generally knew and used the same bank staff for continuity and consistency. Bank staff actually worked for Moorfields and did bank shifts as extra during their rest days or had previously worked for Moorfields and returned on a bank basis.
- Data provided by the trust showed there was 32.1 nursing staff in post at Bedford compared to an establishment of 38.8. Vacancies were filled by regular bank and agency staff.
- The bank agency supplied health care assistants to the department. Prior to completing full working shifts, newly appointed health care assistants had to attend the department for training and to sign off certain competencies. They then worked alongside competent health care assistants and nurses for a period to train.
- During the inspection, we observed staffing levels in line with the Association for Perioperative Practice Guidelines published in 2015.

Surgical staffing

- An electronic rostering system was used to plan medical staffing, allowing a clear picture of the daily staffing. Staff we spoke with told us this was especially important as most medical staff worked across a few satellite sites. The electronic system also allowed staff to better plan lists around leave and other absences. Staff from City Road or other satellite units would be redeployed to cover lists during planned absences.
- Out of hours emergency ophthalmology services were provided by a neighbouring trust, although some of the MEH medical staff were included in that rota.
- MEH at Bedford operated a standard Saturday operating list and the list was included in the electronic rostering system and staffed accordingly. This was also the case for the evening list on a Tuesday.
- No handovers to other surgical staff were required unless the patient was a general anaesthetic patient. For general anaesthetic patients, a handover took place to the Bedford Hospital team for recovery and discharge.
- Data provided on trust wide medical staffing for March 2016 showed actual staffing to be 91.6 whole time

equivalent (WTE) compared to the 95.3 planned. The vacancies were filled by locums and there was a locum ophthalmologist working at the Bedford site at the time of our inspection.

Major incident awareness and training

- The trust had an emergency preparedness, resilience and response policy and a business continuity plan for surgery services at the satellite site.
- However, staff at Bedford were not familiar with these policies and were unable to describe plans for any major incidents. They reported that should an incident occur within Bedford Hospital, Moorfields staff would contact City Road site for instructions and possibly repatriate their patients to another site. Senior management assured us that table top exercises to assess their response to a major incident had taken place, however staff were not aware of the process.

Are surgery services effective?

Good



We rated effectiveness of the surgical services of Moorfields at Bedford as good because:

- Care and treatment were delivered by a competent and experienced team of consultants and nurses and were based on a range of national and best practice guidance.
- Patients were cared for by appropriately qualified nursing staff that received an induction to the department and achieved specific competencies before being able to care for patients independently.
- All patients were offered food and drinks during their stay in the department. Staff were familiar with the Mental Capacity Act 2005 (MCA) and were able to tell us what actions they would take if they felt a patient lacked capacity.
- Pain scores were recorded for all patients post-operatively and patients received advice on pain management on discharge.

However:

Surgery

- There was evidence of good multidisciplinary working between Moorfields staff but staff told us the relationship with Bedford Hospital staff required improvement.

Evidence-based care and treatment

- There was a range of policies and guidelines available to staff on the trust intranet. The policies and guidelines were up to date and based on National Institute for Health and Care Excellence (NICE), Centre for Advanced Eye Care (CAEC) and Royal College of Ophthalmology national guidelines. The clinical governance and audit team reviewed all new guidelines and kept the policies up to date with support from clinicians. The clinical leads updated other clinical staff on any new guidelines or amendments to existing ones during the clinical governance meetings.
- There was an audit policy and a dedicated clinical audit team to assist staff in completing clinical audit activities. We saw evidence MEH 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 action plans and we observed changes to the patient pathway or practice following audit results.
- The trust's clinical audit team carried out annual audits to review compliance with trust policies such as early warning score (EWS), documentation, and consent audits. However, we observed the Bedford site was not always included in the trust wide audits. We also saw limited evidence of local audits at the Bedford site and some staff confirmed they felt the Bedford site were not part of some audits of the satellite sites.

Pain relief

- Patients were escorted from theatre to the admission/discharge lounge and a member of the nursing staff would immediately record their observations. Patients were also asked about their pain and this was recorded on a pain chart. If the patient was in pain, the medical staff would prescribe additional painkillers which the nursing staff would administer immediately. Pains scores were monitored until discharge and patients were advised to take their regular pain relief medication if they experienced pain after discharge.

- Staff told us pain was generally not severe after ophthalmic surgery. The trust carried out an audit in 2015 which showed 89 to 93% of patients reported having no pain following their procedure.

Nutrition and hydration

- Patients arriving for surgery under local anaesthetic had refreshments offered as soon as the staff had admitted them. Relatives and friends had refreshments offered to them whilst they waited and supported the patient through their operation.
- We observed staff asking patients and their relatives in the waiting area if they required refreshments throughout their stay in the department. Tea, coffee and water as well as biscuits were available at all times and fruit was available on request.
- Patients and their friends and relatives had sandwiches offered to them after their surgery. Staff received a small selection of sandwiches daily.
- The Bedford Hospital cafeteria, situated close to the surgical area, had a variety of food and drinks available for patients and their relatives to purchase.

Patient outcomes

- There was currently no data for the trust from the National Ophthalmology Database (NOD) as the trust had only recently started contributing data. However the trust 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 standard for PCR rate post cataract surgery was set at less than 1.8% and the rate for MEH was 1.02% for the period of April 2015 to March 2016.
- The trust target rate for infective endophthalmitis was set as less than 0.08% of all cases. Data provided by the trust shows this was achieved in the last three years with an improving picture. The endophthalmitis rate for the period of April 2015 to March 2016 was 0.015%. There were only two cases of endophthalmitis at Bedford for this period.

Surgery

- Dacryocystorhinostomy (DCR) surgery for 2014 was audited. Results showed that there had been 29 operations carried out by two surgeons. There were eight external, 20 endonasal endoscopic DCR, and one was unknown with regard to the operation site.
- Two of these procedures were revisions due to previous surgery and two patients had complications as a result of the surgery.
- Success rates were in line with accepted standards. Of the 28 recorded cases, 21 were successful, three were failed and four were awaiting follow up.
- Cataract surgery outcomes were audited from 1 January 2014 through to 31 December 2014. All patients were included without exception. 2352 patients were included within this audit, with an average age of 75.1 years. 88% were reviewed within the community by an optometrist after the procedure.
- 97.8% of patients had no intraoperative complications which is better than the national average of 95%.
- 88.3% of patients had no postoperative complications which is better than the national average of 85%.
- There were two same day cancellations. One patient did not want surgery and the other patient did not have a significant cataract that needed operating on at that time.
- Minor procedures were undertaken at Bedford Hospital. Most patients were between the ages of 25 and 35 years old and underwent minor surgical procedures such as a cyst removal.
- 83% of patients were operated on within the same day and no complications were recorded for any of the patients. All patients were seen within the 18 week breach date and all patients were discharged after they had been treated.

Competent staff

- The nursing staff we spoke with during the inspection confirmed they received regular supervision and appraisal with a dedicated mentor and they found the appraisal process helpful. All staff had received an appraisal in the last year.
- The medical director was responsible for all medical revalidation within the trust. The appraisal and

revalidation process was delegated to clinical directors and consultants and the trust organised yearly training for new appraisers and for existing ones to update their skills. As part of their appraisal process, medical staff carried out various clinical quality audits. Data submitted by the trust confirmed all medical staff working at the Bedford site had received an appraisal in the last year.

- The trust supported staff to increase competency and develop new skills such as the delivery of intravitreal injections. Staff, except those working in theatre, rotated between the day surgery and outpatients department, which enabled them to maintain skills and competencies in both areas.
- All staff received equipment competency training. Initial training on new equipment was generally provided by the company representative and a 'Moorfields champion' was then appointed to train other staff.
- Every year staff attended the City Road site for training on new procedures and for further experience. Staff were happy with the training they received and felt supported by their manager to continually develop. Staff kept up to date through regular emails sent out by the trust and also had the opportunity to attend conferences.
- New nurses underwent a thorough induction when they joined MEH and completed an internal ophthalmic training course at the City Road site. There was competency based training and assessment prior to staff working independently and we saw personal training and competency folders for each member of staff, stored in the lead nurse's office. For some of the competencies within the folder, such as administering eye drops, comments observed suggested that as this task was carried out on a daily basis it did not require further assessment.
- Bank staff received an induction and underwent similar competency training as substantive staff. Senior staff told us they tried to use the same bank staff once they had been trained and all agency staff were required to have ophthalmic experience.

