

Moorfields Eye Hospital NHS Foundation Trust

Moorfields at St George's Hospital

Quality Report

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Date of inspection visit: 9 - 13 May 2016
Date of publication: 06/01/2017

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

Requires improvement



Outpatients and diagnostic imaging

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Moorfields Eye Centre at St George's Hospital (St George's site) is part of Moorfields Eye Hospital NHS Foundation Trust (the trust). The trust has 32 centres in and outside of London. It provides a networked satellite model of care at Moorfields Eye Hospital City Road and across three geographical networks: Moorfields North, Moorfields South and Moorfields East. Services provided include surgery, outpatients and professional support to other eye services managed by other organisations.

Moorfields Eye Centre at St George's Hospital is located in the Lanesborough Wing of St George's University Hospitals NHS Foundation Trust (host trust). The centre provides comprehensive outpatient, diagnostic and surgical services for the local population. The department has an urgent care clinic (UCC) which is open from 9am to 5pm, Monday to Friday. Outside of these hours the on-call ophthalmologist attends to emergencies admitted to Duke Elder ward, an appropriate medical or surgical ward or patient's attending St George's A&E. In addition the out of hours service provides the hub for the South West Thames on-call services, with patients being referred from Epsom and St Helier, Kingston and Croydon A&E services.

We carried out an announced inspection of Moorfields Eye Centre at St George's Hospital from 9 – 13 May 2016.

Overall Moorfields Eye Centre at St George's Hospital is rated as requires improvement.

Our key findings were as follows:

- There were significant on-going problems with the environment in the outpatients department (OPD) wards and theatres.
- There was insufficient space in the outpatients department and patient comfort and privacy was compromised. Male and female patients were on occasion cared for in the same bays on Duke Elder Ward, this was in breach of national guidance. The environment in theatres wasn't child friendly.
- In theatres, long standing problems with ventilation meant that at times theatre lists had to be cancelled. Air changes in one anaesthetic room did not always comply with best practice.
- Outpatient clinics often over ran and patients were not kept informed about waiting times.
- The World Health Organisation (WHO) surgical safety checklist had not been fully embedded in operating theatre practice.
- The uptake of appraisals was below the trust's target for some staff groups.
- Risks to the service were identified but, responsibility for taking action and timescales for action were not clear.
- A service level agreement had been developed to formalise the relationship between the trust and the host trust but, this was not yet agreed and in place at the time of the inspection.
- There were enough staff to care for patients.
- Areas we inspected were clean and there was good compliance with infection prevention and control procedures.
- Patients on the Duke Elder ward who became unwell were cared for, in the first instance, by medical staff who worked for Moorfields Eye Centre at St George's Hospital. Guidelines had been developed for patients on Duke Elder ward who became unwell and required the care of medical teams based at St George's University Hospitals NHS Foundation Trust.

Summary of findings

- Staff were aware of the signs of potential and actual abuse and knew the action to take to protect children and adults. Although the trust had a rolling programme for Level 3 safeguarding training no permanent staff at this location had completed it.
- Care and treatment was delivered in line with best practice and staff had ready access to, and followed, protocols and guidelines driven by national guidelines and best practice..
- There was good multidisciplinary team working involving staff from a range of specialities.
- Patients had access to drinks, and sandwiches were provided for patients post surgery.
- We found staff were caring and patients spoke positively about them. They told us staff spent time explaining their assessments and treatment options.
- Patients were largely treated in a timely manner with the hospital meeting national access standards.
- Staff were positive about the support they received from managers and said they were visible and approachable.
- A translation service was available for patients for whom English was not their first language.
- Involvement of patients in service development/improvement was limited.
- Risks to the service were identified but, responsibility for taking action and timescales for action were not clear.
- Staff remained enthusiastic and committed to providing good care despite the poor environment they were working in.

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

Importantly, the trust must:

- Take action to ensure the theatre environment meets with national guidance
- Reduce the number of mixed sex breaches on Duke Elder ward
- Take action to improve the environment in the outpatients department and on the wards
- Ensure the WHO safer surgery checklist is consistently implemented for all surgical procedures including the five steps of team brief, sign in, time out, sign out, and debriefing.
- Improve recording of risks and ensure all information is included on risk registers.

In addition the trust should:

- Improve the uptake of appraisals.
- Reduce the theatre cancellation rate.
- Consider how the theatre environment could be made more child friendly.
- Ensure resuscitation equipment is easily accessible to staff working in the OPD and UCC at all times.
- Ensure all anaesthetic equipment is checked and checks are recorded.
- Consider how reasonable adjustments could be made for people with visual impairment.
- Ensure staff are aware of the electronic flagging system for vulnerable patients, such as those living with dementia or a learning disability in the outpatients department.
- Ensure patient's records are available when they attend for an appointment..
- Improve engagement with patients and members of the public in service development/improvements.
- Ensure the service level agreement between Moorfields Eye Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust is finalised and implemented to ensure medical cover and estates management are working effectively.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service Surgery

Requires improvement

Rating



Why have we given this rating?

We rated surgery as requires improvement because:

- There were many long standing problems with the environment and equipment in both theatres and the ward area. The problems included the ventilation system, which affected both the theatre preparation room (theatre 4) and the anaesthetic room (theatre 5). A joint proposal to relocate the service was not approved by St George's University Hospitals NHS Foundation Trust Board. Following this, some remedial action had been taken including the relocation of the children's waiting area in outpatients but, no action had been taken in relation to surgery.
- The WHO surgical safety surgery checklist was not fully implemented in theatres.
- Male and female patients were on occasion cared for in the same bays on Duke Elder Ward, this was in breach of national guidance.
- Theatres were not child friendly.
- The trust had a rolling programme for staff to have Level 3 safeguarding. However, none of the permanent staff in surgery at this site had received the training.
- Patients on the Duke Elder ward who became unwell out of hours were cared for by medical staff who worked for St George's University Hospitals NHS Foundation Trust.
- The service level agreement with St George's University Hospitals NHS Foundation Trust had not been formally signed at time of the inspection.
- Staff expressed their frustration at the lack of action in response to the problems identified in this report.

However:

- Staff were aware of the incident reporting procedures and their responsibility under duty of candour.
- Medicines and controlled drugs were managed in line with best practice and controlled drugs were stored in locked cupboards on the wards.

Summary of findings

- Care and treatment was evidence based and staff had access to guidelines on the intranet.
- Patients spoke positively about the staff and described them as “kind” and considerate”. We observed providing support and reassurance to patients.
- The service was meeting the national standard for referral to treatment times.
- Staff told us there was an open culture and they were able to raise concerns. There were opportunities for progression.
- Despite the difficult conditions in which they worked staff remained positive and focused on ensuring patients had a positive experience of the service.

Outpatients and diagnostic imaging

Requires improvement



We rated outpatients (OPD) as requires improvement because:

- There was insufficient space in the department to accommodate all of the patients and maintain privacy and dignity.
- The layout of the department meant that some staff were isolated and this what they told us during the inspection. The resuscitation equipment was not visible or easily accessible.
- Signage to direct patients to the OPD was in a small font and clinics often ran late and there was no information about waiting times for patients.
- Senior staff were aware the outpatient’s department’s physical environment was unsuitable and had taken some action including relocating the children’s waiting area.
- Staff were aware of the safeguarding policies and knew how to recognise and report potential or actual abuse. The trust had a rolling programme for staff to have Level 3 safeguarding training, but none of the permanent staff in either the outpatients department or urgent care centre had completed Level 3 safeguarding training.
- Nursing staff were up to date with their appraisals, but other staff groups were below the trust’s target.
- Staff were not aware of the computerised flagging system to highlight patients with specific needs, such as those living with dementia or patients with a learning disability.

Summary of findings

- Risks were recorded on the risk register but, it was not clear when they were added to the register, they did not have review dates and not all risks had a named manager.
- There was little evidence of patient or staff involvement in service improvements.

However:

- Staff knew how to report incidents and most confirmed they received feedback and they were aware of their responsibilities under the duty of candour.
- There was good compliance with infection prevention and control procedures and, the OPD and UCC was clean. Equipment had been checked and cleaned.
- Local guidelines were informed by national guidance and the OPD participated in national and local audits.
- There was good multidisciplinary working and on site pharmacy.
- We observed staff were caring and compassionate towards patients and patients felt involved in decisions about their care and treatment. They told us they felt able to ask questions and staff listened to them.
- The OPD was meeting the 18 week referral to treatment time target.
- Staff were proud to work for the trust and were enthusiastic about their work and said the OPD was a good place to work. They felt the senior staff were approachable and junior doctors were happy with the support they received from consultants

Moorfields at St George's Hospital

Detailed findings

Services we looked at

Surgery; Outpatients

Detailed findings

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Background to Moorfields at St George's Hospital

Moorfields Eye Centre at St Georges Hospital is located in St George's University Hospitals NHS Foundation Trust. The centre provides comprehensive outpatient,

diagnostic and surgical services for the local population. The outpatient department also has an urgent care clinic (UCC) which is open from 9.00am to 5.00pm Monday to Friday.

Our inspection team

Chair: Dr Peter Turkington

Head of Hospital Inspection: Nicola Wise

The centre was visited by a team of twenty four people including CQC inspectors and a range of specialists. The team included CQC inspectors and a variety of specialists.

There was a consultant ophthalmologist and the team also included nurses with backgrounds in ophthalmology, surgery, paediatrics and emergency care, and board level directors.

We had one expert by experience assisting us and analytical support.

How we carried out this inspection

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

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

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

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

Detailed findings

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

Our announced inspection visit took place over the 9 – 13 May 2016.

During our inspection we spoke with patients and relatives/friends, who provided feedback on their experiences of using the hospital services. We looked at patient records where it was necessary to support information provided to us.

Whilst on site we interviewed more than 40 staff, which included senior and other staff who had responsibilities for the frontline service areas we inspected, as well as those who supported behind the scene services.

We made observations of staff interactions with each other and with patients and other people using the service. The environment and the provision and access to equipment were assessed.

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

Facts and data about Moorfields at St George's Hospital

Moorfields Eye Centre at St George's Hospital treats people living in South West London.

The centre is located in St George's University Hospital NHS Foundation Trust and provides a range of diagnostic and treatment services and surgical services for adults and children. Ophthalmology outpatient services are located on the ground floor in the Lanesborough Wing at St George's Hospital with a small number of outpatient procedures and pre- assessment clinics completed on the 5th floor. The department also has an urgent care clinic (UCC) which is open from 9.00am to 5.00pm Monday to Friday.

The day case ward and the eye operating theatres are on the 5th floor of the Lanesborough wing in the Duke Elder Ward.

Activity

The hospital has six inpatient/day case beds for adults and children.

Between April 2015 and March 2016 there were 73,120 appointments at the outpatients department at Moorfields eye centre at St Georges hospital. Of these 59% of appointments were followed up appointments and 28% were new appointments and 13% were patients who did not attend.

Between April 2015 and March 2016, there were a total of 9774 attendances in the urgent care clinic, of which 9661 (98.8%) were new patients and 113 (1.2%) were follow up appointments.

In surgery between April 2015 and March 2016, there were 3,949 admissions. Of these 96.4% of cases were day cases, 2% elective inpatients and 1.6% were emergencies..

Safety

- One serious incident relating to medication was reported by the St Georges site between March 2015 and February 2016.
- Between October 2015 and end of January 2016 193 incidents were reported by the St George's site, of which the majority were either no harm, low or moderate harm.
- In terms of medical staffing skill mix: 39% are consultants which is line with the England average.

Effective

- The ratio of new to follow up outpatient appointments were slightly higher compared with other trusts.
- Best-corrected visual acuity (BCVA) results from September – November 2015 demonstrated that 91.2% of patients had a post-surgery BCVA of 6/12 or

Detailed findings

better. This is better than the national ophthalmology database audit result of 89% of patients who had a BCVA of 6/12 or better. This was a trust wide audit but did not include Bedford or Croydon.

- The trust had good outcomes for primary retinal detachment surgery. Against the national standard the trust reported a success rate of 88%, which is better than the national standard of 75% or more.

Caring

- In the 2014 CQC children and young people survey the trust scored the same or better when compared with other trusts for all of the questions. For the questions about the child's overall experience and the parent's view of the child's overall experience the trust scored better than most other trusts who took part in the survey.

Responsive

- Moorfields Eye Centre at St Georges Hospital received 30 complaints for the period March 2015 to February 2016.
- There were 92 delayed transfers of care which fell into three categories; awaiting care package (40.2%), waiting further NHS non-acute care (34%) and awaiting nursing home placement (26%).

- Referral to treatment rated for both non admitted and incomplete pathways were better than the national standard between October 2015 and January 2016..
- Good performance on two week waits from urgent GP referral and also 31 day waits from diagnosis to first definitive treatment.
- Good performance on diagnostic waiting times with no patients waiting more than six weeks for diagnosis.

Well-led

- The overall response rate for the Department of Health 2015 Staff Survey was below other trusts: 40 % compared with 45% Areas of good performance in the survey were staff satisfaction with quality of care they can deliver, staff motivation, the quality of appraisals and communication and recognition from management, team working and support.Areas where trust performed less well than other trusts included questions relating to violence, harassment and bullying from patients and staff, as well as discrimination and provision of equal opportunities for all staff.
- The trust scored better than expected for access to educational opportunities in the 2015 GMC survey.

Inspection history

This is the first comprehensive inspection of Moorfields Eye Centre at St George's Hospital

Our ratings for this hospital

Our ratings for this hospital are:

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

Notes

Surgery

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

Information about the service

The Moorfields eye service based at St George's University Hospitals NHS Foundation Trust (host trust) is one of 32 services provided by Moorfields Eye Hospital NHS Foundation Trust. The service provides adnexal, cataract, external disease, general ophthalmology, glaucoma, medical retina, neuro-ophthalmology, optometry, orthoptics, paediatrics, strabismus and vitreo-retinal care and treatment.

All of the services are provided on the Duke Elder ward. There are six beds on the ward, four beds are located in a four bedded bay area and there are two side rooms which are prioritised for patients who are infectious, to provide single sex accommodation or for patients who have special needs (e.g. dementia). Side rooms are allocated based on an assessment of patients' clinical and social needs.

Other areas of the ward had been converted into a reception and waiting area and a range of clinics were provided in side rooms which had been converted into treatment rooms. A former four bedded bay area had been converted into a recovery area which is shared between the St George's site and the host trust. The two theatres where surgery is carried out are located at the end of the ward.

There were two clinical directors for the service a general manager and a nurse manager. Between April 2015 and March 2016, there were 3,949 admissions. Of these, 96.4% of cases were day cases, 2% elective inpatients and 1.6% were emergencies..

There are two operating theatres and four bed recovery area for patients immediately after surgery and a discharge lounge. Patients attending as outpatients are seen in the outpatient department which is located on the ground floor. The Duke Elder day care unit is open from 8.00am to 8.00pm, Monday to Friday, and 8.00am to 5.00pm on alternate Saturdays. The in-patient beds are open 24 hours a day. In the evening, between the hours of 5pm and 10pm the ward provide a service for patients with an eye problem referred from GP out of hour's services and other eye units, which are part of the Moorfields service.

Day surgery patients are operated on and discharged on the same day. The majority of procedures are carried out under local anaesthetic, some are carried out under general anaesthetic. Pre assessment clinics are held on the ward to check patients were fit to have surgery. Once patients receive their surgery they return to the waiting area where they receive advice from staff about aftercare. The day surgery wards has chairs for patients to recover before they returned home. Patients with carriage of an alert organism, i.e. MRSA, may be nursed in the 4-bedded bay under isolation precautions, in accordance with trust policy and national infection control and prevention practice.

During our inspection, we visited the service each day between Tuesday 10th and Thursday 12th May 2016. We observed patients being assessed and treated in clinics and the operating theatres and following surgery in post-operative recovery, then afterwards in the waiting area whilst patients waited to go home.

Surgery

We visited all the areas on the unit including the pre-assessment area, the ward area, operating theatres and the recovery area.

We met with the two clinical directors for the service the general and nurse managers, and spoke to 14 members of staff including managers, doctors, nurses, health care assistants, and administrative staff. We spoke with 12 patients and some of their relatives. We looked at seven care records. In addition to this, we reviewed local and national data and performance information about the service.

Summary of findings

We rated surgery at Moorfields Eye Centre at St George's Hospital (St George's site) as requires improvement because:

- The service was provided in a converted ward area and the environment was not suitable for a modern day case service.
- There were long standing problems with the ventilation system in theatres, anaesthetic and preparation rooms which had not been fully addressed when we inspected. The trust had plans to rectify the issues and the work was carried out in July 2016 following our inspection.
- Children received surgery in the Duke Elder theatres, where the equipment was appropriate and safe but the environment was not suitable for children.
- Inpatient accommodation did not meet the requirements for single sex accommodation.
- Single rooms used to care for patients with an infection did not have ensuite toilets. The trust told us they rarely required designated toilet facilities for infection prevention purposes.
- The World Health Organisation (WHO) surgical safety checklist was not fully implemented.
- The senior leadership team were aware of the challenges the service faced and recognised the importance of improving the environment in which the service was provided but, there were no firm plans in place for relocation the service or improving the environment in surgery.

However:

- There were a low number of incidents. Staff were confident about reporting incidents and implementing change as a result of learning.
- Compliance with infection prevention control and hygiene processes was good.
- Staffing levels on the ward and in theatres were good. Vacancies were covered with agency staff whilst the service recruited.
- The service monitored patient outcomes which were good and a wide range of audits were carried out

Surgery

across the trust enabling satellite units such as the service at St George's University Hospitals NHS Foundation Trust to compare the service with other units in the trust.

- Patient feedback about the service showed high levels of satisfaction.
- Staff had access to a wide range of training. Appraisal rates and compliance with mandatory training was good.
- The service had developed an effective, local day case service which was responsive to patients' needs. Access to the service was good and patients were assessed and treated on the same day.

Are surgery services safe?

Requires improvement 

We have safety as requires improvement. This was because:

- During our inspection we learned the ventilation systems in the theatre preparation and anaesthetic rooms did not always meet HTM standards and they had broken down on a number of occasions. There was an increased risk of infection if dirty air was not effectively removed from the theatre. The trust had plans to rectify the issues and work was carried out in July 2016 following our inspection. Staff told us maintenance staff had said the equipment could no longer be effectively maintained. The plant had been repaired but maintenance staff had stated the equipment could breakdown at any point and not be repairable. Following the inspection the trust told us it had received no formal indication that the ventilation system cannot be maintained.
- Patients on the Duke Elder ward who became unwell were cared for by medical staff who worked for Moorfields Eye Hospital NHS Foundation Trust. Guidelines had been developed for patients on Duke Elder ward who became unwell and required the care of medical teams based at the host trust. Pathways had been developed to enable the care of patients to be transferred to St George's medical staff.
- Duke Elder ward had two isolation rooms for patients with an infection, but these did not have en-suite toilets. The trust told us they mitigated the risk by locating an identified toilet for the sole use of the patient for the duration of their stay.
- Laser protection guidance for the use of lasers was not up to date at the site. Following our inspection the trust told us the guidance had been updated in 2014 and was available to access on the trust's intranet. Staff we spoke with seemed unclear about the policies and procedures relating to the use of lasers.
- The surgical safety checklist had not been fully implemented or embedded.

However:

Surgery

- Risk assessments were carried out on patients and a national early warning score system was used to identify and manage patients if their condition deteriorated.
- Staff reported incidents and risks. The learning from incidents was used to improve the service provided to patients.
- Staffing levels on the ward were sufficient to provide patients with a safe service.

Incidents

- There were 20 incidents reported between October 2015 and January 2016. None of the incidents met with the trust's serious incident criteria
- Six incidents related to problems with the temperature in theatre and failure of the air flow system which ensured clean air is introduced into the theatre and the air circulating during surgery is removed. This is important for avoiding infection and particularly important in eye surgery. The other incidents related to staffing issues and the failure of medical devices.
- Staff in theatres told us they reported any incidents to the Theatre Co-ordinator who submitted the incident reports. On the ward area staff were able to offer examples of where practice had been changed as a result of learning from incidents. Staff were aware of the Duty of Candour requirements for being open with patients and informing them about any serious incidents which might have resulted in harm.
- Some staff were familiar with the duty of candour requirements. They understood the principles that patients must be informed about any serious safety incidents which occurred, that staff had a duty of being transparent and apologising to the patient. We spoke with a group of three staff who were familiar with the duty of candour requirements but told us they reported incidents and were guided by their managers about completing incident reports. They said they openly reported any issues and understood the importance of patients receiving an apology when things went wrong.

Cleanliness, infection control and hygiene

- All of the nursing staff had completed level 1 infection prevention and control training and 86% had completed level 2.
- The nurses we spoke with had a good understanding of the risk and benefits of treatments and the importance of minimising infection risks.

- Each of the clinic rooms used for intravitreal injections were deep cleaned at the end of each day.
- We saw staff wore appropriate personal protective equipment (PPE) including gloves, scrubs and facemasks. We observed staff carrying out the injections and saw they were all wearing the appropriate protective clothing and were bare below the elbows
- We observed nursing staff provide care for patients on the ward area. They used appropriate hand washing techniques and wore PPE protective clothing.
- There were no MRSA, MSSA or C.Diff infections reported between January 2015 and January 2016
- Cleaning audits were carried out and demonstrated 97% and above compliance between January and March 2016.

Environment and equipment

- During our inspection we saw the theatre preparation room for theatre four could not be used because the ventilation was broken. The trust had followed the advice of their infection prevention and control team and were not using the preparation room. Theatre preparation was being carried out in the main operating theatre. We asked the nurse in charge about this and they told us it had been broken for several months and they were not sure if it could be fixed. They were not aware of any work planned to carry out repairs and had been told the plant was beyond repair. The service's risk register contained an entry stating the mechanical plant supporting the air ventilation in the Duke Elder theatre was 34 years old and was in a poor operational state. There were problems maintaining the air ventilation in the Duke Elder theatre due to its age and poor mechanical condition. Surgery had been suspended for three weeks in December 2015 for repairs. Staff told us the external temperature affected the ventilation system and it stopped working. Following our inspection the trust told us that the external temperature does not affect the performance of the ventilation system.
- We saw a further entry in the incident log that surgery had been suspended for two days in January because the theatres were too cold. Four incidents, in January 2016, related to problems with the temperature in theatre. There were also incidents regarding failure to meet the HTM standards for ventilation which ensure sufficient clean air is introduced into the theatre and the air circulating during surgery is removed. Staff told us they had reported the problems to the estates

Surgery

department at the host trust who were responsible for the equipment and facilities used by the service. Temporary repairs had been carried out but the equipment was old and required a major upgrade. At the time of our inspection staff did not know when these repairs would be carried out. Following our inspection the trust informed us they had scheduled work to rectify the issues and the work was carried out in July 2016. The trust has confirmed this work was carried out in July 2016.

- In July 2015 an infection prevention and control review of the service provided in the Duke Elder theatres was carried out by the trust's infection prevention and control team. It was recognised that the air changes in the theatre 5 anaesthetic room were lower than the HTM recommended standard. The report stated that the air flow problem was due to the age and maintenance state of the plant and that there was no way of reducing the risk. Following the inspection the trust told us they had taken measures to ensure that this does not implicate an infection risk for patient.
- Duke Elder ward had two isolation rooms for patients with an infection, but these did not have en-suite toilets. Patients had to use toilets located on the main ward area. The trust told us they rarely required designated toilet facilities for infection prevention purposes. On the rare occasions this was required they told us they located an identified toilet for the sole use of the patient for the duration of their stay.
- During the inspection we asked to speak with the laser protection supervisor. The person we spoke with told us they had not had training and that the laser protection supervisor's manual was not up to date. Following the inspection the trust told us the Laser Protection Manual in use was the 5th edition distributed in 2015 and incorporated The Medicines and Healthcare products Regulatory Agency guidance. Every laser in theatre and clinic had a Laser Safety Officer (LSO) and a deputy. Every LSO had laser safety training which included core knowledge and staff received updates on a bi-annual basis. Every clinician had to complete on line training for every laser procedure prior to being permitted to use the laser equipment. The trust also told us that training requirements were documented in the centralised laser safety training record. Assurance was provided corporately by the trust's laser safety committee and

locally by the named Laser Safety Officer. Risk Assessments were also in place. The named laser protection supervisor for SGH theatres had attended trust laser protection training in November 2015.

- There were no records of any daily checks on the anaesthetic equipment. The trust has since told us that the anaesthetic equipment in theatres was owned and maintained by the host trust and the manufacturer was contracted to complete an annual assessment. At the time of the inspection, there were service stickers on all anaesthetic equipment which indicated that servicing was due in October 2016 (for theatre equipment) and November 2016 (for anaesthetic equipment).
- Adults and children had been sharing the recovery area but managers had reviewed the operating timetable and in advance of the inspection (April 2016) had ensured that children's surgery occurred on a different day.
- At the time of our inspection children waited for their pre-operative assessment in an adult outpatient waiting area on Duke Elder ward. Managers told us they planned to move children's pre assessment but, there was no space to support this. Managers had met with the host trust's children's nurse lead to discuss the possibility of children being assessed on another children's ward. Following our inspection the trust told us children now received a telephone pre-operative assessment, conducted by a paediatric nurse.
- The corridor from the ward to the theatres was used as a storage area. The entrance to the theatre complex includes a lobby area which was used to store stock. This had been risk assessed by the infection control team and the fire safety officer, both of whom considered the arrangement to be low risk.
- Resuscitation trolleys were checked daily and signed and tagged.

Medicines

- We checked the storage of medicines on the ward and found medicines were all securely stored, within date and not overstocked. Controlled drugs were checked daily and the drugs being stored tallied with the amounts recorded in the register.