Multidisciplinary working

Surgery

- MEH staff had established good links with community optometrists and created the Bedford Shared Care Cataract Pathway, whereby optometrists were able to refer patients directly to MEH for cataract surgery and assist with the aftercare.
- The local optometrists attended training run by MEH staff and following the training became accredited to refer to the Bedford Shared Care Cataract Pathway. Accredited optometrists attended refresher training yearly and regularly received feedback from the MEH team. Audits carried out jointly by hospital staff and community optometrist showed good outcomes for patients on this pathway.
- The local accredited optometrists had access to patient records so that they could work efficiently with the hospital team.
- MEH staff told us they had to work alongside Bedford staff as Bedford provided pharmacy support, domestic staff, porters and hospital transport as part of the service level agreement. They also shared the theatre and transferred general anaesthetic patients to a Bedford ward post-operatively. However all staff we spoke with felt the relationship with the Bedford Hospital's staff could be improved as there was still a 'them and us' attitude. Staff had raised this with the local leadership team but were unsure of any actions taken as a result.
- At the end of the operating list, a debrief took place with all members of the theatre team, where they discussed the operating list and the consultants shared positive comments with the team regarding their work for that day. All staff told us they worked well with each other, including with the anaesthetist, who was a Bedford Hospital employee.
- There was an Eye Care Liaison Officer (ECLO). The ECLO based at Bedford who was available to provide support, signpost patients to various charities and for processing certificates of visual impairment. The ECLO was in the department three days per week. Medical and nursing staff referred patients they felt would benefit from the ECLOs help. The ECLO was in touch with all the local organisations and worked with Bedford Eyecare Steering Group, which included representatives from the local Clinical Commissioning Groups (CCG's), local optometrists, orthoptists, and guide dogs associations.

- Staff told us they worked closely with patients GPs to ensure patients are fit for surgery. If a patient's surgery was cancelled for medical reasons, the patient was referred back to their GP to be optimised prior to their surgery being rescheduled.

Seven-day services

- Moorfields at Bedford operated Monday to Friday and operating lists varied between all day and half day lists. There was no overnight activity at this site. If an overnight bed was required, the patient would be transferred to the care of Bedford Hospital and a handover would be provided by the Moorfields team. Staff told us this happened very rarely as most cases were generally day surgery.
- In case of emergency, patients were advised to attend another local hospital for specialist ophthalmic services. Some of MEH doctors were part of the out of hours rota for this neighbouring trust.
- Every other Saturday morning, there was an additional surgical list that ran with staffing levels similar to a weekday list.

Access to information

- Staff obtained most information via the MEH intranet. This included links to policies, guidelines and training updates.
- All staff were confident in accessing electronic records and were able to access the various pre-operative test results they required prior to the surgery taking place.
- Bedford Hospital paper based records were also available on the day of surgery and staff told us they did not experience any issues in accessing these notes.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw evidence of duly completed consent forms in the records we reviewed. Staff explained patients first sign the consent form in the outpatient clinic when the decision to operate is taken and they are then asked to re-sign the form on the day of surgery. However a few of the patients we spoke with during the inspection told us they were not entirely clear on the operation they were going to have.

Surgery

- Staff were familiar with the Mental Capacity Act 2005 (MCA) and were able to tell us what actions they would take if they felt a patient lacked capacity. Staff gave an example of when they arranged for a best interest meeting for a patient lacking capacity recently. Staff were able to access Independent Mental Capacity Advisors (IMCA) when required.

Are surgery services caring?

Good



We rated caring of surgical services as good because:

- Services provided by Moorfields staff based at the Bedford site were kind, welcoming and caring.
- Staff worked very hard to meet the needs of individual patients and provide the support required.
- All patients we spoke with told us they were happy with the service they received and staff were patient and helpful.
- Patients told us staff involved them and their relatives in their care and staff provided emotional support. The department also had access to an eye care liaison officer, who was trained to provide additional emotional support and counselling.

Compassionate care

- Throughout our visit, we observed staff to be very caring and saw how some staff went out of their way to meet the needs of specific patients. When talking to patients, staff were kind, attentive and patient.
- We spoke with eight patients and their relatives during our inspection. The feedback was overwhelmingly positive with comments such as "staff are very helpful", "no complaints" and "everybody is kind here".
- Staff welcomed patients, relatives and their friends to the department, despite the waiting area being very small. The health care assistant was very attentive to the patients within the department and was sensitive to their needs.
- Patients told us that staff tried to reassure them if they were nervous or concerned about their operation and they were happy to answer any questions.

- Patients and their relatives and friends were constantly asked if they required refreshments and health care assistants went above and beyond their duties to ensure the patients were well treated, and even went to the hospital restaurant to get patients the food that they wished to eat, rather than what was available within the department.
- Staff showed sensitivity towards all patients especially to those with specific religious and cultural beliefs.
- The anaesthetic practitioner was observed explaining each step of the procedure and reassured the patient before and during the procedure.
- The family and friends test was given to patients as part of their discharge pack. Moorfields asked patients to complete this prior to leaving the department, although there was the option to bring this back with them for their next appointment.
- Staff told us the Friends and Family Test results (FFT) were normally displayed, however this was not on display during our inspection. The FFT results were discussed during clinical governance meetings. The main complaint was waiting times within the department.

Understanding and involvement of patients and those close to them

- Patients were encouraged to bring their relatives and friends to their pre-operative appointment and on the day of surgery. Patients and their relatives told us they felt involved and had been given the opportunity to ask questions.
- For patients who had a learning disability or those that were vulnerable, the carers or relatives were involved in decision making, were present during recovery from anaesthetics and care after surgery.
- Patients, in general were very pleased with the level of care that they received from the staff within the department. They were also very happy with their treatment and most of the patients understood the procedures they were having.
- Most patients felt that they could ask the consultant treating them questions and most felt that they had their procedure explained simply to them.

Surgery

- The only complaint from patients was the waiting times and most patients told us they would have appreciated regular updates as to the progress of the clinic.
- During the discharge process, we observed staff explaining the aftercare instructions and provided advice on what to do if patients had concerns after discharge.

Emotional support

- Within the department there was an eye care liaison officer (ECLO) and patients were referred to this service if they required visual aids, referral to charities for support and assistance or emotional support or counselling. The ECLO based at Bedford hospital had a background in counselling.
- Ophthalmologists and nurses were able to refer patients to the ECLO if they identified further support was required. Referral to the ECLO generally took place from the pre-operative assessment but staff were able to refer at any stage of the pathway. The ECLO sent off the requests for Certificate of Visual Impairment within two weeks of receiving requests.
- We saw staff offering emotional support to patients and their relatives when escorting patients to and from the theatre. All patients we spoke with were happy with the level of support offered by staff.

Are surgery services responsive?

Good



We rated responsiveness of the surgical services of Moorfields at Bedford as good because:

- Service planning was designed to meet the needs of the local population and the team had set up the Bedford Shared Care Cataract Pathway to allow local optometrists to refer directly for cataract surgery.
- Demand for the service had increased and we saw staff had opened up extra theatre lists whenever possible and met weekly to ensure smooth running of all theatre lists.
- Within the last year, the services had consistently met the referral to treatment times targets. Staff had access to translators when needed, giving all patients the opportunity to make decisions about their care.

- There were systems in place for staff to identify patients living with dementia or those requiring additional support.
- Patients and their relatives knew how to make a complaint and we saw complaints were investigated within the appropriate timescale and learning from complaints was shared with all staff.

However:

- There was no paediatric surgery due to a lack of paediatric beds at Bedford Hospital, which meant children had to travel to a neighbouring hospital for their operation. There were no patient information leaflets available in braille or audiotape to cater for blind patients.
- The department was generally small and the fabric of the operating theatre was dated. The cramped environment led to potential breaches of privacy and confidentiality during discussions with patients. Moorfields had a responsibility under its scope of registration to report poor maintenance of the building to the host trust to ensure the area was fit for purpose and its designated use.

Service planning and delivery to meet the needs of local people

- The aim of the Bedford site was to provide specialist ophthalmic care and treatment for local residents closer to their home. The range of services offered at this site was regularly being reviewed to ensure the needs of the population were being met and limit the number of patients required to travel further to access the right treatment.
- MEH currently shared their only operating theatre with Bedford and had dedicated sessions for ophthalmic surgery. Staff were aware the demand was currently exceeding capacity at the Bedford site but they were limited in their attempt to redesign the service by space and availability of the theatre.
- MEH was currently unable to offer paediatric ophthalmic services due to constraints in accessing paediatric beds at Bedford Hospital. Staff told us this was not ideal as the staff at Bedford had the expertise required but paediatric patients currently had to travel

Surgery

to a neighbouring trust for their surgery. When reviewing complaints data for this site, the lack of paediatric surgery had been the reason for one of the recent complaints.

- 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 MEH for cataract surgery. Evaluation of the Bedford Shared Care Cataract Pathway has proved 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.
- Lack of space within the department was raised as an issue by all staff we spoke with and staff were concerned about the privacy and confidentiality issues this caused.
- The surgical area at Bedford was bright and airy but small. Space was a big issue and had been included on the risk register. The department could not accommodate vast numbers of patients and their relatives and carers. Staff informed us of situations where they had to ask relatives and carers to wait in the restaurant area of the main hospital as there was no space for them to wait within the department.

Access and flow

- Data provided by the trust showed the majority of patients referred to the MEH at Bedford surgical service were referred by their GP, local optometrist or external consultants.
- The number of day cases in the last financial year 2015/6 reached 2859, against a predicted 3275 and 19 elective (general anaesthetic) against 8 predicted. Staff confirmed an increase in demand for their services.
- Between March 2015 and February 2016, MEH at Bedford was meeting the referral to treatment time (RTT) of 90% with an average of 94% of patients receiving treatment within 18 weeks of referral for that period.
- Between April 2015 and March 2016, there were 133 cancellations of surgery, with 86 of those being for clinical reasons such as the patient being unwell and the rest being for non-clinical reasons such as equipment not being available. Of the 133 cancellations,

98 were cancelled on the day of surgery, with 11 patients cancelled on one day in September 2015 due to equipment problems (microscope needed to be repaired).

- MEH team at Bedford were very proactive in trying to ensure the operating theatre lists remained as full as possible and ran smoothly. Staff were proactive and added extra theatre lists whenever the operating theatre became free for reasons such as a Bedford consultant being away. Staff also attempted to fill any last minute cancellation by phoning patients already pre-assessed who were awaiting surgery.
- Theatre utilisation ranged between 71.6% to 88.6% for the period of April 2015 to April 2016.
- MEH at Bedford ran a private surgical list once a month on a Saturday. In order to maximise their capacity, they added NHS patients at the end of the list whenever possible.
- There was a dedicated administrative team to book pre-operative assessment and surgery dates once a decision to operate had been made in clinic. The team worked closely with the pre-operative assessment nurses and the consultants to ensure individual needs of patients were met.
- There were weekly meetings for the team to go through the list for the week ahead and look at medications needed, interpreter requirements, equipment and further investigations that may be needed.
- The team had implemented a telephone call to each patient a week prior to surgery to ensure there had been no changes since the pre-operative assessment and hence reduce the number of clinical cancellations on the day. During that conversation, the administrative team took the opportunity to confirm any special requirements such as interpreters or hospital transport.
- The theatre lists were generally scheduled for morning or afternoon and patients for each list were asked to attend the department at a specific time, irrelevant of their position on the theatre list. This system led to patients waiting a few hours at times and this was noted to be the main dissatisfaction.

Surgery

- Patients were offered a follow up appointment during the discharge process. For cataract patients, this appointment was either to see the consultant or their local accredited optometrist.

Meeting people's individual needs

- During the pre-operative assessment, patient's individual needs were recorded and staff were then aware of the need to book an interpreter. This was available for pre-booking and staff told us they were usually able to obtain an interpreter for the language they required.
- Consultants informed us that for patients with complex needs or those lacking capacity, a best interest meeting took place prior to any operation and a treatment and care plan was agreed.
- Moorfields had a system called 'helping hands'. This system was used by all staff to mark the patient's record to alert others that the patient needed extra help during their time within the department. This could be for various reasons such as reduced mobility, anxiety or cognitive impairment.
- Patients living with dementia were identified using a butterfly system and all staff we spoke with during the inspection were familiar with this system.
- Staff told us when deciding the order of the list, they always tried to prioritise patients living with dementia or those with a learning disability. For those patients, their carers were often allowed to accompany them to the anaesthetic room if this was required to calm and reassure them.
- Pre-operative letters were sent out in large print to assist patients who were sight impaired. We also noted a hearing loop was installed in the surgical services department reception.
- The surgical area of MEH at Bedford was not easy to find as you walked down the hospital corridor. There was a very small sign indicating its location attached to the divider on the wall. Staff acknowledged the signage could be better, especially for patients with visual impairments. They mitigated this issue by phoning every patient prior to their operation and re-iterating direction to the unit.
- There was a large Italian community in the Bedford area. To try to make Italian patients feel more welcome, a member of Moorfields staff (who was Italian) had written commonly used instructions in Italian so these could be used by other colleagues.
- Patients commented on the lack of entertainment such as television, books and magazines in the waiting area, especially as they were often experiencing long waits for their surgery.
- Moorfields Eye Hospital produced information leaflets in a variety of different languages to ensure those whose first language was not English were still able to understand their treatment. The alternative language leaflets were not visible at the Moorfields at Bedford surgical site but staff were able to obtain these leaflets if needed.
- There was no evidence of braille information leaflets or audio tapes for visually impaired patients.
- Moorfields tried to offer a one-stop shop idea for their patients. They tried to complete as many assessments and procedures as possible in one visit to reduce the number of times that a patient had to attend the hospital.
- We saw all patients that had cataract surgery during our inspection were given an advice sheet and contact telephone number for assistance once they were at home, should they require further assistance or advice. All cataract patients were provided with a discharge pack containing everything required to care for their eye after the operation.
- Staffs provided assistive devices for patients who had trouble administering their eye drops and were also able to make referrals to the district nurse service if required.
- The small open planned waiting area and admission/discharge area created some privacy and confidentiality issues as conversations with patients could be overheard by other patients and relatives. Although staff drew a curtain around the desk during pre and post-operative checks, conversations around discharge took place in the seating area.
- The ECLO was also available to offer emotional and practical support to patients and their relatives.

Surgery

Learning from complaints and concerns

- Some relatives told us they were aware of how to make a complaint and could reference posters advertising PALS in the waiting area. They felt they could also discuss any problems with staff.
- Most concerns expressed by patients and relatives were dealt with informally in the department. There had been 15 complaints between March 2015 and April 2016. We reviewed the last two complaints and saw that staff fully investigated the issues raised and responded within the agreed timescale. Complaints were regularly discussed at the clinical governance meetings and the learning from complaints was shared with all staff.

Are surgery services well-led?

Good



We rated the leadership of surgical services of Moorfields at Bedford as good because:

- We saw staff were working towards the overall trust vision and in line with the trust values.
- The governance arrangements were clear and all staff attended regular clinical governance meetings where they had the opportunity to meet member of the executive team.
- Staff told us the leadership team were visible and approachable and they were empowered to progress in their career. We were told of examples where staff had progressed and achieved new skill and qualifications and all staff we spoke with were proud to work for the trust.

However:

- It was unclear how quality and safety information specific to the Bedford site was escalated to the surgical services directorate.
- Some staff told us of incidences of bullying and harassment amongst staff that were perceived as unchallenged by the management team.

Vision and strategy for this service

- The vision of the Bedford site was in line with the overall trust vision to continue to provide a comprehensive range of eye care services and a patient centred

approach to care. Staff told us they would like to see the service expand to meet the local demand but were unsure how this would be possible due to the space constraints.

- The trust values 'The Moorfields Way' was developed in consultation with staff and helped staff focus on patient centred care. All staff we spoke with were aware of these values and told us how these values were used to formulate their objectives and address specific behaviours and practice.

Governance, risk management and quality measurement

- Site specific clinical governance meetings were held quarterly. These half day meetings were generally attended by all staff as all other activities at the site ceased for the morning. There was a standard agenda for these meetings covering incidents, complaints, audits and clinical outcomes. These meetings also allowed for discussions around improvements required and ensured safety and quality was a priority for all staff. These meeting were at times attended by members of the executive team and this improved the visibility of the leadership team. Minutes from these meetings were fed back to the trust quality team and were available for those staff unable to attend.
- The surgical services directorate reviewed scorecards on performance and quality at their monthly meeting, but it was unclear how data specific to the Bedford site was feedback. Patients cared for by MEH at Bedford were classed as Bedford patients and therefore not included as part of Moorfields activity in certain national audits.
- There was a clear process for escalating quality and safety information to the trust board through various committees and the clinical director cascaded information from senior management back to clinical staff.
- The trust did not always link with Bedford Hospital to identify shared risks. For example the trust and Bedford Hospital did not discuss or have a joined approach to managing the maintenance of the operating theatres. In theatre seven Bedford Hospital performed surgery that preferably should not be performed in the same theatre as eye surgery.

Surgery

- Various risk assessments were in place for the surgical services department, including theatre. We saw the risk assessments for sharps, infection control and anaesthetic gases and observed they were all in date, with all risks identified and mitigation/action plans in place.
- There was a risk register in place which identified the main risks such as space constraints, infection control and availability of equipment. Action plans to mitigate these risks were in place but it was unclear how often the risk register was reviewed and the actions that were being taken to resolve the longer term issues such as space.

Leadership of service

- MEH staff at Bedford were familiar with the executive team and other members of the senior management team. However, most staff we spoke with felt distant to the staff based at the City Road and the other satellite sites due to their location. Senior staff worked hard to improve joint working with the City Road site by arranging for staff to attend training there.
- The director of nursing had attended clinical governance meetings held at Bedford and staff told us they were very approachable and they could discuss any issues they had during these visits.
- Nursing management were very keen to see their staff progress and achieve within their role and to further themselves. Senior staff gave many examples where staff had progressed and achieved new skills and qualifications. We were told of an example where an administrative assistant was supported to become the first health care assistant within Moorfields to be trained to carry out diagnostic ocular photography without supervision.
- Junior management were also very encouraging and supportive to their staff members and encouraged them to become multiskilled to develop their role and support the department in case of sickness or staff shortages.
- Staff told us the relationship with Bedford Hospital staff was somewhat challenging at times and felt this could

be improved to further enhance the patient journey and job satisfaction of MEH staff. Most staff felt this issue had not been appropriately addressed by the senior management team at Bedford.