Surgery

- There was a medicines trolley for all other medicines used on the ward. This was stored securely and locked when not in use. We checked the trolley and found these were all in date and not over stocked. There was a separate cupboard for storing eye drops.
- All the boxes of minim eye drops were in date and boxes which had been opened had the date of opening recorded.
- Treatment rooms were clean and tidy, with cupboards labelled detailing contents within
- Keys to the drug cupboards and were held by registered nurses and most doors to the rooms housing medicines were locked with restricted access.
- Small quantities of intravenous fluids were stored appropriately in the treatment room. However, the majority of bulk fluids were stored in the main pharmacy (outside the ward).
- Controlled Drugs (CDs) were audited on a daily basis, with a separate signing sheet seen. Controlled Drugs were correctly documented in the CD register, with access to them restricted to authorised personnel.
- We saw an incident had been reported about a controlled drug which had been left outside the controlled drug cupboard after a theatre list. A nurse had found the medicine and reported it. A count was completed and the stock levels of other medicines were found to be correct. A notification has also been sent to the lead theatre pharmacist at the host trust who carried out an investigation. The management of controlled drugs at the St George's site was under the remit of the host trust. The staff responsible were identified as host trust staff who used the Moorfields theatres for a surgical list.
- Medicine trolleys were chained to wall or immobilised when not in use. We saw the medicines inside were appropriately locked by an electronic keypad or key.
- Room and fridge temperatures were recorded on a daily basis, and were found to be within the recommended range. When asked what would happen if the normal fridge temperature of 2-8 degrees went out of range, the nurse stated that a member of clinical staff would be responsible for taking the appropriate action to rectify the anomaly, which included contacting the pharmacist and estates management
- There was a policy in place to support the use of patients own drugs and we saw evidence of green bags containing patients own drugs, appropriately stored in lockers beside patient bays.
- There was a policy in place to support the use of Patient Group Directions (PGDs), and we saw evidence of these PGDs that were signed by authorised personnel, in date and appropriately audited. PGDs provide appropriately trained nursing staff the authority to administer a defined range of medicines for treating particular conditions without a prescription from a member of the medical staff
- All clinics had at least one dedicated pharmacist available between 9am-6pm daily Monday to Friday, situated at the on-site pharmacy. They were responsible for screening medicine charts, medicines reconciliation, ordering and topping up of medicine from the main pharmacy, ordering the (to take out (TTO) medicines for patients and counselling certain patients on specific medicines usage. When asked, the pharmacist stated that their aim was to be as close as possible to a near patient dispensing unit to monitor the safe use of medicines.
- Staff had access to the British National Formulary (BNF)s as well as all policies/information relating to medicines management (including the antimicrobial formulary).
- Nursing staff competencies for prescribing, dispensing and administering medicines were assessed by dedicated induction processes provided by the trust, through the intranet portal. Medicines awareness training was part of the trusts mandatory training programme and 86% staff had completed the training in 2015-2016.
- Allergies were recorded on the drug charts, alongside other sections such as a VTE risk assessment, medicines reconciliation section and suitability for self-administration
- Staff understood and demonstrated how to report medicines safety incidents. Feedback and learning was through various channels, such as medicines safety newsletters, emails and monthly meetings from dedicated nurses in charge of medicines management/ drug safety.

Records

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- The majority of patients' records were mostly paper based although detailed clinical information was also held on a clinical information system. We reviewed seven sets of paper records and found they included identified allergies, dietary needs and contained risk assessments for example falls assessments and fluid balance charts..
- Most records were stored off site. A medical records librarian was based at the host trust who organised the access and storage of records. There was an electronic case note tracking system to record the movement of records within the St George's site.
- Details of patient's biometric measurements and the type of intraocular lens to be used in the procedure was recorded. Manufacturers identification labels from the lens used were fixed in the records, which meant the lens, could be tracked if there was a problem. Information about the patient and the procedure was recorded in the patient's paper records and on the IT system. The trust used a specific IT clinical information system used by ophthalmology services.
- The trust carried out an audit of clinical record keeping annually. We saw the results of the 2016 audit published in February 2016. The audit was trust wide and was created to determine the levels of compliance with the trusts Health Records Management Policy v3.3 (July 2013) section 4.3 and Health and Social Care Information Centre (HSCIC) standards. One hundred and eighty sets of notes across the trust were reviewed, 20 from the St George's site. The results of the audit showed improvements on the 2015 audit results in a number of areas. Ninety five per cent of records were securely stored in the folder compared with 73% in 2015 and 100% of diagnostic test results were filed in the correct section compared with 73% in 2015. The name of the person making the entry was legibly printed against the signature in 55% of records compared to 53% in 2015. The consultant in charge of the patient record was identified for the last entry of care in 95% of records compared to 60% in 2015.
- Information governance was part of the trust's mandatory training programme and 94% of staff at the St George's site had completed this training

Safeguarding

- One hundred per cent of nursing staff had completed adult safeguarding training, 97% had completed level

two children's safeguarding training. Ninety per cent of consultant medical staff had completed training in safeguarding for children and 82.6% of medical staff had completed adult safeguarding training.

- Staff were aware of the signs of potential and actual abuse and knew what action to take to protect adults and children. The trust had a rolling programme for staff to complete level 3 training for children but no permanent staff at this site had completed the training.
- Staff told us they were informed about the trust's safeguarding policy when they completed their training and knew they could access this on the intranet. Staff we spoke with in theatres understood their responsibilities for safeguarding patients against the risk of abuse.
- Nursing staff were very knowledgeable about the potential signs of abuse and told us they would not hesitate to raise a concern if they had concerns about the patients in their care.
- We saw posters on the Duke Elder ward with information about who to contact if staff had concerns. Staff in theatres were aware of who to contact regarding safeguarding concerns.

Mandatory training

- Compliance with the trust's mandatory training programme was good. The standard set by the trust was 80%. Figures provided by the trust showed 82% of nursing staff, 83% of medical staff and 87% of allied health professionals within surgical services were up to date with mandatory training.
- The level of mandatory training was good for most topics for example, 97% of nursing staff had completed equality, diversity and human rights training, 89% had completed moving and handling level 2. For basic life support 77 % of medical staff had completed the training, against a target of 80%, which meant seven staff had not completed the training.
- Training in helping visually impaired people is provided as part of the mandatory induction training. Compliance was 99.13% against a target of 90%. The Trust had also developed a training course to help staff understand the needs of people with visual impairment. The training had recently been added to the trust's mandatory training programme and was being introduced on a phased basis. Target compliance was initially 30%, rising to 80% in subsequent years. Compliance in March 2016

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for all staff groups was 46.96%. We spoke to one member of staff who told us they course had been invaluable in providing insight into the issues faced by a patient with visual impairment.

- Staff we spoke with told us their managers emphasised the importance of mandatory training and they were able to access training courses.

Assessing and responding to patient risk

- The service used an early warning system to monitor patient's condition and identify when a patient's condition deteriorated. We saw examples of patient's respiratory rate oxygen saturation, heart rate and consciousness were all recorded.
- An audit of the early warning system was conducted in the first three months of 2016 of the levels of compliance across all sites in the trust. The audit found good levels of compliance with scores of 100% for the frequency of observations and escalation if a patient's condition deteriorated. The only area identified for improvement related to the frequency of physiological observations. These were not being carried out as frequently as the trust's policy recommended.
- We reviewed seven sets of in patient records and saw a range of risk assessments had been completed for hydration and nutrition, tissue viability and falls. Staff monitored patient's condition to watch for signs of deterioration and escalated their care using an early warning scoring system. Staff explained the escalation process, how they observed patients and how they used risk assessments to monitor a patient's condition.
- We saw one patient's surgery had been cancelled because their blood pressure was too high and another person had a condition which was an infection risk.
- The World Health Organisation (WHO) surgical safety checklist was displayed on the walls of the anaesthetic room in theatre five but not theatre four. We saw four examples of WHO surgical checklists which had been completed in patients' records. The checklist involves safety checks for each step in the surgical pathway from the ward, anaesthetic and operating theatre. The patient's details should be checked again before the induction of anaesthesia ('sign in'), before the incision of the skin ('time out') and before the patient leaves the operating room ('sign out'). In each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the operation.
- We observed nine surgical procedures. We observed eight patients being signed in. Staff from the ward accompanied the patient and provided the anaesthetist and anaesthetic room nurse with information about the patient, their consent, the procedure to be carried out, the surgical site and whether the patient had any allergies. Time out was carried out for eight of the patients we observed. The team checked the patient's name, allergies consent, and the lens used and the surgical checklist documentation completed. We did not see any sign out processes completed.
- The operating sessions we observed began with a briefing. All the staff in theatre met to discuss the cases planned for each session. There were four planned cases for one session and a possible transfer of an emergency case from another hospital. The team discussed one patient who had diabetes and renal failure. One session had two briefing sessions because they had staggered the times patient arrived prior to surgery so that patients being operated on later on the list did not have to wait too long.
- A children's theatre list was carried out on Wednesday mornings. Duke Elder ward theatres were located on the floor above the children's unit. Theatre staff told us if there was an emergency, they would be able to contact an anaesthetist from the host trust's main operating theatres which were located close to the Duke Elder Ward.
- The risk register stated that patients were often admitted by ophthalmic consultants who did not work at any of the Moorfields sites but were employed by other local NHS trusts. These were consultant ophthalmologists who worked for other trusts, which were part of the South West London out of hours rota. Patients were admitted under a consultant who would not see the patient out of hours. The risk register also stated that within normal hours there was a different consultant on site each day, which meant it was difficult to provide continuity of care.
- We asked staff about preparations to implement the National Safety Standards for Invasive Procedures (NatSSIPs). Staff were aware of the term but were not aware of the arrangements the trust had out in place to

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implement these. The NatSSIPs bring together national and local learning from the analysis of Never Events, Serious Incidents and near misses through a set of recommendations that will help provide safer care for patients undergoing invasive procedures. The new standards did not replace the existing WHO surgical checklist, but was designed to looking at additional factors such as education and training. All trusts in England received a letter in September 2015 requesting they implement the new standards.

Nursing staffing

- Nurse staffing levels on the ward and in theatres were adequate for delivering a safe service for patients across the surgical services were sufficient to deliver safe patient care.
- There were 15.71 nursing staff posts on the ward and 14.53 staff were in post at the time of our inspection. There were four nurses on an early shift, three registered nurses and a healthcare assistant in the afternoon and one registered nurse and one healthcare assistant at night. None of the nurses were paediatric trained but children were accompanied to and from the ward by paediatric trained nurses employed by the host trust.
- There were 11.52 nursing posts in theatres with 7.2 nurses in post and 4.32 vacancies. One operating department practitioner (OPD) had been recruited who was due to commence employment in June 2016. The service used agency staff to cover the other vacancies. There was one agency nurse on duty in theatre five and another had been booked for the theatre four but did not arrive. The circulating nurse therefore provided the theatre team with support. The agency nurse in theatre five had been working at the trust for three months. The service were using agency staff twice a week for both theatres.
- The service was using agency staff twice a week for both theatres.

Surgical staffing

- There were 24 medical staff who carried out the majority of their work at Moorfields Eye Centre at St George's Hospital. There were four medical staff vacancies, which were covered by a mixture of agency doctors and doctors working additional sessions. Consultant ophthalmologists who operated at the St George's site

also provided surgical services on other sites within South West London. There were two clinical directors responsible for the service who were based at the St George's site.

- During the inspection staff told us there was no formal service agreement in place with the host trust for medical staff to review patients. We saw this was included on the local risk register. When we asked the trust about this, they provided us with guidelines, which had been developed in April 2016 for caring for patients on the Duke Elder ward when they became medically unwell. The notes of a meeting between the medical directors of the host trust held on the 19th April 2016 showed these guidelines had been agreed in principle. However, the St George's site and the host trust's medical staff had separate record systems. The guidelines specified the arrangements for a clinical handover. The guidelines did not specify the timescales for medical staff responding where treatment was urgent.
- There were daily wards rounds by ophthalmic medical staff.

Major incident awareness and training

- The trust had a major incident plan in place however, three staff we spoke with were not aware of it.
- There was a business continuity plan for the St George's site. In the event of major service breakdown patients who had a clinical need to be seen within seven days would be identified and their appointments rescheduled to other sites. We asked managers about this and they told us there was no local business continuity plan for the service which meant there were no arrangements in place for providing the service for example in the event of a fire or major plant breakdown.

Are surgery services effective?

Good



We rated the surgical services as good for effective. This was because:

- Patient's treatment was delivered in accordance with national guidance and outcomes were audited.
- Patients received pain relief as prescribed and the effectiveness was monitored.

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- Staff had the competencies and skills to provide high quality care. Staff reviewed their practice to ensure they were achieving good outcomes.
- Patient's mental capacity was considered. Clinicians carried out mental capacity assessments and made best interest decisions if they felt the patient would benefit from surgery.

Evidence-based care and treatment

- The services guidelines, policies and standard operating procedures showed they were based on guidance from The Royal College of Ophthalmologists and Anaesthetists. Guidelines were updated and available on the trust's intranet.
- The service was following national guidance from the National Institute of Health and Care Excellence (NICE). Staff were able to describe the NICE guidelines for macular degeneration including the efficacy of the drugs used.
- We saw the results of an audit of compliance with the trusts revised guidelines for inserting intraocular (IOL) lenses between March and December 2015. The trust had revised the guidelines to reduce the number of incidents involving wrong IOL insertion in cataract operations. The audit found 100% compliance with all steps in the guidelines This included the completed IOL sheet which recorded the power of the lens, the surgeon checking the IOL and all aspects of the surgical sign in being fully completed
- The pre admission assessment service was based on NICE guidelines to ensure appropriate pre-assessment of patients before surgery.

Pain relief

- We checked two inpatients medicine charts, which were all completed: patients had received their prescribed medicines as intended. We saw one patient was not receiving any analgesia. We spoke with the patient who told us they were not experiencing any pain and had informed staff they did not require analgesia.
- We saw the results of an audit, completed in October 2015, about the effectiveness of pain management during procedures and the local anaesthetic drops used for intravitreal injections involving 116 patients at three satellite sites - St George's, Ealing and City Road. Many different types of licensed local anaesthetic drops

were available and clinicians wished to standardise practice across sites to reduce the risks for error. As a result of the audit, clinical staff agreed which local anaesthetic they planned to use in future.