- Staff can leave work late very often due to the volume of patients that needed to be seen. All staff remained behind if the clinic was running late to ensure all patients were seen and treated on the day. Some staff constantly gave additional time freely and willingly to help the department due to their commitment to Moorfields and its patients.

Culture within the service

- It was evident that there was a good reporting and no blame culture. Staff told us their manager would offer support if something went wrong and arrange additional training if required.
- Students felt happy to raise issues within the department. The student present on the day of the inspection gave an example of where they had raised a concern with a senior nurse and this concern had been received well and acted upon.
- Most staff told us they were proud to work for MEH and have chosen to work for MEH as they were passionate about ophthalmic surgery and were attracted by the good reputation MEH has in this specialist field.
- Staff worked together to complete patient care tasks and senior colleagues were always available for guidance and advice. The medical and nursing team spoke highly of each other and nursing staff were able to discuss patient care with the medical team and felt their input was well received and respected.
- Staff were supported by management to progress and develop in their role and progress their careers.
- Discussions with some staff members suggested that there was a culture of bullying and harassment between members of staff. The staff told us senior staff members were aware of the issues they were facing in their day to day roles, however, this had not been addressed or challenged.

Public and staff engagement


Surgery

- There were good links with the community. We were told about care pathways created for community optometrists to refer patients to the department and how optometrists were involved in patients care.
- Local optometrists were given access to patient records so that they could work efficiently with the hospital and both had access to electronic notes.
- The local optometrists were invited in to the hospital department to train and enhance their learning with the hospital team to aid the referral process.
- The hospital had built links with various charities and had also created their own focus group where patients were invited to share their experience. Staff organised a yearly focus group and patients who had used the service in the previous year were invited to attend and discuss their personal experience and suggest any areas for improvement. The last patient group took place two weeks prior to our inspection.
- The matron and the ECLO formed the Macular Disease Society at Bedford Hospital. This was set up to provide information and support to this group of patient.
- Senior staff at the Bedford site decided to introduce their own employee of the month scheme to try to make their staff feel more valued.
- The trust values were developed in collaboration with staff and used to promote behaviours staff and patients should expect from all MEH staff.
- Every last Friday of the month, Moorfields published a document called feedback Friday. This was a place that the department could share good news about the staff and celebrate special events such as engagements or births. When staff achieved something good, an e-mail was sent to the whole department congratulating them and sharing the information.

Innovation, improvement and sustainability

- We were told of a specific case where a health care assistant was encouraged to progress from an administrative assistant to becoming the first health care assistant within Moorfields to be trained and allowed to carry out diagnostic photography.
- An example of sustainability came from senior nursing staff as they look to relatives and carers that attend the hospital clinics to find people who may want to train to become health care assistants for the department and they put them in touch with a specific agency to go through a recruitment process and then commence training within the department. They then become bank staff specific to the department.
- Moorfields had created a nurse led system for intravitreal injections. This then freed consultants' time to carry out other procedures and clinics. Nurses were supervised and trained by doctors and fellow competent nurses before being allowed to carry out this procedure unsupervised.
- Teams from the City Road visited the satellite unit to share innovative ideas or discuss new research projects.
- 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 MEH for cataract surgery. Evaluation of the 'Bedford Shared Care Cataract Pathway' had shown to be effective and efficient by freeing up clinic appointments. Patients received their post-cataract surgery follow up at their local optometrist, which allowed for better continuity of care.

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Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Requires improvement	
Well-led	Good	
Overall	Good	

Information about the service

Moorfields Eye Centre at Bedford Hospital is one of the trust's largest satellite locations. Patient services at Moorfields are sub-divided into four clinical directorates, each of which is led by one or more clinical directors. Bedford Hospital services are part of the Moorfields North directorate. Moorfields North covers three eye centres in north London (Bedford, Ealing and Northwick Park hospitals) and the satellite locations that support them. The Bedford South eye centre was co-located with general hospital services; it provided comprehensive outpatient and diagnostic care as well as more complex eye surgery. It also supported eye research and ophthalmic education. This centre offered cataract, external disease, glaucoma, medical retina, oculoplastic, and vitreoretinal clinics. The Bedford North centre was located in the Bedford Enhanced Services Centre (or Bedford Hospital North Wing as it is known locally). It focused on outpatient and diagnostic services for eye conditions including cataract, paediatrics, and strabismus. The trust reported over 516,000 outpatients' attendances over a one year period (September 2014 to August 2015). Approximately 6.8% of all outpatients were seen in Bedford (35,000; 2015/2016). The majority of appointments were consultant led with 16% led by other specialists or ophthalmic nurses.

Summary of findings

We rated the outpatients department, provided by Moorfields in Bedford as good because;

- Staff were caring and compassionate; they maintained patients' privacy and dignity. Feedback provided by patients was positive and indicated that patients were involved in their treatment.
- Staff were aware of their duty to be open and transparent when things go wrong. They knew the policies and procedures with regard to safeguarding and incidents reporting, they received relevant training and learned from incidents.
- There were sufficient doctors and other staff in posts to respond to needs of the local population and provide the commissioned service.
- Staff were trained in medicines management and were aware of their responsibility in the safe administration of medicines.
- There were clear pathways, thresholds and guidance for referrals and patients were seen according to clinical priority. The trust consistently performed better than the England average for referral to treatment target for non-admitted and incomplete pathways in 2015, and for the percentage of people seen by a specialist within two weeks from the urgent referral made by the GP.

Outpatients and diagnostic imaging

- Staff were supported to maintain and develop their practice. We observed good communications and teamwork as well as multi-disciplinary engagement. Staff had access to information needed to support clinical decision making.
- Staff were aware of the trust's vision and goals set to ensure the service was patients-centred. Clinical governance meetings were well embedded within the service.
- Staff felt listened to and said they could contact senior managers easily should there be a need. There were clear lines of responsibility and accountability.

However;

- The trust did not collect sufficiently detailed data and were unable to benchmark the service provided at Bedford Hospital against other sites.
- There was limited capacity in the glaucoma clinic. The environment was not adjusted to meet the needs of visually impaired patients.
- There was lack of clarity in relation to competencies required by a healthcare assistant or a nurse as the trust did not set up a baseline for staff competencies and it was not department specific.
- Not all of the clinical staff working with children and young people received level 3 safeguarding training.
- The department achieved low compliance level with sharps management and infection control practices internal audits.
- Results of the record keeping audit also indicated areas for improvement, as only in 85% of cases patient's name and their NHS number were recorded appropriately in patients' medical records.
- The premises the department used at Bedford Hospital did not meet its requirements. Some staff were required to work in very confined spaces with no access to day light or adequate ventilation.
- Medicines and records were not always stored securely.
- Not all staff had received basic life support training and the department did not meet the target for training compliance set by the trust.

Are outpatient and diagnostic imaging services safe?

Good



We rated safety of the outpatients department as good because:

- Staff reported and learned from incidents. They were aware of their duty to be open and transparent when things go wrong.
- Staff knew the policies and procedures with regard to safeguarding, and how to raise a safeguarding alert, they also received relevant training.
- Measuring equipment was calibrated by staff daily and was safe to use. There was emergency equipment available to respond in the event of emergency. There were arrangements for providing alternative equipment in case of a failure.
- There were sufficient doctors and other staff in posts to respond to needs of the local population and provide the commissioned service.
- Staff were trained in medicines management and were aware of their responsibility in the safe administration of medicines.

However:

- The department achieved low compliance levels with sharps management and infection control practices internal audits.
- Results of the record keeping audit also indicated areas for improvement, as only in 85% of cases patient's name and their NHS number were recorded appropriately in patients' medical records.
- The premises the department used at Bedford Hospital did not meet its requirements. Some staff were required to work in confined spaces with no access to day light or adequate ventilation.
- Medicines and records were not always stored securely.

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- Only some of the clinical staff working with children were provided with suitable levels of safeguarding training. Not all staff had received basic life support training and the department did not meet the target for training compliance set by the trust.

Incidents

- Staff knew how to report incidents on the trust's electronic incidents reporting system as well as on the host hospital's system.
- There were arrangements for sharing learning from incidents which included bi-monthly local clinical governance meetings. All staff on duty, including temporary staff, were required to attend this meeting.
- Learning from incidents covered complaints, themes of complaints and any incidents which were discussed at the serious incident panel. Root cause analysis was undertaken when serious incidents were identified. There was a weekly trust bulletin on the trust's intranet for sharing of trust wide learning from incidents and communicating any concerns and positive messages.
- Staff were aware of the duty of candour and knew that they were required to be open with patients, and tell them "when things go wrong". Although there were no serious incidents that caused serious harm to patients, staff provided examples when patients were informed of errors. For example, when staff put the wrong drops in a patient's eye or issued the wrong letter to a patient.
- There were no never events related to delivering outpatient services by the department in 2015/2016. Never events are serious, wholly preventable patient safety incident that has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Data available through the National Reporting and Learning System (NRLS) did not allow us to analyse incidents reported at the local level. Outpatients and diagnostics accounted for the largest number of incidents reported by the trust through the NRLS system (1,721 about 41%) between March 2015 and February 2016. No incidents resulted in death; two resulted in severe harm (one in March 2015, one in October 2015). The most commonly reported incident category was documentation (1,078. 63%). The second most

commonly reported category was access, admission, transfer, discharge incidents (212) or about 12%). The two incidents that resulted in severe harm were one of type 'access, admission, transfer, discharge'.

- Incidents took a long time to report through the NRLS system with 16% of all outpatients incidents reported more than 90 days after the incident. Twenty-eight percent of incidents were reported more than 60 days after the incident. The timeliness of incident reporting had improved each month between September 2015 and February 2016.
- No incidents related to the outpatients department in Bedford were reported through the Strategic Executive Information System (STEIS) in 2015.

Cleanliness, infection control and hygiene

- All rooms at Bedford North wing were clean and well lit. Toilet facilities and waiting areas were clean in all areas we visited. Personal protective equipment, such as gloves and aprons, was available for staff to use in all areas where it was necessary and we saw it being used by them.
- Cleaning schedules specified who was responsible for cleaning, frequency and method. They included individual areas and pieces of equipment such as notes trolleys, fans, cabling, hand wash and sanitiser dispensers, curtains and blinds, and gas cylinders among other equipment.
- Staff were trained in infection prevention and control (level 1 and 2) and records indicated a 93% compliance rate for this. It was above the trust's training compliance target of 80%. Staff working in the outpatient areas had a good understanding of their responsibilities in relation to cleaning and infection prevention and control.
- The sharps management audit completed in March 2015 indicated a low compliance level of 73%. The trust told us compliance raised to 83% in November 2015 when the re-audited the department. Staff knew how to access information on sharps management and that if they sustained a sharps injury they were required to contact occupational health as soon as possible. They also knew how to prevent sharps injuries. However, they did not always know how to assemble and label a new sharps bin or that those who sustained a sharps or a splash injury needed to be risk assessed and provided

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with an antiviral starter pack. Actions from the audit were clearly noted and we observed that all sharps containers were managed safely and correctly assembled.

- The infection control practices audit completed in March 2015 indicated a compliance level of 70%; this was below the required 85%. The audit indicated that only 24% of staff across the trust were aware that they were required to disinfect used items before decontamination. We did not have access to site specific data. A further audit carried out in March 2016 suggests overall improvement with 83% compliance score. All staff knew where to find staff policy on decontamination if required and how to decontaminate surfaces with detergent wipes.

Environment and equipment

- Measuring equipment was calibrated by staff daily. Most equipment was serviced and portable electrical appliances checks were carried out annually. However, we noted that the medication fridge at Bedford South was not tested since February 2015.
- A list of authorised users for laser equipment was out of date and lacking signatures of authorised staff. The risks assessment available in the consulting rooms was not updated since March 2012. A laser safety officer provided us with up to date risk assessments and told us outdated documents would be archived to avoid confusion.
- There were arrangements for providing alternative equipment in case of a failure.
- There was sufficient space to accommodate patients' needs and the clinical activity undertaken at Bedford North. The building was managed by an external provider through a private finance initiative. The trust's staff had a good working relationship with the building management team; they told us they were very responsive.
- In Bedford South staff said, and we observed, that at times it was very busy and the building no longer met the needs of the department. Staff told us that between 2009 and 2016 number of patients seen at the department tripled but no environmental changes were introduced to accommodate for the increase. Staff felt the quality of the service was not affected but it was

inconvenient and patients occasionally complained that various processes were performed in different rooms, with waits in between, and they could not understand why it was the case.

- There was insufficient storage for records and insufficient office space for staff working within the department at Bedford South. Two members of the administrative team were required to work in small, poorly ventilated, confined offices with no access to daylight.

Medicines

- Medicines were mostly managed safely, including prescriptions which were stored in a locked cabinet and the use of prescriptions was recorded. Medicines were in date and mostly well organised. The date was recorded when individual packs were opened. However, we noted that not all medicines were stored correctly. The medicine fridge at Bedford South was kept unlocked in an unoccupied treatment room with medicines readily accessible. In a laser treatment room keys were left in the cabinet where medicines were stored. The matron told us that these were to be locked at all times.
- The drugs fridge temperature checklist was completed fully and the temperature recorded was within the recommended range. There was an alarm system for the medication fridge and environmental temperature changes to notify responsible senior members of staff, and the estate department, if temperatures were outside of the recommended range.
- Emergency medicines were available to staff, it included medication to support people undergoing anaphylactic shock and those with hypoglycaemia. The resuscitation trolley was sealed, and oxygen was available and in date.
- Staff told us they were trained in medicines management and were aware of their responsibility in the safe administration of medicines. Records indicated 90% of all staff working in the department completed medicines awareness training. All staff completed relevant training related to prescribing practice and formulary for medical and non-medical prescribers.

Records

- Some patients' records were available in electronic form, others on paper and doctors and nurses worked

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with both electronic and paper records. Most records contained all relevant information. Patients' records clearly described patients' treatment plans, medical histories and any relevant risk assessments.

- The paper records system was managed by the host trust. If patients were previously seen at other Moorfields hospital sites, or when doctors worked on site temporarily, paper records were brought from other sites. The department used both records systems and duplicated work. The Moorfields department had a service level agreement which required it to pay each time the Bedford Hospital medical records team accessed a set of notes for them.
- We observed that confidential patient records were left unattended in open rooms. This included laser treatment records left out in open rooms, contained patient information including names, addresses, and type of the procedure patients were due to undergo.
- The trust was required to undertake an annual health record keeping as part of its information governance toolkit annual assessment. This was to demonstrate compliance with trust policy and adherence to information governance standards. The audit undertaken in 2016 indicated that the trust improved in most areas compared to the previous year. Records indicated that the department performed better than the trust's average in 10 out of 27 indicators used by the audit and worse than the trust average in three. Overall the department improved its performance compared to the previous year. The audit indicated the patient's full name was on the front of the case notes in only 85% of records and that the NHS number was not routinely recorded on the front of the file. The department did not use the 24 hour clock, as required by the trust, when entering information into case notes. Differences occurred because patients' records were managed by the hosting trust.

Safeguarding

- The hospital had policies for safeguarding children and vulnerable adults. Staff we spoke with were aware of the policies and procedures with regard to safeguarding, and they knew how to raise a safeguarding alert.
- Safeguarding incidents were reported on both the Bedford Hospital intranet and Moorfields' electronic record system. Senior nurses sent the details to the

safeguarding lead working within both trusts. They also input data into the electronic record system used for incidents reporting for both trusts. All members of staff were trained to do it. Staff received training on how to complete an electronic record in April 2016 during the clinical governance meeting. There was also annual safeguarding training attended by all staff at level specific to their job role.

- Staff said level 1 safeguarding training was provided during the first week when they started working with the trust. They knew where to find the safeguarding policy and could provide us with examples of scenarios where safeguarding protocols would be triggered. They would report safeguarding issues to line managers or the sisters in charge.
- There was an 80% target set for compliance with the safeguarding training. Staff were required to complete adults safeguarding training at level 1 and level 1 and 2 for safeguarding children. The department achieved the target with 98% compliance at level 1 and 2.
- All clinical staff working with children and young people should have level 3 safeguarding training but it was not routinely provided by the trust to all staff. The trust told us that key staff who work with children and young people are level 3 trained. This included a senior paediatric nurse, two nurses, two orthoptists and a consultant.

Mandatory training

- All staff were required to complete mandatory training which included health, safety and welfare, fire safety, infection prevention and control, information governance, basic life support level 2 for adults and children, equality, diversity & human rights, and medicine awareness.
- The trust had set a target which varied between 30% (helping visually impaired people) and 95% (information governance) for mandatory and statutory training completion. Records indicated that 99% of all staff working at Bedford outpatients departments completed health and safety and fire safety training and 87% other mandatory training.
- The department did not meet the trust's 80% compliance rate target for risk and safety management (67%), adult basic life support (74%), paediatric basic life support (78%), and moving and handling (75%).