- Following a complaint made by a patient who experienced pain during their operation, theatre staff told us they checked patients were comfortable during the procedure and we observed this happening.
- We also observed the anaesthetist checking patients, administering more topical anaesthetic if required.

Nutrition and hydration.

- We saw patient information leaflets which described when patients should stop eating and drinking if they were having a general anaesthetic. Patients who were receiving a local anaesthetic were advised to eat and drink as normal.

Patient outcomes

- The length of stay for elective admissions was 2.1 days for Ophthalmology compared with the national average of 1.3 For non elective it was 3.8 against a national average of 2.1 days again for Ophthalmology.
- Readmission rates were slightly higher than the national average..
- One nurse practitioner explained the risks of patients developing endophthalmitis. They were aware the rates nationally were 1:1000 and they audited their practice which showed their rates were better than the national rates, 1:4000.
- We asked the trust to provide information about the number of endophthalmitis cases for 2015. The figure they supplied showed there had been three cases related to intravitreal injection at the St George's site for 2015-16.
- We saw the results of an audit of surgical outcomes for trabeculectomy procedures carried out at the St George's site. Trabeculectomy is a surgical operation which lowers the intraocular pressure (IOP) inside the eye in patients with glaucoma. The results of the audit showed the procedures resulted in a greater than 20% reduction in intraocular pressure in 92% of patients, with complete success in 80% of patients, 12% of patients had an intraocular pressure reduction of

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greater than 20% but also required medication. The procedure did not have the desired result for two patients (8.3%). The audit also identified a small number of surgical complications for three patients.

- An audit of aqueous shunts had also been undertaken for the year 2015-2016 for several of the satellite services including the St George's site. Aqueous shunts are devices that are used to reduce the intraocular pressure (IOP) in glaucoma by draining the fluid (aqueous humour) from inside the eye to a small blister or bleb behind the eyelid. Reducing the pressure on the optic nerve in this manner prevents further damage and further loss of vision in glaucoma. The audit found that the average intraocular pressure reduced from 23.9 to 12.6 for the patients reviewed as part of the audit. The normal range for intraocular pressure is 12 to 22 mmHg.
- We saw the outcomes for Baerveldt implant surgery, which had been reviewed over a five year period. (2007-2012) for the St George's site patients. The procedure was found to have resulted in a 45% average reduction in intraocular pressure (IOP) six months after surgery. This was compared with the results of the published results from other centres which recorded 43 to 100% reductions in IOP.
- We saw the results of an audit of outcomes for surgery on eyelid malpositions (ectropion/entropion/ptosis) for the year 2015 to 2016. This was an annual audit which included patients from the St George's site to monitor success rates, complying with the trusts standards. The audit showed 39 ptosis and 17 ectropion procedures were carried out with no complications and no need for the surgery to be redone. Of 17 ectropion procedures, one patient had experienced a recurrence, which was a result of their condition rather than any procedural failure.
- The service also contributed to a number of trust wide and national ophthalmic audits for example the posterior capsule rupture rates on all cataract surgery performed at all sites at Moorfields Eye Hospital NHS Foundation Trust. The data from the trust audit which included data from the St George's service was submitted to the national ophthalmology database for cataract. The service also contributed to age related macular (AMD) and diabetic eye screening all corneal grafts and retinopathy of prematurity (ROP).

Competent staff

- All the nursing staff who carried out injections worked within a competency framework. They had to complete 100 injections observed by a clinician before they could perform the procedure unsupervised. There were four staff working at the service who had the competencies to administer the injections and had completed a higher specialist course in ophthalmology.
- Registered nurses at the service had all completed or were in the process of completing a specialist master's degree in ophthalmology.

Multidisciplinary working

- The service worked closely with local optometrists to develop follow up pathways.
- There were no formal multi-disciplinary team arrangements in place for organising and reviewing patient care. The trust told us monthly neurological and adnexal meetings were organised and appropriate arrangements are made on an individual patient basis as required".
- Meetings with anaesthetic staff were planned but had not taken place when we inspected.

Seven-day services

- A surgical operating list was held every week on a Wednesday evening and frequently on Saturday mornings to reduce waiting times.

Access to information

- Staff did not have access to the host trust's IT systems for pathology test results. These were reported manually. The notes of a meeting showed managers had discussed the problem and developed plans for resolving the issue.
- Patients' records contained copies of letters sent to patients GPs following surgery. The letters were copied to patients. We saw letters had been sent to GPs on the day surgery had taken place. One letter referred to a patient whose operation had not gone ahead for medical reasons. The reasons were set out in the letter together with guidance for the GP to review the patient and re-refer.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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- We saw records contained information about patients' mental capacity. There was a prompt on the consent form, which asked staff to consider whether the patient had full capacity to consent.
- We saw a record of a best interest decision where the consultant and their team had discussed the person's condition and following a mental capacity assessment had concluded it was in the patient's best interest to proceed with surgery.
- We checked four sets of records for patients receiving intravitreal injections in a nurse led clinic. We saw that consent had been obtained for the patient to receive the injection from the nurse practitioner. We spoke to three patients who said nursing staff had explained the procedure in detail and they felt confident about the care being provided.
- We discussed the consent process with two nurse practitioners. They described how they adapted the process to meet people's needs for example, dementia. They were aware of the requirements of the Mental Capacity Act 2005 and described the process for making and recording decisions in the patient's best interests, for example, if it was better for the patient to have their injection under sedation.
- We spoke with eight patients after their surgery who were all happy with the care they had received. They told us the nurses were kind and considerate and they felt well looked after.
- We observed nursing staff in the waiting areas and when patients were being discharged. We saw staff reassuring patients, checking they were able to get home safely and providing advice about where they could access help if they needed it when they returned home.
- We also saw staff assessing patients prior to their surgery when they told them what to expect and what would happen during the procedure. Staff reassured patients and were able to answer any questions they had.
- One patient told us, "I was anxious because I have a visual impairment in my other eye but staff are really kind, they don't rush you." Another patient told us, "The nurse took me down to the operating theatre, held my hand and reassured me all the time."
- Fifty eight per cent of patients responded to the friends and family survey. Of these, 96.8% would recommend the service and only 0.9% would not recommend it. One patient was unlikely to recommend the service and one patient was extremely unlikely to recommend it.

Are surgery services caring?

Good 

We rated the surgical services as 'good' for caring. This was because:

- Feedback from patients was good. The friends and family test had a high response rate and the majority of patients would recommend the service.
- Staff recognised the need to provide support and reassurance for patients with visual impairment by taking to them and making sure they understood what their treatment involved.
- We observed staff interact with people who used the service checking patients were well enough to go home after day case surgery and keeping patients informed when they were waiting for their pre-operative assessment.

Compassionate care

Understanding and involvement of patients and those close to them

- We observed the care being provided for one patient and saw staff reassured the patient and explained they were about to receive their eye drops. The nurse explained what they were about to do and then used touch to reassure them because the patient was partially sighted.

Emotional support

- Staff told us the Macular Society ran a macular support group for patients based at the hospital.
- We observed ward and theatre nursing staff reassure and help patients. Three patients told us they found staff very understand and supportive.
- Nursing staff used music to help patients relax. We spoke to three patients who said nursing staff had explained the procedure in detail and they felt confident about the care being provided.

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Are surgery services responsive?

Requires improvement 

We rated the surgical services as requires improvement for responsive. This was because:

- Some patient's surgery was cancelled or delayed and theatre cancellation rates exceeded the trust's target.
- There were occasions when male and female patients shared an inpatient bay on the ward. This breached national guidance on mixed sex accommodation.

However:

- An effective day case service had been developed which provided patients with access to surgery close to their home. The service provided assessment and treatment all on the same day.
- The service was meeting the 18 week national standard for referral to treatment.
- The service had set up a post-operative follow up service with optometrists checking patients after surgery in a local health centre.
- Patient arrival times were staggered to reduce the time they waited for their surgery.

Service planning and delivery to meet the needs of local people.

- The trust had set up a post-operative review service for patients with a cataract. Patients were reviewed by a Moorfields optometrist in a local health centre closer to patients' homes.

Meeting people's individual needs.

- The service used 'Helping Hand' stickers to identify patients with particular needs and also used an electronic system to highlight these patients.
- We observed patients waiting for intravitreal injections and saw an information leaflet about the process was given to patients in clinic prior to treatment, which informed them about the process and the risks.
- On Duke Elder ward there are six beds, four are located in a four bed bay area and there are two side rooms. The side rooms were prioritised for patients who were infectious or to provide single sex accommodation or for patients who had special needs (e.g. dementia). The trust told us side rooms were allocated based on an

assessment of patients' clinical and social needs. They were prioritised for patients who were infectious or to provide single sex accommodation or for patients who have special needs (e.g. dementia).

- Staff told us mixing male and female patients on the inpatient bay was a "weekly" occurrence. The local risk register stated that male and female patients frequently shared this area resulting in single sex breaches.. For example in November 2015, there were 23 single sex breaches. However, for 2015 to 2016 there were 32 breaches in total. Staff told us they apologised to patients and asked them if they were willing to share the four bedded area. They also completed an incident form and contacted the Director of Nursing to notify them of the breach.
- During our inspection, we noted the Duke Elder ward area was extremely busy with surgical and clinic patients sitting in the same areas. The waiting areas were full and patients were sitting on benches in the main ward corridor. Staff told us it was difficult to find an area to talk to patients in private all the rooms were usually in use.
- We saw an example of a 'This is me' document which had been completed for one patient. These are forms developed by the Alzheimer's society, which are completed for patients with dementia. The document had been completed by the patient's daughter. It provided information about the person which they might not be able to tell staff. Copies of the 'This is me' booklets were available for patients with dementia.
- An eye clinic liaison office was based in the hospital who could provide certificates of visual impairment for patients. They also provided support for patients concerned about sight loss.
- Staff told us children had surgery in the one of the theatres on a Wednesday morning. The theatre recovery room had previously been shared by adults, but this practice ceased in April 2016. The recovery nurse told us they had recently completed their intermediate children's life support training.
- We saw one patient required an interpreter, which had been arranged. The interpreter attended ward rounds and explained the treatment to the patient. Details of how to contact the interpreter and a record of the discussions they had been involved with was recorded in the notes.

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- A patient who had been an inpatient on the ward told us the care they had received was, “ Fabulous.” We saw the room was kept clear of equipment because staff were encouraging the person to find their way to the toilet in preparation for returning home.
- Patients who had undergone day surgery were offered sandwiches and a hot drink when they had recovered from their procedure. One patient told us they were "surprised but it was thoughtful".
- A wide range of patient information leaflets were available on the Duke Elder ward.
- The morning brief commenced just prior to surgery. Patient arrival times were staggered to reduce the time some patients waited. There was a second team brief later in the morning to discuss the second group of patients on the surgical list.
- Referral to treatment time for the St George's site was 92.8% for admitted patients for the year to date at the end of January 2016. This meant the service was meeting the 92% national target for admitted patients.
- Theatre cancellation rates, for the St George's site, in 2015-2016 up to the end of January averaged 8.5%, which exceeded the trust's target of 6%. Cancellation rates were 12.8% in November 2015, 8.4% in December and 9.3% in January. Staff told us the main reasons were problems with the air flow ventilation in theatre.
- Medical cancellation rates for the St George's site had reduced slightly to 4.1%. The trust's target was less than 2.5%. The service had achieved 3.2% in 2014-2015. Staff told us a number of patients had co-morbidities which resulted in them being unsuitable for surgery.
- Theatre utilisation rates for theatres four and five ranged from 80% to 86% in theatre four and 96% to 99% for theatre five between November 2015 and January 2016, and were amongst the highest utilisation rates of the satellite theatres.
- On the day of our inspection, surgery did not commence until 10.30 am because anaesthetic staff (who were not employed by the St George's site) met once a month as a department. Surgery could not begin until an anaesthetist was available to cover the surgical list.

Access and flow

- The Duke Elder eye unit was open between 8am-8pm Monday to Thursday, 8am to 6pm on Fridays and 8am to 5pm on Saturdays. The in-patient beds were open 24 hours a day. In the evening, between the hours of 5pm and 10pm the ward provided a service for patients with an eye problem referred from GP out of hour's services and other eye units which were part of the St George's site service.
- In surgery between April 2015 and March 2016, there were 3,949 admissions. Of these 96.4% of cases were day cases. 2% elective inpatients and 1.6% were emergencies.
- We saw an action plan, which had been produced in December 2015 based on a trust wide patient satisfaction survey for patients who had undergone day case surgery. This showed the service at the St George's site had staggered admissions on Tuesday and Friday operating lists because patients had reported having to wait for their surgery after they had arrived on the ward. This was established from feedback from the survey and patient feedback cards. Reception staff had also been put in place to meet and greet patients arriving at the service.
- Day surgery patients were assessed, operated on and discharged on the same day. Once patients received their surgery, they returned to the waiting area where they received advice from staff about aftercare. The day surgery wards had chairs for patients to recover before they returned home. Patients with an infection were admitted to a bed on the ward.

Learning from complaints and concerns.

- The service had received six complaints between March 2015 and April 2016. The service responded to five (83%) of these within the standard set by the trust which was to respond to 80% of complaints within 25 days. The response time for one complaint was 10 weeks. Complaints related to issues about clinical care for example experiencing pain during surgery and experiencing side effects from the eye drops used.
- We saw examples of learning from complaints for example one patient had complained about experiencing pain during their operation and staff were not aware of this. Staff were reminded of the need to

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communicate with the patient to ensure they were not experiencing any pain. We saw several complaints mentioned patients finding it difficult to get through to the service via the St George's hospital switchboard.