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Assessing and responding to risk

- There was emergency equipment available to respond in the event of emergency. The equipment was easily accessible. Staff knew what to do in the event of a medical emergency and were aware of the support available from the Bedford Hospital emergency response team.
- There was an emergency eye clinic at Bedford South. After 5pm patients were asked to attend emergency eye clinic at Luton and Dunstable Hospital or the Moorfields accident and emergency department located at City Road. Patient leaflets contained contact information for Luton and Dunstable Hospital so patients could ring them if they required any support during out of hours.
- Patients had access to 'Moorfields direct' which ran Monday to Friday 9am to 9pm and on Saturday 9am to 5pm. It was a telephone advice line which provided patients and the public with advice about eye-related problems and services available to patients. It was staffed by ophthalmic nurses.
- There were laser safety officers who attended laser safety meetings at City Road.
- All 'treatment in progress' lights were working in rooms where simple laser procedures were performed. It informed people outside of the room and aimed to minimise distractions whilst treatment being delivered and minimise potential errors linked to disturbance.

Nursing and medical staffing

- Staff were allocated to both north and south Bedford sites. There were 24 nurses working across outpatients and pre-operative assessments.
- Staff felt there were sufficient doctors in posts to respond to the needs of the local population and provide the commissioned service.
- There were eight consultants, some worked at both Bedford Hospital and the main trust's site (City Road). They were supported by a locum doctor, a doctor undertaking postgraduate fellowship, medical retina training, and two part time fellowship training doctors in glaucoma.

- The department used regular bank and agency staff. For example there was a bank healthcare assistant who worked with the department for two years. This helped to provide continuity of the service and to ensure staff were familiar with procedures and felt part of the team.
- Records indicated that around 8.5% of nurses, healthcare assistants and clerical staff at Moorfields North division, which included Bedford, had temporary working arrangements as bank or worked as agency staff in 2015. This was higher than the trust's average of 7.1%.
- 3.6% of all hours worked by doctors within the Moorfields North directorate were allocated to locum doctors in 2016. It was lower than the trust's average of 6.5%.
- Healthcare assistants were trained in variety of tasks such as taking blood pressure, checking blood sugar levels, reviewing patient's medication, noting other health problems. They also labelled documents and checked for accuracy before passing them on to the nurse. Healthcare assistants were also responsible for checking glasses graduation, and taking other measurements like height and weight.

Major incidents awareness

- There were business continuity plans for each of the sites which included emergency contact details and senior managers responsible for site operations and divisional managers.
- In the event of localised disruption the trust aimed to see patients within seven days, or if attendance was essential sooner they would be identified and their appointments rescheduled to another site operated by the trust.
- There were risk assessments that addressed failure or breakdown of the equipment and staffing shortage in the event of individuals experiencing problems attending work due to external factors such as untoward weather conditions or a major incident.

Are outpatient and diagnostic imaging services effective?

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Not sufficient evidence to rate

We do not rate the effectiveness of outpatient services.

- There were clear pathways, thresholds and guidance for referrals and patients were seen according to clinical priority.
- Staff were supported to maintain and develop their practice. We observed good communications and teamwork as well as multi-disciplinary engagement related to patient care and treatment needs.
- Staff had access to information needed to support clinical decision making.
- We noted patients said they had access to pain relief when required.
- Staff were trained on how to obtain patients' consent, and procedures related to supporting patients deemed to have no capacity to consent. Many received training on the Mental Capacity Act.
- The trust did not have sufficiently detailed data and was unable to benchmark the service provided at Bedford against other sites.
- There was lack of clarity in relation to competencies required by a healthcare assistant or a nurse as the trust did not set up a baseline for staff competencies and it was not department specific.

Evidence-based care and treatment

- Staff had access to policies for both hospitals (Moorfields Eye Hospital and Bedford Hospital) through the internal file sharing system.
- Some of the clinical guidance and standard operating procedures were not up to date. This included the Latex Allergy Policy from 2013 and the Intravitreal Injection Policy from November 2011. The trust did not adhere to review dates as stated in documents. In a few cases a temporary extension was granted by the chair of the relevant committee i.e. risk and safety committee, or clinical governance committee.
- Full information was gathered during the initial appointment to inform treatment and ensure the best

options were offered to the patient. It included information about patients' occupation, visual symptoms, ocular history, medical history, allergies, and medication.

- Between April 2014 and March 2015 the trust participated in 100% of the national clinical audits which it was eligible to participate in (24 audits). The trust audited against standards and guidelines set by relevant national bodies such as the Royal College of Ophthalmologists, National Institute for Health and Care Excellence (NICE) and National Service Frameworks (NSF). The department contributed towards six of these audits with a view to inform guidance developed by the NICE and NSF. These included retrospective glaucoma optic nerve head imaging audit, patient glaucoma awareness study, and a retrospective evaluative audit of visual and anatomic outcomes of patients with refractory or recurrent wet age-related macular degeneration who were converted from ranibizumab to aflibercept. They also participated in the cystoid macular oedema after cataract surgery, the audit on intravitreal treatment of macular oedema from retinal vein occlusion, and endophthalmitis rates in the age-related macular degeneration service following intravitreal injections of lucentis/ avastin/ eylea.
- The trust did not have sufficiently detailed or reliable data recorded for the number of cases submitted for each audit. The clinical director told us, because of the data limitations and coding used by the local commissioning group and the hosting trust they were unable to benchmark against other sites.
- Actions were taken in response to audits, For example, in response to the audit related to endophthalmitis rates in the AMD service staff were retrained, patient flow was modified, and the infection control team was instructed to assess the service.
- Outcomes of the retinopathy of prematurity (ROP) screening audit indicated that occasionally dates of the screening were wrongly recorded or that infants were screened too early. Staff were advised to use a spreadsheet to calculate the correct date range for first screenings to ensure it was in line with guidelines.

Pain relief

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- Patients said they had access to pain relief when required. They could request pain control medicine, should there be a need, which was available on site. For example patients who had intravitreal injections were routinely offered it.
- There was an emergency eye clinic provided at Bedford South which provided immediate assessment and support to patients with painful eyes.

Patients outcomes

- Moorfields' service provided by the department was commissioned by the local clinical commissioning group, listed on the Bedford directory as a service provider for ophthalmology appointments. Data related to patients' outcomes was gathered to inform commissioning and local service delivery using local standards. This meant that the department did not use the same coding as the other services ran by the trust and was unable to benchmark against Moorfields standards.
- Measurement of visual acuity was available as part of the optometrist's report as guided by The Royal College of Ophthalmologists guidelines. The trust reported a 98% cataract retraction rate for the Bedford Hospital site.
- The follow-up to new appointments rate for the department was 2.7 in 2015/2016. This was lower than the trust average of 4 (September 2014 August 2015) and above the England average (2.3). We were unable to analyse how these corresponded to individual specialties due to lack of data or assess how this impacted patients.

Competent staff

- The trust did not set up a baseline for staff competencies and it was not department specific. There was lack of clarity in relation to competencies required by a healthcare assistant or a nurse. Records indicated that only two out of 14 healthcare assistants were assessed competent in OCT, HRT (optical coherence tomography; Heidelberg retina tomography) and use of Pentacone lenses. Only three were assessed competent in RAPD (relative afferent pupil defect).
- Doctors had 'e'job plans' which described their duties. E'job plans were published on the Moorfields intranet.
- All doctors went through the revalidation process within the 12 months prior to the inspection. Doctors are legally

required to revalidate, by having a regular appraisal based on General Medical Council core guidance for doctors. Revalidation supports doctors with maintaining and developing their practice throughout their career.

- Temporary staff told us they felt part of the team and well supported. They were included in team meetings and clinical governance meetings. The trust also provided them with induction and training which were specific to their job role.
- Staff said they had annual appraisals and they received all the training required for their role and were provided with additional training opportunities. They said managers discussed career aspirations with them and provided advice on opportunities and available training. Records indicated that 88% of all staff working in the department completed an annual appraisal (May 2016), this was above the 80% target set by the trust.

Multidisciplinary working

- We observed good communications and teamwork in all of the interactions we observed, where multidisciplinary staff engaged in discussion related to patient care and treatment needs.
- Doctors attended joint multidisciplinary meetings with Bedford Hospital clinicians for oculoplasty, maxillofacial and neurology patients where required.
- A shared care scheme was introduced in response to increasing numbers of referrals to the cataracts service. Staff told us it helped to manage pressure as many patients were treated in the community. This scheme allowed local GPs to refer directly to optometrists to assess patients with cataract in the community. Optometrists referred those who were visually impaired by cataract directly to Moorfields at Bedford Hospital.

Access to information

- Records were available and staff had access to information needed to support clinical decision making.
- The department used an electronic patients' records system provided by the host hospital, which did not allow comparing patients outcomes against other trust's sites. Patients' paper record management system was also different than at other trust's sites, as it was managed by the local Bedford Hospital.
- There were clear pathways, thresholds and guidance for referrals and patients were seen according to clinical

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priority. For example, there was a set threshold for intraocular pressure which, alongside other indicators, helped staff to make a decision on the urgency of the appointment for the cataract clinic.

Consent and Mental Capacity Act

- Staff were aware of processes they would follow if a patient's capacity to consent was in question. The policy equipped them with tools to support mental capacity assessments and the process for 'best interest' decision making.
- Nurses were trained on how to obtain patients' consent, their rights, and which procedures required a formal consent form to be signed as part of a shared care scheme or as guided by clinical guidance. For example, informed consent was obtained when patients attended a nurse-led pre-operative assessment clinic. It took place shortly before the date of surgery, at the time when a general health assessment was completed and biometry performed.
- Records indicated that 80.5% of staff at Moorfields North which included Bedford's location attended the Mental Capacity Act training.

Are outpatient and diagnostic imaging services caring?

Good



We rated caring in outpatients as good because:

- Staff were compassionate and they maintained patients' privacy and dignity.
- Observed interactions between staff and patients were positive and patients were provided with emotional support when they needed it.
- Feedback provided by patients we spoke with related to their care and overall experience, were positive and indicated that patients felt involved in their treatment.

Compassionate care

- Patients told us their privacy and dignity was respected and their consultations took place in private rooms. We observed that some of the consultations and procedures in Bedford North were performed in rooms

that had glazed see-through panels, with no blind or possibility of obscuring it. Measurements were undertaken in multipurpose rooms within open bays which did not allow for private conversation or full privacy.

- The interactions we observed were positive. Patients said they saw staff guiding patients or helping them to stand up. They said staff were very friendly and all complemented their efforts to make them feel comfortable. We saw one patient coming to say thank you for helping to a member of the administrative team before leaving the hospital. Another patient told us "all staff introduce themselves and are always helpful." A relative of a patient said "the staff recognise us and are very friendly – it is a cordial atmosphere."
- Results of the NHS 'friends and family test' were positive and displayed in the waiting area. It is a survey where patients answer the question: 'how likely are you to recommend our service to friends and family if they needed similar care or treatment?' We noted a low response rate to the survey (15%). Occasional negative responses mentioned long waits in the department; patients also said they were not informed of how long they were required to wait before seeing specialists.
- We observed staff assisting a visually impaired patient and guiding them to a chair. They followed good practice, as advised by the trust's leading and guiding training, by standing on the patient's side and talking through the directions. They also offered the patient a cup of tea. The receptionist helped by moving a coffee table out of the way and talking to the patient, describing their actions. Receptionists were mostly attentive to patients' needs. However, they appeared very busy with administrative tasks at Bedford South and some patients needed to wait for a few minutes before they could talk to them. We observed one elderly patient using walking stick who appeared confused walking in and out of the clinic. The receptionist failed to take note of it and did not offer support.
- The trust organised an annual outpatient survey undertaken by an external organisation on its behalf. The most recent available survey results (September 2014) indicated that 91% of patients definitely had confidence in the department and doctors, which was better than the overall trust's result (84%). Ninety-seven

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percent of the service at Bedford's patients rated the care provided by the department as good, very good or excellent, which was slightly better than the overall trust result of 95%.

Understanding and involvement of patients and those close to them

- Patients felt involved and said they spent sufficient time with doctors and nurses during their appointments which allowed them to ask questions. They said they discussed treatments and were involved in the discussion. They also understood everything doctors explained as the language used was simple and there was time to ask questions. Before leaving the department they received a letter detailing who to contact if they needed further help. One patient said "they give me loads of useful information and paper", another person told us when they received test results doctors talked about follow up procedures and gave documentation about these.
- The most recent annual outpatients survey results (September 2014) indicated that in 85% of cases staff explained what would happen during a test in a way that patient could understand. It was better than the trust overall result of 72%. Seventy-four percent of patients reported that staff explained test results in a way they could understand and 65% said they could ask relevant questions. This was better than the trust averages (63% and 57% respectively). Staff only explained risks and benefits before treatment in 59% of cases, which was slightly worse than the trust average (62%). Eighty-three percent of patients felt they had enough time to discuss their health and medical problems with the doctor, which was better than the trust average (72%).

Emotional support

- A nurse ran a support group for people who were experiencing sight loss. Doctors were responsible for registering people as partially sighted; they completed all the required paperwork.
- There was an eye clinic liaison officer allocated to the department. They had attended a counselling course and a Royal National Institute for Blind People (RNIB) course. They organised focus groups to inform patients of available services, and provided practical information and advice on living with sight loss.

- Counsellors were available on request for emotional support, information and advice for patients and their relatives. The service was available from the time of diagnosis, throughout treatment and during follow-up. It was a face-to-face service in which patients were seen for an initial assessment and then offered further input as appropriate. The number of sessions was usually limited to between six and twelve.
- There was information displayed on how to join the local 'Macular Society' which organised support meetings once a month for people affected by age related sight loss. They provided information and support on living with macular conditions, treatments and ran confidential information and support advice for people with macular conditions and their families.

Are outpatient and diagnostic imaging services responsive?

Requires improvement



We rated the responsiveness of the outpatients as requires improvement because:

- The environment was not adjusted for visually impaired people. There were no environmental assessments undertaken to check if the environment was meeting needs of patients.
- Although the service collected data and told us that it met targets related to referral to treatment times, there was no patient's pathway monitoring system.
- There was limited capacity in the glaucoma clinic. Patients waited up to 25 weeks for their first appointment.

However:

- The trust consistently performed better than the England average for the referral to treatment target for non-admitted and incomplete pathways in 2015 and for the percentage of people seen by a specialist within two weeks from the urgent referral made by the GP.

Service planning and delivery to meet the needs of local people

- Although there were over 60 seats available in the waiting area at Bedford South, it was very busy and at

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times all seats were taken by people visiting the department. Patients told us there was always somewhere they could sit. Staff said if they were very busy they could use a waiting area used by a next door clinic run by the hosting trust. There was sufficient seating available at Bedford North.

- Paediatrics services were mostly provided at Bedford North where there was a dedicated children's play area. Children were also seen in emergency cases at the South Bedford site.
- The department managed its own bookings with a team located on site. The department's 'did not attend' rate (DNA) improved from 15% in 2014 to 6% in 2016 for new appointments. The hospital recorded an 8% DNA for follow-up appointments. Staff called patients before their appointment to remind them of it, also when cancellations occurred there were able to bring in new patients for appointments at short notice.
- Information displayed in waiting areas included guidance on common eye conditions, treatment procedures offered, and general eye care. It included information on diabetic eye conditions, how smoking affected eye health, how to register with The Royal National Institute of Blind People (RNIB) and a guide to periodic intravitreal (into the eye) injections.
- There were no Commissioning for Quality and Innovation payment framework targets related to outpatients services for 2015/2016 (CQUIN).

Access and flow

- Appointments times were adhered to at Bedford North. Patients who regularly attended clinics told us their appointments were never cancelled. The also said it was easy to ring up and change appointments.
- Nurses and healthcare assistants said they rarely had to cancel appointments. They would still run clinics when people were off sick, including asking patients to visit another location when necessary or distributing patients to other clinic doctors.
- Follow up appointments were offered as requested by clinicians and were mostly booked on the day of the initial appointment.
- There was limited capacity in the glaucoma clinic. Patients waited up to 25 weeks for their first appointment. Triage to identify high and low risk patients was managed by consultants and we were assured that it was effective.
- The trust was due to introduce 'virtual clinics' for glaucoma patients with an aim to save patients' numerous trips to hospital and to free up glaucoma specialists' time. Within these clinics, data was to be collected by nursing and non-medical staff and then reviewed virtually by a specialist. Virtual clinics made use of the tablet software in satellite locations, such as the Bedford one, to capture the metrics associated with glaucoma assessments, with decision-making carried out by consultants at Moorfields City Road.
- Patients said they occasionally waited for up to two hours before being seen by a specialist.
- It was unclear how the local team monitored referral to treatment targets as there was no patient pathway monitoring system. Data gathered by the department differed from the other satellite locations managed by the trust.
- Senior managers told us transport services were organised by the host trust, provided by an external contractor. There was a local service agreement in place which specified response times; however, the transport provider was not meeting these. Sometimes the department sent patients home in taxi to avoid delays and inconvenience to patients.
- The trust consistently performed better than the England average for referral to treatment (RTT) non-admitted, and incomplete pathways in 2015. The trust consistently achieved 18 weeks RTT targets of 95% for non-admitted and 92% for incomplete pathways in 2015.
- The trust performed better than the England average in 2014- 2015 for the percentage of people seen by a specialist within two weeks from the urgent referral made by the GP. The trust also performed better than the England average in relation to 31 days from diagnosis to first definitive treatment target, and 62 days target (from urgent GP referral to treatment). Overall there was a small number of patients attending for cancer.