- We spoke with one member of staff who had been involved in a complaints resolution meeting for a patient who had developed endophthalmitis.

Are surgery services well-led?

Requires improvement



We rated the surgical services as requires improvement for well-led. This was because:

- The service level agreement between the trust) and host trust had not had final approval at the time of the inspection.
- The senior leadership team were open about the challenges the service faced and recognised the importance of improving the environment in which the service was provided but, there were no firm plans in place for relocation of the service.
- Staff used feedback from patient experience surveys to make improvements to the service but, other than this patient engagement was limited.

However,

- The senior management team involved staff based on Duke Elder ward in discussions about the vision and values of the trust. New staff learned about the trust values at induction.
- The service had an up to date local risk register which documented the risks the service faced and the actions for mitigating the risks to the service.
- Staff working at the service were involved in three monthly clinical governance half day events. Surgical lists were not organised on those days which enabled surgical and ward staff to attend.

Vision and strategy for this service

- The trust's medical director had met with staff at the St George's site to discuss the trust's vision and values. To be the leading international centre in the care and treatment of eye disorders, driven by excellence in research and education. They discussed the trust's

values 'The Moorfields Way' to be caring, organised, excellent and inclusive. Staff were aware of the trust's corporate objectives and several of them were able to quote some of them.

- All the staff we spoke with who were based at the St George's site felt part of Moorfields Eye Hospital NHS Foundation Trust. Some staff said it was important to remember they were upholding the standards of Moorfields although the service was located at another site.

Governance, risk management and quality measurement

- Staff maintained a risk register which highlighted risks and the action taken to reduce them. The risk register described risks relating to the ward environment for example providing clinics in treatment rooms which were not designed for the purpose and mixed sex breaches on the inpatient ward area. Problems with the ventilation in theatre were also documented.
- Clinical governance meetings were held every three months which all theatre staff attended. There was no elective operating scheduled for governance days to enable staff to attend. We saw the minutes of the St George's clinical governance and audit day in November 2015.
- There were many long standing problems with the environment and equipment in both theatres and the ward area. The problems included the ventilation system, which affected both the theatre preparation room (theatre 4) and the anaesthetic room (theatre 5). A joint proposal to relocate the service was not approved by the host trust's Board. Following this, some remedial action had been taken including the relocation of the children's waiting area in outpatients but, no action had been taken in relation to surgery and there were no definite plans to relocate the service. The clinical directors and managers were aware that the issues resulted in a poor patient experience and contributed to difficulties recruiting staff.
- A service level agreement had been developed to formalise the relationship between the St George's site and the host trust but, this was not yet agreed and in place at the time of the inspection. The clinical directors and managers were concerned about the theatres being used for other specialties and the potential increase in the risk of infection. There had been incidents for example controlled medicines left unattended in the

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anaesthetic room when the theatres were used by staff who were not employed by the St George's site. The trust told us there was on-going dialogue between members of the two trusts on a weekly basis. They told us this had successfully resulted in issues being resolved and there was no satisfactory progress the issues were escalated to the executive team.

Leadership of service

- Satellite units were organised into directorates. The St George's site was part of the Moorfields South directorate. The site had two clinical directors, a general manager and a nurse manager who worked as a team to oversee and manage the service at St George's. Clinical directorates worked with corporate directorates covered operations, nursing and allied health professions, strategy and business development, research and governance
- The clinical directors, general manager and nurse manager led the surgical services at the St George's site.
- Staff we spoke with were clear about the leadership of the service and told us that they were visible and accessible.

Culture within the service

- We spoke with 10 staff who told us they thought patients received an excellent service. Some staff were frustrated by the difficulties of providing the service in an area which the service had outgrown. They were frustrated that the problems were well known but that no solutions had been found.
- Staff told us the culture was quite open and told us problems and issues were discussed. They said managers fed back on what they thought they could change and about the problems which prevented concerns about the ward environment being improved.
- Health care assistants told us there were opportunities to progress through the learning pathway. We spoke with one healthcare assistant who told us they felt well supported throughout their career and they hoped to train as a nurse. They said the only concern they had was that they did not always feel listened to. They said they felt part of a team committed to providing patients with a good service.

- We observed cohesive teamwork. The conditions on Duke Elder ward were at times very crowded but, staff were always cheerful and concerned to make patient's time on the unit as pleasant as possible.
- Staff told us the trust supported progression. We spoke to two staff who had taken on new roles and they told us they had received training and support to carry out their new roles effectively. One member of staff we spoke with told us the trust was supporting them to pursue higher training and they had discussed opportunities to gain experience by working in other areas of the service.

Public engagement

- Patient's views on the service were obtained using a survey. Patients were asked to complete the survey following surgery. We saw the results for the survey carried out in September 2015. Forty three questionnaires were returned. Of these, 100% of patients felt supported while they were in the operating department. Nine per cent of patients reported that they had overheard staff discussing things which they found upsetting and 74% of patients reported knowing the name of the surgeon who carried out their procedure, 7% did not know their name and 19% could not remember. 91% of patients would recommend the service compared with 89% average in the trusts other satellite services. Many of the responses contained patients' comments. There were 28 very positive comments.
- Patients were not involved in developing or improving the service.

Staff engagement

- A quarterly magazine called 'In Focus' is available to staff. Moorfields at the St George's site has its own staff newsletter, which contained information about developments and new staff joining the trust".
- Staff told us patients were able to nominate staff for the Moorfields stars award which recognised staffs' achievements.
- We saw from the notes of a governance meeting that managers planned to involve staff in improving the service. A major re-development of the in-patient and theatre facilities had been planned but staff had been

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informed there were no immediate plans for this to go ahead. We saw from the minutes of a staff meeting that managers wanted to involve staff in making smaller improvements to the existing facilities.

Innovation, improvement and sustainability.

- During our inspection we observed a consultant introducing a new type of lens for patients receiving cataract surgery. The new approach was being rolled out across the trust and the St George's site was one of the first satellite units to adopt it.
- Post operative follow up clinics had been introduced with optometrists in a local health centre. The approach was being evaluated to assess if it should be extended.

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

Information about the service

Moorfields Eye Hospital NHS Trust provides outpatient services at Moorfields Eye Centre at St George's Hospital (St George's site). The outpatient department (OPD) provides adnexal, cataract, external disease, general ophthalmology, glaucoma, medical retina, neuro-ophthalmology and strabismus (squints), paediatrics and vitreo-retinal, optometry and orthoptics. The department is open from 08.00am to 6.00pm Monday to Saturday and offers late outpatients appointments on a Tuesday until 8.00pm.

The department also has an urgent care clinic (UCC) which is open from 9.00am to 5pm Monday to Friday. Outside of these hours the on-call ophthalmologist attends to emergencies admitted to Duke Elder ward, an appropriate medical or surgical ward or patient's attending St George's University Hospitals NHS Foundation Trust (host trust). Patients could access the urgent care clinic via a referral from their optician, GP or any A&E department. Only existing Moorfields patients were able to self-refer. The urgent care clinic provided a walking service for patients who had suffered eye problems. Patients were triaged on arrival with the most urgent patients being seen first. These patients were offered an assessment and treatment on the same day as the clinic.

Between April 2015 and March 2016 there were 73,120 appointments at the outpatients department at Moorfields eye centre at St Georges hospital. Of these 43,080 (59%) of appointments were follow up appointments and 20,782 (28%) were new appointments and 9,258(13%) were patients who did not attend.

Between April 2015 and March 2016, there were a total of 9,774 attendances in the urgent care clinic, of which 9,661 (98.8%) were new patients and 113 (1.2%) were follow up appointments.

We carried out an announced inspection at the St George's site between the 9th and 12 May 2016. We spoke with two clinical directors, the general manager, the nurse manager, 36 members of staff and 14 patients and looked at 10 sets of patient records. We reviewed documentary information supplied prior to our visit and provided on request during the inspection. We received comments from our listening events and from people who contacted us to tell us about their experiences.

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Summary of findings

We rated the OPD, including the urgent care clinic, provided at the St George's site as requires improvement, as the service was not always safe, responsive or well-led.

- The OPD was crowded and the waiting area was very cramped. A separate waiting area for patients in wheel chairs could only accommodate two wheelchair users. During the inspection the ceiling leaked due to heavy rain, this meant that some of the chairs could not be used as they were wet.
 - Staff working treatment areas in a corridor outside the main outpatient area were isolated.
 - Resuscitation equipment was available in the urgent care clinic; it was not easily accessible or visible.
 - Clinical staff working with children and young people should have level 3 safeguarding training. No permanent staff working in the OPD had received this training.
 - Patient records were not always available for their appointments.
 - The uptake of appraisals for medical staff, administrative and clerical, allied health professionals, and additional clinical services staff working at the St George's site did not meet the trusts completion target of 80%.
 - The urgent care clinic reception area and treatment cubicles lacked privacy and confidentiality was compromised.
 - We observed that patient's dignity was sometimes compromised when patients attended the outpatients department from the hospital.
 - The outpatient department did not have a dedicated room where distressed patients could spend time.
 - There was no signage or information available for patients about waiting times this meant that patients did not know how long they would need to wait. The department did not monitor this performance data.
 - The trust had not made reasonable adjustment for people who may be visually impaired.
- Staff were not aware of the computerised flagging system to highlight patients with specific needs, such as those living with dementia or patients with a learning disability.
 - Documentation that patients had to complete when attending the urgent care clinic was in small font.
 - In the urgent care clinic waiting area the signage was not in an easy read format.
 - Senior staff identified issues with the current environment and identified re-providing the services at the St George's site the means to addressing this; the trust provided details of one new clinic that had been established to address overcrowding, however there was no other strategy's in place to identify how the environment could be managed in the short/medium term.
 - The risk register was RAG rated however it was not clear when the risks had been placed on the risk register, there was no review date and not all the risks had a named manager responsible for the risk.
 - There was little evidence of people who used the services or public involvement of service developments.

However:

- Cleanliness and infection control procedures were adhered to.
- Staff had been provided with mandatory training.
- There was sufficient staff with appropriate skills to ensure that people were cared for safely.
- Are and treatment was provided in line with appropriate professional guidance.
- Care was provided by a range of skilled staff that had access to further training if required.
- Multidisciplinary team working was evident throughout the outpatients department.
- Evening clinics were available for patients attending the out patients department and an out of hours emergency service was available at the St George's site.

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- People were cared for by staff that were kind caring and compassionate in their approach.
- Patients were positive about their experience of care and the kindness afforded them.
- We observed staff being friendly towards patients, treating them and visitors with understanding and patience.
- Patients told us they were involved in decisions about their care and treatment and were given the right amount of information to support their decision making.
- Emotional support was provided by staff in their interactions with patients.
- The outpatient's service was meeting the 18 week referral to treatment time standard.
- Children were able to wait in the play area of the Dragon centre whilst they waited to attend clinics.
- Opticians provided a drop in centre for spectacle repairs and a one stop service for children after seeing the orthoptist for glasses.
- The St George's clinical governance meetings minutes demonstrated that complaints and incidents were reviewed.
- Staff we spoke with told us that they were happy with the management and leadership of the outpatients department. Most staff told us they were supported to developed their skills and progress.

Are outpatient and diagnostic imaging services safe?

Requires improvement



We rated the outpatient's department provided at the St George's site as requires improvement as not enough action had been taken to mitigate the risks.

- The outpatients department was crowded and the waiting area in was very cramped. A separate waiting area for patients in wheel chairs could only accommodate two wheelchair users. The ceiling leaked due to heavy rain, this meant that some of the chairs could not be used as they were wet.
- Staff working treatment areas in a corridor outside the main outpatient area felt isolated.
- Resuscitation equipment was available in the urgent care clinic; it was not easily accessible or visible.
- Clinical staff working with children and young people should have level 3 safeguarding training and none of the permanent staff in the out patient department or urgent care clinic had received this training.
- Patient records were not always available for their appointments.

However:

- Cleanliness and infection control procedures were adhered to.
- Staff had been provided with mandatory training
- There was sufficient staff with appropriate skills to ensure that people were cared for safely.

Incidents

- An online computer incident reporting system was used to report incidents. Staff told us they knew how to report incidents and they had to be reported via the incident reporting system within 48 hours.
- Between October 2015 and end of January 2016 193 incidents were reported by the St George's site, of which the majority were either no harm, low or moderate harm.
- Most staff we talked with said that learning from incidents was discussed at the quarterly governance meetings that all staff attended. We saw that learning

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from a serious incident from another part of the trust was discussed. Staff we spoke with at all levels were aware that incidents related to records were the most common.

- From November 2014, NHS providers were required to comply with the Duty of Candour Regulation 20 of the Care Quality Commission (Registration) Regulations 2014. The duty of candour is a regulatory duty that rates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.
- Staff were aware of their responsibilities under duty of candour, which ensured patients and / or their relatives were informed of incidents that had affected their care and treatment and they were given an apology.
- Duty of candour was raised and discussed as part of the quarterly governance meetings, minutes we saw confirmed these discussions had taken place.