Meeting individual needs

Outpatients and diagnostic imaging

- Staff provided us with numerous examples how they updated the service delivery to meet individual needs. However, we observed that the environment was not adjusted for visually impaired people. There were no environmental assessments undertaken to check if the environment was meeting needs of patients.
- There were flagging systems for people who required additional help and for those living with dementia. 'Helping hand' stickers were used on notes. For patients with learning disabilities there was a lead nurse at the hospital and a lead nurse at each of the sites. Consent was gained to apply the sticker to the outside of notes, if there was no consent it was placed discretely inside of the patients' medical record. Staff tried to use the same room for patients with learning disabilities each time they came to put them at ease and to ensure things were not new for them.
- Butterfly labels were used to identify patients living with dementia. Staff said it prompted them to look at all patients notes for additional health needs before patients arrived, often via organised transport. There was a quiet room available and staff exercised caution when taking scans. They were prepared to allocate more time to provide suitable support through the whole process of the clinic. They said sticky butterfly labels were always included in patients notes in case there was a need to use them.
- Face to face translation was available on request. Senior managers told us the most frequently they used a translator was for Punjabi and Italian speaking patients. An Italian patient said they were asked if they needed information in Italian when they first arrived.
- Staff were required to complete training on helping visually impaired people and the trust set a target of 40% for compliance with this training. 79% of staff working in the department completed this training.
- Doctors and nurses told us a chaperone, usually a nurse or a healthcare assistant, was provided on patients' request. Staff received no dedicated training and there was no procedure or policy to guide the practice for providing chaperones.
- The environment, including consultation and treatment rooms, was accessible to people who have mobility difficulties.
- Staff knew about the trust complaints procedure and gave examples of how they dealt with individual complaints. When someone wanted to complain, staff called the senior nurse who would gather information and complete a report when required. Complaints were usually dealt with locally. If someone was particularly unhappy the service manager or sister in charge would be asked to speak with them.
- Nurses and healthcare assistants were aware of trends and patterns and said senior managers responded to patients' feedback when required. They received email analysis from the clinical governance meetings and said there were occasional complaints related to patients transport services or long waiting times from the referral to the first visit.
- Complaints leaflets were available in clinics and posters informing patients how to contact the patients' advice and liaison services (PALS) office were displayed on walls in waiting areas.
- The department recorded 15 complaints related to the provision of outpatient services in 2015/2016. 10 of these related to Bedford South five to Bedford North. We noted that there were no obvious trends and patterns and that in all cases an explanation and apology was given.

Are outpatient and diagnostic imaging services well-led?

Good



We rated the leadership of the outpatients as good because:

- Staff were aware of the trust's vision and goals set to ensure the service was patients-centred.
- Clinical governance meetings, organised bi-monthly, were well attended by staff. There were clear lines of responsibility and accountability within the outpatients and diagnostic imaging departments.
- Staff felt listened to and felt the department and the trust were "open to change." Senior managers were visible and staff could get in contact with them easily should there be a need.

Learning from complaints and concerns

Outpatients and diagnostic imaging

Vision and strategy for the service

- Information on the trust's values was displayed in waiting areas and staff were aware of them. It referred to offering best possible visual health, treating patients with respect and compassion, team work and partnership working, and provision of effective and efficient services.
- Staff spoke of the 'Moorfields way', goal setting and patient experience improvement campaign ran by the trust in 2014. They knew of commitments set by the trust to ensure patients were listened to, felt informed and involved, and the aim for services to be well organised and professional.
- The trust was reviewing the clerical and administrative staffing structure across the geographical patch. This meant that some of the administrative job roles were allocated to temporary staff used on a more permanent basis. Senior managers told us they aimed to improve patients experience and were "moving towards seamless process for patients from booking to treatment".

Governance, risk management and quality measurement

- The clinical director oversaw delivering care locally and represented the unit at the trust's management board meetings.
- The department's matrons and service managers organised business meetings quarterly. These included inpatients and outpatients booking service managers and HR and finance staff were invited.
- There was a lack of trust oversight in updating policies and standard operating protocols.
- The senior management team responsible for 'Moorfields North' had regular meetings with the Bedford Hospital team and local commissioners to discuss issues and ensure effective communication. They admitted that on occasions communication was not effective and they felt decisions affecting services were not made promptly enough by the host trust.
- The structure of governance driven by the "governance is for everyone", where all staff were encouraged to participate and present at the clinical governance meetings, was well embedded within the department. The system was in place for over eight years.

- Clinical governance meetings seemed well embedded, they were organised bi-monthly and all staff were required to attend them. All services were suspended for the duration of the meeting to allow all clinical and non-clinical staff to attend. Staff confirmed good levels of attendance.
- The department needed to meet requirements of the two trusts; the home trust providing the service (Moorfields Eye Hospital NHS Foundation Trust) and the host trust (Bedford Hospital NHS Trust). For example, infection control was monitored by both Bedford Hospital and by Moorfields. Quality board meetings for Bedford Hospital were also regularly attended by the Moorfields clinical director. Staff said although on occasions this added to their workload as monitoring tasks and reporting were duplicated, it ensured quality was monitored well.
- Clinical initiatives introduced by the trust at Bedford site needed to be approved by the Bedford Hospital's quality board and governance committee. For example, the nurse-led intravitreal injectors service used as a method of treatment of many retinal diseases.
- Senior managers told us lack of space to accommodate an increasing level of activity was listed on the local risk register. The risk register also listed issues related to data reliability and reliance on Bedford Hospital for IT support, and supplying and maintenance of equipment.
- The quality team met with service leads to discuss and review quality and safety data. Data reviews were to take place at Bedford Hospital in 2015/16 with the service leads from the medical retina (MR), external disease and theatres services.
- Staff told us there was duplication of systems and policies between the local trust and the Moorfields Eye Hospital, which was occasionally inconvenient. For example there was a resuscitation trolley provided by Bedford Hospital which was not unified with the trolley used at other Moorfields sites.

Leadership of service

- There were clear lines of management responsibility and accountability within the outpatients and diagnostic imaging departments.
- Senior managers were aware of issues faced by the local teams. They were overseeing the trust's services provided in North West and East London with the general manager overseeing performance of twelve satellite sites. There was also a clinical director

Outpatients and diagnostic imaging

allocated to the directorate and a matron responsible for each of the sites. The location had an allocated interim service manager who was covering for long term leave.

- Staff said the executive team were visible and they could contact them easily should there be a need. Managers communicated well with the team and kept them informed about the running of the department and relevant service changes. We were told that information was communicated effectively.
- The interim service manager and the matron met regularly to discuss issues related to service delivery.
- Nurses met once a month before clinics to discuss local developments, incidents and concerns raised by patients as well as changes to work patterns. They found the meeting useful and felt all could freely participate in it.

Culture within the service

- Staff worked well together as a team and supported one another. Agency staff told us they felt supported, involved and part of the team. Staff felt able to raise concerns and discuss issues with the managers of the department.
- Staff told us they felt “welcomed and accepted”, positive feedback was received from new members of the team and temporary administrative and clerical staff.

Public and staff engagement

- Staff said they felt listened to when they had suggestions related to service delivery. They felt the department and the trust seemed to be “open to change.”

- There was a quarterly staff magazine which was used to communicate with staff, share news and advertise events such as staff meetings.
- The trust ran initiatives which aimed to recognise excellence and motivate staff. For example there were annual awards offered for team of the year, innovation research and education or for any other outstanding contributions.
- There were two elected governors who represented the Bedfordshire and Hertfordshire public constituency. Among other members of the council they held the non-executive directors, individually and collectively, to account for the performance of the board of directors.
- The trust was supported by the ‘Moorfields eye charity’ and ‘friends of Moorfields’ that ran a number of fundraising initiatives. Those organisations helped to purchase an optical coherence tomography (OCT) machine for the Bedford site to support and enhance the services provided. OCT is a non-invasive imaging test that uses light waves to take cross-section pictures of the retina.
- The trust organised an annual outpatient survey undertaken by an external organisation on their behalf. The most recent available survey results (September 2014) indicated a good response rate among patients attending the department in Bedford (53%). The trust noted improvement in service provision when compared with previous years.

Innovation and sustainability

- The department offered a nurse-led intravitreal injection service used as a method of treatment of many retinal diseases.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

Ensure slit lamps are decontaminated after each patient and regular audits are carried out to monitor compliance.

Ensure staff on the day surgery unit at Bedford Hospital receive appropriate training to care for patients following ophthalmic surgery.

Ensure adequate pain relief is provided in a timely manner to all ophthalmic patients on the day surgery unit at Bedford Hospital.

Ensure all controlled drugs records are completed in line with the trust policy and carry out regular audits to monitor compliance.

Action the hospital **SHOULD** take to improve

Encourage all staff to be up to date with all of their mandatory training.

Ensure patient information leaflets are available for visually impaired and blind patients.

Take necessary action to deal with reports of bullying and harassment among staff.

Ensure all relevant staff receive safeguarding training at the appropriate level as guided by job roles and duties.

Ensure staff are able to benchmark clinical outcomes and quality indicators with other similar departments and sites managed by the trust.

Ensure the environment is appropriately assessed, and adjusted, to meet visually impaired patients' needs.

Ensure policies and clinical protocols are updated regularly and there is system which allows effective monitoring of it.