Cleanliness, infection control and hygiene

- Monthly cleaning audit's undertaken between January and April 2016 showed the department scored between 84% and 100%. The OPD and the UCC did not meet the trust target of 95% in January 2016.
- The OPD and the UCC were visibly clean. We saw the daily cleaning schedules were completed on a daily basis when the department was open.
- Equipment used for patient's treatment and care was checked and found to be suitably clean. We observed green 'I am clean' labels were in use on a number of items to indicate when equipment had been cleaned.
- Patient treatment areas had adequate hand washing facilities and hand gel was available for use at the entrance to the outpatients department and there was prominent signage reminding people of the importance of hand washing. Hand hygiene audits undertaken in the outpatients department showed that the department scored between 82% and 94% over a four month period from January 2016 to April 2016. This demonstrates that the department was not meeting the trust targets for 95% compliance.

- Adequate supplies of personal protective equipment (PPE) were available and we saw staff using this appropriately when delivering care. We noted all staff adhered to the "bare below the elbows" guidance in the clinical areas.
- We observed clinical and domestic waste was appropriately segregated. Purple bins were used for the disposal of cytotoxic waste (injection specific to glaucoma clinics) and blue bins for the disposal on Minims. We observed staff complied with these arrangements.
- We observed sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw sharps containers were used appropriately and they were dated and signed when brought into use.
- Infection and Prevention Control (IPC) level one and two training formed part of the mandatory training programme. As of the 1 May 2016 100% of medical staff had completed level one and 96.6% had completed level two training; 100% of nursing staff had completed level one and 86.5% had completed level two training and 100% of allied health professionals had completed level one and level two training. This was higher than the trust target of 80%.

Environment and equipment

- The OPD was crowded and the waiting area in was very cramped: the chairs for patients were very close together. There was a separate waiting area for patients in wheelchairs however this only accommodated two wheelchair users. When we visited the ceiling leaked due to heavy rain, this meant that some of the chairs could not be used as they were wet.
- Staff working in treatment areas in a corridor outside the main outpatient area were isolated. Staff we spoke with told us they felt isolated and that were careful about their personal security and made sure that doors were locked when they were not in use.
- Children attending the OPD or the UCC waited in the children's waiting area in the 'Dragon Unit' (a child friendly space) which is part of the host trust and was

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next to the out patients department. There were a few toys and a TV, we found that the TV had a news channel on and was not showing a children's film or children's TV channel.

- The trust provided a copy of the equipment maintenance log. This detailed the equipment that was in use at the St George's site; and included electrical equipment such as slit lamps, argon lasers and an ophthalmometer. The log detailed when the equipment had been serviced and whether the equipment was in use.
- Safety signage and visual warning lights were displayed externally on rooms where laser procedures took place. There were laser safety protocols in place and four staff members identified on the laser safety register which meant that if staff were working on another site a named staff member was always available of at the St George's site. The safety checks were undertaken regularly.
- Single use items of equipment were readily available, these were easily assessable for staff within the patient treatment bays and stored appropriately.
- Resuscitation equipment was available in the UCC; it was not easily accessible or visible. There was defibrillator signage pointing in the direction of the clinic, but there was no signage on the door. The equipment could be difficult to access if the door was closed or there was a consultation in progress. The resuscitation equipment was also used by the OPD
- The resuscitation equipment was secure and sealed. We found evidence that regular checks had been undertaken. There was a rota for checking the resuscitation equipment and all the nurses were involved in undertaking the checks. This ensured that staff were aware of the equipment on the trolley.

Medicines

- The treatment room was clean and tidy, with cupboards labelled detailing contents within.
- Keys to the drug cupboards were held by registered nurses and most doors to the rooms housing medicines were locked with restricted access.
- Small quantities of bulk fluids were stored appropriately in the treatment room. However, the majority of bulk fluids were stored in the main pharmacy (outside the clinics).
- Room and fridge temperatures were recorded on a daily basis via an automated system and were found to be within the recommended range. When asked what would happen if the normal fridge temperature of 2-8 degrees went out of range, the nurse stated that a member of clinical staff would be responsible for taking the appropriate action to rectify the anomaly, which included contacting the pharmacist and estates management.
- There was a policy in place to support the use of Patient Group Directions (PGDs), and we saw evidence of these PGDs that were signed by authorised personnel, in date and appropriately audited. Patient Group Directions are a written instruction for the supply and administration of a specified medicine before a doctor arrived.
- Emergency medicines were available, accessible for immediate use, in date and tamperproof. Special emergency packs to treat endophthalmitis and another for sepsis were seen in the treatment room. Each pack had all the medicines required and detailed protocols for administration if urgent treatment was needed.
- All clinics had at least one dedicated pharmacist available between 9am-6pm daily Monday to Friday, situated at the on-site pharmacy. They were responsible for screening medicine charts, medicines reconciliation, ordering and topping up of drugs from the main pharmacy, ordering the to take out (TTO) medicines for patients and counselling certain patients on specific medicines usage. When asked, the pharmacist stated that their aim was to be as close as possible to a near patient dispensing unit. We saw evidence to substantiate this, including a dedicated medicines trolley used solely by the pharmacist
- Nursing staff stated they were happy with the pharmacy service received out of hours (evenings and weekends). They commended the support and advice received by the Moorfields on-call pharmacist. Nursing staff were able to access medicines out of hours in an emergency from the on-site pharmacy via a pharmacy 'code break procedure'. This allowed staff access to the pharmacy to obtain medicines from a cupboard.

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- Staff had access to the British National Formulary (BNF) as well as all policies/information relating to medicines management (including the antimicrobial formulary).
- Staff competencies for prescribing, dispensing and administering medicines were assessed by dedicated induction processes provided by the trust, through the intranet portal. However, it wasn't clear how often nurses received regular training updates on a formal basis.
- Staff understood and demonstrated how to report medicines safety incidents. This was then escalated and fed back for learning through various channels, such as medicines safety newsletters, emails and monthly meetings from dedicated nurses in charge of medicines management/ drug safety.
- Allergies were recorded on the drug charts, alongside other sections such as a VTE risk assessment, medicines reconciliation section and suitability for self-administration.
- Prescribing practice and formulary for medical prescribers was part of the mandatory training programme. The trust's target was 80% of staff having completed the training; 100% of medical staff had attended this training.
- Medicines awareness was part of the mandatory training programme. The trust's target was 80% of staff having completed the training; 86% of nursing staff had attended this training.

Records

- For the five month period between November 2015 to April 2016 (March 2016 data was not available), 153 patients were seen in outpatients without their full medical records. Staff told us that availability of notes has been an issue however this had improved recently.
- The medical records team located and tracked patient notes. Administrative staff from the clinics collected the records relevant to their individual speciality before the clinics started. Where patient notes could not be located, a temporary file was put together so the patient's clinic visit could be appropriately documented. All previous letters and investigation findings were available to clinicians electronically. Temporary notes

were filed in the patient's permanent folder as soon as possible following their clinic appointment. The risk of seeing patients without full previous documentation was recorded on the directorate risk register.

- When clinics were finished, patient notes were transferred to the medical secretaries so any relevant letters or investigation results could be filed. Notes were transferred back to medical records when complete.
- A notes audit completed by the trust in February 2016 showed that patient records were in good condition, scoring 95 -100% in all sections other than the number of notes with the patient's NHS number (85%). These results were similar to other areas of the trust. The notes audit also reviewed the quality of the last clinical entry. The results showed that there had been an overall improvement on the audit undertaken in 2015 in with seven of the domains scoring 100% and compared to the previous year when 5 domains scored 100%. There were two domains where the Moorfields Eye Centre at St George's Hospital results were poorer; results for all entries being signed (65%), use of the 24hr clock (0%).
- The OPD and the UCC used a combination of paper and electronic patient records (EPR). The EPR used by the whole multi-disciplinary team and doctor's also used paper records. The EPR was used to record summary diagnosis, prescriptions and generate letters for the patient and their GP which would be sent out following their appointment.
- We looked at 10 sets of patient records we found that detailed information was recorded. In one set of records we reviewed found that the recording was not consistent between the EPR and the paper records.
- Information governance was part of the staff mandatory training programme. Against the trusts target of 95% of staff having completed the training we found 93.1% of medical staff, 100% of nursing staff and 100% of allied health professionals had attended this training.

Safeguarding

- Safeguarding adults and children was part of the mandatory training programme for staff and different levels of training were provided according to the job role. 86.2% of medical staff had completed safeguarding adults and 89.7% and 89.7.8% had completed safeguarding children level one and two respectively.

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For nursing staff, 100% had completed safeguarding adults and 97.3% had completed safeguarding children level one and 94.6% had completed level two training. 71.4% of the allied health professionals had completed safeguarding adults and safeguarding children levels one and two. This was below the trust's target of 80%. Staff working with children and young people should have appropriate training in safeguarding children. Level 3 training is for clinical staff who have key roles in assessing and treating children and young people. The trust informed us that appropriate staff working with children and young people had level 3 safeguarding and the trust was implementing a rolling programme of training. However no permanent staff at this service had received this training.

- Staff had access to the trust's safeguarding policy via the trust intranet. Staff we spoke with were able to explain the trust procedures '4 steps to safeguarding'. Staff were aware of how to report concerns and access to the safeguarding lead.
- Staff showed us the area on patients' electronic notes where they would highlight any safeguarding issues.

Mandatory training

- The mandatory and statutory training programme covered a range of subjects, including basic life support for adults and paediatric, conflict resolution, equality, diversity and human rights, fire, health and safety, infection control, information governance, manual handling, safeguarding children and adults. The trust's target for staff having completed their mandatory and statutory training was 80%. At the time of our inspection, compliance with mandatory training for staff working at the St George's site was 85.5%.
- All the staff we spoke with said they were up to date with their mandatory training; senior staff in the outpatients department told us that whenever possible they allocated specific times in the week to allow staff to complete mandatory training courses.
- Bank staff we spoke with said that they received regular training and that their mandatory and statutory training was up to date.
- A topic entitled 'Helping Visually Impaired People' had become part of the trust's mandatory training

programme in April 2016. The training had been completed by 47.4% of staff in the outpatient's directorate by May 2016 and the trust anticipated meeting the 80% target by March 2017.

Assessing and responding to patient risk

- The St George's site risk register had identified that medically unwell patients who were seen in the UCC admitted to the Duke Elder ward were not seen by a medical registrar from St George's Hospital. There was no service level agreement in place; however the trust had referral pathways with the host trust to enable medically unwell patients to be appropriately cared.
- Staff were visible in the waiting area so they could provide assistance to patients who appeared unwell or needed assistance. Staff we spoke with demonstrated knowledge of risks to patients particularly for people who were frail, elderly, living with dementia or had a learning disability.
- The UCC provided a walking service for patients who had suffered eye problems. Patients were triaged on arrival with the most urgent patients being seen first. These patients were offered an assessment and treatment on the same day as the clinic.
- We observed staff check patient's ID and address details to ensure that they had the correct patient before starting the patient's assessment and administering eye drops.
- Resuscitation equipment was available within the urgent care clinic.

Nursing staffing

- There was no baseline acuity tool for nursing staff in outpatients as staffing levels were based on the number of clinics that are run. Staff that we spoke with said that staffing levels were adequate for the clinics and services that were delivered. During our inspection we observed that staffing levels were adequate and there was an appropriate skill mix including optometrists, orthoptists, registered nurses, technicians, and health care assistants.

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- The OPD and the UCC did not have a paediatric nurse within the outpatients department. However the department was in the process of recruiting a paediatric nurse and funding had also been approved for a play specialist.
- Within the OPD and UCC there were 26.6 whole time equivalent (WTE) registered nurses funded within the outpatients department and 25.2 WTE ophthalmic technicians. The department had 7.1 WTE nurses on their bank which they used to cover vacancies and planned staff absences
- Senior staff told us that each of the registered nurses worked in specific parts of the department for example the UCC, cataracts, and pre assessments. Technicians had recently started to be trained to undertake pressure assessments to help develop their skills. Staff we spoke with confirmed they had opportunities to develop their skills.
- The lead nurse in the out patients department was responsible for ensuring that the staffing levels were appropriate for the clinics. We saw staffing was planned four weeks ahead of the clinics and where cover was required due to sickness or annual leave this was covered by the department's own bank staff.
- The outpatients department had introduced a 'floor walker' post in December 2015 which was being trialled. The floor walker met and greeted patients when they arrived in the department and directed them to the appropriate booking in reception desk and ensured that patients were comfortable whilst in the waiting area. They would also ensure that patients who were frail, elderly living with dementia or had a learning disability were not kept waiting too long. Staff told us the floor walker post had been really useful in dealing with patients concerns about the waiting times.

Medical staffing

- In the out patients department medical staffing was provided by the specific eye specialities that were holding clinics such as the glaucoma, medical retinal, and general ophthalmology. The doctors and consultants held clinics on different sites that the trust operated from.
- Within the OPD and UCC there were 15.5 WTE consultants who worked within the outpatients

department, supported by 6.7 WTE fellows, and 9.6 WTE specialty doctors. There were also 9.7 WTE trainees. Locum staff were used to backfill the vacancies. There were enough doctors to cover the clinics.

- Doctor's advised they provided emergency out of hours cover at the main hospital site at City Road for retinal detachments at weekends and during the week. Patients from the St George's site would be referred there.

Major incident awareness and training

- The trust had a major incident policy and staff were able to tell us where this was located on the trust website and within the department.

Are outpatient and diagnostic imaging services effective?

In the outpatients and diagnostic departments, we found:

- Care and treatment was provided in line with appropriate professional guidance.
- Care was provided by a range of skilled staff who had access to further training if required.
- Multidisciplinary team (MDT) working was evident throughout the outpatients department.
- There was no information displayed to patients attending the OPD or the UCC regarding waiting times.
- Appraisals for medical staff, administrative and clerical, allied health professionals, and additional clinical services staff working at Moorfields Eye Centre at St George's did not meet the trust's completion target of 80%.
- Evening clinics were available for patients attending the out patients department and an out of hours emergency service was available at the St George's site.

Evidence-based care and treatment

- We saw evidence that local protocols for managing certain conditions were based upon current 'National Institute for Health and Care Excellence' (NICE) guidance. For example, staff were working to guidelines for age macular degeneration.

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- Orthoptist's told us when they set up new clinics they would refer to NICE guidance and orthoptist guidelines to ensure that their practise was kept up to date
- Medical staff within outpatients department participated in local audits and national audits. The trust provided information on the glaucoma transformation project at Moorfields Eye Centre at St George's Hospital to improve the patient pathway for patients attending glaucoma clinics.
- Staff had access to the trust's policies and procedures via the intranet.

Nutrition and Hydration

- A water cooler and cups were available in the OPD waiting area. Hot drinks were available from the coffee shop located in the ground floor of the host trust.

Patient outcomes

- Patients had access to new and innovative treatments through participation in research studies. At the time of our inspection there were a significant number of studies underway, including: six adnexal, nine age related macular degeneration, three cataract, nine corneal external disease, three diabetic retinopathy, eight glaucoma, 14 inherited retinal disease, 16 medical retinal, 6 neuro ophthalmology, five uveitis and three vitreoretinal studies.
- The number of patients attending the OPD between April 2015 and March 2016 was 73,039. Of these, 10,404 (14%) were discharged from the service on their last attendance, 51,325 (70%) of patients were given a follow up appointment and 11,310 (15%) had 'unoutcomed appointments'. This statistic included patients who did not attend their appointments.

Competent staff

- Staff completed annual appraisals and were positive about their experiences of this process. The trust identified a target of 80% appraisal completion across all staff groups. Data for Moorfields Eye Centre at St George's Hospital showed qualified nursing staff (89.2% appraisals completed) met the appraisal target. Medical staff (62.5%), administrative and clerical (65.2%), allied health professionals (71.4%) and additional clinical services staff (42.1%) did not meet the appraisal completion target.

- Staff were required to attend the generic trust induction; 99.3% of staff working at the St George's site had completed this.
- Data for the St George's site showed local inductions had been completed for more than 80% of staff, including medical staff, nursing staff, allied health professionals and administrative and clerical staff.
- Staff were signed as being competent to undertake certain procedures, for example qualified nurses had to demonstrate their competency in IV cannulation, visual acuity and dilation. Technicians had to be competent in using different equipment and administer eye drops. The lead nurse told us that technicians were currently being trained to do pressure checks to develop their skills. Staff we spoke with told us that they had opportunities for further development and to develop their skills, it also meant that they were able to work confidently in the different areas within the outpatients department.
- Domestic Violence training was not part of the mandatory training programme however, 24 staff at the St George's site had attended face to face training to raise awareness.
- Doctors told us that they were able to access teaching session on a weekly basis and that they found the consultants approachable and supportive. Learning was also disseminated via the clinical governance meetings which were held.
- Healthcare assistants were able to administer tropicamide eye drops via an administration order after training & competency assessments had been completed.
- NHS conflict resolution training was provided for medical and nursing staff, allied health professionals and additional clinical services as part of the mandatory training programme. However administrative and clerical staff who worked on reception did not undertake this training. Staff working on reception also told us that customer service training was not provided.

Multidisciplinary working

- Multidisciplinary team (MDT) working was evident throughout the outpatients department. The majority of meetings, such as governance meetings, included

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medical and nursing staff, allied health professionals and administrative and clerical staff Other MDT meetings were held weekly within the department which all staff attended.

- Staff described good MDT working between the different speciality clinics to ensure that patient's treatment was optimised. For example the corneal specialist clinic and medical retina clinic would discuss patients care to ensure that their needs were met.
- Patients were seen by a staff nurse who would do the initial checks such as visual acuity, pressure checks and patient dilation before being seen by the a consultant or doctor.
- There was pharmacist support for all the clinics situated at the on-site pharmacy. They provided information to patients on their medications and medication usage.

Seven-day services

- The service offered appointments on Saturdays and in the evenings to manage demand and meet individual needs. These clinics were usually dependant on staff completing extra overtime hours.
- The UCC operated Monday to Friday from 9.00am to 6.00pm with the last patient being booked at 5pm. Outside these hours patients were seen on the Moorfield at St George's Duke Elder ward after 5pm and on a Saturday and Sunday.

Access to information

- There was no information displayed to patients attending the OPD or the UCC regarding waiting times. Both departments had access to electronic screens but these were not utilised to show the waiting times of the different clinics.
- All the treatment bays had access to a computer terminal to allow staff access to patient information such as test results, X-rays and CT scans and electronic paper records.
- Staff names, roles and photos were on display on wards, there was also information on nurse's uniforms so that patients and visitors would be able to distinguish between different roles.
- There was access to guidance and information on the trust intranet.

- The trust advised us that all bank staff who require computer access to do their job were given training and then individual, role-based, access to the level required for their post. However, bank staff told us that they did not have access to the hospital computer system. They told us access to certain information was limited because of this and they had to rely on colleagues help access information which was stored online.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act 2005 training was mandatory for medical staff and although only 48.3% of medical staff had completed the training this was higher than the trust target of 30%.
- Most staff we spoke with were aware of the requirements of their responsibilities as set out in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). Nursing staff reported they had no specific training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards. However the trust advised us that they had introduced a separate training programme for MCA and DoLS.
- We observed staff obtaining verbal consent from patients prior to assessments. Staff in the outpatients department understood the importance of gaining patients consent prior to any interventions or assessments.
- We saw that consent forms were used appropriately in outpatients prior to procedures.

Are outpatient and diagnostic imaging services caring?

Good



We rated caring as good because:

- Patients were cared for by staff that were kind caring and compassionate in their approach.
- Patients were positive about their experience of care and the kindness afforded them.
- We observed staff being friendly towards patients, treating them and visitors with understanding and patience.

Outpatients and diagnostic imaging

- Patients told us they were involved in decisions about their care and treatment and were given the right amount of information to support their decision making.
- Emotional support was provided by staff in their interactions with patients.

However

- We observed that patient's dignity was sometimes compromised when patients attended the OPD as an inpatient from the St George's site.

Compassionate care

- The trust used the Friends and Family test (FFT) to gather patients' views on whether they would recommend the service to family and friends. We looked at the latest FFT scores available for the period January to December 2015. The trust scored consistently better than the England average.
- We observed interactions between staff and patients were professional, kind and compassionate. We heard staff introduce themselves and greeted patients in a friendly manner. One patient who was a frequent attendee at the OPD told us that the staff were "absolutely brilliant; I got my sight back".
- Patients were given the opportunity to be accompanied by a friend or a relative for consultations.
- The trust advised it was their policy that any inpatients attending the outpatient department from Duke Elder ward are fully dressed. However, this is not the same for patients attending the OPD from St George's inpatient wards. We observed that older patients from the hospital attending the outpatients department and the UCC came from the wards in hospital gowns. No blankets had been offered to keep the patients warm or covered; however when this was raised with staff this was addressed straight away.
- We looked at the results of patient led assessments of the care environment (PLACE) for the trust. In 2015 the trust scored 92% for privacy, dignity and wellbeing which was better than a national average of 86%.

Understanding and involvement of patients and those close to them

- Patients and relatives who we spoke with in the outpatient's department told us they were involved in their care and understood their treatment and care

- plans. Patients described conversations with the doctors and consultants, they had been able to ask questions and had been told how their sight might improve or progress. Patients told us they felt listened to and had been given extra tests, and the consultant had taken time to explain their treatment to them.
- The outpatients department and the UCC had volunteers and a staff member (floor walker) who met and greeted patients had help with queries, we observe them direct patients to the correct reception desk if required and assist older patients and wheel chair users to book in.
 - A parent of a child attending a clinic told us that the staff were very helpful and that they felt able to ask questions. We observed that the staff member provide explanations to them and the staff member had been good at getting the child to cooperate by using tests the child could engage with. We saw that there were information leaflets available to patients about different eye conditions. These were available in English; staff told us they were available in other languages if required.

Emotional support

- Staff we spoke with were aware of the impact that a treatment or diagnosis could have on a patient emotionally.
- Patients attending the OPD or the UCC were able to access the Eye Clinic Liaison Officer (ELCO) who provided support and care for patients and assisted patients with registering for the visual impairment certificate. The certificate enabled patients to get further support via social services and access benefits such as half-price TV Licence, help with NHS costs, help with Council Tax bill and tax allowances, leisure discounts and free public transport.
- Patients were able to access the Macular Support group which was based at St George's Hospital which is run by the Macular Society and started in February 2016.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services responsive?

Requires improvement 

We rated responsive as requires improvement with respect to the staff providing outpatient service at the St George's site because:

- The urgent care clinic reception area and treatment cubicles lacked privacy and confidentiality was compromised.
- The OPD did not have a dedicated room where distressed patients could spend time.
- There was no signage or information available for patients about waiting times and this meant that patients did not know how long they would need to wait. The department did not monitor this performance data.
- The trust had not made reasonable adjustments for people who may be visually impaired.
- Staff were not aware of the computerised flagging system to highlight patients with specific needs, such as those living with dementia or patients with a learning disability.
- Documentation that patients had to complete when attending the UCC was in small font.
- In the UCC waiting area the signage was not in an easy read format.

However

- The OPD was meeting the 18 week referral to treatment time target.
- Children were able to wait in the play area of the Dragon centre whilst they waited to attend clinics.
- Opticians provided a drop in centre for spectacle repairs and a one stop service for children after seeing the orthoptist for glasses.

Service planning and delivery to meet the needs of local people

- A full range of outpatient eye clinics were available to meet the needs of the local population these included

adnexal, cataract, external disease, general ophthalmology, glaucoma, medical retinal, optometry orthoptics, paediatrics, strabismus, vitreoretinal and support services.

- Clinics generally ran 6 days per week from 8.30am to 8.00pm on a Monday and from 8.30am to 6.00pm Tuesday to Saturday. This helped to address waiting lists and provide patients choice when booking appointments.
- The trust had not made reasonable adjustment for people who may be visually impaired. For example, the main reception at the host trust was some distance from the Moorfields Eye Centre at St George's Hospital outpatients department. At the main entrance we saw there were directions; however reception staff we spoke with implied the Moorfields eye clinic was just around the corner. There were no lines on the floor for patients to follow to the clinic.
- Signage to clinic was small and would be difficult for a person who was visually impaired to see. However, the Moorfields logo was on the floor near the entrance of the outpatients department which made it clear to patients they had reached the Moorfields eye department.
- The entrance to the Lanesborough Wing (where the clinic was located) had lifts which patients could use when they attended the out of hours UCC on at the Duke Elder ward the fifth floor. Only one of the lifts announced the floor it was on, both lift's had braille.
- There was no information available for patients about waiting times this meant that patients did not know how long they would need to wait. The department had several clinics running at the same time which meant that patients saw people coming and going from the department whilst they were sitting there. Most of the patients we spoke with were frustrated about the amount of time they spent waiting and the lack of information on waiting times.
- Opticians provided a drop in centre for spectacle repairs and a one stop service for children after seeing the orthoptist for glasses
- The St George's site had recently introduced a new paediatric pathway for children attending the outpatients department or the urgent care clinic.

Outpatients and diagnostic imaging

Children were able to wait in the play area of the Dragon centre whilst they waited to attend clinics. The Dragon centre was part of the paediatric service at the host trust.

Meeting people's individual needs

- Clinics were available for a range of eye conditions, such as adnexal, cataract, glaucoma, medical retinal, external disease, neuro ophthalmology and optometry.
- The OPD had two reception desks where patients booked into different eye clinics. The main reception area was situated so that patient's confidentiality and privacy was maintained. However, the reception area where patients booked into the UCC was situated next to the waiting area close to where patients sat, which meant that patient's privacy and confidentiality was compromised.
- The OPD did not have a dedicated room which could be used by staff to explain further treatment options or if a patient had received news which was upsetting about their condition. Staff advised us that if necessary they would utilise treatment rooms if available.
- Patients booking into the UCC were asked to complete a form which was in small font. Staff told us that they had requested that this be made available in a larger font as patient frequently had difficulty completing it but this had not happened.
- In the UCC area there was signage to advise patients that staff would endeavour to see patients in time order, but that due to the nature of A & E some patients would take priority. This was a small white sign with purple text; it was not in an easy read format with a yellow background with black text.
- The treatment cubicles were not fully screened and lacked privacy. Patients sitting in different cubicles could hear the consultations of other patients and some of the equipment was located in areas where patients would pass.
- There was no signage to explain that clinics were running late or to communicate waiting times. Most of the patients we spoke with commented about the length of time they waited for their appointments. We heard one patient request their next appointment as early as possible to avoid long waiting times.

- Stickers on the cover of medical notes highlighted patients with specific needs. For example, patients who needed physical assistance or guidance had a 'helping hand' sticker on their notes. Staff were not aware of the computerised flagging system to highlight patients with specific needs, such as those living with dementia or patients with a learning disability to highlight specific needs of these patients when they checked into clinic (although patients who came to clinic via patient transfer were highlighted) and it was unclear how staff would identify a patient's needs if their permanent medical notes were not available.
- A number of leaflets were available throughout the outpatients waiting areas. Leaflets provided information about specific conditions like glaucoma, different treatments and support services. All leaflets we saw available in waiting areas were written in English. Staff told us leaflets other languages (and that staff could also print leaflets directly from the hospital intranet. Large print leaflets were also available and some information was provided in braille.
- Staff had access to a translation service which staff needed to book prior to patients appointments.
- Children attending the out patients department or the UCC were able to wait in the Dragon centre. A play specialist funded by the St George's site was available on a Thursday afternoon. Funding had been approved in March 2016 to employ a play specialist working in the Dragon play area.

Access and flow

- Patients could access the urgent care clinic via a referral from their optician, GP or any A&E department or existing Moorfields patients could self-refer. The UCC operated two clinics per day Monday to Friday from 9.00am to 1.00pm and 2.00pm until 18.00pm with the last appointment booked at 5.00pm. Staff told us the doctors would see on average of ten patients in each clinic and any patients not seen by the end of the day would be seen on the Duke Elder ward that provided the out of hours service after 5.00pm. The out of hour's service operated before 9.00am and after 5.00pm Monday to Friday and Saturday and Sunday.

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- After 5.00pm children attended the paediatric A & E department at St George's University Hospitals NHS Foundation Trust and were referred to the Duke Elder ward if an ophthalmic opinion was required.
 - There was no reception cover for the UCC during the lunch time period; patients arriving to book in were asked to return after 1.30pm to book in. A patient we spoke with told us they had been referred by their optician and had difficulty finding the UCC as they had been sent to the 5th Floor to the Duke Eder ward, they had arrived at 12 noon to book in but had been told to come back at 1.00pm.
 - The OPD provides adnexal, cataract, external disease, general ophthalmology, glaucoma, medical retina, neuro-ophthalmology and strabismus (squints), paediatrics and vitreo-retinal, low visual assessment, optometry and orthoptics. The department is open from 8.30am to 6.00pm Monday to Saturday and offers late appointments on a Monday until 8.00pm.
 - Between April 2015 and March 2016, there were a total of 9,774 attendances in the UCC, of which 9,661(98.8%) were new patients and 113 (1.2%) were follow up appointments. Between February 2016 and April 2016, 938 patients also accessed the out of hours service, with 526 (56%) of the attendance at the weekends.
 - Patients accessed the outpatient's service via a referral from their GP or through the Moorfields emergency department. Patients were booked for their initial appointment in the relevant clinic by the central bookings office. Patients were seen in the order of their appointment time, not by time of arrival.
 - Staff told us that clinics frequently ran late. We observed that the morning clinics over ran in to the afternoon clinics.
 - Patient waiting times were not monitored in the outpatient clinics. There were no systems in place to inform patients how long it would take for them to see a doctor.
 - Patients we spoke with complained about the waiting times; there was no information available for patients if patient clinic were running late. We observed several patients' speak to reception staff about how long they had been waiting; some had been waiting over 3 hours.
- Staff did not have information readily available to them to let patients know when they would be seen and needed to leave the reception area to speak to staff to find out when the patients could expect be seen.
- Between February and April 2016, 89 clinics (6.80%) were cancelled 6 weeks or less than the appointment date and 1,318 clinics (5.20%) were cancelled 6 weeks or more before appointment date. Some of the patients we spoke with told us that their clinics were frequently cancelled and they were not informed until they arrived for their appointment. A doctor we spoke with told us that they had to give two months' notice for annual leave and clinics were still cancelled.
 - Between February and April 2016, 238 patients (4.06% of new patients) did not attend their initial outpatient's appointment without cancelling or informing the hospital they could not attend. This was better than the hospital's 8% target. In the same period, 2,057 patients (16.09% of follow up patients) did not attend their follow up outpatient appointment without cancelling or informing the hospital they could not attend. This was worse than the hospital's 12% target.
 - The St George's site identified an 11-week target for patients to have their first outpatient appointment after referral. From April 2015 to March 2016, an average of 24.3% of patients waited for more than 11 weeks for their first appointment.
 - The NHS target for patients to start consultant led treatment within 18-week's was 92%. Between April 2015 and March 2016 the referral to treatment time for non-admitted patients attending the OPD was 97.7% which was better than the NHS target.
 - Patients who were referred to outpatients were able to book their appointment via the NHS 'Choose and book' system which allowed them to choose a time that was more convenient for them. Between April 2015 and March 2016, 34.9% of referrals from GPs used the 'choose and book' system.

Learning from complaints and concerns

- There were 27 complaints made about the outpatients department between January and December 2015. The main concerns related to clinical treatment, cancelled or miss-booked appointments and communication.

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- We reviewed examples of complaint responses that provided patients with apologies where appropriate and full details of the investigation into the complaint that took place.
- Information leaflets contained details of who to contact with concerns and details of how to contact Patient Advisory Liaison Service (PALS) at the main trust site at City Roads if they wish to make a complaint.
- Staff told us they tried to resolve complaints and concerns at the time where ever possible. The daily brief was used to inform staff of any complaints so that information could be shared and learning from them identified.
- Information provided by the trust demonstrated that complaints were discussed as part of the bi-weekly senior management meetings, and discussed at the quarterly governance meetings which all staff were invited to attend.

Are outpatient and diagnostic imaging services well-led?

Requires improvement



We rated well-led as requires improvement because:

- A service level agreement had been developed to formalise the relationship between the trust and the host trust but, this was not yet agreed and in place. There was no formal mechanism to ensure estate management was working effectively until the service level agreement was in place.
- Senior staff identified issues with the current environment and identified re-providing the services at the St George's site as a means to addressing this; the trust provided details of one new clinic that had been established to address overcrowding, however there was no other strategy's in place to identify how the environment could be managed in the short/medium term.
- The risk register was RAG rated however it was not clear when the risk had been placed on the risk register, there was no review date and not all the risks had a named manager responsible for the risk.

- The risk register did not contain the date when some risks had been added or a review date and some risks did not have a named managers responsible for the risk.
- There was little evidence of patient and public involvement in service developments.

However

- The St George's site clinical governance meetings minutes demonstrated that complaints and incidents were reviewed.
- Staff we spoke with told us that they were happy with the management and leadership of the outpatients department. Most staff told us they were supported to developed their skills and progress.

Vision and strategy for this service

- Some of the staff we spoke with were aware of the trusts values. Staff were able to tell us about 'The Moorfields Way' which was about being caring, organised, excellent and inclusive.
- The 2016/17 annual plan outlined a vision and strategy for service development, which focused on improving quality and safety of services provided. Staff within the OPD were mostly aware of some aspects of this vision, for example to develop registered nursing staff roles into specialist nursing roles and however most staff identified a new building as the main vision.
- Senior staff identified the outpatient's department's physical environment as being unsuitable for its current use. Whilst a business case to re-provide the services at the site was approved in 2015 and it was recognised that this may take time to come achieve. The trust provided details of one new clinic that had been established to address overcrowding, however there was no other strategy's in place to identify how the environment could be managed in the short/medium term.

Governance, risk management and quality measurement

- A service level agreement had been developed to formalise the relationship between the trust and the host trust but, this was not yet agreed and in place. Referral pathways had been developed with the host trust to enable medically unwell patients to be

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appropriately care. There was no formal mechanism in place to ensure estate management was working effectively until the service level agreement was in place.

- Quarterly clinical governance half day sessions were held for clinical and administrative staff. Minutes showed complaints; friend and family returns, clinical incidents and performance data were discussed as part of the meeting. We noted that staff not attending were listed under apologies; there was no list of staff who attended.
- Bi-weekly senior management meetings minutes showed that clinical governance and risk management and operational issues were discussed. The senior management team were also receiving team coaching on organisational development.
- We looked at the risk register for the OPD and the UCC. Each risk had a red, amber or green (RAG) rating, however it was not clear when the risk had been placed on the risk register, there was no review date and not all the risks had a named manager responsible for the risk. We saw that two risks had been placed on the corporate risk register in February 2015 regarding the lack of a paediatric nurse and play specialist within the outpatients department. The department was in the process of recruiting a paediatric nurse and funding had been approved for a play specialist.

Leadership of service

- The OPD services at the St George's site were led by the clinical directors, the general manager and nurse manager.
- Technicians and nursing staff in outpatients described how they had been supported by their manager to achieve new skills and competences. Most staff told us they were supported to develop their skills and progress. For example, one technician was leaving the department to take on a research post based at the City Road Hospital. The 2015 NHS Staff Survey indicated 80% of all staff in the OPD across the trust believed the organisation provided equal opportunities for career progression or promotion.
- All of the staff we spoke with told us that they were happy with the management and leadership of the outpatients department. There were clear lines of

accountability in place and staff were aware of who they could go to for help or to escalate a problem. Staff told us that the senior nurses were all approachable and had an 'open door' policy if they needed any extra support.

- Staff attended a team brief in the morning and after lunch. These briefings ensured staff were aware of what clinics were running and identified any potential problems. For example, missing notes, transport to get patients to the hospital and home, use of interpreters. Staff were also provided with an opportunity to raise any concerns.
- Doctors we spoke with told us that they were happy with the support they received from consultants and that they felt their rota was manageable

Culture within the service

- Staff were proud to work for the trust; they were enthusiastic about the care and services they provided for patients. They described the outpatients department as a good place to work, birthdays were celebrated, and staff got together socially once a month.
- Staff said there was an open and transparent culture where people were encouraged and felt comfortable about reporting incidents and where there was learning from mistakes.
- During our inspection, staff did not raise any concerns about bullying or harassment within the outpatients.
- Staff we spoke with told us that they had opportunities to develop their skills and had access to further training opportunities.
- Sickness rates were less than 2% for medical staff, registered nurses, allied health professionals and administrative and clerical staff between April 2015 and March 2016. Sickness rates were worse for additional clinical staff who had an average of 6.31% sickness.
- The 2015 NHS Staff Survey indicated 54% of outpatients directorate staff reported feeling pressured to attend work despite feeling unwell, which was better than the trust average (57%). Reports of work related stress were also better than the trust average (30% compared with 33%).

Public engagement

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- The outpatients department used the friends and family test to engage with patients and gather feedback. We saw the OPD had a low responses rate of 3.5% in September 2015 (target 15%) and this was discussed at clinical governance meetings with suggestions about how the rate could be improved. The clinical governance meeting in March 2016 indicated that the response rate had increased to 15.9% in January 2016. However the minutes did not indicate if this was for all the departments operating at the St George's site. During our visit we saw staff offering the Friends and Family test to patients.
- Information leaflets were available for patients on a range of conditions.
- In clinical governance meeting minutes in March 2016 we saw that staff participated in 'patient experience interactive session'. Actors used patient's complaints to play out scenarios so staff could look at how situations could have been done differently.
- The 2015 NHS Staff Survey indicated 67% of staff, who responded, within the outpatient directorate felt able to contribute to improvements at work.

Innovation, improvement and sustainability

Staff engagement

- The OPD had weekly team meeting attended by staff at all levels.

- The 2016/17 annual business plan detailed the directorate's priorities which included investment in new posts within the outpatients department to further develop existing services such as the paediatric pathway.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- Take action to ensure the environment in theatres is safe and meets national guidance
- Reduce the number of mixed sex breaches
- Take action to improve the environment in the outpatients department.
- Ensure the World Health Organisation (WHO) safer surgery checklist is consistently implemented for all surgical procedures including the five steps of team brief, sign in, time out, sign out, and debriefing.
- Improve recording of risks and ensure all information is included on risk registers.

Action the hospital **SHOULD** take to improve

- Improve the uptake of appraisals.
- Reduce the theatre cancellation rate.
- Consider how the theatre environment could be made more child friendly.
- Ensure resuscitation equipment is easily accessible to staff working in the OPD and UCC at all times.

- Ensure all anaesthetic equipment is checked and checks are recorded.
- Consider how reasonable adjustments could be made for people with visual impairment.
- Ensure staff are aware of the electronic flagging system for vulnerable patients, such as those living with dementia or a learning disability in the outpatients department.
- Ensure patient's records are available when they attend for an appointment.
- Improve engagement with patients and members of the public in service development/improvement.
- Ensure the service level agreement between Moorfields Eye Hospital NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust is finalised and implemented to ensure medical cover and estates management are working effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not in place to fully assess, monitor and improve the quality and safety of the surgical and outpatients services provided.</p> <p>The environment in theatres did not always comply with national guidance and in outpatients did not always protect or promote patient safety and their privacy and dignity.</p> <p>On the ward patients were not always cared for in single sex bays.</p> <p>The World Health Organisation (WHO) safer surgery checklist was not fully implemented or embedded.</p> <p>The hospital must take action to:</p> <p>Ensure that the quality and safety of the outpatients and surgical services provided are fully assessed, monitored and improved Reg 17(2)(a)</p> <p>Ensure that all risks related to patient safety in outpatients and surgical services provided are fully recorded with actions to mitigate them. Reg 17(2)(b)</p> <p>Ensure the World Health Organisation (WHO) safer surgery checklist is consistently implemented for all surgical procedures including the five steps of team brief, sign in, time out, sign out, and debriefing. Reg 12 (2) (a) (b)</p> <p>Ensure adequate audit and monitoring systems are in place to monitor performance and compliance of the WHO five steps to safer surgery safer surgery checklist to guide improvement. Reg 12 (2) (a) (b)</p>